

Pauline Ryan
Senior Clinician/Family Therapist, Training Coordinator
Gatehouse Centre for the Assessment & Treatment of Child Abuse
Royal Children's Hospital.



- Definition of child sexual abuse
- Child Sexual Abuse allegations in the context of divorce
- How and why children do and don't disclose sexual abuse
- Myths and indicators of abuse
- How to respond to disclosures of sexual abuse
- Child Sexual Behaviours and Development- What's normal- what's not?

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.

Some Sexually Abusive Behaviours young people may engage in?



- 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

A Literature review of the research
Challenging some Common Assumptions, Myths and Beliefs about:-

- 1. Who Sexually Abuses Children
- 2. How and Why Children Disclose Sexual Abuse
- 3. Signs and Symptoms of Sexual Abuse
- 4. Disclosure of Child Sexual Abuse in the context of Divorce and the Family Court:-
 - 'False Allegations of Sexual Abuse'
 - 'Vexatious Litigants'
 - The Impact of Commonly Held Beliefs on Family Court Proceedings

Put in perspective

1 in 3 girls- are sexually abused
 1 in 6 boys- are sexually abused



Australian Crime :Facts and Figures 2011

Child Sexual abuse most commonly begins
 between 6-10 years

Finkelhor,Baron, Browne, Doyle, Peters, Wyatt 1986; Sua, Tversky, Nicoll, Radi, Santos, Tuan 1997

Children in Family Court cases tend to be younger - more
 often involving children between 2-4 years

Strand 1994; Neoh & Mellor 2009 ;McFarlane 1986



Who are the "Sexual Abusers"??



⊙ Stranger- rare

85% of young people who are sexually
 assaulted are abused by someone known to
 them or in their family Cawson et al 2000

⊙ Family- fathers, grandfathers, uncles,
 brothers, cousins
 40% of perpetrators ACSSA 2012

⊙ Parental Separation and Divorce creates a
 higher risk and more vulnerability to child
 sexual abuse across all cultures
Russell 1986; Gordon 1989; Wilson 2000

What we know -

- 66% of Marital breakdowns involve violence, 33% of these were identified as serious violence Australian Institute of Family Studies 2000
- A number of Australian studies have found that both child sexual abuse and domestic violence often exist concurrently in families Goddard & Hiller 1993; Browning & Boatman 1977; Deitz & Craft 1980; Morley & Mullender 1994
- The type of abuse presented to family court is most serious and most commonly multi type abuse with sexual abuse, and a low rate of false allegations Brown 2003



Patterns Of Disclosure

- Many children don't immediately disclose, more than half delay disclosure Hershowitz, Lanes & Lamb 2007
- Children 14-17 years are most likely to tell Kogan 2004; London et al 2005
- Pre school children are the least likely to disclose spontaneously Lippitt et al 2009; London et al 2005; Shakel 2009
- Friends and mothers are the most likely confidants Hanson 2003; Kogan 2004
- The process of telling is often fragmented
- Children have more difficulty reporting abuse within the family than abuse from the outside



Di Pietro , Rumyan, Fredrickson 1997; Sjoberg, Lindblad 2002; Goodman Brown et al 2003; London et al 2005; Lyon 2002; Paine & Hanson 2002

Recanting Disclosure

- Taking back or denying the truth of a disclosure is common in response to a perceived negative reaction Hershowitz , Lanes, Lamb 2007
- Pressure from family members plays a significant role in recantations. Mallory et al 2007; Eventz & Miller 2010; Gulbrandse, Mossige, Reichelt & Tjersland 2005
- Those abused by a parent figure and those who lack support from the non offending parent, are more likely to recant Lindsay, Malloy & Lyon .TD & Quas . JA 2007; Goodman Brown et al 2003; Lawson & Chaffin 1992
- Younger Children are more likely than older children to recant Gordon & Jaudes 1996; Gries et al 1996; Keary & Fitzpatrick 1994

Patterns Of Disclosure



Of 116 children with confirmed medical evidence, or a perpetrator's confession of sexual abuse, Only 11% of children actively disclosed.

76% of these children initially denied the abuse, followed by tentative disclosure, before a detailed, coherent account of the abuse.

22% then recanted their allegations only to later reaffirm the veracity of the allegations

Sorensen and Snow 1991



What do children believe?

These beliefs often stop them from telling anyone

- It's their fault because they had been taught protective behaviours
(They don't understand themselves why they froze and they didn't say NO or stop)
- They didn't tell their parent straight after as they had been told to do
(They couldn't find the words at the right time and now it seems too late)
- They could have stopped it – They knew it was wrong-
(Child is told by the abuser "They started it or liked it and they will tell their Mum and everyone that)
- Everyone will know –It will be spread around at school
- There is no way to get over this



Possible reasons why sexual abuse allegations come up in the context of divorce

- Increased opportunity, away from the enforcer of the secret, to disclose and not be punished Faller 1991
- Realisation that unsupervised contact with the abuser may lead to more abuse MacFarlane 1986
- The presence of an abusive marital relationship may delay disclosure till after separation Ehlerman & Ehrenberg 1991
- The divorce may lead to sexually abusive behaviour after the divorce Salter 1988, Faller 1991



How do these cases reach Family Court?



- Victoria Child Protection professionals had a practice of bypassing the issue of substantiation of allegations of child abuse in their reports [or failing to investigate adequately] if the child's residential parent was not the perpetrator and was taking protective action via taking legal action in the Family Court Brown et al 2003; Fehlbberg & Kelly 2000; Humes1996; Rendell et al 2000

- The onus is then on the protective parent to prove/substantiate abuse with or without legal funding



What beliefs may influence how these Family Court cases will be handled?:-



- 'Mothers routinely use false accusations against fathers as 'weapons' in Family Court'
- 'False Allegations of Child Sexual abuse in Family Court' is rife and on the increase' Quoted in an Australian study - Brown, Fredrico, Hewitt, Sheehan 1998
- 'The Family Court is at risk of being overrun by malicious allegations of sexual abuse by mothers against fathers'

Jenkins 2003



RESEARCH BLASTS THE MYTH OF THE FAMILY COURT BEING OVER RUN BY ABUSE ALLEGATIONS



- Research in Australia found that, of all cases involving parenting disputes, the rate of allegations of child abuse was between 2-6% Burdow 1987; Hume 1995; Young 1998; Maloney et al 2007

- Child sexual abuse in the family court should be considered a rarity



McIntosh & Printz 1993; Theonnes & Tjaden 1989; Nech&Mellor 2009

- "There is **NO** flood of child sexual abuse cases reaching the Family Court....rather it is more of a slow trickle....It would appear that the chances of these parents [who face allegations] being denied contact at trial were extremely remote." Young 1998

Increase in Child Sexual Abuse Allegations in Family Court

- The rapid rise of formal notifications to Child Protection Authorities in the last three decades, particularly since Mandatory Reporting, meant that those involved in parental separation and divorce proceedings soon noticed a "mysterious" rise in the numbers of residence and contact disputes where allegations of sexual abuse were made. Berliner and Conte 2002
- **Most failed to make the above connection and instead explained the increase purely as the actions of malicious parents using allegations of sexual abuse as a tactic in the divorce fight.** Professor Brown 2003



Reframing



In the late 1980's a movement developed that questioned the Credibility of Child Sexual Abuse specifically when it is alleged in Family Court.

Child Sexual Abuse Allegations were 'Reframed' as "The Mother Brainwashing the Child"

Credwson 1988; Hechler 1988

'Parental Alienation Syndrome' Gardner 1986



False Allegations and the Parental Alienation Syndrome [PAS]

- Because of the increase in allegations of child sexual abuse in the Family Court, the research then ALSO shifted to trying to prove 'False Allegations' within the context of the 'Parental Alienation Syndrome'



- The theory of 'Parental Alienation Syndrome', primarily referred to mothers "maliciously, falsely accusing fathers of sexual abuse in an attempt to deny him access to the child"

Gardner 1986, 1999, 2002

- This theory appealed to the media, parents and professionals alike and was widely discussed



False Allegations /Deliberate Fabrications?



- A series of large studies in Australia and USA show that allegations of child abuse are more often correct than otherwise and is most likely to have occurred

Hume 1997;Brown et al 1998;Thoennes and Pearson 1998; Berliner & Conte 1993;Parkinson 1990

- Most allegations of Child Sexual Abuse in the Family Court are true Neoh &Mellor 2009

- False allegations Do exist [9-14%] but contrary to popular belief they are more commonly made by fathers [55%] than mothers [45%]

Brown 2003 ;Hume 1997; Armytage, 1997



- False reports in general, which include allegations fabricated by adults, as well as false reports by children totalled 8%

Corwin et al 1987;Myers 1989-1990, Faller 1998

DENIAL

In all countries and cultures for decades Denial has remained the fundamental defence mechanism to distance us from the reality of child sexual abuse especially in the home

Summit 1983;Stanley 1981

The domain of the Family Court is not immune to this defence mechanism

Stanley and Goddard 2002

The proposal of the 'Parental Alienation Syndrome' allowed Denial to flourish, especially in the context of marital breakdown



Parental Alienation Syndrome [PAS] DISCREDITED



- "Gardner does not provide any research findings to support his assertions. His work is widely criticised in academic literature"

Bruch 2001;Faller 1991;O'Leary&Moerk 1999

- "Gardner also publishes the vast majority of his work himself and it does not meet the standards of peer review"

Faller 1998

- Myths about women making false allegations of child sexual abuse are often propagated by father's rights groups

Kay and Tolmie 1998; Boyd 2000



The Rhetoric and language of 'Parental Alienation Syndrome' is still present in evidentiary discourse today

- "Severe alienation"
- "Brain washing"
- "Coaching"
- "Vilification of other parent"
- "Enmeshment"
- "Hysterical /unreasonable/paranoid mothers, prone to exaggeration"
- "Malicious mothers"



▪ This emotive language continues to be used by Legal Counsel in Family Court settings, as if it is a well known fact and often leads to disbelief from the outset and may create a reluctance to carry out a proper investigation Berns 2003, Rendell et al 2000, Saunders 2012

Rhetoric of 'Parental Alienation Syndrome' [PAS] still present in evidentiary discourse, especially in contested cases

- *"All family law practitioners interviewed in Brisbane acknowledged they had used 'Parental Alienation Syndrome' in divorce proceedings – 50% to counter sexual abuse allegations and 25-50% to counter Domestic Violence allegations"* Berns 2001
- *Family Court, State Protection Service and Legal Practitioners often perceive allegations of child abuse in Family Court proceedings as frequently false and a weapon manufactured after partnership breakdown* Australian study- Brown, Fredrico, Hewitt, Sheehan 1998



Rhetoric of 'Parental Alienation Syndrome' [PAS] still present in evidentiary discourse, especially in contested cases

- *In the context of divorce, unlike any other context, the rules for the mother are different. Protectiveness is construed as paranoia and reporting abuse is treated as vindictiveness.* Humphries, 1999
- *The hold this thinking can exert over Court Personnel is significant-Mothers who do not present as anxious and are supportive of contact, are seen in the most positive light* Wallbank 1998



Common beliefs that have been refuted by the research



- *"There is no other weapon more powerful than an allegation of child sexual abuse. It usually provides an immediate halt to the other person's contact with the child"*
Kenneth Byrne, 1994
- This belief is refuted by Australian Studies
- An allegation of sexual abuse is not a powerful weapon in the family court arena and **Does NOT** in fact provide a halt to the other person's contact.
Humphries 1993, Young, 1998,

Impact of these beliefs in the Family Court Context?



- The impact of the Family Law Reform Act 1995 is...
"There is often an assumption that the best interests of the child will be met by maintaining contact"
Rhoades, Graycars & Harrison 2002
- Legal aid services are permeated by the pro contact culture and this is based on the assumption that contact with non residential parent, regardless of family violence, will be ordered by the court.
Rendell [et al 2000]
- Court Professionals presumed the best interest of the child is synonymous with contact with both parents.
- Women consequently were under pressure to agree to unsafe contact arrangements rather than be viewed as unreasonable or hostile
Hester and Radford's 1996 study in England and Denmark



Agreements via consent



"Strong anecdotal evidence that many parents who allege abuse are being told by their legal rep to agree to orders or they will be seen as mischievous and untruthful litigants and will have a high chance of losing their child and/or spending their entire funds to little avail."
Lisa Young 1993

Women who wish to prevent or restrict contact are discouraged from doing so.

It is made clear that the possibility of legal aid funding to litigate contact arrangements is unlikely, so they would have to reach an agreement for contact
Rendell et al 2000



Common beliefs challenged by the research

- Research found that the rate of orders refusing contact at an interim hearing has declined rapidly since the introduction of the 1995 Family Law Reform Act and children are not being protected from serious abuse
Rhoades et al 1999; Dewar & Parker 1999; Altobelli 2001
- A number of studies have shown that significant alterations to orders and arrangements made at the Interim stage are relatively uncommon
Bordow 1994; Horwill & Bordow, 1983
- This may be the key to understanding the phenomena of full denial to a large number of child abuse allegations
AIFS report



Many Authors Advise:-



When professionals are involved in child abuse allegations they need to begin from the knowledge that child abuse allegations are no more likely to be false than in other circumstances
Brown et al 2001; Humphreys 1999; McDonald 1998; Parkinson 1990, 1998

The mother's post separation attitude to the father's ongoing relationship with his children may be scrutinised more by decision makers than his violence and abuse towards her and the children before and after separation
Rendell et al 2000



Dilemmas facing Family Court in these matters are Not Black and White



While Short and long term effects of child abuse are well documented
James 1991; Newman; Houston; Finkelstein; Berman 1997; Fleming; Muller; Shkoppe; Berman 1999; Parkes; Connolly 2001

- Medical evidence of sexual abuse is extremely rare.
- Witnesses to the abuse are even rarer
- There are No clear cut or definitive set of behavioural symptoms that can identify child sexual abuse
- There is often a false expectation that children who behave in a fearful, distressed manner or warm and loving manner while with their father is a means of confirming or denying the abuse allegations
Kornberg, 1992; Neoh & Mellor, 2009
- Findings from Child Protection Departments of 'Substantiated' or 'Not Substantiated' does not equal 'Abused' or 'Not Abused' AIFS 2007

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 & Monstorsky 1988]

SIBLING SEXUAL ABUSE

- 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 against 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

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*

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



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

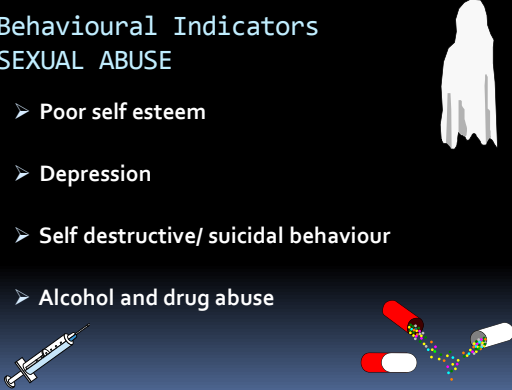
SIGNS OF ANXIETY

- 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.



You may be consulted by parents or other professionals about:-



- Young People's Sexualised Behaviours
- What's Normal Range and when to be concerned?



What is Normal Sexual Development & Behaviour?

- Understanding "normal" sexual behaviour will assist any assessment of what is problematic
- Sexual development & sexual play are natural & healthy processes in children. Should be light-hearted and spontaneous
- Children learn about sexuality by watching & listening to both children and adults around them, and from their own exploration
- Children are curious about their own & other's bodies and given the opportunity will look and often touch



Stages of Sexual Development



- Children are sexual beings from birth and are curious about exploring the sexual parts of their bodies. All children do not do all of these behaviours at the exact ages; most children will do some. The child's job is to explore and the parent's job is to teach the boundaries that we place around that exploration.
- **Infants** – stroke their genitals if they can find them. Boys can get erections.
- **Toddlers** – enjoy being naked, may masturbate and want to be in control of touching, kissing and hugging.
- **Preschoolers (Ages 3-5)** – are interested in gender differences, ask about sex and may have an increased interest in masturbation.* They may engage in sexual exploration with peers, experiment with "bad" words and show increased interest in the opposite-sex parent.

School-Age Children (Ages 6-9) – may compare "private parts" with same-sex peers, begin to assert the need for privacy* and have probably heard peers talk about sex and AIDS. They may be exposed to "homophobic" conversations or teasing.



Pre-adolescents (Ages 10-12) – begin to develop sexually. Preteens can develop intense admiration for same-sex adults and be distressed if their physical development is more or less advanced than their peers.* They may begin having "crushes," body image becomes increasingly important and peer opinion is valued

Adolescents (Ages 13-18) – strive for autonomy, desire parental approval and act as if parents know nothing. Body image and eating may become obsessive.

Age Appropriate Sexual Behaviours



Sex play and sexual behaviour is normal in children and young people. This category of age appropriate behaviours (identified by the green colour in your handout books) does not require intervention by caregivers and professionals.

Children readily take redirection of these behaviours. The accompanying emotions and expressions of age appropriate sexual play include laughter, spontaneity, curiosity and experimentation

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 of children involved.



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 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.

Sexualised Behaviour in Children when directed towards others

- ❖ Distresses
- ❖ Disturbs
- ❖ Confronts us all

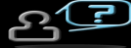


PROBLEMATIC CHILDHOOD SEXUAL BEHAVIOUR

CAN BE A ONE-OFF EVENT OR AN ESCALATING PATTERN OF BEHAVIOR AND LIFE STYLE OVER A PERIOD OF TIME



Some Tips- How to determine if sexual behaviour is problematic?



Use the following questions to determine if a particular behaviour / situation is problematic:

Is the sexual activity normally expected for the child's developmental level?

- Compare the child's developmental level to the type of sexual activity they are engaged in.
- How does this fit with the child's developmental level?

Problem sexual behaviour ?



Is the behaviour kept secret?

- It may be difficult to distinguish a child's natural sense of privacy or embarrassment about sexual feelings from secrecy.
- Privacy is a rightful protection from intrusion.
- Secrecy suggests a child is avoiding the consequences of an action that he or she knows or senses is wrong or causes harm.

Concerning sexual behaviours



The following behaviours (identified in **orange** in the handout books) signal the need to notice the frequency and persistence of these behaviours.

If a child or young person exhibits several of these behaviours and/or these behaviours continue despite clear requests to stop, seek professional advice.

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.*

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.



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.]



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.

Very concerning sexual behaviours



The following behaviours (identified in red in your handout book) are indicative of very concerning sexual behaviour.

Most of these behaviours require immediate professional advice, particularly if the sexual behaviour is accompanied by secrecy, anxiety, tension, coercion, force, compulsion and threats.

Some of the behaviours listed become criminal offences when the child reaches the age of criminal responsibility (10 years of age in Victoria Australia). Criminal offences require immediate reporting to the Police.

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 ie putting their mouths on genital parts of other children or dolls.
- Persistently masturbating ie 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.



Managing sexual behaviour Some Do's



- Try to stay calm
- Ignore behaviour if it is the normal, expected behaviour described
- Distract, if behaviour occurs frequently and persistently, but still seems playful. This can be done by calmly offering an alternate activity
- Continue to supervise the child closely
- If concerned, do consult with your supervisor/field workers

Managing sexual behaviour Some Do's continued...



- Give clear instructions about the behaviour – "Touching other children on the bottom is not okay."
- Respond with consequences that are appropriate to the behaviour - "When you play with your penis in front of other children you can have some 'time out'."
- Acknowledge the behaviour, rather than ignore or minimise it and reinforce positive replacement behaviours, such as praising appropriate expressions of or requests for affection.
- However, depending on the type of behaviour observed it may be appropriate to distract the child or redirect them to another activity without labelling the behaviour

Some Don'ts

- Don't punish the child – this does not help the child to cease the behaviour
- Don't reprimand the child in front of other children
- Don't isolate the child from others
- Don't let the child participate unsupervised in toileting and bathing activities with other children



Why you need to know about Disclosures of Abuse



- You may be asked to advise parents how to respond to a disclosure
- You may need to advise other professionals
- You may be asked your opinion about the veracity of a disclosure
- A child may disclose to you

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

Threats of :

- *Destroying relationships with extended family*
 - *Family break-up*
 - *Loss of love*
 - *Emotional consequences*
- Bringing shame to self, family or the community*



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



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 understand
- "I am the only one"



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



What stops 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



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



CHILD'S LANGUAGE ACQUISITION

Developmentally being able to answer **WH** words begins to show up in the following general order:

- **WHat**
- **WHere**
- **WHo**
- **WHy**
- **How**
- **WHen**



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



LANGUAGE Research

- 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**



CORRECTING ADULT ERRORS

*This is not a child's skill
[nor is recognising his/her own lack of
knowledge]*

- Ask them to help you get things "just right"
- It takes practice and encouragement for them to correct you



ENABLING CHILDREN TO TELL THEIR STORIES



- ❖ Avoid using *WHY* questions
- ❖ Enquire about her experience until you feel you understand what is happening
- ❖ It is useful to know a child's fears and anxieties



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 TO DO IF YOU GET A

Disclosure of abuse?

[or what to advise others who may have got a disclosure]



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



Respond with Empathy

State in your own words what you believe his feelings were /or are



Say what you understand to be the reason for these feelings-This allows you to confirm or clarify what he said and makes it easier for him 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 his feelings



Normalising



"Most kids who have had that happen to them say exactly the same thing."



"Of course, it's quite normal to feel sad."



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 to know what you can and cannot do to assist him

"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"

Latest Research



- 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

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*

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



Resources

DHS <http://www.cyf.vic.gov.au/every-child-every-chance/library/publications>

SECASA www.secasa.com.au

Family Planning Queensland <http://www.fpq.com.au/>

Australian Childhood Foundation www.childhood.org.au

DEECD www.education.vic.gov.au

Royal Children's Hospital: Gatehouse Centre www.rch.org.au

Victorian Legal Aid www.legalaid.vic.gov.au/publications
