

# ***Counseling Network, Inc.***

***and***

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***Present:***

## ***Sexual Abuse: The Silent Epidemic***

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# ***Child Sexual Abuse***

# ***Child Sexual Abuse: The Silent Epidemic***

- ***Child sexual abuse is a hidden but significant problem in every community in America.***
- ***Experts estimate that 1 in 4 girls and 1 in 6 boys will be sexually abused before their 18th birthday.***
- ***Less than 1 in 10 will tell.***
- ***Individuals who are sexually abused as children are far more likely to experience psychological problems .***
- ***Child sexual abuse does not recognize region, race, creed, socio-economic status or gender; it crosses all boundaries.***

# ***What Adults Need to Know about Child Sexual Abuse...***

- ***It happens more than you think.***
- ***A lot more - 1 in 4 girls and 1 in 6 boys will be sexually abused before their eighteenth birthday.***
- ***It can happen right under your nose and you may never know - less than one victim in ten will tell.***
- ***The perpetrators aren't usually "dirty old men hiding in the bushes" - 34% of those who sexually abuse children are family members.***
- ***A further 59% are friends and acquaintances of the child and his family.***

# ***The Personal Pain of Child Sexual Abuse...***

- ***Adolescents and young adults with a history of childhood abuse are 3 times more likely to become depressed or suicidal .***
- ***Women with histories of childhood abuse report a greater number of physical and psychological problems.***
- ***34% of children who are either physically or sexually abused, and 58% of children who are both physically and sexually abused meet the criteria for Post Traumatic Stress Syndrome. Untreated, PTSD.***

## ***And the Cost to Us All...***

- ***A National Institute of Justice study estimated that each year child sexual abuse in America costs the nation \$23 billion***
- ***Victims of child sexual abuse generally spend more on psychiatric care and medical services throughout their lives.***
- ***Child sexual abuse causes lost potential and productivity.***

# ***Why Don't Adults Do a Better Job?***

- ***Child abuse statistics show that adults do not adequately protect children from child sexual abuse. There are a lot of reasons why, but the main one is THEY DON'T KNOW HOW!!!***
- ***Research suggests that adults are unaware of effective steps they can take to protect their children from sexual abuse.***
- ***Most do not know how to recognize signs of sexual abuse and many do not know what to do when sexual abuse is discovered.***



# ***Effective Steps to Protect Children from Sexual Abuse:***

- ***PREVALENCE is the percentage of the population that is affected by child sexual abuse; the general existence of child sexual abuse.***
- ***CONSEQUENCE is the impact that child sexual abuse has on a victim/survivor and on our society over time.***

# ***Sexual Abuse Touches Every Life When it Leads to:***

- ***Losses of trust, decreases in self esteem, and development of shame, guilt and depression.***
- ***Eating disorders, substance abuse, suicide, promiscuity/prostitution, and other psycho-behavioral issues.***

# ***Children are at Risk for Sexual Abuse:***

- ***30-40% of victims are abused by a family member.***
- ***Another 50% are abused by someone outside of the family whom they know and trust.***
- ***Approximately 40% are abused by older or larger children whom they know.***
- ***Therefore, only 10% are abused by strangers.***

# ***Abuse Sexual Abuse can Occur at all Ages:***

- ***The median age for reported abuse is 9 years old.***
- ***More than 20% of children are sexually abused before the age of 8.***
- ***Nearly 50% of all victims of forcible sodomy, sexual assault with an object, and forcible fondling are children under 12.***

# ***Most Children Don't Tell:***

- ***Evidence that a child has been sexually abused is not always obvious, and many children do not report that they have been abused.***
- ***Over 30% of victims never disclose the experience to ANYONE.***
- ***Young victims may not recognize their victimization as sexual abuse.***
- ***Almost 80% initially deny abuse or are tentative in disclosing.***

# ***Most Children Don't Tell:***

- ***Of those who do disclose, approximately 75% disclose accidentally.***
- ***Of those who do disclose, more than 20% eventually recant even though the abuse occurred.***
- ***Fabricated sexual abuse reports constitute only 1% to 4% of all reported cases. Of these reports, 75% are falsely reported by adults and 25% are reported by children.***
- ***Children only fabricate 1/2% of the time.***

# ***Consequences of Child Sexual Abuse:***

- ***Begin affecting children and families immediately.***
- ***They also affect society in innumerable and negative ways.***
- ***Effects can continue throughout the life of the survivor so the impact on society for just one survivor continues over multiple decades.***
- ***Try to imagine the impact of 39 million survivors.***

# ***Health and/or Behavioral Problems:***

- ***The way a victim's family responds to abuse plays an important role in how the incident affects the victim.***
- ***Sexually abused children who keep it a secret or who "tell" and are not believed are at greater risk than the general population for psychological, emotional, social, and physical problems often lasting into adulthood.***
- ***Children who have been victims of sexual abuse are more likely to experience physical health problems (e.g., headaches).***



# ***Health and/or Behavioral Problems:***

- ***Victims of child sexual abuse report more symptoms of PTSD, depression, and more school problems than non-victims.***
- ***Victims of child sexual abuse are more likely to experience major depressive disorder as adults.***

# ***Health and/or Behavioral Problems:***

- ***Young girls who are sexually abused are more likely to develop eating disorders as adolescents.***
- ***Adolescent victims of violent crime have difficulty in the transition to adulthood.***
- ***Victims are more likely to suffer financial failure and physical injury, and are at risk to fail in other areas due to problem behaviors and outcomes of the victimization.***

# ***Drug and/or Alcohol Problems:***

- ***Victims of child sexual abuse report more substance abuse problems.***
- ***Young girls who are sexually abused are 3 times more likely to develop psychiatric disorders or alcohol and drug abuse in adulthood.***
- ***Among male survivors, more than 70% seek psychological treatment for issues such as substance abuse, suicidal thoughts and attempted suicide.***
- ***Males who have been sexually abused are more likely to violently victimize others.***

# ***Teenage Pregnancy and Promiscuity:***

- ***Children who have been victims of sexual abuse exhibit long-term and more frequent behavioral problems, particularly inappropriate sexual behaviors.***
- ***Women who report childhood rape are 3 times more likely to become pregnant before age 18.***
- ***An estimated 60% of teen first pregnancies are preceded by experiences of molestation, rape, or attempted rape. The average age of their offenders is 27 years.***

# ***Teenage Pregnancy and Promiscuity:***

- ***Victims of child sexual abuse are more likely to be sexually promiscuous.***
- ***More than 75% of teenage prostitutes have been sexually abused.***

# ***Crime:***

- ***Adolescents who suffer violent victimization are at risk for being victims or perpetrators of felony assault, domestic violence, and property offense as adults.***
- ***Nearly 50% of women in prison state that they were abused as children.***
- ***Over 75% of serial rapists report they were sexually abused as youngsters.***

# ***Most Perpetrators don't Molest only one Child:***

- ***Nearly 70% of child sex offenders have occurred between 1 and 9 victims; at least 20% have 10 to 40 victims.***
- ***An average serial child molester may have as many as 400 victims in his lifetime.***

# ***Treatment of Sex Offenders***



# ***The Major Goal of Treatment for Sex Offenders:***

- ***The prevention of sexual offenses in the future,***
- ***The type of treatment which is most likely to succeed is an individually-tailored approach; and,***
- ***The most common approach has been Group Therapy.***

# ***The Most Common Treatment Approach:***

- ***Group Therapy***
- ***Highly moralistic approach that often reflects the judgmental emotional response of the society***

# ***The Effectiveness of the Therapeutic Treatment (Measured by):***

- ***Contribution to restoration of:***
  - *Emotional health*
  - *Normal functioning; and the restoration of,*
  - *Well-being of the individual*
- ***Goal:***
  - *Prevention of sexual offenses in the future*

# ***Factors In Providing Treatment When a Person is Accused of Sexual Abuse:***

- ***The accusation is either true or it is not true and the accused may admit or deny the accusation.***
- ***Plea bargaining***
- ***Dropping of charges for insufficient evidence***
- ***Dismissal by stipulation in family court***
- ***Admission of guilt***
- ***Admission of a mistake by the social service agency; and,***
- ***Acquittal by the criminal court along with a finding of abuse by family court***

# ***Events that Confront the Therapist (For People Entering Sex Offender Treatment Programs):***

- ***Determining what is to be treated,***
- ***There are many permutations of the interaction of truth or falsity,***
- ***Denial and admission,***
- ***Substantiated or unsubstantiated allegations***

# ***For those Convicted of Sexual Crimes:***

- ***Probation with mandated treatment and perhaps some jail time is the most common disposition,***
- ***In criminal court, the defendant may be offered a plea bargain in which he is put on probation in exchange for entering a treatment program***

# ***For those Convicted of Sexual Crimes:***

- ***Entering sexual offender treatment will mean avoiding highly aversive consequences such as:***
  - ***Imprisonment,***
  - ***Loss of relationships with children,***
  - ***Loss of career or job,***
  - ***Financial ruin through an expensive trial; and,***
  - ***Embarrassing publicity.***

# ***The Subtleties of Entering a Sexual Offender Treatment Means (For the Offender):***

- ***That apparently everybody wins, however there is a:***
  - ***Negative effect upon the process of therapy***
  - ***A poorer treatment outcome can be anticipated***
  - ***Treatment becomes a sentence rather than a therapy***



# ***The Therapist is given the Power to:***

- ***Judge when the treatment has been successfully completed; and,***
- ***To determine when discharge is granted***
- ***This puts the therapist in the role of the jailer***
- ***Therapist who serves both as helper-therapist and as informer for the law becomes a "double agent."***

# ***Caution to Therapist:***

- ***The seductiveness of the powerful level of control available to a therapist can cause the therapy to be destructive and damaging.***
- ***Countertransference by a therapist must be actively considered, examined, and dealt with when found to be present.***

# ***Prerequisite for Sex Offender in Therapy:***

- ***An admission of guilt is required before being admitted into a program of treatment***
- ***It cannot be a general, bland admission***
- ***It must be specific, detailed, given regularly in group, and may include an admission and apology to the victim***
- ***CAUTION TO THERAPIST:***
  - ***Complications and potential hindrances to successful treatment are possible.***

# ***Recidivism Rates***

# ***Does Treatment Reduce Recidivism ?***

- ***The recidivism rates for the treated groups are not consistently better than the nontreated groups,***
- ***An examination of 42 empirical studies of sex offender recidivism reported that the recidivism rates ranged from 0% to over 50%. They found little consensus about the continuance of sexual offenses following treatment and conclude that there is no evidence that clinical treatment effectively reduces recidivism.***
- ***There are no data at present for assessing the relative effectiveness of treatment for different types of offenders.***

# ***1990 Hanson, Steffy, & Gauthier Study on Recidivism:***

- ***Examined offenders from 3 to 23 years after treatment***
- ***The treatment was a short-term***
- ***Multimodal program and recidivism was assessed through records of reconvictions***

# ***1990 Hanson, Steffy, & Gauthier Study on Recidivism:***

- ***The researchers report showed that:***
  - ***44.3% of their total sample of 106 child molesters were reconvicted***
  - ***9.4% of the total sample being reconvicted between 10 and 23 years after being released***
  - ***Incest perpetrators were reconvicted at the slowest rate (21%)***
  - ***Homosexual pedophiles at the highest rate (66.7%)***
  - ***Heterosexual pedophiles and undifferentiated offenders showing an intermediate rate (42.2% & 36.36%).***

# ***Sexual Offenders Population in U.S. Prisons:***

- ***An average of 10% of the prison population,***
- ***Some jurisdictions reporting rates as high as 21%,***
- ***In 1988, sex offenders constituted the largest single group of inmates in Minnesota,***
- ***CONCLUSION:***
  - ***Incarceration alone is not sufficient***



***Sex Offender  
Programs and  
Treatment***

# ***1981 Crawford Study:***

- ***Only castration has been found to be successful in preventing recidivism when treating persistent and dangerous offenders against children,***
- ***The necessity to do something besides warehouse sex offenders in prison until they are released, unchanged, led people to conclude that treatment must be offered,***
- ***Therefore, treatment programs developed to fill this need***

# ***Traditional Sex Offender Programs:***

- ***Insist at the onset that the perpetrator admit guilt as a condition of acceptance into the program,***
- ***If guilt is not admitted, the probation is violated and the person may be sent to jail,***
- ***NOTE:***
  - ***there are a few treatment programs which do not require this threshold admission of guilt***

# ***The Most Appropriate Form of Treatment:***

- ***Group therapy***
- ***Rationale:***
  - ***Confrontation of manipulative behavior can only be done by other individuals who have been through the same dynamic***
  - ***It is assumed that all sexual abusers are skilled at manipulation and will demonstrate manipulativeness.***
  - ***It is also assumed they must stop being manipulative.***
  - ***The expression of feelings is absolutely required***

# ***Cognitive, Learning Theory- Based Approach To Therapy Allows:***

- ***The accused to avoid dealing with feelings of remorse, guilt, or shame which are considered to be essential parts of treatment.***
- ***Common treatment goals include:***
  - ***Bringing the perpetrator to the point where he admits all of his abusive behaviors,***
  - ***Expressing guilt and remorse for them; and***
  - ***Willingness to admit and apologize to the victim***

# ***The Therapist is Seen As:***

- ***Authoritarian and allied with the justice system:***
  - ***Effective treatment can only be accomplished in an authoritative fashion and from a position of power, Sgroi (1982),***
  - ***Anything else invites the abuser to misuse power to suppress the allegation and undermine the child's credibility, Sgroi (1982).***
  
- ***NOTE:***
  - ***There is no evidence for the effectiveness of this type of treatment to cure sexual abuse and prevent recidivism***

# ***Most Widely Used Treatment for Child Molesters:***

- ***Group therapy***

- ***NOTE:***

- ***Few data have been reported to indicate that changes occur within these groups, and no studies have been conducted that compare group therapy to other types of treatment.***
- ***There is no empirical support for the belief that groups are more effective in confronting attempted deception or manipulation***

# ***1976 Costell, Quinsey, & Giarretto, Study:***

- ***Recurrence of incestuous activity is unlikely after disclosure***
- ***Treatment Directions in treating child sexual abusers include:***
  - ***Behavior therapy with many classical and operant conditioning techniques,***
  - ***Hypnotism,***
  - ***Psychoanalysis,***
  - ***Traditional talking psychotherapy,***
  - ***Group Therapy,***
  - ***Chemical Interventions,***
  - ***Castration,***
  - ***Electroconvulsive Therapy (ECT); and,***
  - ***Psychosurgery***



# ***The Goal of Therapy***

# ***The Goal of Therapy with Pedophiles:***

- ***Manage sex offenders urges for sexual contact with children,***
- ***Motivating them to change,***
- ***Most pedophiles are resistant to giving up a sexual behavior pattern which they perceive as positive and rewarding***
- ***NOTE:***
  - ***Different treatment interventions must be planned for different types of child molesters. Such an approach has the best research support.***

# ***The Approach that is most Supported in the Treatment of Sex Offenders:***

- ***Cognitive-behavioral***

- ***RATIONALE:***

- ***The therapist can construct a highly individualized and flexible treatment approach which can be changed and refined as treatment progresses.***

- ***IMPORTANT COMPONENT:***

- ***Social skills training to redress the weakness and inadequacies of child molesters in adult interactions***

# ***The Idea of Therapy as Seen by The System:***

- ***For some time rehabilitation has been seen negatively because the idea spread that it didn't work***
- ***Problems that can lead to the failure of any rehabilitation effort include:***
  - ***Hostility to change,***
  - ***A coercive correctional system,***
  - ***Lack of any theoretical base for the treatment program***
  - ***Failure to implement the program fully, and***
  - ***Inability to relate to the world beyond the institution***

***Thank You***



# **Counseling Network, Inc.**

*"Working Together in Partnership with You in Mind"*

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