Sexual Abuse

Time

Lecture: 40-65 minutes

Optional discussion: 10-15 minutes

Purpose

To define sexual abuse and sexual exploitation, to sensitize participants to the special problems that arise in such cases, and to provide guidelines for assessing the statements of children and for using the physical and behavioral indicators of sexual abuse.

Rationale

Until the 1980s, most instances of sexual abuse were not reported. When they were reported, they were rarely believed. Deciding to report suspected sexual abuse presents a number of special problems, since reports must often be based on ambiguous medical findings or the uncorroborated statements of very young children or potentially biased reporters. The severe stigma attached to charges of sexual abuse imposes an even greater duty of care in deciding whether to report than for other forms of maltreatment.

Objectives In this module, participants should learn:

- the definition of sexual abuse and sexual exploitation
- the special problems in reporting sexual abuse
- guidelines for assessing the reliability of children's statements
- guidelines for using the physical indicators of sexual abuse, and
- guidelines for using the behavioral indicators of sexual abuse.

Materials

- overheads 27-32
- state reporting law (or penal law) or other materials that define sexual abuse, either specifically or under the general rubric of "abuse" or other similar term
- name, phone number, and address of CPS contact person and agency liaison person, if there is one

Step 1: Introduce module

Until the 1980s, most instances of sexual abuse were not reported. When they were reported, they were rarely believed. Deciding to report suspected sexual abuse presents a number of special problems, since reports must often be based on ambiguous medical findings or the uncorroborated statements of very young children or potentially biased reporters. The severe stigma attached to charges of sexual abuse imposes an even greater duty of care in deciding whether to report than for other forms of maltreatment.

This module defines sexual abuse and sexual exploitation. It seeks to sensitize participants to the special problems that arise in such cases. It also provides guidelines for assessing the statements of children and for using the physical and behavioral indicators of sexual abuse.

Step 2: Define sexual abuse and sexual exploitation

Local law and practice: Consider reading from, summarizing, or referring to the relevant state definition of sexual abuse. Some laws are quite specific, for example, mentioning "deviate sexual intercourse," and defining it to include any "contact between the penis and the anus, the mouth and the penis, or the mouth and the vulva." However, many state definitions are vague or cryptic, simply requiring, for example, reports of suspected "child abuse" or even "child neglect." Other states may use their penal law definition, with a cross reference in the reporting law or juvenile court law. A few states do not even have a separate definition, but include the concept under more general terms such as children who are in an "environment injurious to their welfare," children who "lack proper parental care," children who are "without proper guardianship or care," or children in the care of "unfit" parents.

Thus, after referring to the state's definition, consider using the following generic discussion of definitional issues. To the extent appropriate, try to use the state's terminology in your discussion and try to explain how the textbook's generic definitions are consistent with the state's law.

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The generic definitions of sexual abuse and exploitation used by the textbook (and this curriculum) are found in Chart 3-2, p. 30. It defines sexual abuse as:

- vaginal, anal, or oral intercourse; vaginal or anal penetrations;
- other forms of inappropriate touching or exhibitionism for sexual gratification.

Note that this definition of sexual abuse enumerates specific forms of intercourse or penetration and then goes on to include inappropriate touching or exhibitionism for sexual gratification.

 Sexual intercourse may occur without orgasm and without complete penetration.

Sexual abuse usually follows a progression of severity. A common pattern is for someone the child knows and trusts (or fears) to follow a gradual progression from cuddling to intercourse. For this reason, and because of their inherent harmfulness, exhibitionism and improper sexual touching or contact are also considered sexual abuse. Improper touching includes digital manipulation, rubbing, fondling, or penetration of the young person's genitalia or intimate parts.

Normal parental touching is not abuse. Parents and other caretakers often touch the private parts of young children for entirely innocent reasons—to change a diaper, for example, or to give an affectionate pat on the behind. To exclude these normal parental touchings, child abuse statutes mandate reports only when the touching

is for the purpose of sexual arousal or gratification (of either the adult or the child).

Chart 3-2 on p. 30 of the textbook also provides a generic definition of "sexual exploitation":

"the use of a child in prostitution, pornography, or other sexually exploitative activities."

Note that this definition of sexual exploitation mentions prostitution and pornography, which are relatively specific terms, but then goes on to include an open-ended category, "other."

Neither the definition of sexual abuse nor the definition of sexual exploitation mentions harm to the child because, if they occur, serious harm to the child is presumed. Thus, the definition is consistent with what we have been calling the parent's "seriously harmful behavior."

Textbook reference: "Acts of Sexual Abuse." Chart 8-1, p. 87, provides a more detailed listing of the behaviors included in the concepts of sexual abuse and exploitation. Briefly refer to the chart now, suggesting that participants may want to keep it in mind for later reference.

Step 3: Discuss the special problems in reporting sexual abuse

Special Problems 30



Sexual abuse is often discovered only when:

- the child seeks help,
- a family member comes forward, or
- a trusted outsider who, concerned about a child's apparent unhappiness or discomfort, tries to find out what is bothering the child.

In the past, children were too often disbelieved. Many children were punished for saying such terrible things about their parents (or other adults).

Now, most people are aware of sexual abuse and are willing to believe children. Nationwide, the number of substantiated cases of sexual abuse rose more than eightfold between 1975 and 1995, from about 13,000 to nearly 110,000. People are often surprised to find that sexual abuse accounts for only a small percentage of all reports. Nationally, according to the 1995 National Child Abuse and Neglect Data Survey, approximately 13 percent of all substantiated cases involved sexual abuse. By comparison, child neglect comprises the largest percentage of cases, at 53 percent.

Cite state/
local statistics

Nonstrangers are likely perpetrators. Most sexual abuse of children is committed by someone known to the child—a parent, a parent's partner, a teacher, or a day care provider.

Hence, sexual abuse is often neither violent nor forced, so there may be no physical evidence.

These realities raise a number of special evidentiary problems that complicate the decision to report:

- Absence of physical evidence. Especially in nonviolent cases of sexual abuse, physical evidence is often ambiguous—or nonexistent.
- Uncorroborated statements of young children. The child's statements can be used to establish any form of maltreatment, but in cases of sexual abuse, in which there are often no witnesses and only ambiguous

- physical indicators, the child's statements may be the only evidence.
- Possibly biased parties. Sexual abuse allegations often arise in the context of custody battles. For many years, courts unquestioningly accepted them. Then there was a backlash, with courts tending to reject or discount them. But it is not that simple. Even allegations made during acrimonious divorces may be true. This makes the decision to report even more difficult.
- Extreme stigma of charges requires special care. An accusation of sexual abuse, even if later retracted or determined to be inaccurate, can cause great anguish and stigma to the accused. The stigma can last for a long time, affecting both employment and family relationships.

Step 4: Discuss guidelines for assessing the reliability of children's statements

Do Children Lie? 31



Often a report must be based solely on the child's statement. The great majority of sexual abuse cases do not involve violent or forced physical assaults. Especially in such cases, as I just mentioned, physical evidence is often ambiguous-or nonexistent.

Moreover, sexual abuse occurs most often in secrecy, with no witnesses.

Therefore, a child's uncorroborated statements may be the only evidence of suspected sexual abuse. Such statements are so important that, to facilitate their use in court, states have relaxed the rules of evidence concerning corroboration, hearsay, and the testimony of very young children.

"Children never lie" is a slogan some experts propounded to reverse years of disbelieving children who claimed to have been abused.

However, there is always the danger that a child's description of being maltreated is untrue. Like adults, some children lie, exaggerate, or fantasize.

As a general rule, resolve all doubts about a child's credibility in favor of reporting. Assessing a child's credibility is generally the responsibility of the child protective agency. A potential reporter is not expected to determine the truth of a child's statement. A child who describes being sexually abused should be reported unless there is clear reason to disbelieve the statement.

There are two reasons to question a child's statement:

- For young children: Was the idea implanted? The key issue is whether a distorted version of the incident may have been fixed in the child's mind by others who questioned the child about the possibility of abuse. Has an interested party (such as a parent in a custody dispute) or a careless interviewer (who used leading or suggestive techniques) implanted a distorted or untrue idea in the child's mind?
- For older children: Is there a motive to lie?
 For example, is there some reason why the

child, usually an adolescent, may want to be out of the home?

Delays in coming forward may be understandable. Sometimes, the child waits a long time—perhaps even years—before revealing the sexual abuse. The fact that the child has not sought help before does not mean that he or she is lying. It may just be a sign of fear or ignorance.

Retractions may or may not be valid. Children sometimes retract their previous accounts of maltreatment. There are good reasons to question the validity of such retractions: They may, for example, be the result of parental coaching or threats. So it is important to know if the parents have had access to the child. In addition, children who have been placed in foster care may retract an earlier allegation so that they can return home.

Some experts claim that a retraction or denial is actually a sign that the child was abused. Unfortunately, this theory does not leave room for bona fide recantations and, thus, is dangerously deficient. Both the child's original statement and the retraction, and the context in which they were made, must be carefully evaluated before deciding to report.

A valid retraction suggests other family problems. The fact that a child has made an untrue allegation of sexual abuse may be a sign of emotional problems in the child or family dysfunction that merits further exploration.

Cross reference: Avoid leading questions. Optional Step 6 in Module 6 describes how to avoid leading questions and includes an exercise on the subject. If you did not present that module, consider presenting Step 6 now. Also consider Optional Step 7, which presents a more detailed discussion of the topic.

Physical Indicators of Sexual Abuse (1) 32



In some cases, the child is too young or is unwilling to describe what happened, and no one else steps forward to do so. There may, however, be physical indicators of sexual abuse, and they can be the basis of a report. (They also can corroborate a child's statements about being sexually abused.)

Step 5: Discuss guidelines for using physical indicators of sexual abuse

Injuries suggesting forced or violent sexual activity should be reported. Visible signs of the assault, such as injuries to the genitalia or torn or bloody clothing, "speak for themselves" as described in Chapter 7 in relation to physical abuse, and are clear indicators of sexual abuse.

Physical signs of unforced or nonviolent sexual activity are more ambiguous.

- There are often signs of unforced or nonviolent sexual activity, such as minor injuries, bruises, or redness to sexual organs (caused by forced penetration or rough handling). But the sexual activity may have been with peers, and hence not sexual abuse.
- Moreover, many of the same physical conditions may be signs of illness or poor hygiene.

"Physical Indicators of Sexual Abuse." Chart 8-2, p. 92, describes some of the physical injuries or conditions that, by themselves, can justify a report. However, as the chart emphasizes, they may also be signs of sexual activity with peers. Identify which of the listed injuries could be either, or ask participants to do so. Use the discussion as a springboard to the following lecture.

Use textbook

Whether these physical indicators of unforced and nonviolent sexual activity should be reported depends on the child's apparent maturity and social situation, as well as the statements of the child, the parents, and others who are familiar with the situation.

- For young children: Always report any unexplained signs of sexual activity. Young children ordinarily do not engage in the types of activities that would cause such injuries. Thus, without a satisfactory explanation, a report should be made.
- For older children: Consider whether it is sexual activity with peers. Signs of sexual activity on an older child cannot be automatically interpreted as signs of sexual abuse. Rather, they may be indicative of consensual sexual activity with peers. Decision making is further complicated when a young person's sexual activity with peers occurs simultaneously with sexual abuse.

Physical Indicators of Sexual Abuse (2) 33

Always consider other explanations for the condition. For example, an unusual vaginal or urethral discharge or irritation, a frequently noted suspicious symptom, can have an alternate medical explanation or can be the result of excessive rubbing (during cleaning), poor hygiene, or self-stimulation. But if you cannot reasonably attribute the child's condition to such explanations, a report is necessary.

Nevertheless, even ambiguous indicators can corroborate a child's statements. They provide additional reason to believe the child and to make a report.

The absence of physical evidence does not disprove the child's statements (as it sometimes does in the case of physical abuse). Often, there are no physical indications of sexual abuse. This is especially true in cases of alleged fondling, oral sex, and minimal penetration.

Opportunities to observe are limited. About the only time physical indicators of sexual abuse are detected is during a medical or physical examination.

Examinations should not further traumatize the child. Sexually abused children may already have been traumatized by what an adult may have done to them; they should not be further traumatized by a cold, forced, or otherwise threatening examination.

Physical examinations should be conducted only by experienced medical personnel in a private setting. The examiner should be experienced with cases of possible sexual abuse and aware of the sensitivities of children and the emotionally harmful effects of past maltreatment.

Behavioral Indicators of Sexual Abuse 34



Behavioral indicators are valid decision-making tools. If the physical indicators of sexual abuse are ambiguous and the child's statements are otherwise uncorroborated, the presence of certain behaviors in children can be used as a diagnostic tool to bolster the conclusion that the child may have been sexually abused.

Step 6: Discuss guidelines for using behavioral indicators of sexual abuse

One of the most helpful things that a concerned adult can do for a child is to keep an open mind about the possibility of sexual abuse. A sudden change in a child's behavior or a child's statement alluding to some unhappiness may be a sign of real problems. Asking open-ended questions may prompt the child to disclose something that is happening at home, and may be the first step toward protecting the child.

However, behavioral indicators are misused when they are the sole basis of a report. They simply have too many other explanations. For example, bed wetting can be a sign of sexual abuse, but it can also be the result of an infection, a developmental lag, or a normal reaction to a crisis in the child's life, such as a move, a death in the family, or a divorce.

And, a sudden decline in a child's performance at school may be a result of the stress of a divorce rather than of sexual abuse. Not every two-year-old who undresses in public or masturbates has been sexually abused. Thus, other explanations of the child's behavior should always be considered.

Behavioral indicators are not, in themselves, sufficient grounds for a report. A report should be made only in the presence of other evidence, such as a child's description of being abused or the existence of suspicious injuries.

A child's behaviors can be used to help assess ambiguous situations, such as the significance of signs of sexual activity found on the child's body.

Use textbook

"Children's Behaviors Used to Assess Physical Signs of Sexual Activity." Chart 8-3, p. 97, describes the behaviors of children, such as unwillingness to disrobe in gym class, adolescent prostitution, or attempted suicide, that may suggest the possibility of sexual abuse. To emphasize the limits of behavioral indicators, ask the audience to give alternate explanations for the behaviors listed.

Even if there is no abuse, a child's troubled behavior may require assistance. To any caring individual, behaviors such as those listed in Chart 8-3 suggest the need for further inquiries about the child's situation.

The absence of behavioral indicators does not negate the possibility of abuse. Just as the absence of physical indicators does not negate the possibility that the child has been sexually abused, the absence of behavioral indicators is not proof that the child has not been abused.

Certain patterns or extremes of parental behavior can also assist in the assessment of ambiguous situations, although they, too, are not an independent ground for a report of abuse. A parent's refusal to consent to the medical examination of a child complaining of injuries to the genital or anal area, for example, should be considered diagnostically significant.

Cross reference: "Parental Behaviors Used to Assess Ambiguous Injuries." Chart 13-4, pp. 142-143, discusses the significance of parental behavior in assessing the possibility of maltreatment. Consider deferring questions on that subject until Module 13. If, however, you are not going to present that module, consider referring to the chart now—perhaps summarizing its contents (if you did not do so in Module 7).

Optional discussion: "Family Dynamics of Child Sexual Abuse." The box on pp. 94-95 describes the dynamics typically associated with sexually abusive families. Consider reviewing them now, as the springboard for a discussion of how they might help decision making. Emphasize, however, that their presence, by itself, is not a sufficient basis for a report.

Step 7: Summarize

In this module, we defined the forms of child sexual abuse and sexual exploitation and outlined some of the ways that it may be identified using information about family dynamics, physical signs, and behavioral indicators. While there is considerable controversy over the reliability of children's statements (especially with regard to sexual abuse), we have reviewed the ways to assess such statements responsibly and to ask questions that encourage more reliable responses.

As I have ended several modules, let me repeat: If you have questions about a specific situation, or about general policies, feel free to consult the appropriate person in your agency or in the local child protective agency.

- CPS contact
- agency liaison