Training Manual for Florida’s Supervised Visitation Programs

Referrals to Supervised Visitation in Child Sexual Abuse Cases

IMPACT OF CHILD SEXUAL ABUSE

Case Scenario

It is your first supervised visitation with the Green Family. The Green Family consists of the father, Adam Green (45), the mother, Mary Green (42), and the two daughters, Sarah (15) and Julie (7). They have been referred after Julie (7) told her teacher, that her father, Adam, had “touched her down there.” Adam and Mary have been divorced for three years, and while the investigation into the sexual abuse allegations is pending, supervised visitation between Adam Green and his children has been ordered.

According to the mother, Mary, Julie has been having nightmares and wetting the bed on occasion for the past year. Julie finally disclosed the abuse to her teacher, who reported it. When you met with the mother, she appeared extremely distressed. She told you that Sarah, the teenager, has had troublesome behavior in the past few years including self-harm, drugs and alcohol, and difficulty in school.

When the visits begin, Julie appears comfortable with her father and does not exhibit signs of fear or worry. However, Sarah appears extremely withdrawn, refusing to interact with her father, and sits in the corner reading a book. Julie begins to color a picture at the table. Adam sits in the chair next to his daughter. However, the second you turn your back to get a drink of water, you find Julie in Adam’s lap and Adam talking softly into her ear. You think about intervening, however, Julie is smiling and continues coloring like normal.

After completion of this chapter, you will be able to answer the following questions.

1. Do you see any potential signs of child sexual abuse in Julie’s behavior? If so what are they?
2. Does Sarah exhibit any signs of child sexual abuse? If so what are they?
3. What effect can child sexual abuse have on Mary, the non-offending parent?
4. What potential costs does this scenario pose to the greater community and society?
5. What interactions seem appropriate or inappropriate during the visit?
6. What are some ways you could intervene?
Child sexual abuse negatively affects the victimized child, the family of that child, and society as a whole. It is important for supervised visitation providers to become knowledgeable about the potential consequences of child sexual abuse, in order to effectively identify and address them. This chapter will discuss how child sexual abuse causes damage to child development, family dynamics, and societal functioning, and how monitors can address and prevent this damage during supervised visitation.

Introduction

Upon completion of this chapter, a visit monitor will be able to:

- Recognize the physical, psychological, and social consequences of child sexual abuse on a child’s development.
- Identify factors contributing to the level of severity of the consequences of child sexual abuse.
- Understand the gender differences in the impact of child sexual abuse.
- Explain the impact child sexual abuse has on non-offending parents and siblings.
- Understand the impact of child sexual abuse on survivors who later become parents.
- Understand the costs of child sexual abuse on society as a whole.
- Learn techniques on how to supervise families with child sexual abuse allegations.
Child sexual abuse is associated with the development of hypertension, hepatic disease, gastrointestinal disease, arthritis, and obesity (Afifi et al., 2016).

Child sexual abuse more than quadruples the odds of developing PTSD compared to the general population (Teicher and Samson, 2013).

Child sexual abuse survivors who report more hurtful responses to their disclosure of abuse had higher levels of posttraumatic stress disorder, anxiety, and physical symptoms than those who report more supportive responses (Palo and Gilbert, 2015).

A 2015 study estimated that 595,458 (15%) of Florida’s current child population are or will become victims of some form of child sexual abuse (Lauren’s Kids Foundation).

The impact of child sexual abuse does not stop when the abuse stops. Child sexual abuse has adverse effects on a child’s development that can interfere with day-to-day functioning later in life. Child sexual abuse takes a toll on the victim’s physical, mental, and social health. However, not every child may be affected in the same ways. The severity of the consequences of child sexual abuse may depend on a number of different factors. Certain characteristics of the victim, such as gender, may also contribute to different outcomes.

Child sexual abuse is a strong predictor of health problems in adulthood. Those who have experienced child sexual abuse are one-and-a-half times more likely to have a health problem compared to those who have not been sexually abused. Child sexual abuse survivors may experience problems in their general health, sexual health, eating patterns, and somatic issues.
General Health

Research shows that there is a direct relationship between the number of adverse experiences and adult health risk behaviors, such as smoking, substance abuse, physical inactivity, and suicide attempts. These health risk behaviors can lead to obesity, cancer, heart disease, lung disease, liver disease, and death. Child sexual abuse survivors have been shown to:

- Seek health services more frequently.
- Have greater functional disability.
- Have more physical health symptoms.
- Engage in health risk behaviors more frequently.

Eating Disorders

Eating disorders are potentially life-threatening and affect both emotional and physical health. Child sexual abuse may distort a victim’s body image, which negatively affects victims’ eating habits. Child sexual abuse survivors may use food to cope with the trauma from the abuse, help victims feel more in control, and help them suppress overwhelming emotions. Bulimia nervosa and binge eating disorders are the two main eating disorders most strongly associated with child sexual abuse.

Bulimia nervosa is characterized by frequent consumption of large amounts of food followed by behaviors such as self-induced vomiting and/or taking laxatives to prevent weight gain. Its health consequences include:

Did You Know?

Child sexual abuse involving intercourse and female victims is associated with:

- a 91% increase in the likelihood of victims having cardiovascular disease.
- a 167% increase in the likelihood of having asthma.
- a 165% increase in the likelihood of bladder problems.
- a 106% increase in the likelihood of having bone, back, muscle, joint pain.
- an 84% increase in the likelihood of having migraines.

(McCarthy-Jones, 2014)
Electrolyte imbalances stemming from purging behaviors that can lead to irregular heartbeat, heart failure, and death.

Gastric rupture during bingeing periods.

Tooth decay from acids in vomit.

Irregular bowel movements and/or constipation from laxative abuse.

Binge eating disorder is characterized by frequent consumption of large amounts of food without behaviors that prevent weight gain. Its health consequences resemble the symptoms of clinical obesity, including:

- High blood pressure
- High cholesterol
- Heart disease
- Type II Diabetes
- Gallbladder disease

**Sexual Health**

Female survivors of child sexual abuse have a greater risk of sex-related health problems. They are more likely to engage in high-risk sexual behaviors, such as engaging in consensual sexual intercourse at an earlier age, having a greater number of sexual partners, and inconsistently using condoms. This can increase the chances of:

- contracting sexually transmitted diseases and infections;
- genitourinary and gynecological problems; and
- unintended and aborted pregnancies.

**Somatic Symptoms**

Additionally, child sexual abuse increases the risk for functional somatic symptoms. Functional somatic symptoms are symptoms that are not medically well explained. A 2015 study showed that children who experienced child sexual abuse before the age of 16 experienced higher levels of somatic symptoms than those who were not sexually abused. These symptoms are very persistent and impairing, and are often unexplained by other diagnoses. These symptoms include:

- Gastrointestinal complaints
- Pain
- Fatigue

A 2010 study found that child sexual abuse is uniquely associated with adult high-risk sexual behavior, even when controlling for other forms of child maltreatment (Senn and Carey).
Research has established strong associations between child sexual abuse and adverse mental health outcomes for victims. This includes psychological disorders, self-injurious behavior, suicidality, and substance abuse.

**Psychological disorders**

A 2013 study found that child sexual abuse is associated with 47% of all childhood-onset psychiatric disorders and with 26% to 32% of adult-onset disorders (Perez-Fuentes et al.). Findings have consistently associated child sexual abuse with post-traumatic disorder, depression, and anxiety. When working with families with a history of child sexual abuse, it is important to know the signs of psychological disorders in order to promote the health and safety of all family members.

<table>
<thead>
<tr>
<th>Psychological Disorder</th>
<th>Association with CSA</th>
<th>Symptoms</th>
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| Post-Traumatic Stress Disorder | Occurs after a traumatic event that provoked an intense fearful response from an individual. For child sexual abuse victims, the traumatic event is the sexual abuse. | • Recurrent recollections, dreams and/or flashbacks of the traumatic event  
• Play that exhibits a theme of trauma  
• Intense psychological and/or physiological reactions to cues that remind victims of the abuse  
• Difficulty sleeping  
• Angry outbursts and/or irritability  
• Difficulty concentrating or hypervigilance |
| Anxiety | Victims may develop beliefs that the world is dangerous and that they have little control over what happens to them. May also heighten an individual’s psychological response to stress. | • Extreme sense of fear and worry  
• Somatic symptoms, such as trembling and shaking  
• Difficulty concentrating |
| Depression | Most common long-term symptom of child sexual abuse. Characterized by sad, empty, or irritable mood that decreases | • Feelings of worthlessness  
• Disturbed sleeping and eating patterns  
• Fatigue |
| an individual’s ability to function. May stem from the negative thoughts and feelings from the abuse. | • Weight loss  
• Suicidal ideation |

**Self-Injurious Behavior**

A 2014 study found that victims of child sexual abuse are at three-fold increased risk of self-injurious behavior (Liv-Wiesel and Zohar). Self-injurious behavior is a motivated process of harming one’s self characterized by:

- Low lethality.
- Highly repetitive behavior.
- Absence of suicidal ideation.

It has been theorized that self-injurious behavior is used to relieve overwhelming negative emotions and feelings from the sexual abuse. Self-injurious behavior may also emerge after abuse as a way to self-medicate symptoms of psychological disorders. Types of self-injurious behavior include:

- Cutting
- Scratching
- Burning
- Punching
- Pulling hair

**Suicidality**

Individuals with a history of sexual abuse have an increased risk for suicide. Findings from a 2013 study indicate that the association between child sexual abuse and greater odds of attempting suicide remained even after taking psychiatric disorders into account (Perez-Fuentes et al.). Child sexual abuse survivors can develop feelings of isolation, stigma, and poor self-esteem, and may develop depression,
which can lead to suicidal ideations later in life. Suicidal ideation often carries on into adulthood.

**Substance Abuse**

Adolescent victims of child sexual abuse are more likely to have alcohol and/or drug dependence problems compared to the non-abused population. Child sexual abuse can produce feelings of helplessness and chaos, and substances are used by the victim to escape or disassociate. Substance abuse is also used by child sexual abuse survivors to self-medicate symptoms of psychological disorders, such as depression and post-traumatic stress that arise from the abuse. Research shows the prevalence of abuse of nicotine, alcohol, and illicit drugs, including intravenous drugs.

**Social Functioning**

The consequences of child sexual abuse do not just encompass physical and mental health, but also social functioning. Child sexual abuse adversely affects how survivors interact with the world around them. The abuse may cause the development of unhealthy and unnatural behaviors. The following adverse behaviors are prevalent in child sexual abuse survivors: traumatic sexualization, interpersonal relationship problems, delinquency and criminality, and economic problems. As a monitor, it is important to know what inappropriate behaviors may be exhibited and why they are occurring.

**Traumatic Sexualization**

Traumatic sexualization is the inappropriate development of a child’s sexuality as the result of sexual abuse. It can occur in the following ways:
- Child sexual abusers often exchange attention, privileges, and gifts for sexual behavior. This teaches the victim that sex is a tool to manipulate others.
- Abusers may fetishize a child’s body, leaving the child to feel either shame about their bodies or that their bodies are no more than sex objects.
- If abuse was perpetuated by someone the child loved, the child may believe that he/she must give sex to receive affection.
- The frightening memories of the abuse become associated with any sexual activity.

Traumatic sexualization causes child sexual abuse victims to become confused about their sexuality and can develop inappropriate and/or unnatural sexual behaviors that are carried on into later life. Often this is exhibited in either an increased or decreased interest in sex. *Hypersexuality* is a common high risk behavior, usually resulting from prior sexual/emotional abuse, in which survivors engage in frequent sexual encounters devoid of emotional content, as a way to feel more in control of their personal relationships.

The effects of traumatic sexualization include:

- Sexual interests at a young age, such as masturbation and/or intercourse
- Sexual aggressiveness
- Multiple sexual partners
- Sexualizing relationships that are not sexual
- Aversion to sex
- Flashbacks to sexual abuse
- Avoidance of physical contact
- Difficulty with arousal and orgasm
- Vaginal pain in women
- Negative attitudes towards body image

**Interpersonal Relationships**

Since child sexual abuse victims are often violated by people they know, love and trust, forming interpersonal relationships can be difficult. This may be due to disrupted parental attachment. Child sexual abuse victims tend to reject their caregivers’ attention after the abuse. Since a common component of abuse is isolation, with the child being kept at home
as much as possible, they are unable to learn and develop social skills. As a teen or adult this can result in difficulty making friends, or being withdrawn. He/she may continue to become socially avoidant or may become clingy and overly dependent on others. Effects of child sexual abuse on interpersonal functioning include:

- Either difficulty trusting or overly trusting of others
- Desperation to find redeeming relationships
- Fear of abandonment
- Feelings of powerlessness and lack of assertiveness in relationships
- Formation of abusive relationships
- Anger and/or fear of authority
- Suspicion in intimate relationships
- Feelings of stigmatization and alienation from others
- Isolation and avoidance or relationships all together

**Deviant behaviors, criminality, and delinquency**

Victims of child sexual abuse often exhibit oppositional behavior, which can escalate to delinquency and criminality. This may be due to the “cycle of violence.” Exposure to maltreatment early in life increases the likeliness of developing maladaptive and antisocial behaviors. Additionally, children who are exposed to family violence may perceive violence as a way to solve problems.

Children who are sexually abused may display the following deviant and delinquent behaviors:

- Cheating in school
- Vandalism
- Fighting
- Stealing
- Truancy
- Running away

Child sexual abuse survivors are at increased risk for criminality in the following ways:

- Survivors of child sexual abuse are more likely to be arrested for committing a crime than those who have not experienced maltreatment.
- Survivors of child sexual abuse are the most likely to be arrested for prostitution compared to survivors of other forms of maltreatment.
- Some research shows that those who experience child sexual abuse are more likely to sexually offend than the general population and those who experienced other types of maltreatment.
**Educational and Economic Outcomes**

Child sexual abuse is also linked to poorer educational and economic achievement. The behavioral and mental health problems associated with child sexual abuse may also affect victims’ achievement in school and future economic well-being. Studies have found the following about child sexual abuse and educational and economic outcomes:

- Sexually abused children tend to perform lower on tests measuring cognitive ability, academic achievement and memory assessments compared children who were not sexually abused
- Sexual abuse is associated with absences from high school, increased need for special education, and trouble adapting at school
- Sexual abuse significantly increases the chance of dropping out of school
- Adult wages tend to be lower in female victims of child sexual abuse

**Warning Signs of Child Sexual Abuse by Age**

<table>
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<tr>
<th>Age Range</th>
<th>Warning Signs</th>
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| Younger Children | - Toilet accidents, unrelated to toilet training  
                  - Says new words for private body parts  
                  - Reluctant to remove clothes during bath time, bedtime, toileting, or diapering  
                  - Plays sexually with other children or toys |
| Adolescents    | - Self-injury  
                  - Poor personal hygiene  
                  - Substance Abuse  
                  - Sexual promiscuity  
                  - Running away  
                  - Depression and/or anxiety  
                  - Suicidality  
                  - Fear of intimacy  
                  - Disturbed eating patterns |
Any Age

- Nightmares or sleep problems
- Seems unusually distracted or distant
- Change in eating habits
- Sudden mood swings
- Expresses sexual images in writing, drawing, or play
- Thinks of self or body as bad or dirty
- Has money, toys, or other gifts without reason
- Exhibits adult-like sexual behavior
- Pain during urination or bowel movements
- Pain or bleeding of genitals, anus or mouth

STOP and Think

After reading this section, you should be able to answer the following question regarding the case scenario at the start of the chapter.

- Discussion Q 1: Do you see any signs of child sexual abuse in Julie’s behavior? If so, what are they?
- Discussion Q 2: Does Sarah exhibit any potential signs of child sexual abuse? If so, what are they?

Child Resiliency

The impact of child sexual abuse differs from person to person. Some victims may be able to make a full recovery without little physical, mental, or social difficulties. However, others may experience more extreme consequences. Resiliency is the ability to recover from trauma and restore healthy functioning. Resiliency depends on a number of factors. These factors include context of abuse, polyvictimization (those who experience multiple forms of violence), family functioning, and individual functioning.

Context of sexual abuse

The ability for a victim of child sexual abuse to adjust and recover from the trauma can depend on the context of the abuse he/she endured. The context of sexual abuse refers to frequency of sexual abuse, type of sexual abuse, age when sexual abuse was initiated, and relationship to the perpetrator.
**Frequency:** Symptoms tend to be more extreme when the sexual abuse is recurrent and/or over time. Sexual abuse in high frequency may cause the child to perpetually be in fear and thus unable to cope.

**Type of abuse:** More negative outcomes are found when the sexual abuse is contact, rather than non-contact. Additionally, the more dangerous the abuse is perceived as, the increased traumatic impact it can have.

**Age when sexual abuse was initiated:** Child sexual abuse has a more adverse impact when the abuse begins at a younger age because it negatively affects development at an earlier time.

**Relationship to perpetrator:** Outcomes are more adverse when sexual abuse is perpetrated by someone the child knows.

**Polyvictimization**

The more adverse life experiences a child has, the greater the risk for developmental problems. When child sexual abuse occurs alongside another type of maltreatment, such as physical abuse, emotional abuse and/or neglect, more symptoms are reported.

**Family functioning**

The functioning of a victim’s family can either increase or decrease resiliency after child sexual abuse. Generally, the more support a victim gets from family members, the fewer behavioral and emotional difficulties are exhibited.

- A 2008 study found that family functioning had a significant impact on long-term adjustment of child sexual abuse survivors. Family cohesion was associated with positive relations with others and more effective management of daily life. Family conflict negatively affected self-acceptance and was associated with less effective management of daily life (McClure et al.).
- A 2011 study found that stable family environment and supportive relationships had a consistent association with resiliency after maltreatment (Afifi and MacMillian).
• A 2014 study found that social support from non-offending family members was a key component in providing effective intervention and promoting recovery after disclosure of child sexual abuse (Domhardt et al.).

**Individual functioning**

Certain individual characteristics have been found to promote resiliency more than others. These characteristics include:

- Intelligence
- Appealing, sociable, easy-going disposition
- Self-efficacy, self-confidence, high self-esteem
- Problem solving abilities
- Active coping
- Optimism

**Impact and Gender Differences**

Child sexual abuse affects both males and females. However, because males and females may be victimized in different ways, the impact of child sexual abuse can vary.

**Prevalence**

Research shows that there is a higher prevalence of child sexual abuse among females.

• A 2013 study found that worldwide, 9% of females had experienced forced intercourse and 15% had experienced mixed sexual abuse, while 3% of males had experienced forced intercourse and 8% had experienced mixed sexual abuse (Barth et al.).

However, these numbers may be lower than reality because of the unwillingness to report, especially by males.

**Perpetrator**

• For both males and females, most perpetrators are male. However, males are more likely than females to have a female perpetrator.
• Male victims perceive a female perpetrator as a rite of passage rather than abuse, while male perpetrators make them feel shame and confusion over their sexuality.
• Girls are more likely to experience abuse within their families, while boys are more likely to experience abuse by someone outside of their family. As discussed earlier, abuse occurring within families has been shown to produce more severe outcomes.
Males are more likely than females to be sexually abused by peers or relatives closer in age. This may cause males to feel confused on whether it qualifies as “abuse” and may lead them to stay silent.

**Age of onset/duration of abuse**

Females are more likely to experience sexual abuse over a longer period of time than males, possibly because they are more likely to experience abuse within their families. Longer periods of abuse are associated with more adverse outcomes.

**Type of abuse**

Males are more likely than females to experience sexual abuse that is more violent and physically harmful, including repetitive penetrative acts. Research shows that more violent and forceful sexual abuse is linked to more adverse mental health outcomes.

**Disclosure**

Disclosure of abuse significantly influences the victim’s intervention and recovery process. The male recovery process may be adversely affected by the fact that males are less likely to report during childhood. When males do disclose it is not uncommon for them to wait to do so for 25 years, well into their adulthood, while women often disclose before adulthood.

The following are theories as to why males are so hesitant to disclose:

- Males may be fearful of being labeled as homosexual if their perpetrator was male.
- They may feel shame because of the “boys don’t get sexually abused” myth and/or the fear that boys who are sexually abused will become perpetrators.
- They may feel ostracized by other males because men are more likely to view victims of child sexual abuse more negatively.

**Consequences**

Male victims are more likely to display externalizing outcomes including:

- Aggressive behaviors
- Difficulties at school
- Delinquent behaviors
- Substance abuse
- Anti-social behaviors

Comparatively, females tend to display internalizing outcomes including:

NOTE:

We cannot determine whether males or females experience more severe outcomes, however we can determine the context of abuse each gender tends to experience.
• Withdrawal
• Depression
• Suicidal ideation
• Eating disorders

Part 2
Impact of Child Sexual Abuse on the Family

Child sexual abuse not only affects the victim, but also the victim’s family. The abuse significantly alters the family system and after disclosure, family members have to cope with their own trauma. When trauma extends to others outside the primary victim, it is called “secondary trauma.” Secondary trauma can be quite overwhelming to family members whose loved one was violated. It is important for family members to recognize and cope with their vicarious trauma in order to provide adequate support for the victim who will rely on them during the recovery process.

Non-Offending Parental Responses to Disclosure of Child Sexual Abuse

The majority of non-offending caregivers experience psychological stress upon discovery of their child’s sexual abuse. Initial reactions to disclosure of child sexual abuse vary greatly from self-blame to denial.

Initial reactions may include:

• Anger toward perpetrator
• Displaced anger toward family members
• Guilt and self-blame
• Helplessness
• Panic
• Denial
• Shock
• Embarrassment
• Feelings of betrayal
• Desire for secrecy
• Fear for the child victim
A 2014 study explained how contextual factors may influence a non-offending mother’s type of reaction to a disclosure of child sexual abuse (Knott et al.).

- Non-offending mothers are more supportive of their sexually victimized child when they do not reside with the perpetrator, or when the perpetrator is not the father or step-father.
- Non-offending mothers were least supportive when the perpetrator was identified as a family member.
- Non-offending mothers were most likely to be protective when they felt hostility toward the perpetrator.
- Additionally, the non-offending mother’s capacity to protect could be diminished by substance abuse.

After a disclosure of child sexual abuse, stigma can often block communication and lead to more problems within families. The period after disclosure is a sensitive period in which extra familial support and communication is necessary to help the victim through recovery. Negative reactions, such as disbelief and blaming the child increase the risk for negative developmental outcomes.

DID YOU KNOW?

A 2015 study found that child sexual abuse survivors who reported more hurtful responses to their disclosure had higher levels of posttraumatic stress disorder, anxiety, and physical symptoms than those who reported more supportive responses (Palo and Gilbert).

Non-Offending Parent Trauma

Additional to initial stress after disclosure, non-offending parents can develop longer-term symptoms. Non-offending parents experience distress for an average of two years following child disclosure. They may present with symptoms of mental health disorders including:

- Depression
- Anxiety
- Post-traumatic stress
- Hostility
- Somatic symptoms
- Paranoid ideation
- Psychosis
Non-offending caregivers may also experience significant life changes, including adverse social and economic outcomes. This is especially extreme if the sexual abuse occurred within the family, because the non-offending parent may also experience a significant amount of loss. These changes may include:

- Increased isolation from extended family and strained family relationships
- Loss of partner
- Loss of income
- Change of residency

Research shows that non-offending caregiver support is vital to overall adjustment. It can buffer the child from adverse mental health and social outcomes. However, the overwhelming feelings from secondary trauma and all the life stressors occurring after disclosure can overwhelm a parent and diminish his/her effectiveness to support the child. For these reasons, it is important for non-offending parents to be involved in the therapeutic process after disclosure.

What can treatment provide for parents?

- How to recognize symptoms of abuse.
- How to respond more sensitively to acting-out behaviors.
- How to respond appropriately to questions about the abuse.

STOP and Think

After reading this section, you should be able to answer the following question regarding the case scenario at the start of the chapter.

- Discussion Q 3: What effect can child sexual abuse have on Mary, the non-offending parent?
Impact on Non-Abused Siblings

Non-abused siblings may experience adverse psychological consequences from the disclosure of victim’s abuse. They may experience individual symptoms as well as having to cope with lots of change. This change is especially significant in circumstances of abuse occurring within families. Siblings may experience the following:

- If the sibling knew about or witnessed the abuse, they could experience severe psychological distress.
- After disclosure, they may feel increased isolation, shame, and stigma.
- If the sexual abuse is occurring within their family, they may feel torn between the perpetrator and the victim.
- Siblings may have to cope with the loss of a parent and change in family dynamics.
- Siblings may have to cope with a residence and school change.
- Siblings may come to resent the victim who they blame for all the sudden change.

It is important for non-offending caregivers to be open about the abuse with the other children in the family. Non-abused children should be educated on the dynamics of child sexual abuse in order for them to understand that it was not their victimized sibling’s fault. Since many siblings are often aware of the abuse, being open about the abuse can also allow for learning additional information about the victimized sibling’s abuse, or could lead to their own disclosure of sexual abuse.

Survivors of Child Sexual Abuse as Parents

Parenting is a challenging task, even without a history of abuse. When a survivor of child sexual abuse becomes a parent, trauma can hinder parenting capabilities. Not all survivors have difficulty in parenting, but many survivors report challenges unique to the child sexual abuse they experienced. Parenting challenges survivors may face include:

- Low confidence in parenting
- Lack of energy in parenting
- Role reversal with child
• Difficulty promoting age appropriate autonomy
• Excessive concern for child safety
• Difficulty addressing child’s sexuality

Parenting issues may be due to a number of factors relating to the survivor’s abuse including:

• Lack of an appropriate model of parenting
• Stress of parenting in the context of their recovery
• Psychological symptoms such as depression and/or post-partum depression

It is important for survivors to identify their parenting challenges and the core reasons for those challenges. Inadequate parenting by the survivor can result in the following unhealthy interactions with their children:

• Decreased sense of bond with child
• More negative attitudes towards child
• Difficulty communicating with child
• Less involvement with child
• Decreased satisfaction as a parent
• Abuse of the child under the guise of strict parenting

This unhealthy attachment between the survivor and child can result in adverse developmental outcomes for the child. According to attachment theory, if survivors are symptomatic and unable to give adequate attention to their child at a young age, the child could develop maladaptive emotional and social behaviors. Additionally, parents who have unresolved trauma may not be able to model healthy emotions, which can result in confused emotional development for the child.

Part 3

Impact of Child Sexual Abuse on Society

Child sexual abuse does not just effect the victim and his or her immediate surroundings. Child sexual abuse negatively affects society as a whole. It poses a cost to communities and countries all over the world. This crime is so prevalent that child sexual abuse is increasingly being addressed as a public health issue. The burden of child sexual abuse results in direct and indirect costs to society. Direct costs are associated with the
immediate needs of the victim, while indirect cost are the long-term and secondary effects of the abuse.

Direct costs include:

- Medical care
- Mental health care
- Child welfare
- Law enforcement
- Criminal justice

Indirect costs include:

- Long-term mental health care
- Productivity loss
- Special education costs
- Juvenile delinquency
- Future adult criminality

Impact on Florida

According to the U.S. Department of Health and Human Services, in 2014, there were close to 2,500 victims of child sexual abuse in the state of Florida. These victims will experience lost earnings and other costs as consequence of the abuse. A 2015 study found that in Florida, the estimated lifetime costs per individual CSA victim is between $210,012 and $241,600 (Lauren’s Kids).

Impact on United States

In the United States, child sexual abuse ranks 12th in preventable risk factors and carries 0.7% of the disease burden (US Burden of Disease Collaborators 2013). Research has also found the following about child sexual abuse in the U.S.:

- 26.6% of girls and 5.1% of boys in the US have experienced sexual abuse or assault by age 17 (Finkelhor, 2014).
- The sexual abuse of children cost the United States $1.5 billion in medical expenses and 23 billion total annually in 1996. (U.S. Department of Justice).
- The cost per sexual assault victimization of children was estimated to be at least $184,000. (Minnesota Department of Health, 2007)
A 2009 study reviewed studies of child sexual abuse in 65 countries and found that 1 in 5 women and 1 in 12 men reported experiencing some form of sexual abuse before the age of 18 (Pereda et al.). The World Health Organization identifies child sexual abuse as a risk factor affecting the global burden of disease. This amounts to 9 million years of healthy life lost. Child sexual abuse is a risk factor for the following contributors to the global burden of disease:

- Depression
- HIV
- Alcohol use disorders
- Violence
- Self-inflicted injuries
- Unsafe sexual behaviors
- Obesity

STOP and Think

After reading this section, you should be able to answer the following question regarding the case scenario at the start of the chapter.

- Discussion Q 4: What potential costs does this scenario pose to the greater community and society?

Part 4

Impact of Child Sexual Abuse on Supervised Visitation

With what we have discussed thus far, we know that the best chance a child has at recovery is through having a support network. However, it is vital that the safety of the victim is prioritized above all else, in which a responsible, trained adult supervises any contact between the alleged sexual offender and the child victim. It is important to be familiar with the behaviors of victims and perpetrators in order to know when to intervene.
Inappropriate behavior by alleged parent may include:

- Whispering or speaking to child in a way that visit monitor cannot hear
- Tickling child or encouraging other physical contact
- Playing with toys near the genitals of the child or parent
- Exposing genitals or leaving pants unzipped
- Using code words
- Masturbating
- Playing with toys that have meaning to child’s abuse
- Showing photographs that are reminders of child’s abuse

Behaviors of children with histories of child sexual abuse during visitation

- Toileting accidents
- Excessive crying
- Unusual clinging behavior
- Self-injurious behavior
- Inappropriate sexual behavior, language, and/or play

### Child Sexual Abuse Accommodation Syndrome

Children with histories of child sexual abuse may behave in different ways in order to cope with their abuse. It is important for visitation monitors to be able to recognize these stages of behaviors in order to put a stop to the alleged parent’s control over the victim.

1. **Secrecy**: The victim may comply with abuser’s demands out of fear of the implied consequences.
2. **Helplessness**: The victim feels powerless to stop the abuse because of the adult’s authority.
3. **Entrapment and accommodation**: The victim tries to get used to the abuse through denial and dissociating. May explain why victims appear to act normally with abusive parent during visitation.
4. **Disclosure**: During this stage, victims will drop hints to family members, friends, or other adults. Depending on the reaction received, the victim may disclose fully or stop discussion.

5. **Recantation**: Some victims recant because they are not believed or do not want to go through with the investigation that comes after disclosure.

STOP and Think

After reading this section, you should be able to answer the following question regarding the case scenario at the start of the chapter.

- **Discussion Q 3**: If certain interactions seem inappropriate, what could then explain Julie’s normal reaction to them?

### 10 Visit Rules for Sexual Abuse Cases

1. **There should be one visit supervisor to each visiting family.**
   - This allows monitors to be focused on one family and one family only in order to best ensure safety of all family members.

2. **The visitor monitor must be fluent in the language of the child and parent.**
   - This rule allows for efficient communication between the family and the monitor. Monitors must be fluent in the preferred language of family. Language preference should be discussed at intake.

3. **Families with sexual abuse allegations should be in their own private room away from other families.**
   - This rule allows the monitor the be vigilant in ensuring the safety of the child and prevent involvement of other children.

4. **Physical contact between the visiting parent and the child should be minimal and closely scrutinized.**
   - Any inappropriate contact initiated by parent or child should be stopped immediately. Appropriate contact should be brief and fully visible to monitors.
5. The following physical contact should be prohibited:
   - Tickling, lap sitting, rough housing, prolonged hugging or kissing, stroking, hand holding, hair brushing, changing diapers or clothes.

6. Neither the visiting parent nor the custodial parent should bring any items to the visit:
   - Books, games toys, photographs, music, audio or video games, dolls or pets. This is to prevent the perpetrator from bringing reminders of the child’s abuse and/or bribes to the child for recanting.

7. Certain behaviors should be prohibited including:
   - Whispering, passing notes, hand or body signals, photographing the child, audio or videotaping the child, exchanging money, gifts, or cards. This is to prevent verbal threats and to minimize the triggering of harmful memories.

8. Parents may not take their children to the bathroom or change diapers for their children.
   - Children are to use the program bathroom and use the help of staff if needed. Only staff are allowed to change diapers.

9. Parents are not allowed to discuss the abuse during the visit.
   - This rule is to prevent any further emotional trauma of the child. Parents are not allowed to question the child about abuse or talk about the abuse in anyway in front of the child.

10. Off-site visits are not allowed.
    - Off-site visitation does not allow for the level of control needed for monitoring a sexual abuse case. It is vital for monitors to be able to react quickly and efficiently to inappropriate situations.

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**STOP and Think**

*After reading this section, you should be able to answer the following question regarding the case scenario at the start of the chapter.*

- **Discussion Q 5**: What interactions seem appropriate or inappropriate during the visit?
It is necessary for monitors to be vigilant of any contact that may be triggering and remind the child of the abuse. When you recognize any behaviors that may be sexual in any way, you must intervene. The following is recommended:

- Directing the parent to stop a certain behavior
- Calling a short time-out
- Terminating the visit all together

If the behavior is overt, or if the child becomes distressed, terminate the visit.

It is also a good idea to create a safety signal for the child to say or do to indicate that he or she is uncomfortable at any time and you can intervene. Just make sure it is not too obvious. Possible signals may include:

- A certain word or phrase
- A song
- Raising a hand
- Crossing Arms

STOP and Think
After reading this section, you should be able to answer the following question regarding the case scenario at the start of the chapter.

- Discussion Q 6: What are some ways you could intervene?
Case Scenario 1

Janet brings her daughter Carol, age 12, and son, age 16 to a supervised visitation with their father, William. Carol has disclosed that William had allowed his friend Carl to sexually abuse her when he was high and doing drugs with Carl. From what we know, the elder son was not aware of the abuse, and now appears distressed during the visit. From records, we also know that the mother, Janet has had a history of sexual abuse.

Case 1 Discussion Questions:

1. What issues could the elder son be facing as a non-abused sibling?

2. What issues could Janet be facing as a non-offending parent?

3. What should a monitor keep in mind when supervising a visit in this case?

Case Scenario 2

Mary brings her two daughters, ages 10 and 16, to supervised visitation with their father, Jim. The eldest daughter has disclosed that Jim had sexually abused her when she was a pre-teen and now she fears for her younger sister’s safety. Mary has been very supportive of her daughters since the disclosure. Mary has told you that the two daughters are in therapy and appear to be coping in a healthy way. From records, there is no other history of abuse or domestic violence issues. Despite Mary’s support, she appears obviously distraught when dropping off the children for visits with her ex-husband.

Case 2 Discussion Questions:

1. What issues could the two daughters be facing?

2. What are the benefits of Mary believing and supporting her daughter?

3. What are some aspects of this case that would contribute or hurt the daughters’ chances of resilience?

4. What issues could Mary be facing?

5. What can you as a monitor do to help Mary?
1. True or False: Sexually abused children are at an increased risk at exhibiting deviant behaviors.

2. _____________ is the inappropriate development of a child’s sexuality as the result of sexual abuse.
   A. Self-injurious behavior
   B. Traumatic sexualization
   C. Resiliency
   D. Depression

3. Which of the following is true about males who experience sexual abuse?
   A. More likely to experience sexual abuse outside of their families
   B. More likely to have a female perpetrator
   C. Less likely to disclose in childhood than females
   D. All of the Above

4. True or False: Contact between the accused parent and the child victim should be fully visible to monitors during visits.

5. During a visit, the visiting parent says something to his/her young child that makes the child cry excessively and become inconsolable. You should: (write out answer)

   ____________________________________________________________________

Answers: 1. True 2. B 3. D 4. True 5. Visitation staff should have heard what was said. That’s a fundamental point. Answers should also include: Intervene and separate parent and child; talk to parent about what was said; decide whether to end visit based on parent’s behavior and statements. Document the incident. Depending on the parent’s statement, file critical incident report, making referring judge aware of the issue.


McCarthy-Jones, Simon, and Roseline McCarthy-Jones. "Body mass index and anxiety/depression as mediators of the effects of child sexual and physical abuse on


