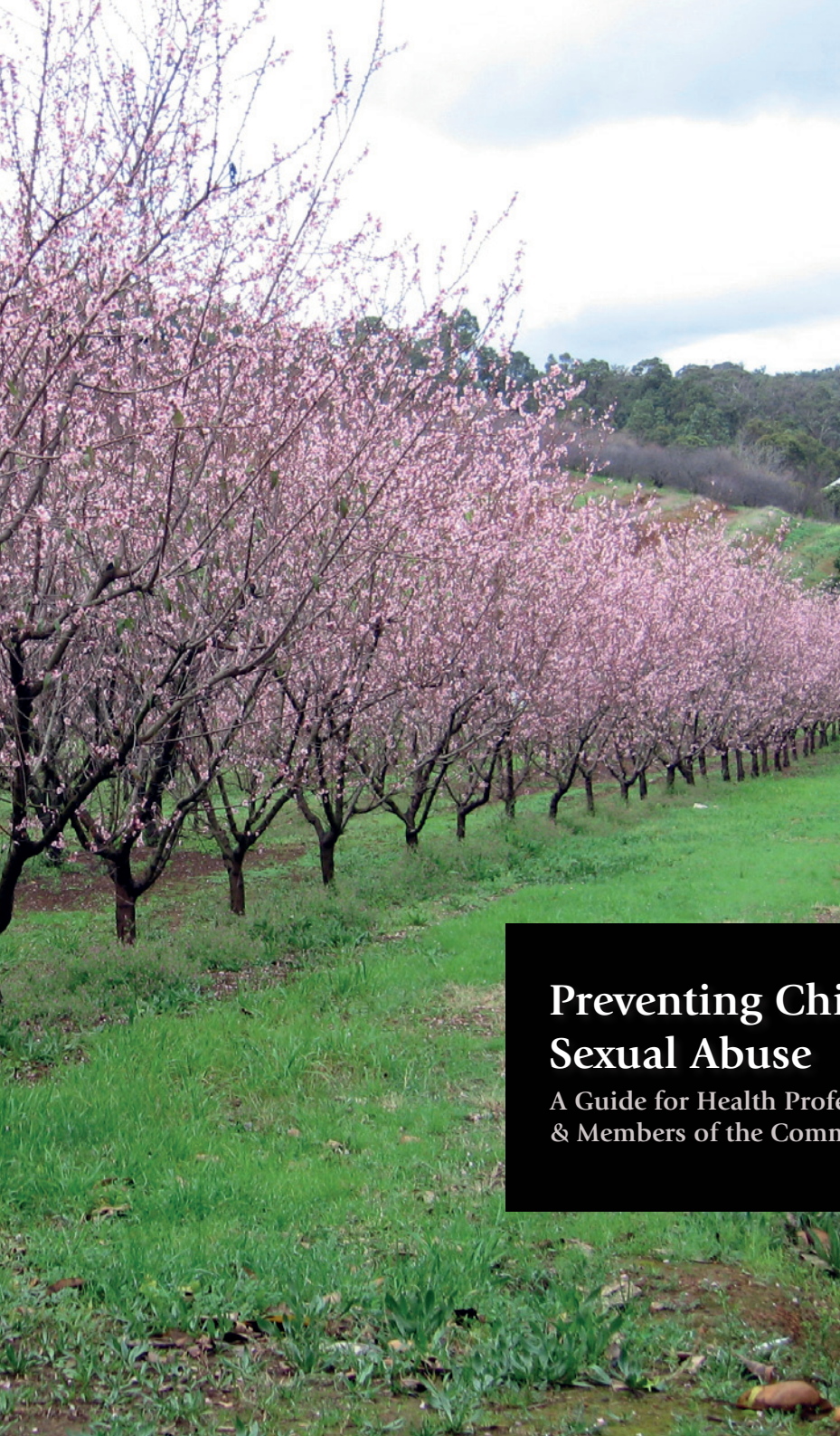




Preventing Child Sexual Abuse

A Guide for Health Professionals
& Members of the Community

Introduction

This booklet has been prepared as a contribution to the goal of reducing the incidence of adults (mostly men) sexually abusing children.

It has the potential to be shared with members of the community in a variety of formats, and adds another prong to the goal of prevention, but differs in that it transfers responsibility back onto adults.

In the short term, responsibility for reducing the incidence of abuse is passed onto offenders and prospective offenders. In the longer term, prevention will be favoured by an understanding within the community that improved parenting practices are necessary to reduce the emotional vulnerabilities in children that increase their motivation and risk of becoming adolescent and/or adult abusers.

This booklet offers information to promote understanding of the main factors that contribute to the sexual victimisation of children so that more people who at risk of offending, or who may have started offending, will be encouraged to stop, and to seek professional help and support. It also offers suggestions for what we must do as a community to reduce the incidence of child sex abuse in the longer term.

ISBN: 978-0-9806833-3-2

December 2012

National Library of Australia

Cataloguing-in-Publication entry

Cicchini, Mercurio.

Preventing child sexual abuse: a guide
for health professionals and members
of the community / Mercurio Cicchini.

ISBN 9780980683332 (pbk.)

Child sexual abuse--Prevention.

Child abuse--Prevention.

362.7672

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Parties interested in incorporating this material in online or other formats for the purpose of education and prevention are encouraged to contact the Publisher.

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What's wrong with adults having sex with children?

When adults engage in sexual activity with children, they are likely to damage the future wellbeing, development and adjustment of those children, due to children being emotionally and physically immature.

For example, sexual abuse can:

- Damage the child's self-esteem and feelings of worth as a person,
- Cause a self-blaming outlook or "template" for explaining negative events that may contribute to ongoing feelings of guilt and /or depression,
- Promote ideas about self-harm, and actual self-harm or suicide, to reduce emotional pain,
- Create an unhealthy preoccupation with sex, (or its opposite – an aversion for sexual intimacy) which interferes with adult relationships,
- Create confusion in sexual orientation and preferences,
- Promote mental defenses which block out pain at the expense of fragmenting the mind or deadening the experience of good feelings,
- In certain individuals contribute to the perpetuation of child sex abuse by the victim later in life, be it within the family, or outside it.

It is important to remember, however, that there are individual variations in how sexual victimisation affects a child. Some professionals suggest that some children experience as much, if not more damage, by the Court processes associated with prosecuting the perpetrator, than the original abuse. Of course, this means that we should review and improve those processes, not abandon the issue of justice.

Additional information on the harmful effects of child sex abuse can be obtained from links on the Web.

For example:

www.apa.org/releases/sexabuse/effects.html

www.stopitnow.org

www.childtrauma.org/ctamaterials/sexual_abuse.asp

Are all adults who sexually abuse children predatory, violent, cruel, and uncaring?

No. Only some abusers are antisocial or disrespectful of the law, such as having histories of aggression and violence, dishonesty, causing property damage, or an involvement in drug and alcohol abuse. Such offenders are typical of those who cause harm to other community members. Most people who are destructive or hurt others have a history of having suffered emotional wounds in childhood from abuse, neglect, and sometimes trauma which no one could avert. Such offenders learnt to cope inappropriately with their pain by acting-out impulsively or acting in a retaliatory manner, often unconsciously.

In summary, it can be said that:

Most people who are cruel suffered severe childhood losses or trauma, or were victims of cruelty themselves, and they repeat the cycle by creating new victims.

The common desire to retaliate when we are hurt (or if one of our loved ones is hurt) demonstrates the underlying processes, but in the most serious offenders their vindictiveness or desire to hurt back can operate unconsciously. However, individuals who are better self-controlled refrain from acting on their desires or impulses if it creates negative or bad outcomes. Antisocial individuals are more prone to act on impulse, without regard for the effects on others, and are more concerned with short-term benefits to themselves, which can include avoiding pain or chasing an altered (improved) state of consciousness associated with pleasure.

So why don't all people show restraint and respect for others, and concern for kids?

Some adults have great difficulty handling internal upsets, and some even become habitually impulsive. Such people usually carry high emotional burdens from childhood neglect or trauma. That burden takes the form of emotional pain, which affects them both consciously and unconsciously.

Many antisocial people learn to express pain and frustration by acting-out their upsets from a young age – they react by doing bad things or taking out their feelings on others, and that coping style becomes a habit, as it makes them feel better in the short-term. They may also use drugs or alcohol to reduce internal pain. Intoxication can contribute to poor choices and loss of control. (People with addictions or substance use problems are encouraged to seek professional help from a drug and alcohol agency or clinical psychologist in their area). A number of men who engage in inappropriate sexual activity with children are not chronic offenders, but regress to such activities after rare life stresses that re-awaken pain arising from unmet childhood needs.

What are childhood needs?

When a baby is born, it has both physiological and psychological needs. Needs that begin in utero include the need for physical nourishment and for safety. From birth, human beings also have ongoing psychological needs that manifest more in different stages of development. These are the needs for safety and security, for physical touch, love and affection, for acceptance, for autonomy, for approval, recognition, admiration, and for order and stability. These needs don't disappear: as adults we continue to manifest these needs, and we experience wellbeing when they are gratified or respected, and feel stress or upsets if they are threatened or frustrated.

Infants communicate their needs by their behaviours, including vocalisations – and later the use of language. Underpinning the expression of a particular need is a negative feeling. For example, the feeling of hunger arises from the need for food. The psychological needs listed also give rise to negative feelings that motivate the infant, child or adolescent to react. Their reactions are ways of trying to bring attention to their needs, to try to have them fulfilled or respected.

Why should someone else have to do things for children?

The young in our species – children – have the longest period of dependency upon adult care, as a proportion of lifespan, of any other animal species. The emotional and social development of children are dependent on the quality of care and protection they receive. Long-term problems in wellbeing and adjustment develop when those important needs are not fulfilled by the carer of the infant, child or adolescent, or if those needs are threatened by others. One element of emotional development is how the child learns to cope with emotional distress or upsets. The protection and fulfilment of children's needs by their carers and peers serves to avoid the experience of intense distress, and lays the groundwork for the experience of wellbeing. Children who suffer emotionally in their developing years are generally at greater risk of carrying lifelong psychological vulnerabilities – which means they are less resilient to future stresses, and are more prone to emotional upsets such as anxiety, depression or antisocial behaviours. That is to say that they carry burdens of emotional pain into their future lives.

How can one know about the long-term effects of childhood events?

Psychologists studying adults found out as early as the 1930's that bad childhood experiences were the precursors of neurotic patterns of suffering and distress that carried forward in time and were observable in adulthood. Clinical work with sex and other offenders shows the same pattern: pain and upset associated with unmet psychological needs in childhood carry forward as seeds for internal suffering of an enduring kind, such as loneliness, low self-esteem, anxiety and depression, or the expression of antisocial behaviours.

Does that mean that unmet childhood needs predisposes the individual to being at greater risk of being unhappy and dysfunctional in later life?

Yes. There are exceptions of course, but negative childhood events are a common cause of adult misery. An important insight is that unmet childhood needs leave a repository of pain that renders the individual to be more susceptible to being affected by life stresses than others through their lifespan.

To return to the matter of abuse, what kind of people sexually abuse children?

The majority of adult sexual offenders against children in Australia do not express physical violence as part of the offending. They may manipulate, bribe, “seduce” or otherwise control the child’s sexual involvement in order to meet their own emotional and sexual needs. Bribery can involve goods, money, or the display of attention and affection for ulterior motives (the exploitation of the child’s vulnerability or their need for attention and to be cared about).

Three decades of clinical work with sexual and other types of offenders in Western Australia has revealed that most adults who abuse children sexually do so in a misguided attempt to reduce or quell negative or upsetting feelings that they carry inside them. Their abusive behaviours are attempts to temporarily feel better. Often this is related to reducing feelings of loneliness, or of not being loved. In other words, sexual abuse is often the result of poor problem-solving related to reducing negative or upsetting feelings of childhood origins.

Psychological assessments of abusers show that many have a very intense unmet needs to be loved, which is a result of not experiencing enough affection, attention, and particularly physical comfort (touch) during infancy and childhood. Many suffered physical and emotional abuse or neglect. Others experienced disappointment and felt abandoned.

Many are aware of their neediness, and report feeling as if they are still a child in an adult body – that is, they still feel like a child emotionally. A minority are not overt seekers of affection through relationships, because they had let-downs and deprivations in childhood. The latter grow up emotionally distant from others, preferring to be loners. They may try to get by without too much intimacy, which is threatening or anxiety-inducing for them. It creates anxiety and tension to associate closely with people, and in their avoidance they sometimes fail to meet their intimacy and sexual needs – which all people have – and may lapse into offending when their unmet needs burst through seeking gratification.

Many men who sexually abuse children find it easier and feel more comfortable to relate to children than adults, but others can have the capacity to develop long-term relationships, marry, and have families – and to generally be caring towards others – until they slide into behaviours that lead to offending.

Do abusers feel shame about their offending behaviour?

There are individual differences: some abusers certainly do experience reactions of shame and remorse, and others do not because they get addicted to the pleasurable feelings produced by inappropriate sexual behaviour.

Carrying a secret involving guilt can be a very heavy burden, and many sexual offenders against children have a well-developed moral sense. However, as with most kinds of negative behaviours, at the time of acting-out there is often an over-riding of the conscience by the person's strong feelings, urges and impulses stemming from unmet needs that were created by their early experiences, and which remain part of their personality.

Feelings, urges and impulses that resurface in adulthood relate to unmet or thwarted emotional needs in childhood that are recorded in memory as emotional pain, and as negative beliefs about oneself or the world. The worst and more chronic offenders believe that the world is bad, rather than their own actions. However, some people, including some child sex offenders, carry a biased and irrational tendency towards self-blame.

The negative feelings arising from childhood upsets and trauma energise or drive actions and thoughts that attempt to quell the internal pain and tension. The actions that occur are clearly the result of choice, or preference, in line with doing what brings about an anticipated or actual improvement in feelings. Some choose short-term solutions that bring about some temporary relief, but long-term harm to others, and also negative consequences for themselves. But with awareness, people who carry emotional burdens can improve the way they deal with such issues.

That is where understanding, community education, support and professional treatment comes into play.

Does that mean that adult offenders against children actually choose to engage in the behaviours that end up causing children psychological and sometimes physical harm?

Yes. Only a very small percentage are intellectually impaired, brain-damaged, or affected by a severe mental illness.

The majority of offenders are best understood as poor problem-solvers motivated by the desire to achieve short-term respite from emotional upsets and privations of childhood origins, which are mostly conscious, but sometimes not.

Most offenders are responsible for choosing the strategies they use for coping with pain and upset of childhood origins, although their decisions can be influenced by a desire to reduce recent stress that they may find intolerable. Heavy pain burdens of childhood origins, particularly if not properly recognised (or are unconscious), increase the desire to fix things up haphazardly or quickly. That can result in a reduced capacity for discerning the most appropriate problem-solving solution to be adopted. So improved awareness of childhood acquired tensions and disappointments, separated from the current life events that bring them to light, is important for prevention.

Prevention at this level requires the development of self-understanding and positive coping skills in adults who might otherwise react by trying to gratify unmet childhood needs for reassurance, companionship and love by offending sexually against a child.

But don't some abusers become chronic offenders against children, and even try to suggest they were being helpful to the victims?

Yes, to both questions.

Inner disquiet and feelings of guilt in an offender can be lessened by mental gymnastics that include justifications, distortions or denial.

Furthermore, the achievement of sexual pleasure through behaviours that harm others can be habit-forming. Most vices (bad habits that are harmful) that people can acquire have a capacity to transform pain or tension into pleasure, and that is why they are used. (We can include here drug and alcohol abuse, gambling, and sexual and other compulsions: they recur through their efficacy in bringing a positive feeling state, or a less upsetting negative feeling state, into awareness). In a number of cases, the original childhood pain has become largely unconscious in the course of time, except that the individual resorts to acting-out as soon as they start to feel inner tensions that remind them of their internal pains (unmet needs) of childhood origins.

And, some abusers distort their perceptions and beliefs as a means of feeling more settled internally: they engage in negative distorted thinking to justify their actions after the fact. Sometimes such distortions help them to justify future offending when fantasies about re-offending come into mind as pleasurable anticipations.

Are former childhood victims who become perpetrators at risk of manifesting distorted thinking and justifications?

Yes. And many members of the community who express extreme hatred also manifest distortions in thinking, arising from their own histories of upset, pain or loss. So, recurring problems in the human condition are manifestations of the same basic processes associated with how people try to deal with psychological pain.

Does shame prevent a repetition of abusive behaviour?

Not necessarily. Some offenders do stop by making a commitment to not repeat their actions, and sticking to it. Other abusers report agonising over their shame, but they later repeat the abuse. The problem with sexual offending is that when it occurs in response to upset feelings, and the pleasure experienced alleviates those negative feelings, a pattern can be established in memory. That is, positive anticipatory fantasies can come into mind again in the future when upset, together with the “mental solution” of having sexual contact with a child, which can promote reoffending. At that point, the shame is out of sight and out of mind. It doesn't help.

Are women abusers much different from men?

We know that male abusers far outnumber women in cases of reported abuse, but the research that exists suggests that women engage in the sexual abuse of children for much the same reasons as men, and have similar childhood histories of abandonment, abuse, and unmet needs for affection and nurturance.

What increases the risk of abuse recurring?

- Affectional deprivation in childhood, and other negative experiences.
- Masturbating to fantasies of abuse.
- Offending has occurred many times and was not detected.
- Not accepting that child sexual abuse causes psychological harm, such as by having distorted beliefs that the adult was “teaching” or “training” the child sexually to help their development.
- Involvement with pornography.
- Failure to accept personal responsibility.
- Being a childhood victim oneself.
- Distorted attitudes, such as arise from the Internet or other offenders, that suggests that because children have sexual feelings, sexual activity when they are young does not cause psychological damage to them. These falsehoods should never be entertained.
- Offenders or prospective offenders being too ashamed or too scared to ask for help.
- Confusing sexual feelings with affection and love. (This can occur if a child who missed out on affection as a child was either abused in childhood, or engaged in sexual activity at a young age. The confusion (or contamination) of affection and sexuality is a major contributor to childhood victims becoming abusers).
- Intoxication.

What reduces the risk of abuse recurring?

- Recognising that abusive behaviour is wrong, and taking action by seeking professional help.
- Learning to identify one's emotional needs and developing better communication and coping skills for dealing with life stresses and setbacks.
- Support and understanding from the community that those who abuse children deserve help with their problems. This provides encouragement and hope, and reduces the stigma that existed in the past, and drove many people into denial through fear and shame.
- Detection of the abuse, or its precursors, as well as the acknowledgement of the offending behaviour, and acting on that by participating in treatment.
- Recognising risk factors, and taking steps to overcome them.
- Education that helps prospective perpetrators identify their emotional problems, history of vulnerability, and their coping style before they offend.

What discourages people who are at risk of offending, or have abused a child, from seeking help?

- Being afraid or ashamed.
- Not feeling good about oneself; self-hatred.
- Thinking you are beyond help, or not knowing where to go for help.
- Thinking you have to sort this problem out on your own, but not knowing how to do it, which keeps you stuck.
- Various kinds of pessimistic thinking.
- Lack of understanding from the community, and a lack of encouragement to seek help.
- Debasing and de-humanising portrayal of offenders by the media which feeds the cycle of violence through scapegoating and driving offenders underground from fear.

What can you say to someone who feels discouraged, ashamed or pessimistic because of what they may have done or experienced in the past?

“You are a valuable human being”. Expressing self-contempt does not help anybody, or change or improve anything. You may have made mistakes, or solved personal problems badly. You are not alone. You deserve support and understanding, and help from professionals in the community who are ready and willing to help you in your journey of self-improvement. Life can be a journey of learning from our mistakes, and developing better qualities as human beings. With awareness, a commitment, and some guidance we can make the future better than the past. Accepting personal responsibility is part of that process of growth and self-improvement. That means not hiding from the consequences of our actions. Taking positive action by contacting a helper is an important first step towards a better long-term future.

Where does punishment come in?

Destructive behaviours, such as child sex abuse, that can create long-term suffering, is not to be condoned. However, the historical record suggests that negative sanctions, on their own, are not effective in improving the human frailty that underpins destructive behaviours. The wounded human heart, which participates in perpetuating the intergenerational cycle of violence from victim to perpetrator, requires healing.

Experience shows that people grow out of a position of strength that comes from healing emotional wounds, from accepting personal responsibility for one's choices, and from developing self-understanding and coping skills - not the effects of fear or pain, or ostracism.

Are there background and trigger factors that can contribute to an adult sexually abusing a child, for the first time, or in a relapse?

Yes. Upset feelings or low mood are often a precursor to negative behaviours, including child sex abuse.

These upsets usually relate to recent life stresses, losses, or setbacks which serve to arouse additional distress from a pool in memory of childhood trauma or need-frustration. Unwholesome thoughts, fantasies and desires which promise a quick-fix can flow out of such misery, and are sometimes acted upon. That is to say, that in addition to current upsets, there are also background factors related to life experiences during childhood that contribute to the offender's inappropriate acting-out. What happens is that the current stresses impinge on a person's sensitivities or vulnerabilities that were acquired during childhood. With such a fusion of current and internal historical stresses, poor problem-solving can result.

What are some common examples of current and historical stresses?

(a) Recent losses or setbacks

- Losses associated with relationships, friendships or work that diminish feelings of being loved, accepted, competent or worthy (eg. breaking up with a lover, losing a job, a friend moving away)
- Increased involvement in caring for others
- Feeling rejected or ignored

(b) Negative childhood experiences

- Lack of parental affection and warmth
- Fostered or institutional upbringing
- Maternal separation or perceived abandonment
- Excessive discipline
- Excessive chores or responsibilities to look after others whilst still immature
- Sexual victimisation or sexual contact with others whilst still a child
- Witnessing conflict or violence at home
- Witnessing sexual acts by others in real life or in the media

How can we prevent abuse?

- By encouraging an understanding that sexual abuse results from poor problem-solving in people who have vulnerabilities related to feeling lonely, unloved or rejected as a result of recent stresses and childhood experiences, or have developed a sexual addiction for the same reasons.
- By recognising risk factors in ourselves, and asking for help before such problems start, or get out of hand.
- By inoculating our children through an infusion of care, love and supervision. Boys and girls neglected of love, physical touch, care and attention are at greater risk of attracting the attention of potential abusers who will try to manipulate or seduce them for their own benefit. Particularly in the case of boys, if such deprived children are abused or engage in sexual activity whilst immature, they are at greater risk of perpetuating the abuse through their confusion of affection and sexuality, which springs from their combined affectional neglect and sexual experiences.

What can make me vulnerable to sexually abusing a child?

Some risk factors were described in the previous section, but a more complete list of relevant factors include the following:

- Low esteem, difficulty relating with adults, or asserting oneself
- Sensitivity to rejection
- Still feel like a child emotionally – feeling not grown up
- Felt unloved in childhood
- Lack of physical touch or affection from parents in childhood
- Participation in childhood sexual activity, either by having been victimised, or engaging in precocious sex as a child
- Feeling more comfortable with children than adults, and developing special friendships with children
- Having to have sex to feel loved
- Using sex to recover from upsets or solve emotional problems
- Viewing child pornography and masturbating to images
- Collecting pornography, or being otherwise sexually preoccupied
- Sexual arousal to children
- Experiencing a confusion of love and sex

- Not talking to others about your needs when feeling upset, lonely or unloved
- Being preoccupied with wanting to show affection and love to children because no one showed you the love you wanted.

What should I do if some of the above items relate to me?

- Congratulate yourself for reading the list, and for developing your understanding of how emotional factors can contribute to poor problem-solving, and harmful actions. You are now better informed, so you are in an improved position to recognise a problem that might be brewing, or you become aware of experiences of stress or a loss in your life that produce emotional upsets in you.
- Contact a psychologist or treatment agency in your area, from the list that follows or other specialist directory, and make an appointment to have a confidential discussion.
- Ask for help to build up your coping skills with respect to your life stresses and problem-solving ability.
- Set up a plan to go back for help if at any stage your wellbeing or mood deteriorates, or other risk factors come into prominence.

Links & local community resources EDITION 12.1

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Other psychologists might be found
via the “Find a Psychologist” link at
www.psychology.org.au

*The psychologists listed in this Guide
operate in private practice and have
expertise in the treatment and prevention
of child sexual abuse.*

ISBN 978-0-9806833-3-2



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