

### **III. Child Sexual Abuse Syndrome**

The victims who testified about their history of sexual abuse at the hands of priests in the Diocese painted a stark picture of the anguish, pain and humiliation they endured. Dr. Eileen Treacy, a psychologist, college professor, lecturer, author and expert in the field of child development, sexual assault and child sexual abuse, provided the Grand Jury with an understanding of the dynamics of child sexual abuse.

She explained that the phrase “child sexual abuse syndrome” was created by professionals in the field to develop a common language to help understand the process by which an offender entraps a child into a sexually abusive relationship, how the offender is able to escalate the sexual abuse while maintaining secrecy and what happens when the abuse is finally disclosed. An understanding of the syndrome also enables professionals across the various disciplines involved in the investigation, prosecution and treatment of victims and offenders to communicate, free from stereotypes and preconceived notions, about how a victim or an offender should act.

Child sexual abuse syndrome consists of five phases. The first is called engagement or entrapment. In this phase the offender has the job of gaining access to the child, thereby providing an opportunity for the abuse to occur. Offenders establish themselves in a trusted position and begin the process of breaking down the child’s natural inhibitors about sexual behavior. This is not a “hands –on “ sexual period and depending on the skill of the offender may last weeks or even months. These behaviors, and the building of trust that accompanies it, also contribute to the secrecy of child sexual abuse. During this time the child may be getting a lot of attention from a trusted adult. Very often offenders buy children gifts and take them on trips to

places they would otherwise not have the opportunity to go, including sporting events, museums and vacations. This period is also sometimes referred to as a “grooming “ period.

The breaking down of the child’s inhibitors about sex occurs at this time. The sexual relationship will not move forward without this. Sometimes this is done under the guise of sex education and developmental knowledge. Pornography is often introduced to children in this phase. Once the child has been moved towards sexual behavior the next phase of the syndrome begins; the sexual interaction phase.

The sexual interaction phase is usually progressive.<sup>67</sup> That is, it starts out with the lower level of sexual behaviors, touching, kissing etc. and moves forward to more serious sexual conduct as the relationship progresses. The level of secrecy required to perpetuate the relationship becomes paramount at this point. A common stereotype is that this requires an overt threat. This is simply not the case. Often the child’s implicit perception of what will happen to them and to the offender if a disclosure is made is enough. The child is made to feel that they bear responsibility for the behavior; that it is somehow their fault. Boys especially, because of the nature of their sexual arousal, begin to see themselves as participants rather than victims. This wreaks havoc with them psychologically and causes great confusion. Boys are also afraid that they will be viewed as homosexual and fear that their parents will be critical. Girls, on the other hand, believe that they must have done something to bring this upon themselves. Meanwhile, the perpetrator is telling the child that no one will believe them and in fact, frequently, no one does. The natural consequence of this is that children do not disclose the sexual abuse.

<sup>67</sup> As in everything else there is a curve to child sexual abuse. There is also variability depending on the child, the offender and what the offender is looking for.

If and when it happens, disclosure is the next phase of the syndrome. Disclosure is either purposeful or accidental. With children more often than not, the disclosure is accidental. Purposeful disclosure is usually prompted by an event that results in the victim, often as an adult, deciding to reveal their secret. Whenever it occurs, disclosure creates havoc in the life of the individual. All of the mechanisms they have relied upon to cope with the sexual abuse are dissolved and a crisis insues for them and usually for their families. This crisis leads to the next phase of child sexual abuse syndrome; suppression or the efforts the victim makes to push the trauma away. Suppression usually entails minimization and results in the process of disclosure being fragmented and in some cases quieted. The family, community or institution involved closes in on the child to mute the effect of the disclosure.

Children who are sexually abused return to their abusers because they feel powerless to intervene to stop what is happening to them. This factor is exaggerated when the perpetrator is in a position of authority, credibility and trust in the community. The fact that a priest brings to the sexually abusive relationship the element of “holiness” creates a cognitive disequilibrium for the children he abuses. They cannot intellectually process the disparate images created by this. The consequence is a child who is unable to stop the abuse.

The developmental stage at which a child is abused also effects their ability to reject the perpetrator and to disclose sexual abuse. The younger the child the more likely it is that they will disclose. These children generally also respond better to treatment. The children who are the least likely to disclose and the most difficult to treat are grammar school age. This is because they are abused as they are approaching puberty. Adolescents are not far behind simply because they understand the consequences of disclosure on a more sophisticated level.