

## Special needs of children with adverse sexual histories

All children with adverse sexual histories have unique experiences and individual ways of processing those experiences. While some tend to display problematic and even complex behaviour, others will not. However, all children with an adverse sexual history need:

- a comprehensive child strengths and needs assessment, which specifically includes the impact of their sexual history, using information available through medical or psychological reports, other agency reports and information from extended family
- a holistic approach that considers other forms of abuse they may have experienced, in addition to their sexual history, which may affect how they experienced and are affected by the sexual abuse
- a stabilising placement environment which provides positive direction and nurturing, aimed at supporting them to recover from their experiences, change problematic behaviours and develop a healthy sexual identity
- to be placed in care situations with carers who have demonstrated skills, understanding and capacity to manage both the child's needs and the needs of other members of the household, particularly other children in the placement
- active assistance and education to grow toward healthy sexual development and positive relationship skills by:
  - learning to separate physical touch and affection from sexual contact
  - developing healthy relationships that are not based on abuse and exploitation
- encouragement and safe opportunities to talk openly and honestly with trusted adults about their experiences
- therapeutic support to address the effects of any sexual abuse trauma on their well-being
- support to prepare them for criminal court or Childrens Court proceedings which may be highly stressful for the child, the carer and parents
- effective levels of active supervision that balance the primary need for protection (of themselves and of others) with the normal development of learning skills for independence – clear, unambiguous limits are needed so that these children can learn appropriate personal and interpersonal boundaries
- respectful monitoring and ongoing assessment of their needs, particularly in relation to the development of their capacity for healthy relationships
- safe family contact that protects them from any adverse influences or re-traumatisation
- to be consulted and be involved in reviews, family group meetings and decisions that directly affect them.

## Special needs of carers caring for children with adverse sexual histories

Providing out-of-home care for children who have previously experienced harm or risk of harm can present challenges to the carer's ability to develop trusting relationships with the child in their care. However, the psychological trauma experienced by children who have been sexually abused or exposed to chaotic, sexually charged home environments, significantly increases the challenges faced by carers.

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Carers who are providing care for children with a sexual abuse history need:

- a complete factual history of the child, to understand the context of the child's behaviours and to identify any potential triggers for re-traumatisation
- a package of effective support for the child and for themselves, that is determined by the intensity of the care needs of the child and is aimed at reducing the risk of placement breakdown
- specialised training and knowledge of the impacts of sexual abuse and maladaptive sexual development on children, to develop the carer's understanding, skills and confidence
- strategies to minimise risk to all members of the carer's household
- active support to manage difficult emotional and behavioural problems and to cope with listening and responding to children's abusive experiences
- assistance to access help, if they themselves were abused and this has not been adequately resolved
- opportunities to participate in case conferences and reviews concerning the child.

### Considerations for locating a suitable placement

The following considerations will assist in locating a suitable placement that is able to meet the needs of a sexually abused or abusing child:

- Is it in the child's best interests to be placed in a kinship care placement, a foster care placement, a specialist care placement or a residential placement?
- Does the community into which the child is to be placed present any risks to the child or carer that cannot be safely managed?
- Can risk be managed if this child is placed with other children?
- Is the proposed placement capable of providing effective supervision and appropriate parenting that meets all of the child's needs?
- Has the proposed carer been provided with the complete history of the child?
- Does the proposed carer demonstrate willingness and capacity to advocate for the child?
- Has the proposed carer undertaken specialist training to manage sexually abused or abusing children?
- Does the proposed carer have any personal sexual abuse history that has yet to be adequately resolved?
- Does the proposed carer manage stress in a healthy way?
- Can the proposed placement support safe family contact?
- Can a package of support be developed for the proposed placement that meets the needs of both the child and the carer?

### Supporting children and carers

The CSO plays a vital role in ensuring children with adverse sexual histories who have to be placed in out-of-home care are not placed at further risk of placement breakdown. Summarised below under four headings, are evidence-based recommendations for the management of sexually abused and abusing children in out-of-home care, based on research by E. Farmer and S. Pollock (2003).

## 1. Supervision

Supervision includes planning for safe care before the placement, preparing other children in the setting, teaching children how to keep themselves safe when out on their own and careful monitoring of contact with birth family members. Specific recommendations associated with supervision include:

- providing carers with full information about the child's history of abuse or abusing
- being specific about the extent and severity of the abuse, the identity of the abuser/s and where the abuse had taken place
- developing a plan with the carer (in consultation with the child, where appropriate) to prevent abusing behaviour occurring, and to ensure safety for the child as well as others in the placement, particularly children. This might include:
  - stipulations about those with whom the child will not be left alone
  - areas of the house which are off-limits – for example, any other child's bedroom
  - rules relating to appropriate and inappropriate behaviours
  - mechanisms to facilitate safe sharing of information within the home
  - rules for sharing information about the child's background or abusing behaviour with others
- ensuring the child has adequate age appropriate protective behaviours
- reviewing contact arrangements with family members or others who might place the child at risk either directly, or by reintroducing the child to unsafe people or activities.

## 2. Adequate sex education

Abuse experiences can make the task of sex education a delicate one, as it may revive painful memories, but it is important that it is actively addressed. Children need to know about safe touch and safe sex, including information about contraception. It is also important that young people develop an understanding of non-exploitative sexual relationships. Recommendations for addressing a child's sex education needs include:

- assessing whether the child has adequate age appropriate knowledge about sexual development, and if applicable, contraception and sexual health
- assessing who is the most suitable person to provide the education – given the exploitative context in which many children are introduced to sexual contact, they may only be able to absorb and use the information about sexual choice and control that is provided within the context of a trusting relationship
- being very clear about who will have primary responsibility for ensuring the child or young person receives appropriate sex education – ensure that either, the carer is both willing and able to provide ongoing education or, that the child is linked with Family Planning Queensland or an appropriate professional with whom they can develop a trusting relationship.

Providing children who have already been sexualised but are below the age of consent, with information about healthy sexual development and the risks of pregnancy and sexually transmitted diseases is not condoning sexual activity.

### 3. Modification of inappropriate sexual behaviour

Sexually abused and abusing children in out-of-home care placements are more vulnerable to emotional, educational, behavioural and sexual difficulties, than their counterparts who have not had those experiences. These difficulties can present over time as the child develops, and across a range of problematic behaviours. Sometimes behaviours, while not occurring in one placement, emerge in the next. This emphasises the importance of good preparation with carers before a placement is made. The emergence of new behaviours can be disturbing to carers if they are not prepared for the possibility. Recommendations associated with modifying inappropriate sexual behaviour include:

- encouraging carers to recognise that their relationship with the child is an important part of assisting the child to change their behaviour
- advising and supporting carers to:
  - teach the child appropriate personal and interpersonal boundaries
  - teach the child how to give and receive affection in non-sexualised ways
  - give the child opportunities to engage in activities that enhance their self-esteem in more socially appropriate ways
- ensuring carers are aware of recommended strategies for specific behaviours, for example:
  - compulsive masturbatory behaviour – research suggests this can be a stress response used to alleviate confusing sexual arousal or to self-soothe – like:
    - public masturbation – calmly tell the child to stop, and if they want to continue, to do so in their bedroom
    - self-stimulation activities in younger ages – young children may use friction in play or rub themselves against an object to have a sexual sensation – use active strategies to discourage the behaviour and/or redirect the child to another activity
  - sexualised behaviour – research suggests that when a child has been prematurely exposed to sexual activity, they may attach particular meaning to sexual contact such as a way of achieving closeness or a way of expressing power and control: help the child to develop healthy interpersonal relationships and experience appropriate physical affection. A child who exhibits sexualised behaviour needs to experience physical affection that is responsive to their needs. They should not be denied physical affection.
  - sexually abusing behaviour – tighten supervision, be open with the child about the abusing behaviour and the need to prevent repetition and ensure others know how to keep themselves safe
- locating an appropriate counsellor to work therapeutically with the child, where professional intervention is needed.

### 4. Addressing the child's underlying needs

The earliest intimate experiences and relationships of sexually abused children are characterised by exploitation and abusiveness, which can often result in psychological trauma and can damage the child's internal processing capacity. The following recommendations apply to addressing the child's underlying needs:

- determining if the child has ever had counselling for their abuse

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- discussing with the child, in an age appropriate way (using language that fits for the child) whether they would benefit from counselling
- facilitating the sourcing of a suitable and qualified counsellor for the child
- organising an assessment and/or therapeutic intervention for the child – this applies equally to abusing and abused children
- ensuring records are updated to record interventions.