

CHILD SEXUAL ABUSE

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CHILD SEXUAL ABUSE CURRICULUM - NAPIESV

Add:

- Discussion on past activist/movement victories against taboo issues (ex: HIV/AIDS, LGBTQ rights, domestic violence, addiction, etc.)
- Time for case studies as applicable to people's organizations – create a checklist of some sort, based on organizations that are well-equipped to support survivors and prevent CSA

Materials Needed:

- Fact sheet (1 for each participant)
- Resource sheet (1 for each participant)
- Intersectionality Illustrated sheet (1 for each participant)
- Sites/Contexts of Violence sheet (1 for each participant)
- Case Studies – individuals and organizational situations
- Flip chart paper
- Post-it notes
- Pens for all participants
- Markers for flip chart

Time Needed:

3 Hours (180 Minutes)

Facilitator Preparation

Consider having a therapist or counselor available on site as part of your workshop, ideally in a separate, private space next to or very near the screening room. If this is not possible, distribute a list of local resources and the national sexual assault hotline (800-656-HOPE) to all participants in case anyone requires therapeutic follow-up care. (See Resource Handout for additional resources to share)

INTRODUCTION: 25 MINUTES

Guidelines (5 minutes)

- One Mic: only one person speaks at a time (including facilitator)
- Safe Space: discuss what it will take from participants to create a safe workshop space that encourages respectful dialogue
- Confidentiality: what's said in the room stays in the room, keeping mandated reporting laws in mind (explain those laws if minors are in the room, and discuss ways to have survivors under the age of 18 disclose their survivorship and access care without necessarily having to trigger state involvement if they do not want it. Also discuss the fact that child sexual abuse is illegal and that referrals can be provided to state services and intervention if the survivor so desires, often with support services from survivor advocate organizations.)

- Move Up, Move Back: participants are self-reflective of how much room they are taking up in group conversations; ask those who are normally more quiet to challenge themselves to speak up, and those who are normally more verbal to challenge themselves to listen.
- Ask participants if they have other guidelines to suggest. Record answers on chart paper/the board.

Introduction (2 minutes)

Introduce yourself to participants, adding any background you'd like to share about what brings you to the work to end child sexual abuse in Asian Pacific Islander communities in the US. Explain the workshop topic and review the agenda, briefly.

Resilience (3 minutes)

Talking about or listening to stories about child sexual abuse and other forms of intimate violence can bring up challenging emotions, particularly given that any audience is sure to include survivors and/or people who intimately know survivors (given the statistics on how common this violence is). When people participate in this workshop, they may feel rage, grief, powerlessness, as well as hope for the possibility of healing and transformation.

1. Ask participants to define "resilience" (the ability to recover from or adjust to the effects of individual and collective trauma; one's ability to build relationships with others and help others even after surviving trauma)
2. Explain that Dr. Alicia Lieberman researched brain development of children who had witnessed domestic violence. (for further studies on the neurobiology of trauma and the impact of trauma, see the works of Dr. David Finkelhor, Dr. Bruce Perry, and Dr. Bessel van der Kolk)
3. Children whose brain patterns indicated less damage had one or more of the following:
 - a. A significant and healthy relationship with at least one non-abusive adult
 - b. The capacity to be hopeful about the future (for instance because of spiritual beliefs)
 - c. A well-developed imagination (i.e., as shown by creative outlets)
 - d. Strong problem-solving skills
 - e. A connection to and feeling of care toward nature/animals
 - f. A sense of one's unique, important role in the world
4. Ask participants to reflect silently on some of their own sources of resilience. Encourage them to write two to three of these down. Thank everyone for showing up today.

Warm Up: Who's In the Room? (5 minutes)

Stand up if (can do a moderation with hands raised):

- You are excited about a person or organization that you recently met
- You have done community organizing work
- You create art or media as part of your work
- You work with young people

- You identify as a young person
- You work on issues of child welfare
- You work on violence prevention
- You work on any other type of prevention
- You have read an article or seen a news story about child sexual abuse recently (ask for volunteers to describe)
- You know someone who has experienced child sexual abuse
- Please remain standing and raise your hand if the person you know reported their abuse to state authorities (if you facilitated with raised hands, ask people to stand for this one)

Intro/Expectations (10 minutes)

Have participants go around the room and introduce themselves with:

- Name
- Preferred gender pronoun
- Who they are representing today (organization, geographic location, title)
- One thing they hope to get from this training
- One source of personal resilience/replenishment

UNDERSTANDING CSA IN OUR COMMUNITIES: WHO/WHAT/WHERE/HOW (85 MINUTES)

Scratching the Surface (45 Minutes)

Procedure (15 Minutes)

1. Write the words "Child Sexual Abuse" on the middle of a board or piece of flip chart paper
2. Ask participants to state the first thing that comes to their mind when they hear this phrase. Record answers.
3. What IS child sexual abuse? How would we define it?

If need be, offer this definition:

Child sexual abuse is an umbrella term to describe a variety of sexually abusive, exploitative and violent acts, supported by the use of power, perpetrated against young people from birth through adolescence by an adult, adolescent or older child, including but not limited to:

- rape (penetration of the mouth/anus/vagina by genitalia/fingers/mouth/objects)
- molestation (sexually touching a minor or making a minor touch one in a sexual way)
- exposing a minor to or involving them in pornography
- encouraging a child to be in sexually exploitative pictures (child sexual abuse images)
- exposure to or involvement in prostitution
- exposing one's genitals to a child
- masturbating in front of a child

4. Ask participants where they have seen child sexual abuse referenced/discussed in pop culture or the mainstream news media (ex: Woody Allen/Dylan Farrow, Penn State University, Catholic Church, Boy Scouts, etc.). Record answers.
5. Ask participants to define the word “taboo.”
6. Ask participants where the taboo against discussing child sexual abuse comes from (in general AND in Asian American or Pacific Islander communities). Record answers.
7. Ask, what are some potential health effects of sexual abuse on survivors’ lives? Record answers.
8. Ask participants, in the US, what percent of boys and girls will be sexually abused by the age of 18?
9. Ask participants, how if at all do they think the statistics differ for Asian American or Pacific Islander children?

Processing (30 Minutes)

1. Share that a Centers for Disease Control study begun in 1997, the ACE (Adverse Childhood Experiences) study, has revealed that 1 in 4 people who were identified female at birth, and 1 in 6 people who were identified male at birth will be sexually abused by age 18.
2. How often do we talk about it? Why might that be?
3. Many experts believe the numbers may be higher, due to underreporting.
4. Discuss the long-term health effects of abuse on survivors’ lives (ex: addiction, depression, higher risk of incarceration, higher risk of sexually transmitted infection, etc.).
5. Ask participants, what is the connection between child sexual abuse and other social justice issues (ex: it is a cornerstone of oppression, often people’s first experience of oppression and lesson about dominance and power; it is also a root cause of many social injustices)
6. Fact sheet review/analysis:
 - Distribute fact sheets to each participant, and review together.
 - Ask what conclusions they can make from the data (ex: API youth are less likely to report, to be believed and more likely to harm themselves as a result of the violence)
 - Ask what is inconclusive about the data, what questions they still have
 - Ask why survivors in Asian American or Pacific Islander communities may be hesitant to or discouraged from reporting.
 - (example: collectivity, conformity, inconspicuousness, shame, fatalism. Cultural ageism and sexism – women and children as property. Belief in maintenance of the family above all else. Pressure to “save face” in small, tight-knit ethnic communities. Survival in immigrant communities in a US context – xenophobia, Islamophobia, fear of deportation)
 - Ask why survivors in Asian American or Pacific Islander communities may be hesitant to seek healing services (ex: counseling – cultural attitudes toward family, sexuality, and the mental health system).

Sites & Contexts of Violence (40 Minutes):

Procedure (15 minutes):

1. Distribute Sites & Contexts of Violence handout to all participants.
2. Place sheets of flip chart paper around the room, with one site/context written on each
3. Give each participant post-it notes and a pen/marker
4. Give participants 5 minutes to brainstorm connections/relationships between this site/context and child sexual abuse, using one post-it note per idea
5. Ask participants to post their notes on the relevant papers as they finish brainstorming, and then do a gallery walk around the room for 10 minutes to notice what others have written.
(leads into a break)

Individual

Family

Community

Institutions

- Family
- Schools
- Religious institutions
- Community organizations (sports teams, ethnic organizations, etc.)
- Law enforcement (police)
- Medical institutions

Cultural Norms

Historical Forces

- Genocide
- War
- Colonization
- Incarceration

BREAK: 10 Minutes

Processing (15 minutes)

1. How did it feel to do that activity?
2. Was there anything that surprised you?
3. Why are historical forces important to note when it comes to sexual violence in your own ethnic community and/or family? (ex: history of “comfort women” sexual slavery by Japanese)

soldiers against Korean and Filipina women during WWII, history of European/American colonization in South Asia/Philippines/South Pacific, etc.)

4. What can happen when trauma is treated as an issue to be healed in the private sphere, separate from community empowerment or social justice work?
5. What effects can the privatization of healing have on those who are experiencing trauma? (Write answers on board; point out that many of the statements are about adverse health effects commonly experienced by child sexual abuse survivors)
6. How are issues of trauma survivorship related to issues of social justice?
7. Emphasize that when we consider the prevalence of child sexual abuse with the many other forms of trauma people can experience in childhood (witnessing domestic violence, physical and verbal child abuse, hunger, war, police and other state violence, etc.) we can begin to see that trauma is actually the norm, not the exception. To address social injustice in our world, we must discuss this taboo but endemic form of violence.

ADDRESSING CHILD SEXUAL ABUSE THROUGH OUR ORGANIZATIONS (70 MINUTES)

Understanding Intersectionality (10 Minutes)

- Distribute Intersectionality Illustrated handout
- Ask people for a definition of intersectionality
- Discuss the fact that the chart could be expanded to include many other identity markers
- Discuss the relationship of privilege and oppression to each marker on the handout
- Ask why this is relevant to working to address/end child sexual abuse

Case Studies (40 minutes)

Procedure Part 1 (15 minutes):

Divide participants into 4 small groups

Give each group a case study (Saira, Charya, Stacy, Michelle)

Ask groups to read the example together, and give each 15 minutes to discuss:

- What identities/experiences of oppression particularly affect this person's ability to name the violence and begin healing? (what barriers to healing do they experience?)
- What fears might this person have, and why?
- What sites/contexts of violence are at play for this person (or could be)?

Toward the end of this time, ask participants to create a "frozen picture," a snapshot using their bodies to illustrate the situation. Each person should be part of the picture, and the goal is to help other teams guess what's happening. There could be one line of dialogue per person in each group.

Procedure Part 2 (10 minutes):

Perform frozen pictures

Processing (15 minutes):

- How did it feel to do that activity?

- What questions were you left with about each person and their situation?
- Did anything surprise you?
- Have you encountered any cases like any of these in your work and/or your community?

Supporting Survivors/Breaking the Silence (20 minutes)

1. Pair up with someone from your small group.
2. Discuss how your organization would or would not be equipped to support the young person in the case study if they were a member or client. What support structures are already in place? What would need to change?
3. What challenges would come up in trying to help this young person as a staff member of your organization?
4. Are there any specific cases your organization is or has grappled with that you'd like to share with your partner?

Processing (10 minutes):

- Anything anyone would like to share in the large group?
- What are some obstacles to taking action against child sexual abuse?
- What are the implications, then, of a solution to end this violence in our communities? (in other words, will a solution need to involve more than just the person committing violence and the person being violated? Why or why not?)
- What can we do from the organizations we are already part of?

Closing: One Thing (10 minutes)

Ask participants to share something they thought about, questioned, learned or are committed to after today's workshop.

CASE STUDIES

Saira

Saira is a 13-year-old Pakistani American girl living in Flushing, Queens, NY. Her parents, who are US citizens, are very active in the Pakistani/Muslim community in Flushing, and her father helped build the first mosque there years ago. In the wake of 9/11, Saira's father and other leaders in the mosque have been actively mobilizing the community to support families who have been affected by immigrant detention/deportation proceedings, and against the use of drones in Pakistan. The mosque has been vandalized numerous times over the past decade. Saira is the fifth of six siblings. Two of her older sisters had their marriages arranged by their parents just after they graduated high school. As a close supporter of the local imam, Saira's father is often called upon to house new Pakistani immigrants – often, young, single men stay at Saira's home for months at a time, grateful to have a home base as they establish a new life for themselves. Over the past three months, Saira has been sexually abused by one of the young men who is staying in her home temporarily. She has not told anyone about the abuse.

Charya

Charya is a Khmer American 21-year-old woman living in Long Beach, CA. Though her parents and older sister are undocumented, she was born in the United States. She has a two-year-old son, and works as a waitress while taking classes at the local community college. Her mother and sister provide childcare help regularly. At 14, Charya was coerced into a sexual relationship by Ken, a 21-year-old Khmer American staff member of a local youth organizing nonprofit where she was a youth member. They dated for 4 years (the first two of which were "secret." At the time, she thought of the relationship as consensual, but looking back, she no longer agrees. Her ex-boyfriend, now 27, is now the director of a local Asian American cultural center, and she has heard his new girlfriend is a 17-year-old member of that organization's dance team. Charya is concerned, but unsure of what to do. She has never spoken about her experience as sexual abuse, and their relationship was very public once she turned 16.

Stacy

Stacy is a 19-year-old transgender Filipina woman living in Oakland. She dropped out of high school at 15 and ran away from home due to a lack of family support once she came out as transgender. She now lives with friends who she met through an LGBTQ youth organization, and is attending classes to get her GED. Her parents, and especially her mother, are deeply Catholic. As an elementary school student, Stacy was an altar boy, and deeply involved in the church youth group. For years, she endured sexual abuse by one of the priests. Thanks to counseling support, Stacy and her mother have reconciled in the past year, little by little. This year, Stacy's mother would like her to come home for Easter and attend church with the family. The priest who abused Stacy is still an active leader in her mother's congregation, and though Stacy is out as trans to her extended family, she has not been to church since middle school. She has never told anyone about the abuse she survived.

Michelle

Michelle is a 15-year-old Korean American girl living with her mother and stepfather in Charlotte, North Carolina. Michelle is hearing impaired. Her parents divorced when she was two, and until she was ten, she was raised by her mother as a single parent. Her mother started dating her stepfather, a local white business owner, that year, and they married when Michelle was 12. When Michelle turned 13, her stepfather began raping her on a regular basis. Michelle's grades have dropped, and she has been exhibiting signs of depression and sleep deprivation. Her teachers are concerned, and have brought her mother in for several parent-teacher conferences. Michelle has never told anyone about the abuse she is experiencing.

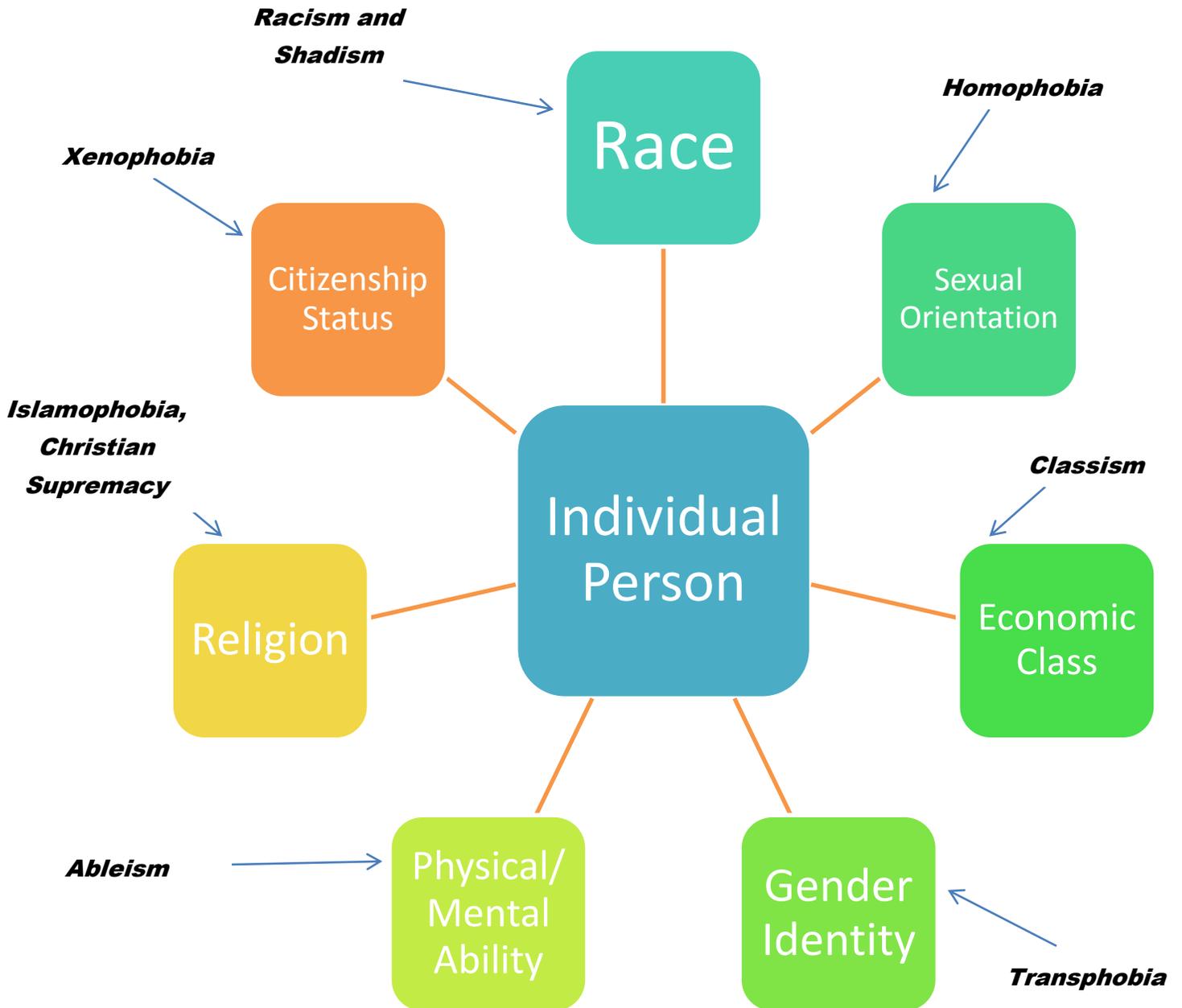
FACT SHEET

- 1 in 4 girls and 1 in 6 boys are sexually abused before their 18th birthday. (*ACE Study*)
- As many as 80% of sexual abuse cases are not reported. (*Zhai & Gao, 2008*)
- Asian Americans may be less likely to report child abuse due to factors such as a lack of awareness of the definition of abuse, stigma associated with sexual abuse, protection of family name and privacy, parental authority, and children's obedience to parents and elders (*Zhai & Gao, 2008*)
- Asian American primary caretakers are less likely to report incidents of abuse and more likely to disbelieve reports. (*Zhai & Gao, 2008*)
- Sexually abused children may develop anxiety, depression, problems with self-esteem, abnormal sleep, and thoughts of suicide and attempt suicide. (*Futa et al, 2001*)
- Asian American children who were sexually abused are more likely to internalize their feelings and to attempt suicide than other racial/ethnic groups. (*Zhai & Gao, 2008*)

Data snapshot: In 2011 in San Francisco,

- 33.7% of the population in San Francisco County (approximately 271,364 people) identified as Asian/Pacific Islander alone (according to the 2010 US Census).
- 6,025 reports were made for child abuse, and of these, 659 cases were substantiated (verified) as child abuse.
- 9.7% of total child abuse reports made in 2011 in San Francisco were reports of sexual abuse. 3.8% of substantiated child abuse cases in San Francisco were for sexual abuse.
- 13.6% of total child abuse reports made were for API children. 13.4% of total substantiated cases of abuse were for API children.
- 7.2% of total child abuse reports on an API child made were for sexual abuse. 2.3% of substantiated reports on an API child were for sexual abuse. (*Needell, et al., 2012*)
- Based on an earlier study at a child sexual abuse resource center in San Francisco, it was estimated that 60% of Asian-American victims were abused by a male relative. (*Futa et al, 2001*)

1. Centers for Disease Control, Adverse Childhood Experiences (ACE) Study, 1997
2. <http://www.cdc.gov/ace/prevalence.htm>
3. U.S. Census Bureau. (2010). *State & County Quickfacts: California and San Francisco County, CA* Retrieved April 11, 2012, from <http://quickfacts.census.gov>
4. Futa, K.T., Hsu, E., & Hansen, D.J. (2001). Child sexual abuse in Asian American families: An examination of cultural factors that influence prevalence, identification and treatment. *Clinical Psychology: Science and Practice*, 8(2), 189-209.
5. 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.
6. Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Williams, D., Simon, V., Hamilton, D., Lou, C., Peng, C., Moore, M., King, B., Henry, C., & Nuttbrock, A. (2012). *Child Welfare Services Reports for California*. Retrieved April 12, 2012 from University of California at Berkeley Center for Social Services Research website. http://cssr.berkeley.edu/ucb_childwelfare
7. Zhai, Fuhua, Qin Gao. (2008). Child Maltreatment Among Asian Americans: Characteristics and Explanatory Framework. *Child Maltreatment*. SAGE Publications: 14 (2), 207-224.



Intersectionality Illustrated