Sexual Abuse

Children

Pauline Ryan
What is sexual assault?

Sexual assault is any behaviour of a sexual nature that makes someone feel uncomfortable, frightened or intimidated & that has NOT been agreed to

[or the person is not legally old enough to agree]
SEXUAL ABUSE

The involvement of dependant, developmentally immature children and adolescents in sexual activities:

- That they do not fully comprehend
- To which they are incapable of giving informed consent
Sexual abuse includes all forms of:

- Intercourse
- Masturbation
- Fondling
- Exhibitionism
- Exposure of a child to pornography
Sexual assault can be;

- Someone touching, fondling or kissing you when you don't want them to

- Being made to look at pornographic films, magazines or photos or being tricked or forced to pose while someone takes pictures of you or films you

- Someone masturbating you or forcing you to masturbate them or being forced to watch him masturbate in front of you

- Forcing you to take part in oral sex,

- A person raping you or trying to rape you - when he puts [or tries to put] his penis, finger, tongue or any other object in your vagina, butt or mouth.
What are Sexually Abusive Behaviours?

- Sexual jokes or comments
- Sending Sexual pictures on phones or internet
- Showing young kids sexual material
- Peeping (watching someone dressing, bathing, when they don’t know you are watching)
- Sexual gestures (like those you make with your hands)
- Touching someone with your genitals [e.g.. Rubbing -even if dressed]- without consent
- Touching of genitals, butt and breasts-without consent – or person not old enough to consent
Who are we talking about?

► 1 in 4 girls
► 1 in 7 boys
► Average age of first incident 8-11 years
► Known to the perpetrator
► Child - May/may not be symptomatic
Who are the “abusers”

► **Family**- fathers, grandfathers, uncles, brothers, cousins

► **Friend**- trusted person in community, neighbour, friend’s family

► **Someone they know**- teacher, youth worker, trusted baby sitter, mentor

► **Stranger**- rare
What Does the Law Say?

The Law says if you are:

Under 12
- No one can have sex with you or touch you sexually or perform a sexual act in front of you (even if you agree).

12-15
- A person can’t have sex with you, touch you sexually or perform a sexual act in front of you if they are more than two years older than you, (even if you agree.)

16 or 17
- No one who is caring for you or supervising you, like a teacher, youth worker or foster carer, can perform a sexual act with or in front of you, (even if you agree.)
MYTHS and FACTS

MYTH
► Child sexual abuse is rare in “normal” families.

FACT
► It occurs in all socio-economic groups, religions and races in all countries.
MYTHS and FACTS

MYTH

► The abuser is usually a stranger

FACT

► In most cases of either child sexual abuse or physical abuse the abusers are known to the child and family.
► 60% of boys and 80% of girls who are sexually assaulted are abused by someone known to them or in their family.
MYTHS and FACTS

MYTH
► Adolescents generally don’t sexually abuse others

FACT
► One third of all sexual abuse is perpetrated by people below the age of 18 - [U.S. Dept of Justice-FBI 1999]
► The majority of all offences against pre-adolescents are perpetrated by teenagers - [Snyder 2002]
MYTHS and FACTS

MYTH
▶ Only adolescent males engage in sexually abusive behaviours—not females

FACT
▶ The majority of cases of sexual aggression appear to be committed by males. Females account for 7% of juvenile arrests for sex offences—[Snyder 2002]

The typical victim of female adolescent offenders is a 5 yr old child—[Fahrenbach & Monstersky 1988]
MYTHS AND FACTS

MYTH

► Children make up stories about sexual abuse

FACT

► While the fantasy life of a 4 year old is quite strong, they need core experiences to be able to say about sexual experiences. They can’t just make it up.
FACTS

Young pre-verbal children have shown the effect of trauma on memory by behavioural re-enactments even without any verbal memory.

- A child’s inner world may not be observable or recognized but still inhibit or constrain

- *Children do not necessarily recover more quickly than adults* (Gordon & Wraith, 1993)
Young children do not spontaneously give detailed and complete accounts of their experiences [Of children Aged 2-4 yrs Only 21% give spontaneous responses]
Research—children’s memory

- 2 yr old Children were interviewed after a visit to Disneyland—they remembered routine sequences and events.

- The same group were re-interviewed at 4 yrs about the same event and gave wider descriptions of what happened.

- They came up with 74% of new and accurate information.
These children are often more in need of protection than children who can verbalize well.

Adult's memories of pre 3 yrs are usually associated with trauma.
We assume that if we can’t remember as adults then they can’t, but the literature denies that.

Young pre-verbal children have shown the effect of trauma on memory by behavioural re-enactments even without any verbal memory.
BEHIND CLOSED DOORS . . .
OUT OF SIGHT OUT OF MIND

Working With Victims Of Sibling Sexual Abuse
SI BLING I NCEST

Considered to be less serious—yet research shows it is the most serious

Most are unsure how to intervene
SI B L I N G  S E X U A L  A B U S E

► 2006 research found that sibling abuse has just as serious impact on children as that perpetrated by parents

► Widespread myth that children are not really hurting each other

► Sibling sexual offenders are more likely to reoffend than non sibling offenders as juveniles [43% compared to 25%] Research 2004

► Sibling offenders have earlier onset of behaviour, commit more offences over greater period of time and offend more victims
**SIBLING SEXUAL ABUSE**

- 82% of all families [where there is sexual abuse] experience sibling sexual abuse

- 60-90% of sibling perpetrators have a history of being physically abused

- Sibling Sexual Abuse is Twice as common as sexual abuse by father/step-father

- Sibling Abuse Often involves sexual penetration of children under 10 yrs over a period of more than a year

- 70% Sibling Abusers also abused non-siblings
Shema Prayer

This fundamental proclamation of faith expresses the essence why our children need to be protected

► ‘Guarding your eyes is imperative because

► What your eyes see leaves an indelible imprint on your heart and your soul’
Risk Factors for Sibling Abuse

Research shows risk increases where:-

► There is a male dominated culture and

► Families highly value strict and rigid adherence to rules - In these families high levels of enmeshment and blurring of boundaries often exists

Professor Pelkovitz cites this research in relation to increasing Jewish community awareness
SECONDARY ABUSE

This is the additional inadvertent abuse by other people [teachers, parents, rabbis] with whom the child comes into contact.
SECONDARY TRAUMA

- The child can feel abandoned by family teachers and community leaders even though they are actually there.

- Sometimes the child's abuse opens up our own previous experiences.
Consider - we all can participate in Secondary Abuse?

We confess to *yoatznu ra*, we have mistakenly and unintentionally given bad advice, which we thought to be good advice - indeed even beneficial to those who sought our counsel.
COMMON RESPONSES TO Sexual Abuse

Difficulty in believing that anyone, let alone fathers, brothers, cousins, grandfathers, uncles, teachers, neighbours, other kids at school could sexually abuse children.
Possible responses to sexual abuse

- It doesn’t happen in a Jewish community
- Shalom bayis—peace within the home – *the greatest of all ‘mitzvos’*
DENIAL

None of us wants to discover child abuse, especially in families with whom we have established a good relationship over a long period in our community.
Denial of Responsibility

Professor Pelcovitz discusses this form of denial in his book "Breaking the Silence: Sexual Abuse in the Jewish Community."

“In this situation, blame for the abuse is externalised, either onto the victim or onto a family member [such as the mother].”
Denial of Impact

Professor Pelcovitz discusses this form of denial in his book

*Breaking the Silence

*Sexual Abuse in the Jewish Community

- “Denial of impact is when there is the belief that the victim or others are making too big a deal of the abuse”

- “The essential component of the recovery process is confronting and overcoming the multiple facets of denial regarding what happened to the child.”

- “One of the main predictors of recovery in abuse victims is the level of support offered by family and community once abuse is disclosed”
DENIAL

‘A person who is looked upon favourably by other people is a person who is looked upon favourably by G-d’
[Ethics of the Fathers 3:10]

Rabbi Twerski claims this means “all” other people including one’s wife and children. A man’s good reputation in the community therefore cannot take precedence over the child’s needs/rights to safety.
Inaction

This is the failure to act by denying the problem or “reframing” it as something else.

‘loshon hora’?
Failure to Act

Professor Pelcovitz

Breaking the Silence
Sexual Abuse in the Jewish Community

“A failure to act can constitute a ‘Chillul Hashem’

“When the abuse does more damage to the soul than the body- we are more likely to be shamed into inaction”
Inaction - Complications

Prohibition of ‘Mesirah’

A Worry that Jews should never inform on other Jews to civil authorities.

A belief that allegations of sexual abuse is serious “loshon horo” [gossip]
MINIMISATION

Where we disqualify or minimise others concerns about the child in order to protect ourselves from the complications that would arise in our community and further possible upheaval.
RESISTANCE

There is resistance in all of us to:

- explore the possibility of child abuse
- expose this possibility

We experience heart ache and anxiety in such situations as our role and relationship with the family and community goes into crisis
NATURAL LOVE

- Natural love assumes that all Jewish parents love their children just because they are their parents.

- Once this is assumed as a fact of nature, it becomes very difficult to see evidence that contradicts this.
RULE OF OPTIMISM

This rule allows all of us to:

- Find the most positive explanation of a situation
- One which creates the least conflict with parents, the community and within ourselves
RULE OF OPTIMISM

The parents are assumed to be: 
Honest
Competent
Caring

The disorders of their children are assumed to be: 
Natural events despite sometimes the evidence for such assumptions being weak or absent.
INQUIRIES INTO CHILD DEATHS

VICTORIAN CHILD DEATH REVIEW COMMITTEE 1997

THE CULTURE OF OPTIMISM

“In cases relating to the deaths of infants there appeared to be a prevailing culture of optimism in the decision making of protective workers that resulted in a minimal protective response”
Parallel Processes

- Parallel processes with families/children

Like them - you experience:

- Ruptures, splits, taking sides & conflicts
- Isolation and connections
- Immobilisation and disempowerment
- Being authority figure yet community member
- Challenges to reputation

- Managing our own anxieties, our ambivalence & anger just as the family must
Challenges

- Demands
  - Of the child
  - Of the parent
  - Of the community

- Challenging our beliefs about the best course of action?
Dilemmas and Gaps

- The dilemmas are faced by families, professionals, community, Rabbis and Rebetzzen.

- Failure to acknowledge them sets both perpetrator and victim up for failure.
Dilemmas

► Unsure how to respond
► What is best for all involved?
► To report or not to report?
► Torn between the family and children’s needs
► Torn between family shame and community shame
► Questioning our own judgement or responsibility
Potential to turn the other way

Professor Pelcovitz discusses:

“When we are faced with suspected abuse”

▶ “There is the risk of violating the Torah commandment regarding ‘haalomo’ - the prohibition against ignoring a fellow Jew who is struggling with a burden.”

He states

▶ “One of the many ‘mitzvos’ we fulfil when we reach out to a suffering child is ‘hashovas aveida’ - returning a lost object. By helping and protecting a defenceless child we are returning them to their lost souls.”

[Breaking the Silence Sexual Abuse in the Jewish Community]
Challenging or upholding the dominant Social, Community and Religious Discourses?

► The ongoing presence of silence?

► The ongoing importance of privileging the voice of the victim/survivor?

► Moving away from judgement, blame and cause seeking?
DILEMMAS

- Mother blaming

- Developing a broad model of understanding
DILEMMAS for You

- Confronting without disuniting the school community or the Jewish community in general

- Acknowledging issues for the perpetrator

- Managing the interactions with outside services [DHS/Police]
Dilemmas in the Jewish community

Such subjects should not be aired publicly, and that to do so is a ‘Chilul Hashem.’

A disgrace to the sanctity of Judaism to even imply that abuse occurs within a Jewish home.
Dilemmas in the Jewish community

“We must never lose sight of the fact that the victims of sexual abuse are innocent”

“The abuser committed Chillul Hashem NOT the abused

“A victim has every right to speak out and should be respected for his or her courage”

[Rav David Cohen- Molestation a Halachic perspective]
Consider Your Situation

► What are the dilemmas you face in your particular context?...As Rabbis’ wives?
► What are the road blocks for you?
► How do you find your way through these?
► How have you responded in the past?
► What have you learnt from others or from situations you have encountered in the past?
► Reflect on those times you may have given well intentioned bad advice?
Dilemmas for Jewish Community

► ‘Arevim’ – as I understand it –
If we do not stand up when we see others doing wrong….
- It is as though we have committed the acts ourselves

► ‘Whoever saves one life is considered by the Torah as if he has saved an entire world’
[Sanhedrin 4:5]
Parents

- Parents feel torn between victim and the perpetrator and the desire to meet both their needs.

- Our Failure to acknowledge these feelings for them and ourselves.
What stops us asking the questions we need to?

- Concern for an already devastated family
- Our own discomfort with sexual abuse
Signs of Chronic Abuse

In Children
SIGNS OF CHRONIC CHILD ABUSE

► There is incongruence in the child’s presentation eg. Her games, play and dreams may be full of emotions such as hostility but she can’t identify her own feelings.
SIGNS OF CHRONIC CHILD ABUSE

► displacement of rage such as explosive, aggressive behavior to an unrelated minor event

► she may be overcome with rage and anger but disowns the anger and doesn’t see herself as part of the situation
What we know about the effect of Child Abuse?
Social Problems

Research shows a strong link with child abuse:

- Youth homelessness
- Childhood prostitution
- Juvenile offending
- Mental health problems
- Drug and alcohol abuse
Misperceptions and attribution of causal effect if not corrected will be carried by children into adulthood and distort their adult perception of their own experience and also of reality.

- It is common for children to attribute blame to themselves.

Therefore we must assist children to gain an accurate perception of events and appreciation of the outcomes even at a very young age.
“Dinei Nefashos”...Dr. Isaac Schecter

Victims of Childhood sexual abuse have a higher rate for developing:-

► Anorexia, depression, anxiety
► Higher rates of bi- polar disorder
► Over represented in psychiatric wards later in life
► Double the rate of suicides

“These findings highlight that the nature of sexual abuse means we have to view it as ‘matters where lives are at stake’ - dinaei nefashos”
Impact of Abuse

► Emotional Impact

- Secrecy
- Boundaries blurred/shattered
- Loss of trust in self/own feelings/others
- Denial/avoidance of emotions/feeling
Impact of Abuse

► Behavioural Impact on young person

- **Externalized behaviours**
  - promiscuity
  - aggression, acting out/risk taking
  - sexualized behaviour
  - offending behaviour
  - poor concentration
Impact of Abuse

- Behavioural Impact you might see in a young person

  - Internalized behaviours
    - low self esteem
    - fears/anxiety/obsessiveness
    - depression/withdrawal
    - self abuse/mutilation
    - suicidal
Impact of Abuse

► Emotional impact

- Skewed sense of normality
- Skewed world view
- Self-blame/guilt
- Sense of self as incompetent/powerless-”it will happen again”
Impact of Abuse

Impact on Family Functioning

- grief/shock/anger
- rejection/blame/disbelief
- overprotection
- confusion
- life consumed by the events/revenge
- questioning own ability to parent
Parents

Be aware of the impact on the parents of further disclosures of abuse by either the victim or the perpetrator
Abuse

Factors that contribute to the impact:

- Specifics of the abuse
- Relationship to perpetrator
- Emotional health of the family
- Emotional health of the child
- Previous trauma
Abuse

Factors that contribute to the impact:

- Developmental stage
- Chronicity
- Severity
- Level of threat/danger
There are Structural and functional neurodevelopment changes in the brains of children with early persistent experiences of trauma.

Research indicates that children’s responses to trauma can affect their cortisol levels and thus impair their Neurological development.

[Perry, Pollard, Baker+ Vigilante 1993]
Neurodevelopment and trauma

- Research suggests that hyper vigilance leads to over development of the more primitive structures of the brain (i.e., brain stem)

- Cortical and sub cortical areas are therefore less well developed - this can lead to:
  
  Poor planning, poor impulse control, learning difficulties......
Impact of Abuse

► Developmental Impact

► Learning – opportunity & capacity to focus on learning
DEVELOPMENTAL TASKS THAT MAY BE IMPAIRED

Body self regulation - chronic hyper arousal can result in:

- [a] The child being unable to relax and feel safe
- [b] The immune system being impaired
- [c] Their concentration can be impaired
DEVELOPMENTAL TASKS THAT MAY BE IMPAIRED

► Regulation of emotional states

► A sense of capacity for initiative - because they don’t have mastery over the world. They are unlikely to take risks
DEVELOPMENTAL TASKS THAT MAY BE IMPAIRED

► ability to form primary attachment to caregiver

► sense of trust-[children who experience abusive situations where basic trust has been violated prior to 7 yrs are more likely to have difficulties in adulthood]

► sense of self as separate from their parents
DEVELOPMENTAL TASKS THAT MAY BE IMPAIRED

- The child has learnt the abusers needs come first. This disrupts the child’s development and his ability to recognize his own needs. He may not have a separate identity to the abuser.

- It is common for the child to identify with the aggressor—they become big and strong as a defense to protect them from the vulnerability they feel.
Traumatised children adapt skills to cope

- Adaptation requires a state of constant alertness.

- She is constantly scanning her environment.

- The frozen watchfulness means you can’t see her real affect.

- Sometimes these children mimic other children’s affect.
TRAUMATISED CHILDREN ADAPT SKILLS TO COPE

- Adaptation allows them to survive---later those same skills can become a problem

- Child develops a false self that belies how he/she feels inside and that is all you ever see

- Idealization of the abusive parent will actually prohibit them from engaging with alternative carers such as foster parents
Always consider the context of their developmental phase-

School kids are like a green pear i.e.; full damage doesn’t show up till later on as they’re not into the issues yet-

All the work can’t be done at one time-

• Kids need to reintegrate this over a number of years-
  • They are more prone / susceptible to acute symptoms when a reminder emerges suddenly and when a child has felt protected and safe.
“Protective” Factors

► Community, School & Family response
  - Supportive, acknowledging, believing
  - They see this as a *nechama*, a source of comfort
    [Rabbi Yaakov Horowitz]

► Resilience
  - the child’s personality
  - the child’s ability and opportunity to access support
FAMILY RISK AND PROTECTIVE FACTORS

- Research shows that when disclosure of abuse is **NOT** met by parents with strong emotional support - Likelihood of victim becoming victimizer increases

- Protective factors in families include:
  - **Time**
  - *Family discussions which foster perspective*
  - *Authoritative disciplinary style (vs. authoritarian or overindulgent)*
Research has shown:-

• Children and young people CAN and DO recover from Sexual Abuse

◊ Recovery is easier and more rapid if you get help as soon as possible.

◊ The support of friends and caregivers is the single most important factor to making a full recovery

• This first conversation is extremely important and sets the stage for long term recovery
PROTECTIVE FACTORS

► Personal Hopefulness
► Possible factors – e.g. those with optimistic/cheerful temperaments - in part genetically based??
► Higher income and education
► Previous mastery of disasters
► Realistic information and availability of information and services that are real, and accurate
Abuse related symptoms in adults

- Conditioned associations
- Implicit/sensory memories
- Suppressed cognitive structures
- Poorly developed affect regulation
PHYSICAL INDICATORS OF SEXUAL ABUSE

► Genital pain
► Bruising
► Bleeding
► Inflammation
► Discharge
► Diagnosis of sexually transmitted disease

► Only 4% of victims have abnormal physical exams-
► Self report remains single most important means of diagnosis
The following behaviours and symptoms are not in themselves conclusive evidence of sexual abuse and may be found in children experiencing other problems or traumas such as:

► family break-ups
► death of family member
► bullying etc
BEHAVIOURAL INDICATORS OF SEXUAL ABUSE

HEIGHTENED FEARS

► Separation fears and clinging to care giver
► Startle response to unusual/loud noises  hyper-vigilance
► “Freezing” (sudden immobility of body)
► Uncharacteristic crying and neediness
► Suddenly afraid of things that used to be comfortable
BEHAVIOURAL INDICATORS OF SEXUAL ABUSE

SIGNS OF ANXIETY

► Sleep problems
► Loss of recently acquired skills (language, toileting, bed wetting, eating, self-care)
► Withdrawal - lack of usual responsiveness
► Onset of aggressive behaviour
BeHAVIOURAL Indicators

SEXUAL ABUSE

- Poor self esteem
- Depression
- Self destructive/ suicidal behaviour
- Alcohol and drug abuse
GENERAL BEHAVIORAL DIFFICULTIES WHICH ARE SOMETIMES SEEN IN SEXUALLY ABUSED CHILDREN

- Change in typical behavior pattern as indicated by any of the following general symptoms which might point to the possibility of abuse but can be present for a variety of other reasons:
  - A boy who is usually well behaved becomes defiant or begins having frequent temper tantrums.
  - A confident child seems uncertain of herself or appears to lose her sense of confidence, general fearfulness.
  - Child seems overly compliant.
  - Increased fighting or withdrawal from friends.
Change in Behavior (continued)

► Problems learning in school because of difficulty concentrating or remembering things *(assuming the child did not have such difficulties before)*

► Physical complaints of unknown cause *(e.g. frequent stomach aches or headaches with no identifiable cause)*.

► Loss of appetite or difficulty eating or swallowing.

► A previously independent child becomes unusually clingy to parents or has difficulty being separated from them.
One of the most apparent results of sexual abuse is Problematic Sexual Behaviour in Children

• Usually the younger child the more sexual the behaviours

• At this young age children really reflect their environment without filters

• Their sexual abuse is often reflected in their play
BEHAVIOURAL INDICATORS OF SEXUAL ABUSE 0-5 YEARS

SEXUAL BEHAVIOUR

► The strongest indicator is inappropriate sexualised behaviour.

► These children have more specific behaviours than children in general or children traumatised in non sexual ways.
SPECIFIC BEHAVIORAL INDICATORS SUGGESTING THE POSSIBILITY OF SEXUAL ABUSE: Red Flags

- Sexual behavior or knowledge which is unusual in that particular setting.
- Child forces sexual acts on other children.
- Fear or avoidance of a specific place or person.
- Change in child’s willingness to go swimming or gym.
- Extreme fear of being touched; e.g. unwilling to submit to physical examination.
- Refusing to talk about “secret” he/she has with an older child or adult.
PROBLEMATIC CHILDHOOD SEXUAL BEHAVIOUR

CAN BE A ONE-OFF EVENT OR AN ESCALATING PATTERN OF BEHAVIOUR OR AND LIFESTYLE OVER A PERIOD OF TIME
Sexualised Behaviour in Children

- Distresses
- Disturbs
- Confronts us all
What are Sexual Behaviours?

- Sexual jokes or comments
- Sexual letters or pictures
- Viewing pornography
- Peeping (watching someone dressing, bathing, when they don’t know you are watching)
- Sexual gestures (like those you make with your hands)
- Touching someone with your genitals (eg. rubbing)
- Touching of genitals, bottom and breasts
Definitions of Problem Sexual Behaviours in Children (Bonner et al)

- Sexually inappropriate children
  - non-contact behaviours

- Sexually intrusive children
  - brief, constrained behaviours

- Sexually aggressive children
  - coercive, aggressive behaviours
Definitions of Problem Sexual Behaviours in Children (Bonner et al)

► Precocious sexual behaviour
  ▪ no evidence of force or coercion

► Inappropriate sexual behaviour
  ▪ predisposition to develop deviant sexual arousal pattern

► Coercive sexual behaviour
  ▪ force, threat, developmental disparity
Sexually Abusive behaviours:

Practice Definition

A child has exhibited sexually abusive behaviours when they have:

► Used their power, authority or status to engage another child in sexual activity that is either unwanted or where, due to the nature of the situation,

► The other child is not capable of giving consent (for example, animals or children who are younger or who have a cognitive impairment).

► Physical force and/or threats are sometimes involved.

► Sexual activity may include exposure, peeping, fondling, masturbation, oral sex, penetration of a vagina or anus using a penis, finger or object, or exposure to pornography.

[ This is not an exhaustive list.]
NORMAL RANGE

Normal sexual behaviour in school children is characterised by:

► spontaneity
► curiosity
► light hearted and easily distracted experimentation
► equality of age, size and status involved.
SEXUAL PLAY AND BEHAVIOUR IN SCHOOL CHILDREN
NORMAL RANGE

- Children are naturally sensual and love exploring different touches and feelings eg. thumb sucking, body stroking
- Wanting to touch their own genitals.
- Wanting to touch same aged children’s genitals in exploration.
SEXUAL PLAY AND BEHAVIOUR IN SCHOOL CHILDREN
NORMAL RANGE

► Children playing games such as doctors/nurses eg “show me yours and I’ll show you mine” with peers.

► Asking about or wanting to touch familiar adults breasts or penises (when in the bath for example) ie. curiosity.

► Dirty jokes or words with peers.

► Interest in their own bodily functions and body parts, eg wee poo, farts
SEXUAL PLAY AND BEHAVIOUR IN SCHOOL CHILDREN OF CONCERN

- Children demonstrating pre-occupation with adult sexual type behaviour.
- Persistent Explicit sexual conversation using sophisticated or adult language.
- Pre-occupation with touching each other’s or own genitals often in preference to other child focused activities.
SEXUAL PLAY AND BEHAVIOUR IN SCHOOL CHILDREN OF CONCERN

► Pulling other children’s pants down or continually wants to touch private parts of other children

► Chronic peeping behaviour, ie children who are pre-occupied with spying on others.
SEEK PROFESSIONAL HELP

When school children indulge in sexual play and behaviour which is
► Excessive
► Secretive
► Compulsive
► Carried out in a coercive or threatening manner
► Where there is an age difference of more than 2 years
PROBLEMATIC SEXUAL PLAY AND BEHAVIOUR IN SCHOOL CHILDREN

SEEK PROFESSIONAL HELP

► Children simulating explicit adult sexual behaviour in doll play or with other children i.e. putting their mouths on genital parts of other children or dolls.

► Persistently masturbating i.e. active rubbing of genitals in public to the exclusion of normal activities.
SEXUAL PLAY AND BEHAVIOUR IN SCHOOL CHILDREN

SEEK PROFESSIONAL HELP

- Persistently attempting to touch the genitals of adults/other children.
- Sexual behaviour between young children involving penetration with objects.
- A child forcing or coercing other children to engage in sexual behaviour.
Possible Causal Factors for Problem Sexual Behaviours?

- Abuse - sexual/physical/emotional
- Neglect &/or Abandonment
- Exposure to peer/adult sexuality/violence
- Familial history
- Family environment
Child Characteristics
which may make a child more vulnerable

- Difficult temperament
- ADD/ADHD
- Oppositional Defiant Disorder
- Conduct Disorder
- PTSD
- Attachment difficulties
CONSIDER
[and record]

- Child’s understanding of situation
  - Expect non-disclosure
  - Explore fears about disclosing
  - Use knowledge gathered to encourage child
  - Explore possibility of other children involved
  - Explore possibility of child’s own abuse
Intervention for Children with Problematic Sexual Behaviours

Create Clear behavioral goals-focus on “getting it right”

“It isn’t always easy- it takes practice-like whistling, skipping, catching balls, riding bike- easier for some than others”
Intervention for Children with Problematic Sexual Behaviours

- Cognitive-behavioral framework
  - Help child recognize thoughts, feelings, actions, situations, other triggers
  - Praise child for choosing other activity/progress/improvement-
  - Note decrease in unwanted activity-
  - Be interested in how they managed to make better choices?
  - How can they assist others in class in making better choices?
  - Acknowledge and support their growing maturity-help them reflect on various maturing behaviours since prep eg sharing, waiting for turns, making up rules for games
Intervention for children with problematic sexual behaviours

► Focus on developing:
  - Responsibility for actions
  - Skills for child to externalize the problem
  - Skills for coping with the triggers and self control
  - Understanding of personal space, public/private, safe/unsafe behaviours
  - Play- “what if..?” games for kids to practice what to do in possible situations
  - Empathy for victim
Patterns of Children’s Disclosure?
Types of Disclosure

ACCIDENTAL
► a third party observing
► physical injury to the child
► behavioural symptoms eg problem sexual behaviour
► psychosomatic complaints

PURPOSEFUL
► a young child shares a secret
► An attempt to get adults to stop the abuse
► girl may tell because of fear of pregnancy
How do children tell?

- Children tend to tell their story over time - like testing the water for your reaction

- *Do you believe them?*

- *Do you understand them?*

- *Do you think what they are saying is true?*

- *Do you think what they are saying is significant?*

- *Can you cope with what they are saying?*
Patterns Of Disclosure

- Many children don’t immediately disclose
- The process of telling is often fragmented
- Children often leave the worst parts till last
Children Are Silenced

The following are mechanisms used to silence :-

► Promised rewards

► Bribes or promises of money

► Extra attention and affection

► Special favours and privileges
Barriers to Disclosure

► Convincing the child that she will not be believed

► Suggesting that the child will be blamed

► Warnings of religious consequences
Barriers to Disclosure

Threats of:

- Destroying relationships with extended family
- Family break-up
- Loss of love
- Emotional consequences

Bringing shame to self, family or the community
Barriers to Disclosure

- Demonstrations of harm or death
- Claiming responsibility for harm or death
- Telling children they have caused the abuse
A Child’s Perception

*Children have their own ideas about what is the worst thing that has happened to them.*

**These may be:**

- Telling about the actual acts of abuse/humiliation of exposure to censure

- The threat of consequences of telling

- The child’s belief that she is responsible for the abuse—she was told to say no/ run away
What can happen when they tell?

**To them:**

- Ignored
- Disbelieved
- Blamed
- Shamed
- Silenced
- Physically assaulted
- Verbally assaulted
What can happen when they tell?

► To their family:

- Upheaval
- Distress
- Chaos
- Anger
- Break down
Indirect Hints- Sometimes to a Teacher or friend

e.g. "My brother wouldn't let me sleep last night", "My babysitter gives me a lollypop when I bend down", "Daddy's trying to poison me", "my neighbor keeps bothering me", "Rabbi Abrahams wears funny underwear",

Children may talk in these terms because they haven't learned more specific vocabulary, feel too ashamed or embarrassed to talk more directly, have promised not to tell or for a combination of these reasons.

Gently encourage children to be more specific within the limits of their vocabulary but bear in mind that in order to make a report, you do not need to know exactly what form of abuse has taken place.

You are not an investigator
Disclosure With Strings Attached

► e.g. "I have a problem but if I tell you about it, you promise not to tell anyone else",

► Most children are all too aware that some negative consequences will result if they break the secret of abuse;

► Let children know you want to help them and that the law requires you to make a report if any child discloses abuse; just as the abuse itself is against the law.

► Assure the children you will respect their need for confidentiality by not discussing the abuse with anyone other than those directly involved in the legal process who might include the school nurse or counselor, school principal and/or the state protective service investigator.
Research shows that one of the most predictive factors of how well children recover from abuse is dependent on the initial reaction of the first person they told.

This first conversation is extremely important and sets the stage for long term recovery.
CHILDREN GIVE MORE INFORMATION

Research has shown
When children feel supported they give more accurate information

“When victims of abuse feel the community-including the kehila, schools, the rabbanim and teachers are fully supportive of them, they see this as a nechama, a source of comfort for all of them thus we offer support to current, future and past victims”

Rabbi Yaakov Horowitz
What do they believe?

► It’s their fault—they had been taught protective behaviours

► They could have stopped it—they knew it was wrong

► They started it

► They wanted this to happen

► There is no way to get over this

► They have hurt/ruined their family
What are some of their fears?

► They will be rejected
► They will be hurt
► Someone they love will be hurt – including the perpetrator
► Everyone will know
► It will happen again
► They will be on Current Affair
► No one will marry them or want them in their family
► No one will understand
► “I am the only one”
What some young girls have had to say about their experience

► We were held stuck by our:

- Embarrassment
- Fear-of what others might think or say
- Lack of trust
- Feeling judged
- Feeling guilty
What they think other’s think

- Sexual abuse is wrong
- They must have done something to deserve it
- It’s the child’s fault
- If you’ve been abused, you are not able to have a good ‘shidduch’
- It’s shameful, you can’t talk about it
- If you’ve been abused, you will abuse
- If you’ve been abused, you’re damaged
- You should be treated differently
What they think

► It’s ruined my life

► I’m different from everyone else

► I’m not normal—I’ve brought shame on my family and community

► Others in the community will no longer want me to come to their house
What they think

► I can never trust anyone
► I am helpless
► My situation is hopeless
► No one can understand how I feel
► Maybe this means I’m Gay
You have a responsibility

You may be the first persons to identify a high risk family
Families don’t need a problem to come and see you or consult you

► Families look to you for guidance so you are often the front line person

► Families trust you—Your role in helping families where there has been abuse is therefore critical
What to do if you get a
Disclosure of sexual abuse?
Children need to know:-

► *They can’t shock you- that you can handle their cry for help*

► *That you will help them access resources that will make them safe*
Disclosure

What to do?

► Don’t judge or criticize

► Take her fears seriously

► Clarify about confidentiality and it’s limits

► Provide accurate information about resources, legal options and referral to appropriate services
Disclosure

What to do?

Be clear/up front about what you can/must do next

- Keep it simple
- Safety of children is primary consideration- Is there immediate danger?
- Convey you are not to blame-
- You have done the right thing to tell
Disclosure

What to do?

- Listen and validate the fact that it takes some courage to disclose and seek help.
- Acknowledge that telling can be difficult.
- Express your belief in him and that you know that this happens to other families in your community—and you know it’s a crime.
Handling Disclosure

- **DO NOT** promise or guarantee any particular outcome, i.e. "it won't be reported, no one will know besides me, everything will be just fine".

- **DO** be clear about whom you will need to tell and who does not need to know.

- **DO** offer to be there with them if the child needs to talk to school personnel, Department of Human Services or Police.
Disclosure - What to do?

► Find a private place to talk.

► Do not panic or express shock

► Use the child’s vocabulary

► Determine the child’s immediate need for safety

► Let the child know you will do your best to protect/support her/him

► Let the child know what you will do
Disclosure - What to do?

- **DO NOT** use facial or verbal expressions that communicate disgust, disbelief “Oh that’s awful”

- **DO** be calm but get support immediately

- **DO NOT** carry out your own investigation

- **DO** discuss any rumours or concerns with your supervisor/mentor
Remember

Build support from/ consult with colleagues, the Jewish Taskforce and professionals about possible options and an opportunity for you to debrief.

Report the disclosure to the appropriate authority.
Seek Support Elsewhere

✓ Equip yourself with relevant referrals and printed information

✓ Familiarize yourself with what services provide

_Jewish Task Force_

_Sexual offence Children’s Specialist-Police in your area_

_Wire – Women’s Information Service_

_Centre Against Sexual Assault-in your area_

_Jewish Legal Service_
Making a Referral

A referral is more likely to be taken up if you knows what to expect and feel confident that it is appropriate for his needs.

To help this process:-

- **Ensure you have current and accurate information about the person/ agency you are suggesting**
- **Explain the likely process or initial response she will receive**
Leave the door open
Skills and Techniques

It is important that you can support her while letting her know that you will still be there for her.
What should we do?

How to respond to children who may have been abused?
Creating a Safe, Positive Environment

“By creating a safe place for children to not feel like an outcast for coming forward, but instead feel supported and able to get the help they need provides tremendous chizuk and encouragement for all victims of abuse.”

Rabbi Yaakov Horowitz
BUILD RAPPORT

- Children have trouble talking freely with adults about troubling feelings

- You need to create an environment in which a child is enabled to tell his/her story even when it is difficult or painful for them
BUILDING RAPPORT

✓ Use questions sparingly
✓ Be accepting of any type of response
✓ Focus any praise on child’s strengths, coping skills and resilience
✓ Use child’s language when phrasing questions
✓ If you have to ask a question again-rephrase it
Creating An Environment To Hear A Disclosure

► **Listening**
Children are very frightened of your finding out their "secret". They often try to push you away. They present things to you in a matter of fact way. You need to learn to be able to create an environment that says "I see you, I care, I want to hear, I will listen carefully".

► **Asking**
Make sure that you ask in a gentle, non-threatening way. Avoid frightening words like *abuse* or *rape*. Invite them into a discussion but *be careful not to prompt answers*.

► **Validate**
Validate the child after they have told you their "secret". Make them feel safe.
“Most kids who have had that happen to them say exactly the same thing.”

“Of course, it’s quite normal to feel sad.”
Listen
Skills and Techniques

- Attending To Cues
  
  Such as :-
  
  tone of voice, affect, breathing, silences, rate of speech and crying

- When receiving information

  Pay attention to the content AND the feelings
Children Wait and Watch

- How you react to what they first reveal
- They test your persistence and willingness to take the issue further
- They wait to see if you can be trusted and they won’t be blamed
What helps Children tell their story

Asking a child for information delivery skills that are not yet developed can make the child feel incompetent and will impact adversely on your rapport with the child.
Active Listening

**OBSERVATION**
- In order to listen, you can’t be doing all the talking

**REFLECTION**
- This encourages a child to tell his story
What helps children tell their story?

Most children do not give elaborate, spontaneous, well-constructed, narrative explanations of their abuse

► Children need structure to tell what they know
► Spontaneous narrative is difficult for young children
LANGUAGE ACQUISITION

Asking WH words begins to show up in the following general order:

- WHAT
- WHERE
- WHO
- WHY
- HOW
- WHEN
LANGUAGE ACQUISITION

- **BY AGE 3 YRS**
  children understand the basic ideas of who, what, as in “what is this?” but not the more complex “what happened?” and “Where?”

- **UNDER 9rs**
  find it most difficult to respond in a satisfactory way to “what happened?”

  This requires an ability to remember, organise and report coherently
Remember they are children

Answering W/ H words in a grammatically correct way is acquired at about 5-6yrs

The ability to give cognitive responses to Why, How, and When comes at about 10 yrs
Maximize Opportunity for Good Rapport

check first:-

Can the child respond to questions about

- **WHO**
- **WHAT**
- **WHERE**
ENABLING CHILDREN TO TELL THEIR STORIES

- Avoid using WHY questions
- Enquire about his experience until you feel you understand what is happening
- It is useful to know a child’s fears and anxieties
Screen and decide

Skills and Techniques

- What’s the main message you are hearing?

- Then, convey understanding and concern

- “That must be very difficult for you”
- “I’m beginning to understand how you feel”
Saying NO is not something we naturally do.

We learn to avoid ever saying NO directly.

Why don’t we say no?

- Good manners
- Hesitation to avoid offending
- Respect for the other person
- Fear we may have to explain why we are saying NO
- Embarrassment
Consider the child’s limited capacity to give spontaneous narrative

Most children do not give elaborate, spontaneous, well-constructed, narrative explanations of their abuse

- Children need structure to tell what they know
- Spontaneous narrative is difficult for young children
Responding with Empathy

Skills

Begin with tentative expression-
You can’t be certain of a child’s feelings

“It seems as though you…”
“It sounds as if you are feeling…”
“I wonder if…”
“Could it be that…..”
“Let me check that I understand what you are saying…..”
“What I hear you saying is…”
Responding with Empathy

Skills

► State in your own words what you believe her feelings were / or are
► Say what you understand to be the reason for these feelings-This allows you to confirm or clarify what she said and makes it easier for her to continue

► “It sounds as if you’re really mixed up/ hurt by your friend/ brother acting like that?”
► “I wonder if you’re feeling lonely because you think no-one will believe you?”

► Don’t move into consideration of options until you’ve acknowledged and responded to her feelings
Unhelpful Responses

These are a way of NOT listening and stop children from talking about or working on their problems.

Unintentional road blocks can happen all the time, especially when we put too much pressure on ourselves to ‘fix’ the situation.
Unhelpful Responses

Talking down

Treating her like she’s a bad/“dirty” child-
Unhelpful Responses

Judging/Preaching

Puts the child on the defensive and not open to exploring options:

You are right, she is wrong
Unhelpful Responses

Logical Argument

She is unable to argue facts because she is too upset. You, on the other hand, may stay with facts because it feels safe.
Unhelpful Responses

Changing the subject

Totally ignoring the underlying issues:-

May distract her temporarily, but more likely she will think you don’t understand

“That reminds me of something I once read...where..”
Unhelpful Responses

Reassuring/Sympathising

She may feel better temporarily but if things don’t work out as you’ve assured her, she will feel you’ve misled her.

“Don’t worry, everything will work out. Things will look better in the morning”
Remember

A key stage for many children comes when they begin to believe nothing is going to change.

It is when children come to see
- not only that they cannot effect their abuser’s behaviour, but they are NOT responsible for his behaviour.
REMEMBER

Be clear about the limitations of your role

- There are limits to what you are able to do in relation to sexual abuse.

- It is helpful for the child/family to know what you can and cannot do to assist them

  “I can help you with….But I can’t help you with...Perhaps we can talk about other places which might be able to help you”
Remember

- Don’t try to impose order by yourself - resist the urge to fix the problem by yourself
- Providing solutions is a team effort
- Don’t become overwhelmed by the child’s emotional reactivity
- It is not the role of Rabbi or rebbe/teacher, parent to do an investigation
- Pressing for details can be overwhelming for a child

► Remember:
- Safety is paramount
- Sexual abuse is never acceptable
What are the Dilemmas you will face?
Dilemmas and Gaps

- The dilemmas are faced by families, teachers, the community, Rabbis and their wives.

- Failure to acknowledge them sets both perpetrator and victim up for failure.
Dilemmas

► The concern that an allegation of abuse is the worst - far worse than a child continuing to be abused. [The priority is the offender’s reputation]

► The concern that the truth coming out in the community is worse than a child continuing to be abused. [The priority is the impact on the community]

► The belief that it is better for the child to continue to be abused and the truth not exposed - than to ruin her marriage chances
Reporting Child Abuse

The dilemmas we face

- Places your relationship with the child’s family at risk
- Not knowing whether the outcome will be better or worse
- Concerns about your ongoing role with a possible investigation
- Uncertainty about whether abuse is actually occurring
A decision not to report may place a child at serious, possibly life threatening risk.

The main aim of protective services investigation is to follow up with the family to make sure the child is safe and try to assist the family to resolve the problems that placed that child at risk.
How to find ways of dealing with our own defence mechanisms?

The Talmud says that

‘Anyone who has the ability to correct a situation and is derelict in doing so, bears the responsibility for whatever results there from’

[Shabbos 54b]

‘Whoever saves one life is considered by the Torah as if he has saved an entire world’

[Sanhedrin 4:5]
Competing Beliefs

► All Israel are responsible for one another
  [Shevu’ ot 39a]-meaning-we are all responsible for each other’s being.

► This ‘mitzvah’ implores us to stand up for one another, but also to stand up to one another when we see wrong being done.
Check list

Monitor your own reactions

*Responding to disclosures of sexual abuse can evoke feelings of:*:-

- being overwhelmed
- disbelief,
- sometimes distress
- often a sense of deep responsibility to provide appropriate support and information to the children involved
Check list for You

» Use the following checklist to reflect on your contact with the family / child, and support the development of your skills to respond well and ensure you have covered the important issues
Consider the following?

**Have you?:**
- ✔ Validated the courage it takes to disclose sexual abuse?
- ✔ Checked the impact of the sexual abuse on him/her?
- ✔ Made notes as soon as possible afterwards
- ✔ Consulted?
Consider the following?

Have you:-

✓ Provided a space to talk and enquire into his/her experience?

✓ Made clear your position on sexual abuse?

✓ Checked if she or other children are in immediate danger?
Always consider the context of their developmental phase-

School kids are like a green pear i.e.; full damage doesn’t show up till later on as they’re not into the issues yet-

All the work can’t be done at one time-

- Kids need to reintegrate this over a number of years-
- They are more prone / susceptible to acute symptoms when a reminder emerges suddenly and when a child has felt protected and safe.
Why send a child for counseling?

- To give them the opportunity to have the impact of their experience and their needs assessed
- To give them space to make sense of their experience
- To help them regain a sense of trust, control, safety, competence & worth
- Help them to avoid long term effects of CSA