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# SEXUAL ABUSE IN CHILDHOOD – OUTCOMES AND PSYCHOLOGICAL HELP

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## SUMMARY

Sexual abuse in children is a very frequent problem nowadays. Both the press and television present numerous cases of sexual deviances, with children and youth under the age of 16 being the object of interest. There are many difficulties in determining what really sexual abuse is. Despite countless definitions of this problem, there is no common explanation of the term “sexual abuse” for the medical and social sciences. The term “sexual abuse” is often used interchangeably with the term “sexual violence”, which may take various forms, the most common being voyeurism, manipulation near the genitals and incest. Sexual abuse carries many negative consequences for the physical and mental health of a child. As a result, apart from medical actions, a very important issue remains the work of a psychologist with a child at risk, during which the parents and the child’s guardians should also be involved. Psychological help for a child is essential in the process of returning matters to the level functioning prior to the child falling victim to sexual violence.

**Key words:** sexual violence, mental health, psychological help

## INTRODUCTION

The problem of sexual violence in relation to children is an issue on the border of many disciplines. So far, research conducted by lawyers and sexologists has been of the highest importance. However, research and reviews presented by psychologists are becoming more significant nowadays. Judith Lewis Herman (1997; 2007), a Harvard professor of psychiatry, wrote the first book ever on father-daughter incest when she discovered during her medical residency that a large number of the women she was seeing had been victims of father-daughter incest. Herman notes that her approach to her clinical experience grew out of her involvement in the civil rights movement.

The problem of sexual violence addressed towards children is also the subject of interest for the medical and psychological sciences (Naszydłowska et al. 2012). Analysis of the psychological subject literature shows a visible increase in the number of publications regarding the problem of sexual abuse in childhood (Tucholska 2000; Anderson et al. 2004; McCoy & Keen 2013).

Sexual abuse of children is a frequent problem nowadays, the evidence of which being the results of retrospective studies on experiencing sexual abuse by those examined (Table 1).

In order to understand the core of this more frequent problem, it is worth conducting in-depth analysis. However, it is essential to define this phenomenon to make the analysis possible. Giving such a definition is very difficult because both the source literature and the practice of working with sexually abused children does not provide a unanimous solution to the phenomenon of sexual abuse of children. This problem is not only connected with the definition itself, but also with the nomenclature which is generally accepted and applied. Definitions, taken from English, have yet to find a precision in Polish (Czub, 2015).

The phenomenon of recent years is the growing awareness in society of the problem of sexual abuse of children, which has caused a better understanding of this problem. (Glaser, Frosh, 1995).

Table 1. Retrospective studies on experiencing sexual abuse by examined individuals

Author	Sample	Definition	Women %	Men %
Fluderska, Sajkowska (2001)	Representative sample of 1057 Poles aged 18 or older	Exhibitionism, encouraging to watching pornography, sexual touching, sexual intercourse, aged 15 or younger, with an adult person	16	12
Lew-Starowicz (2002)	Representative sample of 796 adult Poles aged 18 or older	Exhibitionism, petting, sexual intercourse, attempted rape, rape, aged 15 or younger	14	18
Sajkowska (2009, 2010)	Representative sample Of 1000 people aged 15-18.	Sexual touching, sexual intercourse, aged 15 or younger, with an adult person	11	6

Source: Sajkowska, 2011, p. 153

The sexual abuse of children itself is, however a very broad and complex definition. It is essential to additionally define the problem for the needs of both theory and for its application within psychological practice. This is caused by the fact that both researchers and practitioners have not made any common statement relating to the problem of sexual abuse of children, one that would be appropriate for both groups (Czub, 2015).

## WHAT IS CONSIDERED CHILD SEXUAL ABUSE?

General definitions of sexual abuse of children focus on creating precise categories which allow one to recognise a group of behaviours shown towards children as acts of sexual abuse (Sajkowska, 2002). During the analysis of the source literature various definitions of the problem can be encountered.

*“A child (a person aged 16 or younger) is sexually abused when any sexually mature person involves the child in any activity aiming to sexually stimulate another person”* (Glaser, Frosh, 1995).

*“Sexual abuse is involving dependent, developmentally immature children and youth in sexual activity which they do not understand and they are unable to give their consent, or an activity which is the violation of social taboo of playing roles in the family”* (Glaser, Frosh, 1995).

*“Sexual abuse, or forcing by either physical or psychological methods to having sexual intercourses relates almost always to a situation in which a child is sexually abused and an adult is the perpetrator”* (Reber, Reber, 2008).

The World Health Organization defines<sup>1</sup> sexual violence towards children as *“abusing a child by adults or by the elders in order to gain sexual pleasure”*.

The Standing Committee on Sexually Abused Children (SCSAC) gives a more detailed definition:

*“a sexually abused child is every individual under the age of consent (defined by national laws), exposed to any act of sexual activity out of neglect or by deliberate action by an adult person, whose intention is to gain sexual satisfaction”* (Czub 2015).

According to Sajkowska (2002) sexual abuse is every act between persons at different stages of development, which leads to sexual gratification of the person at the higher level of development.”

Herman (2007) has stated that child sexual abuse includes:

1. touching activity include: touching a child’s genitals or private parts for sexual pleasure making a child touch someone else’s genitals, playing sexual games or having sex, putting objects or body parts (like fingers, the tongue or penis) inside the vagina, in the mouth or in the anus of a child for sexual pleasure.
2. non-touching activity. Some examples of non-touching activities include: showing pornography to a child, deliberately exposing an adult’s genitals to a child,

<sup>1</sup> This definition has been adopted by the World Health Organization from a definition put forward by Action on Elder Abuse in the UK.

photographing a child in sexual poses, encouraging a child to watch or hear sexual acts, inappropriately watching a child undress or use the bathroom.

Czub (2015) has pointed out that in order to fully understand the core of the problem definition, it is necessary to emphasize that the term “sexual abuse of a child” is used in a situation when a child is the object of interest of people conducting the studies. This is in contrast to the definitions of paedophilia and molesting, which have their applications in describing the research conducted on adults showing sexual behaviours towards children and the perpetrators at the same time.

It is possible to indicate the existence of group of social definitions of sexual abuse of children, which are definitely closer in meaning to psychologists. They enable one to create a number of social views regarding the problem. There is a chance that this group of definitions can be made more precise during the course of sociological research (Izdebska, 2010).

The source subject literature relating to the sexual abuse of children is based on clinical observations which were conducted on the problems, and which were considered to be connected with a history of abuse. These problems include, among others, self-esteem, sexual disorders as well as depression (Finkelhor, Browne, 1985; Rosa et al. 1999; Levitan et al. 2003), and PTSD (Herman, 1997; Roth et al 1997; 2007).

It is accepted that children aged 7 or younger and at ages 10 – 12 are at the highest risk of being affected by sexual violence (Russell 1983; Zawadzka, Sakowicz, Naszydlowska 2012). Any information that reaches contemporary society by, among other sources, media coverage, does not always rely on reliable knowledge gathered as a result of research conducted and an analysis of the outcomes. Despite this, they seem to have a great impact on the process of shaping the definition of the sexual abuse of children. As a result, social definitions are formed on the basis of particularly brutal cases, as these are the most attractive for the media and they are more frequently presented to society (Izdebska, 2010).

The information regarding less cruel, but also painful and harmful forms of abuse, such as sexual abuse which does not involve touching, can hardly be found in newspapers or on television. Social definitions less frequently raise the problem of the sexual abuse of the children by family members. The predominant portrait of a perpetrator is a man who is not related to the child, but who is often mentally ill, insane or suffering from social functioning disorders (Izdebska, 2010).

## **SIGNS OF SEXUAL ABUSE**

There are two basic kinds of sexual abuse of children to be found in the source literature. The first is an act which a child experiences in its most immediate environment. This may include rape, lewd acts or incest. The second way of sexual abuse of children is encouraging or forcing children into prostitution, producing child pornography but also child trafficking with the purpose of provid-

ing sexual services (Kornas – Biela, 2012).

The existence of various forms of child sexual abuse should be emphasized. The most frequent forms are, among others, incest, that is sexual contacts between close relatives, though equally involving adopted children. Another way of causing sexual harm is paedophilia, which is a sexual disorder in which an adult person satisfies their sexual needs by maintaining sexual contacts with children (Czub, 2015).

The source literature provides many other forms of sexual abuse. These include, sexual acts that include touching, which are: vaginal, oral or anal intercourse and touching the genitals of the victim. The other form of abuse according to this division is an act which does not involve touching, that is verbal stimulation, exposing oneself to a child – exhibitionism, voyeurism or creating a situation in which a child becomes a witness to sexual intercourse (Czub, 2015).

All representatives of the media and other organisations publicly object to the sexual abuse of children. Despite this, the problem affects an increasing number of children, with even more perverted forms of this problem being noted (Kornas-Biela, 2012).

Sexual abuse is a serious issue, but it is also frequently hidden. The problem affects children regardless of sex, their age and social origins. Research shows that particularly in Western countries this phenomenon is increasing at a very high rate. It is terrifying to note that increasingly younger children are becoming victims and that the age of the perpetrators themselves is gradually lowering (Kornas – Biela, 2012).

Statistics on the prevalence of the phenomenon of sexual abuse of children show numerous discrepancies, which may result from the differences in the schemes of the studies conducted. The problem may also lie in the diversity of questions, hypotheses, methods, research conditions, examined samples, their number and choice criteria as well as the scope of the study advanced by the researcher. It is also worth mentioning that the data may equally be copied by various sources; the same case of child abuse might have been reported to several institutions, i.e., to an educator at school, the police, hospital or in court (Kornas – Biela, 2012). Results may also vary because of the fact that sometimes the victims are not able, or do not want to inform anyone about what they experienced (Włodarczyk, Sajkowska, 2013; Beisert Izdebska, 2012).

## **CONSEQUENCES OF SEXUAL ABUSE**

When considering the problem of sexual abuse of children, it is impossible not to pay attention to the numerous consequences, both of a physical and psychological nature, which affect the child who is the object of a perpetrator's interest. In this study we would like to focus particularly on the psychological consequences. The deepest analysis of scientific literature regarding the direct consequences of sexual abuse on children was published in 1993 (Friedrich, 2002).

A child who became a victim of sexual abuse showed many specific behavioural symptoms. The most frequent symptom was the sexualisation of the child's behaviour, while in addition a very common problem was depression, aggressiveness and withdrawal from contacts and relationships with colleagues and even those with its closest family. These children often have problems at school. They feel anxious and sometimes even show symptoms of post-traumatic stress disorder (Friedrich, 2002).

Sexual abuse in childhood brings with it many consequences, ones extensive and permanent. It is accepted that the trauma experienced by the child affects the child's personality and causes its distortion (Tucholska, 2000).

Roth et al (2007) have stated that a child who is a victim of sexual abuse may experience four kinds of trauma:

- traumagenic sexualisation,
- betrayal of trust,
- powerlessness and stigmatisation
- self-blaming

The description of the individual consequences of child abuse seems to be complete. Predominant emotional consequences include exasperation, suicidal thoughts, self-harming, vehemence or a total repression of anger. Sexual expression disorders are also very important issues. Children may be harmed also in the field of consciousness. These include absent-mindedness, depersonalisation, flashbacks or memory disorders.

Sexual abuse may also cause changes in self-perception. The child may feel helplessness, an inability to take the initiative, but also loneliness or a lack of understanding in other people's eyes. A sexually abused minor may also feel dissimilarity towards other people. Other important consequences of sexually perverted actions applied to a child may include changes in the perception of the abuser and changes in relationships with other people (Tucholska, 2000; Evans 2015).

## **WHAT TO WATCH OUT FOR IN CHILDREN**

Conley A. (2010) has pointed out that children often show us rather than tell us that something is upsetting them. There may be many reasons for changes in their behaviour, but if we notice a combination of worrying signs it may be time to call for help or advice. This signs include:

- Sudden unexplained personality changes, mood swings and seeming insecurity
- Unaccountable fear of particular places or people
- Not wanting to be alone with a particular child or young person. New adult words for body parts with no obvious source
- Running away
- Outburst of anger
- Changes in eating habits
- Acting out in an inappropriate sexual way with toys or objects

- Nightmares, sleeping problems
- Becoming withdrawn or very clingy
- Becoming unusually secretive
- Talk of a new, older friend and unexplained money or gifts
- Regressing to younger forms of behaviours, e.g. bedwetting
- Self-harm (cutting, burning or other harmful activities)
- Physical signs, such as, unexplained soreness or bruises around genitals or mouth, sexually transmitted diseases, pregnancy.

In the light of the many consequences brought by the problem of the sexual abuse of children, numerous forms of medical and psychological help have been devised to offer support for the victims of this phenomenon.

## **PSYCHOLOGICAL HELP FOR CHILDREN AFFECTED BY SEXUAL ABUSE**

Evans (2015) has pointed out that children who experience childhood trauma do not recover easily from abuse. The focused cognitive behavioural therapy (Paçhalska, Kaczmarek, Kropotov 2014) first developed to treat sexually abused children, is now being used with the victims of any kind of trauma. It targets trauma-related symptoms in children including post-traumatic stress disorder (PTSD), anxiety and clinical depression. It also includes a component for non-offending parents.

Several studies have found that sexually abused children undergoing trauma focused cognitive behavioural therapy (TF-CBT) improved more than children undergoing certain other therapies (Cohen et al 2006). Data on the effects of TF-CBT for children who experienced only non-sexual abuse was not available as of 2006.<sup>[143]</sup> The purpose of dealing with the thoughts and feelings associated with the trauma is to deal with nightmares, flashbacks and other intrusive experiences that might be spontaneously brought on by any number of discriminative stimuli in the environment or in the individual's brain. This would aid the individual in becoming less fearful of the specific stimuli that would arouse debilitating fear, anger, sadness or other negative emotion. In other words, the individual would have some control or mastery over those emotions [45].

Diagnostic and therapeutic experience, the results of studies and analysis of source literature indicate that children who are sexually abused show more significantly strengthened psychopathological features, that is why it is necessary and even required to apply therapeutic actions to them. The most helpful thing in therapy seems to be an ecological-transactional model, which allows one to conduct an in-depth diagnosis and to customise the aim of the therapy to the individual needs shown by the child (Czub, 2015).

The help offered to children affected by sexual abuse should rely on the cooperation of many specialists. However, a very important issue is also cooperation with the child's parents or legal guardians, because they also bear the consequences of what was done to their charges. Caring not only for children,

but also for their closest relatives stands for the efficiency of planned help (Zmarzlik, Pawlak-Jordan, 2010).

The process of psychological help offered to the child and the members of the child's family has several stages (Sobolewska, 2002).

The first stage is the reporting of matters concerning the the child by parents, guardians, pedagogues, psychologists, doctors, members of the judiciary or a personal report. After that, the next stage is intervention, which is defined as the process of diagnosis and therapy. During this time it is determined whether any conduct related to sexual abuse took place. If the allegations are confirmed, the child starts therapy. Supportive actions take place on various levels, these depending on the child's age.

The youngest children attend individual therapeutic sessions, older ones may also have the possibility to work in a group. However, regardless of the way of work, the therapy aims to eliminate anxiety, re-establish the lost trust, eradicate shame and correct social and emotional functioning (Sobolewska, 2002)

One of the most important aspects of both the psychological help and support, in particular that of therapy, which must be remembered, is that these actions should take place in appropriate conditions. The proper organisation of space, which should be neither too small nor too large, is necessary. The child must feel as comfortable as possible. The child must not feel overwhelmed, but even should be granted the feeling of freedom in order to freely move and express itself, but also to maintain a safe distance with the therapist, who should be determined by the child itself, and who would pay attention to the fact that sexually abused children are particularly sensitive to physical closeness and repeatedly associate huge problems with the said. (Zmarzlik, Pawlak-Jordan, 2010).

Experiences which were gained in the process of running a psychological practice show that psychologist-conducted therapy (most often once a week) will not give the desired results if the child stays in the treating facility and has no possibility to look for any pathological behavior (Friedman & Billick 2015).

The use of various props may be useful in working with young children. The props should be adapted to the child's age. They may include soft seats, low, plastic tables, balls and soft toys. The choice of toys for work with children is very important, because when the therapist uses them in the planned manner they have therapeutic functions. The child may also spontaneously play with them, giving the child a moment of relaxation and fun. However, it is essential that there are not too many toys and attractive gadgets in the workspace because these may distract the child's attention and make the conducting of the therapy impossible. The child should also not see some of the toys, because it is necessary to use them by therapist in a previously planned stage of work and for a particular purpose. The therapist should not also forget about toy animals, because a child often transfers feelings and experiences to them (Zmarzlik-Jordan, 2010).

Planning the therapy of a sexually abused child is a very important process itself, because whether the child regains balance or not depends on this (Fried-



man & Billick 2015). There are some regularities which should be followed while conducting therapeutic actions towards sexually abused children. These may be included in the following rules:

1. The therapy of sexually abused child should cover many aspects. It should also be addressed not only to the child but also to the child's immediate environment, because this is the only way of obtaining the desired effects and, what is the most important, they will be significantly more persistent.
2. Conducting the therapy should follow a "here and now" perspective. The therapist should focus on the actual developmental level of the child; the therapist should also draw the child's attention to those child retardations which may have been the result of sexual abuse.
3. The therapy should take into consideration how the child's colleagues, family and entire environment are functioning.
4. Therapy should included:
  - An expression of feelings which are related to the harm done to the child and with the child's way of coping with the situation
  - Understanding the child what happened and creating a situation in which this experience would have an adaptive significance
  - Regulation of emotional states in an acceptable way, which would help the child deal with this situation
  - Changes of one's internal models and changes in models of the world
  - Growth of conviction as to one's own efficiency and causativeness (Czub, 2015)

How the psychologist works with a sexually abused child depends fully on the psychologist's creativity. It is important that the therapist be sure that reaching the desired goal is possible (Zmarzlik, Pawlak-Jordan, 2010).

While working with every child that has been sexually abused, regardless of the child's age or sex, it is essential to ensure the child that discretion will be kept, because the victim of sexual abuse loses trust in the whole world and wishes to keep what happened secret. This is because the abuser keeps it secret as well. The perpetrator also wishes to keep everything in secret at all costs. Only then will the child cooperate with the therapist. However, it should be emphasised that the therapist should not, or even must not keep what he knows from the child in secret, because he must persuade the child to reveal the secret to other people (Czub, 2015).

Unfortunately, as was already mentioned, the sexual abuse of children is becoming more and more common. This is why it is worth thinking about ways of prevention. The source subject literature indicates the most important fields of action which may decrease the risk of the sexual abuse of children (Cohen et al. 2006).

It is extremely important to apply preventive actions which may avert the sexual abuse of children, and also to protect the children against negative consequences, especially those which may affect the further development of these minors (Czub, 2015).

There are various possibilities of prevention. Above all, raised must be awareness of society about the importance of a child's early experiences in the process of the child's further development. For example, in the United States, the Centers for Disease Control and Prevention (CDC) uses the term *child maltreatment* to refer to both acts of commission (abuse), which include „words or overt actions that cause harm, potential harm, or threat of harm to a child,, and acts of omission (neglect), meaning „the failure to provide for a child's basic physical, emotional, or educational needs or to protect a child from harm or potential harm” (Betha 1999; Herrenkohl 2005; Herman 2007). The United States Federal Child Abuse Prevention and Treatment Act defines *child abuse and neglect* as, at minimum, „any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation” and/or „an act or failure to act which presents an imminent risk of serious harm (Herrenkohl 2005).

It is also necessary to support the children who show emotional and social disorders. This may include the organization of classes which would help develop those abilities, and as a result prevent sexual abuse. Children's school programs regarding „good touch ... bad touch” can provide children with a forum in which to role-play and learn to avoid potentially harmful scenarios. Paediatricians can help identify children at risk of maltreatment and intervene with the aid of a social worker, or provide access to treatment that addresses the potential risk factors such as maternal depression. Videoconferencing has also been used to diagnose child abuse in remote emergency departments and clinics (Friedman & Billick 2015).

The parents or legal guardians of the child have a huge impact on what happens to their charge. They should not be forgotten when planning preventive actions. It is worth to organize support and educational groups dedicated to the parents and legal guardians of children prone to sexual abuse and for those whose children have already experienced sexual abuse. Besides that, the most important issue seems to be the education and training of professionals, including doctors, nurses, teachers, custodians, pedagogues and psychologists in the field of the significance and role of emotional bonds for the proper development and functioning of the child. It is also important to teach how to recognise the alarming symptoms which could indicate child sexual abuse (Cohen 2006).

It is clearly visible that the problem of sexual abuse of children has been present for many years. We should do everything we can to prevent it, and in the cases of children who have already been affected by the problem we should find new efficient ways to improve their everyday functioning.

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