Child Sexual Abuse in the *Frum* Community—An Overview

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INTRODUCTION

Over the past number of years, the issue of child sexual abuse (CSA) has come into full view in the larger Jewish community, including *frum* communities around the world.[1] Within *yeshivish* or *chareidi* communities, efforts have been made in recent years to raise awareness, but, for the most part, they have come in bits-and-pieces and have lacked a comprehensive overview and analysis. Concerned individuals and activists have given speeches, organized awareness-raising events, and written articles arousing the public to the danger of CSA. Despite these efforts, there has been little mention of this issue in the

1 The following books deal with this problem: Mandel, David, and Pelcovitz, David. *Breaking the Silence: Sexual Abuse in the Jewish Community.* Ktav Publishing House, New Jersey, 2011; Lev, Rachel. *Shine the Light: Sexual Abuse and Healing in the Jewish Community*. UPNE, 2003: Neustein, Amy. *Tempest in the Temple: Jewish Communities & Child Sex Scandals*. UPNE, 2009.

chareidi press, and some writers and bloggers have levied harsh attacks against the *frum* community's response to the challenges of CSA. Due to the lack of comprehensive information regarding CSA in the *frum* community, many in the public are left wondering about the scope of the issue, what resources are available in the *frum* world, and what experts and Rabbonim recommend for families and communities to help safeguard against CSA.[2]

The following article is the product of extensive research based on interviews with key professionals, Rabbonim, and activists who deal with CSA, both in the U.S. and in Israel, within the *frum* communities. The goal is to present clear information based on their responses, as well as information gathered from empirical and academic research and professional literature.

The experts consulted were:

Tali Aeder, LCSW, CSAT, who has a private practice in Brooklyn and Long Island, and serves as Director of Clinical and Community Operations at the Institute for Applied Research & Community Collaboration (ARCC).

Dr. Norman Blumenthal, Ph.D., Licensed Psychologist, who holds the Zachter Chair in Trauma and Crisis Counseling at OHEL, is Director of the OHEL Miriam Center for Trauma, Bereavement and Crisis Response, Director of Group Psychotherapy Training for Psychiatry Residents and Psychology Interns at North Shore Long Island Jewish Health System, Educational Director of the counseling training program for prospective clergy at Yeshiva University, consultant to the TOVA mentoring program in Long Island, Founder and Chairman of the Board of Education of CAHAL, a partnership of schools providing special education services, and maintains a private practice for children, adolescents and adults in Cedarhurst, NY.

2 It is important to highlight that lack of clear and widely-disseminated accurate information is not a problem limited to the Jewish or *frum* world. Researchers and clinicians in the secular world commonly combat unfounded myths about child sexual abuse. See, for example: Cromer, Lisa DeMarni, and Rachel E. Goldsmith. "Child sexual abuse myths: Attitudes, beliefs, and individual differences." *Journal of Child Sexual Abuse* 19.6 (2010): 618-647. See also Richards, Kelly. "Misperceptions about child sex offenders." *Trends and Issues in Crime and Criminal Justice* 429 (2011): 1.

Rabbi Zev Cohen, of Congregation Adas Yeshurun of Chicago and a member of a special Chicago Beis Din set up for sex offenses.

Rabbi Eitan Eckstein, founder of the Retorno Rehab Center in Bet Shemesh, Israel, a religious rehabilitation center for addiction.

Dr. Gary Fagin, Ph.D., Director of Tikunim Counseling Services

Penina Feld who runs an Israeli government-sponsored educational program in Yerushalayim for chareidi girls.

Debbie Fox, Founder and Director of Magen Yeladim International.

Rabbi Yaakov Horowitz, Founder and Menahel of Yeshiva Darchei Noam of Monsey, and Founder and Director of Project Y.E.S. for "at-risk" youth.

Dr. Nachum Klafter, psychiatrist in Cincinnati, Ohio who has studied, and written on, problems of the *frum* community.

Rabbi Aryeh Levi, Director of Maaneh Center, Bet Shemesh.

Rabbi Dovid Morgenstern, Rav in Ramat Shlomo, Jerusalem, and attendant of Rav Yosef Sholom Eliashiv.

Dr. Akiva Perlman, Ph.D., LCSW, Adjunct Professor in the Department of Social Work of Long Island University in Brooklyn, NY.

Faye Wilbur, LSCW-R, Director of the Boro Park Clinic.

Eli Verschleiser, Founder and Director of "Our Place" for at-risk youth.

Dr. Shani Verschleiser, co-founder of Magenu.

Aryeh Zigdon, of CBMI Baltimore, which specializes in "at-risk" adolescents.

Dr. Shlomo Zimmerman, a psychologist in private practice, who sits on the boards of the Magen New York and Amudim organizations.

The interviews with these experts were based on their responses to the following questions: (a) What is the scope of CSA in the *frum* community? (b) What are the effects of CSA? (c) How should allegations of CSA be handled? (d) How can CSA victims be healed? (e) How can CSA be prevented? The overview ends with a list of resources available for CSA problems.

I. THE SCOPE OF CSA IN THE *FRUM* COMMUNITY

Child Sexual Abuse (CSA) refers to a wide range of illicit behaviors which include any form of sexual interaction with a minor.

How widespread is this problem in the *frum* community?

The available statistics regarding the general population vary a great deal across different studies due to various factors, including: the way CSA is defined, how the data are gathered, methodological rigor, and the population being studied. A recent meta-analysis examining international prevalence rates found that the rates for non-specific types of CSA were 15% for women and 8% for men, and the rates of forced intercourse were 9% for women and 3% for men.[3] Other reviews and meta-analyses have found comparable, if slightly different rates, and some have included moderating factors in their analyses for a nuanced understanding.[4] Notably, when including broad definitions of sexual abuse and age ranges up to 18 years old, rates increase and may be as high as 30% for girls.[5] In the *frum* community, one expert believes that the lesser number of boys being treated may be an artifact of increased barriers against disclosure for boys, but that, in reality, there is no gender difference in the true rates of CSA.[6] This sentiment was echoed by Rabbi Eckstein who reported that at any given

3 Barth, Jürgen, *et al*. "The current prevalence of child sexual abuse worldwide: a systematic review and meta-analysis." *International Journal of Public Health* 58.3 (2013): 469-483.

4 Pereda, Noemí, *et al*. "The prevalence of child sexual abuse in community and student samples: A meta-analysis." *Clinical Psychology Review* 29.4 (2009): 328-338. Pereda, Noemí, *et al*. "The international epidemiology of child sexual abuse: A continuation of Finkelhor (1994)." *Child Abuse & Neglect* 33.6 (2009): 331-342. Stoltenborgh, Marije, *et al*. "A global perspective on child sexual abuse: meta-analysis of prevalence around the world." *Child Maltreatment* 16.2 (2011): 79-101. Singh, Mannat Mohanjeet, Shradha S. Parsekar, and Sreekumaran N. Nair. "An epidemiological overview of child sexual abuse." *Journal of Family Medicine and Primary Care* 3.4 (2014): 430. Finkelhor, David, *et al*. "The lifetime prevalence of child sexual abuse and sexual assault assessed in late adolescence." *Journal of Adolescent Health* 55.3 (2014): 329-333. Finkelhor, David. "The international epidemiology of child sexual abuse." *Child Abuse & Neglect* 18.5 (1994): 409-417.

5 Finkelhor, David, *et al*. "The lifetime prevalence of child sexual abuse and sexual assault assessed in late adolescence." *Journal of Adolescent Health* 55.3 (2014): 329-333.

6 Dr. Shani Verschleiser.

time, Retorno is managing about 130 inpatient clients and 120 outpatient clients, and roughly half of these come from the *frum* community. His opinion:

> Truth be told, I suspect that the true numbers of the boys whose addictions are a result of sexual abuse are probably much closer to those of girls than what the numbers show, just that a much higher percentage of boys will not admit it.

Regarding prevalence in the *frum* world, little empirical evidence exists. Based on their personal experience, most of the experts interviewed in our study assume that the prevalence of CSA in the *frum* community is similar to the rates found in the general population. Notably, some have offered dissenting opinions suggesting that CSA is significantly lower in the *frum* community. This view may be supported by findings cited in Finkelhor *et al.* (2014) that "much of the adolescent exposure consists of dating violence and peer sexual assaults," and co-ed socializing and dating is far less common in *yeshivish* communities. Nevertheless, even if the rates of CSA are relatively lower, these experts agree that CSA affects the entire Jewish community, and every segment of the community faces the challenges presented by CSA.[7]

Even if the rates are lower, that does not mean that the instances that do exist are less damaging or less complex. In fact, Rabbi Eitan Eckstein related that the most challenging cases that he deals with often come specifically from within the *frum* and *chareidi* population. He says:

> The reason for this, I believe, is that our community is very reluctant to place incidences of sexual abuse out into the open, and, also, that we are very reluctant to involve the authorities. They are driven by an all-encompassing concern of protecting an institution, a family, or even the victim (e.g. possibly ruining their future *shidduch* prospects) and therefore we tend to deal with CSA very quietly, or perhaps not at all. A predator may just be shuffled around from one institution to another, or from one city or country to another. The result is that they learn quickly that they can do what they wish and more or less get away with it.

One of the professionals we contacted reported that he currently was handling about thirty cases.[8] Another reported that he had three or four new cases each week and about four disclosures at each training session by adults who

7 Rabbi Aryeh Levi.

8 Dr. Shlomo Zimmerman.

were abused as children.[9] A third stated that he treats 35-40 new patients every year, of whom roughly 28-30 come from the *frum* community.[10]

Dr. Shlomo Zimmerman argued that the discussion of rates of CSA is generally unhelpful:

> In my experience it is not worthwhile to discuss the numbers and statistical prevalence of child sexual abuse in our community. Doing so simply puts people on the immediate defensive. They start arguing about the numbers, what they are based on, and so on. The end result is that we get nowhere. Personally, I have learned to just stick to *tachlis* (practical results).

Notably, all the therapists that we interviewed estimated that the demographics of the client population that they deal with is more or less spread out equally among all the different *frum* communities—Sefardi, Ashkenazi, Chassidic, Litvish, modern and traditional.

What are risk factors for CSA?

Before addressing this question directly, it is critical to highlight that a "risk factor" does not mean that either a) the presence of such a factor indicates the presence of abuse or b) the absence of such a factor indicates that CSA necessarily is absent. Instead, what we mean by risk factor is something that has been shown to be associated with a relatively higher rate of CSA than if that factor were not present.[11] Risk factors also do not tell us anything about *why* these factors make a difference and whether the same factors are associated with the same level of risk among different groups of people.[12]

It is also important to consider what type of risk factor is present. Some risk factors are related to some individual characteristic (e.g. gender, age, psychiatric

9 Dr. Shani Verschleiser.

10 Dr. Michael J. Salamon.

11 From a methodological perspective, a true risk factor is one that is assessed prior to the occurrence of the CSA. Therefore, sometimes what is referred to as a "risk factor" should more accurately be seen as a "correlate."

12 For example, in some populations "age of mother/parents" may be a risk factor, because in secular communities, when the mother is in her early 20's, that is an indication that she is not in a stable family. In the *frum* communities where many women get married and have children in their early 20's, this factor may indicate a positive or protective factor. Each risk factor must thus be examined and applied appropriately.

diagnosis, etc.). Other risk factors are related to familial or community characteristics (e.g. communal unemployment rates, familial discord, social cohesion, etc.). With that understanding, it is helpful to consider whether there is empirical evidence regarding risk factors for CSA.

Research on risk factors for CSA is not entirely consistent, although several trends seem to emerge. Regarding community level risk factors, many studies have shown that indicators of economic distress—such as poverty, unemployment rates, vacant housing, housing instability, and overcrowding—are predictive of higher rates of CSA in a community, although not each factor was found consistently across all studies.[13] Other researchers have identified family factors, such as "not living with both parents and residing in families characterized by parental discord, divorce, violence, and impaired supervisory capacities."[14] Finally, some individual characteristics have been specified, such as having special needs that might increase parental burden (e.g. cognitive or developmental delays).[15]

One commonly cited environment risk factor is the availability of sexually explicit materials. The degree of children's exposure to sexual stimulation in today's times is unprecedented, even among families without televisions or internet access. Particularly for adolescents—who are maturing sexually but may not have the skills and understanding to effectively respond to sexual urges—the frequent bombardment from their environment may lead to inappropriate sexual contact with younger family members.[16] Some experts noted that this challenge can be particularly present when adolescent boys return home from insulated yeshiva environments and are confronted with a large amount of new stimuli in their home life.

Our experts caution that we cannot necessarily draw a direct causal relationship between increased exposure and rates of CSA, but they argue that there is

13 Ben-Arieh, Asher. "Socio-economic correlates of rates of child maltreatment in small communities." *American Journal of Orthopsychiatry* 80.1 (2010): 109-114.

14 Finkelhor, David. "The prevention of childhood sexual abuse." *The Future of Children* 19.2 (2009): 169-194.

15 Retrieved from https://www.cdc.gov/violenceprevention/childmaltreatment/riskprotectivefactors.html

16 Owens, Eric W., *et al.* "The impact of Internet pornography on adolescents: A review of the research." *Sexual Addiction and Compulsivity* 19.1-2 (2012): 99-122.

some impact, as explained by Dr. Blumenthal:

> [There are those who] feel that the more explicit portrayals of sexuality and alluring dress has nurtured a general lowering of taboos that, among those so inclined, prompts such destructive and immoral behavior... but it is difficult to determine whether CSA is a uniquely contemporary challenge because such matters have only recently gained notoriety and [begun to be] formally reported. There are also those who believe that this type and degree of molestation has always existed but [was] swept under the carpet…Maybe the truth lies somewhere in between [the two views].

Even in the absence of extreme sexual stimulation, adolescents experience a great deal of changes with their bodies. Particularly if the teenager does not receive any guidance, or if he feels there is no one to speak with about personal questions, he may engage in some behaviors that could at first be characterized as "innocent exploration" with someone else in the family. Tali Aeder explained that sometimes this type of behavior can become a serious, chronic problem. These boys may also be unaware that it is inappropriate and damaging to touch other people in these ways.[17] As will be discussed below in greater detail, a way of combating this issue is fostering a home environment where parents are open and willing to speak about sensitive topics and provide age-appropriate guidance. Indeed, research indicates that those children who receive such education and guidance are less likely to act out than those that lack such education.[18]

Finally, some experts point to the lack of resources within the *chinuch* system to identify and assist those who may be struggling with emotional or sexual challenges. While some communities and institutions have invested time and money into improving their ability to identify those at risk, many others have not yet done so.

It bears repeating that the presence of any or several of these factors *does not* indicate the presence or high likelihood of CSA, nor are any of these factors thought to necessarily *cause* CSA. Rather, these factors are helpful to use as guides for prevention strategies that are considered and implemented in our communities.

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17 Dr. Gary Fagin.

18 Kirby, Douglas B., B. A. Laris, and Lori A. Rolleri. "Sex and HIV education programs: their impact on sexual behaviors of young people throughout the world." *Journal of Adolescent Health* 40.3 (2007): 206-217.

Who are the perpetrators?

Based on events in the early 1990s, a great deal of children's books and adult-educational materials have focused on the concept of "stranger danger."[19] According to this view, which is ubiquitous among the general population, the people who are most dangerous to youngsters are faceless menacing strangers. These strangers, who could be anyone, are lurking in the shadows awaiting the opportunity to take advantage of our children. While this concern is not entirely unfounded, all evidence points to a different, more complicated reality.[20]

In the overwhelming majority of cases, the perpetrator of sexual abuse is known to the victim and/or victim's family, with estimates ranging from 80-90%.[21] Appreciating this reality changes how we think about detection, disclosure, treatment and prevention, as studies have found that offenders who are unknown to the victims may demonstrate very different characteristics and risk factors than those who are part of the victim's family or social circle.[22] These perpetrators can be siblings, cousins, aunts/uncles, parents, teachers, *rebbeim*, family friends, or known community members, and as such, may be of any age.

Specifically regarding the *frum* community, we were not able to get a definitive estimate of the rates of different types of offenders known to the victim. Dr. Gary Fagin said that the vast majority of offenders in his clinic are adolescent boys between the ages of 14 and 17 who abused either a younger sibling or the friend of a younger sibling (usually, a sister). Similarly, Dr. Shani Verschleiser stated that in her experience the majority of abuse is incestuous within the immediate family, followed by second-degree relatives (such as cousins and uncles). The next largest group of perpetrators comprises teachers and other

19 Kitzinger, J., and Skidmore, P. (1995). "Playing safe: Media coverage of child sexual abuse prevention strategies." *Child Abuse Review*, 4(1), 47-56.

20 Some research shows that in the secular world, many people continue to hold on to these inaccurate portrayals. For example, see Fuselier, Daniel A., Robert L. Durham, and Sandy K. Wurtele, "The child sexual abuser: Perceptions of college students and professionals." *Sexual Abuse* 14.3 (2002): 271-280. Craun, Sarah W., and Matthew T. Theriot. "Misperceptions of sex offender perpetration: Considering the impact of sex offender registration." *Journal of Interpersonal Violence* 24.12 (2008): 2057-2072.

21 Finklehor, 2009, *op. cit.*, at footnote #14.

22 Seto, Michael C., *et al*. "The puzzle of intrafamilial child sexual abuse: a meta-analysis comparing intrafamilial and extrafamilial offenders with child victims." *Clinical Psychology Rreview* 39 (2015): 42-57.

authority figures such as Rabbis and camp counselors. Complete strangers comprise the smallest perpetrator population.

Other experts offered differing opinions. Dr. Shlomo Zimmerman agrees that there is much more familial than non-familial abuse in the *frum* community, but stated that in his experience most of the intra-familial CSA is perpetrated by second-degree relatives, a view shared by Rabbi Dovid Morgenstern. In agreement, Aryeh Zigdon remarked:

> It is almost always the people with access who comprise the offender population—cousins, uncles, friends, next-door neighbors. I see very few cases of boys that were abused by their *rebbeim*.

Some dissenting views exist regarding the percentages. Dr. Michael J. Salamon estimated that roughly 45% of abusers have no familial relationship to their victim and that roughly 55% do. The former group he categorized quite broadly as including friends, neighbors, acquaintances, Rabbis, teachers, dorm counselors, etc. Dr. Salamon broke down the 42% of family-related abusers into two sub-categories: 12% were fathers and 30% were other male relatives. Dr. Norman Blumenthal offered a different breakdown, reporting that, in his experience, family members represent only 30% of CSA perpetrators, and that non-family members known to the child comprise 60% of perpetrators.

Our experts agreed that while no single profile exists to identify potential perpetrators, the research indicates that some general trends exist. According to the bulk of the research literature, offenders tend to be males, although female perpetration does exist.[23] Many sex offenders have some abuse or maltreatment in their histories, although the research is inconsistent about whether sexual abuse is more predictive of future sexual abuse than other types of abuse or neglect.[24] Even among those who view a history of sexual abuse as highly predictive of future offending, some have argued that the abuse may not take on a serial nature, but instead may be perpetrated by teenagers in the course

23 Grayston, Alana D., and Rayleen V. De Luca. "Female perpetrators of child sexual abuse: A review of the clinical and empirical literature." *Aggression and Violent Behavior* 4.1 (1999): 93-106.

24 For two sides of the argument, see Jespersen, Ashley F., Martin L. Lalumière, and Michael C. Seto. "Sexual abuse history among adult sex offenders and non-sex offenders: A meta-analysis." *Child Abuse and Neglect* 33.3 (2009): 179-192; also see Widom, Cathy Spatz, and M. Ashley Ames. "Criminal consequences of childhood sexual victimization." *Child Abuse and Neglect* 18.4 (1994): 303-318.

of their sexual development.[25] Other possible risk factors include anti-social personality, difficulty with intimate relationships, experiencing harsh discipline as a child, and loneliness.[26] It is worth restating that the presence of any or several of these risk factors does *not* mean that the individual is necessarily or even likely a potential offender. Even among people with these characteristics, the prevalence of perpetration is very low; nevertheless, we note them here in order to shed light on the research findings in a way that can help improve prevention efforts, as we will discuss in greater detail below.

If the perpetrator is a family member or close friend, how can parents not notice?

Some of our experts noted that people commonly asked them how other members of the family fail to notice abuse that is perpetrated by a family member. One likely reason is that many offenders engage in a "grooming" process, during which they gain, and subsequently abuse, the trust of the victim. Notably, this grooming process is often targeted at both the victim, as well as other communal institutions; in other words, the perpetrator intentionally builds the trust of other people in the community so as to avoid suspicion and detection.[27] Along these lines, another reason that parents will not detect that their child is a victim of CSA is that perpetrators are aware that their behavior is unacceptable, and they find ways to both perpetrate secretly and prevent disclosure—either through threats or some other form of coercion.

A third reason was highlighted by Tali Aeder, who attributed the failure to recognize abuse to a common psychological challenge of self-deception:

> The pain is so overwhelming that it is sometimes practically impossible for the individual to see the reality for what it is. In such situations the mind's "coping mechanism" causes us simply not to see the reality for what it is.

25 Salter, Daniel, *et al*. "Development of sexually abusive behaviour in sexually victimised males: a longitudinal study." *The Lancet* 361.9356 (2003): 471-476.

26 Whitaker, Daniel J., *et al*. "Risk factors for the perpetration of child sexual abuse: A review and meta-analysis." *Child Abuse and Neglect* 32.5 (2008): 529-548.

27 McAlinden, Anne-Marie. "'Setting 'Em Up': Personal, Familial and Institutional Grooming in the Sexual Abuse of Children." *Social & Legal Studies* 15.3 (2006): 339-362.

She gave an example of a boy[28] who was sexually abusing his sisters over a period of ten years. Twice almost every week, the boy would enter his sisters' room and abuse a different one of them each time. Despite their living in a small home, the parents never suspected any abuse was occurring, nor did any of the girls realize that their brother was abusing each of them. Perhaps most astounding was the fact that the latter five years of abuse took place after the boy was married and was living in an apartment next door. Throughout those five years, this now married-man's wife as well never thought to wonder about her husband's frequent nocturnal disappearances.

Should we view perpetrators as sex offenders?

Perhaps because of the sexual nature of perpetration, as well as how cases of CSA are portrayed in the media,[29] many people think that all perpetrators are serial offenders and sexually deviant, and that it is likely that they will attempt to abuse others throughout their lives. While this description certainly fits some offenders, our experts are in agreement that many offenders do not fit this profile, and we should be cautious in how we view the perpetrators. This caution is emphasized especially when the perpetrator is a young teenage boy, as Dr. Shlomo Zimmerman explains:

> If a 14-year-old boy abused his sister because he was burning with sexual curiosity and acted out of impulsivity, he should not be labeled a sex offender. Sex offender is a dangerous term, and we need to be careful how we employ it. There are adult, serial pedophiles out there who have victimized dozens and dozens of children over the course of many years. Such people may even be psychopathic. But we should not lump together into one broad characterization that serial pedophile with the 14-year-old boy who acted out of curiosity and impulsivity. Even among adults, there are many different types of offenders, and we need to be careful with how we label them.

Our experts emphasized that many perpetrators, particularly minors, when given the right treatment can stop perpetrating, and consideration should be given to how the community regards and treats these individuals so as not to isolate and condemn them excessively.

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28 All identifying details have been changed.

29 Galeste, Marcus A., Henry F. Fradella, and Brenda Vogel. "Sex offender myths in print media: Separating fact from fiction in US newspapers." *W. Criminology Rev.* 13 (2012): 4.

Summary:

- The experience of experts clearly demonstrates that CSA is a problem in the *frum* world, even if strong empirical evidence does not yet exist.
- Both girls and boys of different ages are victims of CSA, and it appears likely (but not definitive) that girls are victims of CSA at a higher rate.
- Some risk factors for CSA have been identified in the general population on community, familial, and individual levels. However, extreme caution should be used when applying that information to the *frum* community because the data were gathered in secular populations.
- Perpetrators are overwhelmingly people who are known to the victims, and very often family members (either immediate or second-degree relatives).
- Not all perpetrators are serial offenders, and providing treatment to some perpetrators can allow them to lead lives in which they do not abuse others.

II. THE EFFECTS OF CSA

Why is CSA detrimental?

Before we discuss in detail the common negative effects of CSA, it is important to gain a strong understanding of why CSA is so detrimental to its victims. To answer this question, we believe it is helpful to hear the powerful descriptions of a number of experts in the field. Dr. Klafter describes what often is going on in the mind of a victimized child:

> Children who suffer sexual abuse are often threatened with violent consequences if they tell anyone, and are forced to cope alone with the emotional impact of this frightening trauma. As a result, they often develop unusual ways of handling distress: numbing, suppressing, ignoring, repressing (i.e., forgetting in order to avoid awareness) and denying the reality of what they have suffered. These coping strategies, which were helpful during childhood, can later in life become characteristic ways that the abuse survivor may respond to problems.… The inability to deal directly with anxiety-provoking tasks…has devastating consequences in all areas of adult life.
>
> Interpersonal behavioral effects can manifest in the form of communication problems, inability to trust others (in particular adults), lack of social competence and extreme difficulties with relationships, particularly marriage, because of the intimacy involved. The childhood experience with CSA can deeply ingrain in the victim's psyche the notion that love and humiliation, closeness and betrayal, and intimacy and pain are inextricably intertwined and thus make it exceedingly difficult to engage in healthy relationships.
>
> Children are entirely dependent on adults for their basic physical and emotional needs. From the first moments of life, the human being is engaged in relationships with other people. According to all views of human development, the young child's primary caretakers play a powerful role in shaping how that individual will perceive and feel about himself or herself as a person, and about his or her place in the larger world. The ideal parents are not perfect parents, and the ideal home is not a perfect home. However, despite the inevitable shortcomings of all parents, most children are born into a loving, safe, and stable home. In a good situation, the child is privileged to be raised by benevolent caretakers (typically, but not necessarily, parents), who take his or her needs seriously, who answer his or her questions thoughtfully, and who enjoy the child's presence and company, and who delight in the child's

successes and accomplishments. A parental relationship like this has a lasting effect on helping a child view himself or herself as a loveable, competent individual. It also contributes toward the internalization of hope and ambition for a happy, meaningful life. Trauma impacts the way children perceive others, themselves, their bodies, their safety and their place in the world. If trauma (emotional, physical or sexual) causes a breakdown in this normal developmental process, it will have long-term effects on the individual that will extend into adulthood.

For some victims, the experience of sexual abuse triggers an absolutely overwhelming hyper-sexuality. They can become—whether during adolescence and/or adulthood—exceedingly promiscuous, engaging regularly in risky and self-destructive sexual behaviors.

One such victim described his life of torture before he received help. To all his friends, family, and neighbors—with the exception of his wife—he was a fine, *frum* fellow. He appeared to be hard-working, serious about his Yiddishkeit and a devoted father and husband. What people did not know is that he was living a double life. His evenings and nights were spent in the depths of *tumah* as his drives completely overwhelmed him. So acute was his internal shame, torment and suffering that he made numerous attempts at suicide. Eventually he found salvation through a combination of therapy and medicinal intervention. Nevertheless, he still struggles mightily to go on with life.

On the other side of the spectrum, there are victims who become essentially phobic of, or repulsed by, sexuality. They become essentially incapable of being involved in intimacy.

Dr. Shlomo Zimmerman explains the effects of CSA in this way:

The touch itself that a child may have experienced is not what causes the trauma, *per se*. Rather, it is the sense of, "I was involved in something seriously inappropriate," or "I was used," or "This part of my body was misused." A child often is unable to explain in rational terms why his or her experience is having such a devastating effect. The reason for this is simply because the trauma isn't a function of rational thinking; it is just something that is intensely felt in the deepest realms of the psyche and sharply grates against the chords of the child's soul.

Furthermore, as described above, the abuser often puts the victim through a grooming process in which the child is given very friendly treatment and is made to build up trust in the abuser. The subsequent violation of that trust can lead to a deep sense of betrayal for the victim; beliefs about himself that he is

unworthy of love and/or that his role is just to be used by others; feelings of guilt or shame,[30] as he may feel complicit in the behavior of the abuser because he did not say "no" forcefully enough or at all; and beliefs that he is not in control of his own body. As noted by Aryeh Zigdon:

> This might also explain why it is that so many of these boys fill their bodies with tattoos and rings. Perhaps they are desperately trying to "reassert control" over their bodies. Someone else used and took advantage of their bodies, and they are trying to show to themselves and the world, "No! I am the master of my body, and I will do with it what I please!"

Echoing this emphasis on the developmental interruption that CSA causes, Dr. Akiva Perlman said at a recent awareness-raising event in Lakewood, NJ:

> Each individual has points in his/her life when s/he becomes developmentally ready for a particular experience. If an experience is forced on an individual, though, before that individual is developmentally ready for that experience, it can generate a deep-seated sense of shame that can wreak havoc…Every child is meant to be raised in an environment that embeds deep within his/her psyche the unwavering awareness that "I am good, worthy, and capable," the awareness that even if mistakes are made and must be addressed, it doesn't negatively impact that essential, core worthiness. The intensity of shame, though, that is inflicted on a child through sexual abuse can completely undermine and destroy that core. Having been abused—so often along with a terribly heinous betrayal of trust—and treated like an object or a piece of meat, a child is prone to having a sense of being unlovable and unworthy become their core awareness. One of the most difficult moments in my career took place when, during a particular session with a client whom I had been treating for some months, I asked why there seems to still be a good deal of hesitancy on his part to open up. I had worked very hard to create a safe place for him, but something was holding him back. His response was, "Because I am waiting for you to abuse me." That is what he felt about himself: "I am supposed to be abused." Another client reflected the same deep-seated psychological underpinnings when he told me, "You know, I am genuinely surprised when an adult does not abuse me…If you would try to abuse me, I

30 Feiring, Candice, and Lynn S. Taska. "The persistence of shame following sexual abuse: A longitudinal look at risk and recovery." *Child Maltreatment* 10.4 (2005): 337-349; Stuewig, Jeffrey, and Laura A. McCloskey. "The relation of child maltreatment to shame and guilt among adolescents: Psychological routes to depression and delinquency." *Child Maltreatment* 10.4 (2005): 324-336.

> would let you do it…That's the reality I know…." This is the incredibly tragic devastation that CSA can inflict. The victim can come to have a core belief of, "I am fundamentally bad, worthless, incapable. I am meant to be abused. That's my reality."

The experience of CSA also has a profound impact on a child's sexual development. Many theories have been offered over the past 30-plus years attempting to explain the psychological mechanisms that lead to divergent outcomes for survivors of CSA.[31] Other research has aimed to identify why type and severity of sexual abuse relate to non-normative sexual behavior later in life.[32] Despite not knowing how this research applies to the *frum* community, where normative sexual behavior is very different than in the surrounding secular world, one aspect seems especially relevant to consider. Researchers describe that over the course of adolescence, young people develop "sexual scripts," or ways of organizing what to expect from and how to interact with the world around them. In the *frum* world, the normative script—as encouraged by our parents, teachers, and *rebbeim*—has sexual contact with others coming through heterosexual relationships in the context of marriage. Survivors of CSA may experience what is referred to as "traumatic sexualization,"[33] where this normative sexual script is replaced with other types of scripts due to traumatic sexual experiences. Of course, this explanation is one of many mechanisms thought to influence sexual development in survivors of CSA and it is insufficient to draw definitive conclusions about individual cases. Nevertheless, we cite this as an example to help clarify why CSA may have a lasting impact on a victim's life.

Other experts suggested various other psychological mechanisms. For example, Rabbi Eitan Eckstein offered that sometimes victims of CSA believe they are worthy of punishment, and may thus deliberately seek out abuse. He

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31 Senn, Theresa E., Michael P. Carey, and Peter A. Vanable. "Childhood and adolescent sexual abuse and subsequent sexual risk behavior: Evidence from controlled studies, methodological critique, and suggestions for research." *Clinical Psychology Review* 28.5 (2008): 711-735.

32 For an example, see Noll, Jennie G., Penelope K. Trickett, and Frank W. Putnam. "A prospective investigation of the impact of childhood sexual abuse on the development of sexuality." *Journal of Consulting and Clinical Psychology* 71.3 (2003): 575. See also Senn, Theresa E., *et al*. "Characteristics of sexual abuse in childhood and adolescence influence sexual risk behavior in adulthood." *Archives of Sexual Behavior* 36.5 (2007): 637-645.

33 Finkelhor, David, and Angela Browne. "The traumatic impact of child sexual abuse: a conceptualization." *American Journal of Orthopsychiatry* 55.4 (1985): 530.

thought that this phenomenon might also explain some cases where victims of CSA also choose to marry spouses who are abusive.[34]

Are there long-term effects of CSA on the victims?

The answer to this question may seem self-evident, based on the information in the previous paragraphs. Nevertheless, survivors of abuse, both Jewish and non-Jewish, have expressed being asked some variation of the following question by others who have not experienced abuse: "Why can't you just forget about it and move on?" Apparently, some who have never experienced sexual abuse can find it difficult to understand why it should present such a serious challenge to the victim, especially, as they would see it, if the victim was simply touched in an inappropriate manner or experienced non-violent, non-painful abuse.

The universal response to this question by therapists, Rabbis and communal activists, was, essentially, "It's not so simple." While some people may recover naturally from the trauma of CSA, for many survivors the experience leads to what is known as "complex trauma."[35] Some of our experts offered that it might be described as "soul murder."[36]

Extensive empirical data and professional experience have demonstrated a broad range of both short- and long-term effects that can manifest in an abused child. These effects fall into five broad categories: physical, psychological, behavioral, interpersonal and spiritual/religious.[37]

Acute injuries: The acts involved in CSA can cause physical injury as a result of forced penetration or related infections. For example, medical professionals have identified symptoms such as vaginal bleeding or infection, urinary

34 There is extensive research literature that has noted this strong association between CSA and intimate partner violence later in life, and has offered a variety of theoretical explanations for this relationship. See, for example, Messman-Moore, Terri L., and Patricia J. Long. "The role of childhood sexual abuse sequelae in the sexual revictimization of women: An empirical review and theoretical reformulation." *Clinical Psychology Review* 23.4 (2003): 537-571.

35 Cook, Alexandra, *et al*. "Complex trauma." *Psychiatric Annals* 35.5 (2005): 390-398.

36 Dr. Leonard Shengold; Dr. Shlomo Zimmerman; Dr. Michael J. Salamon.

37 Singh, Mannat Mohanjeet, Shradha S. Parsekar, and Sreekumaran N. Nair. "An epidemiological overview of child sexual abuse." *Journal of Family Medicine and Primary Care* 3.4 (2014): 430-435

tract infection, menstrual irregularities, gastrointestinal problems and sexually transmitted diseases. It is important to emphasize that because some of these injuries are not observable to an untrained eye or without medical testing, it is critical for a child who is suspected to have been victimized to be assessed by a medical professional, and preferably by one trained to handle cases of CSA.[38] Notably, sometimes children will need to be sedated to properly conduct this examination. Quicker examinations and treatment can lead to better healing of existing injuries, and prevent the exacerbation of more complicated conditions. In addition to the medical benefits, obtaining prompt medical examinations can be extremely beneficial to collecting forensic evidence, if necessary. Herrmann *et al.* (2014) add a psychological benefit to prompt medical examinations:

> Physical examination can have the benefit of restoring the child's bodily self-image from a pathological to a normal state by confirming physical normality and integrity.

Long-term effects: Even after the wounds of acute injury heal, researchers have identified some areas of long-term physiological effects of CSA, some of which is not necessarily visibly detectable. For example, studies have shown neurobiological changes to various systems related to response to stress and extreme threat, as well as possible negative effects on the immune system.[39] Other studies have found changes in parts of the brain related to mood regulation, memory, and emotion, as well as other brain structures associated with the presence of various psychiatric disorders.[40]

CSA also puts survivors at risk for a host of medical problems later on in life. A recent review noted some of them, including ischemic heart disease, cancer,

38 Herrmann, Bernd, *et al*. "Physical examination in child sexual abuse: approaches and current evidence." *Deutsches Ärzteblatt International* 111.41 (2014): 692. Makoroff, Kathi L., *et al*. "Genital examinations for alleged sexual abuse of prepubertal girls: findings by pediatric emergency medicine physicians compared with child abuse trained physicians." *Child Abuse and Neglect* 26.12 (2002): 1235-1242.

39 Putnam, Frank W. "Ten-year research update review: Child sexual abuse." *Journal of the American Academy of Child and Adolescent Psychiatry* 42.3 (2003): 269-278.

40 Teicher, Martin H., and Jacqueline A. Samson. "Annual research review: enduring neurobiological effects of childhood abuse and neglect." *Journal of Child Psychology and Psychiatry* (2016). Nemeroff, Charles B. "Paradise lost: the neurobiological and clinical consequences of child abuse and neglect." *Neuron* 89.5 (2016): 892-909.

chronic lung disease, irritable bowel syndrome, fibromyalgia, osteoarthritis, chronic spinal (back or neck) pain, and frequent or severe headaches.[41] These studies do not necessarily indicate *why* victims of CSA experience higher rates of these and other physical conditions, and many researchers hypothesize that the neurobiological, psychological, interpersonal, and medical impact all contribute to the deficits found in each domain.

Psychological effects: In many instances, the most devastating damage caused by CSA is in the psychological/psychiatric realm, as described by Dr. Nachum Klafter:

> The research literature on virtually every psychiatric disorder reveals that childhood abuse in general, and sexual abuse in particular, is a significant risk factor for the development of mental illness during later childhood, adolescence and adulthood. This remarkable finding is true even for disorders such as schizophrenia, which were long thought to be mostly determined by genetic risk factors.

Extensive empirical evidence exists that links surviving CSA with psychiatric diagnoses later in life, including mood disorders (e.g., Major Depressive Disorder), anxiety disorders (e.g., PTSD, Generalized Anxiety, Phobias, Social Anxiety), personality disorders (e.g., Borderline Personality Disorder (BPD)), psychotic disorders (e.g., schizophrenia), and substance abuse,[42] although the exact causal relationship is not entirely clear in each case.[43] In some cases, such as BPD, a history of CSA appears to be the rule and not the exception.[44] Other psychological conditions related to body-image are also associated with CSA, and many victims of CSA experience a persistent feeling of being uncomfortable in their own bodies.[45] Some become overly concerned with body image,

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41 Cashmore, Judy, and Rita Shackel. *The long-term effects of child sexual abuse*. Australian Institute of Family Studies, 2013.

42 Pérez-Fuentes, Gabriela, *et al*. "Prevalence and correlates of child sexual abuse: a national study." *Comprehensive Psychiatry* 54.1 (2013): 16-27.

43 Maniglio, Roberto. "Child sexual abuse in the etiology of anxiety disorders: A systematic review of reviews." *Trauma, Violence, and Abuse* 14.2 (2013): 96-112.

44 Dr. Norman Blumenthal pointed to statistics that 40% to 70% of individuals diagnosed with BPD have been molested. See, for example, Kuo, Janice R., *et al.* "An examination of the relationship between childhood emotional abuse and borderline personality disorder features: the role of difficulties with emotion regulation." *Child Abuse and Neglect* 39 (2015): 147-155.

45 Faye Wilbur, LCSW-R, Director of Boro Park Clinic, highlighted the fact that facilitating

or overly focused on bodily concerns, which some of our experts linked to the higher rates of eating disorders found in the empirical literature.[46] Perhaps surprisingly to some people, research also indicates that the negative effects of trauma are more likely and more severe when experienced by children than when experienced by adults.[47]

Suicidality and other self-harm behaviors are also a significant concern for victims of CSA. After surviving sexual abuse, people can be left with a feeling of being soiled and even worthless. They can feel as though their body is "dirty" and despicable,[48] and their feelings of worthlessness can be so overwhelming that it appears to them that the only avenue of escape is ending their lives.[49] Dr. Shani Verschleiser recounted an experience she had with a group of ten CSA survivors:

> Every single one of them said that they would have highly preferred that their abuser had murdered them rather than have to live with the trauma of the sexual abuse. Relatively speaking, for them suicide is the easy way out.

Despite the clear evidence for higher rates of mental health issues, it is critical to note that psychiatric disorders and self-harm behaviors, though related to CSA, rarely can be traced back to a single cause. This point was emphasized by Dr. Blumenthal in regard to suicidality and self-harm behaviors:

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a child's feeling comfortable in his or her own body is a key facet of the therapeutic healing process.

46 E.g. Chen, Laura P., *et al*. "Sexual abuse and lifetime diagnosis of psychiatric disorders: systematic review and meta-analysis." *Mayo Clinic Proceedings*. 85.7 (2010): 618-629.

47 Olff, Miranda, *et al*. "Gender differences in posttraumatic stress disorder." *Psychological Bulletin* 133.2 (2007): 183.

48 This might be related to the higher rates of obsessive-compulsive disorder found among survivors of CSA. See Grisham, J. R., *et al*. "Risk factors prospectively associated with adult obsessive-compulsive symptom dimensions and obsessive-compulsive disorder." *Psychological Medicine* 41.12 (2011): 2495. See also Hall, Melissa and Hall, Joshua. "The long-term effects of childhood sexual abuse: Counseling implications." Retrieved from http://counselingoutfitters.com/vistas/vistas11/Article_19.pdf. (2011).

49 Maniglio, Roberto. "The role of child sexual abuse in the etiology of suicide and non-suicidal self-injury." *Acta Psychiatrica Scandinavica* 124.1 (2011): 30-41. Bebbington, Paul E., *et al*. "Suicide attempts, gender, and sexual abuse: data from the 2000 British Psychiatric Morbidity Survey." *American Journal of Psychiatry* 166.10 (2009): 1135-1140. Cutajar, Margaret C., *et al*. "Suicide and fatal drug overdose in child sexual abuse victims: a historical cohort study." *Med J Aust* 192.4 (2010): 184-7.

> Suicide is a complicated and intently studied behavior that seems to be rooted in a complex combination of constitutional factors (probably genetic) and environmental ones…suicidal tendencies run in families and have a high concurrence among identical twins. Experts in the field believe that we are on the verge of discovering the gene or cluster of genes that dispose one to suicide…the evolutions of suicidal behaviors is probably the outcome of a genetic predisposition among those who have either a significant mental illness or history of trauma, failure and pain. In the realm of traumatic life events, sexual abuse ranks very high. Someone with an inherited tendency towards suicide and/or pre-existing mental illness may be considerably more at risk if he or she has also been molested or abused.

Despite the difficulty of attributing causality to suicidality, our experts pointed to instances of young people writing "suicide letters" before taking their lives specifically identifying their sexual abuse as the cause for their terrible suffering. In these cases, the abuse ruined their lives and imposed such unbearable agony on them to the extent that they felt pushed "over the edge."[50]

Even if a person does not meet criteria for a psychiatric diagnosis, our experts have identified a wide range of other potential challenges in various domains, behavioral, interpersonal and cognitive. They also highlighted symptoms that are commonly experienced, even in the absence of a psychiatric diagnosis, such as symptoms of depression, anxiety, panic, guilt, hopelessness, social isolation, insecure attachment and anger. Symptoms of severe anger and their consequences were noted by several experts, including Aryeh Zigdon:

> Anger and rage is probably the most recurrent effect of CSA that I see, and the most tragic thing about it is that it can become a vicious, self-feeding cycle. A boy becomes consumed with anger as a result of having been abused. His parents don't understand what's going on with him and think that he has just "gone crazy." Of course, that makes him even more enraged. Very quickly, many boys become "religiously angry"; i.e., their Judaism is the first fatality of their uncontrollable rage. In one of the more severe cases, a boy was so consumed with rage that he did things like punching a hole in the wall and breaking off the door of the refrigerator. His rage became so intense that at one point he even punched his father in the face.

50 The late Rabbi Ronnie Greenwald once read such a letter in a public address. He mentioned that he has in his possession a number of suicide letters from completed suicides that point to the physical or sexual abuse they suffered as being a major part of why they committed suicide.

Substance abuse and addictions: Substance abuse represents another common mental health challenge faced by victims of CSA.[51] Experts explain that survivors may seek ways to numb or lessen their chronic agony and suffering, and they find that illicit substances can provide some relief. As it relates to the *frum* community, some of our experts wondered whether the apparent increase in rates of substance abuse and other addictions—which Aryeh Zigdon described as reaching "mind-boggling levels"—is related to CSA.

Eli Verschleiser reported that the number of at-risk youth presenting with such struggles has sharply risen in recent years.

> We used to get about 300 or 500 new cases of substance abuse each year. Now, we are dealing with about 1,500 new cases each year! And 65% of these cases are directly related to the boy or girl having been sexually abused at some point earlier on.

Dr. Akiva Perlman reported that he conducted an informal study of the correlation between substance abuse and a history of CSA. The most modest results of the study showed that 60% of substance abusers had a history of CSA, while other parts of the study indicated male substance abusers and addicts had a 70% history of CSA, and women had an 80%-90% history. Rabbi Eitan Eckstein echoed this assertion, saying that CSA is the most common cause of addictions affecting youth, particularly for girls who are more commonly victims of CSA.

Other behavioral and cognitive effects: By behavioral effects, we refer to observable actions or behaviors that are associated with surviving CSA. By cognitive effects, we refer to challenges of processing information and attention that might be associated with CSA. Empirical research has found that victims of CSA may engage in age-inappropriate sexual behavior, including drawing sexually-oriented pictures; sexualized activity; and demonstrating age-inappropriate sexual knowledge. In addition to issues in sexually-related behaviors, survivors also show higher rates of truancy and lower academic performance, as well as more aggressive behavior with peers and violations of law and proper social conduct. The research is inconsistent about the degree to which, if at all, rates of perpetration of sexual abuse are higher among survivors of sexual

51 Pérez-Fuentes, Gabriela, *et al*. "Prevalence and correlates of child sexual abuse: a national study." *Comprehensive Psychiatry* 54.1 (2013): 16-27.

abuse,[52] but our experts noted that often perpetrators identify being victims of CSA as a precursor for their subsequent offending.

Spiritual and religious effects: The question of how CSA impacts religious development is a question of particular interest in the *frum* community, even though little empirical research has been conducted to examine this issue. Among the few researchers who have studied this question, there is consensus that experiencing CSA raises some of the profound religious challenges raised by other severe, traumatic life events, and victims can have difficulty integrating these experiences into a coherent religious worldview.[53] Victims may also struggle with ideas of forgiveness, personal culpability, loving others, and other principles and ideals of religious life that were shattered by the experience of abuse.

Dr. Verschleiser noted an additional aspect related to religious development that can be specific to the *frum* community. If the abuse took place at the hands of a member of the *frum* community, that religious identity becomes associated with the abuse. For such a person, being religious triggers extremely painful memories that can be too difficult to overcome for some people, which makes living a religious life a very undesirable option. Dr. Verschleiser added that the response of the *frum* community can also be critical; when children feel that they are not being supported in the wake of abuse, they may see the religion and its institutions as failing them.

It is important to keep these understandings in mind as we consider the larger issue in the Jewish community of youth being "at-risk" and "off-the-*derech*," which refers to cessation of religious practice according to their community norms. This issue has not yet been studied empirically, but many experts have found a strong link between CSA in childhood and abandoning a Torah-observant way of life. According to Dr. Shlomo Zimmerman, in his experience, up to 80-90% of youth who might be called "off-the-*derech*" have a history of CSA. Eli Verschleiser and Dr. Shani Verschleiser largely agreed with

52 DeLisi, Matthew, *et al*. "Does childhood sexual abuse victimization translate into juvenile sexual offending? New evidence." *Violence and Victims* 29.4 (2014): 620-635.

53 Schmutzer, Andrew J. "Spiritual formation and sexual abuse: Embodiment, community, and healing." *Work* 24 (2007): 581. Hall, Terese A. "Spiritual effects of childhood sexual abuse in adult Christian women." *Journal of Psychology and Theology* (1995). Wyckoff, Mallory. *The impact of sexual trauma on survivors' theological perception and spiritual formation*. Diss. Lipscomb University, 2016.

that statistic regarding young women, but found that, in their experience, the rates for young men are somewhere between 40% and 65%. This number is consistent with Dr. Salamon's assertion that the overall number of youth who cease religious observance who have a history of CSA, in his experience, is roughly 60%.

Similarly, Aryeh Zigdon said his institution is involved with about 100 teenagers and young men within the age range of 14 to 25, and that roughly 50% of all the boys they deal with have gone through an episode of sexual abuse:

> For an "off-the-*derech*" boy steeped in a life of substance abuse and promiscuity and who is totally dysfunctional, practically 100% have been sexually abused. When I deal with boys like that, I am simply waiting for the right moment when I can ask them, "When were you abused?"

Mr. Zigdon added that it often takes a long time for the truth about CSA to come out.

> There is a particular person who has been involved with our institution for years. He's married now with kids. He has always felt that he is carrying around an inexplicable anger. He went to therapy to deal with it. Nothing ever helped. Finally, he figured it out. He related: "I recalled the time that my *rebbe* in sixth grade put me on his lap and used me for his deviant sexual desires. It was an absolute epiphany! I finally discovered—after all these years—what it is that is making me angry.

Other experts, including Rabbi Eckstein, also noted the role anger plays in a person's rejection of religious practice.

> Of those kids who go "off-the-*derech,*" a history of sexual abuse plays a role amongst many of them, and, in my assessment, almost all of them. This is particularly so if the youth goes "off-the- *derech*" in a sudden, overnight fashion. In such cases, it is almost a foregone conclusion that the cause is sexual abuse. The rationale behind this is not too difficult to understand. A child who has been sexually abused is angry at everyone. He or she feels as though Hashem left him or her as an unwanted object, and the child therefore rebels against Him.

Rabbi Dovid Refson was unequivocal about the relationship between CSA and personal struggles with *Yiddishkeit*.

> We had a program at one point in time for girls from *frum* homes that were struggling with their Judaism. Already then it was obvious that many of these girls had underlying, emotional issues, so we made acceptance into the program conditional on agreeing to attend regular therapy sessions. This program

> continued for about two or three years, and in that course of time we dealt with about 200 girls. But I decided to close the program, and the reason is very simple. There was absolutely nothing that our Torah educational program had to offer them. Not one of these girls was struggling with *emunah* (their faith in Hashem). For example, if a girl loses her trust in Hashem, what it more likely means is that she lost trust in her father. Not one of these girls was actually struggling with other aspects of their Judaism. Every single one of them had been molested at some point or another, and what they needed was therapy, not specialized Torah classes. The conclusion that this experience brought me to is that we do not have an "off-the-*derech*" problem. We have a sexual abuse problem.

Other prominent educators have had similar experiences. Penina Feld ran a government-sponsored educational program in Yerushalayim for *chareidi* girls who, for one reason or another, were unable to succeed in the regular educational system. The goal of the program was to enable these girls to get a high school diploma (*bagrut*) and eventually a job, in order to empower them to become productive, self-sufficient individuals. She reports:

> When the program first began, we did not have many girls at all. Just a handful. But within a short period of time, the numbers surged to about 80-100 girls a year from all different backgrounds within the *chareidi* world and all different levels of struggling with their Judaism. There is not much that I can tell you about the specifics of sexual abuse that these girls may or may not have experienced. My policy was to deliberately avoid trying to go there. I didn't want that every time they would walk in the door and see me, they would see their problem. Whenever it became apparent to me that a girl needed therapy, I would make the appropriate referrals. My impression, though, I can tell you, and that is very similar to that of my father (Rabbi Dovid Refson, see above), is that not one girl was struggling with *emunah*. That just was not their issue at all. Every single one of them was struggling with some form or another of sexual harassment. For some girls that meant the never-ending focus on the particulars of their attire. For others it meant being bumped—deliberately—by a man in the street. And for yet others it meant more severe forms of sexual impropriety that was foisted on them.

Community activists have dealt with this challenge as well. Rabbi Yaakov Horowitz who stands at the forefront of dealing with the problem of CSA, expressed a similar view, albeit with a strong reservation:

> Can we pin the majority of the "off-the-*derech*" problem on sexual abuse? That is hard to say. We do not have scientific data to be able to make such proclamations. Moreover, it is clear that the "off-the-*derech*" phenomenon is complex and involves multiple risk factors. What I do feel, though, that I can say with certainty is this: sexual abuse is by far the greatest risk factor for a child going "off-the-*derech*." Exposure to inappropriate content on the internet when compared to sexual abuse has the relationship of firecrackers to a bomb.

Dr. Blumenthal shared a similar sentiment:

> Associating a complex set of behaviors to one antecedent is over-simplistic. Children who rebel against their religious upbringing can do so for a host of reasons of which sexual molestation is one. Using broad strokes, the "off-the-*derech*" problem today falls into two categories. There are those who shun religious observance either because it doesn't speak to them or they find the regimentation and restrictions not to their liking. They rebel less because of anger or hurt but rather over an intolerance for the sacrifices and restraint that a religious lifestyle demands. The second group are individuals who feel wronged and mistreated by the community or, more likely, specific members of the community. For the most part, they are angry and sometimes profoundly ambivalent since the mistreatment co-exists with more fond and endearing recollections and relationships. The purported mistreatment can take many forms. Notable among them and far too frequent in this subgroup of rebellious offspring is sexual abuse.

If we are sensitive to the experience of these experts, we are forced to reassess how we view children who are "off-the-*derech*," if that is even an appropriate term to use. If we consider the feelings of worthlessness, betrayal, anger, fear and shame that were caused by others in the Jewish community, sometimes in the victim's own family, and the inability of those who were meant to be protectors to detect and stop the abuse, is it any wonder that these children will struggle with embracing the way of life we are trying to teach them? For some, the experience of trying to be part of the community is itself a punishing experience because of the trauma he or she survived at the hands of a community member. For others, the rejection of a Torah life-style may be more of a rebellion, but it could also be seen as a cry for help. If we reject this child out-of-hand because of his or her rebellious behavior, we are only reinforcing the sense of rejection and betrayal that they experienced through CSA. Unfortunately, these experiences can put the survivor in a position that he or she feels there is

no reasonable option to be part of the *frum* community.

We also should recognize the tremendous guilt carried by some abuse survivors, as detailed above. Particularly among children in *frum* communities, the belief that they may have sinned can lead to questions about how they can fit into the community, and some may conclude that after "living a double life" there is no room for them to return. Instead of quickly labelling such a child as "off-the-*derech*," we should instead find ways to help them recognize that there is a path back to communal life.

Some experts have noted that specific types of lifestyles associated with rejecting a Torah lifestyle may also be seen in this way. For example, a girl who is abused by men may develop the belief that "men are monsters," or she may experience any thought of intimacy or closeness with a man as repulsive. Such a person may seek intimacy with other women, which ultimately leads to a total rejection of a Torah lifestyle.[54]

The religious impact of CSA may not be limited to the effects on the victim. Rabbi Eitan Eckstein related the case of a certain principal of a school who was apprehended on charges of abusing students. Following his arrest, his wife took their children and moved away from home, and away from the Jewish community. She no longer wanted to associate with the *frum* community as a result of her husband's actions, and she subsequently abandoned any vestige of *Yiddishkeit* for herself and her children.

While these aspects may lead to difficulty with leading a *frum* lifestyle after abuse, it is equally critical to note that many survivors of CSA find invaluable support through their communities, as well as through connecting to Jewish religious practice.[55] It should not be assumed that survivors hold a negative view of God or of their religious communities, and, when appropriate, the community and religious leaders can play an integral role in the healing process.

Financial effects: The lifetime financial costs associated with CSA are staggering, particularly when indirect cost is considered. According to one recent study examining the cost of childhood maltreatment in general: "The estimated average lifetime cost per victim of non-fatal child maltreatment is $210,012

54 Dr. Shani Verschleiser.

55 For example, see Gall, Terry Lynn, *et al*. "Spirituality and the current adjustment of adult survivors of childhood sexual abuse." *Journal for the Scientific Study of Religion* 46.1 (2007): 101-117.

(in 2010 dollars) including $32,648 in childhood health care costs; $10,530 in adult medical costs; $144,360 in productivity losses; $7,728 in child welfare costs; $6,747 in criminal justice costs; and $7,999 in special education costs."[56] Although the data do not discriminate between sexual abuse and other forms of maltreatment, there is no evidence or reason to believe that sexual abuse has a substantially smaller impact than other forms of abuse; in fact, some experts have argued that severe CSA may carry the largest burden of any type of maltreatment. Of course, these costs are estimates based on averages in the general population, so it is possible that these figures could be drastically different (either higher or lower) in the *frum* community; nevertheless, as we consider financial costs of implementing prevention strategies, it is useful to bear in mind the far greater financial burden posed by not preventing incidents of CSA.

Social stigma: Many experts pointed to the fear of, and potential for, social stigma as a significant source of difficulty for survivors of CSA. While this word and concept has gained widespread use in the past generation, it is important to understand what we mean by the term "stigma."[57] When we refer to social stigma, we are referring to the idea that a person belongs to a "social category about which others hold negative attitudes, stereotypes, and beliefs, or which, on average, receive disproportionately poor interpersonal or economic outcomes relative to members of the society at large because of discrimination against members of the social category."[58]

There is broad consensus among therapists who treat victims of CSA that one cannot overstate the importance to the victims' recovery of reducing social stigma in our communities. Dr. Shlomo Zimmerman described how social stigma can be detrimental to survivors of CSA. Survivors and families of survivors may experience a great deal of anxiety if they are discovered as victims of CSA, because the community will hold negative opinions about them or their families. The scorn, or fear of scorn, may serve to reinforce feelings of shame and *tumah* (defilement), or thoughts that they are "damaged goods,"

56 Fang, Xiangming, *et al*. "The economic burden of child maltreatment in the United States and implications for prevention." *Child Abuse and Neglect* 36.2 (2012): 156-165.

57 The etymology of the word seems to derive from the term for a tattoo used to brand cattle or slaves.

58 Crocker, J., & Major, B. (1989). "Social stigma and self-esteem: The self-protective properties of stigma." *Psychological Review*, 96(4), 608.

that survivors of CSA may experience. They also may fear or experience extremely compromised *shidduch* prospects and/or social isolation, which can magnify the negative impact of the trauma itself. In fact, victims of CSA often say that the reaction of their family and community was more traumatic to them than the abuse itself.[59] One woman, discussing her daughter's battle with CSA, made a powerful comment: "The person who abused my daughter may have raped her body, but the way our community reacted to the whole situation raped her soul!"

Long-term functional impairment: In addition to difficulties in the domains mentioned above, survivors of sexual abuse may experience long-term impairment in successfully managing life-skills and daily stressors. Dr. Klafter identified a number of unhelpful tendencies, such as patterns of procrastination and avoidance of important tasks or situations that involve any conflict. This can include delinquency in bill payments, not attending to financial matters, avoiding effective relationship management, shying away from advocating for a child, failing to file paperwork, missing meetings and so forth. While any one of these is not catastrophic—and may be normal in many people—the extent to which they are present in survivors in CSA can cause harm at home, work and social arenas.

What determines the degree of challenges faced by survivors of CSA?

In most cases, it is impossible to predict exactly what type of challenges a person who experienced CSA will encounter, as well as to what extent they will experience impairment as a result. Nevertheless, empirical research and clinical experience suggest that some factors likely contribute to differences in the long-term effects. Generally speaking, they can be broken down into three main categories: a) pre-trauma factors, b) characteristics of the traumatic event, and c) post-trauma factors. A full discussion of these factors is beyond the scope of this article, but we provide a brief overview of what is meant by these terms.

Pre-trauma factors refer to personal characteristics or life-experiences that occurred prior to the abuse. The factors can include things such as temperament,

59 Dr. Shani Verschleiser, Dr. Shlomo Zimmerman.

a history of emotional problems, learning disabilities, substance abuse, and prior traumatic exposures.

Event characteristics refer to details of the event such as severity, aggressive features, proximity, deliberate intent, threats during the abuse, relationship with the abuser, and peri-traumatic response of the victim. So, for example, an isolated incident will likely leave less of a traumatic scar than chronic abuse. As a general rule, the more severe the event, and the stronger the peri-traumatic reaction of the victim, the greater the impact on the victim. Of course, experiencing what might be characterized as "less severe" CSA still has the potential of leading to negative, severe long-term consequences.

Post-trauma factors include the response of the victim's parents and family, general communal or familial support, the restoration of safety, and receiving appropriate level of services. Dr. Blumenthal stressed that how adults react and respond to the discovery or disclosure of CSA can have a profound impact on the long-term effects of the abuse.

Asymptomatic abuse: Research indicates that a sizeable proportion of victims of CSA, with some reports as high as 40%, are asymptomatic, meaning that they do not exhibit difficult symptoms related to CSA. However, experts have noted that the absence of symptoms at one point does not indicate that the survivor will never exhibit symptoms, and Putnam *et al.* (2010) found that over 10% of those who were asymptomatic deteriorated within the next year. The eventual deterioration is sometimes referred to as "sleeper effects," meaning that the negative impact of the abuse may be dormant for a period of time, but may be triggered in the future—perhaps in response to some life event or developmental milestone. This potential was highlighted by Rabbi Eckstein:

> The trauma of sexual abuse can be like a ticking time bomb. It may not go off until after marriage, but eventually it will go off.

Zvi Gluck described a case of a mother of several children who was suddenly unable to function normally as a result of a trigger that brought to memory the sexual abuse she had suffered as a child. Such triggers can be a variety of experiences or circumstances that are reminiscent of some aspect of the abuse, such as seeing the abuser, hearing about a story of abuse, or even smelling scents that remind them of the abusive events.

Aryeh Zigdon reported that, based on his clinical experience, it is possible that many children will not show any significant symptoms until they reach

adolescence. What is not clear, however, is what, if any, intervention is appropriate in these cases. A significant percentage of these children demonstrate resilient coping and have positive outcomes in the absence of intensive therapy, and it would likely do more harm than good to subject them to rigorous interventions. On the other hand, for many children the effects of the trauma will emerge over time. Therefore, many experts recommend providing educational resources to the parents (and children, if appropriate), and encouraging the parents to seek guidance if they begin to detect symptoms of maladaptive coping. As our experts asserted in near unanimity, there is rarely such a thing as a child "just getting over it and moving on."

This point was emphasized by Rabbi Zev Cohen:

> Without therapy, a child can suffer damage that will have long-reaching consequences. Not infrequently, it occurs that a girl was inappropriately touched at the age of twelve, and ten years later her marriage becomes non-functional because of the trauma which was never treated!

Given all the information detailed above, can victims of CSA be treated?

Before addressing this question, it is critical to highlight a number of points. The first is what do we mean by "treated" or "cured"? Dr. Norman Blumenthal provides a very useful framework:

> I often tell traumatized patients that there is a difference between being "affected" and "damaged." Few, if any, victims "get over" abuse (even with treatment). They may manage to grow from it or function well despite it, but such violations and betrayals usually remain embedded in one's memory, and [it causes an] injury that never fully heals.

In other words, psychological treatment does not make the abuse go away, nor is the goal to make the survivor completely unaffected by the abuse. In this way, psychological treatment is very different than treatment in the medical framework, where the goal (if possible) is to render the disease as if it never existed. Instead, the goal of treatment is to facilitate a resilient outcome.

A second critical point to elaborate on is what is meant by a resilient outcome. Scientific literature has defined resilience in various ways,[60] but, in general, it

60 See, for example, Bolton, E. E., Tankersley, A. P., Eisen, E. M., & Litz, B. T. (2015).

refers to the ability to achieve an acceptable level of happiness, productivity, positive personal relationships, and—for the *frum* community—a connection to a Torah lifestyle, even though someone has experienced a traumatic event.

With this in mind, we can be encouraged by the assertion of several experts in the field who have echoed what Dr. Pelcovitz and Dr. Zimmerman have found in their research and clinical experience: "Child resilience is the rule, not the exception." With the right intervention, help, and support, children can and do overcome the excruciating pain and go on to lead fully happy, productive lives, even if there remains an emotional wound from the experience of CSA.

Equally important, though, is to acknowledge another reality: No two people process trauma in the same way. The fact that one child may be able to suffice with a few months of therapy cannot be used as a demonstration for another who may have to continue therapy for many years, even into adulthood. As Dr. Shlomo Zimmerman put it:

> Psychology cannot predict the future. There are so many variables to any experience that it is just not possible to dictate how any particular child will react to it. A very important message that we need to make well-known is this: Onlookers do not have the ability to assess the progress of a victim in restoring himself to normalcy.

From a familial and communal point of view, it is necessary to exercise supportive optimism, coupled with sincere empathy. It is vital to believe in a victim's ability to persevere with the right help and to be a bulwark of support and comfort that he or she needs, while never belittling what he or she may be undergoing.[61]

Summary:

- Surviving CSA often comes with a wide variety of short- and long-term symptoms and challenges.
- These effects are seen in physical, psychological, interpersonal, behavioral, and religious domains.

"Adaptation to traumatic stress: resilient traits, resources, and trajectories of outcomes." *Current Psychiatry Reviews*, 11(3), 150-159.

61 Dr. Shlomo Zimmerman.

- Substance abuse and suicidality are potential effects of CSA.
- Even if a child seems asymptomatic, it is possible—even likely—that difficulties will emerge over time.
- It is not necessarily knowable beforehand what type of symptoms and what type of treatment a victim will require.
- Children are generally resilient, and with the right support we can expect positive outcomes.

III. HANDLING ALLEGATIONS OF CSA

What happens if abuse is suspected or discovered?

It is self-evident that in order to stop abuse that is occurring, protect the victim, and prevent abuse in the future, appropriate methods for disclosure and reporting are indispensable. Nevertheless, stemming from halachic concerns related to the prohibition of *mesirah*, as well as questions of *loshon hora* and false accusations, how to handle allegations of CSA has been a hotly debated issue in the *frum* community.

The obvious question is: can and should suspicions of CSA be reported to the authorities? If so, what is the proper procedure given the possible clash between the Halacha and the law? There are two distinct camps amongst the senior Rabbonim in the United States.

One group believes Halacha requires that a senior Rav, or other individual experienced in determining CSA, be consulted before any report is made. (After all, how can such an important decision be left to an inexperienced and possibly very young individual?) Other Rabbonim disagree and believe no rabbinic consultation is warranted. After all, they believe, the authorities are much better positioned to investigate such matters. The issue is complex, includes numerous halachic and legal variables, and it is impossible to cover all the relevant issues in this limited space. However we will endeavor to present the basics.

For background, U.S. law generally requires individuals working within professional capacities to report any reasonable suspicion of abuse. Professionals such as doctors, dentists, optometrists, social workers, therapists, school staff, camp directors, day-care center staff and many more can be held liable in the event that they had a reasonable suspicion and failed to report to Child Protective Services or the police. Since such failure to report is classified as a Class-A misdemeanor,[62] possible criminal penalties can include a fine of anywhere from $300 to $10,000 and/or a jail sentence ranging from 30 days to 5 years, depending on state law.[63] In addition, some states allow for the victim of

62 New York State, Office of Children and Family Services. "Summary Guide for Mandated Reporters in NY State." Retrieved from: http://ocfs.ny.gov/main/publications/Pub1159.pdf

63 U.S. Department of Health and Human Services, Children's Bureau. "Penalties for Failure

CSA to sue the mandated reporter who failed to do so for any damages caused by the failure to report. Notably, other places, including Israel, require anyone to report, not just professionals.

In addition to the requirements of the secular legal system, over the years more and more prominent Rabbonim and *poskim* have signed and publicized their unequivocal support for contacting government authorities in instances of reasonable suspicion.[64] Their reason is that CSA presents a serious danger which, according to some *poskim*, rises to the level of *pikuach nefesh*. Accordingly, just as we would not hesitate to call the police if an axe-wielding criminal was loose, so should we not permit a CSA offender to be free to prey on children.

Are there any concerns about reporting a case with any level of suspicion?

While stopping a perpetrator is clearly necessary in both Halacha and secular law, many Rabbonim point to the potential for false accusations as reason for concern. Many people—knowingly or unknowingly—employ the principle of "where there's smoke, there's fire," and even a hint of accusation can be exceedingly damaging to the accused. A public investigation, with investigators interviewing parents in the school and community members, can create

to Report and False Reporting of Child Abuse and Neglect." Retrieved from: https://www.childwelfare.gov/pubPDFs/report.pdf

64 The standard "reasonable suspicion" is one translation of the Hebrew phrase "*raglayim ledavar*." (Another translation is "reason to believe.") This standard was promulgated by Rav Elyashiv *z.t.l.* in response to a query from Rav Feivel Cohen. (The text of the query and the response were first printed in the Torah journal *Yeshurun*, vol. 15, 5765, pp. 640-642.)

The policy of the Moetzes Gedolei Hatorah of Agudas Yisroel is to require prior consultation with either a Rav or someone experienced enough to determine *raglayim ledavar* before reporting (where this complies with the law). However, recently many other Rabbonim have interpreted this *pesak* as allowing anyone who believes this standard has been met to initiate a report to the police or Child Services. See *Kol Koreh* of September 2015, signed by many Rabbonim and widely publicized in the *chareidi* press: http://www.jewishpress.com/news/breaking-news/300-orthodox-rabbis-unite-to-combat-child-sexual-abuse-epidemic/2016/08/29/. The RCA and other Modern Orthodox organizations direct all people with suspicions to report to the relevant government agency.

For a comprehensive treatment of these questions, see the Responsa published by many senior Rabbonim in *Yeshurun* 16, infra pp. 634-667, and *Yeshurun* 22, 5770, pp. 584-598.

an insurmountable stigma for the accused party and his family, even if he is ultimately found to be innocent and the report found to be completely unsubstantiated. Many people have voiced concern that once a case is reported, they cannot trust that the case will be handled fairly by the authorities.

It is not hard to imagine what types of conversations could go on between concerned community members during the weeks or months of investigations. The accused may lose his job, and his family may become the object of scorn and derision within the community, and his reputation can become irredeemable. It is also necessary to point out that a "false accusation" does not necessarily mean that it was made with malicious intent. A concerned parent or teacher may notice something unusual about a child that is consistent with sexual abuse and report based on that suspicion, even if other explanations are plausible or more likely.

A critical question is how common are false accusations. All of the experts and Rabbonim interviewed for this article felt very strongly that the incidence of false reports is extremely low. However, there does exist a body of research that indicates that false accusations in the general population may in fact be more common than otherwise thought,[65] [66] although it is not clear how that information should be extrapolated to apply to the *frum* community.

Dr. Shlomo Zimmerman suggests a helpful way of looking at this situation, that if understood could help minimize the fear of false reports:

> Involving professional intervention—such as child protective services or the police— should not be viewed in any way shape or form as a determination of guilt. It is just that every allegation is a very serious matter and requires a thorough investigation by individuals who are fully trained experts.

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65 For example, see U.S. Department of Health and Human Services. "Child Maltreatment, 2014." Retrieved from: https://www.acf.hhs.gov/sites/default/files/cb/cm2014.pdf. There they cite that "More than four-fifths of these children (83.7%) were the subject of only one report, 12.6% were the subject of two reports, and less than 4 percent (3.7%) were the subject of three or more reports. Approximately one-fifth of children were found to be victims with dispositions of substantiated (17.8%), indicated (0.8%), and alternative response victims (0.6%). The remaining four-fifths of the children were determined to be nonvictims of maltreatment."

66 Of course, not each case of unsubstantiated abuse means that it was a false allegation. Even in the case of false allegations, there could be a number of explanations. Aryeh Zigdon reported a case where the child and mother disagreed about who perpetrated the abuse. There could be instances of borderline contact that is interpreted as sexual, but is not malicious at all (such as hugging, putting an arm around the child's shoulder, etc.).

In other words, an allegation should be viewed as exactly that—an allegation. Dr. Zimmerman underscored that even when there is an allegation and an investigative process is executed, only a tiny percentage of reports lead to an imprisonment. This sentiment was echoed by Dr. Verschleiser, who agreed that the Child Protective Services are oriented towards protecting children and their families. Their goal is to keep families intact, and their handling of cases is done with respect to the parties involved.

To what extent can or should Rabbonim be involved in the process of reporting?

The involvement of Rabbonim either prior to, or subsequent to, a police report may be beneficial but raises several complex issues. One of the unique problems facing the *frum* community is the reluctance of victims to report to the police. The repercussions of making and reporting accusations in a tightly-knit community are often severe, and lead to bitter divisions as they often precipitate long and divisive public battles. (There are numerous examples of such cases, many prominently discussed on various blogs, although seldom in the mainstream *chareidi* press.) It is likely that many victims would feel more comfortable reporting allegations to Rabbonim they trust. Obviously the Rabbonim, who may be subject to mandated reporter rules, have to be experienced and highly educated in the law, and are very likely to require the assistance of mental health professionals in deciding whether an allegation is credible. If it indeed is, it would be incumbent upon them, presumably immediately, to effectuate a report. As noted, failure to report can have serious legal and civil repercussions.

In addition, many people, including mandated reporters, may not be sure what is considered reasonable suspicion, and they require guidance to know what should or should not be reported. This lack of clarity can run against the requirement to report as quickly as possible, and the involvement of qualified Rabbonim can be critical to provide the proper, trusted guidance that will encourage disclosure by mandated reporters. This point was emphasized by Rabbi Zev Cohen.

These considerations have led many Rabbonim to advocate for the establishment of special community *Batey Din* on the theory that victims would be more comfortable reporting to such a "friendly" institution than to the

police.[67] This would seem to be a valid approach; however, there are obvious legal problems associated with establishing an institution which may well be illegal under the aforementioned mandated reporting laws. Any such *Beys Din* opens itself up to potential legal challenge and even civil and criminal liability. Moreover, experience has shown that such *Batey Din* are hardly immune to the divisiveness that often accompanies allegations, and with the advent of increased scrutiny by activists and their blogs, it is almost impossible to handle charges in a quiet and "under-the-radar" manner. (Even in Israel, where the rabbinic establishment has more ability to work with governmental bodies, the trend has recently been to disallow *ad-hoc* adjudication by rabbinic or quasi-rabbinic bodies). This topic is complex and needs a separate treatment which is beyond the scope of this article.

Another benefit of involving Rabbonim is to protect the purported victim particularly, for, as noted, some allegations have brought about strong reactions from the community,[68] as argued by Dr. Zimmerman:

> In my opinion, this won't stop until leading Rabbonim actually support the victims in their attempt to ascertain the truth. Even giving a *pesak* that it is halachically permitted to go to the authorities is not sufficient. The Rabbonim have to become part of the investigative process and use their authority to make sure that the victims are not harassed. As above, a report to the authorities is not a ruling of guilt; it is simply an acknowledgement that a situation exists which demands professional intervention.

Of course, as Dr. Verschleiser noted, the community must also play a critical role in protecting victims:

> To change the climate of people's perspectives on CSA, you need to keep working at raising public awareness of the issues. People must understand that child abuse is a sickness that can affect anyone, and, as such, one should

67 In fact there have been several communities, including Chicago, Baltimore and Los Angeles, that have established either formal or *ad-hoc Batey Din*.

68 This phenomenon of "victimizing the victims" is largely absent in the research and is not well understood empirically. According to Faye Wilbur, it may stem from people struggling with the prospect that someone they know/respect/admire/love could behave in such a manner, and they respond by shouting down the accuser. Dr. Shani Verschleiser explains it differently, and suggests that most people are uneducated about trauma and the impact it can have on its victim. So, for example, if a kid "goes off the deep end" at the age of 16 because of having been sexually abused at the age of 6, people find that almost impossible to believe. Whatever the cause, it is a serious and recurring problem in *chareidi* CSA cases.

not automatically assume that, if the accused is known as an upright *yerey Shamayim,* he is the victim of a false accusation.

If a perpetrator "does teshuva" (repents), should we handle the case differently?

A fundamental principle of each person's relationship with Hashem is the belief that he can repent for his wrongdoings and reform his behavior. To accept this principle means to believe that even the greatest sinners and criminals have within them the potential to cease their negative behaviors and begin to act in accordance with Halacha and Torah. It should go without saying that a perpetrator is required to "do *teshuva*" for abusing a child, and a competent Rav should be consulted regarding how to go about conducting the process of *teshuva*. However, a separate, highly controversial question is whether and to what extent *teshuva* should be part of the CSA discussion.

Very often, those advocating on behalf of a perpetrator, especially first-time offenders, will point to evidence that he has repented his behavior. This argument is made both in order to convince others not to report, as well as to persuade the community to respond with lighter measures (e.g., in situations where no mandated reporter is involved). For example, if a man is caught inappropriately touching a child in Shul, but is repentant and promises to never engage is such behavior again, should strict monitoring procedures be placed against him? If a counselor comes forth to reveal that he has committed a form of abuse on a child, should he be immediately dismissed? If a father is found to have abused his child, should the father be automatically removed from his home? If we can be assured that the perpetrator is no longer involved in any misdeed, should we offer him the benefit of the doubt and assume that he never committed the deed?

Every expert interviewed for this article unequivocally answered that *teshuva* is irrelevant to how we handle situations of CSA, and they offer a straightforward reason for this position. As experience and statistics categorically indicate, a person who has perpetrated CSA poses a risk to perpetrate again in the future. There exists no reliable test to determine whether a person has done a complete *teshuva*, and as such, there is no reliable way to determine that the level of risk to others has disappeared or even diminished. In addition, experience

shows that relying on the hope that true *teshuva* has been done simply does not work.[69]

As Tali Aeder added:

> The offender will usually not own up to what he or she has done. This can particularly be the case if the individual is previously known as a pious, learned person. Offenders of that sort develop a sense within themselves of believing that they are above the law.

Summary:

- The law varies by state and country, but, in general, mandated reporters are required by law to report cases of abuse in the event of reasonable suspicion.
- Most *poskim* rule that reporting in the case of reasonable suspicion does not violate the *issur* of *mesirah.*
- Instances of false allegations seem to be rare, but the evidence is not entirely clear.
- The involvement of trained Rabbonim can be integral to successful disclosure, protection for the victim, and limiting false allegations.

69 HaRav Dovid Morgenstern.

IV. THE HEALING PROCESS

How can parents help a child who has become a victim of CSA?

A child who has experienced CSA may be very hurt, in all the ways described above, and requires support to progress in healing. Parents can and should play a central role in that process.[70] Rabbi Eitan Eckstein identified three basic components to appropriate parental response to CSA: a) attentiveness, b) containment, and c) physical expression of love (such as a hug).

Attentiveness requires a parent to listen carefully, with full attention, to what the child is saying. An attentive parent is willing to hear the details, as difficult as they may be, and shows that he believes the pain that the child is experiencing.

Containment is built on attentiveness. Containment is the attitude displayed to the child that no matter how difficult the child's problem may be, the parents can handle it. The trauma of CSA can be enormous and a child may feel that there is nothing that anyone can do to alleviate his pain. A parent needs to send the clear message—through both verbal and nonverbal communication—that whatever the problem, it is manageable and he can support the child through it.

Finally, the parent ultimately can help a child reframe his experience by physically expressing love in a non-abusive way. A hug or other physical expression of love is no less important than the first two components. For some children who experienced CSA, physical touch becomes a source of painful memories and emotions, and can be difficult for him or her to tolerate. Parental touch, in the right way and right time, has the potential to undo that reaction, as "a hug from a parent in the wake of sexual abuse can restore a sense in the child that physical touch can be a positive experience."[71]

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70 Godbout, Natacha, *et al*. "Child sexual abuse and subsequent relational and personal functioning: The role of parental support." *Child Abuse and Neglect* 38.2 (2014): 317-325.

71 Rabbi Eckstein added that it goes without saying that lack of parental affection can be very damaging for children, and parents can and should train themselves in this if it does not come naturally.

In addition to these broad principles, Rabbi Eckstein suggests another technique: openness by the parent to help support children in their disclosure. When a parent shares his or her own difficult, embarrassing or hurtful situation, the child can develop a framework for how to understand and relate to these experiences himself. He adds that "relating how the parent felt and how he reacted gives the child the feeling that the parent really understands the child."

What should a parent's reaction be to hearing about the abuse?

Experts have specified two major barriers to a child's disclosure: a) the fear that they will not be believed, and b) the fear of causing turmoil in the family. As such, it is important that a parent's initial reaction allay those fears and demonstrate: a) trust in the veracity of what the child is saying and b) expressing level-headed emotional support and being unequivocal that the parent will be on the side of the child as they work to resolve the matter.

A parent's panicky, angry, disbelieving, or accusatory reaction to a child's disclosure can significantly increase impact of the trauma and pain the child suffers. A child who sees such a reaction may get the impression that this information is too much for the parent to handle, and the child will refrain from talking about it anymore. Alternatively, the child may want to avoid similar emotionally-charged reactions from their family, and will choose instead to keep quiet so as not to instigate another aversive response. The child may also feel the parent is blaming him for the abuse, reinforcing and intensifying the sense of shame that he already feels.

Instead, a parent should be prepared to offer a validating, supportive message in response to a child's disclosure. Such a response should include, stated explicitly, ideas such as: a) I am proud of you for having had the courage to tell me about this; b) what happened is not your fault—even if you did not say "no" to your abuser, you are not to blame at all; c) there are wonderful people who can help you and we are going to get their help; and finally, d) nothing has changed how much we love you.

It is also critical to add that believing the child may at times be a complex undertaking, particularly as we understand that many times the perpetrator is a

member of the victim's family. For example, how would a parent maintain this supportive stance if the accused abuser is another sibling, the other parent, or a grandparent? Because of the complexities and unique factors involved in each instance, it is not possible to offer concrete suggestions. In these cases, parents should consult professionals for guidance.

The follwing paragraphs provide a helpful step-by-step guide for optimal responses by parents to a child's disclosure. Each step requires its own elaboration, but we will discuss them briefly.[72]

Believe your child: This suggestion may seem simple and self-evident, but in the moment, conveying belief to the child can be very difficult. Parents will likely have a great deal of questions that they want answered, as this information is unexpected. It can be particularly difficult if the child has developed a pattern of being less than truthful, and the parents may have begun questioning a great deal of what the child is saying. It is therefore very important for parents to adopt a "believing stance" at the time of the disclosure. They should avoid cross-examining and challenging inconsistencies in the child's story—there will be plenty of time later to sort out details. The role of the parent during the disclosure is to be a supportive, steady source of comfort, and that begins with believing what the child is saying.

Do not blame your child: It is a parent's job to train their children to act properly and make good decisions, and engaged parents look for opportunities every day to provide instruction and correction. Despite that sacred charge of parenting, when a child is disclosing CSA, the parent should resist the generally-positive impulse of correcting the child's choices. The perpetrator of the abuse is the guilty party, and, as described above, offenders can use powerful strategies to take advantage of young people. Even if a parent believes the child should have and could have made different choices, there will be opportunities to discuss these alternative choices with the child. However, at the time of disclosure, when the child is already likely feeling fearful, tentative and ashamed, a parent increasing the child's sense of responsibility will only serve to exacerbate the negative thoughts and feelings about himself.

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72 Malloy, Lindsay C., and Thomas D. Lyon. "Caregiver support and child sexual abuse: Why does it matter?" *Journal of Child Sexual Abuse* 15.4 (2006): 97-103. Alaggia, Ramona. "Balancing acts: Reconceptualizing support in maternal response to intra-familial child sexual abuse." *Clinical Social Work Journal* 30.1 (2002): 41-56.

Be honest about what will happen: In their surprise and anger—and in an attempt to show that they are on their child's side—parents may be inclined to make promises or guarantees that they cannot uphold. Parents should be sensitive to the idea that part of what makes CSA detrimental is the profound violation of trust, and they can use this opportunity at disclosure to lay the groundwork for a relationship of honesty and trust. Instead of making statements like: "I won't rest until he's put behind bars for good!" parents can saying something like: "I'm sorry this happened. I'm glad you told me, and I will do everything I can to help support you." If there are questions the child has that a parent does not know how to answer, he can reply that there are people who can provide guidance and support to make sure that the child remains safe and gets all the help he needs.

After the initial disclosure of abuse, what are the next steps that a parent should take?

It is not uncommon for parents to feel lost and unprepared after learning that their child has been the victim of CSA. For this reason, it is important to make contact with an appropriate professional, such as an organization that specializes in handling cases of CSA. These organizations (some of which we list at the end of this article) can provide guidance and referrals, and they are familiar with the legal aspects of CSA disclosure. Perhaps more than anything, feeling supported and knowing that there is someone willing and able to guide the family through the challenging process of healing can be invaluable. Of course, this desire for guidance and support—and perhaps even discussions with others who may be threatened by the perpetrator—should be balanced against the child's and family's right to privacy about such a personal matter. A competent Rav should be consulted to determine how to weigh this difficult issue.

Once the child's safety is ensured and there is no more danger that the abuser will be able to continue to abuse the child, the primary focus must be the child's healing process. As important as legal proceedings can be, excess focus on such a process—which can often be drawn-out, draining, and frustrating—will not serve the child's best interests. The focus of healing should include warm support from his parents, family, and teachers, as well as a therapist trained to work with victims of CSA.[73]

73 Faye Wilbur.

What does the "healing process" look like?

As discussed above, no two children are the same, and no two healing processes are the same. Nevertheless, there are some common principles that can provide guidance to parents. First, when choosing a therapist, all of our experts emphasized the need to find someone who has specialized training and experience working with CSA. In addition to the requisite experience, it is also critical to find someone with whom the child can feel comfortable, which will depend on the personality and temperament of both child and therapist. Finding such a person on their own can be difficult for parents; so it can be helpful to make contact with organizations that deal specifically with child abuse in order to find out about therapists. These needs are underscored by Rabbi Aryeh Levi:

> What people often do not realize is that if you want to ensure a successful therapeutic process for a child, you can't just make a *shidduch* between a child and therapist and hope everything turns out well. Even if the therapist is fully trained and licensed and possesses all the credentials, sexual abuse presents some of the most delicate, complex problems and a fully professional approach is the only way these issues should be addressed. At Maaneh, we don't just pair kids with therapists. We operate a comprehensive clinic that includes social workers who handle case management, numerous therapists who have each been trained in various specialty approaches to handling CSA, and expert supervisors who meet regularly with therapists—both in group settings and one-on-one—because all of this is what goes into a successful therapeutic program. And that's in addition to our office staff and intake professionals who manage the logistics of it all.

Some experts also pointed to the advantages of organizations that have supervision of therapists as part of their structure, as noted by Aryeh Zigdon:

> I attend the therapy sessions with practically every single boy that we send to therapy. If the boy goes on his own, he may find himself stymied as to what he should be mentioning to the therapist that needs work. The therapist only sees him for those weekly sessions, so they are totally in the dark as to what issues need to be focused on unless someone tells them. And you cannot expect a child—or even adolescent or young man—who is going through such Gehinnom, whose internal world is shattered to pieces, to know how to initiate and provide that information. I sit there together with the boys and fill the therapist in so that real work can be done.

In recent years, researchers have begun to study the benefits of various therapeutic approaches. A full discussion of the strengths and weaknesses of different approaches is beyond the scope of this article, but experts in the general population tend to recommend evidence-based therapies, such as trauma-focused cognitive behavioral therapy.[74] Even for those therapists with specialized training, we recommend that therapists seek out information and training on therapeutic approaches that are supported by research—and parents should feel comfortable asking about the therapist's approach to treatment. In addition to the therapist's theoretical orientation, parents are often curious about the duration of therapy. There is no specific guideline, but many experts estimate that most children benefit from therapy that takes place weekly for 6 months to a year, although the duration can be shorter or longer depending on the specific circumstances.

While a full discussion of the components of therapy is beyond the scope of this article, Faye Wilbur outlined the main areas addressed in therapeutic interventions:

- Helping the child understand what has happened to him or her.
- Skill building – learning skills that make the child feel empowered about his or her own personal safety, learning effective communication and assertiveness, that they can say "No" even to an adult they love and trust.
- Helping the child to once again feel comfortable in his or her own body.
- Learning skills to improve affect regulation.
- Reducing stress and anxiety.

Parents should also be aware that even after therapy is concluded, oftentimes victims of CSA benefit from therapy at later points in their lives. As the victim moves through stages of life, various events can bring the early trauma of CSA to the forefront. For example, a person who was abused as a young child may have successfully worked through the experience, and he will show few symptoms through his adolescence. However, when he gets married, the

74 Neubauer, Felicia, E. Deblinger, and K. Sieger. "Trauma-Focused Cognitive-Behavioral Therapy for Child Sexual Abuse and Exposure to Domestic Violence." *Play Therapy with Children and Adolescents in Crisis*. 4th ed. Edited by Nancy Boyd Webb (New York: Guilford Press, 2015), pp. 118-139.

physical aspects of intimacy may trigger distressing and painful memories. Alternatively, some experts have identified the phenomenon of intergenerational trauma, whereby a child experiences traumatic reactions to things that happened to his parents, such as when he reaches the age that his parents were victims of CSA. Our experts agree that in all of these cases, when people receive the appropriate support their prognosis is very good.

In addition to therapy, the family plays many critical roles in the child's rehabilitation. One of the most important roles for the family is ensuring the child's physical and emotional safety and well-being, even in difficult circumstances. For example, Faye Wilbur described a case in which a grandparent abused his grandchild. Even if the abuser received his due punishment, served jailtime, underwent exhaustive therapy, and is under the monitoring of law-enforcement and/or communal organizations, the child may nevertheless feel uncomfortable around that grandparent. By no means should the child be forced to be in the company of the person who abused him.

Summary:

- Most often, children disclose CSA to a parent, and the parent's initial reaction can set the tone for how the child will think about the abuse.
- The parent should try as best as possible to remain calm, believe the child, not blame the child for the abuse, and be honest and open about the subsequent steps.
- Parents should reach out to organizations or experts in the field for guidance about how to best help the child.
- Psychotherapy can be very beneficial for children, and efforts should be made to find the most appropriate therapist for each child.
- Survivors of CSA may benefit from periodic psychotherapy, particularly at important transitions in stages of life.
- Families play a critical role in providing a healthy, safe environment in which the child can heal.

V. PREVENTION OF CSA

Is CSA preventable?

Regarding CSA, everyone agrees with the adage that "an ounce of prevention is worth a pound of cure." By prevention, we refer to two distinct categories: 1) creating an environment that limits access or in some other way does not allow potential offenders to perpetrate abuse (known as "primary prevention"); and 2) creating an environment that will respond quickly to incidents of abuse and prevent continued abuse to either the victim or other children (known as "secondary prevention"). Many experts believe that both types of prevention are achievable if we approach it in the right way. [75]

It is encouraging to consider that studies have shown that in the general population, incidents of CSA appear to have declined dramatically in the past 25 years,[76] and Dr. David Pelcovitz believes that this trend holds true for the *frum* community as well. Despite this apparent decline, it is not clear what has caused the lower rates of CSA and a full discussion is beyond the scope of this article. However, some experts have pointed to prevention intervention efforts as an important driver of these trends. Although a recent review article of primary prevention interventions argued that empirical evidence does not yet exist to demonstrate a decrease in overall incidence rates as a result of these interventions,[77] some empirical evidence, as well as clinical experience of our experts, provides some promising results.

Primary prevention:

Researchers and public policy experts have debated the effectiveness and value of a wide variety of primary prevention efforts, ranging from use of the legal system, penal system, sex offender registries, mental health treatment, public service announcements, and others. However, for the purposes of this article, we will focus on the prevention efforts that could be implemented by *frum*

75 Dr. Shlomo Zimmerman.

76 Finkelhor, David, Lisa M. Jones, and Anne Shattuck. "Updated trends in Child Maltreatment, 2011." (2013). Retrieved from http://scholars.unh.edu/cgi/viewcontent.cgi?article=1059&context=ccrc

77 MacMillan, Harriet L., *et al.* "Interventions to prevent child maltreatment and associated impairment." *The Lancet* 373.9659 (2009): 250-266.

communities, such as school or community-based education and awareness. Little, if any, empirical evidence exists regarding the efficacy of school-based programs in the Jewish community. However, a recent meta-analysis reviewed school-based CSA prevention programs in the general community, and found that the number of children who engaged in appropriate protective behaviors following educational intervention was nearly double that of a control group of children who were not given any educational intervention.[78]

Prevention interventions, whether in the school or community, or delivered by parents, should all include a number of critical components, although the content and delivery should be adjusted for the age and maturity of the child. The overarching message of these programs is to teach a child that he or she is allowed to reject any unwanted touch, and that he or she should not touch other children in an unwanted way.[79]

A common way of imparting this message is through distinguishing between three types of touch: "good touch" (like a nice hug from mommy or daddy); "bad touch" (like getting hit by someone); and the "I-don't-know-touch." The "I-don't-know touch" may not hurt or might even feel good, but it makes the child feel uncomfortable, confused, worried, or strange. Children are taught that they are allowed to say "No" to any kind of touch, and that if they are unsure whether it was wanted, they can go to a parent or trusted adult without negative consequences. Children should also be instructed that they should not keep secrets from parents, even if they agreed to keep something secret to another adult.

Many experts recommend including this information as a component of a general safety curriculum, which can help both children and adults overcome the potential discomfort of the conversation.

In addition to the general idea of boundaries and touching, children should also be taught about how certain parts of the body are private. Part of this instruction is to teach the child that these areas should be touched by others only in specific circumstances, such as parents when helping the child with specific age-appropriate tasks, or medical professionals in specific situations with

78 Zwi, Karen, *et al*. "School−based education programmes for the prevention of child sexual abuse." *The Cochrane Library* (2007).

79 For an elaboration of the topic of how to teach children appropriate assertiveness, see: *Better Safe than Sorry*, by Dr. Nitai Melamed.

parental supervision. These conversations with children can be very short—even just 10-15 seconds—and can be done in a very matter-of-fact manner. Excellent resources exist to help parents and schools in beginning these conversations in culturally sensitive ways, such as The Safety Kid program of Magen Yeladim International and the curriculum of Magenu.

Experts stress that any intervention must match the needs and sensitivities of the targeted communities in order to be received and have a positive impact on the community. To this end, Debbie Fox and Dr. Shani Verschleiser have developed educational programs that have been implemented in many yeshivos, Bais Yaakov schools, *chadarim,* and schools around the country. Each program was carefully calibrated with specific wording to match the language of each community.

While we believe in the critical value of prevention programs, some evidence exists that increased levels of anxiety may be an unintended consequence of these programs. Researchers disagree about the potential for increased anxiety, but it is useful to consider that presenting education about CSA to children in the wrong way, or creating excessive limitations on their interactions with others, may be very unhelpful, and may itself be a form of abuse because it deprives the child of a normal upbringing.[80] For this reason, we suggest that expert-guided, culturally-consistent, age-appropriate prevention efforts are necessary to achieve the appropriate balance, by raising awareness but not causing excessive worry.

In addition to community- and school-based education for children and parents, Dr. Shlomo Zimmerman emphasizes that every youth-serving organization—including schools, camps, shuls, and youth groups—needs to have clearly presented protocols for their staff of acceptable behaviors for interaction with children. He says:

> We don't want to have a situation where we need to wonder if we should be suspecting a particular individual. Therefore, we need to have blanket rules for staff members that are universally applied. A protocol would determine, for example, which forms of physical contact are acceptable between adults and children and which forms not. Perhaps handshakes, pats on the shoulder, and possibly even friendly hugs could all be in the acceptable category, while activities such as wrestling and tickling could fall under the unacceptable

80 Rabbi Aryeh Levi, Director of The Maaneh Center of Bet Shemesh.

> category. Many schools already have in place rules about adults never secluding themselves with a single child (some even with a number of children) and see to it that every classroom door has a window on it.

Our experts identified three fundamental components of protocols that can effectively create a transparent and safe environment: a) written guidelines detailing organizational policy regarding appropriate behavior and organizational enforcement relating to abuse in general, and sexual abuse in particular; b) required sessions dedicated to educating all staff members regarding the written policies; and c) taking steps to ensure that the policies are followed and discipline for violations is enforced.

A critical element of enforcing the policies is recognizing that an institution may not be able to referee itself. In the instance of CSA allegations against a staff member, many sources of bias may be present, including personal relationships, responsibility for the success of the organization, salaries of staff members that could be affected, pressure from other staff or community members, or other sources of possible bias that could arise. For these reasons, our experts asserted that it is critical for CSA allegations that arise within a school or an institution be handled by independent professionals.[81] Failure to follow this guidance, unfortunately, has led to gross mishandling of allegations in many situations, which puts both our children and our important institutions at risk, as underscored by Dr. Zimmerman:

> Regulations of this nature are not meant solely for protecting children from potential abuse at the hands of teachers or other staff members. Equally, implementing such protocols protects the teachers and other staff members from the potential of wrongful accusation.

This sentiment was strongly echoed by Aryeh Zigdon who believes that all *mechanchim* should be careful to avoid situations in which they could be accused of impropriety. Practically, this advice means that teachers should only meet with students in public areas, and all classrooms should have a clear window or, if appropriate, a closed-circuit video camera. Of course, some of these recommendations may come with significant cost and cannot be implemented immediately or all at once; nevertheless, commitment to these steps fosters an environment of safety and openness, and can promote positive, healthy interactions between staff members and children. Each institution must

81 Dr. Shlomo Zimmerman.

consider for itself the best way to introduce these suggestions, as noted by Dr. Zimmerman:

> No less important, we would be doing a great disservice to our children if we institute rules that create a sterile environment. Obviating the possibility of teachers, counselors, and so on forging close, warm relationships with their students/campers is ultimately not beneficial for the children's well-being. These relationships are important in their lives. Foresight and level-headed deliberation is a must in formulating what precisely should be tacked as out-of-bounds.

In addition to protocols in communal institutions, Debbie Fox advocates for parents to establish clear protocols for the home setting as well. This recommendation is consistent with the view of Dr. Gary Fagin, who reported that his clinical experience indicates that the most common form of abuse is a teenage boy having some sort of contact with a younger sibling.

Some examples of these measures are establishing a rule that boys are not allowed to enter their sisters' rooms starting at a certain age, or that children who are playing may not lock the door of that room. Some parents may balk at the idea of creating these rules, which, to them, may imply suspicion of their own family and children. However, our experts contend that there are clear benefits. First, explicitly stating boundaries necessitates speaking with children about appropriate personal and physical boundaries, which are important conversations for parents to have with their children, as discussed above. Second, establishing clear guidelines allows children to protect themselves against violations to their own personal space. Our experts point to evidence that it is specifically at the times that unsupervised play is common, such as on Shabbos and Yom Tov when families are together, that incidents of CSA are more likely, as emphasized by Rabbi Dr. Zev Brown:

> There are just too many horror stories emanating from precisely such venues to ignore this. In general, we need to cultivate a culture within both our homes and communities that children left alone behind locked doors or deserted places are unacceptable. These rules should apply at all times, certainly, when many people find themselves together in close quarters.

Finding the appropriate level of supervision certainly can be challenging. The preventative benefits are obvious, but, on the other hand, experts caution against "helicopter" parenting, which can be detrimental as well.[82] Rabbi

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Glass, George S., and David Tabatsky. *The Overparenting Epidemic: Why Helicopter Parenting*

Brown recommended thinking about this type of supervision as one would a *mashgiach* for *kashrus* supervision. He need not be physically present at all times watching over every action of every worker in the kitchen, but they should be aware that he is supervising and interested in what they are doing. In the context of a home, this might mean periodically passing by the play area, asking if the children want anything to eat, or conducting household chores in the rooms where the children are playing.

Admittedly, some of these suggestions are difficult to apply, and as discussed above, our goal is not to create emotionally sterile environments that will be damaging to our children's development. Home life and family gatherings should be characterized by warmth and pleasantness, a key factor is promoting a child's healthy development. In order to achieve this balance, Rabbonim, community leaders, parents, and teachers should work together to formulate appropriate protocols for schools, homes, shuls or camps.

Implementing these measures will also help caring parents, teachers, and Rabbonim to identify children who might be most at risk. Predators specifically look for children who seem vulnerable, isolated, or emotionally needy.[83] The research shows that such children generally make easier targets, are easier to manipulate, and are easier to move towards compliance, as noted by Dr. Nachum Klafter:

> Predators are often quite adept at identifying children with low self-esteem, who crave positive attention from adults, who are lonely for companionship, who are less likely to protest, who are more susceptible to manipulation or intimidation, or who live in a home lacking parental vigilance. Such children are more vulnerable to predators as well as more prone to developing psychological disturbances.

Secondary prevention:

Just as important as effective primary prevention strategies is ensuring that, if something inappropriate does happen, the duration and severity are minimized. This is known as secondary prevention. In addition to specific secondary prevention strategies discussed below, it is notable that good primary prevention interventions can serve as the most effective secondary prevention

Is Bad for Your Kids . . . and Dangerous for You, Too! (New York: Skyhorse Publishing, 2014).

83 Winters, Georgia M., and Elizabeth L. Jeglic. "Stages of Sexual Grooming: Recognizing Potentially Predatory Behaviors of Child Molesters." *Deviant Behavior* (2016): 1-10.

tools, as they create an openness to speak about these topics which encourages disclosure. As we described above, many factors can play a part in this refraining from disclosure, including fear of not being believed, fear of being blamed, fear of shame, not recognizing that abuse has occurred, lacking the language to express what happened or some other reason. Whatever the cause, the unfortunate reality is that many children do not disclose incidents of abuse.[84] A good primary prevention intervention can help provide the language and opportunity for children to disclose with the first instances of inappropriate touch.[85]

A story highlighting the failure to provide primary prevention was related by Tali Aeder who described a client who told her that she felt that none of the adults in her life would listen to her except for her abuser:

> In a very real sense, this client felt that she was finally getting the attention that she so badly needed, and that the abuse she suffered was the price she had to pay for it. You can imagine how deeply skewed a child's whole perception of human interactions can become as a result of experiencing such a traumatic relationship.

On the other hand, Mrs. Fox highlighted the success of the primary prevention interventions leading to secondary prevention:

> The amazing thing is that you really see results. I can't tell you how many times I get calls from parents thanking me for what the program has done for them. Kids who were faced with inappropriate touching knew to immediately talk to a safe adult about it—usually a parent—and they did!

Parental engagement is critical in both primary and secondary prevention efforts, and research indicates that among the most effective preventive measures that parents can employ is cultivating and maintaining a warm, loving,

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84 Eisikovitz, Zvi, and Lev-Weisel, Rachel. התעללות, הזנחה ואלימות כלפי ילדים ובני נוער בישראל: בין שכיחות לדיווח (Hebrew). Retrieved from http://cms.education.gov.il/EducationCMS/Units/Zchuyot/LomdimZchuyot/TochniyotArtziyot/NegedAlimut.htm. According to this research, over 30% of children in Israel (including both Jewish and Arab children) who are victims of sexual abuse will never disclose the event/s to anyone. Dr. Gary Fagin stated that he thinks the number could be as high as 80% in the *frum* community.

85 School-based prevention programs can be especially useful for this type of prevention. As reported by Allnock and Miller (2013), friends are the second most common first-disclosure after parents. Allnock, Debra, and Pam Miller. "No one noticed, no one heard: a study of disclosures of childhood abuse." (2013). Retrieved from: https://www.nspcc.org.uk/globalassets/documents/research-reports/no-one-noticed-no-one-heard-report.pdf

and supportive relationship with each of their children.[86] [87] In addition to the primary prevention benefits, the closer and the more open a child feels with a parent, the more likely it is that the child will tell the parent if something questionable takes place, as related by Aryeh Zigdon:

> One father of a boy I am involved with is consumed with guilt. He feels that he has to spend the rest of his life removing the knife that stabbed into his son's back. Every time they would spend Shabbos at his in-laws' home, this son would share a room with his uncle who was four or five years older than he. Just about every time they were there for Shabbos, this boy would come into the room that his parents were sleeping in at around 12 or 1 am and ask if he could sleep there for the night. Not suspecting a thing, the father simply told his son, "This is our room and that over there is your room; you need to sleep in your room." Every time they spent Shabbos there, this boy was getting raped by his uncle. What this story underscores is that if parents were more connected and intuitive with their children, it could go a long way to picking up on warning signs that something might be awry and stop abuse from occurring or preventing it from continuing. If a child is behaving in a way that is out of character, one needs to address it—even if it is three in the morning.

Rabbi Eitan Eckstein echoed a similar sentiment:

> A discerning ear can also go a long way in picking up on cases of CSA. For example, a child may say something like, "My teacher gave me a smack today," when in reality it may have been something else that took place. Listen carefully to what a child tells you, and ask questions in an age-appropriate manner that will enable the child to tell you the whole story. Make it clear to the child that he or she can talk to you about anything.

Allnock and Miller (2013) focus on this idea of developing the skill of listening carefully to children:

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86 Jensen, Cory Jewell. *Recongizing* [sic] *Child Molesters: A New Approach to Protecting Children, Parent and Community Workshop*. (Oregon City, OR: Children's Center, 2017). Retrieved from: http://www.childrenscenter.cc/p/our-services/molesters-advice; *5 Steps to Protecting Our Children* (Charleston, SC: Darkness to Light, 2013), p. 8. Retrieved from, https://www.d2l.org/wp-content/uploads/2016/10/FINAL_D2L_5-STEPS-BOOKLET.pdf.

87 Finkelhor, David. "Current Information on the Scope and Nature of Child Sexual Abuse." *Future of Children* 4.2 (Summer/Fall 1994): 31-53; Winters, Georgia M., and Elizabeth L. Jeglic. "Stages of Sexual Grooming: Recognizing Potentially Predatory Behaviors of Child Molesters." *Deviant Behavior* 38.6 (2017): 2-3.

> Young people told others about their abuse in a variety of ways, from direct, verbal disclosures to indirect disclosures through their behavior or words… some young people did not feel that they could disclose their abuse at the time but they would have liked someone to notice and ask them… Despite the barriers, many of the young people found the strength to disclose their abuse. For some, this occurred when someone noticed the signs and impact of abuse and asked about it. It is a very powerful motivator for young people to disclose if an adult takes notice of their struggles and asks them. Some young people described how others asked a direct question, whereas other young people said their disclosures were promoted over time through building trust which often took the form of providing a safe place to talk and encourage eventual disclosure.

They added that, in their research, young people often said that they tried to disclose indirectly, but they lacked the language to describe what happened. As a result, the children tried to use some type of action or indirect words, which adults often did not properly attend to. The researchers also pointed to the need to use "open-ended" questions to encourage disclosure. For example, instead of asking "Did Mr. So-and-So hurt you?", statements such as "Tell me about what happened with Mr. So-and-So" can be far more effective at allowing a child to tell his story.

A large component of parents obtaining this "discerning ear" is developing an open relationship with their child, and parents will gather information in the course of regular conversation, as explained by Dr. Akiva Perlman:

> Sometimes all you need to get the process of intervention and healing going is a simple question, asked out of sincere and genuine care. I know of a victim who kept all their pain and trauma bottled up inside. He told absolutely no one. One day, though, a particular individual asked this person, "How are you?"—just a plain, simple question asked out of real concern—and the floodgates opened and this victim told his entire story.

Identifying warning signs that abuse has taken place:

In addition to developing a strong relationship with their children and students, parents and teachers should understand signs that indicate abuse may have occurred. The following is a list of various signs or symptoms that experts have identified as possible markers for some type of abuse. Before listing them, it is necessary to emphasize in the strongest terms that the presence of one or

several of these does not necessarily indicate the presence of abuse. Indeed, most children with no history of abuse will exhibit some of these sometimes or often. Instead, this list, which is not exhaustive, is meant to elicit a sense of curiosity, particularly if they are drastic, new-onset, or lead to an intuition that something seems off.[88] For many of these concerns, a strong indicator is that the sign is not age-appropriate; therefore, it is critical for parents to understand what is age-appropriate and seek out guidance if they are unsure.

Direct Signs:

- Talking about sexual abuse
- Unexplained difficulty walking or sitting
- Unexplained torn, stained, or bloody clothing
- Unexplained pain, bruises, or discomfort in mouth or genital area
- Repeated urinary tract infections or genital blockages

Behavioral signs:

- Emergence of nervous tics or behaviors, such as nail-biting or rocking
- Wearing clothing that seems too big or too baggy or inappropriate for the weather
- Unexplained refusal to go to school, doctor, or home
- Self-injurious behaviors
- Unusual aggressiveness
- Acting out in school

Physical signs:

- Fainting
- Frequent accidents with bladder (e.g. bedwetting) or stool control, especially if regressive
- Regressive thumb-sucking
- Unexplained somatic complaints

Social/emotional signs:

- Age-inappropriate social withdrawal or secretiveness
- Mistrust of adults

88 Adapted, in part, from Trickett, Penelope K., Dawn A. Kurtz, and Jennie G. Noll. "The consequences of child sexual abuse for female development." *Handbook of Behavioral and Emotional Problems in Girls*. Springer US, 2005. 357-379.

- Not age-appropriate knowledge and/or interest in sexual matters, unusual sexual behaviors, or sexual drawings

Psychological/cognitive signs:

- Unusual sleep problems, nightmares, or fears of going to bed
- Unexplained fear of certain people and/or locations
- Severe anxiety-related behaviors, such as obsessions, compulsiveness (OCD) and phobias
- Extreme fear of being touched (e.g. refusal to be physically examined by a doctor)

Cognitive/academic signs:

- Difficulty focusing or daydreaming
- ADHD
- Poor academic performance

Physical examination:

If parents suspect some type of abuse, a physical examination can be important. As discussed above regarding the effects of CSA, a prompt physical examination can be critical to discovering the abuse, corroborating the child's account, and treating any injuries or infections before any complications arise. Just as with psychological treatment, experts recommend seeing a pediatrician who is trained in identifying the physical signs of CSA in a way that is sensitive to the child.[89] As it is well understood that a child should not be forced into a physical examination, trained doctors will work with the child and parents to relieve the potential anxiety of the child or parents, and conduct the evaluation in the proper way.[90] Even if no penetration was reported, some experts recommend obtaining a physical examination to establish a baseline for the child's anatomy, which can help identify the occurrence of more severe abuse in the future.[91] Parents should be willing to ask their doctor, Child Protective Services, or other experts to determine whether a physical exam is appropriate in their specific case.

89 Herrmann, *et al., op. cit.*, at footnote #38.

90 Kellogg, Nancy. "The evaluation of sexual abuse in children." *Pediatrics* 116.2 (2005): 506-512.

91 Dr. Yigal Shvil, Protection Center, Jerusalem.

Prevention through identifying potential perpetrators:

A final, somewhat controversial, recommendation for prevention involves recognizing potential perpetrators before they engage in any abusive behaviors, as Dr. Shani Verschleiser proposes:

> At this time, there is no recognized cure for pedophilia, although there are therapy treatments that can help pedophiles learn to change their behavior and exercise self-control. Many practitioners and researchers have advocated in favor of counseling for sex offenders both to increase skills for behavioral self-regulation and to help resolve problems that may underlie the offending. The availability of treatment options has grown, but many offenders still do not receive high-quality treatments. Barriers to such treatment include its expense, the lack of trained therapists, and the public perception that therapy coddles rather than controls offenders. We need to provide more access to resources for pedophiles. I am suggesting we further look into ways that allow for individuals to seek help in a confidential way (which in itself could be compromised). That is as much a part of prevention as the next piece we will discuss.

This suggestion is particularly powerful when we consider that the overwhelming majority of offenders are not apprehended, and thus never enter into the legal or social welfare systems.[92] The community can play a powerful role in providing support to those who are willing to ask for help, and reducing stigma against those who are seeking treatment. Along these lines, communities can also set up safeguards to help people to not offend. Some programs exist in the Jewish communities, and Dr. Verschleiser's argument would suggest we consider how such programs can be instituted in various communities.

Whether we adopt Dr. Verschleiser's recommendation, it is unquestionable that another form of primary prevention includes identifying potential perpetrators and limiting their access to children. As many studies have found, there is no clear-cut profile for perpetrators. Nevertheless, some experts have identified behavioral patterns that may indicate the potential for abuse, and they recommend parents be familiar with identifying them. As we have stressed several times above, exhibiting these behaviors does not necessarily indicate that the person is looking to perpetrate abuse against a child; instead, parents should view these behaviors as reasons for increased attention, particularly if

92 Finklehor, 2009, *op. cit.*, at footnote #14.

their intuition tells them something seems unusual.

As discussed above, "grooming" is a tactic used to gain the trust of the child, his family or community institutions. Of course, most expressions of kindness to children are positive, desirable, and part of a healthy, functioning religious community, and it can thus be difficult, even for experts, to determine when a potential perpetrator is engaging in a grooming process. Particularly in the *frum* community where *chesed* is stressed, and we encourage members of our community to help distressed families with young children, recognizing when grooming is taking place can be particularly challenging. However, if a person's involvement seems "too-good-to-be-true"—such as regularly offering to babysit for free or take the child on trips—a parent should pay attention to this intuition.[93] Part of the grooming process may involve singling out a child for treats or gifts, or paying special attention to a child or children, such as with frequent phone calls or text messaging, sharing secrets, or other forms of special treatment.[94]

Experts also point to a person's way of relating with children as a possible red-flag indicator. Some examples include:[95]

- Atypical physical contact with the child, even if he is asked to stop.
- Singles out children for special treatment, such as gifts or treats.
- Seems to always prefer socializing with children to the exclusion of adult company.
- Looks for opportunities to be with a child or children alone.
- Encourages children to keep secrets from their parents.
- Talks about children in a sexualized way.
- Generally does not respect boundaries.

Of course, many people who perform great acts of *chesed* are doing so for commendable reasons, and most people who have interest in helping children are laudable. However, parents should respect their intuitions if they sense something seems odd, such as in the example offered by Dr. Blumenthal:

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93 Elliott, Michele, Kevin Browne, and Jennifer Kilcoyne. "Child sexual abuse prevention: What offenders tell us." *Child Abuse and Neglect* 19.5 (1995): 579-594.

94 *op. cit.*, at footnote #83.

95 Adapted from Rape, Abuse, & Incest National Network (RAINN): "Warning Signs for Young Children." Retrieved from https://www.rainn.org/articles/warning-signs-young-children.

> One should also be concerned about peers who are spending undue amount of time together in secluded settings to the exclusion of more group and public activities.

Another strategy some perpetrators use is known as "sidelining," in which the potential offender, particularly if he or she is a close friend or family member, adopts familial roles typically performed by parents. As with other warning signs, what constitutes sidelining will depend on the norms of the particular community and family. Nevertheless, some examples may include regularly accompanying a child to appointments, consistently volunteering to tutor or help the child with homework, or other behaviors that cast the individual as a "father figure" to the child. Some families may be particularly vulnerable to this type of grooming, as receiving any relief in the stressful work of day-to-day life is often welcome; however, parents should make sure to respect their intuition if something seems unusual about another person's involvement with their child.

Summary:

- Clinical experience and emerging empirical evidence support the idea that preventing CSA is possible.
- Primary prevention efforts should take the form of age-appropriate, culturally-sensitive education for children, parents, teachers, Rabbonim, and other community leaders.
- Community institutions should have clear guidelines for appropriate behavior, and compliance by members of the institution should be enforced.
- Individual households should also have clear boundaries for family members within the home.
- Secondary prevention efforts can stop incidents of CSA from continuing if they have already occurred.
- Parents should prioritize fostering an open relationship with their children that will encourage disclosure, in addition to the general benefits of a positive relationship.
- Parents should become familiar with signs that abuse may have taken place, including changes in physical, emotional, cognitive, and psychological functioning.

- Identifying possible red-flag behaviors in potential perpetrators can help prevent incidents of CSA.

A Final Thought

As we have become painfully aware, our community is not immune to the challenges of child sexual abuse. In this article, we have tried to use the knowledge and wisdom of experts in the *frum* community, as well as empirical evidence from the general research literature, to provide useful information for parents and community leaders about CSA. Because of the scope of the topic, some important aspects were not included in our discussion, and we encourage those who are interested to speak with experts in their communities, as well as to continue reading some of the resources we provide at the end of this article.

Combatting this issue in a meaningful way will require investing time, money, and effort into creating communities and institutions that are less vulnerable, empowering and educating children and families to prevent the occurrence of abuse, and establishing and supporting systems to help reduce the damage incurred when abuse takes place. With Hashem's help, and with the efforts of our great community, we will be successful in this endeavor.

VI. AVAILABLE RESOURCES

The following is a partial list of resources for those struggling with occurrences of CSA, together with prevention programs and educational materials.

Organizations:

Ackerman Institute

Amudim: Based in NY, and founded and directed by Zvi Gluck, noted communal activist, and staunchly supported by HaRav Elya Brudny *shlita*, Amudim is an organization that is at the forefront of crisis intervention in the *frum* community. Amudim helps individuals and families struggling with sexual abuse, drug addiction, issues when there is a death in the family, and much more. They also promote public-awareness events to spread knowledge of children's personal safety and other related issues. Amudim also provides intervention for those who find themselves faced with a crisis while abroad. Amudim can be contacted at 646-517-0222, zgluck@amudim.org, and is located at 11 Broadway #1076, New York, NY, 10004.

Chemed

InterboroJewish Board

Jewish Community Watch: Based in NY, and founded by Meyer Seewald, JCW is an organization that provides advocacy, support, and guidance to victims of CSA and their families as well as promoting awareness-raising events in numerous locations throughout the U.S. JCW also works to promote these goals in Israel. JCW can be contacted at 718-841-7056, and is located at 244 5th Ave #285, New York, NY 10001.

lCSE Lakewood

Maaneh Center: Based in Ramat Bet Shemesh, Israel, founded at the initiative of prominent local Rabbonim to combat CSA in the Charedi community, Maaneh maintains a fully staffed and equipped safe-place clinic for victims of CSA and their parents. Maaneh puts a strong emphasis on dealing with the Charedi community according to its sensitivities, and in this way facilitates successful cooperation with relevant authorities. Maaneh also promotes awareness-raising programs and education. Contact: 077-228-5817, 077-228-5813 (24-hour hotline); contact@maanehcenter.org.; located at 36 Nahar HaYarkon Blvd, Apt. 1, Ramat Bet Shemesh, Israel, 9964111.

Magen Yeladim Child Safety Institute: Based in L.A., founded and directed by Debbie Fox, LCSW, Magen Yeladim is an organization exclusively dedicated to promoting child personal safety through the implementation of comprehensive, educational programs such as SafetyKid and SafeCamp as well as creating and publishing a wide range of informational materials. The organization also provides support and guidance to communal institutions such as schools and camps, Rabbonim, counselors, communal leaders and activists, and families of victims and offenders. Magen Yeladim also maintains an informational website at mychildsafetyinstitute.org. Contact: 323-424-4532, info@mychildsafetyinstitute.org,; located at 4221 Wilshire Blvd, Suite 170-4, Los Angeles, CA, 90010.

Magenu: Based in NY, and co-founded and directed by Dr. Jennifer Zoldan-Verschleiser, Magenu is an organization that focuses exclusively on promoting education for parents, teachers, and children on the topic of children's personal safety. They use materials adapted from the SafetyKid program of Magen Yeladim. Magenu can be contacted at 718-408-7233, 1-855-Magenu1 (toll free), info@magenu.org, and is located at 2772 Nostrand Ave., Brooklyn, NY 11210. They also have an office in Florida at 4000 Hollywood Blvd, Suite 555-S, Hollywood, FL, 33021.

Metropolitan Council on Jewish Poverty

Migdal Emunah: Based in London, UK, Migdal Emunah is an organization that provides support, guidance, and treatment to victims of CSA. Migdal Emunah can be contacted at +44 789-981-4137, or info@migdalemunah.com.

Nefesh

Ohel Children's Home and Family Services: Ohel is a veteran, large social service agency with more than 1,500 professionals and volunteers. Among many other services, Ohel provides mental health services for a wide range of emotional needs, including those related to crises such as CSA. Ohel also maintains a foster care program for children in need of nurturing family. Ohel can be contacted at 1800-603-OHEL, 718-851-6300, 718-686-3165 (Crisis Hotline), access@ohelfamily.org, and the main office is located at 4510 16th Ave, Brooklyn, NY, 11204. Ohel's NY Regional Family Center is located at 156 Beach 9th St, 2nd Floor, Far Rockaway, NY 11691. Also in NY is the Ohel Tikvah Center located at 2925A Kings Highway, Brooklyn, NY 11229; phone no. is 718-382-0045. Ohel's NJ Regional Family Center is located at 696 Palisade Ave, Teaneck, NJ

07066; phone no. for the NJ Center is 201-692-3972.

Our Place: An organization that provides safe havens for disaffected youth. These places offer young people who would often otherwise be on the streets—and many of whom are suffering from severe difficulties involving matters such as a history of abuse, addictions, etc.—a safe, comfortable, non-threatening environment. Dinner is provided, as well as recreational activities and periodic trips. Counseling services are also available to those who elect to take advantage of them, as well as learning programs for those youth who desire to participate. Our Place can be contacted at 718-692-4058, info@ourplaceny.org, and maintains havens for youth in the following locations: Our Place for Boys, 1815 Ave M, Brooklyn, NY, 11230;. Our Place for Girls, 990 East 12 St, Brooklyn NY, 11230. Rehabilitation centers for youth with a history of substance abuse: The Living Room, 990 East 12 Street, 2nd Floor, Brooklyn, NY, 11230; The Living Room Rockland, 68 Willow Tree Rd, Wesley Hills, NY, 10952. Vocational training classes and job placement assistance services are provided as well.

Pesach Tikvah

Relief

Sephardic Bikur Cholim

Shelom Banayich: Located in Bnei Brak and under the auspices of Rav Yehuda Silman, Shelom Banayich operates as a hotline and therapeutic center for both victims and perpetrators of abuse. All services are provided free of charge. Shalom Banayich is located at 168 Jabotinsky Street, Bnei Brak, Israel and can be contacted at 03-6182525.

Shalom Task Force: Based in New York, Shalom Task Force maintains a domestic abuse hotline, provides legal services and conducts educational workshops and classes for both adults and adolescents who are on the cusp of adulthood. Shalom Task Force is located at 25 Broadway, New York, NY, 10004 and can be contacted at 212-742-1478, 1-718-337-3700 (local NY hotline), 1-888-883-2323 (toll free hotline), or info@shalomtaskforce.org.

Sovri Helpline: Based in NY, under the auspices of the Victim Services Program of Beth Israel Medical Center, Sovri is a helpline to provide support for *frum* victims of rape and incest. Calls are anonymous and confidential. No caller ID is used. Sovri can be contacted at 888-613-1613. Hours are 9:30 am–5:30 pm from Monday through Thursday, and from 9:30 am–1:30 pm on Fridays.

Tahel

Takanot Project, SAVI Program of Mt. Sinai Hospital: Based in NY, the Takanot Project provides free, confidential, religiously-sensitive counseling and support services for *frum* survivors of rape, incest, sexual abuse, and domestic violence. Programs are located in Manhattan and Queens. Takanot Project can be contacted at 212-423-2144.

United Task Force

Victim Services Program, Beth Israel Medical Center: Located at Beth Israel Medical Center in lower Manhattan, the Victim Services Program provides free and confidential short-term and long-term counseling for survivors of childhood sexual abuse, sexual assault, and domestic violence. *Frum* and non-*frum* therapists available. Victim Services Program can be contacted at 212-420-4516.

***Books for Preventing CSA**:*

Gordon, Sol, and Judith Gordon. *A Better Safe Than Sorry Book: A Family Guide for Sexual Assault Prevention*. Buffalo, NY: Prometheus Books, 1992.

Let's Stay Safe, Artscroll Publishers, 2011

Goetz, Bracha. *Talking about Private Places*. Feldheim, 2011.