Sexual Abuse/Assault Resource Packet

Center for School Mental Health Assistance
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SEXUAL ASSAULT RESOURCE PACKET

Introduction

This packet of resources and best treatment practices has been compiled to aid school-based mental health counselors in screening and assessing child and adolescent victims of sexual abuse and assault. The effects of child abuse are far-reaching and pervasive. In the United States, 1 in 4 girls and 1 in every 7 to 10 boys are sexually abused before the age of 16. According to the Committee on Adolescence report on *Care of the Adolescent Sexual Assault Victim,* two-thirds of victims of sexual assault were assaulted by an acquaintance or family member.

Signs and Symptomatology

Often signs of sexual abuse and assault will not be visible to others. A review of the long-term impact of child sexual abuse suggests that common symptoms include anxiety, posttraumatic intrusive reactions, depression (Sedney & Brooks, 1984; Briere & Runtz, 1987), sleep problems, isolation, stigmatization (Browne & Finkelhor, 1986), substance abuse (Brown & Anderson, 1991; Bryer, Nelson, Miller, and Krol, 1987), low self-esteem, difficulties with sexual functioning and promiscuity (Herman, 1981), difficulty trusting others (Briere, 1984), dissociation (Briere & Runtz, 1985), and vulnerability to being revictimized (Russell, 1986).

Younger children may have new fears of previously familiar people and situations, may appear withdrawn, and may engage in aggressive behavior or sexual play beyond what is considered normal (Tharinger & Vevier, 1987 and Kolko & Moser, 1988). Additional indicators of abuse in younger children include somatic difficulties such as vaginal discharge and chronic abdominal pain, injury/trauma to genital area, torn, stained or bloodied underclothing, itching in genital area, sexually transmitted disease (Muram, 1989), and fear that something is wrong with the genital area.

Greater symptomatology occurs in victims where the abuse continues over a longer period of time and begins at a younger age, is committed by someone more closely related to the person, involves penetration (Sedney & Brooks, 1984), and is accompanied by aggression. Many studies suggest that girls who experience sexual abuse are often physically abused as well (Brown & Anderson, 1991).

Defining Sexual Abuse and Sexual Assault

Definitions of abuse vary from state to state and typically include both age of the child, difference in age between participants, and capacity of the child to consent in situations of same age sexual activity. According to the Child Abuse Prevention and Treatment Act (1996) of the U.S. Department of Health and Human Services, "The term sexual abuse is defined as the employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or assist any other person to engage in, any sexually explicit conduct or simulation of such conduct for the purpose of producing a visual depiction of such conduct; or the rape, and in cases of caretaker or inter-familial relationships, statutory rape, molestation, prostitution, or other form of sexual exploitation of children, or incest

with children."· All States include sexual abuse in their definitions, though some states refer in general terms to sexual abuse, while others specify various acts as sexual abuse.

All states have statutes governing reporting laws. Mental health professionals are typically obligated to report abuse if they suspect or have reason to suspect sexual abuse. If the report is made in good faith, mental health professionals are usually given immunity from prosecution arising out of the reported abuse. One could be legally liable, however, if he/she did not report known abuse.

Mental health professionals are not required to report rape of a child by a stranger, unless neglect of the child is also suspected. Reporting such an assault to the police is something that should be discussed with the survivor. Unfortunately, criminal charges against sexual assault perpetrators may not always result in prosecution and can be traumatic for the victim. This does not mean that victims should be discouraged from pressing charges, but they may need much support from their counselors and should be prepared for the turbulent emotions that a court case can bring up.

Victims of abuse or assault often do not disclose the abuse until some time after the event has occurred. They may not seek services immediately following the incident(s) due to fears of being believed or threats made against them by the perpetrator. Additionally, children may hesitate to tell someone about the abuse because of lack of awareness that what occurred was wrong, confusing feelings because they experienced some physical pleasure from the interaction, feeling scared of losing the person, feeling guilty that they may have caused the abuse, or feeling embarrassed (Central Agencies Sexual Abuse Treatment Program website, 2001). Thus, they may present for services to mental health professionals for reasons others than explicit abuse and only with time, trust, and a thorough interview might the abuse come to light. Similarly, teens who are sexually assaulted may not seek services immediately following the assault, but may instead seek services for alternate issues or may seek counseling some time after the incident. They may feel that the assault was their fault or deny that it is affecting their current functioning. Initial meetings with the victim should focus on developing rapport with the victim and ensuring that she is currently safe and free of an abusive environment.

Treatment

Treatment options vary. Students may benefit from being seen either individually or in groups, or both. Clinicians may incorporate play therapy with younger children as a means for the child to show difficult feelings and situations through representative play. Adolescents may engage in maladaptive coping behaviors such as drug and alcohol use, promiscuity, negative or abusive relationships, self-mutilation, poor impulse control or difficulty with anger. Groups have the benefit of allowing students to share their feelings and receive support from similar others and allow the facilitator to provide an educational forum to focus on appropriate coping skills. Treatment may take place in stages and may need to consider the emotional readiness of the child. Children may complete some aspect of treatment and then later return as situations in their lives bring up new emotions such as puberty, new relationships or sexual encounters, moving away from home, or pregnancy.

School Mental Health and Sexual Abuse and Assualt

School-based clinicians have the advantage that students may be referred to them before parents have sought outside services. Teachers may notice behavioral or emotional changes in students that parents deny or miss. Additionally, older students may refer themselves.

Much of the literature on school-based mental health that exists focuses on sexual assault and dating in older teens. However, there is clearly a need to address sexual assault and abuse in much younger children. To begin with, prevention programs should be started as early as kindergarten with classroom discussions (Leventhal, 1987). Most teachers have little training on recognizing symptoms of sexual assault and should be educated. Prevention programs that are presented over four or more sessions and allow children to become physically involved are more successful than single presentations. Prevention programs that focus on positive aspects of personal relationships, emphasize children's mastery over their environment and bodies, empower children to say "no" to uncomfortable requests from adults and authority figures, and involve parents and teachers are crucial (Trudell & Whately, 1988).

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Organizations and Websites

1. American Professional Society on the Abuse of Children (APSAC), (312) 554-0166, http://www.apsac.org
2. Central Agencies Sexual Abuse Treatment Program, http://www.casat.on.ca/index.html
3. National Children's Advocacy Center (NCAC), (256) 533-0531, http://www.ncac-hsv.org
4. National Clearinghouse on Child Abuse and Neglect Information, (800) 394-3366 or (703) 385-7565, http://www.calib.com/nccanch
5. RAINN (Rape, Abuse and Incest National Network). http://www.rainn.org
6. SAFE (Sexual Assault Facts & Education). http://riversvision.com/safe/index.html.
7. Sexual assault information page: http://www.cs.utk.edu/~bartley/sclnfogehtpaml.