

Some Types of Sexual Abuse

- The adult sexually touching the child (e.g., a hug that is more sexual than affectionate)
- Having the child touch the adult sexually.
- Photographing the child for sexual purposes.
- Sexualized talk.
- Showing the child pornographic materials or making them available to the child.
- Making fun of or ridiculing the child's sexual development, preferences or organs.
- The adult exposing his or her genitals to the child for sexual gratification.
- Masturbating or otherwise being sexual in front of the child.
- Voyeurism (e.g., watching a child dress or undress after puberty).
- Forcing overly rigid rules on dress or forcing the child to wear revealing clothes.
- Stripping a child to hit or spank, or getting sexual excitement out of hitting.
- Verbal or emotional abuse of a sexual nature.
- Having the child engage in sexual activity with animals.

The Grooming Process: Steps Offenders Take to Set-Up Children

- 1. Seek Out Approachable Child:** Offenders usually select children who are readily available to them- e.g. relatives, friends, and neighbors. They focus on children who have emotional needs for friendship and attention.
- 2. Establish Relationship With Child:** Offenders find ways to build up trust and friendships with children.
- 3. Break down the Child's Resistance to Touch:** Offenders find ways to touch the child a lot. As a result the child is often unaware or confused when the touch becomes sexual.
- 4. Find Ways to Isolate the Child:** Offenders find excuses to be alone with children so they can molest them.
- 5. Blame the Child and Keep the Secret:** Offenders try to make the child feel responsible so they will not tell.

Why Did My Child Go Along With The Abuse?

1. Children are raised to be “nice”, to be courteous and polite. They have a natural outpouring of trust and affection for others. These innocent child-like qualities set up children to be abused by a person who is a master at manipulation and trickery. The fact that the child often cares about the offender adds to the confusion.
2. People who molest children usually have a pattern of establishing caring and trusting relationships with children before they sexually molest them. This is the beginning of the “grooming process”. The offenders initially engage in appropriate and affectionate touching then gradually move to sexual touching. The change is often so subtle that the child is unclear about whether or not this touching is something adults normally do with children.
3. When they become aware that this is abuse, not affection, they are often confused by their earlier compliance. A skillful abuser uses the resulting guilt to convince the child she/he was somehow responsible. This guilt is one of the most difficult treatment issues for the child.
4. Children do not agree to being abused; they feel as if they have no real choice. They are sometimes convinced by offenders or other adults that they went along, but in reality they were forced, tricked, confused and/or manipulated into complying.

Creating a Climate that Allows Boys to Disclose Sexual Abuse

- Question children referred for aggressive behavior about the possibility of prior sexual abuse.
- Educate children about the possibility of males being victims.
- Question all siblings when abuse of one child is discovered.
- Offer male victims the same level of protection, treatment and concern as females.
- Have access to materials and resources designed for male victims.
- Educate those working in rape crisis and other hotline about male sexual victimization. Recruit male survivors to assist.
- Counter the prevailing sex-role myths about the invincibility of the “real man” with more realistic roles for boys to emulate.
- Encourage older males to speak out about victimization experiences.

Components of Healing for Adult/Teen Incest/ Sexual Abuse

Survivors

1. Breaking the secrecy/ undoing the isolation.
 - A. Tell your story to a trustworthy person.
 - B. Search for an appropriate qualified therapist.
 - C. Join a support group for survivors.
2. Learning to set and achieve reasonable goals.
3. Learning positive coping skills (including ending addictions and compulsive behaviors).
4. Mobilize social support-- establishing and reinforcing positive connections with people.
5. Breaking secrecy in the family.
6. Recognizing that recovery is an ongoing process.
7. Creating new meaning for past trauma—helping others.

Common Survivor Experiences

- 1.** I didn't recall large portions of my childhood.
- 2.** I experience drastic mood swings.
- 3.** I am afraid to let out my anger, it could kill.
- 4.** I have difficulty asking for help.
- 5.** I am overwhelmed by changes in plans or schedules.
- 6.** I am uncomfortable around persons "in authority".
- 7.** I have acted out sexually in risky or unhealthy ways.
- 8.** I have difficulty in remembering recent events/occasions.
- 9.** I don't enjoy sex.
- 10.** I don't trust many people.
- 11.** I don't know how to relax.
- 12.** I am often emotional and withdrawn.

Coping Styles of Young Male Victims

Fight:

- Acting out, delinquency, tantrums
- Promiscuity/ highly sexualized behaviors (compulsive masturbation and sexual acting out)
- Acting super-responsible
- Using food as protection (eating disorders)
- Dreaming of revenge
- Aggressions towards pets/ animals
- Mood swings/ irritability
- Overactivity
- Fire-setting (arson)

Flight:

- Run away- marry young to leave home
- Suicide or attempted suicide
- Develop multiple personalities
- Develop stress-related illnesses
- Hyper-vigilant- sleep disturbances
- Regressive behaviors- phobic behaviors

Numbing:

- Deny feelings- live in constant state of shock
- Dissociation- use of alcohol/ drugs
- School failure (due to inattention and withdrawal)
- Self-harm (detracts from internal pain)
- Depression

Myths About Male Sexual Victimization

Myth # 1 - Boys and man can't be victims

This myth, instilled through masculine gender socialization and sometimes referred to as the “macho image,” declares that males, even young boys, are not supposed to be victims or even vulnerable. We learn very early that males should be able to protect themselves. In truth, boys are children – weaker and more vulnerable than their perpetrators – who cannot really fight back. Why? The perpetrator has greater size, strength, and knowledge. This power is exercised from a position of authority, using resources such as money or other bribes, or outright threats – whatever advantage can be taken to use a child for sexual purposes.

Myth #2 – Most sexual abuse of boys is perpetrated by homosexual males.

Perpetrators who molest boys are not expressing a homosexual orientation any more than perpetrators who molest girls are practicing heterosexual behaviors. While many child molesters have gender and/or age preferences, of those who seek out boys, the vast majority are not homosexual. They are child predators.

Myth #3 - If a boy experiences sexual arousal or orgasm from abuse, this means he was a willing participant or enjoyed it.

In reality, males can respond physically to stimulation (get an erection) even in traumatic or painful sexual situations. Therapists who work with sexual offenders know that one way a perpetrator can maintain secrecy is to label the child's sexual response as an indication of his willingness to participate. “You liked it, you wanted it,” they'll say. Many survivors feel guilt and shame because they experienced physical arousal while being abused. Physical (and visual or auditory) stimulation is likely to happen in a sexual situation. It does not mean that the child wanted the experience or understood what it meant at the time.

Myth #4 - Boys are less traumatized by the abuse experience than girls.

While some studies have found males to be less negatively affected, more studies show that long term effects are quite damaging to either sex. Males may be more damaged by society's refusal or reluctance to accept their victimization, and by their resultant belief that they must "tough it out" in silence.

Myth #5 – Boys abused by males are or will become homosexual.

While there are different theories about how sexual orientation develops, experts in the human sexuality field do not believe that premature sexual experiences play a significant role in late adolescent or adult sexual orientation. It is unlikely that someone can make another person a homosexual or heterosexual. Sexual orientation is a complex issue and there is no single answer or theory that explains why someone identifies himself as homosexual, heterosexual or bi-sexual. Whether perpetrated by older males or females, boys' or girls' premature sexual experiences are damaging in many ways, including confusion about one's sexual identity and orientation.

Many boys who have been abused by males erroneously believe that something about them sexually attracts males, and that this may mean they are homosexual or effeminate. Again, not true. Perpetrators who abuse boys will admit that the lack of body hair and adult sexual features turns them on. The perpetrator's inability to develop and maintain a healthy adult sexual relationship is the problem – not the physical features of a sexually immature boy.

Myth #6 – The “Vampire Syndrome” that is, boys who are sexually abused, like the victims of Count Dracula, go on to “bite” or sexually abuse others.

This myth is especially dangerous because it can create a terrible stigma for the child, that he is destined to become an offender. Boys might be treated as potential perpetrators rather than victims who need help. While it is true that most perpetrators have histories of sexual abuse, it is NOT true that most victims go on to become perpetrators. Research by Jane Gigun, Judith Becker, and John Hunter found a primary difference between perpetrators who were sexually abused and sexually abused males who never perpetrated: non-perpetrators told about the abuse, and were believed and supported by significant people in their lives. Again, the majority of victims do not go on to become adolescent or adult perpetrators; and those who do perpetrate in adolescence usually don't perpetrate as adults if they get help when they are young.

Myth #7 – If the perpetrator is female, the boy or adolescent should consider himself fortunate to have been initiated into heterosexual activity.

In reality, premature or coerced sex, whether by a mother, aunt, older sister, baby-sitter or other female in a position of power over a boy, causes confusion at best, and rage, depression or other problems in more negative circumstances. To be used as a sexual object by a more powerful person, male or female, is always abusive and often damaging.

Believing these myths is dangerous and damaging:

- So long as society believes these myths, and teaches them to children from their earliest years, sexually abused males will be unlikely to get the recognition and help they need.
- So long as society believes these myths, sexually abused males will be more likely to join the minority of survivors who perpetuate this suffering by abusing others.
- So long as boys or men who have been sexually abused believe these myths, they will feel ashamed and angry.
- And so long as sexually abused males believe these myths they reinforce the power of another devastating myth that all abused children struggle with: that it was their fault. It is never the fault of the child in a sexual situation – though perpetrators can be quite skilled at getting their victims to believe these myths and take on responsibility that is *always* and *only* their own.

For any male who has been sexually abused, becoming free of these myths is an essential part of the recovery process.

Guidelines for Responding to Someone Who Has Been Abused

Hearing that someone you care about has been mistreated is difficult. Here are some suggestions on how to respond. Regardless of how you responded then, the topic is bound to come up again, and again, and still again. Victimized people need to talk about what happened many times and in various ways. Your task is merely to listen the best you can. You can't fix him or make the pain go away.

- Respect the person's privacy. Keep the details to yourself or within a confidential relationship, like that with a therapist, clergyperson, or support group.
- Don't confront the abuser(s) yourself. It is your loved one's responsibility to do that when he is ready. Don't rob him of that experience.
- Don't touch him without asking permission *each time*. His comfort with touch can change from moment to moment. What was okay an hour ago might be terrifying now.
- Be open about your emotions. It is a sign you care and that he matters. If you are sad when he tells you about what happened to him and want to cry, go ahead. But watch out that he doesn't then focus on your emotions and ignore his.
- Pay attention to the emotions he has, rather than getting wrapped up in the details of what happened.
- Comply with reasonable requests for special attention or safe-guards. For example, if he is afraid to answer the phone for fear that it will be the person who abused him, then do more than your fair share of answering the phone or buy a phone answering machine and screen the calls.
- Avoid telling him what to do.
- Talk less, listen more.
- Learn the healing power of silence shared.
- Find a safe place to express your emotions.
- Let him move at his own pace. Don't try to talk him into getting angry or talk him out of his sadness. Let him know you will be sticking around.
- Remind him of how much you care about him.
- Be patient.
- Treat him as a worthwhile person
- Treat *yourself* as a worthwhile person.

Facing Buried Feelings –When and Why?

Recent research has shown that 50% of women and 23% of men receiving psychiatric help have been sexually abused. As we have seen, many mental health problems –such as anxiety, depression, phobias, sexual problems, eating disorders, drug addiction and tension –can be the result of burying feelings and memories about sexual abuse. Survivors have often received many years of treatment for these surface problems before the underlying problem of the sexual abuse is uncovered and dealt with.

Eventually survivors come to a point where the old coping strategies of suppressing no longer work or are becoming serious problems in themselves. Feelings and memories may be popping to the surface despite attempts to bury them. At this point, survivors may decide they have to get help and that they need to disclose the abuse. They may have carried their secret for 10, 20, even 50 years before this happens.

Recovery and healing can happen at any point in a survivor's life. Talk with a trusted person if you are facing buried memories about sexual abuse. Get help.

Physical Symptoms

Anxious people experience the same physical reactions as people do when they are in danger. When people are in danger their bodies increase the production of stress hormones (adrenalin and cortisol). This is known as the “flight or fight” response, which helps people deal with dangerous situations by preparing the body for action.

Common Anxiety Symptoms

Physical Symptoms:

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|---|----------------------------|
| ◆ Tension | ◆ Weak legs |
| ◆ Palpitations (awareness of heartbeat) | ◆ Aches and pains |
| ◆ “butterflies” in stomach | ◆ Vomiting |
| ◆ Trembling, shaking | ◆ Diarrhea |
| ◆ Pins and needles | ◆ Blurred vision |
| ◆ Feeling short of breath | ◆ Surroundings seem unreal |
| ◆ Loss of appetite | ◆ Nausea |
| ◆ Poor Sleep | ◆ Poor concentration |
| ◆ Sweating | ◆ Dizziness |
| ◆ Chest pain | ◆ Churning stomach |
| ◆ Dry Mouth | ◆ Headache |

Behaviors:

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|---------------------------------------|--|
| ◆ Drinking too much | ◆ Avoiding going places |
| ◆ Eating too much | ◆ Escaping from places where you feel afraid |
| ◆ Eating too little | ◆ Obsessive cleaning, counting, or checking |
| ◆ Taking drug (prescribed or illegal) | |

Negative Thoughts:

- ◆ I’m going to have a heart attack.
- ◆ Everyone can tell what I’m really like.
- ◆ I’m cracking up.
- ◆ I’m going to end up in a mental hospital.

Life Areas Affected by Abuse

From, Surviving Childhood Sexual Abuse

Fear:

One emotion that abuse victims have difficulty with is fear. A milder form of fear is mistrust. Often, abused people will constantly question the motives of others. Since they have been mistreated in the past, they fear that everyone is somehow out to take advantage of them again. More extreme examples are recurring nightmares, fear of abusing one's own children, fear that they are going to be abused by others, and vague, unexplained fears that "something bad is going to happen." Sometimes abuse victims will develop rituals in order to try to prevent the impending disaster they fear. These rituals lead to obsessive thought patterns and compulsive behaviors. One client I worked with had a compulsive need to have the last word in a telephone conversation. She thought that this would somehow ensure her safety and the safety of the person she had been talking to. She had developed this behavior as a child and continued it into her adulthood. Since the sexual abuse often takes place in the child's bedroom, many sexually abused people have conditions that must be met for them to be able to sleep. Some will wear numerous layers of clothing in order to hide and protect their bodies. Others need the bedroom door locked to ensure that nobody can sneak in. Some want the door left open because their abuser used to come into their room at night, lock the door, and touch them.

For a child in a sexually abusive family there is much to fear. The fear of discovery is constant. Victims are afraid that they will be blamed for what happened (and they often are). They fear that they will be not only blamed but punished as well. Often the offending person threatens the victim with being beaten or killed if anyone learns about the abuse. If the secret of the abuse gets out to the community the family members may be separated because of a divorce or because the offending family member is jailed. Another common fear of victims is of being kicked out of the family. Sometimes when abuse is discovered the victim is removed from the household, not the offending adult. To the child it appears that he is being removed from his home because he is at fault. Family members may reinforce this view of the situation by saying, "If you hadn't opened your mouth, none of this trouble would have happened."

Guilt:

Many sexual abuse victims have an inappropriately high level of guilt. They believe that they have done something wrong, when in fact it was they who were wronged. This excess guilt may show up in a tendency to be overly apologetic. Victimized persons often experience guilt about what they did or didn't do in order to cope with the abuse. For example, people who pretend to be asleep when the abuse is taking place may later tell themselves that they ought to have screamed or fought off the abusing person. Others report feeling guilty about liking the attention they were getting or enjoying some of the physical sensations during the physical contact. This guilt reinforces their belief that they were a consenting party to the sexual act and just as responsible as the adult. This self-blame is sometimes reinforced by clergy in giving absolution to sexual abuse victims. When the victim is assigned penance, he is being told that he is a sinner, rather than someone who was sinned against.

Shame:

Shame is a sense that one's personhood is damaged, inadequate, or worthless. I view shame as the most powerful and damaging emotional effect of sexual abuse. The paradox is that the person who has been violated is the one who has a sense that there is something wrong with him. Sometimes the victimized person is told this directly ("You should be ashamed of yourself!"), but most of the time the message is covert. Since shame is related to a person's "self" and not merely to an experience, the shame becomes part of the victim's identity and it follows him into adulthood affecting his view of himself and everything he does. He does not look on himself as someone who *had something horrible done to him* but as *someone horrible*. The shame becomes personalized so that it is a part of his identity. The experience of shame includes a sense of being transparent, that one's badness or worthlessness is visible or somehow apparent to others. Therefore, the victim often assumes that everyone somehow knows that he has been abused, is dirty, or is a "pervert."

Shame can inadvertently be reinforced by therapists. Consider, for example, the use of the word *confession* in this sentence from Meiselman: "The first issue, which has been raised several times in this book, is that of belief or disbelief of the patient's confession of incestuous experience." The definition of *confess* is "to admit or acknowledge one's faults or crimes; own

up to one's guilt." One need not confess to being victimized; one only confesses when one has done wrong.

People with an excess of shame tend to have unrealistic expectations of themselves. They believe that they need to compensate for something, even if they don't know what it is; but they are sure something is basically wrong with them and with most of what they do. They think either that they can do nothing well or that they have to do everything perfectly –that they are the worst or the best. This is sometimes referred to as "victim grandiosity." Highly ashamed people avoid eye contact with others and may even avoid mirrors so that they don't have to see themselves. They will often have a never-ending monologue in their heads about what useless or unacceptable people they are. They have difficulty accepting even constructive criticism since they hear it as a personal attack.

Shameful people frequently lash out in rage at those around them. Some become violent towards others, picking fistfights, hurting or torturing animals, or, in more socially acceptable ways, participating in violent sports such as boxing, rugby, or football. They attempt to hurt others as a way of coping with the intense emotional pain they are experiencing.

Loneliness:

People who have a great deal of shame will be very lonely, because they think of themselves as being unworthy and incapable of having intimate relationships. The isolation and self-hatred that many sexual abuse victims suffer lead many of them to become depressed and suicidal.

Often, sexual abuse victims have difficulty relating to other children because their worlds are so different. It is hard to be spontaneous and playful when one has been sexually abused the night before by one's own parents. This further adds to the victim's isolation.

Anger:

An abused person usually has a lot of anger. He commonly has three main targets for his anger: the person who abused him, the people who did not protect him from the abuse, and himself. He may have difficulty expressing this anger. The shame he feels will tell him that he doesn't deserve to be angry, that he wasn't entitled to better treatment. He may also confuse feeling angry with being abusive and may strive to be different from the person who abused him

by “never getting angry.” In some cases the only time a victim will allow himself to experience his anger is when he is hearing stories of someone else being abused or when fighting for a cause.

Questions to help identify your thoughts and emotions:

- In what ways do you feel ashamed? How is this related to being sexually abused?
- How were you treated by the person(s) who abused you if you showed your anger? Your hurt? Your fear?
- In what ways are you afraid of people? What kind of trust issues do you have?
- What emotional issues do you (your loved one) have as a result of being sexually abused?

The Behavior Aspects:

One particularly frightening behavioral effect of childhood sexual abuse is self-harm. The victim will cut, burn, pick at, hit, bite, or scratch himself. Although the victim and those around him may attempt to explain the injuries as the result of accidents, the self-harm is deliberate.

Several authors have offered explanations for self-harm

- An act of rage. The victim has intense anger and rage about the abuse but is in a position where he is unable to express it in a less self-defeating manner. Some victims will fantasize that they are inflicting on their abuser(s) what they are actually doing to their own bodies.
- An act of self-punishment. The victim blames himself for the abuse and seeks to punish himself. As one client put it, “When I have been punished enough, the bad things will stop.”
- An act of punishment for the victim’s body. This explanation is often given by victims who experience arousal or ejaculation during the sexual contact.
- An attempt to make oneself unappealing. Victims who believe the sexual contact is a result of their appearance may attempt to disfigure themselves in order to stop the abuse.
- A distraction from emotional pain. Focusing on the physical pain caused by the self-injury can serve to distract the victim from his emotional pain and from memories of the abuse.

- A method of dissociation termination. Victims who are in a profound dissociative state following an episode of sexual abuse may bring themselves back to reality through the use of pain. As one client put it, “It is better to feel pain than to feel nothing at all.”
- A method of proving one’s existence. The sense of unreality, emptiness, and depersonalization of a dissociative state can be so overwhelming that the victim seeks to assure himself of his existence by inflicting pain. In the words of one client, “I hurt, I bleed, therefore I am.”
- A sign of ownership of one’s body. The victim’s body is being treated like an object by the abuser(s). The victim reclaims his right to his body by the self-harm. His self-inflicted injury is an act of defiance. One client explained it this way: “As I burned myself I thought, I will decide how much pain I am in, not you.”
- A sign of strength. The victim is in a helpless situation. The pain he inflicts is reassurance that he can withstand whatever is done to him. Put another way, “If I can stand what I am doing to myself, I can survive whatever they do to me.”
- A cry for help. The injury is a signal to others that there is something wrong in the victim’s life. Since families with sexual abuse have powerful taboos against talking about the abuse, the wounds serve as a silent cry for assistance from those outside the family. Unfortunately, the self-harm is merely viewed as a sign that the victim is insane and not to be believed. If the victim ever does verbalize that sexual abuse is taking place, it is likely to be viewed as the delusion or lie of a mentally ill person. One client reported, “I carved the word *pain* in my arm with a razor blade and wore short-sleeved shirts to school and church. But everyone acted like it wasn’t there.”

Suicide attempts are frequently made by sexual abuse victims. Herman found that 38 percent of the victims in her study were so depressed that they had attempted suicide. Briere and Runtz found that sexual abuse victims were twice as likely as non-abuse victims to attempt suicide. The greater the number of abusers, the greater the inclination toward suicide. They also found that victims tended to think about killing themselves with greater frequency than did others.

I have had many clients talk about how, as they drove to and from work each day, they were thinking to themselves, “It sure would be easy just to steer into that oncoming traffic or

drive into that tree. It would be all over. Everyone would think it was an accident. My family would get my insurance money. Everyone would be better off.” Others have described having to struggle to keep from throwing themselves in front of trains.

Sometimes the suicidal acts are more covert. I worked with one client who would drive very fast without his seatbelt, hoping that he would go off the road or that his car would be struck and he would be killed. Whenever people commented on how his smoking three packs of cigarettes a day and being massively overweight was going to kill him, he would reply, “lets hope so.” Everyone responded as if he were joking.

If you have had suicidal thoughts, write them down. Killing yourself is agreeing that keeping the sexual abuse secret is more important than keeping yourself alive. It is the ultimate loyalty to the abuser and the ultimate in self-betrayal. Write down all the reasons you have decided to choose life and recovery. Ask someone who cares about you to write down the reasons they want you to remain living. Write an agreement with that person that for the next twenty-four hours you will not harm yourself. Renew this agreement tomorrow.

Addictive Disorders:

It is not surprising considering all the pain victims experience that they often turn to alcohol and other drugs to medicate their emotions and to repress their memories. One researcher reported that 20 percent of the victims in her study stated that they had abused alcohol or other drugs in an attempt to deal with depression and loneliness. Others reported that 60 percent of the men in residential substance abuse treatment programs had been sexually abused as children. Being chemically dependent as an adult makes you vulnerable to further physical or sexual abuse and reinforces the idea that you wanted it or deserved it.