

SEXUAL ABUSE

Sexual abuse is a difficult subject for most people to discuss. But as frightening and offensive as the topic may be, sexual abuse is a serious and, unfortunately, not infrequent problem. Literally millions of children are victims of this form of abuse. According to studies, 25 percent of adult women and 10 percent of adult men can remember being sexually abused as children or adolescents. Most of this victimization occurs between eight and twelve years of age.

Sexual abuse includes any kind of sexual act or behavior with a child. It includes not only intercourse but also fondling the youngster's genitals, forcing the child to fondle an adult's genitals, mouth-to-genital contact, or rubbing the adult's genitals on the youngster. Other types of sexual abuse may also take place, even though they may not involve physical contact—for instance, an adult exposing his genitals to a child, showing pornographic pictures or videotapes to a youngster, or taking pictures of the child for obscene purposes.

Strangers do molest children. But in at least 80 percent of cases, the perpetrators of sexual abuse are known to the child, and are often authority figures whom the child trusts. He or she might be a parent, a stepparent, an adult relative (uncle, grandfather), a family friend, a neighbor, a babysitter, a teacher, a coach or Scout leader, or an older sibling or cousin. While children usually understand who a “stranger” is, they may be caught off guard by the advances of someone they know and respect. The offender usually manipulates the child into engaging in sexual activity, using threats, bribes, or aggressive persuasion, and convinces the child that she has no choice but to participate. The children most susceptible to these assaults have obedient, compliant, and respectful personalities.

In many cases the sexual abuse involves more than just a single incident. Often it is a pattern of ongoing sexual contacts, frequently beginning in the early years of middle childhood and persisting into adolescence. Sometimes the abuse stops only when the maturing child is capable of extricating herself from this terrible situation, often by reporting the incident to another adult. Even after the abuse has stopped, the psychological repercussions of the abuse can last a lifetime.

Preventing Sexual Abuse

Without alarming your middle-years child, you need to alert her that sexual abuse exists, while reassuring her that it probably never will happen to her. Teach her that no matter who may threaten her sexually—even if it is a trusted adult—she must be willing to clearly and forcefully say “No” or “Stop” and walk (or run) away. She also must know that she should always come to you if

Signs of Sexual Abuse

Here are some symptoms that could indicate that a child has been sexually abused:

- She seems to be afraid of a particular person or place and being left alone with that individual.
- She overreacts to a question about someone's touching her.
- She suddenly seems more aware of and preoccupied with sexual conduct, words, and parts of the body.
- Her behavior changes dramatically in any number of ways. A younger child may regress to bed-wetting or soiling her underwear. Or her eating habits might change. She may relate to peers differently, either by withdrawing or by becoming more aggressive. She might act up in school, her motivation and concentration may suffer, and her grades may fall. She may appear fearful, frequently crying and clinging to her parent(s), or alternatively, she may avoid normal family intimacy.
- She has unreasonable anxiety over a doctor's physical examination.
- She has inexplicable physical complaints, such as headaches, stomachaches, or genital itching or pain.
- She draws unusually frightening or sad pictures, using a lot of black and red colors.
- She masturbates excessively and tries to get other children to perform sexual acts.

a sexual incident ever happens to her, no matter who the perpetrator is and no matter what kind of warning the offender has given her ("Don't tell anyone or I'll hurt you"). Make sure she understands that she won't get into trouble if she tells you about such an incident. Also remember that while girls are the usual victims of sexual abuse, about 10 percent of victims are boys.

Here are some other recommendations from the American Academy of Pediatrics that can minimize your child's risk of molestation:

- Teach your child about the privacy of body parts, and that no one has the right to touch her if she tells the individual not to do so. She should un-

derstand that some touching is “good” but some is “bad”: Explain that an adult’s giving a loving hug is different from his putting a hand on her buttocks or inner thigh. She has the right to say no to *anyone* who tries to touch her in the parts of her body that are normally covered by a bathing suit. Naturally, your child should respect the right to privacy of other people too.

- Sit down with your child and explain various situations that might indicate that a possible child molester is making advances. For example, a molester might offer a child candy or toys. (If your child has acquired any unexplained toys or gifts, ask who gave them to her.) He may offer the child money to run an errand or do a short-term job (raking leaves, shoveling snow). He might dress as a clown, Santa Claus, or another trusted or heroic figure to lure the youngster. He might claim that an emergency situation has arisen (“Your mother was in an automobile accident—come with me, and I’ll take you to the hospital to see her”). Or he may ask the child for assistance: directions to a particular street or landmark, or help in finding a missing dog or cat. Make sure your child understands that if she encounters a potentially dangerous situation like these, she should run away.
- Tell a child that a molester or abductor may offer her alcohol or drugs to reduce her inhibitions.
- Tell your child that threats from a molester or anyone else are against the law—“If you tell your mother what we did, I’m going to hurt/kill her”—and to tell you immediately about them.
- If your youngster is in a position to do door-to-door solicitation—perhaps selling Girl Scout cookies or collecting money for a newspaper route—have an adult go with her. Warn your child that she should *never* enter someone else’s home unless an adult accompanies her.
- Investigate whether your youngster’s school has an abuse-prevention program. If not, encourage the school board to institute one. In recent years there has been a dramatic increase in preventive programs to educate children about the disclosure of sexual abuse.
- Monitor the activities at your child’s child-care facility or summer camp. Participate in these activities whenever possible. Listen carefully when your child tries to tell you something of a sexual nature, particularly if she seems to have difficulty talking about it. As much as possible, create an environment at home in which sexual topics can be discussed comfortably.

- Spend enough time with your child that she does not feel the need to seek the attention of other adults. Children from unhappy or broken homes tend to be the easiest targets for molesters, since these youngsters may be eager for attention and affection.
- If you do not already know whom your child spends time with, find out. If your youngster spends time in isolated or remote places with adults or older children, investigate what might be going on there. Question the motives of adults who want to spend large amounts of time alone with your child.

When Sexual Abuse Occurs

Most victims of sexual abuse remain silent. Often feeling guilty and helpless, they do not run to tell their mother or another trusted adult. Sometimes, when the perpetrator is a family member, they believe that by telling someone, they may split their family apart. Or they may feel embarrassed by what has happened, or they may have been warned by the offender to remain quiet. All the while, however, they may be emotionally devastated. They may withdraw from family and friends, stop participating in school activities, experience chronic anxiety and insomnia, and exhibit aggressive and self-destructive behavior.

Sometimes a sexually abused child may eventually tell her friends what has occurred. Or she may say something sketchy to a parent that hints at the abuse without describing it clearly.

When a child is examined by a doctor, the physician may detect physical signs of sexual abuse, such as genital or anal changes. The physician might also find evidence of sexually transmitted diseases such as gonorrhea or herpes. However, often the doctor is unable to find physical evidence of sexual abuse, even though the abuse occurred.

If your youngster comes to you and reveals that she has been sexually abused, take it seriously. *Too often, children are not believed, particularly if they implicate a family member as the perpetrator.* You need to listen to your child, gently and sensitively ask questions to obtain more information, and then take active steps to protect her. Contact a pediatrician, the local child-protection service agency or social welfare bureau, or the police (sexual abuse is a violation of the law). If you don't intervene in this way, the abuse might continue for many more months and even years; at the same time, the child will come to believe, correctly, that home is not safe and that you are not available to help.

In the days and weeks ahead, make sure your abused child understands that she is not responsible for the abuse, and let her know how brave she was to tell you what happened. Reassure her that this abuse will not occur again. Offer plenty of love and support. If you are dealing with anger of your own, she

might think that some of it is directed toward her, so continually reassure her that you are *not* upset with her and are proud of her for telling you what has happened.

Your child should be treated for any physical injuries, either internal or external, related to the abuse. Your youngster also needs to be examined by a physician if charges are going to be brought. Most children and their families will also need professional counseling to help them through this ordeal.

A number of factors will influence the psychological impact of sexual abuse upon a child, including:

- *The nature of the sexual activity, the frequency, and the use of force.* The more intrusive the abusive experience, the more difficult and confusing it will be for the youngster. Sexual victimization that happens over a long period is much more damaging than a one-time episode. It can lead to runaway behavior and sexual promiscuity and interfere with relationships and intimacy later in life. Perhaps most significantly, the use (or threatened use) of force or bodily harm upon the child or her family members can significantly intensify the youngster's psychological trauma. She may react with feelings ranging from anxiety and fear to guilt and depression.
- *The age and developmental status of the child.* A younger child may have less difficulty with a brief sexual experience than an older one. This younger child may not fully comprehend what has happened to her, and more often, she may have been subjected to less force and coercion from the perpetrator. By contrast, an older youngster may understand more about the abusive experience and may feel more guilt, fear, and other emotions.
- *The relationship of the child and the abuser.* Although victimization by someone unknown to a child is upsetting, it may not be as bewildering as when incest occurs—that is, when a relative abuses a child sexually. With incest, the youngster may feel confusion about her relationship with the perpetrator and whether she can trust this individual again. The child also may feel more pressure *not* to disclose the abuse if a family member is involved.
- *The family's reaction.* If you are supportive of your child and convince her that she is not at fault and that she will be protected, the trauma can be minimized. If family members fail to act on the information they are given by the child, the abuse will likely persist, and the child's sense of trust and intimacy will be damaged.

To repeat, without expert guidance your youngster could suffer some serious, lasting psychological effects from the abuse. Your pediatrician can give you a referral to a counselor, as can the local child-protection agency. In many communities there are sexual-abuse support networks, treatment groups, and therapists who specialize in sexual victimization. All sexually abused children need an evaluation by a professional who is knowledgeable about the psychological consequences of abuse, and who can recommend treatment if it is needed. Families, too, can benefit from support and counseling to help them deal with their own feelings and more effectively provide emotional support for their child.

For additional information about sexual and other types of child abuse, contact the National Committee for Prevention of Child Abuse, P.O. Box 2866, Chicago, Illinois 60690.

Suggestions for Changing Behavior

1. Be selective about disciplining, and keep things in perspective. Behavior that causes physical or emotional harm to a child or others merits a lot of parental effort. Minor irritating behavior should receive little attention.
2. Avoid these common mistakes:
 - Parents may inadvertently punish good behavior or at least fail to reinforce good effort. For example, if their child improves her grades, raising them all to C's, they may ask, "Why didn't you get B's?"
 - They may reward or reinforce bad behavior. This often occurs when a child continually whines and pleads and then finally gets her way.
 - They may fail to reward good behavior. For instance, a child might wash the dishes and fail to be praised for accomplishing this task.
 - They may fail to stop a child's bad behavior, or they may rationalize it. Perhaps one sibling is hurting another; the parent may respond, "Well, she deserved it," or "She needs to learn to fight back."
3. Reward and punish specific behavior. Focus on the behavior, and do not criticize the child as a person ("You are such a bad child").
4. Use punishments sparingly, and only when you are in control of your emotions. Physical punishment is harmful and not productive.
5. Children frequently experience physical and emotional stress, which can result in behavioral problems. Be sensitive to this issue, and try to eliminate the sources of stress.
6. Some children exhibit behavioral problems because they have not been taught or have not experienced appropriate alternative behavior. Teach them other, more acceptable ways to behave and respond ("If I shouldn't do this, then what should I do instead?").

7. Look beyond the concrete behavior the child is exhibiting, and understand what she might be trying to tell you. Recognize that sometimes a child's worrisome behavior is a signal that she or the family is in pain. She may be the designated family "messenger," and her behavior may be a cry for help for the entire family.
8. Recognize the state of your own emotions and your coping ability when confronting your child's behavior. That state may range from feeling competent and secure to feeling depressed and helpless. This recognition and self-awareness will help you decide if you need help or not.
9. Seek professional help when you think it is necessary. The earlier the intervention, the better the outcome. This professional input can also often provide reassurance that you are doing the right thing.

DEALING WITH YOUR OWN FEELINGS

Your child's difficult behavior can no doubt make you feel angry, resentful, unappreciated, inadequate, or guilty. From your experience you know that these negative emotions can interfere with effective parenting and good parent-child communication. You should not deny your feelings, and you need to learn to share them effectively and appropriately with another adult—a spouse, friend, relative, or professional.

Here are some suggestions for dealing with your own anger:

- Accept the fact that children do make parents angry, resentful, and guilty.
- Recognize that parents are entitled to these feelings without feeling even more guilty, angry, inadequate, or full of shame.
- Express your feelings without attacking or condemning your child: for instance, "I am angry when I fix a good meal and nobody comes to the table."

Successful childrearing is easier if parents also understand how and why they react to their child's behavior as they do. Often parents respond to their children in much the same way they were treated by their own parents. Even when parents intend to raise their children differently, ingrained patterns persist, and become especially evident during times of stress in the family. Sometimes particular memories are so powerful that they influence how you interpret something your child has done. Perhaps your child's behavior reminds you of a childhood playmate or a relative about whom you have strong feelings. It is natural, but incorrect, to generalize from a single behavior and react as though your child will behave in other ways or suffer the consequences that you observed in your past. Understanding your own temperament and experiences can be a great advantage in raising your child.

TEMPER TANTRUMS

Some of a parent's most trying and embarrassing moments occur during a child's temper tantrums. The youngster who expresses her anger or frustration by screaming, throwing toys, or hitting a playmate, perhaps hurting others or even herself, the child who falls to the floor crying when she doesn't get her way, perhaps even swearing or destroying property—these children present a special challenge.

Occasional tantrums are quite normal for children from ages one or one and a half to four, and these outbursts subside for most children by the time they enter school. Normal psychological development tends to provide most youngsters with better self-control and make them considerably more cooperative and educable by school age. Even when they are upset, school-age children generally can express their frustration and anger in words, with reasonable control.

But that is not always the case. For some children, temper tantrums persist into the school years and occur with regularity. Their parents understandably become terribly frustrated and upset by this behavior. Why, they ask, hasn't my child developed more socially appropriate ways of communicating anger and frustration?

To answer this question, pediatricians often recommend that parents first evaluate what kind of role models they have been—how they themselves respond to anger, and how they have taught their children to react. When parents are prone to exaggerated, disruptive outbursts and fits of temper, their children often are too. When parents are explosive—having tantrums of their own in their relationships with others—that is the type of behavior they are teaching to their children.

Of course, other factors can come into play too. Some parents, especially those with little previous experience with children, may have unrealistic expectations of their children's behavior. Asking children to sit quietly for long periods of time, to do tasks beyond their physical or developmental abilities, or to accept responsibilities or parents' decisions that are clearly unfair are examples of situations that will be frustrating and can trigger an outburst.

Because of their temperament or constitution, some children have a lower threshold for feeling frustrated and a greater tendency toward intense negative expressions of displeasure. (See "Temperament," page 123.) Children with strong wills have more difficulty managing their anger and negative emotions and a harder time learning self-control. However, with proper guidance and support, they can learn to suppress their more explosive behavior.

In some situations, a tantrum is a way for a child to get attention from her parents, who respond to their youngster only when she is so provocative and demanding.

When a family is under continual stress and strain—perhaps because of financial troubles, alcoholism, marital conflict, poverty, physical or sexual abuse, or moves from friends and family—children may react with more frequent temper tantrums. Also, some parents report that children with chronic illnesses or learning disabilities are more prone to tantrums, perhaps because of the ongoing frustration created by their disorders; however, not all children with these problems have tantrums, and in fact, most do not.

Sometimes, school-age children have gone tantrum-free for several years—apparently with a high tolerance for frustration and an ability to cooperate well—only to develop tantrums later on. If this sounds like your child, consider whether these symptoms are being provoked by a new, overwhelming stress occurring at school, at home, or in the neighborhood. If your child is unable to handle the emotional tension of the stressful situation, she may express her anxiety, fear, or anger in this inappropriate way. As a parent, you need to pinpoint the source of this stress and try to help your child cope more effectively. If necessary, talk to teachers, babysitters, or your child's friends to help you discover the cause of the problem.

What Parents Can Do

Many parents have difficulty deciding just how to respond to a child's temper tantrums. Here are some suggestions to keep in mind.

- Recognize that some children are simply more intense than others, or have more difficulties to overcome.
- Avoid having unrealistic expectations of your child. Compare your expectations against those of the parents of your child's friends, especially those whose behavior you admire.
- When your child is out of control, ignore the temper tantrum so as not to create a "reward" for her inappropriate behavior. She may be trying to get attention and *any* response, positive or negative, can reinforce her outbursts. So instead, try ignoring her or walking away. This provides the child with an opportunity to learn self-control.

Sometimes, however, you may be unable to ignore her tantrums, perhaps because she comes running after you or is destroying toys or hitting a sibling. In cases like these, insist that she go to another room for a timeout away from others until she can bring herself under control. Physically escorting her to her room may be necessary. (See Chapter 14, "Changing Your Child's Behavior.")

In general, parents should remain as calm as possible and avoid becoming involved in the tantrum by controlling their own frustration and anger. They should also avoid physical confrontations, which can escalate to frightening levels and even end up with someone, usually the child, getting hurt.

After your child and you have calmed down, sit and talk with her about what provoked the outburst. Emphasize the importance of communicating her negative feelings through words, not actions, and discuss more positive ways to respond. You might find a reward system useful, offering praise or perhaps something more material when your youngster solves conflicts without throwing a tantrum.

When to Seek Additional Help

Some middle-years youngsters can benefit from consultation with a child psychiatrist or psychologist because of their temper tantrums, but most do not need this help. Your pediatrician usually can guide and support you through the resolution of this problem behavior. You should consider seeking professional help in any of the following situations:

- The tantrums become a pattern whenever your child feels frustrated or angry.
- The tantrums occur frequently, such as several times a day.
- Your child has tantrums outside the home, perhaps at school.
- The tantrums result in destruction of property or physical harm to your child or others.
- The tantrums are becoming unbearable for the parents and are interfering with a normal, happy parent-child relationship.

In any of these situations, address the problem at once. Temper tantrums do not necessarily go away on their own. You need to try to understand what your child is experiencing—and perhaps change your own response to the outbursts—so that she can learn to control her negative feelings effectively, with your guidance.

If these symptoms continue into adolescence, they can become even more of a concern. With the added pressures of the teenage years, and the expanded repertoire of behavior available to teenagers along with their increased physical size, tantrums can become increasingly worrisome, dangerous, and difficult to manage.