



# PARENTALK

*PARENTalk is a Stop It Now! publication by and for parents of children and teens with sexual behavior problems.*

## WHEN ABUSE HITS HOME

I was fixing my stepdaughter's hair for school on the morning my family's world fell apart. In the midst of her normal laughter and chatter, Amy, age 5, suddenly became serious and quietly whispered, "My brother hurt my private." I had to ask her to repeat herself. I thought for sure I had heard her wrong. She then got down on the floor and showed me. I called for my stepson, Luke, age 9, and asked him if this was true. He told me, quite surprisingly, that it *was* true and that their mother had told him to "hump his sister," so it was okay.

The thoughts that went flooding through my mind made me dizzy. How do children this age know how to have sex? Why would their mother agree to let them do this? I walked into the room where their dad sat and told him what I had just heard. Luke began to panic, screaming over and over that his mother had told him to. Amy was yelling that her brother hurt her. According to them both, this had happened more than once.

Later that day, I took Amy to the police station and stuttered as I explained what we had heard. A report was filed, and the children were interviewed. As the details emerged, my husband and I became increasingly horrified. The children told how they were both repeatedly sexually abused by both their mother and their mother's new boyfriend, and that they were forced to have sex together while the adults watched.

My husband and I walked the house constantly at night; sleep was impossible. We thought about nothing else for days. Luke was furious with Amy for telling and was terrified. His mother's boyfriend had threatened that if they ever told, Luke would die.

Because of what had happened, the kids were not eligible for after school daycare. They could not be left alone with each other at all. I left my job to be home with the kids, which put a severe strain on family

finances. We struggled to pay rent, buy food, and pay utilities. The "system" was not interested in helping our children get the help and treatment they needed. We contacted the largest churches, charities and non-profits, but that did no good.

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We found a treatment program for Luke, and at times it seems he is making progress. However, he has completely regressed in maturity, has hallucinations and delusions, and has tried to hurt himself more than once. At 9, he no longer wants to live. He does not understand the urgency he feels about needing to have sex. A boy his age should be thinking about playing video games, riding bikes, or playing ball; instead, Luke is a child who wants to be alone in his room where he feels safe and secure. The hardest part is the endless feeling of chaos in his life and ours. Four medications a day help Luke a little, but there is no medication that could ever make this nightmare go away.

We also found treatment for Amy. It took awhile for us to convince Amy that it was not okay to show anyone her private parts. She would pull her pants down in front of neighborhood children, usually boys. Not understanding the outcome, she would tell them her brother "humped" her. This led to the children making fun of her and Luke and many parents not allowing their children to play with them.

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*Guest Column***ONE SIZE DOESN'T FIT ALL***by Steven M. Bengis, Ed.D., L.C.S.W.*

The treatment of sexual behavior problems in children and adolescents has made tremendous progress in the last twenty years. Until the early 1980's, there was little recognition that children could sexually abuse other children, and generally, inappropriate sexual behaviors in children were addressed with traditional therapy. Using that approach, however, did not result in significantly changed behaviors and the number of abuse victims continued to increase. Professionals then began using new treatments, drawing mostly from the work being done at the time with adult sex offenders. The following three concepts used with adults were adapted to the treatment of children and adolescents:

- Similar to alcoholics and drug addicts, sex offenders needed to manage their behaviors rather than try to overcome their impulses;
- Offenders needed to understand their abuse pattern, including the 'triggers' that led them to act out, and develop ways of stopping themselves early in the cycle; and
- Group treatment was the favored approach.

These ideas formed a treatment plan known as Cognitive-Behavioral-Relapse Prevention (CBRP). Over the next ten years, professionals developed many programs based on CBRP techniques. While well intentioned, this approach was based on false assumptions including:

- Without treatment, youth with sexual behavior problems would continue to abuse as adults;
- Youth exhibiting these behaviors were already "addicted" and therefore could not be "cured"; and
- Cognitive-Behavioral-Relapse Prevention work, primarily in groups, was the best treatment for sexual behavior problems at all ages.

Fortunately, the youth treatment field no longer bases its work on these early, faulty assumptions. The best practitioners *now* know that there is NO single approach that is right for all youth who display inappropriate sexual behaviors. Most importantly, we have learned that just because a child or adolescent has

engaged in a few sexually inappropriate behaviors does not mean he/she cannot be treated and "cured." With appropriate safety management, many children and adolescents can heal the traumas that may have contributed to their behaviors, learn alternative ways to deal with feelings and thoughts, and develop compassion. It is important to remember that unlike adults who have well-formed personalities, children and adolescents are still growing physically, emotionally and psychologically. Their normal development, combined with effective treatment, works in favor of preventing future abusive acts.

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As the parent or guardian of a youth with sexual behavior problems, making sure your child receives the correct and personalized -- care is critical. You need to be ready to ask questions and to push for the appropriate methods for your child/adolescent. While some older youth still benefit from CBRP, many others need a combined approach that may include trauma work, medication, an evaluation of learning styles and learning disabilities, and any number of individual, group and family interventions. Before beginning work with any treatment provider, ask them the following questions:

1. Does the treatment provider have specialized training?
2. Will there be a complete and thorough evaluation before treatment begins?
3. How will the evaluator determine your child's level of risk?
4. Once the evaluation is done, ask about the type of treatment that is being recommended.

5. How will the treatment provider determine progress and successful completion of treatment?
6. How will your child's constitutional and legal protections be addressed? (Is the professional equally concerned about the rights of the child/adolescent in treatment and the need for community and victim protection?)

If the answers to the above questions leave you feeling uneasy, don't be afraid to continue asking questions until you are sure you understand. You may also decide to seek a second opinion, look for another professional, or call the Stop It Now! helpline.

After twenty years of experience and learning, professionals now have the tools to work together with you to achieve success. As a parent, you have the right and responsibility to form a partnership with the professionals who are working with your child. By facing this problem "head on," and working with a qualified treatment provider, you can have a huge impact on the ability of your child to learn to control his or her behaviors and live a healthy life.

*Steven M. Bengis, Ed.D., L.C.S.W. is the co-founder and president of the New England Adolescent Research Institute in Holyoke, Mass and the president of the Massachusetts Adolescent Sex Offender Coalition.*

## A LETTER FROM THE EDITOR

*Welcome back to PARENTalk!. Stop It Now! first published this newsletter in the Spring of 1998 as a new resource written by and for parents of children with sexual behavior problems. Finally, a new edition!*

*As the Stop It Now! helpline coordinator, I talk to parents every day who are struggling with difficult situations in their homes and with the children they love. These helpline calls and the focus groups of our original research have helped to shape this newsletter and its contents. We hear from parents about how important it is for them to hear the stories of others and to know they are not alone. Others have asked for specific information about healthy sexual development in children and specialized treatment for youth with sexual behavior problems. Ultimately, I see the power of this newsletter as a place for parents and families to connect to a sense of hope that their lives will be better and to break the isolation so many parents feel.*

*Our last edition of PARENTalk was published in 2002, this edition marks Stop It Now!'s commitment to rejuvenate this resource. But we need your help. Without additional stories from parents and families, future issues cannot be published. Stop It Now! welcomes stories from parents actively working with their child or adolescent with sexual behavior problems. Parents may remain anonymous and may write their story themselves or be interviewed by Stop It Now!. Parents have full final editing rights to their story. If you are a parent with a story to share or if you are a clinician who would like to involve your parent support group in a project, please contact me at (413) 268-3096, ext. 13 or info@stopitnow.org.*

*Thank you.*

*Amanda Horowitz  
Helpline Coordinator  
Stop It Now!*

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We still pray, struggle and worry every day as we try to keep stability in the lives of these kids. We still wonder if their mother and her boyfriend will ever be punished for the crimes they committed and the devastation they caused. We still wonder if all our sacrifices will be enough to help the children grow into healthy and happy adults.

One of the most difficult parts is knowing that this nightmare will not go away in one minute, one hour, one day, or even one year. But, as hard as it is, we remain determined to support Luke and Amy and love them every step of the way.



## Stop It Now!

Phone: (413) 268-3096  
Helpline: 1-888-PREVENT  
E-mail: [info@stopitnow.org](mailto:info@stopitnow.org)  
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## PARENTalk...WHEN ABUSE HITS HOME

PARENTalk is by and for parents. What questions or topics would you like the newsletter to address?

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Stop It Now! is grateful for your feedback and will respect your confidentiality.

*Yes!* I want to support Stop It Now!'s work to keep all our children safe from sexual abuse. Please accept the enclosed contribution.

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*Thank you for your support!*