

Faith Lutheran Church

Child/Youth Sexual Abuse Safety Training for Adults

1. CHILD SEXUAL ABUSE

Child Abuse: Any intentional act by an adult or even another child that harms or threatens to harm a child's physical, mental or emotional health.

Abuser: Any person in a position of trust

Child Sexual Abuse: Sexual contact between a child and an adult, or between a child and an older child or more powerful person, or the use of a child for sexual gratification.

Sexual abuse can be physical, verbal or visual.

Facts

- 1 in 3 girls will be sexually abused before 18 years of age.
- 1 in 7 boys will be sexually abused before 18 years of age.
- Male abuser who targets girls will have an average of 52 victims prior to prosecution.
- Male abuser who targets boys will have an average of 150 victims prior to prosecution.
- 66% of victims don't tell until adulthood, if ever.
- 60 million sexual abuse survivors in the United States.

2. IMPACT OF SEXUAL ABUSE

Sexual abuse creates long term symptoms with devastating impact. Defense mechanisms may include denial, repression, or rationalizations.

Victims may experience shame, self-blame, loneliness, guilt, worthlessness, poor self-esteem, or see themselves as unlovable.

All victims experience a loss of trust in adults and authority figures.

Certain behaviors can indicate sexual abuse in a child, such as eating disorders, self-mutilations, hiding behaviors, decline in grades or enthusiasm for activities, learning difficulties, withdrawal from typical childhood activities, use of drugs or alcohol, bed wetting, nightmares, or rebellion.

3. RECOGNIZING CHILD MOLESTERS

Almost 90% of sexual abuse victims are abused by someone they know and trust.

Molesters can be either male or female.

Types of Molesters

- Preferential abusers *prefer* a child as a sexual partner.
- Generally has a particular *age and sex* of preference (for example, 8 to 10 year old boys).
- Sexual abusers will go to where they have *access to children*
- Some molesters are attracted to the young, undeveloped, hairless bodies.
- Will choose *both* male and female children based on *body type* rather than sex or age.

Access

- The preferential abuser will gain access through deception and a process called grooming.

THE GROOMING PROCESS

1. Gain access to the child
2. Select the child
3. Introduce nudity and sexual touch
4. Keep the victim silent

Common Grooming Behaviors:

- Gift giving
- ‘Kid magnet’ activities (video games etc.)
- Repeated time alone with same child
- Touchy with children ... pushing boundaries
- Playful but inappropriate touching
- Justifying and rationalizing rule-breaking
- Breaking the rules (i.e. porn, tobacco, beer)
- Sexual joking or sexual discussion

Any one of these behaviors alone may not indicate that a child is being groomed for sexual abuse, but when one or more of these behaviors do occur a problem may exist.

MOLESTER CHARACTERISTICS

No one can ‘spot an abuser’ by how they look or what they wearmost look like you and me.

Common Male Molester Characteristics:

- Likely to have a poor self-image.
- Rarely a team player
- Poor self-discipline and impulse control
- Move frequently and abruptly – unstable work history
- Prefers interaction with children over interactions with adults
- Pattern of dating single mothers
- Has been abused during his own childhood
- Chooses hobbies which attract children
- Describes children as possessions rather than individuals

Common Female Molester Characteristics:

- Illogical or bazaar thinking patterns
- Unemployed or underemployed
- Easily angered
- Socially isolated
- Married when a teenager
- Abused during her own childhood – Raised in a strict home
- Blame child for sexual activity
- Caregiver for abused child

4. RECOGNIZING WARNING SIGNS & SYMPTOMS OF THE VICTIM

Physical signs may include having torn or bloody underclothing, a STD, experiencing pain, swelling, bleeding, discharge, or itching in the genital area, frequent urination, pregnancy, unexplained sore throat, yeast or urinary tract infections.

Behavioral signs may include verbal disclosures, regressive behaviors, avoiding undressing, wearing extra layers of clothing, difficulties sitting or walking, running away from home, suicide attempts, unusual changes in bathing or grooming practices, drop of interest in school or childhood activities, increased interested in sexual matters, display of sexually seductive behaviors, uninterested in spending time with adult or older friend, nightmares, or aggression.

5. RESPONSIBILITY TO REPORT

Molesters use different tactics to keep victims from telling: secrecy, shame, and threats.

Children share only part of their abuse story to see how the adult will respond. Never agree to keep sexual abuse a secret.

REPORT AT ONCE TO THE PASTOR OR AN ADULT SUPERVISING YOUR AREA OF MINISTRY (Pastor Mitchell, Carol Ebeling, Jean Scott, Janet Schaefer). Do not share the information with friends, family, or anyone else.

National Child Abuse HOTLINE 1-800-422-4453

IF A CHILD REPORTS ABUSE:

- Listen and respond calmly
- Be patient
- Tell the child that you believe him or her & that it was not his or her fault – Do not interrogate child by asking details or ask shaming questions
- **Report to supervisor immediately**
- Write down in detail what child told you.

Report to authorities

Though many state statutes vary, most require reporting suspicions of abuse to the authorities.

In Texas, for example, every citizen is a mandatory reporter and is required to report suspicious of neglect or abuse (physical or sexual).

It is very important to understand what the law in YOUR state requires.

http://www.childwelfare.gov/systemwide/laws_policies/state/

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NOTES:

6. PRINCIPLES TO REDUCE, PREVENT, AND REPORT SUSPECTED ABUSE

- 1) Supervise program participants
- 2) Watch for grooming behaviors
- 3) Avoid false allegations
- 4) Avoid inappropriate physical touching
- 5) Avoid unmonitored one-on-one
- 6) No secrets allowed
- 7) No individual gifts or special privileges
- 8) Sleeping arrangements
- 9) Physical discipline prohibited
- 10) Nudity prohibited
- 11) Distractions

PROTECT THE CHILDREN IN YOUR CARE