Promoting Sexual Safety in Adoptive Families

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 (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 such settings are not immune to sexual abuse either.

Sexual abuse is often a trauma that comes to light post-adoption. Frequently, the adoptive family is the first to learn about the child's sexual trauma. Children tell when they feel safe and more certain that their days of moving are really over. Children also reveal sexual abuse due to triggers—a biology class, a family tree project, a health class, puberty, etc.

Sexual abuse is defined as activity with or interaction between a child and an older person—juvenile or adult—where the intent is to sexually arouse one or both of the parties or to control the child (Duehn & Anderson, 2004). There is an array of sexual behaviors that occur with children—fondling the child, the child fondling the adult, exposing the child to pornography, having the child participate in pornography, prostitution, intercourse, oral sex, masturbating the adult, kissing, 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).

All parents need to address sexual matters with their children. However, as the following facts about sexual abuse make clear, there is a greater urgency to do so in families who adopt a child with a history of sexual abuse:

- Physical problems: headaches, stomach pain, asthma, bladder infections and chronic pelvic pain. Some proportion of medical complaints presented to physicians and other health care practitioners may less reflect inherent bodily dysfunction than anxiety.
- Sexual abuse victims tend to perceive themselves as different from others and tend to be less trusting of those in their environment. They are less socially competent, more aggressive and more socially withdrawn. They have fewer friends during childhood, less satisfaction in relationships and report less closeness with their parents.
- Sexual abuse negatively impacts overall academic performance.
- A history of sexual abuse contributes to poor self-esteem.
- Child victims 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.
- The rate of teen pregnancy among sexually abused girls is approximately four times higher than non-abused girls.
- At ages when sexual activity is appropriate, sexual aversion may develop. Unpleasant memories and feelings connected with traumatic sexualization become associated with subsequent sexual arousal. There may be a specific aversion to sexual thoughts, feelings and situations reminiscent of the abusive experience. This negative association with sex may interfere with sexual pleasure.
- Those sexually abused in childhood are more likely to experience sexual preoccupation expressed in the form of pornography consumption, excessive masturbation and an

overactive sexual fantasy life. Unexpressed or internalized sexual compulsions can also be expressed through compulsive spending, gambling, overeating or binging.
- Sexually abused adolescents are eighteen to twenty-one times more likely to become substance abusers.
- A history of childhood sexual abuse is highly correlated with an increased number of sexual partners and consequently much higher rates of sexually transmitted diseases, including HIV.
- Adults who were molested as children document more frequent suicidal behavior and/or greater suicidal ideation. (Briere & Elliott, 1994; Kendall-Tackett, Williams & Finkelhor, 1993; Putnam, 2003; Putnam, 2006; Trickett, McBride-Chang & Putnam, 1994 and Trickett & Putnam, 2003).

A point that needs to be made is that most children who have been sexually abused do not go on to be life-long sexual perpetrators. The large majority of children who have experienced sexual abuse will never engage in or will learn to stop sexual interactions with other children. Once they move into a healthy family, they frequently conclude, or they are taught by healthy adults, that engaging in sexual activity with one's siblings, other children or adults is improper. Until the behaviors of a new arrival become clear, parents may want to consider the following measures to ensure the safety of all of the children in their home:

- A home with adequate bedroom space is preferable. If resident children and adopted children must share a room, then it is essential that the typically-developing children be old enough to comprehend what would be considered a sexual touch. Brothers and sisters need to understand clearly that sexual advances should be immediately reported to the parent.
- Door alarms offer the ability to offset opportunities for sexual acting out. An alarm on each child's bedroom door ensures that everyone is in his respective bedroom. The child who has experienced trauma often feels a sense of safety as a result of a door alarm. He knows that no one has access to him. Thus, he can sleep soundly without fear of re-victimization.
- Periodically ask your children if sexual advances have been made. Children are more likely to tell when adults make clear that they are open to such disclosures. Include in this discussion what will happen if the child does report sexual advances. Children worry that they or their sibling will "get in trouble." They are frequently fearful of repercussions from the perpetrator (if sexual interactions are occurring).
- Develop and implement an Adoptive Family Safety Contract—designed to keep everyone in the family safe. It lists the rules for living together safely, for respecting the rights of others, and for ensuring the personal safety of everyone in the family.
- Explain the types of touch that are acceptable in your family (i.e., hugs, bedtime kisses, snuggling on the couch while watching a movie, etc). Clarify rules regarding privacy.
- If you do discover sexual activity, attempt to react as calmly as possible. Make clear your expectations that the behavior you witnessed or were informed of needs to cease permanently. Be clear, direct and use anatomically correct language.
- Provide supervision for as long as necessary.
- Develop a working knowledge of sexual development. This will help discern "normal" sexual behaviors from those that are problematic.
- Seek professional help to reduce the possible negative outcomes described above.
- Be vigilant! Do not allow yourself to believe that sexual interactions cannot happen in your home.

Being proactive about sex and sexuality may not come easily to some parents, and it also means talking to the typical kids about sex and sexuality at much younger ages than parents had anticipated. However, proactivity ensures the sanctity of the home environment desired by all parents.