Reference & Summary by H. Johnson

Vernon, McCay & Miller, Katrina
2002
Issues in the sexual molestation of deaf youth
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147(5), 28-35

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def – "Pedophiles are adults who molest prepubertal children. Hebephiles are those who molest children ages 13 to 16 (Greenberg, Bradford & Curry, 1993)."

"Historically, all of the service organizations we have mentioned handled the problem of child sexual abuse, once it was discovered, in basically similar ways (Boyle, 1994; Tiechroeb, 2002). First, every effort was made to keep the problem as secret as possible, especially from the media, but also from coworkers, parents, teachers, and boards of directors or other superiors…With the advent of laws that make the reporting of sexual abuse mandatory, the practice of secrecy has been significantly reduced."

"The second way sexual abuse was handled historically was either to reprimand the offender, talk to the offender into leaving, or terminate the offender's employment."

"In schools for the Deaf, because the offense was usually not prosecuted in court, pedophiles often obtained positions in different schools…in addition to wanting to protect the school from harmful publicity, administrators did not want to destroy the career and family of a respected, well-liked coworker…the administrators did not fully understand the nature of pedophilia. They felt that by lecturing or dismissing the pedophile, they would teach the individual a lesson and that he or she consequently would not longer sexually abuse children….Sometimes it was allowed to happen because those in charge did not know it was going on. In other instances, administrators were simply covering up the activity to protect themselves, their friends, or the reputation of the school."

"Figure 2 lists some characteristics of pedophiles."

"The fact that a third of sexual abusers are under age 18 years (Finkelhor, 1994) means that in a school it is not only the staff, but the students as well, who are at risk of becoming sexual abusers."

"…the median age for juvenile sex offenders is between 13 and 14 years. Their average victim is 7 to 8 years old (Ryan, 1991)."

"…recidivism rate of molesters, which according to one study, ranges from 34% to 40% (Becker, 1994)."

"…one should take into account that incarcerated pedophiles are only caught 1 out of 30 times in which they commit an act of sexual molestation (Becker, 1994; Musk, Swetz & Vernon. 1977)."

"The average non-incarcerated pedophile molests 117 victims on the average (Musk et al, 1977)."

"For those that molest boys only, the figure is 231 victims on the average (Musk et al, 1977)."

"The main reason for the high rate of recidivism is that, in the opinion of most experts, pedophilia is incurable (Berlin & Krout, 1986; Furby, Weinrott, & Blackshaw, 1989)."

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"Another point in Figure 2 that deserves attention is that the average duration of a pedophile's relationship with a child is 2 years."

"…49% of juvenile sex offenders were themselves sexually abused (Becker, 1994)."

"The data in Figure 3 indicate that youth who are deaf are more often sexually molested than hearing youth. These data also indicate that a disproportionately high percentage of inmates who are deaf are in prison because of sexual offense involving a minor."

"The data on litigation involving pedophiles indicate that, given the number of children they abuse, they are rarely caught. When apprehended, th ey are often returned to the community rather than incarcerated (Marshall & Barbaree, 1990). If they are incarcerated, their sentences generally are not long (Finkelhor, 1994)."

"**How does Sexual Abuse Get Into a School"**

"Sexual abuse enters a school in several ways (Figure 4). One is through the inadvertent hiring of pedophiles of Hebephiles…"

"Most youth who are deaf get little or no sex education form their parents, and many do not get it at school. Hence, they often may not know that it is wrong for an adult to fondle them or initiate sexual relations. The children may sense that it is wrong and feel uneasy about it, but because someone in authority does it to them, it is often accepted as being all right, or at least tolerable. Furthermore, there may be no responsible adult they can talk to about it because frequently their residence hall counselors, parents, or teachers do not know sexual signs, nor are they fluent in American Sign Language."

"It is important to note that most pedophiles and Hebephiles genuinely like children and relate to them very effectively (Vernon & Rich, 1977). They are also expert at picking out psychologically needy youngsters who will respond to their attention and kindness….They are not likely to pick children with strong ties to their parents."

"Once a sexual molester gains employment in or other access to a school, over time his or her victims tend to victimize and otherwise involve other students, thus spreading the behavior. Often the adult molester will encourage a fellow molester to get a job at the school. Very soon, what was an isolated incident becomes an epidemic."

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"Another way pedophilia can enter a school is from one child to another."

"A third way pedophilia can enter a school is from the home setting."

"**Preventing Pedophilia in Schools**"

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"Realistically, regardless of how hard schools or parents try, they will never be able to guarantee that incidents involving sex between an adult and a child or a teenager and a child will not occur at school or in any other setting where children are present. However, such incidents are almost certain to occur if schools do not have an aggressive prevention program that is well though out and continuous."

"School policies regarding sexual abuse need to be explicitly stated, put in writing, and distributed to all school employees."

"…if a school has proof that (a) every reasonable was taken to prevent the behavior, (b) the abuse was reported immediately to the proper authorities, and (c) help was quickly provided to the victim and the victim's family, the school will have met its basic responsibility – that is, to do its best to protect the child, the school , and everyone else involved."

"It is essential that child care workers and parents be aware of the behavioral and physical symptoms of sexual and physical abuse. Some of these are listed in Figure 7."

"Figure 7 Symptoms of Sexual Molestation

Behavioral symptoms

1. The child cries a lot and seems emotionally upset. Often these symptoms appear suddenly and for no apparent reason.
2. The child experiences bedwetting or fecal soiling even though he or she has been successfully toilet trained.
3. The child develops behaviors associated with precocious sexuality such as excessive masturbation, preoccupation with sex and sexual signs, sexual play with peers, and excessive use of explicit sexual language.
4. The child starts crying when diapers or clothes are changed.
5. Anxiety symptoms manifest, for example, nightmares, fear of the dark, insomnia, refusal to sleep alone, frequent bathing, and phobias.
6. The child becomes sullen or depressed.
7. Marked changes in behavior occur, such as a serious decline in the quality of school work, the sudden onset of agitation or hyperactivity, sullenness, depression, or excessive aggressiveness.
8. The child refuses to shower with a group or change clothes for gym class in front of other children, or show other signs of feeling ashamed of his or her body.
9. The child suddenly manifests fear, avoidance behaviors, or dislike or a caretaker, or of another child with whom he or she was previously friendly.
10. The child displays general characteristics of posttraumatic stress disorder.
11. If a teenager, the child becomes involved in substance abuse.
12. The child displays seductive behavior.
13. The child experiences sleep disturbances.
14. The child displays acting-out behaviors such as running away, withdrawal, and clinging.

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Physical Symptoms

15. The child manifests hypochondria involving symptoms such as headaches, stomach pains, or psychosomatic complaints that do not make medical sense.
16. The child walks “funny” or has difficulty walking or is in pain when sitting or walking.
17. The child experiences itching and scratching or the genital or rectal area.
18. Rectal or vaginal bleeding or evidence of infection or swelling of the rectum or vagina is present.
19. Bruise or lacerations appear that the child cannot explain.
20. The child has torn, stained, or bloody underclothing.

(Sullivan et al. 1987)”