

## **Media Coverage of Child Sexual Abuse: An Opportunity for Family Therapists to Help Families and Communities**

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*The recent media coverage of child sexual abuse charges involving priests is likely to trigger various needs among the public for professional services. Family therapists should prepare to respond effectively to the high anxiety that these media stories trigger. Family therapists with expertise in human sexuality should use such reports to promote a fuller understanding of all aspects of sexuality for individuals and families. Professionals can integrate much needed aspects of sexuality education in dealing with the mass media, in crisis intervention for persons at risk, and in therapy that centers on child or adult experiences of sexual abuse.*

During the first three months of 2002, American parents woke up to repeated headlines and reports of child sexual abuse by priests. The media accounts initially centered on Boston and Cardinal Bernard Law's responses to criticism that the Catholic hierarchy had routinely put offending priests back into parishes despite the risk that they would continue abusing children. Within days, however, other bishops in Manchester, New Hampshire; Portland, Maine, Philadelphia; and Tucson acknowledged similar problems and began providing authorities with the names of alleged clergy offenders. In the past decade, media coverage of child sexual abuse allegations and convictions has included other trusted child caregivers besides clergy; specifically, daycare workers, Boy Scout leaders, teachers, doctors, and family members (Sins of the Fathers, 2002). On March 1, the Archdiocese of Boston announced that it would turn over to government prosecutors all records of alleged child abuse involving priests and that victims were relieved of the confidentiality agreements that they may have signed in prior settlements

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(NBC Nightly News, March 1, 2002). Soon thereafter, news sources reported the resignation of a Florida bishop who admitted to prior child sexual abuse and cited similar sex scandals involving high-ranking clergy in New Mexico, Hawaii, Georgia, and California (Florida Bishop, 2002).

In my home city of Omaha, Nebraska, the month of February saw the community shaken and outraged by the filing of criminal charges of felony child abuse and sexual assault against a male lay teacher in a Catholic school. In addition to highly explicit reports and a newspaper cartoon dealing with this situation, letters to the editor and online responses to stories in the newspaper reflected the concern of citizens, as well as diverse opinions about sexual abuse. Clearly, parents and children at this point unexpectedly became painfully aware of a taboo topic that is often denied or swept under the carpet (*Feelings of Betrayal*, 2002). Several weeks later, the community of Norfolk, NE, learned about a police investigation of child pornography charges against a priest who worked in two local parishes. That priest had been relocated to a parish in another city; consequently, disbelieving, angry parents were shocked that church officials knew of the investigation for a year and had not alerted parents in either community (McCord, 2002). Both Omaha and Norfolk had also, within the past three years, witnessed similar convictions: of a priest for child sexual abuse/child pornography, and of a lay teacher for contributing to the delinquency of a minor.

Although adults may talk among themselves about these situations, they may be uncertain about whether to or how to discuss the issue of sexual abuse with their children. Yet such widespread press coverage is bound to reach children, either directly or indirectly, leaving them to experience a range of emotions such as confusion, disgust, and anxiety. Many young people will not talk to parents about such matters or ask for information; instead, they may share their feelings with other kids or even engage in gossip or joking to get relief from their anxiety. Research has established that parent-child conversations about sexual topics of any type are often non-existent or ineffective (Jaccard, Dittus, & Gordon, 1998; Fay & Yanoff, 2000).

In the face of widespread media coverage, parents and communities clearly need help if they are to increase their understanding of child sexual abuse and assault and cope effectively with their desire to protect their children. Most importantly, they need guidance on how to wisely use such news events as an opportunity for providing immediate and ongoing sex education and moral guidance for youth. Given the widespread public concern about child sexual abuse, the media are likely to continue covering allegations against clergy and other trusted childcare workers. Family therapists who have a solid grounding in all aspects of human sexuality (not simply sexual abuse or sex therapy) have much to offer when a community must deal with highly publicized sexual situations or scandals.

## DIVERSE NEEDS OF PARENTS AND CHILDREN

Although only a few parents and children may be personally and directly affected in any specific reported incidents of child sexual abuse and assault, the impact is far-reaching when such disclosures are highly publicized. Those who have been victimized and their families usually get immediate counseling, and their identities are protected. Family therapists obviously may be involved in providing these kinds of treatment services.

Other persons, however, are likely affected as well, and their needs may vary considerably. For example, parents and children in general may be upset by the news reports, with parents worrying about how to protect their children and the kids struggling to understand and cope with their feelings. Some parents may be much more vulnerable to emotional distress, especially if the situation elicits memories of their own undisclosed or disclosed experience of childhood sexual abuse; they have the double task of dealing with their own unresolved trauma and trying to help their child with this and other sexual matters.

In addition, these public discussions may also force children and youth in the general population to face up to undisclosed situations of prior or current involvement in sexual abuse or assault. A commonly cited summary statistic is that about 20% of adult females and 5 to 10% of adult males report some type of sexual abuse in childhood, ranging from sexual touching to intercourse, and some experts think these are underestimates (Kelly, 2001). In other words, the proverbial Pandora's Box could be opened up for an unknown numbers of persons.

The elements in child sexual abuse that are so upsetting involve threat and loss. As a society, we tend to be ambivalent and conflicted about sexuality in general but especially so with regard to sexuality and young people. The topic of child sexual abuse or assault threatens the intention to protect our children and can trigger a sense of helplessness. Furthermore, we regret the loss of childhood innocence and the loss of trust in persons or institutions that are supposedly dedicated to children's healthy development. Various upsetting feelings may hit all at once—shock, sadness, vulnerability, betrayal, helplessness, anger. One young adult told me that if a story of child sexual abuse had come out when she was a teenager, she could imagine her dad's response: "Don't ever let anybody touch you!" Clearly, this dramatic, one-line warning conveys high emotion but little understanding or information. Thoughts also add to the distress parents might feel: "If this could happen to others, it could happen to my child and our family," or "This could have been prevented," or "I can't deal with this," or "I've got to protect my child."

Other characteristics or conditions besides a history of sexual abuse may add to an adult's or to a child's vulnerability. As with other crisis or

traumatic events, persons most at risk of developing emotional or behavioral problems are those who have prior experience with any type of violence or victimization, have existing individual emotional or family problems, abuse alcohol or drugs, or lack social support systems.

It is expectable that most people would experience strong feelings on hearing reports of child sexual abuse. Even under the best of family circumstances (where there is no history of either child or parental sexual abuse), parents have great difficulty in giving their children accurate sexual information and effective guidance about the family's moral values and standards. So it is understandable that these publicly discussed cases could cause an escalation of parental fear, anger, and confusion, and leave parents more anxious or avoidant about sexual discussions than would usually be the case.

As professionals know well, a crisis event can also create opportunity for growth. In the face of loss, people often need not only to just cope but also to put their energies into finding a remedy. For example, this intention was revealed in the many letters to the editor sent in response to the Omaha child sexual abuse situation mentioned above. There is reason to believe that under such highly stressful conditions, many parents in the general public may be very responsive to various interventions that can help them better educate and guide their children about sexual matters.

### Roles for Family Therapists

In regard to roles for family therapists, it is useful to focus on a broad framework that includes three levels of prevention of health and mental health conditions (Bloom, 1987). Primary-prevention efforts aim to promote health and prevent problems through methods that reach the general public, such as inoculation programs, community information and awareness programs, and psycho-educational programs. The second level, early identification and crisis treatment, targets persons who are at high risk for a specific health threat. The third level is to provide treatment and rehabilitation for persons already experiencing a specific illness or symptoms in order to foster a good recovery and to prevent further debilitation. Obviously, these levels of intervention and roles can overlap, and family therapists have been and can be involved in all three.

Sexuality is a dimension of life that has long been a focus for the field of public health. For example, in terms of primary prevention, we think of the goal of promoting healthy sexual development (e.g., a congruent sexual identity or satisfying sexual functioning) and preventing sexual problems (e.g., sexually transmitted diseases, unwanted pregnancy, or child sexual abuse). Sex education has been the usual method directed toward the primary prevention of sexual problems. Some therapists, however, may too readily dismiss sex education as the responsibility of the schools, religious institutions, or parents. My view is that sex education should be a part of all

levels of family therapy interventions, and situations of media coverage of child sexual abuse afford an important opportunity to help families do a better job of talking about sexuality.

High profile media coverage of incidents of child sexual abuse constitute what sex educators call a “teachable moment.” Therapists can use this opportunity to offer families much needed sex education and carefully consider how to include it with the other services that they may be called on to provide. For example, family therapists in the specific locale may treat the children and families directly affected by the immediate situation of child sexual abuse, or they may already have such clients in therapy. Family therapists may also be asked to do crisis intervention or debriefing for a school, church/parish, or youth/community organization in which an alleged or verified sexual offense took place. In addition, the media may ask family therapists to provide information about child sexual abuse for news stories directed to the general public.

It is important to remember that so-called prevention efforts—in this case sex education—have a place in all levels of intervention. Everyone affected can benefit from a greater understanding of child sexual abuse and sexuality: children and families dealing first hand with child sexual abuse, parents and children close to the situation or at high risk for emotional distress in coping with it, and the general public needing help to understand the situation and to help their children with it as well.

#### TAKING A PRO-ACTIVE STANCE

Family therapists have many opportunities throughout their practice to take a pro-active stance toward helping people better understand and manage their sexuality. Whether or not they use these opportunities depends on many factors. Do they see sexuality as permeating the identity and as relevant to many family problems? Do they have the knowledge and competence to deal with both normal sexual development and a variety of sexual problems? When seeing families and routinely assessing parent-child relationships, childrearing and discipline, child and youth problems, do they include sexual issues and assess parents’ involvement in their child’s sex education and guidance? And, finally, are therapists themselves at risk of high emotional distress in dealing with sexual topics due to their own or their child’s unresolved prior experience with some kind of sexual trauma or problem?

Family therapists, and other professional as well, could appropriately do much more to promote the goal of healthy sexual development of children and youth and prevention of sexual problems. The discussion here focuses on using highly publicized media coverage of child abuse as a springboard for this goal, but it is possible to incorporate sexuality as a normal dimension of life that needs to be assessed in a routine manner when treating any individual or family problem. Just as we assist clients to consider

more effective ways of conducting their family lives, we can also help with a problem that affects most families; namely, parents' avoidance of or ineffectiveness in helping their children with sexual matters.

Having written extensively about the need to help parents overcome personal hang-ups so they can be actively and effectively involved in their child's sexual and moral development (Woody, 2001), I think family therapists have much to offer to this effort. When child sexual abuse becomes the focus of public discourse, parents are likely to feel forced to deal with this topic, even though, under normal circumstances, many have a pattern of avoiding sexual discussions with their children. Let us consider how a proactive stance on this situation might play out in the various family therapy roles mentioned above.

*THE ROLE OF EDUCATOR THROUGH THE MASS MEDIA.* Many mental health professionals are understandably wary of dealing with the media, and especially with controversial topics such as sex. Yet media reports including experts' views can be an important conduit for an educational message that will benefit the community at large, such as by increasing knowledge of the sexual situation in question, of healthy sexual development, and of efforts to prevent sexual problems.

Several general guidelines may help those who wish to offer information for the public through the mass media. My focus here is specific to situations involving child sexual abuse, but the principles could apply to other sexual (or mental) health topics as well. The emphasis that follows is on messages that encourage parents to become active collaborators in their child's sex education. First, we consider guidelines for family therapists that can improve effectiveness with the medium and then guidelines that apply to the content of the message:

1. Find out the focus of the interview or purpose of the media report or program in which you will participate.
2. Get questions ahead of time.
3. Prepare by refreshing or refining knowledge of the sexual issue in question.
4. Limit message points to five or six major ideas that are most critical for the audience to hear in this limited format.
5. Maintain empathy and compassion for all of those persons affected by the sexual situation, and carefully monitor for expressions that convey or imply emotional reactivity, such as blame.
6. Include practical tips to empower the audience to get started on solutions.

The following guidelines apply to the content of the message—one that focuses primarily on child sexual abuse and helping parents to talk with their children about the current publicized situation:

1. Offer limited but accurate information about child sexual abuse that has some basis in empirical behavioral science research. Major points might be:
  - a. Offenders are often known persons, acquaintances, or trusted caregivers.
  - b. Sexual abuse or assault on a child by an adult is both wrong and a crime.
  - c. It is right for a child to tell when someone does something or asks them to do something that makes them uncomfortable, even though that person says to keep it secret.
  - d. The adult is the responsible person, not the child, when adult-child sexual activity takes place.
  - e. Although parents and a child can and should learn ways to protect against child sexual abuse, total protection is not possible.
  - f. Any parent or child who continues to have emotional distress about the situation, or cannot help their child or other family members with it, should talk with a counselor.
2. Include the positive dimensions of childhood sexual development and of a child's normal need for accurate information.
3. Acknowledge the difficulty of talking with children about sexual topics.
4. Explain how parents can prepare themselves: gaining control of their emotions and getting the needed information about the sexual problem in question and general childhood sexual development.
5. Identify resources for both parents and youth, such as specific books, for example, De Freitas (1998); Johnson (1999); Westheimer (1993); Woody (2001).
6. Encourage parents to initiate conversations about this and other sexual topics, even if their child does not raise questions.
7. Suggest words that parents can use to open the discussions and encourage a dialogue, for example: "This situation of child abuse is important, and I want us to talk about it. It worries me and I imagine you have questions too. What have you heard? What are the other kids saying?"

#### THE ROLE OF EARLY IDENTIFICATION OF AND CRISIS INTERVENTION FOR AT-RISK PERSONS

One way to take a pro-active stance at this level of intervention is to offer brief psycho-educational programs to selected groups of persons in various settings. The goal is to provide more in-depth information, allow for interactions with the audience and expression of specific needs, and encourage persons who need further help to seek counseling. Basically the same information and focus noted above—about child sexual abuse, the positive dimensions of sexuality, and guidance for parents—would be included; a brief (e.g., one-hour) presentation should allow for greater depth and meaningful discussion.

Such programs could be useful for students, parents, and other adults, as well as for professional and non-professional caregivers who come in contact with families. Schools, parent-teacher organizations, church groups, work settings or employee-assistance units, and community service organizations might welcome a presentation on the topic. Similarly, workers who provide community youth programs, primary health care, daycare for children, and other services to families could also benefit from updated information and advice on identifying persons at risk and assisting them with referrals or crisis services.

## THE ROLE OF THERAPY AND REHABILITATION

Family therapists should play a significant role in providing intensive counseling services for children, youth, and families who must deal with sexual abuse or assault, whether by a perpetrator outside or inside the family. The theories and models that inform such treatment are diverse, as are the needs of the clients. A valuable review of the research on the effectiveness of available treatment models can be found in Saywitz, Mannarino, Berliner, and Cohen (2000).

My purpose in discussing this level of intervention is the same as above: to encourage a pro-active stance that includes promoting the goal of healthy sexual development of children and youth, and prevention of sexual problems in their current and future life. Minimally, this means that at some point, the therapist must approach the issue of the child's need for ongoing sex education that encompasses understanding and resolving the sexual abuse but also goes beyond this. When and how will the child learn about normal sexual development and get the information needed to recognize and express normal sexual needs in the present and the future? How will non-offending parents be involved in the child's sex education?

These specific questions are rarely addressed in the literature on treatment for sexually abused children. Deblinger and Heflin (1996) offer the most specific model for assuring that therapy covers the issue of preventive sex education and assuring the integral involvement of the non-offending parent in this goal, as well as in all aspects of treatment. In accord with their cognitive-behavioral model, sex education for the child and preparing the parent to take part in this role, is a strategic part of a treatment plan that includes four modules: coping skills training; gradual exposure and cognitive-affective processing; behavioral management (for the parent only); and education regarding child sexual abuse, healthy sexuality, and personal safety skills. Early in treatment, appropriate information about the nature of sexual abuse is central, but additional messages about healthy sexuality are integrated throughout the intervention. This information is provided initially as part of individual sessions with the child and the parent. Later, the parent is

prepared for, gives consent to, and takes part in offering more comprehensive sexuality information to the child in joint sessions.

Effective treatment for sexually abused children is essential. Although some children initially do not experience symptoms that reach clinical levels, while others exhibit immediate serious psychiatric symptoms or disorders, studies show that "child sexual abuse is a major risk factor for a variety of problems in adult life" (Saywitz, et al., 2000, p. 1041). Continued research is needed to identify the most efficacious treatments to help children cope with current and future challenges to their mental health and normal sexual development.

If media accounts of societal sexual problems are educationally accurate and not sensational or exploitative, they can be useful in reducing some of the taboo element that still surrounds sexuality. For many people, one of the most difficult challenges of sexuality is having a thoughtful, rational, sustained, and meaningful discussion or dialogue about a sexual matter with another individual. Such conversations are rare between intimate couples and between parents and children. Family therapists should use opportunities from the media to help people treat sexuality as a normal part of life that can be talked about like any other important aspect of human functioning.

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