

THE CHILD SEXUAL ABUSE ACCOMMODATION SYNDROME: WHY IT'S STILL RELEVANT

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Summit, Roland C. (1983). The child sexual abuse accommodation syndrome. *Child Abuse & Neglect*, 7, 177-193.

Why is the CSAAS still important?

It helps us to:

- Understand the child's predicament
- Understand why sexually abused children behave the way they do.
- Be aware of the stereotypes and misconceptions we have about victim behavior.

What is the Child Sexual Abuse Accommodation Syndrome?

- It was proposed as a simple and logical model for understanding the child's predicament in the dynamics of sexual victimization.

- It is not a model to predict or diagnose the occurrence of child sexual abuse.

- It is a way to help us understand the self-camouflaging and self-stigmatizing behavior of the victim.
- It summarizes and organizes the behavior patterns seen frequently in victims of csa.

- It is an attempt to disabuse us of the common myths we hold as adults that:

- sexual abuse is so noxious that, of course, a child would make an immediate outcry;
- that a complaint of child sexual abuse is more reliable when it is a fresh and consistent complaint;

- that child sexual abuse is rare;
- that delayed disclosure is indicative of deceit, and
- that a retraction is a reassuring indication that children lie about sexual abuse.

- The syndrome or pattern should not be applied rigidly. It only represents a common denominator of frequently observed victim behaviors.

The 5 Categories of CSAAS

- Secrecy
- Helplessness
- Entrapment and accommodation
- Delayed, conflicted and unconvincing disclosure
- Retraction

Secrecy

- One terrifying reality of child sexual abuse is that it happens only when the child is alone with the offending adult and it must never be shared with anyone else.

- Because of the secrecy, the consistent and meaningful impression gained by the child is one of danger and fearful outcome.

- However gentle or menacing the intimidation may be, secrecy makes it clear that it's something bad and dangerous.

- Being told "I can tell you like it" makes the child feel like a conspirator. The gradual seduction by the perpetrator with attention, favors, privileges, treats, and rewards leaves the child feeling responsible and guilty.

- The secrecy alienates the child from the non-abusing parent or other adults. The secrecy and threats drive a wedge of shame between the child and potentially trustworthy and helpful adults.

- The child must now bear a terrible burden. The secrecy becomes both the source of fear and the promise of safety. "Everything will be OK if you don't tell."

- Contrary to our adult expectations that a victim would seek help, many never tell anyone in their childhood. They fear that they would be blamed for it or they would not be believed and that a parent would not be able to protect them from retaliation.

What have Adult Retrospective Surveys told us?

- Most child sexual abuse victims who reveal abuse in adult retrospective surveys never told anyone about their abuse while they were a child, and many had not revealed the abuse to anyone before the survey.
- Many abuse victims will fail to report abuse to surveyors.
- Fewer than 10% of respondents who acknowledge abuse in surveys state that their disclosure was reported to authorities.

Adult surveys...

- Only 2% of women in surveys who acknowledge abuse report having remembered abuse with the help of a therapist.
- Victims' failure to disclose is sometimes motivated by the closeness of the relationship between the victim and the perpetrator, fear of the perpetrator, but often includes self-blame or fears of being blamed by others.

Helplessness

- If we expect a child to yell for help, protect himself or immediately disclose abuse, we are ignoring the fundamental helplessness and subordination of children within authoritarian relationships.

- Children don't have equal power to say no to an adult in authority or to understand the consequences of sexual involvement with an adult caretaker.
- The reality of sexual abuse is a relentless and progressive intrusion of sexual acts by an overpowering adult in a one-sided victim-perpetrator relationship.

- The fact that the perpetrator is often in a trusted and loving position only increases the imbalance of power and the child's helplessness.
- A *normal* reaction of a young person to an adult's sexual advance is to freeze, say nothing, "play possum".

- There is often the assumption that uncomplaining children or adolescents are acting in a consenting relationship.
- Children will all too readily assume responsibility in an effort to counter their powerlessness and feel they are in control. They are easily ashamed of their helplessness and are reluctant to expose it.

Some implications

- Avoid questions or a tone that may sound judgmental.
- Assist the parent to respond supportively to the child or adolescent victim.
- Provide immediate advocacy and support.

What can we learn about secrecy and helplessness from the offender's perspective?

- Research with child sex offenders reveals that they take great care and time to befriend the child and win the child's trust by demonstrating love, appreciation, and attention. They spend time with the child, give gifts, toys, privileges, or opportunities not otherwise available, sometimes introducing alcohol and pornography.

- Extrafamilial offenders become "like family" winning the trust of the child's family to gain access. Some chose specific careers to gain access to children.
- When the offender is a parent, the special attention paid to the child, while making the child feel special, isolates the child from the other family members, and creates resentment from siblings.

- The offender will take advantage of the child's trust and gradually desensitize the child to physical contact through progressively more invasive and more sexual talk and touch. This allows the offender to test the child's willingness to consent and the likelihood that the child will disclose.

- Offenders endorse a mixture of bribes and threats as they assure the child of the harmlessness and morality of the actions.
- They prey upon the child's helplessness by threatening to tell on them about having sex or making them feel as if there was nothing they could do to stop it, or they won't be believed. Because the child acquiesced to non-sexual touch during the grooming process, they may readily believe they have granted permission for more sexual contact.

- Some offenders warn children of dire consequences if they tell, such as the family will split up, they'll get in trouble, the offender will go to jail.
- The offender's efforts to gain the child's compliance and cooperation help explain why the child feels responsible for the abuse, fears being blamed and doesn't tell.

Entrapment and Accommodation

- With the abuse continuing, increasing in frequency or intrusiveness, the child's only option is to accept the situation and to survive. The challenge is to accommodate not only to escalating sexual demands, but to an increasing awareness of betrayal – that one is being treated like an object by someone who is ordinarily idealized as protective, altruistic and loving.

- The entrapped and helpless child invokes the Just World hypothesis, "You get what you deserve".
- Being good now means keeping the secret and continuing to submit.
- The child has the power to destroy and the responsibility to keep the family together. Telling the truth now becomes bad.

Delayed, Conflicted and Unconvincing Disclosure

- Even when children do reveal the abuse, their disclosures are often conflicted and delayed.
- Disclosure is often delayed until well into adolescence when the child is more able to demand independence and challenge authority.
- The stereotype of the seductive adolescent is an artifact of delayed disclosure.

- The adolescent seeks help when least likely to get it. Their anger, rebellion, promiscuity, and delinquency stigmatizes them and makes them less believable.
- The very behaviors the child uses to accommodate and to survive invalidate the child's complaint.

Why Kids Don't Tell

- "Scared"
- "Embarrassed"
- "Won't believe me"
- "It's my own fault"
- "I don't want to get him in trouble"
- "I still like him"
- "My parents will be disappointed in me"
- "I'll be grounded"

Why Kids Are Reluctant to Tell

- Feel unduly responsible
- Want to protect family and/or abuser
- Believe they can cope with situation
- Fear of what their own responses to abuse may mean in the context of disclosure
- Past experiences with "system"
- Fear of reprisal

Research identifies consistent patterns in the reasons children give for delayed disclosure. These include:

- Fear of negative consequences for self, family and offender
- Fear of losing family support
- Getting in trouble or being blamed by parent

- Guilt, shame, self-blame (“I didn’t say no... I must have been saying yes.”)
- Effects of disclosures on themselves and others.
- Fears or expectations of other’s reactions.

Why Kids Do Tell

- Abuse and/or effects become unbearable
- Aware other children are at risk
- Develop insight abuse is not OK
- Anger at offender
- Other stressors are disrupting family
- Offender leaves the home/community
- Someone asks about the abuse and provides a safe environment/relationship

Disclosure from the child’s perspective

- Staller and Nelson-Gardell (2005) studied 10 to 18 year old girls and described 3 phases of disclosure from the child’s perspective.
- Self phase
The child must sort through the confusion without the help of others. “You have to believe in yourself.”

Confidant selection-reaction phase

- Once a child has decided to make a public disclosure, the most critical and difficult moments involve weathering adults’ responses.
- Disclosure is not a one-way process. Children receive, process, evaluate, and react to information based on how adults respond to them.

Consequences Phase

- Once told, an account takes a life of its own.
- The problem of gossip is serious and pervasive.
- Adults can act unpredictably. They can discredit, denounce, challenge, threaten and disbelieve.
- Seen in this light, the common question about why children recant can be reframed by wondering why they would stick by an account that jeopardizes their relationships with caregivers.

Retraction

Retraction follows similar dynamics as disclosure.

The child who discloses abuse will be motivated to deny or recant almost every step of the way because of:

- Embarrassment, shame
- Loss

- Perpetrator's access and pressure
- Guilt, ambivalence, obligation to not destroy family.
- The child will lie to try to restore some equilibrium.

Without special support for the child a normal outcome is retraction of the complaint.

- The “take away” point is that we can't assume that denial of abuse, delayed disclosure, inconsistencies in an abuse report, or a recantation is compelling evidence that the original allegation of abuse was false.

Does the science support Summit's CSAAS?

- After over 3 decades of research and hundreds of studies, there is scientific consensus that child sexual abuse victims often remain silent or delay disclosing abuse.
- Some children will deny that abuse occurred despite clear, undisputed physical or medical evidence (i.e., gonorrhea).

The Gonorrhea Studies

- Tom Lyon, J.D., Ph.D. reviewed the medical research examining false denials of child sexual abuse. (Lyon, 2007)
- These STI studies consistently found that a significant number of children will deny sexual abuse even when there is irrefutable evidence.

Lawson and Chaffin, 1992

- Studied pre-pubertal children diagnosed with having sexually transmitted diseases.
- 57% of the children denied any sexual contact when initially interviewed.
- Children were more willing to reveal abuse when they had caregivers who were more willing to consider sexual contact possible.

Parental Response

- The contagious effects of psychic trauma on children when parental figures are affected must not be underestimated.
- Additionally, the parent who is anxious, depressed, numb, or preoccupied may not be physically or emotionally available to the child.
- Children may become exceptionally upset because the usually stalwart figures in their lives are perceived as unstable.

Factors that influence a mother's reaction

- Her own history of sexual abuse
- How she deals with crisis in general
- The relationship she has with her child
- Her relationship with the offender
- Her support network

Implications for intervention

- Stabilize & support parent.
- Project calmness, competence, firmness, encouragement & hope.
- Maintain non-judgmental attitude.
- Alleviate feelings of guilt. Stress that self blame and fears are common.
- Establish rapport and exercise empathy.
- Convey "I am with you" non-verbally.

Interventions continued...

- Focus the problem and assist in constructive planning, i.e., VOC, treatment referrals, housing, safety planning. Give accurate needed information.
- Emphasize normalcy of the emotional reactions to the intense experience
- Encourage relatives to supply physical comfort to the child
- Emphasize resiliency of the human body, psyche and spirit

The Medical Exam

- Collection of forensic evidence
- Health assessment
- Medical treatment
- Reassurance to child and family
- Linkage to follow-up medical & mental health treatment resources
- Facilitate victim recovery

Making the exam a comfortable & empowering experience

- Take time to explain entire exam
- Allow kids to see & touch equipment
- Give the child/adolescents options wherever possible
- Give permission for the child/adolescent to stop the exam at any time

In sum...

- Don't be surprised when a child denies their abuse.
- Don't assume the abuse did not happen.
- Don't think the child will never be able to tell you what happened.
- When a child retracts, don't assume he or she has been lying to you about the abuse.
- Do remember, children "test the waters," and when they feel supported and safe, the "floodgates may open."

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