Recognizing, Understanding and Management of Youth Sexual Abuse

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Recognizing Youth Sexual Abuse

National Crisis

Myths

Impact

Art work by youth sexual abuse survivors will be Inserted throughout final Presentation.
Due to Confidentiality, and Protection of youths art work, images are not Included at this time.

Definition of Child Sexual Abuse World Health Organization, 2017

- Three types of child sexual abuse are often distinguished. It may occur on a frequent basis over weeks or even years, as repeated episodes that become more invasive over time, and it can also occur on a single occasion.
  - 1. Non-contact sexual abuse (e.g. threats of sexual abuse, verbal sexual harassment, sexual solicitation, indecent exposure, exposing the child to pornography)
  - 2. Contact sexual abuse involving sexual intercourse (i.e. sexual assault or rape)
  - 3. Contact sexual abuse excluding sexual intercourse but involving other acts such as inappropriate touching, fondling and kissing.

National Crisis of Sexual Abuse Cases

- In 2016 Child Maltreatment report by U.S Department of Health
  - Nationally 671,622 child abuse reports filed, 8.5% (57,329) were child sexual abuse
    - Utah 9,614 reports filed of those 17% (1,671) were sexual abuse
    - California 68,663 reports filed of those 5.2% (3,617) were sexual abuse
- United States alone, about 300,000 children are at risk of being commercially sexually exploited

U.S. Department of Health & Human Services Administration for Children and Families Administration on Children, Youth and Families Children's Bureau: https://www.acf.hhs.gov/cb

National Statistics

- 1 in 5 girls and 1 in 20 boys is a victim of child sexual abuse (a)
- Self-report studies show that 20% of adult females and 5-10% of adult males recall a childhood sexual assault/abuse incident (a)
- During a one-year period in the U.S., 16% of youth ages 14 to 17 had been sexually victimized (a)
- Children are most vulnerable to child sexual abuse between the ages of 7 and 13 (a)
- 80% of sexual abuse victims know their accused (a)
- 325,000 children are at risk of becoming victims of commercial child sexual exploitation each year (b)

(a) Crimes Against Children Research Center, Finkelhor, D. 2011
(b) National Coalition to Prevent Child Sexual Abuse and Exploitation. (2012).

National Reporting Sources

- Primary referral source identified from 51 states
- 64% of all sexual abuse reports made by Professionals
  - Educational Personal reported 18.4%
  - Legal and Law Enforcement Personnel 18.2%
  - Social Services Personnel 10.9%
  - Medical Personnel 9.1%
  - Mental Health 5.8%
  - Child Day Care Providers 0.6%
  - Foster Care 0.4%

U.S Department of Health, Child Maltreatment, 2015

Myths of Abuse

- Only the Act of Sexual Abuse that is Traumatic.
- All children display symptoms at the time of the sexual abuse occurring.
- Abuse is over once its reported. Long term effects are minimal.
- Only girls are molested.
- Children will report the abuse.
- Abuse occurred by a stranger.
- CSEC will stay away from abuser once services provided

https://www.nctsn.org, 2009

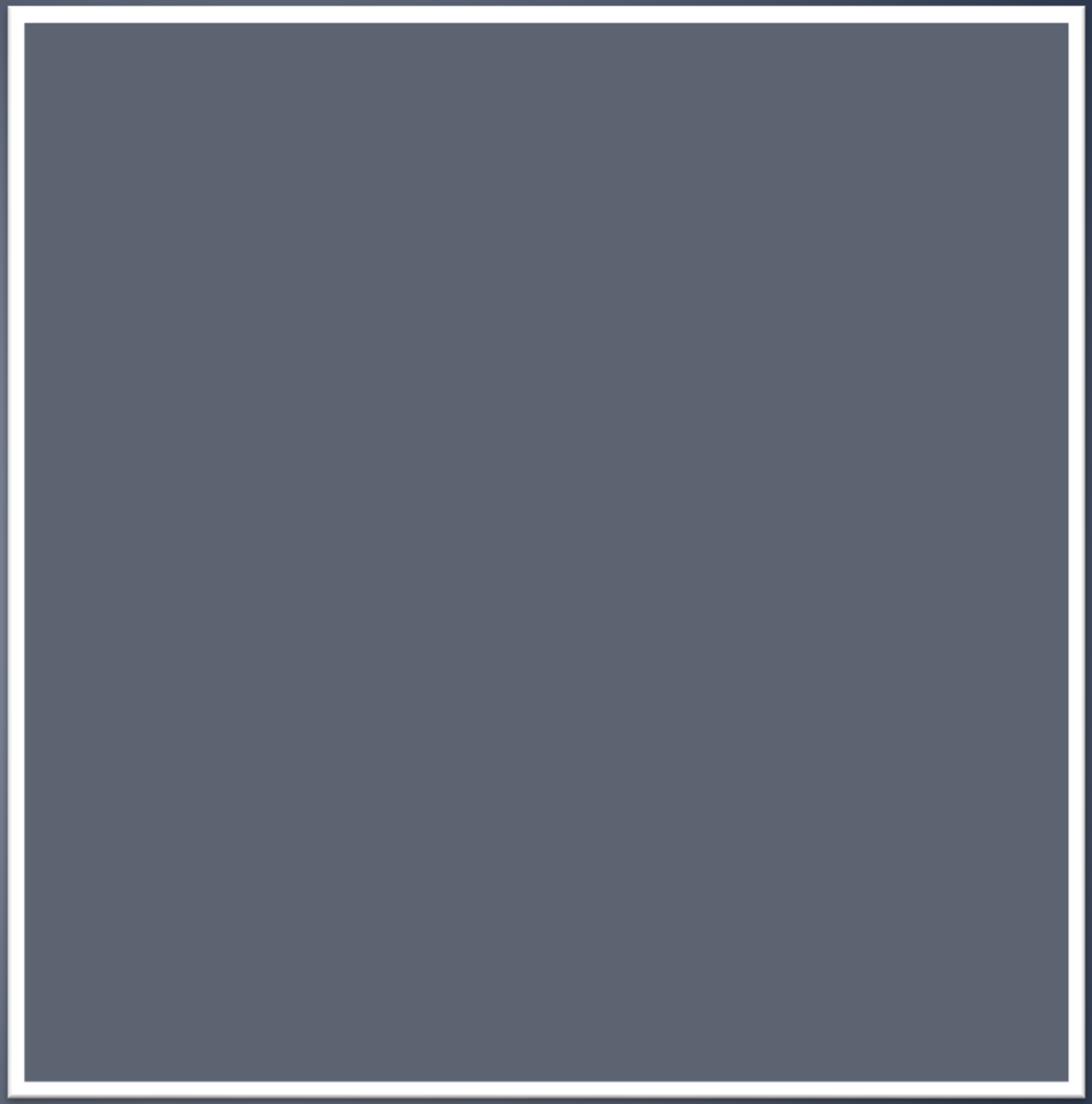
Impact of Sexual Abuse

- Physical – Behavioral- Emotional/Psychological
- Social -Academic -Spiritual
- Short Term – Inability to cope (6 months – 2yrs)
  - Shame, guilt, worry, poor boundaries, behavior acting out
- Long Term – Distrust of Self, Others, Society (6+Months and more)
  - Chronic Medical issues – Lack of Employment – Substance Abuse
  - Pervasive Mental Illness – Unhealthy Relationships

National Violence Resource Center, 2010

Understanding Youth Sexual Abuse

- Dynamics of Abuse
- Symptoms: Feeling/ Behaviors
- Red Flags
- Maladaptive Coping Mechanisms
- Diagnosis



Sexual Abuse Dynamics

- Remember Most Youth hide the abuse due to
  - Fear they caused the abuse, will get in trouble
  - Worry something is wrong with them the victim
  - Guilt/ Shame
  - Unsettled over how they body felt at the time of the abuse
  - Confusion due to harm caused by a loved or trusted adult
  - Abuser is someone they know "don't want to get people in trouble"
  - Worry of effect on Family if they report
  - Threats by the Accused
- If You Witness or Suspect a combination of the following Symptoms and Red Flags, Risk Factors in a Youth,

  1. Consult and 2. Report

National Sexual Violence Resource Center, 2011

The symptoms of sexual abuse affects everyone differently

- Symptoms vary greatly depending on the:
  - Age and personality of the victim
  - Developmental stage of victim
  - Severity and duration of the molestation
  - Dynamic makeup of the family
  - Reaction of the non-offending parent
  - Emotional importance of the victim's relationship with the offender
  - One symptom does not indicate abuse
  - If youth victim is a commercially sexually exploited child (CSEC)

National Sexual Violence Resource Center, 2011

Symptoms

- **Feelings**
  - Excessively withdrawn
  - Fearful, or anxious about doing something wrong
  - Sadness,
  - Hopelessness,
  - Fatigue, lack of interest in activities
  - Numbness
  - Anger
  - Shock/ Disbelief
  - Shame /Guilt
    - Low self worth, self loathing, frequent apologizing

National Sexual Violence Resource Center, 2011

Symptoms

- **Behaviors**
  - Regressive Behaviors
    - Bedwetting, Thumb sucking
  - Shows extremes in behavior (extremely compliant or extremely demanding; extremely passive or extremely aggressive
  - Newer Concerns
    - Physical Safety
    - About pregnancy
    - STD's
  - Self Harming
    - Cutting behaviors
    - Eating Disorders
- **Suicide – numerous thoughts, attempts**
  - Passive, or aggressive

National Sexual Violence Resource Center, 2011

Red Flags

- Isolation or Hyperawareness
  - Either Doesn't seem to be attached or Overly attached to the parent /caregiver, friends, school, homework
  - Urgency to go home or vigilance of surrounding and people (CSEC)
- Acts Older or Younger than stated Age
  - Inappropriately adult (taking care of other children, parent roles) or I
  - inappropriately infantile (rocking, thumb-sucking, throwing tantrums)
- Unexplained Medical Issues
  - New illnesses without medical findings

Red Flags

- **PHYSICAL**
  - Ability to discuss sexual topics outside of clients age group
  - Is always watchful and "on alert," as if waiting for something bad to happen, refusal to be left alone
  - Shies away from touch, flinches at sudden movements, or seems afraid to go home
  - Sexual themes while playing
  - CSEC -Youth
    - Underage Tattoos
    - Hi-end clothing or accessories
    - Homelessness
- Wears inappropriate clothing
  - Overdressed/ underdressed

National Sexual Violence Resource Center, 2011
Strategies for Youth, 2012

Red Flags cont.

- Appearance
  - Clothes are ill-fitting, filthy, or inappropriate for the weather, increase in high value possessions.
- Hygiene
  - recently changed, is consistently bad (unbathed, matted, unwashed hair, noticeable body odor), sexualized appearance.
- Change in parental involvement
  - Is frequently unsupervised or left alone or allowed to play in unsafe situations and environment
- Academia
  - Is frequently late or missing from school/ change in how they complete assignments .

National Sexual Violence Resource Center, 2011

Red Flags cont.

- **SEXUAL**
- Trouble walking or sitting
- Displays knowledge or interest in sexual acts inappropriate to age
- Makes strong efforts to avoid a specific person, without an obvious reason
- Doesn't want to change clothes in front of others (in safe environment ie: gym) or refuses to participate in physical activities
- An STD or pregnancy, especially under the age of 14
- Runs away from home
- Seductive in Engagement with Adults (CSEC)

National Sexual Violence Resource Center, 2011

Maladaptive Coping Mechanisms

- Alcohol
- Drugs, legal and illicit
- Gang Affiliation
- Sex (including sex with other people, pornography or any other form of sexual activity).
- On-line social networking.
- Risky behaviors (aggressive driving/racing, fighting, some sports, etc.).
- Self-harm (cutting, etc. Not all 'rush' strategies involve a positive rush)

Comorbid Diagnosis

- **Emotional reactivity**
  - A person is 'emotionally reactive' when youth responds very quickly with very strong emotion – essentially an uncontrolled or 'excessive' emotional response.
- **Depression**
  - **Impact on sleep, eating, motivation, participation in activities**
- **Anxiety**
  - **Restlessness, issues with concentration, perfectionism, issues adjusting, and transitioning, need for control, avoidance and phobias**
- **PTSD**
  - **Flashbacks, nightmares, other intrusive memories, hypervigilance**
  - **Dissociation:** - becoming 'detached' from a key part of your personal experience. It is a way of 'splitting off' from suffering so that the pain (feelings and usually memories) is consigned to another part of the mind.

Management of Youth Sexual Abuse

H.E.L.P. Model

Practical Skills

H.E.L.P Model

H = Honesty and Hopefulness

E = Education and Empathy

L = Listening (Verbal and Non-Verbal)

P = Point out Strengths

H.E.L.P Model

- ***H = Honesty and Hopefulness***
- **Honesty** about yourself and the topic of sexual abuse
  - As a first line Helper (non mental health provider) Self awareness is crucial to safety of youth,
  - Ask yourself can you discuss topic of sexual abuse honestly?
  - Be aware of Helper personal triggers does the topic create discomfort, fear, worry, shame?
- **Hopefulness** for youth in spite of sexual abuse
  - What are your personal Biases about sexual abuse and survivors? If uncomfortable seek support by colleague prior to engaging youth.
  - Can you manage personal feelings to be hopeful to survivor that help is available and a productive future is possible.

H.E.L.P Model

- ***E = Education and Empathy***
- Educated Helper on the topic of sexual abuse, the needs of youth victims, how to cope with their experience, mandate laws of your state, child protective services and procedures/ process of how helpers States manages sexual abuse.

- Empathy for needs of Survivor if youth chooses to disclose their experience Empathize with their feeling, understand and accept they may not be able to share details, do not pressure, make sure you are in a safe and confidential setting. Maintain youths privacy and confidentiality many youth carry shame and fear of abuse and cannot cope with others knowing their experience.

H.E.L.P Model

L = Listening (Verbal and Non-Verbal)

Listen to the Verbal expression of the youths words, feelings, worries and concerns. It is not just the details of their experience, it also the fragility of the moment, as this may be the first time they share their experience. In Listening the helper gains understanding, can correct misconceptions, begin to rebuild trust in an adult rapport, help youth receive support from other professionals.

Listen to the Non-Verbal of the youths behaviors does the youth appear worried, anxious, scared, threatened or hopeless. Are they comfortable in the setting where you are speaking? Do you need to ask others to leave, or have someone else join you? Does the youth need additional support such as same gender adult as in the room?

H.E.L.P Model

P = Point out Strengths

Point out Strengths of Youth, often after seeking help, further shame, guilt and embarrassment develops. In identification of strengths and pulling from their positive qualities and characteristics youth are supported in building on their resilience and positive coping skill. You have been selected by the youth and while they may be resistant and defensive at time it is helpers goal to help identify and begin to develop Self Worth and assist in linkage with professionals or family who can support them in this process.

Practical Skills for Helper

- Be Cautious to Not Label Youth as Resistant, Defiant or Oppositional to your Help
- Remember Youth Victims are Youths, with Unsophisticated Coping Skills
- Recall Youth tend to be Hurting (while it may manifest in anger or pushing you away) and youth do not always know how to manage their experience

Practical Skills

- Building Trusting Relationships
  - You are the Most Effective Tool in Helping Youth
  - Develop appropriate relationships base on your role
  - Be accessible and follow up on concerns
- Boundaries
  - Setting Clear and Reasonable Expectations/ Limits
  - Do Not Make False Promises
- Compassionate Confrontation
  - If Confrontation is necessary be honest and factual, Be assertive while not aggressive, remember this youth does not trust easily and being gentle in presentation does not mean you are lenient in your limits or rules.

Practical Skills

- Containment
  - Often times the youth is overwhelmed or emotionally reactive, learn to Ground the Youth, have them slow down, breath, count, hold table/desk, and plant feet until they can regroup.
- Confidentiality
  - Do not commit to unrealistic request such as “don’t tell anyone” share only what is pertinent to those who are involved
- Validation
  - Share understanding without making excuses, do not share personal disclosures rather keep focus on youths experience and feelings.
- Normalize their feelings
  - Provide support by indicating it is ok to feel as they report however all the while maintain boundaries, such as still file report if necessary, do not engage in secret keeping or minimize their experience.

Referrals

- Children's Bureau, Administration on Children, Youth and Families, https://www.acf.hhs.gov/cb
- National Center for Missing and Exploited Children, http://www.missingkids.com/home
- National Coalition to Prevent Child Sexual Abuse and Exploitation, http://www.preventtogether.org/
- National Violence Resource Center, https://www.nsvrc.org/
- The National Center for Victims of Crimes, http://victimsofcrime.org
- The National Child Traumatic Stress Network https://www.nctsn.org
- World Health Organization, http://www.who.int/en/