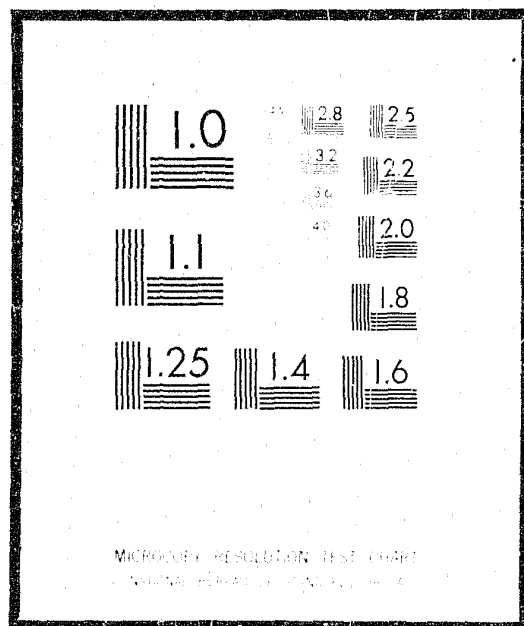


NCJRS

This microfiche was produced from documents received for inclusion in the NCJRS data base. Since NCJRS cannot exercise control over the physical condition of the documents submitted, the individual frame quality will vary. The resolution chart on this frame may be used to evaluate the document quality.



Microfilming procedures used to create this fiche comply with the standards set forth in 41CFR 101-11.504

Points of view or opinions stated in this document are those of the author(s) and do not represent the official position or policies of the U.S. Department of Justice.

U.S. DEPARTMENT OF JUSTICE
LAW ENFORCEMENT ASSISTANCE ADMINISTRATION
NATIONAL CRIMINAL JUSTICE REFERENCE SERVICE
WASHINGTON, D.C. 20531

5/31/77

Date filmed,

THE SEXUALLY ABUSED CHILD--GUIDELINES FOR PROFESSIONALS by Muriel Solomon, Director Metro's Rape Awareness Public Education Program

When society recently opened its eyes and discovered that the sexual abuse of children is a major problem, what did it see? A subject steeped in a myriad of misconceptions and a maze of myths. Teacher, counselor, social worker, administrator, nurse, doctor, police officer, judge and legislator--we all want to help the child victim. But how?

SOME PLAIN FACTS may lead us out of the labyrinth:

Myth #1. The Total Stranger Represents The Greatest Potential Danger To The Child. No, these offenders account for less than 25 per cent of the cases. Children are sexually abused or assaulted four out of five times by persons known to them. This might be the parent, step-parent, mother's boyfriend, sibling, other relative, neighbor, friend of the family, classmate, baby-sitter, landlord, janitor, storekeeper, or even the doctor, teacher or preacher.

Myth #2. Physical Trauma Is The Main Concern Because Children Are Usually Severely Hurt. Fortunately, violent attacks and forced penetration occur in only five per cent of the cases. Not much force is required to molest a young child--a lure or a threat or playing upon the child's trust and affection for the offender commonly will suffice. The child is not usually harmed physically. The psychological damage may have a much worse effect.

Myth #3. It's More Difficult For The Child To Get Over A Sexual Assault Than For An Adult. This requires an "iffy" response. If the abuse isn't violent (and it's not in 95 per cent of the cases) and isn't committed by a close relative (this group accounts for 35 per cent of offenders), and is handled appropriately by adults, the chances are good that the child victim will recover with few permanent consequences and, generally, at a faster rate than an adult. One study, for example, showed only seven per cent of child victims had any alteration in sleeping patterns and none had any changes in eating habits after the sexual assault. Children, however, did tend to become more withdrawn than older victims.

Myth #4. Child Victims Come From Lower Socio-Economic Families. The level of family income and education is no indicator. The middle and upper-class are, in fact, more capable of concealing the effects of their neglect and abuse. Sexual abuse can and does happen to any child regardless of age, race or neighborhood. The offenders and victims are usually of the same race and economic level. The offense often occurs in or near the child's home or the home of the offender. And boys are subjected to abuse almost as frequently as girls.

Myth #5. Most Cases Of Child Sexual Abuse Are Reported. Very few of them are. You hear only about the most violent and sensational ones. When the case involves a relative, it is much less likely to be reported. Sometimes the victim will purposely fail to make an identification out of love or fear: How would the accused retaliate if found "not guilty"? How would the family manage if the breadwinner is sent to prison?

Among reported abuses, few cases get as far as the courtroom because of the difficulty in getting proof, or humiliation felt by the family, or fear of revenge or of additional trauma for the child.

We can only "guess-timate" the incidence. (For adult rape, the most conservative figure is that one out of three cases is reported.) FBI reports cover a vast range of crimes, but has no mention of sex offenses against children. A recent study by the Health, Education and Welfare Department estimates 75,000 cases a year nationally. (Other studies range from 50,000 to 500,000.) Our best guess is that several hundred cases occur in Dade County annually. The Rape Treatment Center at Jackson Memorial Hospital reported that 34

39302

per cent of its victim/patients were 15 years old or younger; 26 per cent were between 13-17 years. (During 1975, a total of 768 victims were treated there. The ages were from two months to 91 years.)

Myth #6. The Child Victim Is Somehow The Cause--Directly Or Indirectly--Of The Sexual Abuse By Seducing The Offender, Fantasizing The Molestation, Or Exaggerating The Injury When The Genitals Were Merely Touched. While it happens that a child may be seeking affection or responding to loving contact, or just plain curious, or perhaps excited over sharing forbidden sexual feelings, let's keep the responsibility where it belongs. For this, as for other crimes, the blame's the same--it remains with the perpetrator, not the victim. Furthermore, while a child may appear to be a willing partner, he/she may be submitting because it seems the only way to cope. If the victim is emotionally, physically and financially dependent on the offender, the abuse may be tolerated out of fear, guilt or love. This can have lasting effects upon the child including severe sexual anxiety or crippling phobias.

Yes, much sexual abuse takes the form of petting, fondling or finger insertion that doesn't cause lasting physical harm but can, nevertheless, result in psychological problems for the victim.

If the offense is committed by a stranger, chances are better that the family will lend emotional support. But if the accused is a respected person in the community or closely related, the family may find this hard to believe and withhold the backing the child desperately needs.

PREVENTION.

Metro's Rape Awareness Public Education Program has a trained speakers' bureau, provides meeting programs for community groups, coordinates workshops for professionals in related fields and has prepared printed materials for general distribution. However it needs your support to help reduce the incidence of sexual assault and get proper assistance more quickly to victims.

These two objectives could be accomplished if children, their parents, and persons who have youngsters in their care are prepared for potentially dangerous situations and are aware of existing community resources. A great number of cases might be avoided if the child isn't left unprotected, or if the adult in charge listens when the child reports an incident smacking of danger or takes some positive action to correct an on-going sexually abusive activity.

As a starter, the parents and others caring for the child should get together and agree on enforcing the same set of rules. See the R.A.P.E. Program's suggested precautions listed in the "Primer For Parents" and the baby-sitting suggestions in the teenager's guidelines. Also, the "Precautions And Tactics to Avoid Rape" pamphlet is suitable for teenagers as well as for adults.

SYMPTOMS.

How can we identify the child who may be a victim of sexual abuse or assault? Recognition of any of the following symptoms warrants further investigation or immediate action:

- . Physical evidence; e.g., bleeding, bruises, abrasions, swellings, dislocations or fractures of the extremities.
- . The child himself/herself complaining, especially about genital pain.
- . Another person reporting as an eye-witness.
- . Any symptom of venereal disease such as vaginal discharge or sores.
- . The very young, non-verbal child pointing to pictures.
- . A young child's oblique story; e.g., telling about her uncle putting his hand under her skirt.
- . Another person, such as a neighbor, reporting suspicion of sexual abuse.

3000

The school counselor might suspect sexual abuse if:

- The student talks about "a friend" who was sexually abused who may or may not be the child herself/himself.
- The student appears to be worried about a situation at home but afraid of getting someone in trouble.
- The student seems to be confused about the way a family member or close friend is treating her/him.
- The student feels uncomfortable about being taunted by friends or relatives to engage in sexual activities.
- There's a change in the child's behavior indicating stress; e.g., a drastic drop in grades, the sense of self-worth apparently greatly diminished, or truancy. (This happens especially in cases where the child becomes disillusioned from not being able to handle an abusing parent and getting no help from the other parent.)
- A disclosure through contact or conference arising out of another problem or incident. For example, the mother revealing that she's become aware of a change in daughter's behavior, coupled with father's over-protectiveness of the child and refusal to help Mom maintain discipline.

Recognizing the victims of parental sexual abuse is often difficult. The registered nurse should become suspicious and supply data to the physician who can decide if there's suspected abuse:

- If the parent is reluctant to give information.
- If the parent reacts inappropriately to the injury.
- If the parents disagree as to the cause of the injuries.
- If clinical findings don't coincide with the story the parent relates.
- If the history indicates many visits to various hospitals for treatment of similar injuries.

Parental Sexual Abuse. Child sexual abuse may be considered as any sexual activity that is detrimental to the child, emotionally as well as physically. Families vary in the ways they express or demonstrate affection. A sexual practice not considered wrong by some could still cause the child emotional problems. In chronic cases in which the victim is related to the offender, the child may feel a genuine affection for the abuser even though experiencing negative feelings about the sex acts being committed.

Parents who abuse their children are often immature and expect too much from their offspring. They have little self-confidence and a low self-esteem. Most of them suffered some kind of abuse themselves in childhood. The most frequent offender is the father. No particular correlation between the father-abuser and the ordinary rapist has been found. There are indications that the parent's background may have produced a possible cultural tolerance of incest. The stranger-rapist is often using sexual assault as his method to express hostility and anger; or to compensate for his feelings of inadequacy, choosing the child victim because this is a safer target than the adult.

Rather than violent attacks, sexual abuse in incest cases commonly takes the form of gentle variations of adult love-making. When these loving gestures become too lingering and seductive or centered on the sex organs or continued into adolescence, they turn into sexual abuse. Parents who are unsure of their own sexual needs and feelings may seek their children as partners. Often this expresses their frustration of love. Sometimes it's a form of self-punishment, viewing the child as an extension of himself. Sometimes it's an expression of uncontrollable anger toward the wife, viewing the child as an extension of his spouse. And sometimes the intent may be to defile, humiliate and degrade the child.

A father who normally behaves in an accepted manner may try to forcibly rape his daughter whenever he comes home drunk. The girl may continue to rebuff the assaults if she gets support from her mother. If not, she may eventually submit. The father-abuser may go into a rage when his teenage daughter suddenly begins showing an interest in boys her own age. A child may grow up thinking incest is normal behavior. Or a young girl who assumes the traditionally wifely role of housekeeper because her mother is working may fantasize that she is the wife to her father and may move toward making her fantasies a reality. More

-4-

often the daughter may refuse to openly accuse her father for fear of being responsible for her parents getting divorced, of being removed from the home, or of seeing her father sentenced to prison.

Whatever form it takes, parental sexual abuse is destructive. Child-victims feel betrayed or used and become manipulative and unable to trust others. They may engage in blackmail or power struggles. Feelings of jealousy, guilt and fear deny them a normal personal and sexual development and may lead to severe problems later on in relating to appropriate partners. They may resort to drinking, over-eating, promiscuity, running away, prostitution, even suicide attempts--to get others to see their urgent need for help. Also, these children may grow up to be violent and child abusers themselves.

The offending parents don't enjoy real satisfaction in adult sexuality. They feel deprived and guilty about their compulsion. The abuse is often followed by an outpouring of love, then remorse and self-hatred. Upon discovery, the family unit is often broken up by the child being removed, or the marriage ended, or the parent imprisoned. And the whole family suffers the effects of community repulsion.

IF A CHILD IN YOUR CARE IS ASSAULTED.

Physical Needs. If there has been physical sexual abuse, the child should be examined immediately by a physician, the only one qualified to do this. Internal injuries may not be evident.

It is suggested to agencies that victims be referred to the Rape Treatment Center, located near the emergency room at Jackson Memorial Hospital, if the abuse is violent and immediate and if the agency does not have adequately trained personnel to give both physical examination and counseling to the victim and family.

It is preferable for the initial assessment to be made at the RTC where quality control is maintained by the University of Miami School of Medicine. Follow-up care may be given in the victim's neighborhood. When the victim's physical damage is severe and could result in the child's suffering long-range emotional difficulties, an appropriate referral is suggested for protracted professional treatment.

For emergency situations when the child's parents cannot be located immediately, Protective Services can make the arrangements for emergency treatment. This agency has the legal right to intervene in the best interests of the child.

Emotional Concerns. Your immediate goal is to calm and protect the victim from further emotional trauma. The rule is: Listen, Support and Comfort--Don't Interrogate.

Serious after-effects are caused more frequently by parental anxiety and over-reaction and by medical, case-work and legal methods than from the actual sexual abuse which the child generally perceives differently than adults do.

The victim is most likely to be confused and frightened. Your tact, compassion, patience and understanding will help avoid unnecessary anguish. But sometimes the immediate reaction may be shaking, vomiting or hysteria and other signs of emotional shock. Victims may feel shame and embarrassment, a strong desire to forget. Some exhibit repression, becoming emotionally incapable of remembering the incident; some become withdrawn, refusing to talk. Others experience guilt, especially if blame has been heaped upon them for "the trouble they caused the family" or the "you brought this on yourself" insinuation that the victim provoked the attack.

The child's ability to cope with the after-effects depends to a great extent upon the way the incident is dealt with by adults, the brutality of the attack, the relationship of the victim to the offender, the child's age and level of physical and emotional development, and the family stability. The best recovery is made by victims assaulted by total strangers in a non-violent way.

Most children will not suffer long-range emotional problems unless adversely affected by adult reaction. As soon as possible after the offense, the parents will need help. If they communicate their horror, panic or fright to the child this can cause trauma where none existed. Or they might become over-protective or overly restrictive or refuse to let the child talk about it or press the child for details. These responses could extend the need for treatment and even lead to permanent emotional scars. It may be that the parents are the ones who will require in-depth therapy while the child can be treated effectively with limited crisis counseling. Children who do suffer long-range effects may experience character disorder, psychoneurosis or psychosis; and become adults whose sexual behavior could range from abstinence to promiscuity with sexual responses ranging from frigidity to nymphomania.

Questioning Must Be Minimized. Among the many recommendations made to the R.A.P.E. Program by professionals composing an Ad Hoc Advisory Committee on the Sexually Abused Child was that questioning of the victim must be kept to an absolute minimum. Unwarranted and repeated interrogation has been causing unnecessary trauma.

In response to this, the office of the Superintendent of Dade County Schools outlined, in memo dated Jan. 6, 1976, the following procedures to be adopted in all public schools:

- "(1) Report through the usual security procedures any reported sexual abuse.
- (2) Do not attempt to question the victim or to ask for any details related to the assault.
- (3) While awaiting the security investigation, provide a sympathetic and supportive environment to the victim allowing the victim to volunteer any information or feelings but do not solicit them.
- (4) Have as few staff members as possible come in contact with the victim. Be certain that all staff members who come in contact with the victim understand that their role must be limited to listening, supporting and comforting, not questioning the victim."

The Ad Hoc Committee further recommended:

- .that only police officers assigned and trained to investigate rape should thoroughly question the victim. Others don't need details or to establish authenticity, just to determine that a sexual assault took place;
- .that sensitivity training be given to all those who question the victim and talk to the family;
- .that each agency or jurisdiction should be asked to identify persons who will receive this training;
- .and that the presentation should include a clarification of the rights of the victim and the family.

Help Is Available. Dade County has several agencies ready to respond to the needs of the child victim of sexual assault. These are listed on the attached list of local resources. In addition, there has recently been established a Child Abuse Treatment Team, operating under Protective Services. Selected cases are being treated and studied by medical and psychological consultants.

REPORTING THE OFFENSE.

Reporting actual or suspected cases of sexual abuse is required by Fla. law because this is in the best interest of children as well as schools, police, medical and social agencies. Unless these offenses are reported, dangerous sex offenders can't be apprehended.

But the primary concern is for the child's protection and support. This is especially important if the offender is a family member and the child is otherwise unable to cope with the problem and get prompt and proper help. It also minimizes repeated interrogation of the victim and expedites the process of getting to the person(s) who can take action with quick and consistent handling.

Secondly, reporting helps meet the need for standardizing the identification procedures and gives us a more accurate account of the problem.

This also serves to protect the agency from possible law suits in that Florida law requires that any person who suspects that someone under the age of 18 years old is being abused must report this to Protective Services. Proof is not required, just good intent. And even if the agency is in the process of treatment, it is expected to comply. If unsure, one should still call. The State has established a toll-free WATTS line for this purpose. The Child Abuse Registry number is listed on the resource sheet.

HEW said in its recent study that doctors are reporting only cases that are most severe, apparently reluctant to interfere with family matters or, in some instances, believing that the victim deserved this form of "punishment." It is therefore important that all medical personnel understand the necessity to report any suspicion of sexual abuse of a child as, for example, during a routine physical examination suspecting penetration or finding symptoms of venereal disease.

Florida law, Chapter 827.07 ABUSE OF CHILDREN, states in part that:

"Any person including, but not limited to any physician, nurse, teacher, social worker, or employee of a public or private facility serving children who has reason to believe that a child has been subject to abuse (in the definitions, "abuse" includes "sexual abuse") shall report to cause reports to be made..."

"Upon receipt of a report of abuse of a child, the department shall cause an immediate investigation to be made..."

"All information maintained in the (central) registry and all reports and records concerning known or suspect instances of child abuse or maltreatment shall be confidential... the names of persons reporting abuse shall in no case be released to any person, other than employees of the department involved in the investigation of reports or abuse, without the written consent of the person reporting."

Protective Services also works closely with the State Attorney's office and the Juvenile Court and is called upon to recommend to the court action that would be in the best interest of the child. This might be counseling for the entire family, placing the child in a foster home or any other procedure that would give the child the needed help and emotional support.

THE CHILD IN THE CRIMINAL JUSTICE SYSTEM.

Laws. There are couple of other ones with which you should be familiar.

The Involuntary Sexual Battery law, Chapter 794, defines "sexual battery" as "the oral, anal or vaginal penetration by or in union with the sexual organ of another; or the anal or vaginal penetration of another by any other object, provided, however, sexual battery shall not include acts done for bona fide medical purposes" and "serious personal injury" as "great bodily harm or pain, permanent disability or permanent disfigurement." It provides for punishment upon conviction, depending upon the seriousness of the offense and the ages of the victim and defendant. This ranges from a capital felony when the defendant is 18 or older and commits sexual battery upon or injures the sexual organs of a person 11 years or younger in an attempt to commit sexual battery...to a second degree felony when the victim is over 11 and the force used was not likely to cause serious personal injury.

The Crime Against Nature; Indecent Exposure law, Chapter 800 includes a felony of the second degree if a person is found guilty of handling, fondling or making an assault upon any male or female child under the age of 14 in a lewd, lascivious or indecent manner.

Questioning By The Police. Yes, we all want to convict the culprit. But at what cost to the child's needs and feelings? A recent training guide published by the International Association of Chiefs of Police reflects the increasing sensitivity demonstrated by officers and their concern for the child victim. Here's a condensation of the pointers and procedures suggested for the interview:

- Avoid extensive questioning by more than one officer. It can cause the victim emotional trauma.
- See that the child gets necessary medical examination and physical treatment, and a change of clothing if needed before the in-depth interview.

- Interview in a place where the child feels secure; e.g., the privacy of the home if it's not the place of the attack.
- Explain the purpose of the interview to the parents--be sympathetic and understand their position. If the child wants the parents present, comply. If not, let them observe but not overhear.
- See the victim as a person. Establish rapport by asking about the child's hobbies, friends and activities. Stay on the child's level and vocabulary. Let him/her describe the incident in the child's own words, then ask questions. Refrain from being too abrupt, rapid or demanding.
- Evaluate the victim's ability to accurately relate the event and distinguish between fantasy and truth.
- Explain to the parents that the child may have to repeat the story to others as well as to testify in court, and that if the case goes to trial the child will be prepared to avoid emotional trauma.
- Let the parents ventilate their feelings--usually grief, fear, anger and sorrow, then calm them. Assure them that the child is now safe and everything will be done in the child's best interest.
- If the parents blame the child, separate them, explaining that such behavior will adversely affect the child's present condition and future recovery.
- Reassure parents who blame themselves for "allowing" the assault to occur that the only guilty one is the offender. If one parent is the offender and the other parent's guilt is justified (e.g., the mother has known about it for some time) don't criticize her behavior. It will make the interview with the child more difficult.

Counseling The Parents. The first task may be to control the parent's hysteria. Although it's normal for parents to feel anger, horror, panic or embarrassment, it is important that they understand why these feelings must not be communicated to the child. If the attack was not violent, chances are the child viewed it as unusual--not terrible or terrifying. It might become so only after adults transmit such thoughts.

The main concerns of the parents are fear of emotional trauma for the child, fear of retaliation by the offender, a damaged reputation and the stigma from publicity.

Some parents want to prosecute for the wrong reason--to show that the attack wasn't in any way their fault. Those who feel guilty because their negligence was a contributing factor need the chance to talk about this. If the parent will tell the child that there's nothing to fear from the police officer, this "endorsement" of the interview makes it easier on the child.

Some parents berate the poor victims, piling guilt upon them for causing the family so much trouble. Some want to punish the victims for breaking some rule, such as not coming straight home after school. This, compounded with the victim's own concerns, makes recovery difficult.

Counseling The Child. Let the child ventilate his/her feelings whatever they are--anger, guilt, embarrassment, shame, helplessness. It is particularly trying for the victim if the offender is related, or if the victim had been feeling some gratification from the relationship and now finds everyone else condemning the offender.

For the young child, it may be necessary to explain the incident in very simple terms suitable to the child's level of development and comprehension.

Remember that each time the child is forced to repeat the details, the trauma increases. Do whatever you can to keep the questioning to an absolute minimum. The investigating police officer and the prosecutor (if the case goes to court) necessarily require in-depth interviews. Others don't.

If The Case Goes To Court. The following suggestions are made to help reduce the trauma experienced by the child-victim who's asked to testify:

- Re-examine the need to have the child present--much less testify--if the defendant pleads guilty without demanding a trial.
- Speed up the proceedings whenever possible. Oppose unreasonable delays. Notify the parents of any court action that has been postponed just as soon as this occurs.
- Keep the parents and the victim aware of the status of the case. Give them a name and a number to call to get information.
- In Florida, both minor victims and minor defendants have the right to a closed hearing with only specified persons present.
- Familiarize the child with the courtroom. If the victim knows what to expect, the situation won't be as frightening. Find a time to let the child explore the empty courtroom. Let the youngster sit in the chairs that will be occupied by the judge, witnesses, attorneys and the jury. Show the victim where she/he and the family will be during the trial.
- Familiarize the child with basic courtroom procedures. Explain in simple terms, or use role-playing or mock trial, to convey the roles played by the attorneys, judge and jury.

SUGGESTED READING:

- Brownmiller, Susan. Against Our Will. Simon & Schuster, N.Y., 1975.
- DeFrancis, Vincent. Protecting the Child Victim of Sex Crimes Committed by Adults; Final Report. Children's Division, The American Humane Association, PO Box 1266, Denver, Colorado, 1969.
- Flaming, "Interviewing Child Victims of Sex Offenses," Police. Feb., 1972, pp 16, 24.
- Finch, Stuart M. "Adult Seduction of the Child: Effects on the Child." Medical Aspects of Human Sexuality, 7(3)170-185, March 1973.
- Gebhard, Paul H and Gagnon, John H. Sex Offender, An Analysis of Types. Harper Row, N.Y., 1965.
- Peters, Joseph J. "The Psychological Effects of Childhood Rape." Center for Studies in Sexual Deviance, Philadelphia General Hospital, Philadelphia, Pa. 19139. May, 1973.
- Roth, Edwin T. "Emergency Treatment of Raped Children." Medical Aspects of Human Sexuality. 6(8):85, 89-91. Aug., 1972.
- Rush, Florence, "The Sexual Abuse of Children. A Feminist Point of View." The Radical Therapist, 2(1971) 4.
- Schultz, L.C. "The Child Sex Victim: Social, Psychological and Legal Perspectives." Child Welfare, 1973, 52(3), 147-157.
- Stoenner, H. Child sexual abuse seen growing in the United States. Plain Talk About Child Abuse. American Humane Society, Denver, 1972. pp 11-13.
- Storaska, Frederic. How To Say No To A Rapist--And Survive. Random House, NY, 1975 pp 204-216.
- Summit, Roland. "Sexual Abuse." Parents Anonymous Chairperson-Sponsor Manual. Harbor General Hospital, Torrance, California.

For Informational and Educational Materials, write to:

National Committee for Prevention of Child Abuse
111 E. Wacker Dr., Chicago, Ill. 60601

National Center For the Prevention & Treatment of Child Abuse & Neglect
1001 Jasmine, Denver, Colorado 80220

Parents Anonymous, Inc,
2810 Artesia Blvd., Redondo Beach, Calif. 90278

Or write or call Metro's Rape Awareness Public Education Program
1515 NW 7 St., Suite 215, Miami, Fla. 33125. Telephone 547-7810
"Precautions & Tactics To Avoid Rape"
"Sexual Abuse--A Primer for Parents"
"Sexual Abuse--Guidelines for Teenagers"
and for fact sheets and student packets