



Parenting a Child Who Has Been Sexually Abused: A Guide for Foster and Adoptive Parents



You may be a current or prospective foster or adoptive parent of a child with a known or suspected history of child sexual abuse. In some cases, you may not be certain that abuse has occurred, but you may have suspicions based on information you received or because of the child's behavior. You may feel confused, concerned, and unsure of the impact of prior child maltreatment, including sexual abuse.

What's Inside:

- Educating yourself
- Establishing family guidelines for safety and privacy
- Seeking help



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It is important to understand that the term *sexual abuse* describes a wide range of experiences. Many factors affect how children react to abusive or neglectful experiences and how they recover. Most children who have been abused **do not** go on to abuse others, and many go on to live happy, healthy, successful lives. As parents, you will play an important role in your child's recovery from childhood sexual abuse.¹

This factsheet discusses how you can help children in your care by educating yourself about child sexual abuse, establishing guidelines for safety and privacy in your family, and understanding when and how to seek help if you need it. Reading this factsheet alone will not guarantee that you will know what to do in every circumstance, but you can use it as a resource for some of the potential challenges and rewards that lay ahead.

Educating Yourself

One of the most useful actions that kinship caregivers and foster and adoptive parents can take is equipping themselves with information. Parents of children who may have been sexually abused can learn about the definitions of child sexual abuse, behaviors associated with prior sexual abuse, and how sexual abuse affects children's trust of others. With this information in hand, it will be easier to recognize possible behaviors

¹ Although the term "parents" is used throughout this factsheet, the information and strategies provided may be equally helpful for kinship care providers, guardians, and other caregivers.

associated with past abuse and avoid taking them personally or feeling alarmed or uncertain if your child exhibits uncommon sexual behaviors. Most importantly, you will feel capable of responding to these behaviors in sensitive and informed ways that help both you and your child.

What Is Child Sexual Abuse?

The National Child Traumatic Stress Network (NCTSN) defines child sexual abuse² as

"...any interaction between a child and an adult (or another child) in which the child is used for the sexual stimulation of the perpetrator or an observer. Sexual abuse can include both touching and nontouching behaviors. Touching behaviors may involve touching of the vagina, penis, breasts or buttocks, oral-genital contact, or sexual intercourse. Nontouching behaviors can include voyeurism (trying to look at a child's naked body), exhibitionism, or exposing the child to pornography. Abusers often do not use physical force but may use play, deception, threats, or other forms of coercion to engage children and maintain their silence. Abusers frequently employ persuasive and manipulative tactics to keep the child engaged. These tactics—referred to as 'grooming'—may include buying gifts or arranging special activities, which can further confuse the victim."

Child sexual abuse is defined in Federal law by the Child Abuse Prevention and Treatment Act (42 U.S.C. sec. 5106g(4)) as

² (2009). See http://www.nctsn.org/sites/default/files/assets/pdfs/ChildSexualAbuseFactSheetFINAL_10_2_07.pdf

“...the employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or assist any other person to engage in, any sexually explicit conduct or simulation of such conduct for the purpose of producing a visual depiction of such conduct; or the rape, and in cases of caretaker or inter-familial relationships, statutory rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children.”

Within this Federal guideline, each State is responsible for establishing its own legal definition of child sexual abuse. For more information, see the Identification of Child Sexual Abuse webpage on the Child Welfare Information Gateway website at https://www.childwelfare.gov/can/identifying/sex_abuse.cfm.

For legal definitions in each State, see Child Welfare Information Gateway's *Definitions of Child Abuse and Neglect*: https://www.childwelfare.gov/systemwide/laws_policies/statutes/define.cfm

Signs of Sexual Abuse

If you are parenting a child who has been removed from his or her family, you may not know for sure whether or not the child in your care has been sexually abused. Child welfare agencies usually share all **known** information about your child's history with you; however, there may be no prior record of abuse, and many children do not disclose past abuse until they feel safe. For this reason, kinship caregivers or foster or adoptive parents are sometimes the first to learn that sexual abuse has occurred. Even when there is no documentation of

prior abuse, you may suspect something happened because of your child's behavior.

There are no hard and fast rules about what constitutes normal sexual development and what behaviors might signal sexual abuse. Children show a range of sexual behaviors and sexual curiosity at each developmental level, and their curiosity, interest, and experimentation may occur gradually, based on their development. (See table on the following page.) However, children who have been sexually abused may demonstrate behaviors that are unusual, excessive, aggressive, or explicit. There is no one specific sign or behavior that can be considered proof that sexual abuse has definitively occurred, but there are a number of signs that are suggestive of abuse. The following signs or symptoms may suggest the possibility of child sexual abuse:

- Explicit sexual knowledge beyond the child's developmental stage
- Sexual preoccupation indicated by language, drawings, or behaviors
- Inserting toys or other objects in genital openings
- Sexual behaviors with other children that seem unusual, aggressive, or unresponsive to limits or redirection
- Excessive masturbation, sometimes in public, not responsive to redirection or limits
- Pain, itching, redness, or bleeding in the genital areas
- Nightmares, trouble sleeping, or fear of the dark

- Sudden or extreme mood swings: rage, fear, anger, excessive crying, or withdrawal
- “Spacing out” or appearing to be in trance
- Loss of appetite, or difficulty eating or swallowing
- Cutting, burning, or other self-mutilating behaviors
- Unexplained avoidance of certain people, places, or activities
- An older child behaving like a much younger child: wetting the bed or sucking a thumb, for example
- Talking about a new, older friend
- Suddenly having money

This list of signs and symptoms is simply that: red flags designed to alert you to the fact that the child’s behaviors may reflect an underlying problem. There are other possible explanations for some of these signs, and they need to be evaluated by a trained professional who specializes in child sexual abuse. The following organizations offer more information about behavioral signs of sexual abuse on their websites:

- Stop It Now!
http://www.stopitnow.org/warning_signs_child_behavior
- The National Child Traumatic Stress Network:
http://www.nctsnet.org/sites/default/files/assets/pdfs/ChildSexualAbuseFactSheet_FINAL_10_2_07.pdf
- Mayo Clinic:
<http://www.mayoclinic.com/>

[health/child-abuse/DS01099/DSECTION=symptoms](http://www.mayoclinic.com/health/child-abuse/DS01099/DSECTION=symptoms)

- American Academy of Child and Adolescent Psychiatry:
http://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/Facts_for_Families_Pages/Child_Sexual_Abuse_09.aspx

Healthy Sexual Development in Children

Children’s sexual interest, curiosity, and behaviors develop gradually over time and may be influenced by many factors, including what children see and experience and the guidance they receive from parents and caretakers. The presence of sexual behavior is not in and of itself a conclusive sign that abuse has occurred. The table on the next page lists some of the sexual behaviors common among children of different age groups, as well as some behaviors that might be considered less common or unhealthy:³

³ The list is adapted from the Stop It Now! publication *Prevent Child Sexual Abuse: Facts About Those Who Might Commit It* (2005) available at http://www.stopitnow.org/files/Prevent_Child_Sexual_Abuse.pdf. Additional information was provided by Eliana Gil, Ph.D., RPT-S, ATR, specialist, trainer, and consultant in working with children who have been abused and their families. See <http://www.elianagil.com>.

Preschool (0 to 5 years)	
<p>Common:</p> <ul style="list-style-type: none"> • Sexual language relating to differences in body parts, bathroom talk, pregnancy, and birth • Self-fondling at home and in public • Showing and looking at private body parts 	<p>Uncommon:</p> <ul style="list-style-type: none"> • Discussion of sexual acts • Sexual contact experiences with other children • Masturbation unresponsive to redirection or limits • Inserting objects in genital openings
School Age (6 to 12 years)	
<p>Common:</p> <ul style="list-style-type: none"> • Questions about menstruation, pregnancy, sexual behavior • “Experimenting” with same-age children, including kissing, fondling, exhibitionism, and role-playing • Masturbation at home or other private places 	<p>Uncommon:</p> <ul style="list-style-type: none"> • Discussion of explicit sexual acts • Asking adults or peers to participate in explicit sexual acts • Masturbating in public or excessively to bleeding
Adolescence (13 to 16 years)	
<p>Common:</p> <ul style="list-style-type: none"> • Questions about decision-making, social relationships, and sexual customs • Masturbation in private • Experimenting between adolescents of the same age, including open-mouth kissing, fondling, and body rubbing • Voyeuristic behaviors • Sexual intercourse (more than half of 11th graders⁴) • Oral sex (approximately one-third of 15-17 year olds⁵) 	<p>Uncommon:</p> <ul style="list-style-type: none"> • Sexual interest in much younger children • Aggression in touching others’ genitals • Asking adults to participate in explicit sexual acts • The use of force, aggression, or drugs to obtain compliance

For a more complete list, or if you have any questions or concerns about your child’s sexual behaviors, call the Stop It Now! toll-free helpline at 1.888.PREVENT (1.888.773.8368).

⁴ According to a 2011 poll by the Centers for Disease Control and Prevention (CDC) at <http://apps.nccd.cdc.gov/youthonline/App/QuestionsOrLocations.aspx?CategoryId=4>

⁵ According to a 2012 CDC report at <http://www.cdc.gov/nchs/data/nhsr/nhsr056.pdf>

Factors Affecting the Impact of Sexual Abuse

If a professional has determined that a child in your care has been a victim of sexual abuse, or if you continue to suspect that the child in your care has been abused, it is important to understand how abusive experiences may affect children's behavior.

All children who have been sexually abused have had their physical and emotional boundaries violated or crossed in some way. Because of this, children may feel a lack of trust and safety with others. Children who have been abused may come to view the world as unsafe, and adults as manipulative and untrustworthy. As with other types of abuse or trauma, many factors influence how children think and feel about the abuse, how the abuse affects them, and how their recovery progresses. Some factors that can affect the impact of abuse or trauma include:

- The relationship of the abuser to the child and how much the abuse caused a betrayal of trust within an important interpersonal relationship
- How long the abuse occurred (chronicity)
- Whether the sexual abuse was extensive and there was penetration of some kind
- The age of the child (younger children are more vulnerable and less capable of facing these challenges alone)
- The abuser's use of "friendliness" or seduction and efforts to make the child a compliant participant

- The abuser's use of threats of harm or violence, including threats to pets, siblings, or parents
- The abuser's use of secrecy and threats to do harm or withdraw love and affection
- Gender of the abuser being the same as or different from the child (some children are less likely to report sexual activity with same gender after the fact, and those observing or assessing for abuse may have a stronger reaction to same-sex abuse than to abuse that is male-female)
- The child's emotional and social development at the time of the abuse
- The child's ability to cope with his or her emotional and physical responses to the abuse (for example, fear and arousal)
- How much responsibility the child feels for the abuse (and, for example, not telling right away, not stopping it somehow, etc.)

It is very important for children to understand that they are not to blame for the abuse they experienced. Your family's immediate response to learning about the sexual abuse and ongoing acceptance of what the child has told you will play a critical role in your child's ability to recover and lead a healthy life. (See the last section of this factsheet, Seeking Help, for more information about healing from abuse.)

Some parents may feel grave concern when children act out sexually with peers or younger children and may question why a child who has been abused, and suffered from that experience, could repeat it with someone else. Children who have experienced sexual abuse need an

opportunity to process their own abuse in therapy or with a trusted trained adult to understand their thoughts and feelings and to have a chance to ask questions and achieve some kind of closure. Acting-out behaviors usually indicate that some traumatic impact of their abuse is still active and signals a need for additional attention. Responding in calm, informed ways while seeking appropriate professional help for children whose acting out persists will be important to resolving children's sexual behavior problems. The most important lesson is learning not to over- or under-respond to problem situations and finding just the right balance of guidance and empathic care.

If your child has a history of prior abuse, it's important to know that he or she may be vulnerable to acting out victim or victimizing behaviors. Some children may be more likely to be bullied or exploited, and others may be angry and aggressive towards others. You may need to pay special attention to protecting some children while setting firm limits on others. In addition, some children act out when memories of their own abuse are triggered. Triggers can happen unexpectedly, for example, by seeing someone who looks like the abuser or in a situation such as being alone in a public restroom, or by a variety of circumstances that occur in daily life. Other triggers might include the scent of a particular cologne or shampoo or the texture of a particular piece of clothing or blanket.

In addition, there are cultural differences among children with regard to their comfort level with physical proximity, physical affection, bathing and nudity practices, hygiene, and other factors that can lead to

problem situations. There are many cultures in which parents never discuss sexuality directly with their children, or in which any type of sexual activity (for example, children touching themselves) can be viewed as unacceptable or punishable. Children may thus carry shame and guilt about their bodies.

Establishing Family Guidelines for Safety and Privacy

There are things you can do to help ensure that any child visiting or living in your home experiences a structured, safe, and nurturing environment. Some children who have been sexually abused may have a heightened sensitivity to certain situations. Making your home a comfortable place for children who have been sexually abused can mean changing some habits or patterns of family life. Incorporating some of these guidelines may also help reduce foster or adoptive parents' vulnerability to abuse allegations by children living with them. Consider whether the following tips may be helpful in your family's situation:

- **Make sure every family member's comfort level with touching, hugging, and kissing is respected.** Do not force touching on children who seem uncomfortable being touched. Encourage children to respect the comfort and privacy of others.
- **Be cautious with playful touch, such as play fighting and tickling.** These may be uncomfortable or scary

reminders of sexual abuse to some children.

- **Help children learn the importance of privacy.** Remind children to knock before entering bathrooms and bedrooms, and encourage children to dress and bathe themselves if they are able. Teach children about privacy and respect by modeling this behavior and talking about it openly.
- **Keep adult sexuality private.** Teenage siblings may need reminders about what is permitted in your home when boyfriends and girlfriends are present. Adult caretakers will also need to pay special attention to intimacy and sexuality when young children with a history of sexual abuse are underfoot.
- **Be aware of and limit sexual messages received through the media.** Children who have experienced sexual abuse can find sexual content overstimulating or disturbing. It may be helpful to monitor music and music videos, as well as television programs, video games, and movies containing nudity, sexual activity, or sexual language. Limit access to grownup magazines and monitor children's Internet use. In addition, limit violent graphic or moving images in TV or video games.
- **Supervise and monitor children's play.** If you know that your child has a history of sexual abuse, it will be important to supervise and monitor his or her play with siblings or other children in your home. This means having children play within your view and not allowing long periods of time when children are unsupervised. Children may

have learned about sexual abuse from others and may look for times to explore these activities with other children if left unsupervised. It will be important for parents and caretakers to be cautious but avoid feeling paranoid.

- **Prepare and develop comfort with language about sexual boundaries.** It will be important for you to be proactive in developing and practicing responses to children who exhibit sexual behavior problems. Many parents feel uncomfortable addressing the subject so they ignore or avoid direct discussions. For example, some parents are able to say, "Your private parts belong to you, and it's okay to touch them in private." Some parents hesitate to give this kind of permission, believing it's sinful behavior. In those cases, you might want to deliver different messages. When children have been abused, you can say, "Just like it was not okay for so-and-so to touch your private parts, it's not okay for you to touch other people's private parts." You might also give clear directives, "We don't use that language in this house," if it's offensive, or "I'd like you to use different words so that we can really hear what you're saying." Because there are so many differences in the messages parents want to convey to their children, it is useful to prepare ahead and be proactive.

If your child has touching problems (or any sexually aggressive behaviors), you may need to take additional steps to help ensure safety for your child as well as his or her peers. Consider how these tips may apply to your own situation:

- **With friends.** If your child has known issues with touching other children, you will need to ensure supervision when he or she is playing with friends, whether at your home or theirs. Sleepovers may not be a good idea when children have touching problems.
- **At school.** You may wish to inform your child's school of any inappropriate sexual behavior, to ensure an appropriate level of supervision. Often this information can be kept confidential by a school counselor or other personnel.
- **In the community.** Supervision becomes critical any time children with sexual behavior problems are with groups of children, for example, at day camp or afterschool programs.

Keep the lines of communication open, so children feel more comfortable turning to you with problems and talking with you about **anything**—not just sexual abuse. Remember, however, that sexual abuse is difficult for most children to disclose even to a trusted adult and that, ordinarily, children do not volunteer information about their sexual development.

For more information about developing a safety plan for your family, see:

Create a Family Safety Plan

Stop It Now!

http://www.stopitnow.org/family_safety_plan

Seeking Help

Responding to the needs of a child who has been sexually abused may involve the whole family and will likely have an impact on all family relationships. Mental health professionals (for example, counselors, therapists, or social workers) can help you and your family cope with reactions, thoughts, and feelings about the abuse. It is important to seek a behavioral health professional with a background in child development, child trauma, and sexual abuse. Before agreeing to work with a particular provider, ask questions about the person's background, experience, and approach to treating children. (There is growing evidence for certain types of interventions; see page 12 for more information.)

Impact of Sexual Abuse on the Family

Being a kinship caregiver or a foster or adoptive parent to a child who has experienced sexual abuse can be stressful to marriages and relationships. Parenting in these situations may require some couples to be more open with each other and their children about sexuality in general and sexual problems specifically. If one parent is more involved in addressing the issue than another, the imbalance can create difficulties in the parental relationship. A couple's sexual relationship can also be affected, if sex begins to feel like a troubled area of the family's life. If and when these

problems emerge, it is often helpful to get professional advice.⁶

In addition, if one parent was more in favor of adopting, and the other parent merely complied, general stress can be added to the couple when children have a range of problem behaviors that require attention. Some parents develop resentful and angry or withdrawn feelings toward foster or adoptive children who take up a lot of time and energy (for example, children who need extra monitoring and supervision or transport to weekly therapy appointments).

Parents can also feel stress because the child's siblings (birth, foster, or adoptive) may be exposed to new or focused attention on sexuality that can be challenging for them. If one child is acting out sexually, you may need to talk with siblings about what they see, think, and feel, as well as how to respond. Children may also need to be coached on what (and how much) to say about their sibling's problems to their friends. If your children see that you are actively managing the problem, they will feel more secure and will worry less.

When one child has been sexually abused, parents often become very protective of their other children. It is important to find a balance between reasonable worry and overprotectiveness. Useful strategies to prevent further abuse may include teaching children to stand up for themselves, talking with them about being in charge of their bodies, and fostering open communication with your children.

⁶ For more information about sustaining a healthy marriage, visit the National Healthy Marriage Resource Center website: <http://www.healthymarriageinfo.org/index.aspx>

Counseling for Parents and Children

Talking with a mental health professional who specializes in child sexual abuse as soon as problems arise can help parents determine if their children's behavior is cause for concern. Specialists can also provide parents with guidance in responding to their children's difficulties and offer suggestions for how to talk with their children. A mental health professional may suggest special areas of attention in family life and offer specific suggestions for creating structured, safe, and nurturing environments.

To help a child who has been abused, many mental health professionals will begin with a thorough assessment to explore how the child functions in all areas of life. The specialist will want to know about:

- Past stressors (e.g., history of abuse, frequent moves, and other losses)
- Current stressors (e.g., a medical problem or learning disability)
- Emotional state (e.g., Is the child usually happy or anxious?)
- Coping strategies (e.g., Does the child withdraw or act out when angry or sad?)
- The child's friendships
- The child's strengths (e.g., Is the child creative, athletic, organized?)
- The child's communication skills
- The child's attachments to adults in his or her life
- How the child spends his or her time and how much time he or she spends with TV, Internet, video games, etc.

After a thorough assessment, the mental health professional will decide if the child and family could benefit from therapy. Not all children who have been abused require therapy. For those who do, the mental health professional will develop a plan tailored to the child and to the family's strengths and needs. This plan may include one or more of the following types of therapy:

- **Individual therapy.** The frequency and duration of therapy can vary tremendously. The style of therapy will depend on the child's age and the therapist's training. Some therapists use creative techniques (for example, art, play, and music therapy) to help children who are uncomfortable talking about their experiences. Other therapists use traditional talk therapy or a combination of approaches. All types of individual therapy that are evidence-based also include a component for family or parent engagement.
- **Group therapy.** Meeting in groups with other children who have been sexually abused or who have developed sexual behavior problems can help children understand themselves; feel less alone (by interacting with others who have had similar experiences); and learn new skills through role plays, discussion, games, and play. Group therapy for parents can also be extremely beneficial.
- **Family therapy.** Many therapists will see children and parents together to support positive parent-child communication and to guide parents in learning new skills that will help

their children feel better and behave appropriately.

Whether or not family therapy is advised, it is vital for parents to stay involved in their child's therapy or other kinds of treatment. Skilled mental health professionals will always seek to involve the parents by asking for and sharing information.

There are several evidence-based programs that have been found useful for treating children who have been sexually abused and their families. The California Evidence-Based Clearinghouse for Child Welfare lists programs for the treatment of problem sexual behaviors in adolescents (<http://www.cebc4cw.org/topic/sexual-behavior-problems-in-adolescents-treatment-of/>) and in children (<http://www.cebc4cw.org/topic/sexual-behavior-problems-in-children-treatment-of/>). Most mental health professionals stay up-to-date on recent evidence-based and practice-informed trends in mental health. The National Child Traumatic Stress Network includes information about trauma-informed treatment for sexual abuse on its website (<http://www.nctsn.org/trauma-types/sexual-abuse#q3>). The Child Trauma Academy suggests that interventions for trauma and abuse be delivered in a "neurosequential" order and be responsive to children's current functioning and problem history.⁷

Your Child Welfare Agency

If you are a kinship caregiver or foster parent, or if you are seeking to adopt a child, you may wish to talk with your social worker about what you discover about

⁷ For more information on the neurosequential model of therapy, see <http://childtrauma.org/nmt-model>.

your child's history and any behaviors that worry you. Sharing your concerns will help your social worker help you and your family. If your child exhibits problem sexual behaviors toward other children, be aware that you may also be required to report these to child protective services in order to comply with mandated reporting laws in your jurisdiction.⁸

Many adoptive parents also call their local child welfare agency to seek advice if their child shows troubling behaviors. Child welfare workers are often good sources of information, can offer advice, and are familiar with community resources. Adoption agencies may also be able to provide additional postadoption services or support to adoptive parents who find out about their child's history of sexual abuse after the adoption is finalized. For more information about postadoption services, see the Child Welfare Information Gateway web section: https://www.childwelfare.gov/adoption/adopt_parenting/

What to Look for in a Mental Health Professional

Finding a knowledgeable and experienced mental health professional is key to getting the help your family needs. Some communities have special programs for treating children who have been sexually abused, such as child protection teams and child advocacy centers. You may also find qualified specialists in your community through the organizations noted below.

⁸ See Child Welfare Information Gateway's *Mandatory Reporters of Child Abuse and Neglect* at https://www.childwelfare.gov/systemwide/laws_policies/statutes/manda.cfm.

- Child advocacy centers (see <http://www.nationalcac.org/locator.html>)
- Rape crisis or sexual assault centers
- Local psychological or psychiatric association referral services
- Child abuse hotlines (See Information Gateway's *Child Abuse Reporting Numbers*: https://www.childwelfare.gov/pubs/reslist/rl_dsp.cfm?rs_id=5&rate_chno=11-11172)
- Information Gateway's *Selecting and Working With a Therapist Skilled in Adoption* at https://www.childwelfare.gov/pubs/f_therapist.cfm
- Child protective services (CPS) agencies
- The National Child Traumatic Stress Network maintains a list of its members that specialize in research and/ or treatment at <http://www.nctsn.org/about-us/network-members>
- Nonprofit service providers serving families of missing or exploited children
- University departments of social work, psychology, or psychiatry
- Crime victim assistance programs in the law enforcement agency or in the prosecutor's or district attorney's office
- Group private practices with a specialization in trauma services
- Family court services, including court-appointed special advocate (CASA) groups or guardians *ad litem*
- American Academy of Child & Adolescent Psychiatry at http://www.aacap.org/cs/root/child_and_adolescent_psychiatrist_finder/child_and_adolescent_psychiatrist_finder

- American Psychological Association at <http://locator.apa.org/>

Therapy for children who have been sexually abused is specialized work. When selecting a mental health professional, look for the following:

- An advanced degree in a recognized mental health specialty such as psychiatry (M.D.), psychology (Ph.D. or Psy.D.), social work (M.S.W.), counseling (L.P.C.), Marriage and Family Therapy (M.F.T.), or psychiatric nursing (R.N.)
- Licensure to practice as a mental health professional in your State (Some mental health services are provided by students under the supervision of licensed professionals.)
- Special training in child sexual abuse, including the dynamics of abuse, how it affects children and adults, and the use of goal-oriented treatment plans
- Knowledge about the legal issues involved in child sexual abuse, especially the laws about reporting child sexual victimization, procedures used by law enforcement and protective services, evidence collection, and expert testimony in your State
- A willingness to work in a coordinated fashion with other professionals involved in your family's care

Conclusion

Many people want to help children who have been sexually abused, but they often struggle with feelings of confusion, concern, anger, and disgust as they learn more about the abuse. You may need help in order to resolve these struggles and to move toward acceptance of your child's background.

If you were (or suspect you may have been) sexually abused as a child, dealing with your own child's difficulties may be particularly challenging, and reading this factsheet may have brought up difficult thoughts and feelings.⁹ Your courage in facing these issues and tackling a personally difficult and painful subject can actually be helpful to your children by demonstrating to them that sexual abuse experiences can be managed and overcome.

Creating a structured, safe, and nurturing home is the greatest gift that you can give to all of your children. Seek help when you need it, share your successes with your social worker, and remember that a healthy relationship with your children allows them to begin and advance the recovery process. It is in the context of your parent-child relationship that your child learns trust and respect, two important building blocks of your children's safety and well-being.

⁹ A list of resource organizations for adults who were abused as children is available on the Child Welfare Information Gateway website: https://www.childwelfare.gov/pubs/reslist/rl_dsp.cfm?subjID=41&rate_chno=11-11136.

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