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Child sexual abuse

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Reports of child sexual abuse are increasing in the nation and the state of Iowa. Negative effects of child sexual abuse include low self-esteem, contracting sexually transmitted diseases, promiscuity, pregnancy, psychological disorders, eating disorders, and suicide. According to the National Center for Injury Prevention and Control (2006), two out of every one thousand children in the country have experienced sexual abuse. The author will describe the types of sexual abuse, the abuse process, characteristics of offenders, and manifestations of child sexual abuse. Possible treatment for victims will also be addressed.

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Abstract

Reports of child sexual abuse are increasing in the nation and the state of Iowa. Negative effects of child sexual abuse include low self-esteem, contracting sexually transmitted diseases, promiscuity, pregnancy, psychological disorders, eating disorders, and suicide. According to the National Center for Injury Prevention and Control (2006), two out of every one thousand children in the country have experienced sexual abuse. The author will describe the types of sexual abuse, the abuse process, characteristics of offenders, and manifestations of child sexual abuse. Possible treatment for victims will also be addressed.

Child Sexual Abuse

'Sex before eight, or it's too late.' 'If she's old enough to bleed, she's old enough to breed.' 'No really means yes.' 'Children really enjoy and want sex.' According to R. M. Allen (personal communication, May 6, 2006), although these quotes are disturbing, they are fairly common adages people have about certain sexual practices and are a few of the ideologies that sexual predators believe about children and unfortunately act upon.

Child sexual abuse reporting is growing at alarming rates in the state of Iowa and the nation. Child protective services organizations in the United States can confirm that approximately two out of every one thousand children have had sexual assault experiences every year (National Center for Injury Prevention and Control, 2006) while over 1,500 Iowa children are abused each year (Iowa Coalition Against Sexual Assault, 2005). Americans think that sexual abuse is perpetrated by strangers who violently attack their victims. However, ninety-seven percent of abuse is done by family members and people known to their victims, and violence is not necessarily involved (National Clearinghouse on Child Abuse and Neglect Information, 2000).

Child sexual abuse effects its victims in numerous ways, many of them long-term. Children and adolescents suffer from shame, guilt and embarrassment. They may contract sexually transmitted diseases, become pregnant, or turn to prostitution. Abused children have an extremely low sense of self-worth. They

may develop eating disorders and interpersonal communication problems. Some abuse substances as a result, while others abuse their bodies through mutilation or suicide (National Clearinghouse on Child Abuse and Neglect Information, 2000).

The purpose of this paper is to increase awareness about child sexual abuse. A definition of child sexual abuse is given, as are descriptions of the offender, the victim, and the abuse process. The prevalence of child abuse is discussed, along with descriptions of several short-term and long-term effects of the abuse. In addition, signs and symptoms of child sexual abuse are examined. This paper also explores treatment including prevention, individual counseling, and group counseling. The goal is for school counselors to understand the sensitive nature of child sexual abuse, how to respond to disclosures of abuse, and how to treat an abused student.

Definition of Child Sexual Abuse

Contact

Most states have defined child sexual abuse as involving both physical contact and non-contact maltreatment. The actions are non-consensual and are performed with a minor for the sexual gratification of the perpetrator (Fieldman & Crespi, 2002). Perpetrators are considered to be any adult or older person who has greater power, knowledge, and resources than the child (Lambie, 2005).

Contact sexual abuse. Offenders will use power, force, or coercion with a victim. Examples of contact molestation include (anal or vaginal) intercourse,

attempted intercourse, rape, object intrusion or oral sex. Other sexual acts could be touching, fondling, grabbing, kissing, rubbing against, or performing any other sexual activities (Lowenthal, 1996).

Non-contact sexual abuse. Non-contact molestation includes actions such as viewing pornographic films, pictures or other sexual objects, witnessing sexual acts, forced masturbation, witnessing sexual exhibitionism, or photographing the child nude (Fieldman & Crespi, 2002). Using coercion, threats or other power, the offender will engage the victims in these and other sexual activities. Commercially exploiting children through producing pornographic materials featuring the children is also sexual abuse. In addition, prostituting a child or adolescent is included in the definition of child sexual abuse (Lambie, 2005).

Who is Involved with Abuse?

Offenders

Most people believe that child sexual abuse is done by sexual predators who are strangers. This is not completely true. In actuality, only three percent of sexual assaults are committed by strangers, while forty-seven percent are committed by a child's family member and forty-nine percent of assaults are perpetrated by a family friend (National Clearinghouse on Child Abuse and Neglect Information, 2000). Family members can include parents, siblings, aunts, uncles, grandparents, cousins, step-family members and adopted family members, and sexual abuse by a family member is known as incest. Friends of the family

can include older friends, friends' family members, teachers, coaches, ministers, priests, babysitters, neighbors, youth leaders, doctors or nurses. In addition to *family and friends, twenty-five percent of abusers are other children (National* Clearinghouse on Child Abuse and Neglect Information, 2000). While there are a lot of myths and attempts at explaining who offenders are, which includes labeling them as homosexual deviants, an estimated ninety-six percent of abusers are heterosexual (Flinn, 1995).

Victims

Between the ages of eight and twelve, children are the most vulnerable for sexual abuse. The average age for boys and girls to experience their first sexual abuse is nine years old, and twenty percent of sexual abuse survivors were first abused before the age of eight (Flinn, 1995). Girls are four times more likely to go through a sexual abuse experience than are boys (Lambie, 2005).

Abuse victims have mixed feelings about what is happening to them. They want the love and attention that invariably accompanies the abuse, but on the other hand, they do not want to get anyone into trouble by telling about the abuse. Ultimately, they want the abuse to stop but are too confused about their situation to advocate for themselves (National Clearinghouse on Child Abuse and Neglect Information, 2000).

Targeted children. Sexual offenders admit that they look for certain situations in which to take advantage. For example, they search for children

living in single-parent families who are unsupervised or who are experiencing family difficulties. Children who are needy, shy, lack self-esteem, or appear lonely or unhappy are also the perfect targets for sexual abusers (Fieldman & Crespi, 2002). In addition, children of parents without a high school diploma are at-risk because their parents are not educated enough to either avoid abuse situations or get assistance when abuse does occur. Predators also look at the quality of relationships between possible victims and their families. Mothers who show little affection to their children are putting them at risk to become sexual abuse victims because children crave love and attention and will find themselves attracted to a predator who is offering affection. Families with few friends or social outlets provide children little access to learning the ways of the world. These sheltered children may not even know that sexual abuse is wrong, therefore becoming prime targets for sexual offenders (Berger, 1990).

Other risk factors include children who are physically or mentally disabled, have a mental illness, have alcohol or drug abuse in the family, live in a step-family, have a parent who was sexually abused, or have a family member who associates with prostitutes (Flinn, 1995). Gay, lesbian, bisexual, transexual or questioning (GLBTQ) youth tend to be at risk because they can be socially isolated (Flinn, 1995). In addition, they run the risk of unwanted sexual advances by someone trying to convert them to heterosexuals by introducing them to heterosexual sex.

The male victim. Males can be raped as well as females, with the rapist being either male or female (Parrot, 1988). People argue that males simply cannot be raped by females because a male needs an erection to be sexually active. The thought is that if a male has an erection, he must be sexually aroused, therefore a willing participant, which negates a rape label. This is not true. In fact, there are many non-sexual reasons for males to have erections. They can have involuntary erections over which they have no control, especially around puberty. Second, some males have high levels of testosterone, which also cause unwanted erections. In addition, when males have surges of adrenaline or act aggressively, as escaping a rape situation would demand, they could experience an erection. Regardless, sexual abuse does not require an erection. Forced oral or anal sex with a male is also sexual assault and abuse (Parrot, 1988).

The Abuse Process

First, perpetrators, who are strangers, will befriend a family by appearing pro-social. They may offer to baby-sit, tutor, or coach the victim. Both strangers and abusers known to the victim may begin with non-sexual physical contact to get closer to the child, or initiate sexual conversations to introduce the child to sexual topics. This process is called grooming or desensitization. Much of this early activity is so subtle that children do not even realize they are being abused (Fieldman & Crespi, 2002). This grooming process may take awhile as the perpetrators take their time building a relationship with their victims (National

Society for the Prevention of Cruelty to Children, 2006). Eventually, the predators will move towards sexual touching and other sexual abuse acts (Fieldman & Crespi, 2002). The abuser and the victim may have an on-going relationship that escalates over time and can last for about four years. Of course, some abuse lasts much longer, while other victims may suffer a single abuse event (Flinn, 1995).

Grooming Process

There are a variety of activities that can take place during the grooming process to build trust and to initiate sexual activity. To build trust, perpetrators will convince the child to confide in them or give them sexual information that appears educational. Also, they will sit at the child's level, during the right opportunity, to appear equal or non-threatening (Outreach Education, 2006). In order to move onto sexual acts, perpetrators will initiate physical contact through hugging, tickling, wrestling, or even patting the victim's bottom. Some offenders may accidentally or purposefully expose their genitals to the victim by coming out of the shower, sharing the bathroom, wearing revealing clothing, or actually appearing nude in front of the child (Outreach Education, 2006). Some offenders tell the children that a physical examination of their bodies is needed for some reason, or they will create rules that bedroom and bathroom doors must remain open, depriving victims of privacy (Outreach Education, 2006).

Most children do not even realize that they could say no to their abusers because offenders will threaten their victims with shame, violence, or loss of love in order to ensure the secrecy and continued access to the child (Berger, 1990). Other tactics abusers use are bribing the victim with money or gifts to be quiet, or taking advantage of the child's lack of knowledge by explaining that everybody does these sexual acts (Texas Police Central, 2006). In addition, some offenders may attempt to scare the victim by saying the perpetrator will go to jail if the victim tells about the abuse. Due to these practices, the grooming process is very effective (Texas Police Central, 2006). One day-care provider was found to have killed pets such as birds and gerbils in violent disturbing ways to show what would happen to the children if they ever told about the abuse that was being inflicting upon them. They also tore up stuffed animals and buried them to further make their point about not telling (Berger, 1990).

Prevalence

National Statistics

Child sexual abuse occurs in all socio-economic groups and within all ethnic and racial groups, but identifying a definite number of sexually abused children is difficult because it is the least reported crime in the country, according to Flinn (1995). While one out of every four girls is abuse sexually, one out of every six boys is also abused (Darkness to Light, 2005). Twenty-two percent of all Americans, approximately thirty-nine million people, have been sexually

abused. One-third of these victims never told anyone when the abuse was happening; however, when abuse is reported, less than two percent of sexual abuse reports are judged false (Darkness to Light, 2005).

Part of the problem with identifying prevalence is that secrecy and a conspiracy of silence are found to surround sexual assault victims (National Clearinghouse on Child Abuse and Neglect Information, 2000). Because victims fear the family will break up or that there will be anger, fear or jealousy concerning the abuse, many do not report it. Other victims are threatened with loss of love, violence, or even death if they mention the abuse (National Clearinghouse on Child Abuse and Neglect Information, 2000). Even in reported abuse, victims do not necessarily disclose all of the abuse because they are ashamed, have repressed memories, or actually deny that what happened was real abuse (Darkness to Light, 2005). With circumstances like these, it is difficult to pinpoint the exact amount of abuse.

Abuse in Iowa

According to the Iowa Coalition Against Sexual Assault, in 2003 and 2004, 1665 teens and children were treated in sexual violence centers in Iowa. There were 932 confirmed cases of child sexual abuse and prostitution, including both male and female survivors. Most of the abuse was perpetrated by a family member or friend or considered a date-rape (Iowa Coalition Against Sexual

Assault, 2005). The Iowa Child Abuse Prevention Program spent $152, 789 in 2005 on thirty-nine sexual abuse prevention projects throughout the state that served over 50,000 children (Prevent Child Abuse Iowa, 2006).

Signs and Symptoms

There are some immediate physical symptoms, behavioral changes, and emotional reactions to sexual abuse that can be taken as signs that the abuse has occurred. These symptoms will be subsequently described.

Physical Symptoms

Pain, itching, bleeding or bruising in the genital areas, urinary tract infections, yeast infections, development of sexually transmitted diseases, and pregnancy are all things to examine when dealing with suspected sexual abuse (Lambie, 2005). Sleep disturbances, which can range from nightmares to insomnia or even sleepwalking, are also symptoms of sexual abuse. Other symptoms include headaches, stomachaches and skin problems (Meyer, 2006).

Behavioral Changes

Some behavioral changes, including sexual activity and knowledge beyond the child's age or developmental stage, or regressing developmentally to bed-wetting or speech loss are often warning signs of abuse. Other things to look for include students who are no longer willing to participate in physical education activities or change clothing around others. Abrupt changes in reactions to or

reluctance to being touched by an adult can be a sign of abuse, as is isolation (Lowenthal, 1996) or running away from home (Lambie, 2005).

Emotional Reactions

Emotional reactions to look for include the following: poor interpersonal interactions with others--even withdrawal, depression, unusual interest in or avoidance of things of a sexual nature, seductiveness, negative statements about their bodies being dirty or used, fear of damage to their genital area, secretiveness, acting out aspects of the sexual molestation in play or artwork, change in eating habits, or refusal to go to school or to a certain place (National Clearinghouse on *Child Abuse and Neglect Information, 2000). After being sexually abused,* children may feel helpless, unworthy, or ashamed (Lambie, 2005). Some victims explain that they cannot feel a wide range of emotions and feel numb (Meyer, 2006).

Long-term Effects of Child Sexual Abuse

Even though symptoms of child sexual abuse may be identified and treated accordingly, there are many long-term effects of this abuse that continue to have a deep impact on the abused individual (National Clearinghouse on Child Abuse and Neglect Information, 2000). Some appear right away while some develop over time and appear at a later stage in life. Some manifestations become a part of the people's daily lives and may affect their psychological well-being.

Self-Worth

One of the greatest negative effects of child sexual abuse is low self-esteem and a feeling of worthlessness. Sexually abused children tend to feel so dirty that they have trouble accepting their own bodies. They feel so worthless that they have trouble communicating with others (National Clearinghouse on Child Abuse and Neglect Information, 2000). These degrading feelings lead to many more negative manifestations such as perfectionism.

To escape from their abusive past, some children become perfectionists. They tend to overachieve and be perfect at school, in athletics, or in the arts. This is their way of having control over their lives, but perfectionism of this degree often comes with a high level of anxiety and inflexibility (Lambie, 2005).

Promiscuity

Since sexually abused children have a skewed idea of what sex is about, they may act out sexually and inappropriately. They may be highly sexual and have sex frequently with several different partners because some sexual abuse victims find that the only way they can communicate with others is through sex (National Clearinghouse on Child Abuse and Neglect Information, 2000). This behavior can lead to sexually transmitted diseases, prostitution, or pregnancy. Highly promiscuous people are found to have less knowledge of contraception use, HIV contraction, and less impulse control (Buzi, Tortolero, Ross, Addy, Markham, & Roberts, 2003).

Sexually transmitted diseases. Obviously with sexual contact there is a risk of sexually transmitted diseases (STDs). HIV and other diseases are easily passed from abuser to victim. In addition, the promiscuity that can stem from an abused childhood can significantly increase an abused person's likelihood of having more sexual partners. Their chance of encountering STDs increases also (Darkness to Light, 2005).

Prostitution. Forty percent of female prostitutes were sexually abused as children while thirty percent of male prostitutes were abused as well (National Clearinghouse on Child Abuse and Neglect Information, 2000). Some people end up as prostitutes due to their low self-esteem and dislike of their bodies. Other individuals are drawn into this lifestyle because they are no longer living at home, but rather have to make a life on the streets. While 120,000 abused children ran away from their homes, 51,000 of their abused peers were thrown out of the home by a parent (National Clearinghouse on Child Abuse and Neglect Information, 2000).

Pregnancy. Sometimes a female victim may become impregnated during the abuse process. This is a complicated situation due to the extreme emotions connected with the abuse and the added worry of a pregnancy. To further convolute the ordeal, many sexual abuse situations include family members, which is considered incest. A child resulting from incest is vulnerable to physical deformities and other complications (Kellogg & Hoffman, 1999).

At other times, a female victim may become pregnant as a result of promiscuity or sexual acting out with males other than their abusers. It is estimated that women who are sexually abused as children are three times more likely to become pregnant before the age of eighteen (Darkness to Light, 2005). Either way, through direct abuse or promiscuity, female abuse victims may find themselves pregnant, which is usually unplanned (Kellogg & Hoffman, 1999).

Male sexual performance. Parrot (1988) addressed sexual performance issues for abused males, noting that older males have a variety of responses to sexual assault. For example, two aspects of manhood include sexuality and strength; therefore, if a male is raped, he may lose either or both of these. Some males feel like never having sex again and avoid all sexual situations for any length of time. Others may have sex with as many female partners as possible to attempt to re-establish a healthy heterosexual sex life.

Another aspect to consider is that when a male is sexually abused in any way by another male, he may feel that he is weak, unmanly, or possibly gay. Because society considers males as strong, masculine, and powerful, many males feel they should have been able to do something to stop the attack. In addition, people may think the offender is homosexual if he assaults other males. However, rape or sexual assault is not about sexual attraction, but rather about violence, power and dominance. Most sexual offenders would not consider

themselves homosexuals. In addition, most male victims are not homosexual, nor do they develop into gay people (Parrot, 1988).

Revictimization

Women with a history of child sexual abuse are twice as likely to be revictimized as adults. Many women who were abused as children find themselves either raped or battered as adults. According to Van Bruggen, Runtz and Kadlec (2006) this is due to their lowered self-esteem that developed as a result of their childhood abuse. These women also have experienced a higher number of sexual partners which puts them at risk for continued abuse. Also, if violence was included in the primary abuse, many women do not know another way to experience sexual relationships other than through violent, abusive ways (Van Bruggen, et al. 2006).

Eating Disorders

After being sexual abused, children may develop a great dislike for their bodies. Changing their eating habits allows them to have control over something in their lives which can lead to serious eating disorders such as obesity, anorexia, or bulimia (Meyer, 2006).

Psychological Problems

Dissociative Identity Disorder or Multiple Personality Disorder has been identified as one possible manifestation of sexual abuse which is a severe psychological problem (National Clearinghouse on Child Abuse and Neglect

Information, 2000). People affected with this disorder have more than two different personalities. They have memory lapses at which time different personalities take control of the person's faculties. Each personality can have its own history and identity (DSM-IV, 2000). It is believed that these new personalities surface to help the original personality deal with or avoid dealing with traumatic situations. A second possible psychological problem, Paranoid Personality Disorder, can also develop after a person has been sexually abused. A person suffering from paranoia will feel that others are going to harm him or her and that others cannot be trusted. Yet another personality disorder that may surface is Antisocial Personality Disorder (Bierer, Yehunda, Schmeidler, Mitropoulou, New, Silverman & Siever, 2003). People suffering from this disorder have a disregard for other's human rights. They are also called psychopaths, according to the DSM-IV (2000).

Suicide

According to Ellis, Gormly, Ellis, and Sowers (2003), studies of people who attempt suicide show that many of these people suffered sexual or physical abuse as children. Abused females tend to attempt suicide more than abused males do (Ellis & et. al., 2003). Gay, lesbian, bisexual, transgender and questioning individuals report an even higher number of suicide attempts, with lesbian women accounting for the highest rates of self-destruction (Garcia, Adams, Friedman & East, 2002). Suicide attempters in general tend to have more

self-destructive behaviors, including self-mutilation, because of their histories of sexual abuse (Ystgaarda, Hestetuna, Loebb & Mehluma, 2004).

Treatment

Prevention

According to Fieldman and Crespi (2002), studies indicate that teaching children sexual abuse prevention skills can positively impact the growing social problem of sexual abuse. Teaching students how to cope with dangerous sexual situations, the difference between appropriate touch and inappropriate touch (commonly known in lay man's terms as 'good touch' and 'bad touch'), and who possible offenders may be are all concepts that could help prevent abuse or at least encourage reporting it. Students also need life skills such as the ability to cope with stress, make decisions, take responsibility for themselves, and how to protect their own bodies. These ideas are key to building and maintaining a high self-esteem. The higher the child's self-esteem, the chance is less that an abuser will target him or her for abuse (Fieldman & Crespi, 2002).

Including parents is essential to reinforce these ideas at home. Fifty-nine percent of parents surveyed reported that while they did discuss the danger that strangers pose to their children, they forgot to discuss that people *known* to their children could also be predators. Openly discussing sexual abuse situations could also discourage children from keeping quiet about any possible abuse (Fieldman & Crespi, 2002).

The school counselor will be instrumental in organizing, implementing and monitoring school-based abuse prevention programs that should include parents and community members along with staff and students. Classroom guidance lessons are an excellent way to introduce the concepts of inappropriate touch, avoiding strangers, and telling an adult when some possible abuse has occurred. Schools can work collaboratively with community resources to help reduce the possibility of abuse. One target population to support and educate is new, young, or seemingly uneducated parents. These parents experience a great deal of stress and generally feel alone. Providing information through brochures, workshops or other training can assist new families to grow together. Organizing support groups can connect families with each other in the community to support and educate each other (Fieldman & Crespi, 2002).

Intervention

When faced with a child or adolescent telling his abuse story, a counselor is in a very delicate position. The initial disclosure needs to be in a gentle and caring environment. Counselors are greatly cautioned not to display any disgust, shock, or disapproval of the child, family or situation because this could negatively affect the child's self-esteem by emphasizing or even creating shame associated with the abuse (England & Thompson, 1988).

When interviewing the child or adolescent, the counselor should avoid asking direct questions labeling the experience as abuse. Allow victims to

describe their experiences as they view them. When dealing with small children, play therapy may be used to assess the abuse as they may not be able to verbalize what happened to them. It is good procedure to use the same names or nicknames for genitals that the child uses and to use proper names for the people involved to ensure specificity of actions (England & Thompson, 1988).

The counselor needs to explain to the child or adolescent how she will use the information and what will happen now that abuse has been reported. It is important for counselors to teach children that what happened was not the child's fault.

Individual counseling. Providing counseling for a sexually abused child is essential for the healing process. Victims need to tell their story and be told the abuse was not their fault. When counseling victims, the counselor will practice a variety of skills to help them through this difficult experience. After the basic interviewing process of building rapport, gathering information and reflecting meaning, the counselor may help the client reframe the abuse events, assign meaning to the events, offer self-disclosure of the counselor's experiences—as appropriate, or give information about abuse and survival. At all times the counselor needs to pay special attention to the cultural diversity of the client (Ivey & Ivey, 2003).

Fieldman and Crespi (2002) found that a key factor to keep in mind when dealing with sexual abuse disclosure is that approximately twenty-two percent of

children or adolescents may recant their initial reports of abuse. Ninety-two percent of recanted reports are later reaffirmed (Fieldman & Crespi, 2002). Many victims may feel embarrassed about disclosing abuse, while others may feel threatened by their offenders. Some victims feel they were to blame for the abuse and do not want to further pursue the disclosure and healing process. The counselor can be key in assisting the victim into reaffirming abuse.

In addition to dealing with the psychological effects of the sexual abuse, the counselor may have to address a plethora of other symptoms manifested by the client. Consequently, a counselor should have a working knowledge of dealing with Post Traumatic Stress Disorder (PTSD), substance abuse, eating disorders, low self-esteem, revictimization, sexual performance concerns, self-mutilation and suicide ideation and attempts (Nugent, 2000). There are other issues that may also be present. The key is to take one issue at a time and work with the client.

Referrals and assistance. With the growing number of victims who disclose abuse in schools, it is unlikely that the school counselor can provide extensive, adequate treatment for everyone. Developing Student Assistance Programs (SAPs) in schools includes training teachers and staff members to recognize signs and symptoms of abuse and instructing them on how to address abuse disclosures (Watkins, 2004). Parents and community members may also receive this training, according to Watkins. Members of the SAPs will then refer

students to either the school counselor or a community resource such as mental health services, medical services, or department of human services (Watkins, 2004). The school counselor may also wish to refer cases to community services.

Group counseling. Yalom (1995) noted that group counseling has a tremendous effect on sexual abuse survivors because it allows a person to experience universality, which is the understanding that a person is not the only one going through a horrible ordeal. Group counseling opens the doors to healing by asking members to share their feelings of shame, rage, and of being violated (Yalom, 1995). Because many victims of child sexual abuse feel isolated, the chance to tell their story to the group is welcoming. Victims typically have low self-esteem and are capable of shutting down, so the group also provides a safe environment in which they can disclose the details of their abuse (Gladding, 2003).

Because their peer group holds a higher level of importance for adolescents, they compare themselves to their peers in almost all things. Therefore, realizing that they are not alone is a powerful experience. The school is also a key element in an adolescent's life. Group counseling in a school setting can be extremely helpful by providing a structure through which students can heal and grow with each other. Members will realize that they are not to blame for the abuse. Through group counseling, their self-esteem will rise and their depression will lesson (May & Housley, 1996).

Conclusion

Abuse can be worsened if the children are very young, have less developmental maturity, experience a longer period of abuse, experience penetration, are violently forced, or are abused by a parent. Lack of support when disclosing the abuse can also worsen the experience. While a number of abused children do not suffer any extreme forms of psychological trauma, they do need to work with a counselor to help put their experience into perspective (Flinn, 1995).

School counselors face a challenge with preventing and treating child sexual abuse. Abuse not only affects the student, but the family, teachers and community. Educating parents about abuse can also benefit students and the community. Teaching awareness at school and in the community can help to prevent or at least lower incidents of abuse. Awareness will also help to increase reporting of abuse so that abused individuals will receive help.

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