NSW GOVERNMENT Family & Community Services

Module 5

Physical and Sexual Abuse of Children

Essential Readings

Table of Contents

The contents of these readings are summaries of resources and literature. All references are located at the end of each article.

GLOSSARY OF TERMS

Term	Definition
Physical Abuse	Hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child
Physical Harm	Hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child
Non-Accidental Injury	Any non-accidental injury to a child which results in tissue injury
Physical Punishment	Physical punishment was defined as punitive means that do not result in physical harm, such as slapping, pinching or light beating.
Corporal Punishment	Corporal punishment is defined as the use of physical force towards a child for the purpose of control and/or correction, and as a disciplinary penalty inflicted on the body with the intention of causing some degree of pain or discomfort, however mild.
Inflicted Injury	Any non-accidental injury to a child which results in tissue injury
Abusive Head Trauma	Results from a non-accidental inflicted injury to infants often due to violent shaking, impact to the head, or a combination of both.
Intracranial Head Injuries	A severe form of physical child abuse that presents with cerebral haemorrhage, retinal haemorrhage and/or fractures, resulting from being shaken.
Shaken Baby Syndrome (SBS)	Previous term used for Intracranial Head Injuries
Child Sexual Abuse	Child sexual abuse or child molestation is a form of abuse in which an adult or older adolescent uses a child for sexual gratification. Forms of child sexual abuse include engaging a child in sexual activities and/or indecent exposure (of the genitals, breasts etc.) to a child with intent to gratify their own sexual desire.
Child Sexual Assault	A criminal/legal term used for a sexual assault on a child that where penetration (mouth, vagina, anus) has occurred.
Offender Tactics	A range of tactics used by offenders to engage children in a relationship where sexual abuse can occur, often relying on access, opportunity and secrecy.
Grooming	Previous term used for Conditioning
Conditioning	A range of tactics used by offenders to engage children in a relationship where sexual abuse can occur.
Offender	A person who engages children in a relationship where sexual abuse can occur.
Perpetrator	Previous term used for Offender
Intra-familial Sexual Abuse	Abuse perpetrated by a parent, step-parent, grandparent, uncle, mother's boyfriend or other relative.
Incest	Previous term used for Intra-familial Sexual Abuse
Extra familial abuse	Abuse perpetrated by a stranger, teacher, babysitter, clergy or other religious leader.

PHYSICAL ABUSE AND CORPORAL PUNISHMENT

Physical abuse, also referred to as non-accidental or inflicted injury, has been defined as 'any non-accidental injury to a child which results in tissue injury'. Physical harm or physical abuse is hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical abuse may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child that was previously referred to as Munchausen Syndrome by Proxy.

Physical abuse may vary in severity. At its most extreme, physical abuse and violence can result in the death, disability or serious injury of a child or young person. Research suggests that physical violence against children is wide-spread across the world. The contrast between nations highlights the relative nature of the concepts and cultural variations in what is regarded as appropriate or inappropriate discipline. Legislation in a country will largely determine what is permitted. Also, culture, education, background and societal attitudes and beliefs will also influence parental behaviour.

Corporal punishment is defined as the use of physical force towards a child for the purpose of control and/or correction, and as disciplinary punishment inflicted on the body with the purpose of causing some degree of pain or discomfort. Punishment of this nature is referred to in several ways, for example: hitting, smacking, spanking, and belting. Although most forms of corporal punishment involve hitting children with a hand or an implement (such as a belt or wooden spoon), other forms of corporal punishment include: kicking, shaking, biting and forcing a child to stay in uncomfortable positions. The desired outcome of physical punishment is child compliance with adult directives.

The degree of physical punishment that a parent or carer can use with a child is dependent on legal regulation in Australia. In most states and territories, corporal punishment by a parent or carer is lawful provided that it is carried out for the purpose of correction, control or discipline, and that it is 'reasonable' having regard to: the age of the child, the method of punishment, the child's capacity for reasoning (i.e., whether the child is able to comprehend correction/discipline) and the harm caused to the child.

The Crimes Amendment (Child Protection-Physical Mistreatment) Act 2001 (NSW) introduced an amendment specifying that physical punishment by a parent should not harm a child more than briefly and specifies the parts of a child's body that can be subject to force. This amendment to the *Crimes Act 1900* (NSW) did not entirely remove parental capacity for corporal punishment nor explicitly ban the use of physical force towards children, but it did introduce strict guidelines on what is acceptable. Corporal punishment in NSW is unreasonable if the force is applied to any part of the head or neck of a child or to any other part of the body of a child in such a way as to be likely to cause harm to a child that lasts for more than a short period. If the use of corporal punishment is considered unreasonable in the circumstances it may be classified as physical abuse and could lead to intervention by police and statutory child protection.

Research findings regarding the use of corporal punishment towards children has looked at a number of different outcomes. Some reviews of the literature suggest that corporal punishment may lead to poor child development outcomes. For example, negative developmental consequences for children who have experienced corporal punishment may include: disruptive and anti-social behaviour; poor academic achievement; poor attachment and lack of parent-child warmth; mental health problems (particularly internalising problems such as depression); and substance and alcohol abuse.

The effects of corporal punishment are likely to be affected by other factors, including: the quality of the parent-child relationship and how often and how hard a child is hit. It can also include whether parenting is generally 'hostile', clear boundary setting and consistency with its application

and whether other disciplinary techniques are also used. Particularly ones that are suited to a child's age which are likely to contribute to his or her learning and capacity for reasoning.

Research shows that children between the ages of three and five, and children who display challenging behaviours and difficult temperaments are more likely than other children to receive corporal punishment. In addition, children with disabilities are particularly vulnerable to aggressive punishment, with research showing they are 3.6 times more likely than children without a disability to experience physical violence, including 'smacking'.

There are also clear gender differences, with boys more likely to experience corporal punishment than girls. Within the family setting, contextual factors such as family structure (e.g., number of children), economic disadvantage, and family stress increase the likelihood that parents will resort to physical punishment.

The main goal of any disciplinary strategy is to educate children about acceptable and unacceptable behaviour. Other disciplinary techniques that parents can use are: providing appropriate supervision, making rules (appropriate to the child's age and stage of development), setting and enforcing boundaries, firmly saying 'no', explaining why certain behaviour is inappropriate, giving consequences, withdrawing privileges, and using 'time out ' or quiet time strategies. Further information should be gained in regard to these strategies to implement them as they were intended to be used as tools.

Other steps parents can take to minimise misbehaviour include: minimising the need for discipline by planning ahead to prevent problems from occurring (For example, avoiding being on the phone when a toddler is tired or irritable, taking activities and toys to entertain a child whilst doing a non child related activity), being consistent with children, modelling desired behaviours, praising, encouraging and rewarding children and providing them with warmth and affection.

References:

Appleton, J. V & Stanley, N. (2011) 'Physical Abuse and Corporal Punishment', *Child Abuse Review,* 20, pp. 1 – 5.

Australian Institute of Family Studies (2014) Corporal punishment: Key issues, CFCA Resource Sheet. https://www3.aifs.gov.au/cfca/publications/corporal-punishment-key-issues

ABUSIVE HEAD TRAUMA

Abusive head trauma results from a non-accidental inflicted injury to infants often due to violent shaking, impact to the head, or a combination of both. The injury is rarely witnessed and the mechanism of injury can be broader than just shaking alone, the recommended phrase is 'abusive head trauma' for medical and legal purposes to avoid implying knowledge of mechanisms that are often unknown.

Abusive head trauma, previously referred to as 'Shaken Baby Syndrome' (SBS), results in intracranial head injuries. It is a severe form of physical child abuse. It presents with cerebral haemorrhage, retinal haemorrhage and/or fractures sometimes to the long bones, especially rib fractures, with little or no external evidence of trauma, resulting from being shaken by an adult and grabbed by the arms or body. Due to the weakness of the neck muscles, there is an excessive movement of the head during this shaking movement.

The increase in crying in normal infants in the first few months of life is a trigger for the abuse.

Among the children exposed to abuse, intracranial head injuries ranks first in the cause of death especially in children aged 0-4 years. The signs and symptoms show a wide range from anxiety, shaking and vomiting, to severe signs such as lethargy, convulsions, coma, stupor, and even death. Twenty per cent of the cases are usually die within a few days following the trauma. There is still a serious lack of knowledge in society regarding the hazards created by intracranial head injuries.

The caregiver who slaps an infant feels a sting on the hand that might indicate he or she is acting inappropriately or has lost control, where as shaking does not. Shaking does not leave an external mark on the infant. An infant who is shaken stops crying, due to a concussion-like brain injury, whereas a slap, hit, or throw against a hard object results in increased crying. Medical examinations may reveal prior abusive head trauma injuries including the possibility that prior shaking episodes occurred. There may be a delay in a parent or carer seeking medical treatment until serious symptoms emerge that cannot be ignored. This can cause further medical concerns for the baby or child who has experienced intracranial injuries.

This type of physical abuse is frequently accompanied by no explanation from a parent/carer or the explanation does not fit the severity of the injuries and seems implausible to the expert medical Doctor examining the child. E.g. the baby or toddler fell over in the bathroom, was dropped when bathed etc. There are limited cases of a confession to this type of assault. It is also frequently difficult to determine who was responsible for the injuries, when it occurred and who was providing care to the baby or child at the time. If a baby or child survives intracranial injuries there is often a long term service plan of medical intervention and therapy to assist in the babies or child's recovery. It is important to consider that the effects of intracranial injuries on a baby or child may result in special needs or a disability which may place the parents or carers under considerable stress while parenting in the future, highlighting the vulnerability of the child particularly in cases where the offender is unknown and the baby or child is restored to their family of origin.

The admissions of offenders of abusive head trauma highlight the occurrence of repeated shakings. This could be explained because it stops the babies or child's crying and the baby goes to sleep after the shaking. The following excerpts illustrate this:

'I shook him for more than 2 months, several times a week at arms length.'

'I took her by the shoulders: I shook her and I yelled.'

'He was crying: it drove me crazy. I shook him… maybe 10 times, and threw him on the sofa.'

'I shook her so she'd be quiet, it lasted maybe 5 minutes; I was exasperated; I shook her up and down, in front of me, without holding her against me; I was shaking her hard; I was crying just like she was, and I was worked up'.

'I was feeling really bad; I was at the end of my rope from not sleeping. I shook him several times a week. I don't know exactly, always at night'.

'When I can't calm my son I take him under the arms and, holding him firmly, I move him forward and back; I shook him several times without realising my own strength. His head snapped back and forth from time to time. After I shake him like that, he's tired and goes to sleep…….'

Adamsbaum, Grabar, Mejean, & Rey-Salmon, 2010, p. 551.

References:

Adamsbaum, C., Grabar, S., Mejean, N., & Rey-Salmon, C. (2010) Abusive Head Trauma: Judicial Admissions Highlight Violent and Repetitive Shaking, *Paediatrics*, 126, pp.546 – 554.

Appleton, J. V & Stanley, N. (2011) 'Physical Abuse and Corporal Punishment', *Child Abuse Review,* 20, pp. 1 – 5.

Barr, R. G. (2012) 'Preventing abusive head trauma resulting from a failure of normal interaction between infants and their caregivers', *Proceedings of the National Academy of Sciences* http://www.pnas.org/content/109/Supplement_2/17294.full.pdf?sid=266d0a21-83cb-4ff1-b5d8-8852a838c134

Kemp, A. M. (2012) 'Abusive Head Trauma: recognition and the essential investigation', *ADC Education and Practice Edition*, 96, pp. 202-208.

SEXUAL ABUSE & OFFENDER TACTICS

Sexual abuse offenders are the most widely researched among types of abusers of children. The evidence indicates that the majority of sexual abuse is perpetrated by known males. The victim-offender relationship is most often a familiar relationship. It is often an emotionally close and significant relationship to the victim. Offenders tend to pick vulnerable children whose lack emotional needs are not being fulfilled and they exploit their sexuality and their needs for attention and affection. As a result, victims often have ambivalent and confusing feelings about offenders. Some children express concern for the abuser when they disclose their sexual victimisation.

Sexual abuse is vastly unreported and there could be a higher proportion of female offenders that we are unaware of. This may be because female physical contact with children is more usual and hence inappropriate touching may be missed or confused by the victim (Banning, 1989; Rowe, 2009).

Conditioning: the grooming process
Research has highlighted a range of tactics used by offenders to engage children in a relationship where sexual abuse can occur. Sexual abuse perpetrators rely on access, opportunity and secrecy in order to establish and maintain sexual abuse of the child or young person. The process involves intent, planning and ongoing evaluation (checking for risks of being found out) on the part of the offender. Sexual abuse of a child or young person is rarely impulsive and does not usually happen out of the blue. Often the offender fills deficits in the child's life and many children may describe their relationship with the offender in positive ways, other children may hate the offender or just want the abuse to stop.

Tactics are used to manipulate the child and potentially protective adults. A trusting relationship is often developed with the victim's family. This is used in order to gain and maintain total control over the victim. Through conditioning of the child, the abuser gradually overcomes the child's resistance through a sequence of psychologically manipulative acts which silence the child.

Tactics used by offenders include (but are not limited to):

- using a series of gradual steps (overt and covert) to select the victim, entangle the child in the abuse, and maintain secrecy and to avoid responsibility
- using their position of authority and/or trust
- developing a close relationship with the child with attempts to build trust
- using play to introduce sexual games to children, gradually violating adult-child boundaries
- desensitising the child to touch
- sexualising the child & environment
- entrapping the child: secrecy, blame, fear, isolation, sense of responsibility, shame
- isolating or alienating one child from others in the family (siblings and parent/s)
- using favouritism and deprivation
- using bribes (extortion)
- creating doubt and confusion
- emotional blackmails
- threats, intimidation and/or force
- denigration of victim
- plant and foster a negative reputation of the child (especially to the non-offending parent)

gradual violation of adult-child boundaries often in the context of intimate care i.e. bathing, bed routines, and changing/dressing.

The literature suggests that children with a disability face a much higher probability of being victims of sexual abuse than children without a disability. The disability could be visual, hearing, speech/language, health impairment, cognitive, learning, physical, or behavioural. Children with disabilities are likely to experience greater barriers to disclosure due to their functioning capacities and are less likely to be viewed as credible in legal settings.

References:

Australian Institute of Family Studies (2011) Who Abuses Children?, NCPC Resource Sheet. https://www3.aifs.gov.au/cfca/publications/who-abuses-children

Paine, M. L., & Hansen, D. J. (2002) Factors influencing children to self-disclose sexual abuse, *Clinical Psychology Review*, 22, pp. 271-295.

Tolliday, D. (2014) Child Sexual Abuse and Managing Risk, Research to Practice seminar, NSW Department of FACS. http://docsonline.dcs.gov.au/internal-services/research--evaluation-and-data/research-to-practice/past-seminars/child_sexual_abuse.html

WHAT SEXUAL OFFENDERS TELL U S ABOUT PREVENTION STRATEGIES

(Note: The following reading has been extracted from the original article – full reference at the end of this summary. Care should be taken for own personal wellbeing when reviewing the material in this article.)

Abstract: This article relates to a sample of 20 adult sexual offenders who were interviewed about the process whereby they selected, recruited and maintained children in a sexual abuse situation. Offenders were selected if they were making 'successful' progress in treatment in order that they might be less likely to distort their descriptions.

Offenders were interviewed by their therapist in a community treatment program using a semi structured interview guide. Results suggest that this sample of offenders claim a special ability to identify vulnerable children, to use that vulnerability to sexually abuse a child that sexual abuse is inherently coercive, even though many offender statements minimize the level of coercion and violence, and that offenders systematically desensitize children to touch. Implications for prevention of sexual abuse are highlighted.

Results: Information on selected key questions answered by the offenders is presented below. Given the small sample size and the exploratory nature of these data, trends in t he offender's responses will be reported rather than the specific proportion of offenders making each response. The presentation of specific proportions of respondents who made each statement might tend to disguise the preliminary nature of the information provided by these 20 sexual offenders.

How many victims have you had? Offenders abused between one and forty children, with an average per offender of 7.3. The youngest victim was an 18-month-old infant. Female children were more often targeted than males, although some offenders abused both males and females. Most offenders targeted both children who were related to them and unrelated children. A few abused only one type (relationship) of child. Rarely did an offender abuse a child who was not related or not known to the offender.

Was there something about the child's appearance which attracted you to the child? Most of the offenders interviewed expressed a preference for specific physical characteristics (e.g., generally smooth skin, long hair, dresses; or slim body, darker skinned, darker hair, a cute face, and not particularly boyish). A number of offenders described a markedly similar behavioural characteristic of a preferred victim in their responses to this appearance questionnaire. This characteristic seems to describe a friendly, open child:

Key Questions – direct quotes from study participants

> 'Mostly vivaciousness, friendliness, proximity, close to me. No physical characteristics. I felt they would be victims willingly because they were being overly friendly with me.'
>
> 'The look in their eyes. It's a look of trust. They like you. If they are going to sho w resistance, they'll look away.'
>
> 'Has a look of being vulnerable in some way. May not be assertive; may not be outgoing. Trusts adults. You can see this in their body language, the way they look with their eyes. The way they hold themselves.'

If there were more than one child with this physical appearance available, why did you select one over the other? Although most offenders used different ways to describe it, their responses to this question suggest a capacity to target vulnerable children. One offender indicated he would select the child who was the most friendly, the most receptive, and the child who would respond back to him. Such a child would be targeted even if her physical appearance did not fit his preference:

> 'I would choose the youngest one or the one whom I thought would not talk about it.'
>
> 'I would probably pick the one who appeared more needy, the child hanging back from others or feeling picked on by brothers or sisters. The one who liked to sit in my lap. The one who likes attention and stroking.'

Was there something about the child's behavio ur which attracted you to the child? The responses to this question were markedly similar to the child described in previous questions. This is the warm and friendly child or the vulnerable child:

> 'Friendly. Showed me their panties.'
>
> 'The way the child would look at me, trustingly. The child who was teasing me, smiling at me, asking me to do favors. Someone who had been a victim before; quiet, withdrawn, compliant.'
>
> 'Someone who had not been a victim would be more non-accepting of the sexual language or stepping over the boundaries of modesty.'
>
> 'Quieter, easier to manipulate, less likely to object or put up a fight, goes along with things.'

After you had identified a potential victim, did you think about the possibility of getting caught? Most of the offenders indicated that they thought about getting caught, and many indicated that this fear was taken into account in how and when they victimized children:

> 'In general, no. I selected victims that I thought wouldn't report me.'
>
> 'Yes, this would be a primary part of my strategy in picking the time and place and victim. That's why most of my victims were 7 and below. Some were even 3 years old, and I don't think they knew what was going on. I went after the victims that had a low potential for telling someone.'
>
> 'Yes, but I excused myself by telling myself that I wasn't really molestin g her. I was just being curious.'
>
> 'Yes, it was a fear the entire time I was molesting her. Toward the end, it got to be a contest to see if I could get away with it.'

After you had identified a potential victim, what did you do to engage the child into sexual contact? A few offenders describe offering material enticements (e.g., purchases from the store) to engage the child in sexual abuse. Others described no engagement process (e.g., 'I didn't say anything. It was at night, and she was in bed asleep '.) The majority of offenders described a process of engaging the child in a relationship prior to beginning sexual contact:

> 'Talking, spending time with them, being around them at bedtime, being around them in my underwear, sitting down on the bed with them. Constantly eval uating the child's reaction. A lot of touching, hugging, kissing, snuggling.'
>
> 'Play, talking, giving special attention, trying to get the child to initiate contact with me. Get the child to feel safe to talk with me. From here I would initiate different kinds of contact, such as touching the child's back, head. Testing the child to see how much she would take before she would pull away.'
>
> 'Isolate them from any other people. Once alone, I would make a game of it (e.g. red light, green light with touching up their leg until they said stop). Making it sound fun.'

‘Getting comfortable with the child. Doing things that they liked. Making them feel comfortable with me. Make them laugh and have a good time. When they give an outward sign that they like you, like a hug, start touching their arms, legs, and hugging them.’

‘Most of the time I would start by giving them a rub down. When I got them aroused, I would take the chance and place my hand on their penis to masturbate them. If they would not object, I would take this to mean it was OK. I would isolate them. I might spend the night with them. Physical isolation, closeness, contact are more important than verbal seduction.’

After you identified a potential victim, what did you say to engage the child into sexual contact? Information on what the offenders said to engage their victims is missing for most offenders. What is available suggests two strategies: talking about sex or making sexual jokes or conversation intended to further develop a relationship.

‘Certainly a lot of off colour jokes. There are different categories for different kinds of jokes. With younger kids you don’t have to say anything. With older kids you have t o use a lot of verbal seduction.’

‘Use a very smooth voice, very nicely and nonthreatening. Get on their level, ask how their day was going, what did they like, listen to the children. When with a group of kids and adults, sit with the adults, and let them know you are interested in them.’

‘With the 15 year old, I told her I loved her and if she loved me she would let me do it.’

How did you gain control over the victim? Offenders describe the use of adult authority, adult physical presence, and efforts to isolate the victim from others as means of controlling the victim.

‘Generally they would be under my care. In most cases they would be over at my place. All force. I was stronger than her. Early on during the grooming process I used a lot of conversation with my daughter and spent time alone with her.’

‘I kept telling her how proud I was of her and how special she was. I would go along with anything she (stepdaughter) wanted, even my wife thought we were getting along.’

‘Heavy handed discipline. I wouldn’t encourage her or my wife to make friends outside of the house. This kept the family isolated, and there was less chance of getting caught.’

‘I think they were confused because I was appearing to be someone they could trust, but I was doing something they didn’t like. I would continue in a playful way to pretend that what I was doing was not sexual.’

‘By buying her presents, letting her stay at her girlfriend’ s, letting her have favors, buying her things that I didn’t buy other kids.’

Did you threaten the victim? The majority of offenders responded to this question with a response indicating that they had not threatened their victim. The majority of offenders then proceeded to describe specific ways that they threatened their victims by use of their superior size and strength, the authority they had over the victims, or by suggesting that they (the offenders), the victim, or others would be hurt by knowledge of the abuse.

‘Not threatening her, never hurt any of them. Did tell L. that if she said anything, her girl friends are not going to like her. Also said I would go to jail.’

‘No, but the kids had seen me be physically violent with my wife at least twice.’

‘No. Certainly with my physical size, but never verbally. I did hold her arms tight so she couldn’t get away, but not in a power sense.’

‘No. I might have said to be careful not to tell anyone.’

‘I would withdraw my affection.’

‘No, but I think they were threatened because I was their parents’ age, and I commanded respect. I focus in on a lot of eye contact.’

‘I told her that if her mom found out she would be real mad, and I would have to move out of the house.’

‘If your mom finds out, she will probably kill me and beat you. This really made her afraid of her mom.’

‘The only force I really showed was with the younger kids who couldn’t vocalize. They would show resistance, and would stop, then go back. I did use force of just holding them still so that they couldn’t squirm around.’

Write a manual on how to sexually abuse a child . In response to this question, the offenders described a range of activities intended to befriend needy children, gradually desensitize children to sexual behaviours, or frighten and intimidate them.

‘Some way to get a child living with you. If you have a repertoire of jokes that move from risky to pornographic, have porn magazines lying around. Talk about sex. Watch the ki ds’ reactions. Stick your head in their bedrooms while they are in their bedclothes. Act like it’s a natural thing. Be sympathetic. Try a lot of complements. Have accidental contact with their breasts.’

‘Befriend them, be nice to them. Target children who appear to be not close to their parents or children who have already been victimized. Look for some kind of deficiency.’

‘I would find a child who doesn’t have a happy home life, because it would be easier to groom them and to gain their confidence.’

‘I would find a child that didn’t have very many friends, because it would be easier for me to gain their friendship. Look for a kid who is easy to manipulate. They will go along with anything you say. I would approach them by being friendly; letting them think I was someone they could confide in and talk to.’

‘Be in a position where you are a close friend with someone who is involved with alcohol and drugs and probably has the attitude that kids are like dogs, just around the house. Someone who has a tight cont rol over kids and where if the kid does anything wrong he’ll be severely punished. Being a molester, you can pick on that and start showing the kids extra attention. They’ll thrive on it and will become easily manipulated to your control. You can also set it up when the parents trust you and use you as a babysitter. You’ll be alone with the kid, and t he kid doesn’t like his parents.’

‘Choose children who have been unloved. Try to be nice to them until they trust you very much and give you the impression that they will participate with you willingly. Use love as bait…. Never threaten her. Give her the illusion that she is free to choose to go with it or not. Tell her she is special. Choose a kid who has been abused. Your victim will think that this time is not as bad.’

‘Identify a child that would be looking for help, who is vulnerable… feed the positive things, like she looks real good. If she didn’t have any boy friends, tell her why not; be interested in her. Get the parents to trust the offender. Work slowly. Get as many people who are close to the victim to trust you.’

‘Observe the victim, if he/she is friendly, if they come to like me a lot, it would be safe to try to touch them… under these conditions I don’t think the kids are apt to tell.’

‘Select an isolated and quiet child. They want somebody and need someone.’

‘First you would groom your victim by heavy handedness promoting fear… then isolate the victim so that no one else would be around. The next step would involve making the child think that every thing is OK so they wouldn’t run and tell. You could convince them there is nothing wrong with it or pressure a child not to tell….using force or coercion.’

Discussion:

This article raises a number of issues which prevention workers and professionals need to consider including:

Punitive reactions towards offenders – The offender's words describe a deliberate process which inflicts pain and other consequences on victims. Without lessening the impact of the behaviour of the offenders the authors would argue for rehabilitative interventions including controls on behaviour during the process of rehabilitation.

Identifying vulnerable children – At a minimum, adults who care for children should be aware that offenders claim a special ability to identify vulnerable children and to manipulate that vulnerability as a means of gaining sexual access to children. Identifying those same vulnerabilities, paying special attention to the protection of those children, and efforts to alter the conditions which make children vulnerable are prevention strategies. One of the difficulties, well recognized by prevention professionals, is that in some cases vulnerabilities are inherent in childhood (e.g., being small, not having the language to tell others what is happening.)

Coercion is inherent – Even in this sample of offenders judged to be relatively nonviolent and therefore appropriate for community treatment and who may have been likely to underestimate any violence or coercion in their behaviour, it is clear that they employed a range of coercive behaviours. Protection of children will require adults who have the resources and care to make children less vulnerable. Debunking adult statements before the child has been exposed to them or when the child might have witnessed demonstrations of the adult's power (e.g., when her mother was beaten up) is a difficult task. How children can be prepared ahead of time, without frightening them, to identify coercive and manipulative actions of adults and to cope with them so that they will escape or get help will require further innovation and test.

Offender efforts to desensitize children – Include the sophistication of offender efforts to desensitize children to touch through progressing from nonsexual touch (e.g. touching a leg or back) to sexual touch and through the gradual development of a relationship with the child.

Teaching children that they can withdraw consent or that consenting to one action is not consenting to another, is one approach. Teaching children that potential offenders may be of any relationship to a child is a current strategy that some programs use to deal with the fact that so many children are abused within the ongoing relationships they have with adults. Teaching children about the relationship warning signs so that they can identify risk situations seems virtually impossible, since so many of the relationship risk factors are normal, and often positive aspects (e.g. an adult paying attention to a child) of adult-child relationships.

Increased understanding about this process is a vital aspect of efforts to help children prevent or escape their own abuse.

Reference:

Conte, J. R., Wolf, S. & Smith, T. (1989) 'What Sexual Offenders Tell u s about Prevention Strategies', *Child Abuse and Neglect,* 13, pp 293-301.

INDICATORS OF SEXUAL ABUSE

There are numerous emotional and behavioural indicators of child sexual abuse; however none are diagnostic or conclusive. Due to the hidden nature of sexual abuse and often the absence of physical indicators, the onus is on the child to disclose. When and if a child does disclose, there is usually a considerable time delay from when the assault occurred and thus physical indicators may no longer be present for penetrative assaults. However, always consult with an appropriate medical expert to determine the need for a sexual assault examination. The Child Protection Unit of a hospital has experts to consult on this matter.

Behavioural indicators of child sexual abuse may be in some cases the way in which a child or young person is trying to communicate that something has happened to him or herself without any accompanying disclosure. Some children may ask a parent or carer 'if they have to go to work tonight, can they come home early, this may be an indirect attempt from the child to communicate that something is wrong. It is important to pick up on a child's cues and explore further with the child what they may be saying.

The following points are indicators that sexual assault may have occurred:

- when a child reports sexual abuse either directly or indirectly in a disguised way e.g. 'I know a girl who...'
- persistent and inappropriate sexual play with peers, toys, animals or themselves, e.g. child inserting objects in her vagina or sexually aggressive behaviour with others e.g. for a boy 'humping' toys in sexual positions
- detailed and overly sophisticated understanding of sexual behaviour (especially by young children)
- sexual themes in the child's artwork, stories or play
- fear of going home or expressing a desire to live in a foster home or institution
- regressive behaviour e.g. excessive clinginess in pre-school children or the sudden onset of soiling and wetting when these were not formerly a problem
- temper tantrums in young children
- a child may appear disconnected or focused on fantasy worlds
- sleep disturbances and nightmares
- marked changes in appetite
- fear states e.g. anxiety, depression, phobias, and obsession
- overly compliant behaviour; often young people who have been abused have experienced extensive grooming/conditioning
- parentified or adultified behaviour e.g. acting like a parent or spouse
- delinquent or aggressive behaviour
- arriving late at school or leaving early
- poor or deteriorating relationships with peers
- increased inability to concentrate in school and/or sudden deterioration in school performance
- non-participation in school and social activities, e.g. withdrawal
- unwillingness to participate in physical/recreational activities, especially if this is due to symptoms of physical discomfort
- truancy/running away from home

excessively seductive behaviour and/or sexual activity. This is an effect of the sexual abuse rather than a cause

substance abuse; drug/alcohol abuse

prostitution: there is a strong correlation between child sexual abuse and late teenage prostitution

self-mutilation i.e. cutting of arms, legs, burning, home made tattoos.

suicidal feelings and suicide attempts.

fear of adults of the same sex as the abuser.

unexplained accumulation of money

eating disorders.

Physical indicators of child sexual abuse : Some sexually abused children also come to attention because of physical indicators:

bruises, bleeding or other physical trauma in genital or rectal area. There may be pain or problems with urination/defecation or blood-stained and/or torn underwear. The physica l discomfort may cause the child to limp, perform poorly at sport, drop out of strenuous play activities or perhaps even have difficulty in sitting still

foreign bodies in genital, rectal or urethral openings

abnormal dilation of the urethral, vaginal or rectal openings

itching, inflammation or infection of urethral, vaginal or rectal openings

presence of semen

traumas to breasts, buttocks, lower abdomen or thighs

unusual odours from the vaginal area

sexually transmitted diseases e.g. HSV- 2 (genital herpes)

pregnancy, especially when the child refuses to reveal any information about the father of the baby and/or complete denial of the pregnancy by the child and/or her family

psychosomatic illness e.g. abdominal pain, nightmares.

References:

Alaggia, R. (2004) Many ways of telling: expanding conceptualizations of child sexual abuse disclosure, *Child Abuse & Neglect*, 28, pp. 1213-1227.

South Eastern Centre Against Sexual Assault (2013) Indicators of Child Abuse, retrieved from http://www.secasa.com.au/pages/indicators-of-child-sexual-abuse/

Paine, M. L., & Hansen, D. J. (2002) Factors influencing children to self-disclose sexual abuse, *Clinical Psychology Review*, 22, pp. 271-295.

THE EFFECTS OF CHILDHOOD SEXUAL ABUSE

The following factors are involved in assessing the effect of sexual abuse upon a child or young person:

- age of the child at the onset of the abuse, e.g. developmental factors relating to inability to disclose, due to cognitive factors and limited social experience of young children such as forgetting the abuse, no language to communicate the abuse, and limited understanding of the abuse. The child may only realise later in life due to triggers and cues of childhood sexual abuse
- the seriousness of the abuse
- whether there were multiple abusers
- whether or not force was used
- the age of the offender
- the relationship of the offender to the victim, e.g. the more closely the victim is related to the offender the less likely they are to disclose
- the response to the disclosure e.g. supportive and protective non-offending parental response
- the period of time//length of time the abuse occurred.

The possible short and long term effects of child sexual abuse on social, emotional and cognitive development:

Note there is considerable overlap with the indicators of sexual abuse.

- repressed, recovered, or delayed memories. Delayed memories are a term which includes a range of mechanisms involved in the loss of traumatic memory through repression, psychological blocking and forgetting. Traumatic abuse can be stored and is accessed by triggers and cues later in life.
- poor self esteem
- feeling guilty about ‘causing trouble’
- self concept as a helpless victim
- re-victimisation
- passivity, withdrawal, detachment, apathy
- sadness, depression, impaired sense of enjoyment, listlessness, lethargy
- aggressiveness, violent defensiveness or self-protectiveness
- hyper-vigilance
- sexual acting out - inappropriate for chronological age
- fear (expressed in various ways, e.g. exaggerated startle reflex, persistent nightmares, etc.)
- learning difficulties
- regressive behaviours e.g. bed-wetting
- self-destructive behaviours
- impaired sexual responsiveness in puberty and adulthood

difficulty with intimate relationships in adulthood

higher rates of self harm, suicide, accidental death by overdose and serious mental illness

The greater the means that are used to prevent information i.e. delayed disclosure, the greater the probability of stress-related physical and psychological problems.

Reference:

Alaggia, R. (2004) Many ways of telling: expanding conceptualizations of child sexual abuse disclosure, *Child Abuse & Neglect*, 28, pp. 1213-1227.

Esposito, C. (2014) Child Sexual Abuse and Disclosure, What doe s Research tell us?, Office of the Senior Practitioner, NSW Department of FACS.

Hevey, D. & Kenward, H. (1996) 'The Effects of Child Sexual Abuse ' in Jenks, C. (Ed) *Childhood Critical Concepts in Sociology,* Routledge, London.

Paine, M. L., & Hansen, D. J. (2002) Factors influencing children to self-disclose sexual abuse, *Clinical Psychology Review*, 22, pp. 271-295.

Tolliday, D. (2014) Child Sexual Abuse and Managing Risk, Research to Practice seminar, NSW Department of FACS.
http://docsonline.dcs.gov.au/internal-services/research--evaluation-and-data/research-to-practice/past-seminars/child_sexual_abuse.html

THE DYNAMICS OF INTRA-FAMILIAL CHILD SEXUAL ABUSE

'Intra-familial sexual abuse is abuse perpetrated by a parent, step-parent, grandparent, uncle, mother's boyfriend or other relative. Extra familial abuse is abuse perpetrated by a stranger , teacher, babysitter, clergy or other religious leader' (T.B. Goodman-Brown et. al.2003)

The Dynamics of intra-familial child sexual abuse
To understand the experience of child and adult survivors of child sexual abuse, it can be helpful to explore four key areas that relate to the way the offender interacts with the victim to trap and silence the child about the abuse.

Common ideas operating at a societal level serve to reinforce the beliefs, which the victim develops as a consequence of the offender 's behaviour. Understanding this process of interaction between the offender and victim can assist in understanding the context of many common presenting problems.

1. Responsibility

There is an imbalance in the way in which responsibility is handled. The offender commonly denies responsibility for the abuse, for its impact, and for the consequences to the rest of the family of disclosure. When the offender is a parent or carer then attachment issues, traumatic bonding, and the child's need to protect the family are reasons children and young people withhold disclosure or delay disclosure.

The offender gives the child the message (either overtly or covertly) that the abuse is the child's fault. He may say, for example, things like:

'You're a slut, you asked for this!'

'You let me do it for so long; who'll believe you didn't want it?'

The shifting of responsibility for the sexual abuse is reinforced by the victim-blaming messages which the child receives from the wider society:

'Women who are raped must have led the man on.' Or 'What do you expect if you wear that?'

As the offender shifts responsibility onto the child, the child is left with a burden of guilt. Often, the offender also shifts responsibility onto the child's mother, by saying things like:

'I wouldn't have to do this if your mother treated me properly!'

'Your mother knows and she doesn't mind.'

An offender may say to authorities and others - 'She came onto me'.

This trickery is reinforced by societal beliefs, such as the idea that mothers always know and collude with the abuse.

As a consequence of this pattern of behaviour by the offender to avoid taking responsibility, the child is left with a legacy of blame.

Vicious cycles of guilt and blame between mothers and children following sexual abuse are common and can be understood given the way the offender creates a context in which responsibility for the abuse is shifted onto others. The pervasiveness of guilt as an issue for sexual abuse survivors is not surprising when it is seen in the context of the offender's manipulation of the child to avoid taking responsibility. The longer sexual abuse occurs the more complicit the child feels they were in the abuse.

2. Secrecy

Enforcing secrecy is necessary for the offender to continue to have access to his victim, and to avoid having to take responsibility for his behaviour. He uses a variety of methods to enforce secrecy, usually carefully chosen to match the child's developmental level and/or a particular area of the child's vulnerability (e.g. t hreats that the family will break up or that the mother will not believe the child if she tells). The secrecy imposed by the offender is reinforced by societal and cultural factors that influence silence about child sexual abuse.

Secrecy divides the offender and the victim from the rest of the family and creates a context in which the child is isolated and the offender has the power to create for the child whatever reality he chooses, for example:

'All fathers do this'

'Your mother wouldn't believe you if you told'

'This doesn't hurt'

The child is powerless to check out her perceptions of the situation because of the offender has enforced secrecy. The legacies for the child are isolation and ongoing doubt about her own reality.

These consequences and 'side effects' of being forced to live with secrecy are seen often in work with adults who were sexually abused as children. Many adult survivors of child sexual abuse present with issues around isolation, often experience intense self-doubt and lack confidence in their own ideas and perceptions, and often describe a feeling of not being 'real' or not connecting with others.

3. Protection/Loyalty

The child is charged with protecting the abuse secret. The child is also given the impression from the offender's threats and tricks that they are protecting the family. This may be overt (e.g. 'if you tell, your mother will have a breakdown', 'I will go to gaol') or implied less directly.

The child's experience is that protection is not something that she is entit led to expect from the adults in her life, but something that she must provide for others at her own expense. This is reinforced for women by ideas at the societal level about the role of women as caring for others, even at the expense of their own needs.

Some consequences for the child and the adult survivor can be seen in patterns of 'self-erasure' (e.g. suicide attempts, anorexia) and super-responsibility for others.

4. Power/Powerlessness

The child's relationship with the offender is characterised by his use of power over tactics, which discount her/his experience and create a climate of fear and intimidation. The legacy for the child is one of fear, a sense of violation and powerlessness.

Adults and children who have been abused commonly present with issues around fear/anxiety and with problems in establishing a sense of control in their lives and relationships.

The child/adult survivor has been conditioned by the offender in particular beliefs around these key issues. By focussing on these it is possible to move from a position of seeing presenting problems in the context of individual dysfunction, to a wider view in which the key role of the offender is exposed, and the broad socio-political context is included.

References:

Alaggia, R. (2004) Many ways of telling: expanding conceptualizations of child sexual abuse disclosure, *Child Abuse & Neglect*, 28, pp. 1213-1227.

Esposito, C. (2014) Child Sexual Abuse and Disclosure, What does Research tell us?, Office of the Senior Practitioner, NSW Department of FACS.

Goodman-Brown, T.B., Edelstein, R.S., Goodman, G.S., Jones, D.P.H, & Gordon, D.S. (2003) Why children tell: a model of children's disclosure of sexual abuse, *Child Abuse and Neglect,* 27, pp.525-540.

Laing, L. (1987) The Dynamics of Intrafamilial Child Sexual Assault, Unpublished, Education Centre Against Violence, NSW Health.

THE CHILD SEXUAL ABUSE ACCOMMODATION SYNDROME

The Child Sexual Abuse Accommodation Syndrome was developed by Roland Summit, M.D. It is a simple and logical model which can be used to help in understanding and accepting the ways in which many children react to sexual abuse. The syndrome classifies the most typical reactions of child sexual abuse victims, dividing them into five categories. It should be noted that this is a 'model' describing reactions, not an absolute. Like all models it does not mean each child will show all aspects of this syndrome.

Disclosure has received growing attention from researchers. Much of the work on stages o r sequences has resulted from Summits work (1983) who first proposed this model identifying the stages of the disclosure process known as the Child Sexual Abuse Accommodation Syndrome. Though this model has been endorsed by many clinicians there is limited empirical evidence to support the beliefs held beyond the secrecy stage. Hence further work has been conducted by researchers which build on Summit's work to identify other factors involved in disclosure. Summit stated that disclosure does not occur within invariable stages of the model.

Further research has contributed to the literature by highlighting that disclosure is a dynamic and interactive process that is affected by how children receive and process information about the abuse and the abuser and make decisions about whom they tell. For example does the sexual abuse that may be happening to a child make sense to them in their experience? Do they understand that it is wrong and harmful to them? Younger children may be unlikely to know this and would likely be unable to articulate it which would also be influenced by the conditioning they received by the offender and the type of communication system they live in at home.

Most child victims are put through conditioning before sexual abuse commences. They are initially chosen for being compliant and therefore unlikely to complain or tell anyone. The offender may then go to considerable lengths to build up the child's trust, for example the child may be given presents or told that they are 'special'. The Child Sexual Abuse Syndrome is one clinical explanation for why child hood sexual abuse victims protect the offenders and do not disclose or delay disclosure. This model highlights the obstacles to disclosure.

The five categories of the syndrome are:

1. **Secrecy**

   Sexual abuse usually occurs when the offender and child are alone. Abused children tend to keep the abuse a secret. They do so for a variety of reasons. They may be afraid of the abuser who may have threatened the child or someone whom the child loves. Physically abused children may be afraid of being beaten again. The abuser may have promised safety to the child or child's loved ones if the child keeps quiet. Neglected or emotionally abused children long for their parents' approval and affection - they may keep silent for fear of losing the parents' love.

2. **Helplessness**

   Expecting children to protect themselves and disclose abuse ignores the vulnerability and subordination of children in authoritarian relationships. Children are inherently helpless a nd subordinate. They are small, dependent, and emotionally immature. For all of these reasons, they cannot escape from a dangerous situation. Children who try to protect themselves are usually overridden by more powerful adults. When their attempts to protect themselves fail, these children come to believe that they are helpless. Eventually they stop trying to protect themselves overtly. Instead they may withdraw, go physically limp or dissociate.

   Practice note: Dissociation is a way in which some children survive abuse by escaping mentally while the abuse is happening. The body and the mind seem to separate. While the body is being hurt, the child no longer feels it because the mind manages to escape to a safe

place. Different children may dissociate in different ways. E.g. 'leaving' the body and floating on the ceiling; feeling as if it were happening to someone else; reports feeling nothing.

3. Entrapment and accommodation

Children who keep their abuse a secret and continue to feel helpless inevitably feel trapped. However, they learn to accept the situation and survive. Learning to accommodate to the sexual abuse is the only alternative. The ways in which children may accommodate to the abuse are assuming personal responsibility; the child may come to blame him or herself, believing s/he has provoked the abuse. The child may adopt the distorted beliefs of the offender . Physically abused children may refer to their bad behaviours as reasons why their parents must punish them. Emotionally abused or neglected children may imagine unacceptable traits in themselves. Physically, sexually and emotionally abused children may also employ defensive mechanisms (e.g. dissociation or blocking out the memory) in an attempt to accommodate to the abuse.

4. Delayed, conflicted and unconvincing disclosure

Most victims never disclose childhood sexual abuse. Adults who ask a child to disclose abuse must recognise that this request may precipitate an acute crisis for the child. Initial disclosures may be fraught with anxiety, retractions and inconsistencies. It may sound unconvincing and the delay and conflicted manner in which a child often discloses seemingly makes the child's disclosure lack credibility. The child may use various defensive mechanisms to cope with the abuse, thus memory may be fragmentary, perceptions may be altered or information may be scattered and sparse. Children abused by a family member delay disclosure because of feelings of guilt, fear of not being believed, loyalty to the offender and anxiety about the consequences of telling.

5. Retraction

Children who do disclose abuse may be flooded with guilt, fear and feelings of betrayal or confusion. The adults' immediate responses may frighten them further. For example, the child may be removed from the care of their parents, the parent may be put in prison and members of the child's family may suffer. The child may feel a lack of support. All this may put pressure on the child to retract the disclosure to make things return to normal again for the child. Children gravitate towards the safety of a familiar situation, no matter how painful it is. Most abused or neglected children remain loyal to their families and, if given a choice, frequently want to stay with their abusive parents.

References:

Esposito, C. (2014) Chi ld Sexual Abuse and Disclosure, What does Research tell us?, Office of the Senior Practitioner, NSW Department of FACS.

Paine, M. L., & Hansen, D. J. (2002) Factors influencing children to self-disclose sexual abuse, *Clinical Psychology Review*, 22, pp. 271-295.

Summit, R. (1983) 'The Child Abuse Accommodation Syndrome', *Child Abuse and Neglect*, 7, pp. 177 – 193.

THE DISCLOSURE PROCESS

The negative impact of stopping an interview

How people react when a child discloses may have an impact on how much information the child goes on to disclose. Possibly the most important message that a child will receive is that they are believed.

It is important to consider the fears that a child may have about disclosing. The offender may have told the child that no one will believe them if they tell anyone or that people won't believe or listen to them because they are a child. Should caseworkers stop the interview, they may play into the offender's strategy. The child will assume that the offender is a powerful person who is able to predict the future. Any threats that the offender has made become more credible.

Partial disclosure may be used to test how you will react - if you stop them they may interpret that you are not interested, or are disgusted, shocked or otherwise upset. Children can then retract what they have already said. If professionals do not pursue the child's tentative disclosures or appear to take no action, the child may conclude that nothing can be done. Sometimes a child will say that they tried to tell someone before.

The initial disclosure is extremely important. The child may reveal many details during the initial interview, which are not revealed again. Finally, it may be that circumstances mean that the child will be going home to the alleged offender; you need to be able to obtain the detail in order to make a thorough assessment as to the safety of the child. Detailed notes of the disclosure is vital as further information may not be provided by the child again and the details may need to be provided to the Joint Investigation Response Team (JIRT) if the disclosure is believed to meet the JIRT criteria.

Research highlights the importance of the recipients' responses to a child particularly the mother's response in determining whether a child tells further persons in the future and in mediating the psychological effects of the abuse. It can be suggested that there are life long consequences relating to disclosure; child and adult victims are often deciding who they will or won't tell, what part they will tell if any, throughout their life in other relationships and weighing up the consequences of telling. It has been said by victims that it is never ending.

> Consider Principle 9(1) 'Children and Young Person's (Care and Protection Act) 1998'. *In all actions and decision made…the safety, welfare and wellbeing of the child or young person must be the paramount consideration.*

A study by Alaggia (2002) stated that:

> Research indicates that childhood disclosures are made in the following ways:
>
> - 30% are accidental disclosures
> - 25% are promoted / elicited disclosures (e.g. interviews of children reported at ROSH)
> - 30% are purposeful disclosures (often involving discovery by a third party). Children under 6yrs are least likely to disclose purposefully
> - 25% of disclosures are intentionally withheld during childhood.
>
> The delay in time from abuse to disclosure is on average between three and 18 years. This also depends on the relationship with the offender.
>
> Boys are less likely to disclose for a variety of reasons.

Younger children tend to disclose to their parents and adolescents to their peers. Direct disclosure, (i.e. the first person a child or young person tells of the sexual abuse) to professionals and authorities is the smallest percentage. This may be due to research highlighting that many victims of sexual abuse do not disclose for years and therefore many situations would be unreported. Age is a predictor of disclosure, with younger children being less likely to disclose. Developmental considerations may explain a young child's inability to disclose abuse, e.g. limited language or concept of what is occurring, forgetting the abuse, or fragmented memories.

Gender also affects the disclosure process with girls more likely to disclose than boys, however boys can provide a lot of detail if prompted.

The process of disclosure

A child who has been 'conditioned' to abuse will be restrained from disclosing by the elements of this.

Disclosure is widely researched and multiple factors have been identified which place bearing on whether a child or young person will disclose sexual abuse perpetrated against them. Factors which inhibit disclosure are:

- family dynamics e.g. communication styles in the home that are closed or secretive,
- other forms of child abuse occurring will have an impact on adult allies for the child and the child's ability to disclose,
- social isolation of the child & or family,
- rigid gender roles and expectations,
- cultural pressures of virginity (for marriage) and
- preservation of the family.

Studies have shown that retracting occurs less often in the child protection setting and more frequently in the therapeutic environment. Children may retract and reaffirm their abuse in the counselling setting.

Sorenson & Snow (1991) discuss the process of disclosure; this research has implications for how we work with children and young people who are victims of child sexual abuse, and their families.

Sorenson and Snow (1991) highlight:

- disclosure is a process not an event
- retracting is a normal part of this process and does not mean the abuse did not occur
- there is a clear differentiation between accidental and purposeful disclosure
- without professional intervention parents and carers may be unable to believe their child.

Sorensen and Snow's research further highlights the point that the likelihood of a child telling again is reduced with a child under five years of age.

How a person responds or reacts to an initial disclosure will determine how much detail or information a child may provide about the abuse. Further information may be provided at a later time.

References:

Alaggia, R. (2004) Many ways of telling: expanding conceptualizations of child sexual abuse disclosure, *Child Abuse & Neglect*, 28, pp. 1213-1227.

Esposito, C. (2014) Child Sexual Abuse and Disclosure, What does Research tell us?, Office of the Senior Practitioner, NSW Department of FACS.

McElvaney, R., Greene, S. & Hogan, D. (2012) Containing the Secret of Child Sexual Abuse, *Journal of Interpersonal Violence*, 27, pp. 1155-1175.

Paine, M. L., & Hansen, D. J. (2002) Factors influencing children to self-disclose sexual abuse, *Clinical Psychology Review*, 22, pp. 271-295.

Sorenson, T. & Snow, B. (1991) 'How Children Tell: The Process of Disclosure in Child Sexual Assault' in *Child Welfare*, 70, pp. 3 -15.

Tolliday, D. (2014) Child Sexual Abuse and Managing Risk, Research to Practice seminar, NSW Department of FACS.
http://docsonline.dcs.gov.au/internal-services/research--evaluation-and-data/research-to-practice/past-seminars/child_sexual_abuse.html

BARRIERS TO BELIEF FOR THE N ON-OFFENDING PARENT AND FACING THE UNTHINKABLE

In her research Anna Salter (1988) explored what intra-familial sex offenders found most difficult or challenging about setting up and maintaining the abuse dynamic in the home. A significant proportion of the men identified 'keeping it away from my wife' as the most difficult aspect.

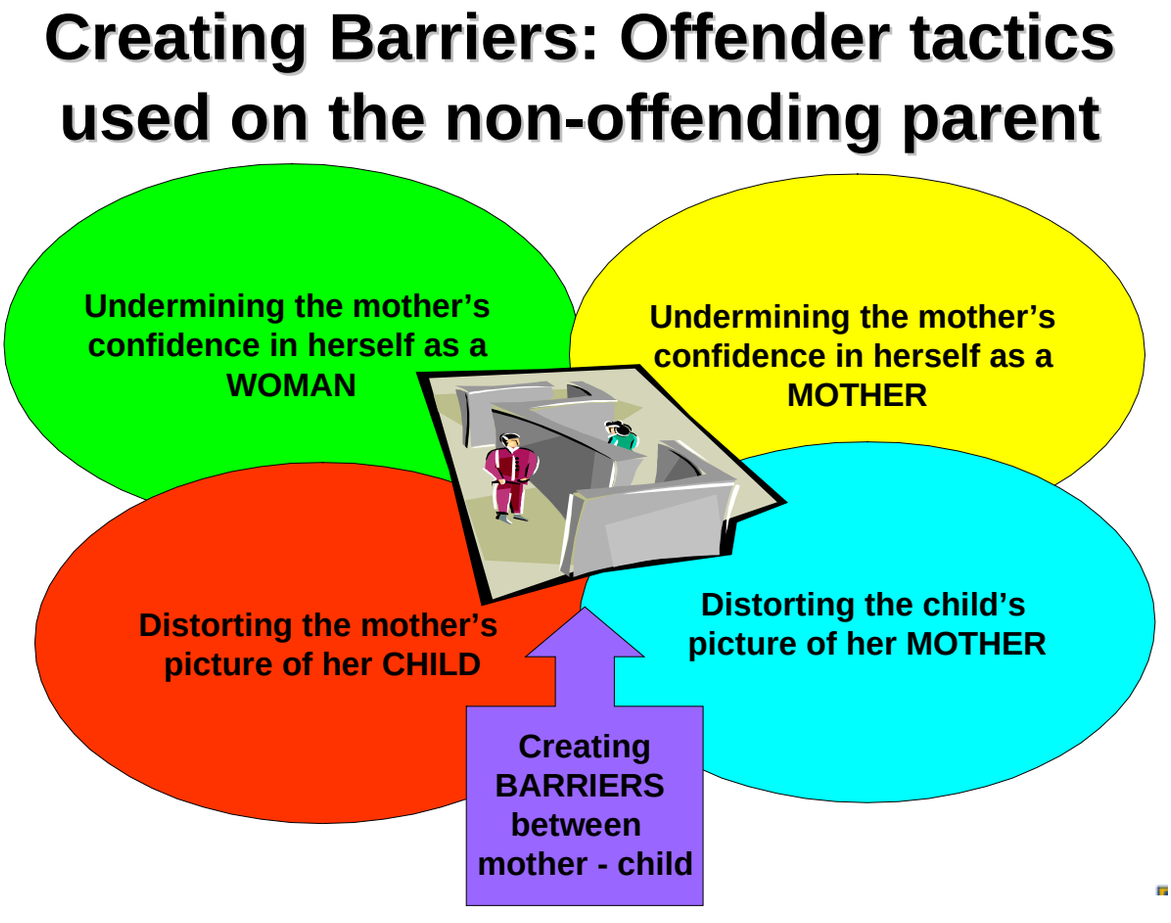
This response stands in opposition to the traditional belief that mothers know about and somehow condone the sexual abuse of their children.

The overall intention and outcome of an offender's tactics is to create a barrier between the mother and her child. Tactics that abusive men use with their partners to groom them into the abusive dynamic and to maintain the abuse and secrecy may include:

creating tension between the child and their mother. (Much research notes that children are often angry with the abuser but furious with their mothers. The tension is manifestly created and contributed to by the abusive man)

making the child reluctant to approach their mother for help

discouraging an open and affectionate relationship between the mother and her child



Facing the unthinkable: A survival guide for mothers whose children have been sexually abused (Lawrence 1998).

The following reading includes extracts from the booklet 'Facing the unthinkable' which is a useful tool to use with the non offending parent to assist them in understanding how abuse occurs without their knowledge. It also provides useful strategies the parent can use to support her child/ren.

Do mothers know?
Very few mothers realise that intra-familial sexual abuse, is happening until they are told. Mothers tend to blame themselves for not knowing. The community assumption is that mothers should know. A more realistic question to ask is:

How could she know?
Intra-familial sexual abuse is generally considered an 'outrageous and unthinkable' crime. The offender will include the mother in the conditioning tactics thus in many instances actively build barriers to stop the mother from finding out.
What each mother feels when she finds out about intra-familial sexual abuse is very personal. Common feelings may include: shock, guilt, anger, disbelief, shame, sadness, fear, conflict and confusion. These feelings are expressed through sleeplessness, headaches, unexpected crying, loss of concentration, feeling disinterested in sex, irritability, being accident prone, eating too much or too little, using alcohol, cigarettes, pills or other drugs, wild mood swings, attacks of anxiety and many other symptoms.

Why didn't I know?
Because child sexual abuse depends on secrecy. The offender needs to keep what he is doing a secret, so:

he can keep sexually abusing the child

he isn't caught and held responsible for his criminal actions

the child's mother does not find out, because the offender knows that she would help the child.

Why didn't my child tell me?
Offenders are very skilled at exploiting the child's youth and lack of power in the family. They use tricks, lies, bribes or threats to make the victim keep the secret. He encourages the child to see the abuse as their fault, saying things like:

'If anyone finds out, you'll be put in a home.'

'She came onto me, she asked for it.'

He knows that if the child is feeling bad and guilty, the child will be unlikely to tell anyone. Once the victim is trapped in the web of secrecy, the offender can lie to the child about the other family members. Most frequently, he lies to the child about the only other adult who is close enough to help, their mother. He blames the child's mother and encourages the child to blame her too by saying things like:

'I wouldn't have to do this if your mother treated me properly.'

'I've told your mother and she doesn't mind.'

This is a lie but the web of secrecy means that the child is easily tricked, creating a climate of fear through using threats both direct and indirect to silence the child.

Sometimes the offender 's lies are concerned with misleading the child about the mother' s strengths and ability to help. This type of lie puts the child in the role of family protector. It makes the child feel responsible for looking after the mother and other family members:

'Your mother wouldn't believe you if you told.'

'If you tell, your mum will have a breakdown.'

‘If your mum ends up in hospital over this there will be no one to look after you and your siblings.’

‘If you tell, the family will break up.’

‘Your mother needs my help, if I’m not here what would your mother do?’

At the same time the offender is silencing and tricking the child, he works hard at deceiving the mother, often by making out that he’s really a n ice guy. When a child starts to show by their behaviour that something is wrong, the offender will often try to confuse the mother. This may interfere with her attempts to find out what is causing the problem. In these, and many other ways the offender makes sure the child does not tell and the mother does not suspect or question what is really happening:

If the child suddenly starts bedwetting, the offender may say that this is a reaction to something else, e.g. the birth of a new baby.

If the child becomes withdrawn and moody, the offender might say the child is spoilt or should be ignored.

If the child is disruptive or aggressive, the offender might suggest that the mother be stricter.

Now I know, what can I do to support my child?

Let your child know that you are willing to talk about what has happened. Give your child the choice of when they want to talk, who they want to talk to and what they want to talk about.

You also need the opportunity to talk about how you are feeling, find people who will listen, not judge.

Often there is a tendency to ‘walk on egg shells’ in dealing with a child who ha s been abused. Children still need to get back to doing things they would normally do in their routine and have the security of sensible, firm limits.

Respect your child’s feelings but don’t be frightened of doing what you think is right for them.

Your child has considerable resources, despite the abuse. Telling someone about the abuse is a courageous first step in his or her recovery.

Sometimes things have to get a bit worse before they get better. Some children behaviour may seem to get more difficult after the abuse is out in the open and sto pped. This is because for the first time they feel safe to express their fear, anger and distress. The tantrums, nightmares and moods won’t last forever.

Seek support from a child sexual abuse counselling service.

Don’t expect too much of yourself. You have had an enormous shock and tremendous demands have been placed on you. Give yourself time and recognition for surviving such a crisis.

For more information, case scenarios, useful tips for mothers and non offending parents see the full article.
Another useful resource is the Helping to Make it Better package from the Department of Health NSW. You can access copies of this resource:

http://www.ecav.health.nsw.gov.au/online-shop/booklets-manuals/helping-to-make-it-better/

References:

Adapted from: Salter, Anna C. (1988). *Treating Child Sex Offenders and Victims*. Newburry Park, CA: Sage Publications.

Lawrence A. (1998) *Facing the unthinkable: A survival guide for mothers whose children have been sexually abused*, Dympna House, pp. 2-48.

UNDERSTANDING PROBLEM SEXUAL BEHAVIOURS IN CHILDREN

What is problem sexual behaviour?

> *'For children with concerning sexualised behaviour, the terms 'problem sexual behaviours' (PSBs) or 'inappropriate sexual behaviours' are used. Behaviours in this spectrum vary from excessive self-stimulation, sexual approaches to adults, obsessive interests in pornography, and sexual overtures to other children that are excessive to developmental bounds. For some children, these PSBs are highly coercive and involved force; acts that would be described as abusive if it was not for the child's age'.*
>
> *O'Brien 2010, p13. cited in Victorian Government Specialist practice resource*

The following list of concerning behaviours which require intervention.

The child focuses on sexuality to a greater extent than on other aspects of his or her environment, and/or has more sexual knowledge than similar age children with similar backgrounds who live in the same area. A child's sexual interests should be in balanc e with his or her curiosity about, and exploration of, other aspects of his or her life.

The child has an ongoing compulsive interest in sexual, or sexually-related activities, and/or is more interested in engaging in sexual behaviours than in playing with friends, going to school, and doing other developmentally appropriate activities.

The child engages in sexual behaviours with those who are much older or younger. Most school-aged children engage in sexual behaviour with children within a year or so of their age. In general, the wider the age range between children engaging in sexual behaviours, the greater the concern.

The child continues to ask unfamiliar children or children who are uninterested, to engage in sexual activities. Healthy and natural sexual play usually occurs between friends and playmates.

The child, or a group of children, bribes or emotionally and/or physically forces the other child/children of any age into sexual behaviours.

The child exhibits confusion or distorted ideas about the rights of others in regard to sexual acts. The child may contend: 'She wanted it' or 'I can touch him if I want to.'

The child tries to manipulate children or adults into touching his or her genitals or causes physical harm to his or her own or other's genitals.

Other children repeatedly complain about the child's sexual behaviours – especially when the child has already been spoken to by an adult.

The child continues to behave in sexual ways in front of adults who say 'no', or the child does not seem to comprehend admonitions to curtail overt sexual behaviours in public places.

The child appears anxious, tense, angry, or fearful when sexual topics arise in his or her everyday life.

The child manifests a number of disturbing toileting behaviours: plays with and/or smears faeces, urinates outside of the bathroom, uses excessive amounts of toilet paper, stuffs toilet bowls to overflow, sniffs or steals underwear.

The child's drawings depict genitals as the predominant feature.

The child manually stimulates or has oral or genital contact with animals.

The child has painful and/or continuous erections or vaginal discharge.

References:

Victorian Government (2012) Children with problem sexual behaviours and their families, Specialist practice resource, retrieved from: http://www.dhs.vic.gov.au/__data/assets/pdf_file/0005/589721/adolescents-sexually-abusive-behaviours-families-specialist-practice-resource-2012.pdf

South Eastern Centre Against Sexual Assault (2012) When Children's Sexual Behaviours Raises Concern , Cavanagh Johnson, T., retrieved from: http://www.secasa.com.au/pages/indicators-of-child-sexual-abuse/

'Is This Normal': Understanding Your Child's Sexual Behaviour

This is a book aimed at parents and carers; and explains normal sexual development in children and adolescents and what is considered either concerning, harmful, or problematic sexual behaviour relative to age. It provides advice on identifying inappropriate behaviour, responding to questions and situations, recognising sexual abuse, and where to go for further information and support. The Community Services Library has two copies of this book. The book uses traffic lights to signify the healthy range of behaviours. T he amber light suggests concern, leading to the red light of behaviours that cause harm to the self and or others.

The normal range is about curious behaviours which are spontaneous, light hearted, easily diverted, enjoyable, mutual and consensual. They are appropriate to the child's age and development and consist of activities or play among equals in terms of age, size and ability levels.

Sexual behaviours which cause concern are due to the following factors: persistence, intensity, frequency or duration, the type of activity or knowledge for the age and stage of development, inequality in age, size, power or developmental ability, risk to health and safety of the child, unusual changes in a child's behaviour.

Sexual behaviours which indicate or cause harm they are: excessive, compulsive, forceful, degrading or threatening, secretive, manipulative or involve bribery or trickery, not appropriate for the age and stage of development, between children with a significant difference in age, developmental ability or power.

Reference:

Brennan, H. & Graham, J. (2012) *Is this normal? Understanding your child's sexual behaviour.* http://www.fpq.com.au/publications/teachingAids/Is_this_normal.php

SIBLING SEXUAL ABUSE

What is sibling sexual abuse?
Like all forms of sexual abuse, sibling sexual abuse is an abuse of power, where the more powerful sibling abuses the less powerful. Power can be physical, intellectual or emotional. Sibling abuse is sexual contact between siblings who are of a different age, size, strength or developmental level.

Sibling sexual abuse often, but not always, involves some form of force, manipulation or intimidation. Sibling sexual abuse can involve forms of non-contact abuse, such as forcing another to view pornography or exposing of genitals. In most cases, sibling sexual abuse does not occur in isolation but alongside physical and/or emotional abuse.

The term sibling includes all children who grow up together in the same family, including step, foster, adopted children and sibling like relationships.

Minimisation: Sibling sexual abuse is as traumatic as sexual abuse by a parent (or any other form of sexual abuse) and has a lasting impact on the victim. Studies have shown that sibling abuse often includes the most serious forms of abuse, and is more likely to involve penetration. However, in spite of this, sibling sexual abuse is more likely to be overlooked, normalised and discounted by families and the wider community. This minimisation by others can mean that survivors themselves are less likely to view their experiences as abuse and also find it more difficult to talk about.

Silence: Survivors of sibling sexual abuse often describe spending their childhood in fear, unable to tell anyone of their abuse for fear of being blamed, not believed or suffering retaliation or breaking up the family.

This fear, along with shame surrounding the sibling sexual abuse, can mean the victim's silence extends over the years of childhood, and for some, continuing into adulthood.

For those who did speak out, many report being further harmed by their families response, with the abuse being ignored, excused or worse still, the victim blamed.

It's more common than you think: Sexual abuse by a brother or sister is not uncommon, with research suggesting it is more common than parent child sexual abuse. Some studies contend it is the most common form of child abuse.

Impact: Sibling sexual abuse can have serious immediate and long term effects on victims. Some of these include:

Feeling responsible: Survivors state that they feel they were in some way to blame; had feelings of being a co-conspirator rather than a victim, which does not acknowledge the power dynamics that existed, and further adds to feelings of guilt, shame and embarrassment. They have reported feeling responsible for the 'fall out' that follows a disclosure of sibling abuse, or may feel responsible for keeping the family together.

Sense of betrayal: Sibling sexual abuse is a gross abuse of trust. Survivors often reveal feeling betrayed by their sibling who they feel they should have been able to love and trust. They may also feel betrayed by parents who failed to protect them.

Shame: Survivors describe their childhood as a lonely time, feeling isolated from, and different to other children. They report feelings of shame and deep embarrassment connected to being sexually abused by a brother or sister. Shameful feelings can be tied into thoughts and feelings that they did not fight off a sibling's sexual advances or that they sought out that affection. It can be particularly strongly felt if the age difference between the siblings is not great.

Grief and loss: Feelings of sadness over the loss of a normal healthy sibling relationship may also be expressed. Feelings of grief for the past and future relationship can be deeply felt. For some, the realisation that their relationship with a brother or sister; their

closest genetic relative, is not as they wished or hoped it to be comes with an enormous sense of sorrow.

Behavioural indicators of sibling sexual abuse

In addition to what has been discussed so far, sibling abuse may be indicated by:

- siblings who behave like boyfriend and girlfriend
- a child who fears being left alone with a sibling
- siblings who appear embarrassed when found alone together
- one sibling antagonising the other but the other not retaliating through fear, or fear of exposing the secret.

References:

South Eastern Centre Against Sexual Assault (2012) Sibling sexual abuse: Information for adults abused as children, retrieved from: http://www.secasa.com.au/pages/sibling-sexual-abuse-information-for-adults-abused-as-children/

UNDERSTANDING SEXUALLY ABUSIVE BEHAVIOUR IN CHILDR EN AND YOUNG PEOPLE

The practice definition of sexually abusive behaviours used by the Therapeutic Treatment Board in Victoria and therapeutic treatment services is:

'A child has exhibited sexually abusive behaviours when they have used their power, authority or status to engage another party in sexual activity that is either unwanted or where, due to the nature of the situation, the other party is not capable of giving consent (for example animals, or children who are younger or who have a cognitive impairment). Physical force or threats are sometimes involved. Sexual activity may include fondling, masturbation, oral sex, penetration of a vagina or anus using a penis, finger or object, or exposure to pornography '. (See Human Services reference below)

Understanding sexually abusive behaviour in children and young people

Sexual exploration and play are a normal part of childhood sexual development, and help children learn about their own bodies, and the social and cultural rules that regulate sexual behaviour. Some childhood sexual behaviours, however, suggest more than innocent curiosity. Sometimes a child or young person's display of sexual behaviours poses a risk to the safety, welfare and well-being of the child or young person and to other children or young persons. These sexually abusive behaviours tend to continue even after the child or young person has been told to stop the behaviours, usually have one or more of the following points:

- are beyond the child's developmental stage (e.g., a ten-year-old attempting to kiss a younger child's genitals)
- involve threats, force, or aggression
- involve harmful use of another child's sexual body parts (e.g., inserting objects into the rectum or vagina)
- involve younger children or children with learning disabilities (e.g. a 12-year-old 'playing doctor' with a four-year-old, 13 year old male cousin sexually abusing a 13 year old female cousin with intellectual delay)
- are associated with strong emotional reactions in the child or young person e.g. anger or anxiety
- interfere with childhood interests and activities

Sexually abusive behaviour frequently involves younger children, siblings, and other children known to the child or young person.

Causes of sexually abusive behaviours

Although some children who have sexually abusive behaviours have a history of being sexually abused, other children and young people who sexually abuse others have not. There are other possible explanations which suggest a cause as to why children may display sexually abusive behaviours for their age. In general, children's sexually abusive behaviours are rarely about sexual pleasure. These behaviours are more likely to be related to anxiety, traumatic experiences, curiosity, poor impulse control, or other factors.

Some of the factors that have been linked to the development of sexually abusive behaviours include:

- exposure to traumatic experiences, such as abuse, natural disasters, or accidents

- exposure to domestic violence in the home
- excessive exposure to adult sexual activity or nudity in the home (including media exposure through television or the internet)
- inadequate rules about modesty or privacy in the home
- inadequate supervision in the home, often as a result of parental factors such as depression, substance abuse, or frequent absences due to work

Children with sexually abusive behaviours often show other behavioural and social difficulties, including:

- impulsiveness and a tendency to act before they think
- difficulties following rules and listening to authority figures at home, in school and in the community
- problems making friends their own age and a tendency to play with much younger children
- a limited ability to self soothe (calm themselves down), they may touch their own genitals (masturbate) as a way to release stress and calm down.

A stressful situation for a parent or carer would be to face finding out that their child or young person has acted out in a sexually abusive way. It would be difficult for the parent or carer to know what to do. If a parent is informed that their child has sexually abused another child, they may experience a range of reactions, including:

- difficulty believing that the sexual abuse really happened
- anger at the child, at the other children involved, at themselves, and at the world in general
- feeling upset with or withdrawing from the child
- sadness and depression
- guilt and shame
- isolation
- disappointment, in the child and themselves
- confusion and uncertainty, if it is unclear why the child is sexually acting out
- nightmares and other traumatic stress reactions, particularly if the parent was sexually abused as a child.

Sexually abusive behaviours in children are quite responsive to treatment particularly when parents or carers are involved in the treatment. Future sexually abusive behaviour can be prevented.

Remember children and young people who have sexually abusive behaviour are still children and young people. Getting help for the child or young person is a priority. The child or young person may have made poor decisions, but he or she can learn to make good decisions towards others with the right intervention that is supportive of the worth of the child or young person.

Keeping children safe

Protecting other children is important when dealing with children who have sexually abusive behaviour. If children who have sexually abusive behaviour attend school supervision needs to be planned during break times and other times that may be likely where other children could be vulnerable. Treatment in a specialised program that addresses sexually abusive behaviours is highly recommended.

Communication between the family, the therapist, and school staff is important, so that a safety plan can be developed.

Children who have sexually abused their siblings present a challenge for parents and counsellors . Children who have experienced sexual abuse by their brothers or sisters can have a wide range of responses. Sexually abusive behaviour that was threatening, aggressive, or painful can have a overwhelming negative effect on children. Other factors that may increase the traumatic effect of sexual abuse by a sibling include:

- the length of time that the abuse took place (sexually abusive behaviours that occurred over a longer period of time are more problematic)
- how many times the abuse happened
- the type and closeness of the relationship among the children
- how well the child was functioning before the sexual abuse (children who were doing poorly before the sexual abuse are more likely to be negatively affected)
- the response and support received from parents or other caregivers.

Some children who experience sexual abuse by a sibling, peer or other child may experience reactions such as nightmares, a heightened startle response, avoidance of the sibling/offender or anything that reminds them of the abuse . Others develop symptoms of depression, anxiety (such as difficulty in separating from parents), behaviour problems, social and peer problems, or even inappropriate sexual behaviours themselves.

Reference:

The National Child Traumatic Stress network (2009) Understanding and Coping with Sexual Behavior Problems in Children, retrieved from: http://www.nctsn.org/sites/default/files/assets/pdfs/sexualbehaviorproblems.pdf

Victorian Government (2012) Children with problem sexual behaviours and their families, Specialist practice resource, retrieved from: http://www.dhs.vic.gov.au/__data/assets/pdf_file/0005/589721/adolescents-sexually-abusive-behaviours-families-specialist-practice-resource-2012.pdf

Further reading:

Allnock, D. & Miller, P. (2013) No-one noticed no-one heard: A study of disclosures of childhood abuse . National Society for the Prevention of Cruelty to Children (NSPCC) Publication, http://www.nspcc.org.uk/preventing-abuse/research-and-resources/no-one-noticed-no-one-heard/