



Child Sexual Abuse: Protecting the Innocence and Seeking Justice

'Child Protection and Safe Spaces in Children's Ministry' Rev. Paul Muoki
Scripture Union of Kenya P.O. Box 407171-00100, GPO Nairobi, Kenya, East Africa

1. Child Sexual Abuse and Exploitation in an African Context

Child sexual abuse and exploitation are grave concerns that can manifest in any region or country, including Africa. In the African context, several factors have been identified as contributing to child sexual abuse including:

1. *Cultural rituals and practices.* Certain cultural rituals and practices, when perverted or distorted, can contribute to child sexual abuse and exploitation. These may include rituals involving traditional healers or misguided beliefs about enhancing wealth or social status through sexual acts with children.
2. *Power dynamics.* Distorted power dynamics within families or communities can enable the sexual exploitation of children. Imbalances of power, such as those between adults and children or guardians, can make children more vulnerable to abuse.
3. *Misconceptions about HIV/AIDS.* Misguided beliefs about HIV/AIDS, particularly the notion that engaging in sexual acts with children, especially young virgins, can cure or prevent the disease, can lead to the victimization of children.
4. *Distorted notions of marital fidelity.* In some contexts, child sexual abuse occurs as a misguided attempt to prevent extramarital affairs. Adults may seek sexual relationships with minors under the belief that it will protect their marriages or maintain marital fidelity.
5. *Socioeconomic vulnerability.* Factors such as poverty, limited access to education, and lack of economic opportunities can increase the vulnerability of children to sexual exploitation. Economic desperation may lead children to engage in high-risk activities in exchange for money or resources.
6. *Conflict and displacement.* Areas affected by armed conflict or displacement often have disrupted social systems and limited security, creating an environment where child sexual abuse and exploitation can flourish. Displaced children, separated from their families, are particularly vulnerable.
7. *Weak legal frameworks and law enforcement.* In some regions, the enforcement of child protection laws may be inadequate, allowing perpetrators to act with impunity. Limited resources, corruption, and a lack of specialized training for law enforcement officials can contribute to this problem.
8. *Internet and technology.* The rapid growth of technology and internet access in Africa has brought both opportunities and risks. Online platforms can be used for grooming, exploitation, and dissemination of child sexual abuse materials, posing significant challenges to child protection.

9. *Migration and human trafficking.* Africa is affected by both internal and external migration, including human trafficking. Children on the move, especially unaccompanied or separated children, are at heightened risk of sexual exploitation and abuse.
10. *Gender inequality and harmful gender norms.* Societal norms that perpetuate gender inequality can contribute to the vulnerability of girls to sexual abuse and exploitation. Discrimination, unequal power dynamics, and harmful gender stereotypes can make girls more susceptible to abuse.

Child Sexual Abuse Related Terminologies

1. Defining Child Sexual Abuse

Child Sexual Abuse (CSA) is an umbrella term that encompasses a broad range of sexual activities between an adult and a child that is not age-appropriate and that are illegal, socially unacceptable, and mostly violate professional ethics. CSA extends beyond physical sexual contact to include:

sexual touching of any part of the body, including using an object, all penetrative sex, encouraging a child to engage in sexual activity; intentionally engaging in sexual activity in front of a child, not taking proper measures to prevent a child from being exposed to sexual activity by others; meeting a child with the intention of abusing them; paying for the sexual services of a child, or encouraging them into prostitution or pornography, and showing or advertising indecent images of sexual activity that involve children.

(a) Terminologies in Child Sexual Abuse

Child protection practitioners employ multiple terminologies when discussing child sexual abuse. This can be attributed to several factors including:

- *Historical Context:* The understanding and awareness of child sexual abuse have evolved, leading to the use of different terms and definitions. As societal attitudes, legal frameworks, and psychological perspectives have changed, new terminologies have emerged to reflect these shifts.
- *Legal and Jurisdictional Differences:* Child sexual abuse laws and definitions can vary across jurisdictions, resulting in different terms being used to describe similar acts or offences. These variations stem from differences in legal frameworks and cultural contexts, leading to a global range of terminologies.
- *Professional Disciplines and Perspectives:* Various professional disciplines approach child sexual abuse from different perspectives, resulting in the use of diverse terms and definitions. Psychology, social work, law enforcement, and medicine each contribute their unique terminology based on their specific views and practices.
- *Cultural and Contextual Differences:* Cultural norms, values, and beliefs influence how child sexual abuse is conceptualized and discussed, leading to variations in language

and terminology. Different cultural contexts give rise to distinct terminologies reflecting the specific cultural factors at play.

- *Research and Academic Development*: Ongoing research and academic debates contribute to the emergence of new terminologies in the field of child sexual abuse. Advancements in knowledge and insights lead to refined understanding, and researchers propose new terms or modifications to existing ones.
- *Terminological Precision and Clarity*: Multiple terminologies are used to provide precise descriptions and distinctions. Terms may highlight specific aspects of child sexual abuse, such as the age of the victim, the relationship with the perpetrator, the severity of the act, or the impact on the child. This precision aids professionals in addressing specific aspects of child sexual abuse effectively.

While multiple terminologies exist in the context of Child Sexual Abuse (CSA), the fundamental goal remains consistent across all of them; protecting children from harm (protection), supporting survivors (response), and holding perpetrators accountable (justice). Some of these terminologies are highlighted below.

1. *Child Sexual Abuse and Exploitation (CSAE)*: The sexual abuse and exploitation of children, including physical, emotional, and sexual abuse, as well as sexual exploitation.
2. *Child Sexual Abuse and Exploitation Material (CSAM/E)*: A more inclusive term used to describe any visual depiction of a child engaged in sexual activity, including child pornography and images of child sexual abuse.
3. *Child Sexual Abuse Imagery (CSAI)*: Any visual depiction of a child engaged in sexual activity or a visual depiction that appears to be a child engaged in sexual activity.
4. *Child Sexual Exploitation and Abuse (CSEA)*: The broad term used to encompass all forms of sexual abuse and exploitation of children.
5. *Child Sexual Exploitation Material (CSEM)*: Any visual depiction of a child engaged in sexual activity or a visual depiction that appears to be a child engaged in sexual activity.
7. *Child Sexual Exploitation (CSE)* occurs when an individual or group uses a power imbalance to manipulate, deceive, or coerce a child into sexual activity, often in exchange for something the child needs or wants. This can involve the use of media and technology, and physical contact is not always necessary to prove that CSE has occurred.¹
6. *Child Sexual Molestation*: Defined as the act of sexually touching or attacking a child.
7. *Child Trafficking for Sexual Exploitation*: The recruitment, transportation, transfer, or harbouring of a child for sexual exploitation.
8. *Children living in prostitution situations*: Refers to children who are exposed to a prostitution environment due to their family members' involvement in prostitution-related activities. This can include living in a residential area or working in a

¹ UNODC. (2018)

business where prostitution takes place. Children in these situations are at risk of becoming victims of prostitution.²

8. *Commercial Sexual Exploitation of Children (CSEC)*: refers to the sexual exploitation of children for financial or other material gain. It includes prostitution, pornography, and trafficking.³
 4. *Online Child Sexual Abuse* refers to instances of child sexual abuse facilitated by the internet or instances in which recorded visual or audio content of child sexual abuse is shared online for public or private use.⁴
 9. *Online Child Sexual Exploitation (OCSE)*: The sexual exploitation of children using the internet, including grooming, luring, and trafficking.
 10. *Sexual Abuse and Exploitation of Children (SAEC)*: A more general term used to describe all forms of sexual abuse and exploitation of children, including online and offline exploitation.
 11. *Sexual intercourse with a minor*: Refers to sexual penetration involving a person under 18 years old. This includes penetration of the vagina, anus, or mouth by the penis or other body part, or by an object. Mistakenly believing that the child is of legal age is not considered a defence.
 3. *Sexual violence against children*: encompasses both sexual exploitation and sexual abuse, including physical and psychological violence. This term can be used as an umbrella term to refer to both phenomena, including acts of commission or omission.⁵
 12. *Violence against children*: Encompasses all forms of physical or mental violence, injury, abuse, neglect or negligent treatment, maltreatment, or exploitation, including sexual abuse.⁶
- (a) *Sexual grooming of children*: the process of building a relationship with a child to sexually abuse or exploit them. This can occur both online and offline.⁷

The terms s under consideration are

When implementing intervention measures for child sexual abuse (CSA), it is critical to use certain terms with caution, as explained below.

- (b) Instead of "**webcam child sex tourism**" and "child pornography," preferred terms are "child sexual abuse images" or "child sexual abuse material (CSAM)."
- (c) Instead of "**child sex worker**," "**child selling sex**," "adolescent or young person selling sex," "voluntary or self-engaged prostitution," "transactional sex," and "child sex tourism," it is advised to use terms like "child sexual exploitation," "child sexual abuse,"

² UNODC. (2018)

³ Ibid

⁴ NSPCC. (2019)

⁵ WHO. (2014). Global status report on violence prevention.

⁶ United Nations, Convention on the Rights of the Child.

⁷ NSPCC. (2019). Child sexual exploitation. Retrieved from <https://learning.nspcc.org.uk/safeguarding-child-protection/child-sexual-exploitation-cse/sexual-grooming>.

"child sexually abused in the prostitution industry," or "child sexually abused in the sex tourism industry."

- (d) It is recommended to avoid using the term "**paedophile**" and instead use alternative terms like "child sexual abuser," "offender," or "perpetrator" when describing individuals involved in sexual acts with children. The term "paedophile" refers to a medical diagnosis of a paraphilic disorder and is used in clinical or psychiatric settings to describe individuals with a particular sexual preference. However, it is often misused and applied incorrectly to all child sexual abusers, leading to confusion and misconceptions. Paedophiles are individuals who have a primary or exclusive sexual preference for prepubescent children, indicating a sexual attraction to children who have not yet reached puberty. It is important to note that not all paedophiles act on their attractions or engage in illegal behaviour. It is better suited for use by professionals who diagnose mental disorders, such as psychologists or psychiatrists, but it is important to understand that a clinical diagnosis of pedophilic behaviour doesn't negate the criminal nature of engaging in sexual acts with a child.
- (e) Use the terms '**Victim and Survivors**' of child sexual abuse to avoid hindering emotional and psychological recovery for victims and survivors. Care should always be taken to use the terms "victims" and "survivors" together. The term "victims" and "survivors" are used to recognize the different stages and experiences individuals may go through when they have been impacted by trauma. Victims refer to individuals who have experienced harm or trauma, emphasizing their vulnerability and the immediate aftermath of the event. Survivors refer to individuals who have endured the trauma and are on a journey of healing and recovery. Using both terms acknowledges that individuals may still be dealing with the effects of trauma even after the immediate harm has occurred, and emphasizes the importance of approaching them with sensitivity, understanding, and support. Recognizing both "victims" and "survivors" encourages a person-centred approach⁸ that considers their unique circumstances, preferences, and support requirements.

2. Reasons for cautiousness with terms

When working with victims and survivors of child sexual abuse, it is crucial to be mindful of the language and terms we use. By avoiding triggering, stigmatizing, and victim-blaming language, we can prevent retraumatization and foster a supportive environment. Instead, we should use empowering, trauma-informed language that recognizes survivors' resilience and agency. It is important to accurately acknowledge that children cannot provide informed consent and to use precise language that highlights the criminal nature of abusive actions against children. By being mindful of our language choices, we can create a compassionate

⁸ A person-centered approach is a philosophy or framework that focuses on placing the individual at the center of their own care and decision-making processes. It recognizes that each person is unique, with their own values, preferences, and goals, and that they should be actively involved in shaping their own experiences and outcomes. Key principles of a person-centered approach include respect for the individual, active participation, collaboration, holistic perspective, individualized care, and empowerment. It shifts the focus from a one-size-fits-all approach to recognizing and honoring the individuality of each person, and seeks to create a supportive and empowering environment where the person feels heard, valued, and actively involved in their own care and decision-making processes.

and healing space for victims and survivors, promoting their well-being, respect, and justice. Further explanation is provided below:

- (a) **Avoiding re-traumatization:** When survivors of child sexual abuse encounter certain words or terms associated with their traumatic experiences, it can trigger painful memories, emotions, and psychological distress. To create a safe and supportive environment, we must be cautious and sensitive in our language choices. By using language that respects their experiences and promotes healing, we can help prevent re-traumatization and support their recovery process.
- (b) **Preventing stigmatization and blame:** Words and terms can contribute to stigmatization and victim-blaming attitudes. When we use language that implies fault or places blame on survivors for the abuse they endured, it reinforces harmful misconceptions and can further traumatize them. For example, using terms like "victim" or "accuser" can undermine their experiences and create doubt about the validity of their trauma. Instead, we should use language that focuses on their strength and resilience, avoiding any language that perpetuates blame or stigmatization.
- (c) **Fostering empowerment and agency:** Empowering language is crucial in supporting survivors of child sexual abuse. By avoiding words or terms that solely portray them as victims, we recognize their inherent strength and resilience. It is important to emphasize their agency and ability to heal and move forward. Using language that highlights their capacity to overcome the impact of the abuse can contribute to their sense of empowerment and assist in their healing journey.
- (d) **Embracing a trauma-informed approach:** A trauma-informed approach is essential when working with survivors of child sexual abuse. It acknowledges the profound impact of trauma on individuals and seeks to create an environment that fosters safety, trust, and empowerment. Using language that is sensitive, validating, and respectful of survivors' experiences is a fundamental aspect of this approach. By being trauma-informed in our language choices, we can support survivors and create an atmosphere that promotes healing and growth.
- (e) **Avoiding inaccurate impressions of consent:** Children lack the legal, cognitive, and emotional capacity to provide informed consent in the context of child sexual abuse. It is crucial to use language that avoids conveying an inaccurate impression that the child consented to or actively participated in the abuse. Their limited understanding of sexuality, power dynamics, and the potential harm associated with sexual activities prevents them from giving valid consent. Recognizing this is essential to ensure that the blame is appropriately placed on the perpetrator and not on the child.
- (f) **Upholding the criminalization of abusive actions against children:** Using precise and direct language is crucial when discussing abusive actions against children. Terms such as "abusive actions against children" accurately convey the seriousness and criminal nature of the harm inflicted upon them. By explicitly acknowledging the criminality of such actions, we reinforce the importance of effective child protection efforts, appropriate interventions, and legal action. It is essential to use language that highlights the need for

legal consequences, supports survivors, and holds perpetrators accountable for their abusive behaviour.

3. Exploring Sexual Abuse Beyond Child Victimization

There are terminologies associated with sexual abuse that specifically apply to situations involving adult victims and perpetrators. These terms do not encompass child sexual abuse and can sometimes be mistaken for involving children. Here are a few examples:

- (b) *Sexual assault*: defined as the act of forcing someone to engage in sexual activity without their consent. It involves any forced sexual contact or other sexual crime.
- (c) *Sexual victimization*: occurs when a sexual act is committed or attempted without the victim's consent or against someone unable to refuse or give consent, including acts facilitated by technology. Such acts are illegal.
- (d) *Sexual violence*: a term used to refer to all forms of sexual victimization against both adult women and children.
- (e) *Gender Based Violence /Sexual Gender Based Violence*: includes any abusive behaviour sexual, physical, psychological, mental, or emotional that is carried out against the victim's will and is motivated by socially constructed gender differences or 'acts of violence that disproportionately harm people of a certain gender'.⁹

2. Child Sexual Grooming

Child sexual grooming is a deliberate process by which a child sexual offender gradually initiates and maintains an abusive sexual relationship with a minor in secrecy. It is a psychologically manipulative process used to desensitize a child towards sex, making them less likely to reject or report the abusive behaviour. Perpetrators spend weeks, months, or even years grooming the victim and gaining the trust of the victim's family and community.

The grooming process can involve a complex series of back-and-forth behaviour patterns that build on each other while progressing towards an abusive relationship. On the surface, some of these behaviours could appear to be characteristic of a caring adult. Groomers adapt their grooming patterns to different situations, thus having different grooming patterns, but it is important to note that they all have common stages. This explains why the majority of sexually abused children can easily identify the perpetrator.

The stages of sexual grooming are:

1. Targeting

The offender selects and targets the child they wish to groom. Children's workers need to be aware of adults who take a particular interest in a child and start to spend a lot of one-on-one time with them. They need to make sure that children are not left alone with an adult who has not been approved by the church or the child's parents. Relationship building: The

⁹ IASC. (2005).

offender gains the child's trust by becoming involved in their life and acting as a friend or mentor. Children's workers need to pay attention to adults who are trying to get close to children outside of the church's approved activities. They should make sure that adults are not using their position in the church to gain access to children's personal information, such as their home address or phone number.

2. Filling a need

The offender fills a void or provides the child with something they lack, such as attention, affection, or material items. Children's workers should be aware of adults who are giving gifts or special attention to a particular child. They need to make sure that children understand that adults should not be giving them gifts or special attention without their parent's approval.

3. Isolating the child

The offender creates opportunities to be alone with the child and gradually distances them from friends and family. Children's workers need to be aware of adults who are trying to separate a child from the group and take them to a private location. They should make sure that children are never alone with an adult in a private location and that there are always other people around.

4. Sexualizing the relationship

The offender introduces sexual topics or touches and gradually increases the level of sexual contact. Children's workers need to be aware of any sexual comments, jokes, or inappropriate behaviour towards a child. They need to make sure that children are aware of what is appropriate behaviour and what is not, and that they feel comfortable coming to an adult if they are ever made to feel uncomfortable.

5. Maintaining control

The offender uses secrecy, blame, or threats to control the child and ensure that they do not disclose the abuse. Children's workers need to be aware of adults who are telling a child to keep secrets or are making threats to keep them quiet. They should make sure that children understand that they can come to an adult if they are ever made to feel uncomfortable or if they are being asked to keep secrets.

3. Intrafamilial Child Sexual Abuse

One of the types of CSA that is rarely reported to the authorities is Intrafamilial Child Sexual Abuse. This is sexual abuse that occurs within a family. The perpetrator may be the victim's biological relative or someone who is not blood-related to the victim but is considered a family member, especially in African culture and traditions.

Several factors contribute to the underreporting of Intrafamilial Child Sexual Abuse, including:

(a) The Belief that Abuses Don't Occur Within Families

The difficulty of dealing with family members and relatives who do not believe that abuse can occur among family members. The strong emphasis on family unity and loyalty in an African context often makes it challenging for people to accept that abuse can happen within their own families. Victims may be pressured to remain silent to avoid bringing shame to the family. Cultural norms, such as the expectation for women and children to obey and respect their husbands or fathers regardless of their actions, further complicate their ability to speak out against abuse within the family.

(b) The impact of strained relationships and support systems due to reporting of abuse within the family.

Pursuing a case of abuse within the family can result in strained relationships with the abuser, directly impacting the child's support system. When abuse is reported, it often creates tension and conflict between the victim and the perpetrator. This issue is especially complex when the abuser holds a provider role or has a close familial connection, like being a grandfather or an uncle. In African culture, where there is a strong emphasis on respecting elders, a child may perceive reporting an adult perpetrator as an act of disrespect.

(c) Navigating extended family and cultural influences in abuse cases often involves conflicting advice and reluctance.

The possibility of strained relationships with extended family members, friends, or acquaintances, combined with conflicting advice from various sources, can make it difficult for victims to make sense of their situation. In many African cultures, extended family members and religious leaders hold significant influence and may provide conflicting guidance on how to address abuse within the family. This conflicting advice creates confusion and reluctance to report, as victims fear causing divisions within their family or community or going against elders or leaders.

(d) The Complexity of Reporting Abuse perpetrated by Trusted Community Members

Abusers often enjoy the trust and respect of not only the victims they exploit but also the wider community. Abusers may hold positions of authority or esteem within their communities, such as religious leaders, leaders or esteemed individuals. This dynamic further complicates the ability of children to come forward and be believed, particularly when their abuser is regarded as a trusted and respected member of the community.

(e) Abusers employ manipulation and intimidation tactics to silence victims.

Abusers may employ threats or manipulation to ensure that the child does not report the abuse. In some African cultures, where respecting and obeying elders is an ingrained culture abusers may exploit this cultural norm to intimidate their victims and discourage them from speaking out.

(f) Addressing child abuse faces challenges due to societal reluctance and the taboo surrounding the topic.

Society's reluctance to openly address issues of child abuse makes it challenging for children to talk about their experiences. Children who attempt to report abuse may face ignorance,

blame, dismissal, or shame. Openly discussing sexuality may be considered taboo in some African cultures, leading to a tendency to brush abuse under the rug rather than confront it directly. Consequently, children find it difficult to seek help or report the abuse they endure.

(g) Children often experience internal conflicts of loyalty and guilt when considering reporting family members as abusers.

Some children may resist reporting the offender due to their desire to avoid causing trouble for them. This is particularly true when the abuser is a family member or someone the child trusts. In some African cultures, where respect for elders and authority figures is ingrained, children may feel guilty for "disrespecting" their abuser by speaking out against them.

(h) Self-blame and cultural expectations impact victims' self-perception and help-seeking.

Children who suffer abuse may internalize guilt and blame themselves for what they have endured. This feeling of guilt and shame can be especially strong if the abuser is someone they trust. In some African cultures, victims may be unfairly blamed for not being seen as "pure" or "respectable." This further complicates their ability to recognize themselves as victims and seek help and support.

(i) Examining the relationship between incest and intrafamilial child sexual abuse.

Incest is a term that refers to sexual activity or marriage between individuals who are closely related by blood. When this type of sexual activity involves minors, it is categorized as intrafamilial child sexual abuse. The prevalence and societal perception of incest varies across cultures, with many societies considering it morally and legally unacceptable.

Similarities of incest and intrafamilial

Both incest and intrafamilial child sexual abuse share several important similarities:

- In both cases, there is a profound *breach of trust* within the family unit. The individuals involved, particularly minors, should be able to trust their family members to provide care, support, and protection. Sexual abuse disrupts this fundamental trust, often leaving long-lasting psychological and emotional scars.
- Incest and intrafamilial child sexual abuse involve the *violation of personal boundaries*. Family members are expected to respect each other's physical and emotional boundaries, creating a safe and secure environment. When these boundaries are crossed through sexual abuse, it can lead to confusion, guilt, and a distorted understanding of healthy relationships.
- Both incest and intrafamilial child sexual abuse can have severe psychological, emotional, and physical consequences for the victims. Survivors often experience a range of issues, including depression, anxiety, post-traumatic stress disorder (PTSD), low self-esteem, and difficulties with intimacy and trust in future relationships.

Differences between Incest and Intrafamilial Child Sexual Abuse

While incest and intrafamilial child sexual abuse are closely related, there are also some differences notably:

- **Blood Relation.** Incest specifically refers to sexual activity between individuals who are closely related by blood. In contrast, intrafamilial child sexual abuse can involve abuse by individuals who are not biologically related to the victim but are part of the same family unit.
- **Legal Definitions.** Different jurisdictions have specific legal definitions and penalties for incest and intrafamilial child sexual abuse. These definitions may vary, so it is essential to refer to local laws for precise interpretations and consequences.

4. Indicators for child sexual abuse

Child sexual abuse can have physical, psychological, and behavioural indicators. Some common indicators for each category are:

a. Behavioral Indicators

1. *Sudden and Unexplained Changes in Behavior, such as Becoming More Withdrawn or Aggressive:* Child victims of sexual abuse may exhibit sudden changes in their behaviour. They might become more withdrawn, avoiding social interactions and isolating themselves. On the other hand, some children may become unusually aggressive or exhibit angry outbursts. These changes in behaviour can be a response to the emotional turmoil and confusion caused by the abuse.
2. *Avoidance of Certain People or Places:* Children who have experienced sexual abuse may actively avoid being around certain individuals or places that remind them of the abuse or trigger distressing memories. They may go to great lengths to stay away from specific people, even if they were previously close to them, or they may refuse to visit certain locations without providing a clear explanation.
3. *Sexualized Behavior or Language Beyond What Is Age-Appropriate:* Child victims of sexual abuse may display sexualized behaviour or use language that is beyond what is developmentally appropriate for their age. They may exhibit knowledge of sexual acts or explicit language that they shouldn't typically have at their age. This behaviour can result from exposure to sexual content or engaging in inappropriate sexual activities.
4. *Running Away from Home:* Some children who experience sexual abuse may resort to running away from home as a means of escaping the abuse or the environment in which it is occurring. They may feel that running away is the only way to gain control over their situation or to seek safety. Running away can be an indication of the extreme distress and fear the child is experiencing.
5. *Substance Abuse:* Child victims of sexual abuse may turn to substance abuse as a way to cope with the emotional pain and trauma they have endured. Drugs or alcohol may temporarily numb their feelings or provide an escape from the distressing memories

associated with the abuse. Substance abuse can serve as a maladaptive coping mechanism and may indicate the need for professional intervention.

6. *Risk-Taking Behavior, Including Self-Harm*: Child victims of sexual abuse may engage in risky behaviours as a form of self-destructive coping or to regain a sense of control. This can include self-harming behaviours such as cutting, burning, or excessive risk-taking activities that endanger their physical well-being. These behaviours can be a cry for help or a manifestation of their internal turmoil.

b. Physical Indicators

1. *Unexplained Bruises, Bleeding, or Injuries in the Genital Area*: Children who have experienced sexual abuse may exhibit unexplained bruises, bleeding, or injuries in the genital area. These injuries can be a result of forceful contact, penetration, or other forms of sexual assault. It is important to note that not all cases of child sexual abuse result in visible physical injuries, so it's crucial to consider other signs and symptoms as well.
2. *Difficulty Walking or Sitting*: Children who have been sexually abused may experience pain or discomfort while walking, sitting, or engaging in activities that put pressure on their genital area. This can be indicative of physical trauma or injury caused by sexual abuse.
3. *Torn, Stained, or Bloody Clothing*: Sexual abuse can sometimes lead to torn, stained, or bloody clothing. These signs may be indicative of a struggle or forceful removal of clothing during the abusive incident. It's essential to consider these physical indicators along with other emotional and behavioural signs.
4. *Pain or Discomfort When Urinating or Defecating*: Child victims of sexual abuse may experience pain or discomfort while urinating or defecating. This can occur due to physical trauma or infection in the genital area as a result of the abuse. It's important to approach these symptoms sensitively and seek appropriate medical attention.
5. *Sexually Transmitted Infections (STIs)*: In some cases of child sexual abuse, the perpetrator may transmit sexually transmitted infections (STIs) to the child. If a child unexpectedly presents with an STI, it may raise concerns about potential sexual abuse. Medical examination and appropriate testing are necessary to confirm the presence of an STI and assess the child's overall well-being.
6. *Pregnancy (in cases of abuse of older children or adolescents)*: In instances where older children or adolescents are sexually abused, pregnancy may occur as a result. If a child or adolescent unexpectedly becomes pregnant, it is essential to consider the possibility of sexual abuse and ensure appropriate support and intervention are provided.

c. Psychological Indicators

1. *Nightmares or Difficulty Sleeping*: Children who have experienced sexual abuse may suffer from nightmares or have difficulty sleeping. These dreams may be related to the traumatic experiences they have endured and can cause distress and fear. Sleep disturbances can be an indication of the emotional and psychological impact of the abuse.

2. *Fear or Anxiety Around Certain People or Places:* Children who have been sexually abused may exhibit fear or anxiety around certain individuals, particularly the abuser or people who remind them of the abuser. They may also feel uncomfortable in specific places or situations associated with the abuse. This fear and anxiety may manifest as clinginess, withdrawal, or avoidance.
3. *Depression or Withdrawal from Friends and Family:* Child victims of sexual abuse may experience depression or withdrawal from their usual activities, including spending time with friends and family. They may become emotionally distant, lose interest in previously enjoyed activities, and isolate themselves. These changes in behaviour can be a result of the trauma they have experienced.
4. *Changes in Appetite or Sudden Weight Loss/Gain:* Sexual abuse can have a profound impact on a child's emotional well-being, which can manifest in changes in appetite or significant fluctuations in weight. Some children may experience a loss of appetite and weight loss, while others may turn to food as a coping mechanism, leading to weight gain. These changes may be signs of emotional distress.
5. *Self-harm or Suicidal Behavior:* Child victims of sexual abuse may engage in self-harm or exhibit suicidal behaviour as a way to cope with the emotional pain and trauma they have experienced. This can include cutting, burning, or other forms of self-inflicted harm. Any indications of self-harm or suicidal ideation require immediate attention and intervention.
6. *Regression to Earlier Behaviors (such as bedwetting):* Child victims of sexual abuse may regress to earlier developmental stages or exhibit behaviours they have outgrown, such as bedwetting, thumb-sucking, or excessive clinging. This regression is a response to the overwhelming stress and trauma they have endured and can serve as a coping mechanism.

None of these indicators alone is definitive proof of child sexual abuse, other factors should be considered before concluding. The best thing is that if you suspect that a child is being sexually abused, it's important to report it to the appropriate authorities.

1. Myths on Child Sexual abuse

1. Myth: Child sexual abuse is rare.

Fact: Child sexual abuse is more prevalent than commonly believed and often goes unreported. ¹⁰

2. Myth: Children often fabricate stories of sexual abuse.

Fact: False allegations of child sexual abuse are rare, with studies indicating rates between 2% and 10%. ¹¹

3. Myth: Child sexual abuse is primarily committed by strangers.

¹⁰ Finkelhor, Turner, Shattuck, & Hamby, 2014, pp. 1-10.

¹¹ London, Bruck, Ceci, & Shuman, 2005, p. 194-226.

Fact: The majority of child sexual abuse cases involve someone known to the child, such as a family member, family friend, or acquaintance.¹²

4. Myth: Children who are sexually abused will always show immediate behavioural changes. Fact: Some children may exhibit immediate behavioural changes, while others may not display noticeable signs of abuse.¹³

5. Myth: Most child sexual abuse cases involve violence or physical force.

Fact: Many instances of child sexual abuse occur through manipulation, coercion, or grooming tactics, without involving physical force.¹⁴

6. Myth: Child sexual abuse only happens in low-income or dysfunctional families.

Fact: Child sexual abuse cuts across all socioeconomic backgrounds and can occur in any family or community.¹⁵

7. Myth: Only girls are victims of child sexual abuse.

Fact: Both boys and girls can be victims of child sexual abuse. Boys may be less likely to disclose their abuse due to social stigmas.¹⁶

8. Myth: Most child sexual abuse occurs in isolated incidents.

Fact: Child sexual abuse can be a single incident or ongoing abuse that persists for months or even years.¹⁷

9. Myth: Child sexual abuse is primarily committed by males.

Fact: Both males and females can perpetrate child sexual abuse, although the majority of reported cases involve male offenders.¹⁸

10. Myth: Children who are sexually abused will inevitably become abusers themselves.

Fact: While some individuals who were abused as children may go on to perpetrate abuse, the majority do not become abusers.¹⁹

11. Myth: Reporting child sexual abuse will only make things worse for the child.

Fact: Reporting child sexual abuse is crucial to protect the child and provide the necessary support and intervention.²⁰

12. Myth: Child sexual abuse is always physically noticeable.

Fact: Physical signs of child sexual abuse may not always be present or visible. Many cases involve no physical injuries.²¹

¹² Finkelhor, 2012.

¹³ Kendall-Tackett, Williams, & Finkelhor, 1993, pp. 164-180.

¹⁴ Fergusson, Lynskey, & McLeod, 2013, pp. 1365-1374.

¹⁵ Beitchman et al. (1992)

¹⁶ Holmes, W. C., & Slap, G. B. (1998).

¹⁷ Paolucci et al. (2001)

¹⁸ Fergusson et al. (2013)

¹⁹ Paolucci et al. (2001)

²⁰ Bonner et al. (2005)

²¹ Kellogg (2005)

13. Myth: Child sexual abuse is a one-time occurrence.

Fact: Child sexual abuse can involve a single incident, but it can also be a recurring pattern of abuse over time. ²²

14. Myth: Children who experience child sexual abuse will recover quickly and without long-term effects.

Fact: Child sexual abuse can have long-lasting psychological, emotional, and behavioural impacts on the survivor. ²³

15. Myth: Child sexual abuse is caused by a lack of parental supervision.

Fact: Child sexual abuse can occur even in families with involved and attentive parents or guardians. ²⁴

16. Myth: Child sexual abuse only happens to children from dysfunctional or troubled families.

Fact: Child sexual abuse can occur in families that outwardly appear functional and stable. ²⁵

17. Myth: Child sexual abuse is primarily a problem in Western countries.

Fact: Child sexual abuse is a global issue that affects children in various cultures and countries. ²⁶

18. Myth: Child sexual abuse can be justified in certain cultural or religious contexts.

Fact: Child sexual abuse is never justifiable, regardless of cultural or religious beliefs. ²⁷

19. Myth: Child sexual abuse only affects the survivor during childhood.

Fact: Child sexual abuse can have long-term effects on the survivor's mental health, relationships, and overall well-being into adulthood. ²⁸

20. Myth: Child sexual abuse is a private matter that should be kept within the family.

Fact: Child sexual abuse is a crime, and it is essential to report it to the appropriate authorities to investigate and protect the child. ²⁹

²² Fergusson et al. (2013)

²³ Kendall-Tackett et al. (1993)

²⁴ Beitchman et al. (1992)

²⁵ Putnam, F. W. (2003).

²⁶ Stoltenborgh et al. (2011)

²⁷ Gilbert et al. (2009)

²⁸ Nelson et al. (2002)

²⁹ Bonner et al. (2005)

Bibliography

- Beitchman, J. H., Zucker, K. J., Hood, J. E., & daCosta, G. A. (1992). A review of the long-term effects of child sexual abuse. *Child Abuse & Neglect, 16*(1), 101-118.
- Bonner, B. L., Walker, C. E., Berliner, L., & Reinhold, R. B. (2005). Children's disclosure of sexual abuse: A synthesis of qualitative research. *Social Work, 50*(3), 295-308.
- Fergusson, D. M., Lynskey, M. T., & McLeod, G. F. (2013). Childhood sexual abuse and psychiatric disorder in young adulthood: II. Psychiatric outcomes of childhood sexual abuse. *Journal of the American Academy of Child & Adolescent Psychiatry, 34*(10), 1365-1374.
- Finkelhor, D. (2012). *Characteristics of crimes against juveniles*. Durham, NH: Crimes against Children Research Center.
- Finkelhor, D., Turner, H. A., Shattuck, A., & Hamby, S. L. (2014). Prevalence of childhood exposure to violence, crime, and abuse: Results from the National Survey of Children's Exposure to Violence. *JAMA Pediatrics, 168*(8), 1-10.
- Gilbert, R., Widom, C. S., Browne, K., Fergusson, D., Webb, E., & Janson, S. (2009). Burden and consequences of child maltreatment in high-income countries. *The Lancet, 373* (9657), 68-81.
- Holmes, W. C., & Slap, G. B. (1998). Sexual abuse of boys: Definition, prevalence, correlates, sequelae, and management. *JAMA, 280*(21), 1855-1862.
- Kellogg, N. D. (2005). Evaluation of the child for sexual abuse. *Paediatrics, 116*(2), 506-512.
- Kendall-Tackett, K., Williams, L., & Finkelhor, D. (1993). Impact of sexual abuse on children: A review and synthesis of recent empirical studies. *Psychological Bulletin, 113*(1), 164-180.
- London, K., Bruck, M., Ceci, S. J., & Shuman, D. W. (2005). Disclosure of child sexual abuse: What does the research tell us about the ways that children tell? *Psychology, Public Policy, and Law, 11*(1), 194-226.
- Muoki, P. (Year). *Equipping Children's Ministry in Churches: A Comprehensive Handbook for Child Protection*. Nairobi, Kenya: Scripture Union of Kenya.
- Nelson EC, Heath AC, Madden PAF, Cooper ML, Dinwiddie SH, et al. (2002). Association between self-reported childhood sexual abuse and adverse psychosocial outcomes: Results from a twin study. *Archives of General Psychiatry, 59*(2), 139-145.
- Paolucci, E. O., Genius, M. L., Violato, C., & Saklofske, D. H. (2001). A meta-analysis of the published research on the effects of child sexual abuse. *Journal of Psychology, 135*(1), 17-36.
- Putnam, F. W. (2003). Ten-year research update review: Child sexual abuse. *Journal of the American Academy of Child & Adolescent Psychiatry, 42*(3), 269-278.
- Stoltenborgh, M., van Ijzendoorn, M. H., Euser, E. M., & Bakermans-Kranenburg, M. J. (2011). A global perspective on child sexual abuse: Meta-analysis of prevalence around the world. *Child Maltreatment, 16*(2), 79-101.
- Terminology and information on Drugs. United Nations : Office on Drugs and Crime.
https://www.unodc.org/unodc/en/scientists/terminology-and-information-on-drugs_new.html

Copyright © 2023 Scripture Union of Kenya
"Child Protection and Safe Spaces in Children's Ministry - Child Sexual Abuse"
Rev. Paul Muoki Mwangangi
P.O. Box 407171-00100, GPO Nairobi, Kenya, East Africa

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means - electronic, mechanical, photocopying, recording, or otherwise - without the prior permission in writing of the copyright holder.

All Scripture quotations are from the Holy Bible, New International Version® (NIV®), Copyright © 1973, 1978, 1984, 2011 by Biblica, Inc.®, used by permission.

For rights of translation or reproduction, applications should be made to:
The National Director
Scripture Union of Kenya
P.O. Box 407171-00100, GPO Nairobi, Kenya, East Africa.