

Normal Child Sexual Development

Preschool age children (0-5)

Preschoolers are intensely curious. They will take advantage of opportunities to explore their universe. Normal behaviors include:

- Masturbation
- Looking at and asking questions about others' bodies

Primary school children (6-10)

The activities of primary school children are very similar to those of younger children. However, older children are more apt to create opportunities to explore their universe.

Normal behaviors include:

- Masturbation
- Game playing with participation by agreement, such as “show me yours/I’ll show you mine” or “Doctor” with peers.
- Imitating seduction (kissing, flirting, fondling without penetration)
- Dirty words or jokes within a cultural or peer group norm
- Genital or reproduction conversation with peers or similar age siblings

In preadolescents (10-18)

As children grow older, they begin to distance themselves from their parents and focus more on their peers. They begin developing relationships and practicing intimacy with peers. Normal behaviors include:

- Solitary masturbation
- Sexually explicit conversations with peers
- Obscenities and jokes within cultural norm
- Sexual innuendo, flirting and courtship
- Interest in erotica
- Hugging, kissing, holding hands
- Foreplay*
- Mutual masturbation
- Monogamist intercourse (stable or serial)**

* Moral, social, or familial rules may restrict, but these behaviors are not abnormal, developmentally harmful, or illegal when private, consensual, equal, and non-coercive.

**Stable monogamy is defined as a single sexual partner throughout adolescence. Serial monogamy indicates long-term (several months or years) involvement with a single partner which may be preceded or followed by similar long-term monogamous relationships.

Advocacy Tips: Child Sexual Abuse

If a child discloses sexual abuse to you:

- Do not promise to keep a child's secret. As a sexual assault crisis counselor, you are a mandated reporter and must report suspected sexual abuse to the Department of Children and Families. Explain that sometimes you need help dealing with certain things. Sometimes giving a concrete example can help (e.g., "if you tell me that your friend fell down a well, I would have to call the fire department").
- Tell the child you believe her and that you are glad she told you.
- Reassure the child that you still feel the same way about her. She may think that now you don't like her.
- Help the child understand that the abuse was not her fault. In many cases, a child will blame herself to justify the abuse.
- Keep the child's language in mind. Talk to her with words she can understand.
- Remain calm and supportive. Your response is very important and will influence how the child will react and recover from the abuse. By becoming upset or angry, you may make the child feel guilty.
- Don't ask more than you need to know; don't press the child for details of the abuse. Instead, encourage the child to talk about her feelings about the abuse.
- Do not ask details of the abuse that are not needed for reporting or safety assessment.
- Let the child know she is not alone; other children have had this happen to them.
- Inform the child on what to expect next. Use realistic and age appropriate information.
- Do not confront the offender in the child's presence or within the child's earshot. When in doubt, leave the confronting to the authorities.

Advocacy Tips: Non-Offending parent of a Sexually-Abused Child

When counseling the parent of a sexually abused child:

- Encourage the parent to believe their child. Very few children fabricate reports of sexual abuse. Also encourage the parent not to question the child for details about the abuse. This could actually do more damage than good.
- Remind the parent to take care of himself or herself during the crisis. As a secondary victim, they will also need to heal.
- Provide the parent with information on a normal range of reactions he or she may experience: shock, rage, self-blame or guilt, helplessness, shame, vengefulness, fear, and sadness are all common reactions of parents whose child has been assaulted. Be a safe person by allowing the parent to express these emotions. This is especially important when the parent is expressing rage toward the offender.
- Additionally, a parent may mistakenly blame the child for not being more careful, for not telling sooner, or for being too trusting. Remind the parent that the child is never to blame.
- Help the parent identify a support system.
- Encourage them to do their best to follow normal routines with the child; if the child senses a change in her life, she may feel she is being punished for disclosing.
- Explain to the parent why the child may not have been able to tell before now: fear, shame, threatened, doesn't know how or who to tell; afraid of what might happen; afraid of losing parents' love.
- Encourage parent to allow child to talk freely.
- Allow the parent to talk freely.
- Assist the parent in making the child feel safe; offer protection.
- Provide the parent with information on consulting a pediatrician and a child psychologist: The medical exam will help reassure the child that she is OK; the psychologist can assess the child to see what type of help is necessary to get her through the crisis.

- Facilitate the beginning of parent-child communication regarding the assault. Repeated assurances and constant approval are essential to the child.
- Provide the parent with information about available resources, including medical and mental health services, rape crisis support services, and individual groups.
- Explain that the child may direct anger at the non-offending parent, and that this is a normal reaction. The parent may also have anger at the offender.
- Assist the parent in assessing his/her needs, i.e., a new place of residence, transportation to and from counseling visits or legal information.

Advocacy Tips: Teen Survivors

Teen survivors experience the same symptoms and emotions that adult survivors do. There are additional issues to consider when dealing with teens, however.

- Most teens are assaulted by someone they know. Encourage the teen to express anger toward the offender, not at herself.
- Teens are often reluctant to disclose sexual abuse or seek help. When a teen calls the hotline, tell her you're glad she did.
- Be honest about exceptions to the confidentiality policy. If the caller is under 18 and you suspect she is being victimized by a family member or other caretaker, you are required by law to report the offense.
- Let the teen know that no matter what the circumstances, the rape was not her fault. Regardless of how much she drank, what she wore, or where she was, she is not to blame.
- Tell the teen that she did not deserve what happened to her. Teen survivors may feel guilty or "dirty." Lowered self-esteem and feelings of worthlessness put teen survivors at risk for such self-destructive behaviors as substance abuse, promiscuity, suicide, cutting or burning, and eating disorders.
- Provide the teen with information about rape and sexual assault for her. The teen may not understand that she has been raped or assaulted. She may label the incident as just an unpleasant sexual experience.
- Avoid scolding, mothering, or preaching to the teen survivor. She wants your help and deserves your respect. Treat her as you would an adult survivor.
- Help the teen identify support systems.
- Normalize the teen's feelings and let her know she's not alone. Remember, 1 in 4 girls and 1 in 6 boys are sexually assaulted by the age of 18.
- Teen survivors may be concerned about pregnancy or STD testing. Provide information about various types of testing: where testing is available in your area; how the test is performed; whether the test is confidential; why the test is important.

Action Suggestions for Parents

Sexual assault of children is much more common than most of us realize. It may be preventable if children have good preparation.

To provide protection and preparation, as parents we can:

- Pay careful attention to who is around our children (*Unwanted touch may come from someone we like and trust*).
- Back up a child's right to say "No."
- Encourage communication by taking seriously what our children say.
- Take a second look at signals of potential danger.
- Refuse to leave our children in the company of those we do not trust.
- Include information about sexual assault when teaching about safety.
- Provide specific definitions and examples of sexual assault.
- Remind children that even "nice" people sometimes do mean things.
- Urge children to tell us about *anybody* who causes them to be uncomfortable.
- Prepare children to deal with bribes and threats, as well as possible physical force.
- Virtually eliminate secrets between us and our children.
- Teach children how to say "No," and ask for help, and control who touches them and how.
- Model self-protective and limit-setting behavior for our children.

Should it ever become necessary to help a child recover from a sexual assault, as parents we can:

- Listen carefully and understand how children may tell us.
- Support the child for telling by praise, belief, sympathy, and lack of blame.
- Know local resources, and choose help carefully.
- Provide opportunities to talk about the assault.
- Provide opportunities for the entire family to go through a recovery process.

Sexual assault affects all of us, whether or not our own children are assaulted. To help deal with this social problem, all of us can:

- Provide sympathetic care and support to those who have been victimized.
- Recognize that offenders do not change without intervention.
- Organize neighborhood programs to support each other's efforts to protect children.
- Encourage schools to provide information about sexual assault as a problem of health and safety.
- Organize community groups to support educational, treatment, and law enforcement programs.

*From No More Secrets: Protecting Your Child from Sexual Assault by Caren Adams and Jennifer Fay,
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Adult Survivors of Incest

(Adapted from “Adult Survivors of Incest,” in *Supporting Survivors of Sexual Assault*, Massachusetts, Department of Public Health in collaboration with the Massachusetts Coalition Against Sexual Assault, September 1997.)

Incest is a tragedy of enormous proportions, with repercussions that are often far reaching. Children who are sexually abused by a family member rely on creating coping mechanisms in order to survive; as adults, these coping patterns can get in the way of having a full and healthy life. A rape crisis counselor can become part of a support system that enables adult survivors of incest to overcome painful feelings, heal from their abuse, and develop new ways of coping that include a sense of power, dignity, joy, and wholeness.

The Dynamics of Incest

Incest is a form of sexual abuse perpetrated by someone in the victim’s family system. Offenders may be anyone within that system, but typically they are adults or older children with authority or power over the child victim. Force is sometimes used, but more often the offender manipulates or tricks the child into sexual activity that may include exposure, fondling, and molestation, kissing, uncomfortable or sexual touching, and mutual masturbation, as well as vaginal, oral, or anal intercourse. Incest may be a one-time isolated event, or it may occur regularly over a period of time.

Incest may be overt or covert. **Overt incest** involves physical acts described above, while **covert incest** involves the suggestion or threat of sexual activity. An example of covert incest is when an older relative continually talks to a young child about sexual acts, beyond the point of explaining facts and answering questions. In this case, the child may become confused and afraid that the adult will want to perform the acts described.

Incest, like other forms of sexual violence, is about control and occurs within a cultural context. Perpetrators use their power as adults (or older children) to control children who are dependent on them. Children have limited physical power due to their smaller size, limited mental power due to their earlier stages of development, and limited social power due to social attitudes and laws.

Perpetrators use this power imbalance to coerce or force children to participate in sexual acts that the perpetrators control.

Myths About Perpetrators in an Incestuous Family

1. Perpetrators have horns, fangs, wear trench coats and don't shave.
2. The perpetrator abuses only strangers.
3. Perpetrators are weird, crazy or mentally ill.
4. Perpetrators sexually abuse to teach children about sex.
5. Perpetrators abuse children to "test" them to see if they have appropriate attitudes toward sex.
6. Perpetrators abuse "in the name of love."
7. "I only abused because I was drinking."
8. "I wouldn't have abused if my wife would make love with me."
9. Perpetrators only abuse one child in the family.
10. Perpetrators sexually abuse their daughters to see how far they've gone with their boyfriends.
11. The victim asks for sexual abuse.
12. Perpetrators can stop abusing by themselves.
13. Perpetrators will only abuse for one incident.
14. A child is sexually abused only when intercourse has happened.
15. Social workers do not have hearts.

Courtesy of WINGS Foundation, January, 2001

Behavior Patterns and Healing Issues

Incest often results in long-lasting, deep emotional pain – regardless of how long the incest lasted, or what form of sexual abuse was involved. Intercourse does not need to occur for survivors to have serious reactions.

Adult incest survivors who did not benefit from adequate (or any) help when the abuse occurred often develop certain patterns of behavior, thoughts, and emotions as way of coping. These vary by individual; without help, they could even be lifelong. Susan Lees, cofounder of Incest Resources, Inc., of Cambridge, Massachusetts, describes a coping pattern as "a behavior or thought which is rigid and habitualized and which develops as a result of a person's being hurt emotionally or physically. It is these patterns which get in the way of person's functioning to their full abilities.

The chief coping patterns and healing issues associated with incest are described below. Most patterns have corresponding polar opposites. For example, trust patterns may be played out as not trusting anyone at all, or as trusting too easily. Incest survivors may exhibit characteristics of one pole or another, or may go back and forth. Not all survivors struggle with every possible pattern or experience the coping mechanisms with the same intensity. Developmental, personality, and cultural differences affect the emergence of the patterns and how they are acted out. Moreover, the presence of these patterns alone does not necessarily mean that someone was sexually abused as a child; many are common coping strategies for a range of traumatic experiences.

Difficulty with Trust

Incest survivors typically have issues with trust. When children are sexually abused, they experience an intense violation of basic trust that their environment is safe and that those in authority will care for them protect them. This can result in trust being a difficult issue in all types of future relationships. Just as the inability to trust is a common reaction, so is its polar opposite – trusting too easily, without paying attention to interpersonal warnings signs. Incest survivors who are in denial of the violation of trust perpetrated by their offenders may continue to trust untrustworthy people because they have learned to ignore their internal sense of personal danger. This may partly explain the high incidence of repeat victimization of incest survivors. Survivors may need to relearn how to make judgments about whom and when to trust. Survivors also must come to understand that developing trust is a process, and that their trust can be revoked at any time if it is betrayed.

Isolation

Incest survivors have been severely hurt by people close to them. For many, the lesson learned was, “closeness hurts.” In adulthood, these individuals may seek isolation as a way to feel safe. Survivors may also feel alone even when surrounded by friendly people. They often feel that the incest has changed them and made them different and separate from others. They may distance themselves because it is difficult to believe that anyone could understand their intense pain as a result of the incest. Support and therapy groups are often useful in breaking this sense of isolation. Many survivors are not aware that incest is as common as it is, and groups often result in survivors saying with relief, “It helps to know I’m not the only one this has ever happened to.”

Perfectionism, Over-Achievement

Incest often results in feelings of low self-esteem and a sense of being damaged. Survivors often struggle for perfection and high achievement, to prove their worth and goodness or to attempt to appear “normal.” They may also act on the false belief that if they are “good” enough the abuse will stop. The polar opposite of this pattern is self-sabotage. Sometimes survivors internalize the violence of incest in the form of self-hate that manifests through sabotaging their own success. Survivors may feel they have to prove their own “badness” to avoid facing the painful fact that someone hurt them

without reason. It often seems less threatening to blame oneself than to see the world as a place where violence occurs without cause. Healing on this issue involves repeatedly affirming self-worth and increasing self-love.

Compulsiveness, Inability to Rest

Incest survivors frequently have difficulty resting. They may engage in compulsive behaviors that distract them from memories and painful feelings. Compulsive behavior stems from fear of the feelings that arise when one stops the behavior. Substance addictions (drugs, alcohol, food, etc.) and process addictions (gambling, relationships, sex, etc.) are examples of compulsive behavior. Healing or contradicting such patterns requires addressing addictions, as well as setting aside planned rest time from allowing feelings to come through and become integrated into one's life.

Family Conflicts

Survivors often struggle with long-term conflict about how to handle family relationships, or they may feel tremendous loss and loneliness if they stop contact with their families of origin. Survivors need to resolve family issues and find a peaceful solution. If they continue contact with the families in which they were abused, they need to learn how to avoid being pulled onto dysfunctional family patterns that may be continuing. Survivors who end all family of origin relationships may find that it helps to create a new "chosen family."

Physical Dissociation

Physical dissociation means blocking awareness of the abuse and losing touch with one's own body. This may be a result of blocking physical sensations during the abuse. As adults, incest survivors may stay dissociated from their bodies to avoid *body memories*, meaning the physically imprinted memories of the abuse that they may feel when they focus more on their bodies. Therapeutic massage and bodywork, or breathing and movement exercises with a sensitive, trained practitioner may assist survivors in reclaiming their bodies.

Incest survivors also may share behavior patterns and healing issues with survivors of other types of sexual assault. These can include:

- Difficulty Accepting Pleasure in Life
 - Power Issues-Fear of one's own and of others' power
 - Shame
 - Depression, Suicidal Inclinations
 - Dissociation and Numbness
 - Flashbacks and Intrusive Memories
 - Substance Abuse Problems
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The following list may be a helpful resource for callers/clients who suspect they may have been incested, or for callers who suspect that their partner is an incest survivor.

“Post-incest Syndrome” in Women

The Incest Survivors’ Aftereffects Checklist

(by E. Sue Blume, C.S.W., 1990, courtesy of WINGS Foundation)

- Fear of being alone in the dark, of sleeping alone; nightmares, night terrors (especially of pursuit, threat, entrapment).
- Swallowing and gagging sensitivity; repugnance to water on face when bathing or swimming (suffocation feelings).
- Alienation from body-not at home in own body; failure to heed signals of body or take care of it; poor body image; avoiding physical attention.
- Gastrointestinal problems; GYN disorders; headaches; arthritis.
- Wearing a lot of clothing, even in summer; baggy clothes; failure to remove clothing even when appropriate to do so; extreme privacy.
- Eating disorders, drug/alcohol abuse (or total abstinence); other addictions; compulsive behaviors.
- Skin carving, self-abuse (physical pain is manageable); self-destruction.
- Phobias
- Need to be invisible, perfect, or perfectly bad.
- Suicidal thoughts, attempts, obsession, including “passive suicide.”
- Depression (sometimes paralyzing); seemingly baseless crying.
- Anger issues: inability to recognize, own or express anger; fear of actual or imagined rage; constant anger; intense hostility toward entire gender or ethnic group of the perpetrator.
- Splitting (depersonalization); going into shock, shutdown in crisis; stressful situation is always a crisis; psychic numbing.
- Rigid control of thought process; humorless or extreme solemnity.
- Childhood hiding, hanging on, cowering in corners (security seeking behaviors); adult nervousness over being watched or surprised.
- Trust issues: inability to trust; too total trust; trusting indiscriminately.
- High risk taking (“daring the fates”); inability to take risks.
- Boundary issues; control, power, territoriality issues; fear of losing control; obsessive/compulsive behaviors (attempt to control)
- Guilt/shame/low self-esteem/feeling worthless
- Pattern of being a victim, especially sexually; no sense of own power or right to set limits or say “no”; pattern of relationships with much older persons.
- Feeling demand to “produce and be loved”; instinctively anticipating others; wants.
- Abandonment issues.
- Blocking out some period of early years (especially 1-12) or a specific person or place
- Limited tolerance for happiness; active withdrawal from/reluctance to trust happiness.

Some Common Sexual Issues of Incest Survivors

- Sex feels “dirty”; aversion to being touched; strong aversion to (or need for) certain sexual acts
- Feeling betrayed by one’s body; trouble integrating sexuality and emotionality
- Confusion or overlapping of affection/sex/dominance/aggression/violence
- Having to pursue power in sexual arena which is actually sexually acting out
- Abuse of others (esp. men)
- Compulsively seductive or compulsively asexual
- Must be sexual aggressor, or cannot be; impersonal, “promiscuous” sex with strangers concurrent with inability to have sex in intimate relationship (conflict between sex and caring)
- Prostitute stripper, sex symbol, porn actress
- Sexual “acting out” to meet anger or revenge needs
- “sexaholism”
- Avoidance, shut down, crying after orgasm
- All pursuit feels like violation
- Sexualizing all meaningful relationships
- Erotic response to abuse or anger
- Sexual fantasies of dominance/real rape (results in guilt and confusion)

Resources for Patterns of Survivors

Laura Davis, *Allies in Healing: When the Person You Love Was Sexually Abuse as a Child.*

Clark E. Barshinger, *Haunted Marriage: Overcoming the Ghosts of Your Spouse’s Childhood Abuse.*

Ken Graber, *ghosts in the Bedroom: A Guide for Partners of Incest survivors*, 1991.

Paul Hansen, *Survivors and Partners: Healing the Relationships of Sexual Abuse Survivors*, 1991.