

Stories of Strength: Report on Child Sexual Abuse & Community Recommendations for Prevention



INFO **OPTIONS** HOPE



A COLLABORATION OF PEACE OVER VIOLENCE & 1in6
SUPPORTED BY THE MS. FOUNDATION
ENDING CHILD SEXUAL ABUSE NATIONAL INITIATIVE

MISSION STATEMENT

Building healthy relationships, families, and communities free from sexual, domestic and interpersonal violence.

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The losses involved with childhood sexual abuse are considerable.

An organic, timely unfolding childhood is lost. Innocence is lost.

Trust is lost. Safety is lost. Security is lost. Peace of mind is lost.

Sisters are lost. Dad is lost (or possibly uncle-brother-neighbor)

and often mom as well. Neural real estate is lost. Sacred sanctity

of self is lost. Voice is lost. Ungrieved, these losses inevitably begin

to weigh on us with increasing gravity. Grieving cannot be avoided

forever. Suffering knows suffering. One way to live solidly grounded

in the world and ultimately know deep, sustainable joy—to begin to

regain heaven on earth—is to inquire into and fully grieve our losses.

—Mark Brady, Ph. D.,

Neuroscience Educator and author, *The Committed Parent* blog

Stories of Strength:
Report on Child Sexual Abuse
& Community Recommendations
for Prevention

Introduction

Stories of Strength: Report on Child Sexual Abuse and Community Recommendations for Prevention is a collaboration between Peace Over Violence, a sexual, domestic, and children and youth violence prevention center and 1in6 an organization dedicated to helping male survivors of sexual abuse. We are grateful for this opportunity to join forces in the Ms. Foundation for Women's Ending Child Sexual Abuse National Initiative. The goal of this initiative is to inspire and ignite a national movement to prevent and ultimately end child sexual abuse.

Our two agencies jumped at the chance to collaborate on this critical issue that traumatizes children and fractures the adults they become. This paper documents our exploration of the issue of child sexual abuse in dialogue with the community, local stakeholders and survivors themselves.

Through convenings, research, community dialogue, focus groups and interviews with survivors the purpose of this report is to explore the issue of child sexual abuse and to organize a movement of concern, awareness and action locally in Los Angeles County. One of the main goals of this project is to work toward reducing the stigma of child sexual abuse through surfacing the victim/survivor stories of pain (yet often filled with resilience and strength) and increasing the number of survivors willing, ready and able to speak out and tell their stories publicly through our speakers bureau: Voices Over Violence. Breaking through the silence and shame that surrounds this trauma is key. We aim to re-imagine a community that collectively faces this scourge, creates trusted spaces for healing and develops new and effective ways to prevent it.

In the past few years we have become painfully aware of the pervasive and endemic issue of sexual violence toward children, youth and adults. Behind bars in prisons, within the military, in religious organizations, on campuses of universities and schools; sexual violence happens everywhere. These institutions public and private, including the institution of the family, house where victimization and predation happen. When it involves children as a society we are moved emotionally and careen from shock to anger, despair and numbness. Scandals come and go, catching our attention for a time and yet we can't seem to hold onto the issue long enough to really do something significant about it. Obviously, preventing child sexual abuse is a complex issue that requires complex actions and remedies. But if we don't know what to do when we see it, when we don't have the stamina to hold the issue as a community and seek community solutions then unfortunately we will not progress.

We invite you to join with us in local and national initiatives, indeed to think globally and act locally. This is our call to action: to imagine a future without sexually abused children; both girls and boys. Let's pledge to reduce the one in four girls and one in six boys statistic. What might that look like and what might we do to make it happen? As a community let's try... together.



Patti Giggans
Executive Director
Peace Over Violence



Steve LePore
Executive Director
1in6



**FAMILY
OVER
VIOLENCE**



**IMAGINATION
OVER
VIOLENCE**

Methodology

This paper is the result of a review of the research and literature around child sexual abuse, and the stories from the focus groups and conversations Peace Over Violence and 1in6 have been having with the Los Angeles community. Through community-informed research, we not only engaged our local communities, but developed recommendations from the issues and trends we identified during the research and writing process. We conducted four focus groups with communities that are not usually asked about child sexual abuse nor included specifically in the development of prevention and policy plans. We worked with a group of deaf survivors, female gang-affiliated survivors, male survivors, parents and their child survivors, and research experts in child sexual abuse. We also conducted stakeholder interviews with the Los Angeles Department of Family and Child Services, directors of sexual assault services, school administrators, and child sexual abuse therapists. We analyzed and summarized the information gathered and asked for further input from our Child Sexual Abuse Prevention Advisory Council (CSAP Advisory Council) which is composed of survivors, child sexual abuse service providers, experts, school staff, law enforcement, child protective services, therapists, and community stakeholders. We also got input from Peace Over Violence's survivor speakers' bureau, Voices Over Violence, with whom we ran an in-service training on how to make presentations and engage the media when telling their stories publically. The recommendations presented in this paper were reviewed and adopted by the CSAP Advisory Council, and serve as a current action plan in our local effort to end the silence and stigma around child sexual abuse through community-based Days of Dialogue.

Child Sexual Abuse

Child sexual abuse is a serious and complex social issue that affects a wide swath of intersecting areas: public safety, health, criminal justice, human rights, child development, mental health, and education to name a few. While the victim/survivor is central to the trauma of child sexual abuse, this abuse moves beyond the impact on one person and has ripple effects in our society, families, places of worship, institutions of learning, parenting strategies, and future relationships. The stories of strength collected for this paper are more than a one-dimensional narrative; the people are the real stories of strength. And through their authentic voice and experience expose the widespread epidemic of child sexual abuse including vulnerable and often overlooked populations, increase compassion for victims/survivors, and prevent child sexual abuse. Meaningful prevention of child sexual abuse demands the inclusion of perpetrators as we work to reimagine response and rehabilitation with in the complex dynamics of child sexual abuse.

“...The age and gender of the child, the age and gender of the perpetrator, the nature of the relationship between the child and perpetrator, and the number, and frequency and duration of the abuse experiences all appear to influence some outcomes. **Thus sexually abused children constitute a very heterogeneous group with many degrees of abuse about whom few simple generalizations hold.**”¹

Child sexual abuse is sexual contact with a child that occurs as a result of coercion, force, and/or an imbalance of power due to age differences, authority over the child, and/or familiar or other responsibility for caring for children. It is estimated that one in six men (16%) and one in four women (25%) experience child sexual abuse.²

Major child sexual abuse scandals and news coverage have occurred over the past few decades but they have recently become more prominent. From 2002 to 2006, the Catholic Church sexual abuse story was given major news coverage and the accumulation of public pressure forced changes in the Catholic Church practices and policies, and resulted in billions of dollars in abuse-related settlements. A lot of the coverage focused on institutions negligence in dealing with the abuse—the scandal of a cover-up. As the story unfolded, the public was horrified by the cover-up as the stories of abuse came forward. A recent review of newspaper media coverage of child sexual abuse found that it predominantly centers around criminal justice response, arrest, trial and sentencing events, and quotes from criminal justice professionals. Very little coverage is provided to prevention efforts or the personal stories behind the criminal investigation.³ In a follow-up review of the early media coverage around the recent Penn State Child Sexual Abuse Scandal, researchers found a high volume of coverage on this child abuse case in

¹ Putnam, F., W. (2003). Ten-year research update review: Child sexual abuse. *J Am Acad Child Adolesc Psychiatry*, 42(3):269-78 at 269.

² Dube, S.R., Anda, R.F., Whitfield, C.L., et al. (2005). Long-term consequences of childhood sexual abuse by gender of victim. *American Journal of Preventive Medicine*, 28, 430-438.

³ Case by Case: News Coverage of Child Sexual Abuse. Issue 19 (May 2011), Berkeley Media Studies Group.

sports media, where the stories focused on the sports implications, the well-known coach, and the impact of the Penn State football program.⁴ Again, the criminal justice system was the main source of information in the coverage, and sexual abuse experts were quoted slightly less often than sports fans (4% versus 5%).⁵ The study’s recommendations to both child sexual abuse prevention advocates and the media confirm many findings of our own exploration of child sexual abuse in Los Angeles—there is a clear need to refine and use precise language around child sexual abuse, keep survivors’ voices in the story, and examine innovative solutions and responses to child sexual abuse.⁶

In connection to current media coverage of child sexual abuse, survivors had a great interest in sharing their story for this project. Survivors interviewed for this paper and their supporting family members appreciated having a venue and opportunity to talk about their experiences. Often, survivors are interested in telling their story to prevent child sexual abuse from happening to others and help survivors come forward to begin or continue to heal. These survivor stories of strength can humanize and deepen the understanding of child sexual abuse, its effects and impacts.

This paper focuses on the stories and recommendations from local child sexual abuse survivors and key stakeholders in the Los Angeles area, as well as a survey of current research. We hope these survivor and stakeholder experiences will enliven the discussion around child sexual abuse and move the issue forward in a thoughtful and deliberate way.

*When I found out,
when my daughter told
me, my knees buckled.
I felt my whole body
drop, but I knew I
needed to hold on,
be strong, and really
receive everything she
was telling me.*

⁴ Dorfman, Lori, Mejia, Pamela, Gonzalez, Priscilla, Cheyne, Andrew. *Breaking News on Child Sexual Abuse: Early Coverage of Penn State*, Berkeley Media Studies Group (2012), available at http://www.bmsg.org/sites/default/files/bmsg_report_breaking_news_on_child_sexual_abuse.pdf.

⁵⁻⁶ *Id.*

The Who

Child sexual abuse crosses the divides of class, race, and gender. Twenty-five percent of women and 16% of men report being a victim of child sexual abuse.⁷ In a report on child abuse in 2005 from the United States Health and Human Services, 9.3% of all children with a substantiated case of abuse or neglect experienced sexual abuse.⁸ According to the National Resource Center on Child Sexual Abuse, the most vulnerable age range for child sexual abuse is between eight and twelve years of age, and the average age of first abuse for girls is 9.6 years, and boys 9.9.⁹

Child sexual abuse is connected to vulnerability. In some ways child sexual abuse is an equal opportunity assault on the soul. It happens in our most privileged, rich households, and our poor households. All children are vulnerable given the dynamics of adult-child relationships, authority, and rights. Some youth populations are especially vulnerable—due to cultural/language barriers, physical isolation, repressive gender norms, lack of family support structures, and lack of empowerment, opportunity and hope.

From a survey of current research, the children most at risk for child sexual abuse are the ones who have less familial support, are less empowered, and are more physically dependent. Physical and mental disabilities are associated with increased risk.¹⁰ Further, the absence of one or both parents is a significant risk factor for child sexual abuse¹¹ and the presence of a stepfather doubles the risk of child sexual abuse for girls.¹² Child sexual abuse is also associated with family issues such as domestic violence and parental impairment due to illness and substance abuse.^{13, 14, 15, 16, 17}

While a disproportionate share of child sexual abuse cases reported to child protective services agencies involve lower income families/households, there is little or no evidence to support that socioeconomic status is correlated with child sexual abuse.¹⁸ It appears that the issue is that lower socioeconomic families are more likely to be involved with child protective services and the criminal justice system. Also, there is some evidence to suggest that race or ethnicity is associated with rates of child sexual abuse. One study found that non-Hispanics had a higher sexual abuse rate than Hispanics.¹⁹ Among homosexual or bisexual men surveyed, Black and Hispanic respondents were more likely than White respondents to report sexual abuse in childhood.²⁰ Further, there may be some effect of race and ethnicity on the expression of trauma from the abuse; two studies found that among females who experienced child sexual abuse, Latinas exhibited increased emotional and behavioral issues compared to African-American or white girls.²¹

⁷ Dube, S.R., Anda, R.F., Whitfield, C.L., et al. (2005). Long-term consequences of childhood sexual abuse by gender of victim. *American Journal of Preventive Medicine*, 28, 430-438.

⁸ U.S. Department of Health and Human Services, Administration on Children, Youth, and Families. (2007). Child maltreatment 2005. Washington, DC: U.S. Government Printing Office. Available at <http://www.americanhumane.org/children/stop-child-abuse/fact-sheets/child-abuse-and-neglect-statistics.html> (Accessed January 3, 2012).

⁹ The National Resource Center on Child Sexual Abuse, "The Incidence and Prevalence of Child Sexual Abuse," Hunstville: NRCCSA, 1994.

¹⁰ Westcott H, Jones D (1999), Annotation: the abuse of disabled children. *J Child Psychol Psychiatry* 40:497-506.

¹¹ Finkelhor D (1993), Epidemiological factors in the clinical identification of child sexual abuse. *Child Abuse Negl* 17:67-70.

¹² Mullen P, Martin J, Anderson J, Romans S, Herbison G (1993), Childhood sexual abuse and mental health in adult life. *Br J Psychiatry* 163:721-732.

¹³ Finkelhor D, Baron L. Risk factors for child sexual abuse. *J Interpersonal Violence* 1986;1:43-71

¹⁴ Beitchman JH, Zucker KJ, Hood JE, DaCosta GA, Akman D, Cassavia E. A review of the long-term effects of child sexual abuse. *Child Abuse Neglect* 1992;16:101-18.

¹⁵ Fergusson D, Lynskey M, Horwood L (1996b), Childhood sexual abuse and psychiatric disorder in young adulthood, I : prevalence of sexual abuse and factors associated with sexual abuse. *J Am Acad Child Adolesc Psychiatry* 35:1355-1364.

¹⁶ Mullen P, Martin J, Anderson J, Romans S, Herbison G (1993), Childhood sexual abuse and mental health in adult life. *Br J Psychiatry* 163:721-732.

¹⁷ Nelson E, Heath A, Madden P et al. (2002), Association between self-reported childhood sexual abuse and adverse psychosocial outcomes: results from a twin study. *Arch Gen Psychiatry* 59: 139-146.

¹⁸ Finkelhor D (1993), Epidemiological factors in the clinical identification of child sexual abuse. *Child Abuse Negl* 17:67-70.

¹⁹ Siegel JM, Sorenson SB, Golding JM, Burnam MA, Stein JA. (1987). The prevalence of childhood sexual assault: the Los Angeles Epidemiologic Catchment Area Project. *Am J Epidemiology*,126:1141-1153.

²⁰ Doll, L., Joy, D., Bartholow, B., Harrison, J., Bolan, G., Douglas, J., et al. (1992). Self-reported childhood and adolescent sexual abuse among adult homosexual and bisexual men. *Child Abuse and Neglect*, 16(6), 855-864.

²¹ Mennen F (1995), The relationship of race/ethnicity to symptoms in childhood sexual abuse. *Child Abuse Negl* 19:115-124 and Shaw J, Lewis J, Loeb A, Rosado J, Rodriguez R (2001), A comparison of Hispanic and African-American sexually abused girls and their families. *Child Abuse Negl* 25:1363-1379.

²² Black., M., Basile, K., Breiding, M., Smith, S., Walters, M., Merrick, M, Chen, J., and Stevens, M. *The National Intimate Partner and Sexual Violence Survey: 2010 Summary Report*. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Atlanta: GA (November 2011).

²³ Finkelhor, D., & Williams, L. (1988). Nursery crimes: Sexual abuse in day care. Newbury Park, CA: Sage

²⁴ Faller, K. C. (1995). A clinical sample of women who have sexually abused children. *Journal of Child Sexual Abuse*, 4, 13-30.

²⁵ Kaufman, K. L., Wallace, A. M., Johnson, C. F., & Reeder, M. L. (1995). Comparing female and male perpetrators' modus operandi: Victims' reports of sexual abuse. *Journal of Interpersonal Violence*, 10, 322-333.

²⁶ Beck, A. J., Harrison, P. M., & Guerino, P. 2010. Sexual victimization in juvenile facilities reported by youth 2008-09.

²⁷⁻²⁸ Bureau of Justice Statistics. *Id.*

²⁹ Robertson, M.J., & Toro, P.A. (1999). Homeless youth: Research, intervention, and policy. In Fosburg, L.B, & Dennis, D.B. (Eds.) *Practical Lessons: The 1998 National Symposium on Homelessness Research*. (pp. 3.1-3.32). Department of Housing and Urban Development, Washington, DC. and Office of Policy Development and Research.; Department of Health and Human Services, Washington, DC; Rabinovitz, S., Desai, M., Schneir, A., & Clark, L. (2010). *No Way Home: Understanding the Needs and Experiences of Homeless Youth in Hollywood*. Hollywood Homeless Youth Partnership.

³⁰ Rabinovitz, S., Desai, M., Schneir, A., & Clark, L. (2010). *No Way*

In addition, it appears clear that some populations are especially vulnerable and face barriers in reporting the abuse as well as seeking treatment/help/healing:

- Girls and young women continue to be at greater risk and repeat risk for sexual abuse: in the recent National Intimate Partner and Sexual Violence Survey, 42.2% of female victims experienced their first completed rape as minors, before the age of 18.²² This statistic highlights the general vulnerability of young women to sexual abuse; nearly half of female victims' first assault was child sexual abuse.

- Childcare settings are a common context within which children can be abused, and according to some studies, they are an area where more women perpetrate child sexual abuse.^{23, 24, 25}

- Incarcerated youth experience high rates of sexual abuse within the juvenile justice system.²⁶ In one study, an estimated 12% of surveyed youth reported experiencing one or more incidents of sexual victimization by another youth or facility staff in the past 12 months.²⁷ Abuse by staff was significant; 10% reported an incident involving facility staff, and 10.8% of males and 4.7% of females reported sexual activity with facility staff.²⁸ Although general prevalence studies find that the vast majority of child sexual abuse perpetrators are male, the Bureau of Justice reports that approximately 95% of all incarcerated youth reporting staff sexual misconduct said they have been victimized by female staff.²⁹

- Among homeless youth, 16% to 35% report having experienced childhood sexual abuse³⁰ and in Los Angeles, 13% of homeless youth (14% of females, 9% of males) reported being victims of sexual abuse while living on the streets.³¹ Further, child sexual abuse is also a risk factor for youth becoming homeless/runaway.

Who Perpetrates Child Sexual Abuse

Perpetrators of child sexual abuse are most likely acquaintances (31% for female survivors, 33% for male survivors) or family members (29% for females, and 11% for males).³² For boys, 40% of child sexual abuse was perpetrated by strangers (compared to only 2% of child sexual abuse by strangers among females).³³ And perpetrators are predominately male—94% to 98% among female victims, 61% to 83% among male victims.^{34, 35, 36} In a national survey published in 1990, half of the offenders were seen by their victims to be authority figures, and most of the offenders were 10 or more years older than their victims.³⁷ And as mentioned, child care settings and juvenile detention facilities are common settings in which persons of authority perpetrate child sexual abuse.

³² Finkelhor D, Hotaling G, Lewis IA, Smith C. (1990) Sexual abuse in a national survey of adult men and women: prevalence, characteristics, and risk factors. *Child Abuse & Neglect*. Vol. 14, No. 1, 19-28.

³³ *Id.*

³⁴ Grayston AD, De Luca RV. Female perpetration of child sexual abuse: a review of the clinical and empirical literature. *Aggressive Violent Behav* 1999;4:93-106.

³⁵ Finkelhor D, Hotaling G, Lewis IA, Smith C. (1990) Sexual abuse in a national survey of adult men and women: prevalence, characteristics, and risk factors. *Child Abuse & Neglect*. Vol. 14, No. 1, 19-28.

³⁶ Dube, S. R., Anda, R. F., Whitefield, C. L., Brown, D. W., Felitti, V. J., Dong, M., Giles, W. H. (2005). Long-term consequences of childhood sexual abuse by gender of victim. *American Journal of Preventative Medicine*. 28(5), 430-8.

³⁷ Finkelhor D, Hotaling G, Lewis IA, Smith C. (1990) Sexual abuse in a national survey of adult men and women: prevalence, characteristics, and risk factors. *Child Abuse & Neglect*. Vol. 14, No. 1, 19-28.

³⁸ Brady, M. *Childhood Sexual Abuse: How NOT to Heal From It*. (December 11, 2011) Blog post available at <http://committed-parent.wordpress.com> (accessed Dec 20, 2011).

³⁹ *Id.*

⁴⁰ Chen, L. P., Murad, M. H., Paras, M. L., Colbenson, K. M., Sattler, A. L., Goranson, E. N., Elamin, M. B., Seime, R. J., Shinzaki, G., Prokop, L. J., & Zirakzadeh, A. (2010). Sexual abuse and lifetime diagnosis of psychiatric disorders: Systematic review and meta-analysis. *Mayo Clinic Proc.* 85(7), 618-29.

⁴¹ Bartholow BN, Doll LS, Joy D, et al. Emotional, behavioral, and HIV risks associated with sexual abuse among adult homosexual and bisexual men. *Child Abuse Negl* 1994;18:747-61; Johnson LW, Harlow LL. Childhood sexual abuse linked with adult substance use, victimization, and AIDS-risk. *AIDS Education and Prevention* 1996;8:44 -57; Zierler S, Feingold L, Laufer D, et al. Adult survivors of childhood sexual abuse and subsequent risk of HIV infection. *Am J Public Health* 1991;81: 572-5; Hillis SD, Anda RF, Felitti VJ, Nordenberg D, Marchbanks P. (2000). Adverse childhood experiences and sexually transmitted diseases in men and women: a retrospective study. *Pediatrics*, 106, 1-6.

Impact of Child Sexual Abuse

“The losses involved with childhood sexual abuse are considerable. An organic, timely unfolding childhood is lost. Innocence is lost. Trust is lost. Safety is lost. Security is lost. Peace of mind is lost. Sisters are lost. Dad is lost (or possibly uncle-brother-neighbor) and often mom as well. Neural real estate is lost. Sacred sanctity of self is lost. Voice is lost. Ungrieved, these losses inevitably begin to weigh on us with increasing gravity. Grieving cannot be avoided forever. Suffering knows suffering. One way to live solidly grounded in the world and ultimately know deep, sustainable joy—to begin to regain heaven on earth—is to inquire into and fully grieve our losses.”³⁸

Child sexual abuse impacts physical, emotional, social, and neurological development, during a critical time of growth—childhood. “Because abuse never happens in a social vacuum, at the very least abuse delays and distorts emotional and social development. And without skillful, effective intervention—intervention that restores psychological and somatic functioning to high levels—that early overload can echo and reverberate across the canyons of our lives forever.”³⁹

Child sexual abuse is associated with high risk behaviors, depression, anxiety disorders, eating disorders, post-traumatic stress disorder, dissociative disorders, sleep disorders, suicidality/suicide attempts,⁴⁰ personality disorders, high risk sexual behaviors and sexually transmitted diseases,⁴¹ as well as sexual revictimization,⁴² and subsequent problems in intimate relationships and family.⁴³ Greater severity of sexual abuse, as well as sexual abuse by trusted perpetrators are all associated with more severe and pervasive trauma, and worse mental health outcomes.^{44, 45, 46, 47}

Report from Specific Vulnerable Groups

Men as Survivors of Child Sexual Abuse

Men are an underserved and isolated population of survivors of child sexual abuse, and they face complex barriers to reporting and seeking help for child sexual abuse. One in six men are survivors of child sexual abuse.⁴⁸ And certain groups of men experience even higher rates of child sexual abuse. For example, there is a 32-37% rate of child sexual abuse victimization among gay/bisexual men⁴⁹ and 59% of the general population of incarcerated men, not just sexual offenders, report being a victim of child sexual abuse.⁵⁰ **“From an early age, we men are told to never express emotions like fear or sadness—to never acknowledge being victimized. Denied adequate outlets, many of us who are abused turn to drugs or alcohol to numb the feelings; to addictions, like food, work, sex, or risky behaviors to distract us from the feelings; or to physical or sexual violence or even suicide to shove those forbidden feelings away.”**⁵¹

Due to undercurrents of homophobia, traditional gender roles that pigeon hole men as unemotional, physically strong, and perpetrators not victims, and a lack of tailored resources for men, men face numerous barriers to disclosing their experience with child sexual abuse. These barriers to disclosure affect the known prevalence rate of male child sexual abuse. Many studies of child sexual abuse show that half of the victims are boys—but when the general population is surveyed, the number declines dramatically. Dr. David Lisak, child sexual abuse expert, explained why this might be: “mostly there are large, nationally representative studies, conducted with phone interviews and you can only ask a single gateway question... When you do this, many people won’t disclose. To really get at this, you have to ask several questions.” When asking men, disclosure is so repressed, and experts/researchers do not know if men don’t remember or they won’t respond unless the questions directly touch on their experience of child sexual abuse.⁵²

In our interviews with survivors, one client reported that his father asked him if he was gay after being a victim of child sexual abuse.⁵³ This myth—that exposure to sexual abuse causes one to become gay/lesbian—can cause tremendous pain and confusion for male survivors. Not only does it assume that sexual orientation is choice or purely dependent on life experiences, it perpetuates a spirit of homophobia and a fear/stigma around survivors of child sexual abuse. Studies also show that many men experience confusion about sexual orientation or gender identity because their perpetrators were more likely to be of the same gender,^{54, 55} and in some cases this can result in “inappropriate attempts to reassert masculinity and victimization of others.”⁵⁶

⁴⁸ 1in6.org Site.

⁴⁹ Doll, L., Joy, D., Bartholow, B., Harrison, J., Bolan, G., Douglas, J., et al. (1992). Self-reported childhood and adolescent sexual abuse among adult homosexual and bisexual men. *Child Abuse and Neglect*, 16(6), 855–864; Rabinovitz, S., Desai, M., Schneir, A., & Clark, L. (2010). *No Way Home: Understanding the Needs and Experiences of Homeless Youth in Hollywood*. Hollywood Homeless Youth Partnership.

⁵⁰ Johnson, R., Ross, M., Taylor, W., Williams, M. Carvajal, R. and Peters, R. (2006) Prevalence of childhood sexual abuse among incarcerated males in county jail. *Child Abuse & Neglect*. 30 (2006) 75–86.

⁵¹ Pollard, P. “Giving Thanks for Lessons of Penn State Scandal—A commentary by Peter Pollard.” (November 23, 2011).

⁵² Lisak, D., 1in6.org Symposium (December 8, 2011).

⁵³ Bree Callahan (Interview, November 16, 2011).

⁵⁴ Gartner, R. B. (2005). *Beyond betrayal: Taking charge of your life after boyhood sexual abuse*. Hoboken, NJ: Wiley; Lisak, D. (1994). The psychological consequences of childhood abuse: Content analysis of interviews with male survivors. *Journal of Traumatic Stress*, 7, 525-548; Watkins, B. & Bentovim, A. (1992). The sexual abuse of male children and adolescents: A review of current research. *Journal of Child Psychology and Psychiatry*, 33, 197-248; Gilgun, J. (1991). Resilience and intergenerational transmission of child sexual abuse. In Patton, M. Q. (Ed.), *Family sexual abuse: Frontline research and evaluation* (pp. 93–105, Newbury Park, CA: Sage; Dimock, P. (1988). Adult males sexually abused as children: Characteristics and implications for treatment. *Journal of Interpersonal Violence*, 3(2), 203-221; and Lew, M. (1988). *Victims no longer*. New York: Nevraumont.

⁵⁵ Peters DK, Range LM (1993), Childhood sexual abuse and current suicidality in college women and men. *Child Abuse Negl* 19:335-341 AND Wellman MM (1993), Child sexual abuse and gender differences: attitudes and prevalence. *Child Abuse Negl* 17:539-547.

⁵⁶ Watkins, B. and Bentovim, A. (1992). The sexual abuse of male children and adolescents: a review of current research. *Journal of Child Psychology and Psychiatry*, 33, 197–248.

Many male survivors of child sexual abuse fear becoming a perpetrator. As one child abuse prevention advocate stated, “men need to hear that just because they were a victim of child sexual abuse, they are not doomed to be a perpetrator of child sexual abuse.”⁵⁷ While all survivors struggle with shame, boys and men face additional social stigma when reporting child sexual abuse to authorities, family members, and even primarily female-staffed survivor support services. Outreach and response to male survivors of child sexual abuse is evolving, thanks in part to the development of 1in6 (and their website 1in6.org), an organization dedicated to helping men seek help and healing around their experiences of child sexual abuse.

The impact of the Penn State child sexual abuse scandal (and the ongoing trials, testimonies, interviews, and institutional responses) has led to a moment of pivotal thought about and attention to child sexual abuse, and especially male victimization, in a way that underscores the complexity of the issue and its connections to our very social construct. **“Somewhere between all the black and white, the heroes and victims in the sad story of Penn State, is the gray of frightened human beings caught up in a world of hyper-masculinity and voiceless secrets. It calls for our condemnation. Somehow, it also calls for our compassion. How else might we learn to talk and so truly learn from these horrific events? To be truly aware of each other’s human plight?”**⁵⁸

Deaf Community

The language barriers and isolation of the deaf community creates a tremendous amount of complexity and difficulty in reporting child sexual abuse. In our focus group, one deaf survivor shared “I didn’t know the words for child sexual abuse. No one communicated with me.”⁵⁹ She started having behavior problems in school. She finally talked to her brother and a school counselor, who told her to talk to the police. Both of her parents went to prison.⁶⁰ She shared her thoughts, “The deaf community has a lot of abuse. We have more fear, don’t know how to express ourselves. We don’t know how to get the truth out.”⁶¹

Deaf survivors face isolation and various levels of discrimination and abuse. One survivor was deaf born to a hearing family and said “deaf born to hearing are cursed.”⁶² She was sexually abused at the age of nine. She was not allowed to go to school, not allowed to have friends, not taught ASL (American Sign Language) and could not communicate. Her father and brothers sexually abused her and sold her to other men for goods. She finally escaped at age 21.⁶³ Another survivor said “people don’t believe deaf people. They think I’m sick or mentally disabled.”⁶⁴

Many survivors expressed concerns about their husbands’/fathers’ contact with female children. One woman was told by her husband that he wanted to sleep with her daughter when she turned 15 because she would be a virgin.⁶⁵ Another deaf survivor was told by her mother to not let her husband change her daughter’s diaper; only let women do it.⁶⁶

Similar concerns about impacting the family structure, and the complexity intrafamilial sexual abuse resonated with the deaf group. One survivor told her mom about the abuse and then felt bad for burdening her mom and breaking apart the family. She said “I grew up and kept it to myself.”⁶⁷ Although these issues—mistrust of men with children, protecting the non-offending parent, are not unique to the deaf community—the focus group expressed extreme difficulty in communicating these issues to the outside world due to isolation and language barriers.

The deaf survivors in our focus group expressed having a lack of personal boundaries and less connection to social accepted behavior. One survivor summed up the confusion; “how am I suppose to communicate/express myself? What is appropriate or not? I didn’t realize certain things were wrong.”⁶⁸ Survivors reported general acceptance for large age differences between intimate partners, as well as trouble respecting and setting boundaries for personal space during communication. Some survivors suggested it was because the deaf community is a smaller, isolated community, and that there is a strong sense of wanting to connect with each other, and to feel like nothing is wrong—thus chilling individual’s ability to express a need for boundaries.⁶⁹

This is further complicated with a limitation of resources. Services are extremely limited for deaf survivors of child sexual abuse. There are counselors, but not enough, and deaf survivors are often not connected to resources: “there are no counselors for the deaf, not enough interpreters, and no formal sign language for lots of the survivors.”⁷⁰

Women, Gangs and Child Sexual Abuse

Through work with local gang intervention programs, we are connecting the dots between gang affiliation, relationship violence, and sexual violence. A recent study reported that 60% of the gang-affiliated women in that sample had experienced childhood sexual abuse.⁷¹ In a focus group of Los Angeles gang-affiliated women who were victims of child sexual abuse, survivors reported a direct connection between their gang activity and previous experiences of child sexual abuse.⁷²

Survivors stated that they turned to gangs in response to feelings of abandonment by mothers who systematically ignored their disclosures of sexual abuse.⁷³ Many of the women had come from homes with a stepfather and/or mother’s boyfriend living in the home, which as discussed elevates the risk of child sexual abuse for girls.⁷⁴ Generally, the mother knew about the abuse but law enforcement

I was abused starting when I was nine.

I am deaf born to hearing parents. I

was not allowed to go to school, not

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me to other men for goods. I finally

escaped at age 21 and came to the US.

⁶⁷⁻⁷⁰ Focus Group (November 30, 2011).

⁷¹ Miller, E., Levenson, R., Herrera, L., Kurek, L., Stofflet, M., And Marin, L. Exposure to Partner, Family, and Community Violence: Gang-Affiliated Latina Women and Risk of Unintended Pregnancy. *Journal of Urban Health* (Dec 13, 2011).

⁷² Focus Group (December 16, 2011).

⁷³ *Id.*

⁷⁴ Mullen P, Martin J, Anderson J, Romans S, Herbison G (1993), Childhood sexual abuse and mental health in adult life. *Br J Psychiatry* 163:721-732.

was not trusted nor notified. One survivor told her mother about abuse by her stepfather, and the mother replied “if they take your sister and brother, it’s your fault.”⁷⁵ One woman reported that her mother scoffed when she revealed the sexual abuse by her stepfather. The mother saw it as damaging

to her reputation: “what, I’m going to say that my husband cheated on me with my daughter?”⁷⁶ Another survivor shared that her aunts would ask her if she liked the sexual abuse by her stepfather, and called her a slut and whore.⁷⁷ Although these experiences are true for many child sexual abuse survivors, a resounding theme in the focus group was the connection between choosing a life associated with gang activity and their early child sexual abuse.

Family support was nearly non-existent in these survivors’ narratives and as seen in other interviews, the complexity of abuse within the family often silences victims. A survivor who was molested by her grandfather when she was 3 or 4 had an intergenerational story of child sexual abuse. “I never told anyone because I love my grandma so much. I never wanted to hurt her. She was a beautiful lady.” When she finally told her mom about the abuse, as an adult, her mother told her that she had to face him (her abuser) and confront him. Her mother told her that her grandfather had sexually abused her (the mother) also.⁷⁸

The women stated during their narratives that they turned to gang life for the strength, support, and “family” it offered them. **“If I’m going to be a gang member, my mom’s boyfriends can’t hurt me anymore.”**⁷⁹ This survivor dated hardcore gang members to feel protected.

The use of drugs in connection with sexual abuse was an overarching theme for the group. One survivor shared that she got angry with her parents when they didn’t believe that her uncle was molesting her, and then she turned to heroin.⁸⁰ This same survivor shared that she doesn’t trust other women because her aunt sexually abused her when she was 6 or 7, and her mom did not believe her when she told her about the abuse. She told us she doesn’t have any good childhood memories.⁸¹

These women also connected their experiences of child sexual abuse to their entanglement in the criminal justice system. One survivor served 13 years in prison for shooting a man who was raping her friend. She said she saw her stepfather’s face (who abused her when she was a child) when she shot the man.⁸²

The impact of their experiences resonated throughout their lives. One woman said, “I don’t want another little girl to go through what I went through... people thinking you might not remember or you’re so young, but you remember who hurts you.”⁸³ When she told her mom about the abuse, her mom told her

⁷⁵⁻⁸³ Focus Group (Dec 16, 2011).

“Life ain’t going to be easy.” The survivor shared, “If someone tells me I’m not doing something right, it brings me back and I think ‘you’re a bad little girl.’ He would say that to me as he molested me... When I grow up, I’m going to protect my kids.”⁸⁴

Another survivor commented on the complexity of consequences and effects of child sexual abuse: “when you get molested, it affects you your whole life. You see child molesters on the news only get 3 years and this affects the children forever. I always feel like I’m a bad person, but I’ve had to be like this to survive.”⁸⁵ And another woman stated: “they [the abusers] destroyed the woman I could have been... I don’t want to talk about it, because then it means it happened. It fucked up all my relationships. I get all fucked up inside when getting hugged or anything.”

⁸⁴⁻⁸⁵ Focus Group (December 16, 2011).



Why the Silence?

He said he would kill my mother and my little brothers. I believed him. If he could do this to me, he was capable of anything.

Child sexual abuse is notoriously underreported due to a wide array of factors—the power dynamic between children and abusive adults, connections to family, intimidation by the abuser, lack of resources and connection to resources, disenfranchisement and lack of voice, and barriers imposed by society, institutions and cultures.

Studies show that between 31% and 41% of children disclosed the abuse during childhood, and 58% to 72% disclosed at some point over their lifetime.⁸⁶ A national survey of women who had been sexually assaulted as minors found that 28% of them never told anyone prior to the research interview, and 47% waited at least 5 years before disclosing the abuse to someone.⁸⁷ In another study, only 16 to 42% of males with documented cases of child sexual abuse in their history, self-reported such abuse.⁸⁸ Children rarely disclose sexual abuse spontaneously.⁸⁹ And recantation for child victims of child sexual abuse is common. Young children frequently lack the language or the understanding of what constitutes abuse,⁹⁰ and they commonly delay disclosure for years, if they disclose at all.⁹¹ Disclosure can be even harder for children if the abuse is long-lasting, and a delay is more likely when the perpetrator is known to the victim.^{92, 93}

As seen in the research and our conversations with survivors and stakeholders, the paths to disclosure are varied—with strong family support and trust, children that come forward about the abuse, can receive services and perpetrators can be held accountable. For many of the vulnerable groups considered in this paper, disclosure came through nontraditional avenues—not reports to law enforcement or child protective services. For some, it was the survivor’s connections to domestic and sexual violence agencies regarding current experiences of abuse as an adult that triggered the acknowledgment about his or her childhood sexual abuse. For others, the timing was related to a significant other realizing there was a deep-rooted trauma at play, or feeling old enough, comfortable enough to finally speak about their experience. For many gang-affiliated men and women, it was exposure to community organizations that discuss and engage survivors around the interconnectivity of community, family, relationship, and sexual violence; having a place to safely tell their story and feel empowered by that disclosure was central to capturing their authentic voice and experience, the central driving force behind this paper.

⁸⁶ Priebe, G, Svedin, C., G. (2008). Child sexual abuse is largely hidden from the adult society. An epidemiological study of adolescents’ disclosures. *Child Abuse Neglect*, 32(12), 1095-108.

⁸⁷ Smith, D. W., Letourneau, E. J., Saunders, B. E., Kilpatrick, D. G., Resnick, H. S., & Best, C. L. (2000). Delay in disclosure of childhood rape: Results from a national survey. *Child Abuse & Neglect*, 24(2), 273–287.

⁸⁸ Widom, C.S. & Morris, S. (1997). Accuracy of adult recollections of childhood victimization part 2. Childhood sexual abuse. *Psychological Assessment*, 9, 34-46.

⁸⁹ Bradley, A. R., & Wood, J. M. (1996). How do children tell? The disclosure process in child sexual abuse. *Child Abuse & Neglect*, 20(9), 881–891 and Smith, D. W., Letourneau, E. J., Saunders, B. E., Kilpatrick, D. G., Resnick, H. S., & Best, C. L. (2000). Delay in disclosure of childhood rape: Results from a national survey. *Child Abuse & Neglect*, 24(2), 273–287.

⁹⁰ Nagel, D. E., Putman, F. W., Noll, J. G., & Trickett, P. K. (1996). Disclosure patterns of sexual abuse and psychological functioning at 1 year follow-up. *Child Abuse & Neglect*, 21(2), 137–147 and Sjöberg, R. L., & Lindblad, F. (2002). Limited disclosure of sexual abuse in children whose experiences were documented by videotape. *American Journal of Psychiatry*, 159(2), 312–314.

⁹¹ Goodman-Brown, T. B., Edelstein, F. R. S., Goodman, G. S., Jones, D. P. H., & Gordon, D. S. (2003). Why children tell: A model of children’s disclosure of sexual abuse. *Child Abuse & Neglect*, 27, 525–540.

⁹² Bacon, H., & Richardson, S. (2000). Child sexual abuse and the continuum of victim disclosure. In C. Itzin (Ed.), *Home truths about child sexual abuse* (pp. 235–276). London: Routledge.

⁹³ Smith, D. W., Letourneau, E. J., Saunders, B. E., Kilpatrick, D. G., Resnick, H. S., & Best, C. L. (2000). Delay in disclosure of childhood rape: Results from a national survey. *Child Abuse & Neglect*, 24(2), 273–287.

Inside the Family

The truth is that child sexual abuse is most often perpetrated by someone that the child knows—not the “stranger danger” that parents warn their children about.⁹⁴ In 90-95% of cases of child sexual abuse the victims know the abuser.⁹⁵

Child sexual abuse prevention and intervention services are complicated when child sexual abuse is perpetrated by a family member. Survivors and their families expressed the complexity of emotions and responses when a trusted family member betrays that trust, when one has conflicting feelings toward the perpetrator, and when the family has difficulty acknowledging the abuse.⁹⁶ One parent expressed this complication—“Yes, he tried to abuse my daughter, but he is the father of my two little boys. It is so hard to keep him out of our life. I’m constantly balancing what is best for my children.”⁹⁷

When my grandfather first molested me, I remember thinking, ‘life is never going to be the same after this.’ I never told anyone because I love my grandma so much and I never wanted to hurt her. She was a beautiful lady. I just couldn’t break her heart.

Also, there is a profound developmental impact on a child being betrayed by the very person from whom she/he seeks safety and protection. Neurobiologist call this “fright without solution” because the person from whom the child instinctively seeks safety may be the very person harming her/him.⁹⁸ The developmental and neurological consequences of this inescapable dilemma significantly increase a child’s lifelong risk factor for mood disorders, dissociative symptoms, and a host of interpersonal and behavioral symptoms.⁹⁹

Child sexual abuse reporting elicits a series of responses by various agencies in California. Under mandatory reporting laws for child abuse and neglect,¹⁰⁰ reports are filed with both law enforcement and the Department of Child and Family Services. As one therapist stated, “Children are smart. They know that reporting sexual abuse can start the whole process and even break apart the family.”¹⁰¹

Child sexual abuse also invokes victim-blaming and shaming, not only because others literally blame the victims, but also because the children blame themselves for the abuse and what happens after disclosure. Survivors report that they felt responsible for the abuse, and media coverage of sexual abuse cases often reinforces a culture of victim-blaming.

An important but often neglected point in the study of child sexual abuse within the family is how child sexual abuse might affect how victims parent their children later in life. Further research is needed to open up the discussion between parents and other child sexual abuse experts about the impact of childhood sexual abuse on parenting.

⁹⁴ Snyder, Howard N., and Sickmund, Melissa. 1999. Juvenile Offenders and Victims: 1999 National Report. Washington, DC: Office of Juvenile Justice and Delinquency Prevention.

⁹⁵ *Id.*

⁹⁶ Focus Group (Aug 30, 2011).

⁹⁷ *Id.*

⁹⁸ Hesse, E., Main, M., Frightened, threatening, and dissociative parental behavior in low-risk samples: Description, discussion, and interpretations. *Development and Psychopathology* 18 (2006), 309–343.

⁹⁹ *Id.*

¹⁰⁰ Cal. Pen. Code § 11164.

¹⁰¹ Bree Callaham (Interview, Nov 16, 2011).

Cultural Barriers

Language and cultural barriers still exist. Latino immigrant survivors and their families reported that they faced pressure from their kin to keep child sexual abuse a private, family matter.¹⁰² Therapists serving the Latino immigrant community also report intense social pressure to keep child sexual abuse within the family, where it is often times ignored.¹⁰³ In Los Angeles County, there are a wide range of Latino communities from Mexico, Guatemala, Honduras, Ecuador, and other Central American countries, and they each face a particular set of language and/or cultural barriers.¹⁰⁴ There is a need for improved relationships between these different communities and both law enforcement and protective services in order to increase the understanding of child sexual abuse and improve both reporting and responding to such abuse.¹⁰⁵ Many within the Latino population also lack trust in law enforcement agencies, which has a chilling effect on reporting child sexual abuse. New policies such as Secure Communities, which allows arrested parties to be finger printed and cross-referenced with the federal immigration database, have created added pressure on children to silence their voice, or be seen as the reason for breaking apart the family.¹⁰⁶

One stakeholder shared a story from her cultural upbringing. In her family, when young boys reached adolescence, the rite of passage was for them to be taken by uncles to Mexico to lose their virginity. She remembers all the bravado when the men returned but the boys looked terrified, traumatized; they couldn't express that trauma or fear without losing their masculinity.¹⁰⁷ Males are further silenced by cultural pressures and the near inability to describe their experience as sexual abuse when it involved a female perpetrator.¹⁰⁸

Institutional Barriers

Institutions and service agencies are common settings for child sexual abuse because they are places where adults or older children have power over younger children and they have histories of ignoring sexual abuse and keeping it covered up. Though stories of clergy abuse within the Catholic Church go back as far as the 1950s, two large waves of news stories about sexual abuse of children by priests took place over the 1980s and 1990s. By the following decade, it became clear that there was systemic enabling and covering-up of child sexual abuse occurring in the Catholic Church. Most recently, the Penn State child sexual abuse scandal provides a new reminder of the role of institutions as complicit accomplices in child sexual abuse. Also, a number of studies have identified child care provision and child services as a common context within which men, women, and older children sexually offend children.^{109, 101, 111}

I came to this work because

I care about my community,

the Latinos living in Los

Angeles. I saw that I could

help them and cross between

those barriers of language and

cultural differences to help

children and families.

¹⁰² Focus Group (Aug 30, 2011).

¹⁰³ Bree Callahan (Interview, Nov 16, 2011).

¹⁰⁴ Xiomara Flores-Holguin (Interview, Dec 19, 2011).

¹⁰⁵⁻⁶ *Id.*

¹⁰⁷ 1in6.org Symposium (Dec 8, 2011).

¹⁰⁸ Lisak, D. 1in6.org Symposium (December 8, 2011).

¹⁰⁹ Finkelhor, D., & Williams, L. (1988). Nursery crimes: Sexual abuse in day care. Newbury Park, CA: Sage.

¹¹⁰ Faller, K. C. (1995). A clinical sample of women who have sexually abused children. *Journal of Child Sexual Abuse*, 4, 13-30.

¹¹¹ Kaufman, K. L., Wallace, A. M., Johnson, C. F., & Reeder, M. L. (1995). Comparing female and male perpetrators' modus operandi: Victims' reports of sexual abuse. *Journal of Interpersonal Violence*, 10, 322-333.

¹¹² 1in6.org Symposium (Dec 8, 2011).

¹¹³ Giggans, P., 1in6.org Symposium (Dec 8, 2011).

¹¹⁴ Xiomara Flores-Holguin (Interview, Dec 19, 2011).

¹¹⁵⁻⁶ *Id.*

¹¹⁷ Focus Group (Aug 30, 2011).

¹¹⁸ See <http://www.911rape.org/about-us/what-we-do/child-victims>

¹¹⁹ See <http://www.childrensinstitute.org/about>

As evidenced by the Penn State child sexual abuse scandal (and the Catholic Church scandals before it), some institutions are slow in responding to allegations of child sexual abuse and have systemic barriers to reporting it to authorities, and some fail to respond at all. University systems are essentially closed systems, with their own law enforcement, disciplinary panels, and codes of conduct¹¹² which have proven insufficient for responding to sexual violence and child sexual abuse. Institutions could benefit from greater transparency and accountability. "We need to influence and help institutions open up to tackling these tough issues."¹¹³

In discussion with the Department of Child and Family Services (DCFS) in Los Angeles County, sometimes critical lapses in cross-communication between DCFS and law enforcement officers occur—especially when dealing with a large service area, diverse communities, and the jurisdictional differences between agencies, such as law enforcement and child protective services.¹¹⁴ Even if a report is made, the underlying child sexual abuse is not always caught and many cases of child sexual abuse are neither substantiated nor prosecuted. In response to this, child sexual abuse screening questions are now part of every DCFS investigation, and DCFS has cross-trained with Los Angeles Police Department, Sheriff Departments and the other municipalities to screen for child sexual abuse during all investigations.¹¹⁵ This inter-agency collaboration has likely led to better response to and prosecution of child sexual abuse.

One area in which collaboration could lead to some improvement is in the timing and overlap between agency protocols for responding to reported child sexual abuse. For example, DCFS must immediately report to law enforcement any cases of physical, sexual and/or severe child abuse and then each agency must complete their own investigation. Because they do not coordinate the timing or procedures of those investigations—due to competing jurisdictions, confidentiality concerns, and internal policies¹¹⁶—children, family members and others are often interviewed multiple times. Interestingly, many survivors interviewed for this paper, especially those with recent connection to law enforcement/DCFS involvement in their cases, reported an ease and trust when working with law enforcement and DCFS. They felt supported and connected to community services in a timely manner.¹¹⁷

In Los Angeles, we have several model programs that coordinate therapy and healing with the criminal justice response. One such place is Stuart House, where child sexual abuse is responded to with co-located services—so the number of interviews and the investigation are streamlined, reducing the amount of time the child has to be investigated by law enforcement and child protective services. Stuart House also has a comprehensive treatment program that provides individual, family, and group therapy services for child victims and their families, as well as a Court School for children who testify in criminal proceedings.¹¹⁸ This is similar to the response and services provided at the Violence Intervention Program, a multi-disciplinary partnership between medical and mental health services to provide a complete continuum of services. Childrens' Institute, Inc. in Los Angeles specializes in working with children, youth and families who have been affected by trauma. Their integrated service model is designed to serve the whole child as well as the entire family.¹¹⁹ Peace Over Violence works closely

with these services to provide care to the children and families, while also working on public policy and advocacy to improve prevention of and response to child sexual abuse.

Although these are exciting innovations and collaborations, the systems that coordinate response, rehabilitation, and punishment for child sexual abuse have also fostered sexual abuse for decades. Just Detention International has worked since 1980 to spread awareness of sexual abuse within the prison systems. From their research, it appears that minors in the juvenile justice systems are especially vulnerable to sexual abuse. About 12% of juvenile detention youth reported sexual victimization by a peer or facility staff in the past 12 months.¹²⁰ In any setting where restrictions are put on a youth's freedom—such as in a foster care group home or a juvenile detention facility—we must pay particular attention to the safety of minors. Not only is there greater risk of experiencing child sexual abuse in these settings, but these youth are already more likely to have encountered such abuse or been exposed to other types of violence and trauma in the past.

Institutions also insulate themselves from association with child sexual abuse. In faith-based communities, Protestant, Jewish, and other non-Catholic religions have suggested that clergy abuse is a Catholic problem, resulting from their vows of celibacy, positions of absolute authority, and homosexuality.¹²¹ **A professor of theology added that faith institutions often distance themselves from issues like child sexual abuse because the church is supposed to be the place where they do everything right, rather than being honest about some of the things that go wrong.**¹²²

Acknowledging that child sexual abuse can happen everywhere, and that all faith-based communities could misuse trust, faith, and authority, is an important step in tearing down those self-protective and silencing barriers.

The systemic problems evidenced in the recent coverage of high profile child sexual abuse cases underscore the need to more critically examine not only our society's response to child sexual abuse, but why child sexual abuse has not been eradicated given the universal moral disapproval. It calls into question our current systems and suggests that truly removing child sexual abuse from our cultures requires more than simply incarceration and mandatory reporting. In this spirit of innovation and thoughtful progression within and outside of current institutional response to abuse, we make several recommendations for action.

¹²⁰ Moulden, H. M., Firestone, P., & Wexler, A. F. (2007). Child care providers who commit sexual offenses: A description of offender, offence, and victim characteristics. *International Journal of Offender Therapy and Comparative Criminology*, 51(4), 384-406.

¹²¹ 1in6.org Symposium (Dec 8, 2011).

¹²² *Id.*



COMMUNITY
OVER
VIOLENCE



SPIRIT
OVER
VIOLENCE

Recommendations

“Safety and security don’t just happen, they are the result of collective consensus and public investment. We owe our children, the most vulnerable citizens in our society, a life free of violence and fear.”

—Nelson Mandela

After dialogue with stakeholders, an extensive review of current research on child sexual abuse, and reflection on the experiences shared by survivors of child sexual abuse, we propose the following policy recommendations to advance the child sexual abuse prevention movement.

- Create a thoughtful and strategic dialogue around child sexual abuse: we have the opportunity to harness language to impact the movement to end child sexual abuse. Appropriate use of research and personal stories have to make clear the scale and wide-ranging consequences of the issue in ways that engage people, not turn them away. We also need to use positive and hopeful messaging as much as possible.¹²³
- Cultivate Storytelling: reignite and reinvent the child sexual abuse prevention movement through empowering survivors and those who support survivors to share their stories of strength.
- Think creatively and innovatively about the current criminal justice response: perform ongoing assessments of mandatory reporting laws, sex criminal registries, and other criminal justice deterrents, and their impact on responding to and preventing child sexual abuse.
- Engage communities in deeper conversation around gender norms, perceptions of masculinity and femininity, and how that relates to child sexual abuse and healing for survivors: this includes socialization of male violence and privilege that contributes to the victimization of girls and women, as well as taboo and less talked about issues, such as male victims of child sexual abuse, and framing and responding to female perpetration of child sexual abuse.

¹²³ 1in6.org Symposium (Dec 8, 2011).

- Recognize the complexity of child sexual abuse: the dialogue between policy makers, criminal justice institutions, social services, and communities must take into account the impact of trauma on childhood development and connection of child sexual abuse to criminal behavior. It is not enough to respond to the one law broken, we have to begin to understand why that law was broken and to see people as people with experiences and exposure to trauma.
- Reimagine how to include rehabilitation/treatment/compassion for perpetrators of child sexual abuse to forward far-reaching and impactful prevention strategies that move our society toward the eradication of child sexual abuse, not simply individualized response and punishment.
- Include treatment for exposure to child sexual abuse as part of the rehabilitation agenda for various vulnerable populations, including gang-affiliated women and juvenile justice systems.
- Recognize and re-frame the sexualization of children in the media and popular culture. As forwarded by a leader in child sexual abuse prevention, Cordelia Anderson, social change is needed to counter the normalization of this sexual harm and exploitation.¹²⁴
- Increase funding for and programmatic support of child sexual abuse awareness and prevention programs for children and parents in our schools, places of worship, and community centers: This has to include strategies and services for parents who are themselves survivors of child sexual abuse.
- Provide opportunities to cross-train and innovate around access to services for underserved isolated groups, such as male and deaf survivors of child sexual abuse.
- Conduct an audit of child sexual abuse prevention programs: research, document and share where prevention programs exist, how they operate, and what they have learned. Disseminated best practices to prevent child sexual abuse based on prevention programs’ experience and evaluation of their work.
- Create more secure/healing places to share stories of child sexual abuse: when children disclose they need to feel believed, supported, and protected. Caregivers/parents/authorities need to be trained on how to receive the information and maintain the space for disclosure.
- Promote protective factors for children and families in program development and service delivery.
- Focus on supporting attachment and nurturing, knowledge of parenting, parental resilience, social connections and basic needs support for parents.

¹²⁴ See <http://www.cordeliaanderson.com/ConteringNormalization>

Epilogue

This paper documents our exploration of the issue of child sexual abuse in dialogue with the community and local stakeholders. We believe the child sexual abuse continues in part because of the secrecy and stigma associated with it; secrecy that is connected to complexity, institutional ignorance, child vulnerability, and the fact that child sexual abuse is happening in our families and is most likely to be perpetrated by someone the family and child knows and trusts. Silence is a problem—that silence prevents children from talking with the adults that can protect them, it inspires fear and keeps the subject taboo, it creates a space for damaging anti-social behavior to continue. If we don't talk about it, if we don't name it and focus on it, it makes it easier to turn a blind eye. It makes it easier to just criminalize and prosecute the behavior, not address the underlying causes. It makes it easier to ignore children and stories of survivors.

The call to action is clear—we as decision makers, former-children, parents, institutions, humans need to re-energize the movement to end child sexual abuse. The fact that child sexual abuse occurs at alarming rates is simply unacceptable. Our communities do not condone child sexual abuse, but we are allowing it to continue. And when we do, we are failing our children. What is needed is a community-based paradigm shift: we need culture and policy change that reflects the complexity of the issue of child sexual abuse.

We can work together to reduce the opportunities for child sexual abuse where our children live, play and learn. We can practice the best prevention strategies, spread awareness and knowledge, hold survivors' experiences in the center, and end the secrecy on which child sexual abuse thrives. We can socially shift the underlying gender norms and homophobia that silences our boys and men. We can address and call out the community and historical context for the abuse of girls. We can fix the institutions that ignore and mismanage response to child sexual abuse. We can be innovative in our response to and rehabilitation of deviate sexual behavior. We can make healing a point of pride, a celebration. We can return to a social justice framework, instead of continuing to ignore the flaws in criminal justice responses.

We are all responsible and the stakes are high: no less than our future. We can make these changes, and we must. Join us.

Emily Austin
Project Director, Stories of Strength
Director of Policy & Evaluation
Peace Over Violence

Resources

Peace Over Violence

www.peaceoverviolence.org

24-hour Hotlines 626.793.3385
310.392.8381
213.626.3393

Video Phones 866.947.8684
866.824.9907

1in6

www.1in6.org

California Coalition Against Sexual Assault (CALCASA)

www.calcasa.org

National Children's Advocacy Center

www.nationalcac.org

Darkness to Light

www.d2l.org

Rape, Abuse and Incest National Network (RAINN)

www.rainn.org
800.656.HOPE (4673)

Enough Abuse Campaign

www.enoughabuse.org

Stop It Now!

www.stopitnow.org

1.888.PREVENT (773.8368)

Just Detention International

www.justdetention.org

generationFive

www.generationfive.org

Ms. Foundation for Women

www.ms.foundation.org

Suggested Reading

Boys Don't Tell: Ending The Silence of Abuse, Randy Ellison (Morgan James Publishing:2011).

Nice to Meet Me, Chris Carlton (Mugwump Publishing:2011)

Off Limits: A Parent's Guide to Keeping Kids Safe from Sexual Abuse, Sandy K. Wurtele, Ph.D. and Feather Berkower, M.S. W.

Strong at the Broken Places: Building Resiliency in Survivors of Trauma, Linda T. Stanford (NEARI Press:1990).

The Courage to Heal, Laura Davis and Ellen Bass (HarperCollins:2008).

The Drama of the Gifted Child, Alice Miller (Basic Books:1997).

Trauma and Recovery: The Aftermath of Violence—from Domestic Abuse to Political Terror, Judith Herman (Basic Books:1997).

Victims No Longer: Men Recovering from Incest and Other Sexual Child Abuse, Mike Lew (HarperCollins Publishers:2004).



Life breaks us all and when we heal,
we become strong in the broken places.

This paper is dedicated to all of the survivors
who shared their stories of strength with us.



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