Why Love Isn't Enough: Part Three – Sexual Abuse

This is the third article in the eight-part series, *Why Love Isn't Enough: The Potential Risks Involved in Adopted from Home or Far Away*.

By Arleta James, PCC

> *This is the third posts on related challenging topics. If you are just joining us, this is an eight-part series. You may want to print this post or others in the series. Study them, returning to them over time. Review the resources that are embedded within the articles. Keep them handy! They will make valuable references post-adoption. As you educate yourself, ask, "What does this information mean for me as the parent?" "What will this mean for the children I already parent?" "What does this mean for the child I am adopting?"*

Certainly, sexual abuse is a difficult topic to discuss. However, social workers believe that at least 75% of children who enter foster care have experienced sexual abuse somewhere (Child Welfare Information Gateway, 1990). This means that families adopting from the child welfare system must anticipate adopting a child with a history of sexual abuse. Clinical experience with children adopted from institutional settings in foreign countries makes clear that children in these settings are not immune to sexual abuse either.

Perpetrators are not always adults. Many juveniles commit sexual acts on other children. Once a child is sexualized, the child tends to replicate the behavior in a home or institutional setting. It is important to point out that *most children who have been sexually abused do not go on to be life-long sexual perpetrators*. Children most often learn to stop this behavior when provided with information from and re-direction by their adoptive parents, perhaps with the assistance of professionals.

Sexual abuse includes inappropriate kissing; fondling of a child; the child fondling or masturbating an adult; exposing the child to pornography; having the child participate in oral sex, intercourse, pornography, etc. Approximately 10% of sexual abuse victims are between the ages of 0 and 3. Between ages 4 and 7 years, the percentage almost triples to 28.4%. Ages 8 to 11 account for a quarter (25.5%,) of cases, with children 12 years and older accounting for the remaining 35.9% of cases (Putnam, 2003; U.S. Department of Health and Human Services, 1998).

Following are several examples of sexual abused children who came to be adopted,

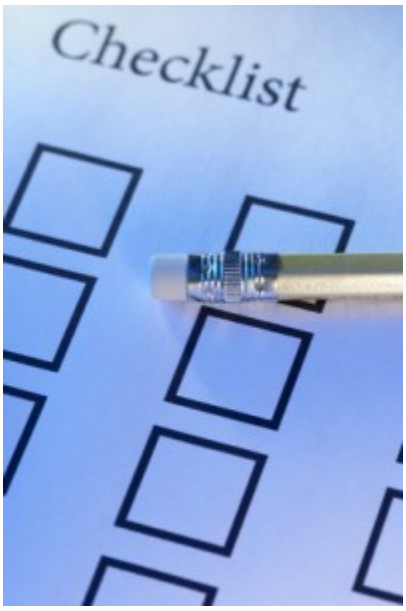
Arleta James, PCC, ABC of Ohio, 440-230-1960, arletajames@gmail.com, www.arletajames.com, *Brothers and Sisters in Adoption: Helping Children Navigate Relationships when New Kids Join the Family* (Jessica-Kinsley Publishers - http://www.jkp.com/)

A single foster mother adopted ***Sally and Maureen****, birth sisters. Already in the home were two younger foster children. One evening, the foster mother entered the younger children's bedroom and found Sally fondling one of the other children's genitals. Subsequently, both Sally and Maureen revealed that their birthfather had orchestrated a sexual relationship between them. He would direct them in acts of kissing and fondling each other's vaginas and breasts. Maureen reported that he smiled and laughed while he watched the girls act out sexually with one another.*

Rose *reported that her birthfather and his brothers frequently "got together to watch television." During these times, Rose was made to take off all her clothes and walk about so these men could touch her as they chose to. Rose also reported that her birthmother was present. A perpetrator by omission, the birthmother never opted to stop this sexual abuse.*

Five-year-old ***Jeffrey*** *arrived from Bolivia. Present in his new family were two parents and their two children by birth, ages 10 and 12. Motivated to adopt by a desire to provide a child a loving home, the family was surprised by Jeffrey's perpetual stealing, hoarding food and destruction of household items. However, the family was devastated when Jeffrey sneaked into their female birth child's bedroom during the middle of the night and attempted to "get on top of her." In therapy, Jeffrey talked about the chronic sexual activity between children in the orphanage. The institutionalized children, lacking adult nurture, utilized sexual gratification as a means to offset their fears and loneliness.*

Sexual abuse is often a trauma that comes to light post-adoption, rather than pre-adoption, as two of these examples demonstrate. Frequently, the adoptive family is the first to learn about the child's sexual trauma. If your agency asked you which special needs you "would" and "would not" want to parent, checking the "no sexual abuse" box is of no avail if the agency is unaware of a child's prior sexualization.



Children tell when they feel safe and more certain that their days of moving are really over. Other children shock and traumatize the entire new family by acting out their own sexual abuse on a sibling. ***Prospective adoptive parents cannot be encouraged enough to take precautions when moving a new son or daughter into their home!*** Many examples of such preventative measures are provided in my article, *Sexual Safety in Adoptive Families*, as well as in my book, *Brothers and Sisters in Adoption*. Long-term issues of sexual abuse victims include ,

- self-perception as different from others,

- less trust of those in their environment,
- less socialcompetence and more social withdrawal. These children have fewer friends during childhood, less satisfaction in relationships and report less closeness with their parents,
- poor self-esteem,
- four times the rate of teen pregnancy than found in non-abused girls.
- greater rate of physical problems such as headaches, stomach pain, asthma, bladder infections and chronic pelvic pain,
- lower overall academic performance,
- depression. Sexually abuse children are more than four times as likely to receive a diagnosis of Major Depression as nonabused children. Adults with a history of sexual abuse may have as much as a four-time greater lifetime risk for Major Depression than do individuals with no such history,
- development of sexual aversions or sexual preoccupation expressed in the form of pornography consumption, excessive masturbation and an overactive sexual fantasy life,
- substance abuse. The sexually abused child is eighteen to twenty-one times more likely to become a substance abuser in adolescence,
- an increased number of sexual partners and consequently much higher rates of sexually transmitted diseases, including HIV,
- more frequent suicidal behavior and/or greater suicidal ideation in adulthood (Briere & Elliott, 1994; Kendall-Tackett, Williams & Finkelhor, 1993; Putnam, 2003; Putnam, 2006; Trickett, McBride-Chang & Putnam, 1994 and Trickett & Putnam, 2003).

It is clear from the above facts that these children may require—long-term—academic and mental health services. Yet, consider the following information provided by Casey Family Services in their white paper, *"Strengthening Families and Communities: An Approach to Post-Adoption Services."*

"All families seeking mental health services for their children confront a patchwork of underfunded services and supports, guided by an often-bewildering mix of theories, philosophies, and treatment interventions. The vast majority of families—adoptive or otherwise—inevitably relies on publicly funded services or services available through private health insurance programs. Thus, they routinely face limitations in the availability, intensity, and duration of mental health services. The challenge of finding competent mental health services is even more complex when adoption-related issues are a component of the mental health services (Casey Center for Effective Child Welfare Practice, 2000)."

"Although adopted children and adolescents comprise only a small minority of the population in the United States, Canada and other countries, they have been reported to account for a significant number of young patients treated in mental health settings. Adopted children are three to six times more likely than non-adopted peers to be referred for mental health services (Ingersoll, 1997)."

Key Point—Many families will adopt children with mental health disorders. In some cases, these needs will be identified prior to the adoption. In other cases, the mental health needs will be identified as the family becomes familiar with the child, as the child matures or as the child gains the comfort to reveal their trauma.

Key Point—There is a mismatch between the population of adoptive families needing services and mental health providers who understand the needs of each member of the adoptive family. Locating a competent adoption- and trauma-literate trained mental health providers may prove challenging.

Pre-adoption is the time to explore the resources in your community! Identify adoption therapists, adoption support groups, adoption medical clinics/pediatricians (see my article, *Finding A Pediatrician for Your Adopted Child* under the "articles" button on my website) and so on. Review your health insurance and determine what services are covered. If you are adopting from the child welfare system learn your rights regarding adoption subsidy. Many parents want to forgo subsidy for altruistic reasons. Re-think this! Subsidy is your child's entitlement, and post-adoption it often proves essential.

Be ready post-adoption to deal with your child's trauma early and head-on! Each member of your family will benefit!

For more information on the impact of sexual abuse on your prospective son or daughter please see, *Brothers and Sisters in Adoption*, *Parenting Adopted Adolescents* or *Parenting the Adopted Child*. You may also visit my articles, *Nurture and the Sexually Abused or Aggressive Adoptee*, *Teen Sexuality within a History of Sexual Abuse*, or, again, *Promoting Sexual Safety in Adoptive Families*

References:

Briere, John N. and Diana M. Elliott. (1994.) "Immediate and long-term impacts of child sexual abuse." *The Future of Children*, 4, 54-69.

Child Welfare Information Gateway. (1990.) "Parenting the Sexually Abused Child." Washington, DC: U.S. Department of Health and Human Services. http://www.childwelfare.gov/pubs/f_abused/index.cfm

Ingersoll, Barbara. D. (1997.) "Psychiatric disorders among adopted children: A review and commentary." *Adoption Quarterly*, 1, 57-73.

Kendall-Tackett, Kathleen. A., Linda M. Williams and David Finkelhor. (1993.) "Impact of sexual abuse on children: A review and synthesis of recent empirical studies." *Psychological Bulletin*, 113, 164-180.

Putnam, Frank. (2003.) "Ten-year research update review: Child sexual abuse." *Journal of the American Academy of Child and Adolescent Psychiatry*, 42 (3), 269-278

Putnam, Frank. (2006.) "The impact of trauma on child development." *Juvenile and Family Court Journal*, Winter, 1-11.

Trickett, Penelope.K., Catherin McBride-Chang and Frank W. Putnam. (1994.) "The classroom performance and behavior of sexually abused females." *Development and Psychopathology*, 6, 183-194.

Trickett, Penelope.K. and Frank W. Putnam. (1993.) "Impact of child sexual abuse on females: Toward a developmental, psychobiological integration." *Psychological Science*, 4 (2), 81-87.

US Department of Health and Human Services. (1998.) "Child maltreatment 1996: Reports from the states to the national child abuse and neglect data system." Washington, DC: US Government Printing Office.