Module 6 Chapter 4
Child Sexual Abuse: Dynamics, Indicators, and Effects.


Chapter 4 Overview
This chapter provides a brief overview of physical and behavioral indicators, stages of progression, characteristics of primary family members in intra-familial sexual abuse, and family impact of child sexual abuse.

This chapter does not include dynamics of sibling sexual abuse. The focus is solely on adult perpetrators with relationships to the children you serve. Refer back to Module 4, chapters 2 and 3, to review Minnesota statutes relating to child sexual abuse.

Physical Indicators
Common physical indicators of child sexual abuse:
• Injury to the genitals, such as bruising, cuts, lacerations, bite marks, stretched rectum or vagina, fissures in the rectum, or swelling and redness of the genital tissues caused by penetration with a finger, penis, or other object.
• Sexually transmitted diseases such as genital herpes, gonorrhea, syphilis, venereal warts, HIV, or Chlamydia.
• Presence of yeast infections in preadolescent children may require further investigation.
• Suspicious stains including blood or semen on the child’s underwear, bedding or body.
• Encopresis – an elimination disorder, or inability to control bowel movement
• Enuresis – or bed-wetting
• Bladder or urinary tract infection, pain upon urination, blood or pus in the urine, and frequent urination.
• Early pregnancy, particularly in a child whose history and behavior do not suggest sexual activity with peers.

Behavioral Indicators
• Verbal disclosure: a child implies or tells someone that sexual acts have occurred.
• Inappropriate sexual behavior, knowledge or play
• Sexual acting out or excessive masturbation
• Extra layers of clothing that are inappropriate for the weather; may be an attempt to hide or protect the body.
• Lack of interest in normal activities manifest as an inability to sit still or choosing not to become involved in games or sports.
• Hiding stained or bloody clothing.
• Emotional distress.

Now let’s focus on the dynamics of sexual abuse.
Power, Control and Fear
Sexual abuse is driven by power, control, and fear.

It is important to recognize and remember that the child is *never* a truly willing participant in the abuse. Children *do not* have the cognitive capacity to “consent” to sexual contact with adults, or older youth.

This holds true for adolescents, especially girls, who are victimized – often by more than one person – and who *appear to behave* “promiscuously.”

Grooming
Some children are violently assaulted by a caregiver or a person in a position of power and authority.

However, most children are groomed prior to the abuse. The ability to groom a child into a sexual relationship is based on the powerful and dominant position of the offender.

Abusers progress from less intimate sexual acts – such as exposure or self-masturbation – to actual body contact and to some form of penetration. Oral penetration often occurs early in the abuse cycle and is typically followed by digital penetration of the anus or vagina.

Typically there are five phases in the progression of sexual abuse.

5 Phases of Progression
There are five phases in the progression of sexual abuse:
- Engagement
- Sexual Interaction
- Secrecy
- Disclosure
- Suppression

**Phase One: Engagement**
The perpetrator is usually someone the child knows and who has access to the child.

Opportunity and privacy to engage the child are essential.

The perpetrator uses a position of power and authority to convey to the child that the proposed behavior is acceptable and sanctioned. Sexual interaction is often presented as a game, a special secret, or something fun for just the child and the adult; the offender may offer rewards or bribes as incentives to gain the child’s participation.

**Phase Two: Sexual Interaction**
Over a period of time, the perpetrator engages the child in sexual interaction.
Any and all forms of sexual contact occur. The child often feels the interaction was pleasurable, both emotionally and physically.

**Phase Three: Secrecy**
The primary task of the perpetrator is to impose secrecy. Secrecy eliminates accountability and enables repeated assault of the child.

The power of secrecy may allow this phase to last for months or even years, especially in intra-familial abuse.

The perpetrator may provide rewards for the child for keeping the secret. These “gifts” make the child feel special and wanted.

The perpetrator is likely to use threats to enforce secrecy. The child may be threatened with:
- Anger of the non-offending parent
- Family separation, such as foster care or the perpetrator to jail
- Violence against a person or pet the child loves.
Perpetrators often convince the child that no one will believe him or her.

**Phase Four: Disclosure**
Disclosure may be either accidental or intentional.

Accidental disclosure involves unintentional revelation of the secret due to external circumstances:
- The perpetrator is caught in the act
- Identification of physical injury to the child
- Sexually transmitted disease
- Pregnancy
- Precocious sexual activity initiated by the child.

Because no one – the perpetrator, the victim, or the non-offending caregiver – is prepared for the secret to be revealed, a crisis results.

Intentional disclosure is purposeful. One of the participants – usually the child – consciously decides to tell an outsider. The intent is often driven by a desire to escape the situation.

Family members react to disclosure by considering how it affects them. Some offer protection and concern to the victim. Others, including the non-offending parent, may side with the offender and may require honest and blunt discussion to maintain a victim-oriented response. Some may never be able to react with support and concern for the victim.

**Phase Five: Suppression**
Families often try to suppress publicity, information and intervention, sometimes denying the effect of the abuse on the child. Attempts to keep the abuse hidden are likely to be intense, especially in cases of intra-familial abuse.
Perpetrators are likely to pressure the child – and others who side with the child – to recant, deny or minimize the abuse. The perpetrator may encourage family members to gang up on the child. Verbal pressure is intimidating, threatening and emotionally harmful to the child. If the child fails to recant, he or she may be physically abused.

Characteristics of Family Members in Cases of Child Sexual Abuse

The Perpetrator

The perpetrator may:

- Satisfy needs through sexually abusing the child.
- Rationalize the abuse as safer and less threatening, demanding and problematic than a relationship with an adult.
- Perceive the outside world as hostile and discourages the child from trusting outsiders.
- Manipulate family circumstances to keep members socially and emotionally isolated.
- Dominate family decision-making.
- Have unrealistic expectations of his or her spouse or partner and their children.

The Non-offending Parent

The non-offending parent is usually, but not always, the child’s mother.

When sexual abuse is disclosed, the child is at high risk of different forms of abuse and neglect from the non-offending parent or caregiver if that person chooses to not believe the child.

In these situations, the non-offender generally, but not always:

- Fails to protect the child, or feels guilt for failing to protect the child.
- Is subordinate to offender.
- Is physically or psychologically absent on a predictable basis, providing opportunity for the abuse to occur.
- Views the child as rival and may interact with the child on a peer level.
- May escape responsibility by being ill or complaining of “not feeling good”.
- Often demonstrates poor social skills, has few friends, is depressed, and appears to lack daily living skills.
- Is often consciously or unconsciously aware of the abuse.
- Is not likely to take immediate action once abuse is disclosed. He or she fears changes in family dynamics, separation or retribution by the offender, and often feels inadequate to stop the abuse.

The Child Victim

- The child victim:
- Lacks the emotional, physical, and cognitive development to self-protect against premature introduction to sexual activity by an adult.
- Typically does not behave in a seductive manner even though the alleged offender may describe the child as sexually provocative.
- May participate in the progression of the abuse if it doesn’t injure or frighten the child.
- May come to occupy a favored position with the offender.
Family Characteristics
Families generally exhibit these characteristics:

- A closed and deviant system
- Limited skills for functioning outside of the immediate group
- Perceive the outside world as hostile
- Exhibit a noticeable power differential between the abuser and other family members
- Denial as the primary defense mechanism and coping skill available to family members
- Routine denial of true feelings, especially anger, hurt, disappointment or frustration

Non-existent boundaries, especially respect for bodies, privacy, belongings and developmental needs.

Victim Impact
The profound impacts of sexual abuse include:

- Interference with normal development
- Blurring of boundaries
- Confusion about appropriate use of power and authority
- Poor self-image; social isolation
- Poor social and emotional skills; seductiveness as a substitute for other social skills
- Hostility, depression and suicide
- Reluctance to trust others
- Multiple phobic, psychosomatic or psychiatric disorders
- Sexual dysfunction
- Increased likelihood of being an offender
- Tendency to select mates who abuse them and sexually exploit their children.

Summary
Work with children and families experiencing sexual abuse may be particularly challenging. When you suspect sexual abuse, consult with your supervisor and law enforcement.

Sexual abuse involves a wide range of behaviors and acts, some of which leave no physical signs. Best practice is to have alleged victims examined by a pediatrician with knowledge of child maltreatment. Best practice also includes following your agency protocol for investigating allegations of child sexual abuse.

Resources
The following resources are available on the webpage:

- Child Sexual Abuse: Intervention and Treatment Issues, from The Child Welfare Information Gateway
- National Resource Directory and Handbook Preventing Child Sexual Abuse, from the National Sexual Violence Resource Center
- Stop It Now
- Facts for Families: Child Sexual Abuse, from American Academy of Child and Adolescent Psychiatry
- CDC Article, Preventing Child Sexual Abuse
• The Minnesota Center Against Violence and Abuse

Next Steps
The Module 6 Chapter 4 transcript is available on the website along with:

• Common Maltreatment Indicators.

Consult with your supervisor regarding questions you may have about this chapter. Take the Module 6 Post-Test. Be sure to print your results; give one copy to your supervisor and keep a copy for your records.

Remember to check the website and print the documents labeled for classroom use. You will need to bring those documents to class with you.

Your next training session is Classroom Module 1. Register for this course after you complete the Post-Test. You may continue with the modules or wait until after the classroom training at this time.