

Child sexual abuse

Understanding and responding: for professionals
working with children who have experienced sexual abuse

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Introduction

Increased attention of child sexual abuse over the last decade has led to a dramatic increase in the number of sexually abused children being reported to child protection services and the police.

The Department of Human Services is responsible for protective investigations where sexual abuse is suspected. Professionals working with children are likely to come in contact with children who have been sexually abused. They need to be prepared to recognise and respond to child sexual abuse, and to support child victims and their families.

This booklet will help professionals respond to this serious social problem.

What is child sexual abuse?

A child or young person is sexually abused when any person uses their power over the child to involve that child in sexual activity. When parents or caregivers are unwilling or unable to protect a child from further abuse, it becomes a child protection concern requiring statutory intervention.

Under Victorian child welfare law a child is any person under 18 years of age. The use of the term child in this booklet includes adolescents.

Child sexual abuse involves a wide range of sexual activity. It may include fondling of the child's genitals (or getting the child to fondle the perpetrator's genitals); masturbation (with the child as either observer or participant); oral sex (either fellatio or cunnilingus); vaginal or anal penetration by a penis, finger, or any other object; fondling of breasts; voyeurism (regular observation of the child) or exhibitionism. It can also include exposing the child to pornography or using the child for the purposes of pornography or prostitution.

Other terms for child sexual abuse include child sexual assault, child sexual victimisation, child exploitation, child sexual misuse, child molestation, child sexual maltreatment and child rape.

Abuse occurs when a person uses their authority, either by using force or not, to get a child to participate in activities that are for the adult's or older person's sexual gratification. Children always have less power than adults. The closer the relationship between the child and the adult, the greater the dependency and therefore the greater the power that the adult has over the child.

Children lack the necessary information and maturity to make an 'informed' decision about sexual activities with an older person. They do not have adult knowledge of sex and sexual relationships, or the social meaning of sexuality and its potential consequences.

Sexual activity between a child and older person is inappropriate because children are never in a position to give informed consent to such activities.

Child sexual abuse is a criminal offence.

Children may be sexually abused by family members (incest), by acquaintances or by strangers. Child sexual abuse occurs in all types of families, regardless of cultural, economic or education level.

Children of all ages — from infants to adolescents, may be sexually abused. Child sexual abuse may occur once or many times over a period of months or years. Over ninety percent of child sexual abuse perpetrators are male. Child sexual abuse happens to both boys and girls, however boys are abused far less often than girls. Girls are more likely to be abused by a family member, whereas boys are more likely to be abused by someone known to them outside the family.

Towards an estimate of child sexual abuse

Research from Australia and other western industrialised nations varies in estimates of the prevalence of child sexual abuse. One Australian study estimated that twenty-eight percent of Australian girls and nine percent of Australian boys have been involved in some form of sexual exploitation by an older person. North American studies report rates ranging from six percent to 62 percent for females and three percent to 31 percent for males. These differences may reflect the use of different definitions of sexual abuse, real differences amongst various segments of the population, or result from differences in the methods used by the studies (for example, how respondents were recruited, and interviewed and by whom, and the wording of the questions).

Despite variations in research findings, there is no reason to assume that child sexual assault is more or less likely to occur in Australia than in other western industrialised nations. Many cases of child sexual abuse remain hidden. An awareness of the extent and nature of the problem will help those working with children to identify and help children who have been abused.

Indicators of child sexual abuse

Child sexual abuse is difficult to detect because of the secrecy that surrounds it. Children are often threatened or co-erced by perpetrators into remaining silent and are frightened of the consequences if they disclose the abuse. Adults are often reluctant to openly discuss sexual matters with children, or to interfere in what they see as private family matters. These factors all contribute to a climate of secrecy which means that a child will often not disclose sexual abuse directly.

Indicators may be the only sign that a child is being sexually abused. Indicators of child sexual abuse may be physical, behavioural or both. Singly and more often in combination they can alert us to the possibility of sexual abuse and the need for further investigation. They are not evidence of its actual occurrence as some of these indicators could be related to other kinds of problems in a child's life.

An awareness of the indicators of child sexual abuse enables professionals to provide a sensitive response to children who may be victims of child sexual abuse.

Physical indicators

Genital and anal areas

- Bruises, scratches or other injuries not consistent with accidental injury
- Itching, soreness, discharge or unexplained bleeding
- Painful and frequent urination
- Signs of sexually transmitted infections
- Semen in the vagina, anus or external genitalia or on clothing.

General

- Bruises, bite marks or other injuries to breasts, buttocks, lower abdomen or thighs
- Difficulty walking or sitting
- Torn, stained or bloodied underwear
- Pregnancy in adolescents where the identity of the father is vague or secret
- Recurrent urinary tract infections
- Persistent headaches or recurrent abdominal pain
- Unexplained pain in the genital area.

Behavioural indicators

Behaviour indicators must be interpreted with regard to the individual child's level of functioning and developmental stage.

Sexual

- Over attention to adults of a particular sex
- Displaying unusual interest in the genitals of others
- Acting out adult sexual behaviour with adults, dolls or other children
- Open displays of sexuality, for example, repeated public masturbation
- Precocious knowledge of sexual matters
- Promiscuity, repetitious sexually precocious behaviour.

General

- Sudden changes in mood or behaviour
- Difficulty sleeping, nightmares
- Regressed behaviour – bedwetting, separation anxiety, insecurity
- Change in eating patterns including preoccupation with food
- Lack of trust in familiar adults, fear of strangers, fear of men
- Lack of appropriate role boundaries in family – child fulfills parental role.
- Acting out behaviour – aggression, lying, stealing, unexplained running away, drug or alcohol abuse, suicide attempts.
- Withdrawn behaviour
 - passivity
 - excessive compliance
 - mood swings; or
 - depression
- Learning problems at school, loss of concentration, unexplained drop in school performance
- Poor peer relationships, family and/or child appear socially isolated
- Reluctance to undress, for example, for school sporting functions
- Excessive bathing
- Inappropriate displays of attention between child and parent (usually father) that appear lover-like rather than parent-like (father may be excessively over-protective towards daughter, restrict her social activities or inquisitive of her sexuality).

Facts and myths about child sexual abuse

Myth: Children fantasise and lie about child sexual abuse.

Fact: Children rarely lie about or imagine sexual abuse. Studies have shown that in more than ninety-four percent of cases children's reports of child sexual abuse have been confirmed by independent investigations. Children are often reluctant to fully describe what has happened to them.

Myth: The stranger is the danger.

Fact: Children are often warned not to talk to strangers in the hope that this will protect them from child sexual abuse. However children are more likely to be sexually abused by people they know. An Australian study of tertiary students found that only twenty-six percent of those who were sexually abused were abused by a stranger and seventy-four percent were abused by someone known to them. The myth that the stranger is the danger leaves children without adequate information to help them understand and interpret behaviour from trusted adults when they feel uncomfortable. It increases children's vulnerability to sexual abuse by family members.

Myth: The perpetrator is a 'dirty old man' who is sick, insane or drunk.

Fact: Research suggests that perpetrators are generally young, heterosexual males from all sorts of socio-economic backgrounds. Most appear to be no different from other men in the community.

Only a small percentage of perpetrators have a recognisable mental illness. Several studies suggest a link between child sexual abuse and alcohol or drug use. Drug use does not cause child sexual abuse. It does have a disinhibiting effect which may allow usually suppressed impulses to be acted upon. Alcohol or drug abuse is often used as a justification to absolve perpetrators of responsibility for their behaviour.

Adolescent males who sexually abuse younger children are likely to continue to do so into adulthood. They are unlikely to grow out of this behaviour without assessment and appropriate treatment.

Myth: Child sexual abuse is harmless to children.

Fact: Children who have been sexually abused display significant problems including aggressive behavior, depression, social withdrawal and emotional problems. Adult survivors experience depression, low self-esteem, difficulty in forming relationships and sexual problems.

Myth: It is outside intervention that causes the trauma for children who have been sexually abused.

Fact: Concern about uninformed or unplanned intervention in children's lives is valid; so are concerns about the effects on children of becoming involved in the legal system. However this is not an excuse for adults not to act to protect the child from further abuse. If adults do not act the abuse is likely to continue and the child is likely to experience life-long effects. Those working in the field must cooperate to ensure that the best possible systems are developed to assist sexually abused children.

Myth: Children are seductive and provoke men to abuse them.

Fact: This myth takes responsibility for abuse away from the adult and places it onto the child. Children are relatively powerless. The myth does not recognise that children's behaviour is learnt from adults and that in the case of child sexual abuse, perpetrators usually groom their victims. Adults always retain a choice in determining how they will respond to a child's behaviour.

Myth: Mothers are responsible for sexual abuse in families.

Fact: This is another myth that removes responsibility from the perpetrator. Mothers in abusing families are often held responsible for failing to protect their children, or for failing in both their marital and maternal roles. Such explanations hold one person (usually the mother), responsible for the behaviour of another (usually the father). This myth assumes that the mother has the power and the emotional and material resources to alter or control the father's behaviour.

The perpetrator is always responsible for the abuse. The mother's behaviour and knowledge does not excuse the behaviour of the abuser.

Effects of child sexual abuse

Child sexual abuse damages children physically, emotionally and behaviourally. Both its initial effects and long-term consequences impact on the individual, on their family and on the community.

Initial effects of child sexual abuse may include:

- medical problems such as sexually transmitted diseases, pregnancy and physical injury
- emotional problems such as guilt, anger, hostility, anxiety, fear, shame, lowered self-esteem
- behavioural problems such as aggression, delinquency, nightmares, phobias, eating and sleeping disorders; and
- school problems and truancy.

Long-term consequences may include:

- sexual dysfunction (such as flashbacks, difficulty in arousal, avoidance of or phobic reactions to sexual intimacy)
- promiscuity
- prostitution
- discomfort in intimate relationships
- isolation
- marital problems
- depression
- drug or alcohol abuse
- suicide; and
- eating disorders.

Early identification and effective intervention can ameliorate the initial effects and long-term consequences of child sexual abuse and promote the recovery of victims.

Principles for intervention

Sexually abused children and their families may require assistance from child protection services, the criminal justice system and counseling and support services. No one group can totally meet the needs of the sexually abused child. Effective intervention must be child-centred, involve multi-disciplinary teamwork and be guided by the following principles:

- Child sexual abuse is unacceptable
- All children have a right to be safe and protected from sexual abuse
- Child sexual abuse is a criminal act
- A child should always be taken seriously if they allege sexual abuse
- Intervention should aim to promote the relationship between the child and the non-abusing parent(s)
- Children who have been sexually abused have the right and need to be in a safe supportive environment. They also have the right to legal and protective intervention and to counselling and treatment services
- The first priority of intervention should always be to protect the child and to promote their recovery.

Helping children who have been sexually abused

Children will either disclose abuse directly by describing what has occurred or indirectly through behavioural signs and indicators. Discovering or suspecting that a child has been sexually abused can be a distressing experience. Most people feel a range of emotions including anger, sadness, shock, disbelief, disgust and helplessness. It is important to stay calm and not convey these feelings to the child as this may prevent the child from making further disclosures.

The child's feelings about themselves may be influenced by your initial reaction to the abuse. If the child senses a horrified response, this may reinforce and perpetuate a child's feelings of guilt and shame.

If the child discloses sexual abuse to you

- Tell the child that you believe them.
- Make it clear that whatever has happened is not the child's fault.
- Reassure the child that they did the right thing in telling you. Many abusers threaten the child to prevent disclosure.
- Tell the child that some adults do wrong things and that the abuser is responsible for the abuse.
- Do everything possible to comfort and reassure the child. Explain what action you will take next. Do not make promises that you will not be able to keep, nor promise the child confidentiality. The child has enough secrets and needs someone to act on their behalf to stop the abuse.
- Consult with your local Department of Human Services Child Protection Intake Team, Centre Against Sexual Assault or a local sexual offences and child abuse investigating team.
- Some professionals are now mandated to report child sexual abuse. If you are unsure of what to do whether you are mandated or not, do stop and consult.
- Be clear about your role — if you have a reasonable suspicion of sexual abuse, report your concerns to the appropriate authorities. It is not your responsibility to prove the case.

Remember: Child sexual abuse will not stop unless adults take effective action on behalf of the child and report their concerns to the appropriate authorities.

Reporting child sexual abuse

Child sexual abuse is a criminal offence, it should be reported. Many professionals are now legally required to report child abuse. A protective concern exists if parents or caregivers are unwilling or unable to protect the child from further abuse, or if child sexual abuse is likely to continue without statutory intervention.

Report child sexual abuse if you have a reasonable belief that a child is being or has been sexually abused. You need not prove that sexual abuse has occurred. A reasonable belief exists if:

- a child tells you that they have been sexually abused (remember children rarely lie about sexual abuse); or
- a child displays some of the indicators listed and there is no other satisfactory explanation.

If you are concerned you must take action, as inaction leaves the child unprotected. To consult about possible abuse and report when necessary is the responsibility of every professional. Legal protection is provided to those who report sexual abuse to the authorities on the basis of reasonable concern. A professional who makes a report with the best interests of the child in mind is protected from any legal action for defamation. A report of suspected child abuse does not constitute a breach of professional ethics. In accordance with the legislation, the identity of the reporter will remain confidential unless:

- (a) The reporter chooses to inform the child and/or the family of the report themselves;
- (b) The reporter consents in writing to their identity as the reporter being disclosed;
- (c) The court decided it needs this information in order to ensure the safety and wellbeing of the child; or
- (d) The court decided that it is satisfied that the interests of justice require that evidence be given.

At the time of writing this booklet, it is not general practice for the Children's Court to seek information regarding identification of the reporter.

Role of the Department of Human Services

The Department of Human Services is responsible for protecting children from sexual abuse when their parents or caregivers are unwilling or unable to do so.

Child protection practitioners will provide advice to any person concerned about the welfare of a child. Child protection practitioners are authorised to accept reports of child sexual abuse based on a reasonable belief and carry out protective investigations; take action where necessary in the Children's Court in relation to protective concerns for children up to the age of 18 years; be responsible for the care of children who are under the guardianship and custody of the Secretary and supervise children on other statutory orders.

The Department of Human Services accepts reports of child abuse and neglect twenty-four hours a day, seven days a week. Urgent after hours reports of child abuse are investigated by the department's After Hours Service.

As child sexual abuse constitutes a criminal offence, whenever the Department of Human Services receives a report of this nature the Police are immediately informed and a decision is made about whether to undertake a joint investigation. During this investigation the Department of Human Services determines what action is required to protect the child, and the police will determine whether criminal charges should be laid against the

perpetrator. A protocol between the Department of Human Services (Child Protection) and Victoria Police ensures the management of both the protective and criminal aspects of investigations.

This approach recognises that:

- Child sexual abuse victims have a right to protection.
- Children who have been sexually abused have many needs, including the need to be safe from abuse and the need to be believed, supported and treated with respect at all times.
- Recovery from the effects of sexual abuse is promoted if the perpetrator is held responsible for the abuse through criminal prosecution.
- Further victimisation may be reduced when therapeutic programs are mandated by the courts as part of the sentencing option.

Role of the Police

The Police have prime responsibility for investigating criminal offences relating to child sexual abuse. A criminal investigation will be undertaken by the Sexual Offences and Child Abuse Investigation Team (SOCIT) whenever reasonable grounds exist for believing that a child has been sexually abused.

If child sexual abuse is suspected but no protective concerns exist, it is appropriate for the SOCIT to be consulted to establish whether there will be a criminal investigation. Their response will be undertaken in the best interests of the child and will take account of the need for medical, counselling and treatment referrals. SOCITS offer a consultation service to victims, their families and professionals regarding investigations of this kind.

How to report child sexual abuse

Contact a child protection practitioner at your local Department of Human Services office or the 24 hour Child Protection After Hours service to report concerns of child sexual abuse. The child protection practitioner will want to know:

- the child's name, address, age, family circumstances and language
- your reason for suspecting that the child has been sexually abused
- whether the family and/or perpetrator is aware of the report (if the non-offending parent(s) knows of the alleged abuse, whether any action has been taken to protect the child); and
- any other information you consider relevant.

The more information that you can provide, the greater the likelihood of an effective investigation. If you have any queries or would like further written information on the Department of Human Services role in child protection, please contact your Department of Human Services office.

Follow-up

After action has been taken to protect the child it is important that you are supportive to the child and where appropriate, the family. Reassure the child that they are not to blame. The opportunity to experience a positive relationship with you in which the child is valued for their intrinsic worth, not exploited by an adult, can enhance the child's self-worth. Positive, non-judgmental responses from others can ease the trauma of sexual abuse.

To minimise the effects of sexual abuse, all victims should be encouraged to receive counselling or support as soon as possible.

The identification of child sexual abuse will place the family in crisis. The non-offending parent may need help and guidance from you to manage the home situation, to deal with their own feelings and responses to the sexual abuse, and to respond appropriately to the child.

Do not manage a case of sexual abuse alone.

Contacts

Child protection

If you suspect that a child you know is being abused, contact a Department of Human Services office to discuss your concerns.

After Hours

13 12 78

During business hours ring the number covering the local government area where the child lives.

Divisions

East

East metropolitan

Boorondara, Knox, Manningham, Maroondah, Monash, Whitehorse, Yarra Ranges

Intake Unit 1300 360 391

East rural

Alpine, Benalla, Greater Shepparton, Indigo, Mansfield, Mitchell, Moira, Murrindindi, Strathbogie, Towong, Wangaratta, Wodonga

Intake Unit 1800 650 227

North

North metropolitan

Banyule, Brimbank, Darebin, Hume, Melbourne, Moreland, Nillumbik, Whittlesea, Yarra

Intake Unit 1300 664 977

North rural

Buloke, Campaspe, Central Goldfields, Gannawarra, Greater Bendigo, Loddon, Macedon Ranges, Mildura, Mount Alexander, Swan Hill

Intake Unit 1800 675 598

South

South metropolitan

Bayside, Cardinia, Casey, Frankston, Glen Eira, Greater Dandenong, Kingston, Mornington Peninsula, Port Phillip, Stonington

Intake Unit 1300 655 795

South rural

Bass Coast, Baw Baw, East Gippsland, LaTrobe, South Gippsland, Wellington

Intake Unit 1800 020 202

West**West metropolitan**

Brimbank, Hobsons Bay, Maribyrnong, Melton, Moonee Valley, Wyndham

Intake Unit 1300 664 977

West rural

Cola, Coranamite, Glenelg, Greater Geelong, Moyne, Queenscliffe, Southern Grampians, Surf Coast, Warrnambool

Intake Unit 1800 075 599

Ararat, Ballarat, Golden Plains, Hepburn, Hindmarsh, Horsham, Moorabool, Northern Grampians, Pyrenees, West Wimmera, Yarriambick

Other resources

Victoria Police

Sexual Offence and Child Abuse Investigation Team Coordination Unit

Telephone (03) 9611 8800

Centres Against Sexual Assault (CASAs)

These centres offer a specialist support, advice and counselling service for all victims of sexual assault, male and female, adults and children.

Metropolitan CASAs

South Eastern CASA

Moorabbin Campus

Monash Medical Centre 867 Centre Road, East Bentleigh

Telephone (03) 9594 2289

Website: www.secasa.com.au

The Gatehouse Centre

Royal Children's Hospital

Flemington Road, Parkville

Telephone (03) 9345 6391 or 9345 5222

Website: www.rch.org.au

CASA House

Royal Women's Hospital

270 Cardigan Street, Carlton

Telephone (03) 9349 1766 (After Hours Crisis Line)

Telephone (03) 9344 2210 (during office hours)

Website: www.rch.org.au/casa

Northern CASA

Building 26, Repatriation Campus Austin Health

Banksia Street Heidelberg

Telephone (03) 9496 2240

Website: www.northern.casa.org.au

West CASA

53 Ballarat Road Footscray

Telephone (03) 9687 5811

Eastern CASA

17 Ware Crescent Ringwood East
Telephone (03) 9870 7330

Rural CASAs**Bendigo-Loddon Campaspe CASA**

Bendigo Base Hospital
Corner Lucan and Arnold Streets Bendigo
Telephone (03) 5441 0430

Ballarat CASA

115a Ascot Street South Ballarat
Telephone (03) 5320 3933

Barwon CASA

291 Latrobe Terrace Geelong
Telephone (03) 5222 4318

Child Assault Management Program

P O Box 63 Moe
Telephone (03) 5127 5555

Davey House Family Resource Centre

P O Box 120 Wanthaggi
Telephone (03) 5671 3278

Goulburn Valley CASA

130 Nixon Street Shepparton
Telephone (03) 5831 2343

Gippsland CASA

PO Box 1124 Morwell
Telephone (03) 5134 3922

Latrobe Community Health

Morwell Centre Morwell
Telephone (03) 5136 2400

Mallee Sexual Assault Unit

Suite 1, 144–146 Lime Avenue Mildura
Telephone (03) 5025 5400

Upper Murray CASA

38 Green Street Wangaratta
Telephone (03) 5722 2203 Toll Free: 1800 806 292

South West CASA

299 Koroit Street Warrnambool
Telephone (03) 5563 1277

Statewide 24 Hour Access

Telephone 1800 806 292

Workers at this centre can refer you to local community based organisations and self help groups, and advise on specialist counsellors in your area.

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