

Responding to child sexual abuse



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If you have questions or need this document in a different format, please contact your local DHS office.

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to
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Responding to child sexual abuse



Overview

Child sexual abuse is a problem with serious consequences, both nationally and in the state of Oregon. With the help of caring parents, teachers and others, the tragic consequences of sexual victimization can be addressed.

This brochure is designed to serve as a guideline for understanding the problem of child sexual abuse and for understanding the Child Abuse Reporting Law.

Child sexual abuse

Since sexual curiosity and various kinds of sex play are normal in childhood, it is important to understand what is meant by the term child sexual abuse.

Child sexual abuse includes a person's use or attempted use of a child for the person's own sexual gratification, the sexual gratification of another person, or the sexual gratification of the child. Sexual abuse includes incest, rape, sodomy, sexual penetration, fondling, voyeurism, and sexual exploitation.

Sexual exploitation is the use of a child in a sexually explicit way for personal gain, for example, to make money, in exchange for food stamps or drugs, to gain status, or to use children in prostitution or to create pornography.

Incest is one of the more common forms of child sexual abuse. And, according to law, sexual relations between adults and children, even in cases in which the child does not protest, are absolutely forbidden.

What we fear	What is more likely to happen
Assault by a stranger	76.4 percent of offenders have a familial relationship to the child
Impulsive, isolated act	Repetitive and planned gradually over a period of time
Brutal attack	Subtle, non-physical force and threat

Victims

The facts of child sexual abuse are startling:

- In 2003, 1,111 children were identified as victims of sexual abuse in Oregon.
- Although young females are the most common victims (81.5 percent) of reported sexual abuse cases in Oregon in 2003, 18.5 percent of reported sexual abuse cases were young males. Forty-four percent of the victims were nine years of age or younger.
- Of all maltreatment experienced by victims of child abuse/neglect, 9.4 percent involved sexual abuse in 2003. Familial perpetrators (including extended family) accounted for 76.4 percent of all sexual abuse cases.

Ways kids tell someone they need help

Victims are often afraid to tell —

For fear that they will be blamed:

“When I told my mother, she screamed and said ‘What are you trying to do to me?’”

An indirect or direct threat has been made to the child:

“He was too much bigger to me, so I didn’t say nothing. He said, ‘Don’t tell.’”

“He said if I didn’t do it he’d do it to my sister.”

Sometimes children try to tell adults by indirect questions or statements:

“How would we live if you divorced Daddy?”

Young children often don’t have the vocabulary to describe sexual activities:

“Mr. Smith tickles me funny. I don’t like it.”

Indicators

Symptoms of sexual abuse often can be misinterpreted or dismissed as signs of an uncooperative or rebellious child. Even though no one thing can let you know for sure that a child is being sexually abused, there are some things you can be alert to.

Signals

- Physical symptoms — Pain, itching, bleeding in the genital area. Clothing is torn or stained.
- Abrupt changes in behavior — Including depression, excessive crying, academic difficulties, irregular school attendance, irritability, physical complaints, and sleeping problems.
- Withdrawal — Molested children (especially young children) may withdraw into fantasy worlds or exhibit infantile behavior. Sometimes these children give the impression of being developmentally delayed when, in fact, they are not.
- Delinquency or aggression — Molested children (especially pre-teen) often act out anger and hostility created by the sexual assault.
- Sexual promiscuity — The sexually molested girl or boy may be sexually promiscuous, and their behavior may become very apparent, not only to the school, but to the entire neighborhood.
- Poor peer relationships — The trauma of incest often results in a poor self-image and overshadows the victim’s whole existence. Molested children may not have the social skills or are too distressed to form peer relationships, or may isolate themselves from friends and classmates.

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In addition, the adult offender frequently has a vested interest in having them isolated.

- Extremely protective parenting — The offending parent is afraid that the child will tell, but they are even more afraid of losing the child to others and, therefore, become exceedingly jealous of the child's social life.
- Avoidance of physical activity — Young children who have been highly sexually stimulated or have been forced to have sexual intercourse with an adult may find it painful to sit in a chair in school or to play games which require a good deal of movement.
- Running away from home — Teenagers who have been molested sometimes resort to escape and run away from home. Runaway teenagers have often been sexually abused.
- Drug/alcohol abuse — Teenagers who have been molested may resort to escape through the use of alcohol and drugs.
- Indirect allusions to problems at home — A molested child may confide in a special friend or teacher. These confidences may not take the form of direct information, but may involve such statements as "I am afraid to go home tonight" or "I want to come live with you."

Resolution

How can I help a child who has been assaulted?

A child who reveals that she/he has been sexually molested is usually fearful of the consequences of this disclosure. It is very important that, as a trusted adult, you:

- Tell the child that you believe him/her.
- Tell the child that you are sorry about what has happened.
- Reassure the child that it was not his/her fault and he/she is not to blame, regardless of what anyone may have said.
- Tell the child that you are glad he/she told.

If you are the parent of a victim you may feel many conflicting emotions

(rage, guilt, helplessness). As the person to whom your child will look for support, it is important that both you and your child, as well as other family members, utilize specialized services to help resolve the issues of victimization. Educational information, support groups, and professional counseling are often available at no or minimal cost through local offices of the Department of Human Services, mental health, and non-profit agencies.

The offender

While most reported cases involve a male offender (87.6 percent in 2003), the perpetrator may be either male or female. The offender may be professionally successful and socially prominent or a person with a low income or a limited education.

Many offenders work in professions or volunteer where many children are present. Sexual abuse knows no class or ethnic boundaries. The offender may appear to be perfectly normal to those who know him/her.

The offender is frequently a family member: parent, stepparent, older sibling, uncle, aunt, cousin or grandparent. Or, the offender may be a person dating a parent of the child, a neighbor or family friend, or a stranger.

In Oregon in 2003, 76.4 percent of reported offenders were relatives. The remaining 23.6 percent were third-party offenders.

In “Issues in the Evaluation of the Sex Offender” (1982), Dr. I. Driblatt describes some of the problems of the male sex abuser, and concerns of the practitioners who serve this group:

- There is no known way to identify sex abusers in an open population.
- Following apprehension, a “suppression effect” occurs during which time the offending behavior is less likely to occur. However, this is transitory and not a substantial change in behavior.
- Sexual abuse of children should be viewed as a highly habitual preference, much like alcohol abuse. There is no cure, but instead a relative mastery of a serious behavioral problem.
- Not all abusers can be helped. Treatment is usually a complex and lengthy procedure. A majority can be treated in the community, if they receive the required specialized treatment.

Reporting requirements

Who must report?

According to Oregon law:

“Any public or private official having reasonable cause to believe that any child with whom the official comes into contact has suffered abuse or that any person with whom the official comes in contact has abused a child shall immediately report or cause a report to be made.”

Who is a public or private official?

A public or private official includes:

- Physician, including an intern or resident.
- Dentist.
- School employee.
- Licensed practical or registered nurse.
- Employee of the Department of Human Services, State Commission on Children and Families, Child Care Division of the Employment Department, the Oregon Youth Authority, county health department, community mental health and developmental disabilities program, county juvenile department, a licensed child-caring agency, or an alcohol and drug treatment program.
- Peace officer.
- Psychologist.
- Member of the clergy.
- Licensed Clinical Social Worker.
- Optometrist.
- Chiropractor.
- Certified provider of day care or foster care, or an employee thereof.
- Attorney.

- Naturopathic physician.
- Licensed professional counselor.
- Licensed marriage and family therapist.
- Firefighters and emergency medical technicians.
- A court appointed special advocate as defined in ORS 412A.004.
- A child care provider registered or certified under ORS 657A.030 and 657A.250 to 657A.450
- Member of the Legislative Assembly

A psychiatrist, psychologist, clergy or attorney is not required to report information communicated by an adult if the communication is privileged under ORS 40.225 to 40.295.

How is a report made?

Public or private officials who are required by law to report suspected child abuse must make an oral report by telephone, or otherwise, to a local law enforcement agency or the local office of the Department of Human Services (DHS).

A citizen, parent or relative who wishes to report suspected child abuse can contact DHS or a law enforcement agency, including the city police, county sheriff or the state police, or the county juvenile department.

Confidentiality and immunity

A citizen or public or private official who reports suspected child abuse can have a substantial degree of anonymity until, or unless the case becomes the subject of court action. If court action occurs, the person who reported may be required to testify, or the court may disclose the person's name.

Anyone who in good faith reports suspected child abuse, and who has reasonable grounds for making the report, is immune from any liability, civil or criminal.

What happens when suspected child abuse is reported?

In any case where suspected child abuse is reported, DHS will begin an assessment process by contacting the parents, the child, other family members and relatives, neighbors and school officials, and any other person who might be knowledgeable about the family. DHS must notify the appropriate law enforcement agency when it receives a complaint of suspected child abuse.

In some cases, the assessment/investigation is conducted entirely by DHS, in others primarily by a law enforcement agency, and in some there is a joint investigation by law enforcement and DHS. Some child abuse cases are referred by law enforcement to the local District Attorney for investigation and possible criminal prosecution.

If the complaint indicates that the child may be in imminent danger of further abuse, an investigation by DHS and/or the law enforcement agency must be made immediately. If the child is found to be in imminent danger, the child can immediately be removed from the home and temporarily placed in a safe environment.

When the child is removed from the home because of imminent danger, the juvenile court must be notified both to determine a safe place for the child, whether in the home or elsewhere, and to give DHS legal authority to continue with planning and/or placement.

In cases of verified abuse where the child remains in the home, DHS will determine what social services the family needs. The child may be placed in foster care, in a relative's care or receive other appropriate placement when it is determined that his/her physical or emotional well-being cannot be protected in the home.

False reports

Research and experience have shown that children very rarely lie about the graphic details of a sexual act they have not experienced. It is unlikely that children can maintain a deceptive story under the stressful scrutiny of parents, child protective service workers, law enforcement personnel and the criminal justice system.

At this time most child sexual abuse professionals agree that:

- The problem of false allegations of child sexual abuse is quite rare. Studies have consistently shown only 2–5 percent of children intentionally mislead investigators.
- When false allegations do occur, they appear most often to be the result of an adult's actions, not a child's.
- False allegations appear to occur most typically in cases involving very young children or in divorce or custody litigation.
- There is no evidence that many children willfully make false allegations or misinterpret appropriate adult-child contact as sexual abuse and subsequently make a false report.
- Unfounded allegations are not the same as false allegations. An unfounded allegation may have originated from a legitimate concern of an adult for a child's safety but upon completing an assessment no evidence was identified or disclosed.

Common myths and facts about sexual abuse

Myth: The “total stranger” represents the greatest potential threat to a child.

Fact: *76.5 percent of offenders are familial. More than a quarter, (26 percent), of sexual abuse offenders were the father or stepfather of the child victim.*

Myth: Sexual abuse is found in higher frequency in low socio-economic, uneducated, non-white populations.

Fact: *Incest happens in families from all classes, races, economic and social backgrounds. It happens in a cross-section of American families.*

Myth: If the abuse did not involve intercourse, there was no harm done.

Fact: *Generally, at the time of initial disclosure, a victim does not reveal the full extent of the abuse. Full disclosure is usually a slow and gradual process. In addition, the severity of the abuse is just one factor of many, influencing the effects of child sexual abuse. The relationship between offender/victim, age of victim, use of force, frequency of abuse, duration of abuse, number of offenders, number of problems exhibited by victim’s family, individual victim personality characteristics, are additional factors that need to be considered in assessing the possible effects of sexual victimization of any kind.*

Myth: The child victim of sexual misuse initiates the crime (directly or indirectly) by fantasizing, seducing, exaggerating, or enjoying such activity.

Fact: *Offenders tend to attribute sexual meaning to normal expressions of affection and attention. Incest is the adult’s responsibility, no matter who initiates the behavior.*

Myth: Children lie and fantasize about sexual relations with adults.

Fact: *Children speak from their own experiences. They cannot make up this information unless they have been exposed to it. Children may retract or change their statement if they feel the results of reporting are going to cause them more distress.*

Myth: Most sexually abused children want to, and will leave home to escape the abusive situation.

Fact: *Most children want to stay, but wish the abuse to stop. Many teenagers see no other alternative than to run away.*

Myth: Victims of sexual abuse are not harmed by the experience.

Fact: *Incest can cause problems such as:*

- *Development of a negative self-image;*
- *Difficulty in developing relationships which involve trust and sharing;*
- *Difficulty forming satisfying sexual relationships;*
- *Difficulty in expressing feelings openly;*
- *Development of behaviors such as truancy, runaway, prostitution, drug abuse, withdrawal and isolation;*
- *Physical pain and injury.*

Myth: Siblings of victims aren't harmed.

Fact: *Other children in the family often know about the abuse at some level. They share with the victim feelings of confusion, responsibility and shame. For their own survival they feel obligated to keep the offense a secret. In the aftermath of reporting, siblings also require help. Siblings are often victims as well.*

Myth: Mothers always know and/or give a form of approval for incestuous relationships within their own family.

Fact: *Mothers often do not know about incestuous relationships, although some mothers suspect and do not know what to do or feel powerless to act. Children sometimes attempt to protect their mother from this knowledge. There are all kinds of mothers and victims, just as there are all kinds of mothers in the general population.*

Myth: The offender is “sick.” He can’t control his impulses and is not responsible for his actions.

Fact: *Incest is a planned act. Most offenders know right from wrong and are choosing not to be responsible. Eighty-five to 90 percent of offenders test well within the normal range when psychologically tested. The offender exhibits self-centered and passively or aggressively controlling behavior. The offender’s task in treatment is to take total responsibility for the sexual abuse and develop responsible thinking and behavior in all relationships.*

Prevention information for parents — Talking to your child

Where do I start?

Most people talk to their children about sexual assault AFTER it has already happened. It's one of the dangers kids don't hear about BEFORE it happens.

Information about sexual assault could be part of every child's basic safety information. Just as rules and information about safety change as a child gets older (from a toddler not allowed near the street, to a first grader looking both ways), your child's understanding of sexual assault can change, growing with him/her.

When do I start?

You don't need to wait until your kids ask questions about sexual assault - they are unlikely to ask. You can begin discussions at home as early as you think your child might understand.

How do I start?

Children need a basic working vocabulary for all the body parts. We teach children names for elbows, knees and all the other parts of their body but frequently don't provide names for the genital, anal and breast areas. Lack of acceptable names indicates to children that it's not okay to talk about those parts of the body. Without names it is impossible to talk about sexual assault in the specific terms necessary to provide useful information. Developing a mutual vocabulary can be a beginning task for talking about sexual assault.

"When I was growing up, there was, for some reason, an aura of embarrassment about one's personal body parts. Now that I have a daughter, I enjoy opening up to her about body parts and functions."

Our hesitation about teaching our children about sexual abuse early often has more to do with our own discomfort than with the child's readiness. Sexual issues are awkward for many of us and the topic of sexual assault compounds the difficulty.

What Do I Say?

The idea of explaining what sexual assault *is* to a child, particularly a young one, may seem strange. But your preschooler is probably already aware of something like it. Most little kids have known the unfairness of someone using their size or their age to get their own way. They probably know what it is like to be bullied into giving up a favorite toy by an older child. You can start in those terms.

“Someone might try to touch your crotch when you don’t want them to, or someone might try to make you touch their crotch when you don’t want to.”

With a school-age child, you can begin by clearing up misinformation. You can talk about people that they know instead of strangers. You can talk about subtle kinds of force instead of extreme violence.

The older your child is, the more likely he/she is to have his/her own notions of what sexual assault is. They have probably taken to heart scary stories about strangers. Most kids, when asked to define the word rape, equate it with murder, torture, or bizarre things done by crazy people.

“A rapist is someone who steals you away from your house and takes you away and cuts you into tiny pieces.”

It is far less frightening for your child to know what is more likely to happen (having their genitals handled, having someone else expose his genitals) compared to what they imagine.



A Child's Rights

1. Right to loving, protecting, nurturing parents or caregivers and appropriate guidance and discipline.
2. Privacy of body.
3. Right to say "no" to touch that is uncomfortable for them.
4. The right to touch which is non-coercive, age-appropriate, nurturing and emotionally satisfying.

Sexual offenses and Oregon law

Oregon statutes define a variety of sexual offenses, and are generally found in ORS 163.355 to ORS 163.575.

The kinds of offenses defined by Oregon law include rape, sodomy, sexual abuse, contributing to the delinquency of a minor, sexual misconduct, accosting for deviate sexual purposes, public indecency and incest.

Incest is defined as engaging in sexual intercourse or deviate sexual intercourse with another person who is known to be related, either legitimately or illegitimately, as an ancestor, descendant or brother or sister by whole or half blood. Incest is a Class C felony.

Rape, sodomy and sexual abuse are generally felonies with the seriousness of the charge relating to the use of force, the age of the victim or the relationship of the victim to the perpetrator.

As a general rule, the victim of a sexual crime who is under the age of 18 is legally incapable of consenting to the act and the perpetrator can be charged with a sexual offense even if the victim verbally consented or the perpetrator is mistaken about the victim's age.

Resources

On the following pages are the phone numbers of local branches of the Department of Human Services. Reporting of suspected child abuse can be done through DHS or local law enforcement.

Each listed office can provide referrals for counseling and other services. Many communities in Oregon also have telephone hotlines which provide information and referral. You should consult your local telephone directory for these other numbers.

Recent legislation has amended the victim compensation law permitting payment for counseling to victims and non-offending family members in cases of child sexual abuse.

Family sexual abuse treatment programs

Treatment services are available to intra-family sexual abuse victims and their families. Any DHS office can provide additional information regarding treatment information.



Department of Human Services branch offices & phone numbers

Child welfare branch	Local number	Toll-free number
Baker	541-523-6423	800-646-5430
Benton	541-967-2060	
Child abuse hotline (Multnomah Co.)	503-731-3100	800-509-5439
Clackamas	503-657-2112	800-628-7876/800-657-6802
Clatsop	503-325-9179	800-643-4606
Columbia	503-397-3292	800-428-1546
Coos	541-756-5500 x250	800-500-2730/800-533-4180
Crook	541-447-6207	
Curry	541-247-4515	
Deschutes	541-388-6161	866-249-9263
Douglas	541-440-3373	800-305-2903
Gilliam/Wheeler	541-384-4252	
Grant	541-575-0728	877-877-5081
Harney	541-573-2086	877-877-5450
Hood River	541-386-2962	
Jackson	541-776-6120	
Jefferson	541-475-2292	
Josephine	541-474-3120	800-930-4364
Klamath	541-883-5570	
Lake	541-947-2273	888-811-4201
Lane	541-686-7555	866-300-2782
Lincoln	541-265-8557	800-305-2850
Linn	541-967-2060	800-358-2208
Malheur (Mountain time)	541-889-9194	800-445-4273
Marion	503-378-6704	800-854-3508
Morrow	541-481-9482	
Polk	503-623-8118 x266	
Tillamook	503-842-5571	877-317-9911
Umatilla/	541-276-9220	800-547-3897
Hermiston/Pendleton/Union	541-963-8571 x286	
Wallowa	541-426-4558	
Wasco/Sherman	541-298-5136	800-388-7787
Washington	503-648-8951	800-275-8952
Yamhill	503-472-4634	800-822-3903



Oregon Department of
Human Services
Children, Adults and Families
500 Summer Street N.E.
Salem, Oregon 97301