3rd Perth Symposium – Child Sexual Abuse Prevention – 26 October 2018

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Abstract

- 30 to 60% of the sexual abuse of children occurs from adolescent children in their family network
- 62% of police reports involve young people and minors
- This session presents an understanding of normal sexual development in children as a backdrop for dealing with problematic and harmful sexual behaviours in children and young people.
- The continuum of normal to deviant sexual behaviours (normal, inappropriate, problematic, abusive, violent) is not well understood
- Sexual abuse of one child by another generates anxiety, confusion and ambivalence as to how to respond.
- The low end of the spectrum has a much larger group of children.
- Often parents are at a loss in coping with these behaviours
- Professional training in this area is in its infancy.
- Parents and professionals need to be assisted to learn better ways of handling these behaviours
- Heavy-handed responses by adults and other children can have unintended consequences.
- It is important not to label children but instead to develop appropriate and therapeutic approaches to assist in healthy sexual and emotional development and recovery where harmful sexual behaviours have occurred.

Shape of Presentation

- Prevalence of Child Sexual Abuse
- Developmental aspects
- 'Best Interests of the Child'
- Current approaches
- Disclosure and consequences
- Confidential Spaces
- Treatment and support for whole family

Prevalence of Child Sexual Abuse

- Conservative Estimates:
  - **Girls**: 1-in-4 seriously sexually abused
  - **Boys**: 1-in-5 seriously sexually abused
  - Over **80%** occurs within family network
  - **30 - 60%** csa is by adolescent boys

Diagrams

- **Iceberg**
- **Water runs downhill**
- **Seed to flower**

The sexuality of human beings is a journey rather than pre-formed at birth

- Even though genetic and biological characteristics can have an influence on our development from childhood, the development of sexuality is a journey of accumulated characteristics, experiences and events in our lives.
- The earliest notions that children were asexual and didn't have sexual behaviours and interests was recognised as inaccurate and it has long been recognised that there are fluctuations in childhood experiences of gender and sexuality.
- Piaget, Freud and Erikson all pointed to the gradual transitions or stages in cognitive, social and sexual development.

What is Normal Child Development?
Theories of Child Development

- *Piaget's Model of Cognitive Development*

Phase of Thought	
1. Sensorimotor	0-2
2. Preoperational Thought	2-7
3. Concrete Operations	7-11
4. Formal Operations	11-15

- *Freud's Stages of Development*

Stage	*Age*
1. Oral	0-1
2. Anal	1-3
3. Phallic	3-6
4. Latency	6-13
5. Genital	13+

- *Erikson's Model of Psychosocial Development*

Conflict	*Age*
1. Basic Trust vs. *Mistrust*	0-1
2. Autonomy vs. *Shame & Doubt*	2-3
3. Initiative vs. *Guilt*	4-5
4. Industry vs. *Inferiority*	6-12
5. Identity vs. *Role Confusion*	13-19
6. Intimacy vs. *Isolation*	20-24
7. Generativity vs. *Stagnation*	25-64
8. Ego Integrity vs. *Despair*	65+

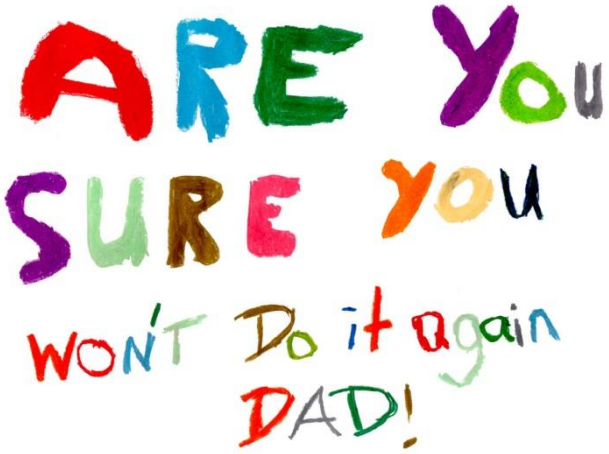
Primacy of the Best Interests of the Child

- How do we measure what is in the best interest of the child?
  - Protecting them from abuse
  - Healing of trauma
  - Restoration of healthy relationships
  - Meaningful consultation

- How do we achieve it?
  - Child focus
  - Wise handling
  - Treatment for family

"…my concept of child focus… includes a mind set that makes one doggedly open-minded, objective, exhaustive, and practical, in one's search for those alternatives which are in the best interests of the child on our case load. It is a mind set that also dictates that we do not lose sight of the broad picture".

Les Harrison, Founder of SafeCare
Putting Child Protection in Context Conference,
Perth, 22 November 1994



Current Approaches

- 'Protective behaviours' training for children
- Deterrent approaches
  - Stigmatization of offenders
  - Harsh penalties
  - Break-up of family unit
  - Paedophile registers
  - Mandatory reporting

Limitations of Current Approaches

- Children not protected by being focus of prevention
- Stigma contaminates whole family
- Harsh penalties impact on family and victim
  - guilt, fear and further trauma
- Break-up of family hurts the child
- Registers promote secrecy and non-disclosure
- Mandatory reporting inhibits disclosure
- Prevents offenders and families seeking help
- Lack of treatment continues cycle of offending

Public Health Approach

"The vast majority of cases are not helped by a forensic approach that investigates, looks for a threshold of evidence… takes legal action or not. The issues is how do you change the situation for children and families. Most of these families are highly stressed, demoralised families that are struggling to care for children."

Dr Dorothy Scott
Associate Professor of Social Work,
University of Melbourne
ABC Radio National, May 2002

Development of Sexuality

- Use the model (see below) to explain the development of "normal" sexuality, and what can influence it. Generally, our sexual preferences develop along three axes – sexual gender preference; sexual body age preference; and proclivity of sexual activity – and are believed to be set by puberty, influenced by biological, psychological, and social factors.
- Without a concept or model of childhood sexual development (whether culturally challenging or unrecognised by present day society attitudes and values) it becomes very difficult to diagnose harmful sexual behaviours in children and adolescents.

Development of Sexuality

See diagram at the end of this document (PRE-SCHOOL, YOUNG SCHOOL AGE, LATENCY/PRE-ADOLESCENCE)

Implications

- WISE PRACTICES
- HANDLING DISCLOSURES
- COMPARE WITH NORMAL DEVT
- OFFER TREATMENT REFERRAL INFO
- www.preventingchildsexualabuse.org

Wise Practices when working with children & young people

- Duty of care
- Open situations
- Work in pairs
- Sensitivity to children's feelings
- Age appropriate interactions
- Psychological issues

Handling Disclosures

- Be alert for indications
- Provide supportive sympathetic listening
- Don't ask too many or leading questions
- If appropriate ask if you can help
- If you need to tell someone, let them know what you will be doing & find out how they feel about it
- Refer, refer, refer…

Symposium Wishlist

1. Government funding treatment service for ***all*** family members where CSA is a concern which is available from a public health model as an alternative to criminal and court processes.

2. Consider setting up a Prevention Project Dunkelfeld service for men who are concerned about sexual attraction to children and do not wish to offend.
3. Establish a website for people seeking treatment for child sexual abuse and offending.

Development of Sexuality

Pre-School	Young School-Age	Latency/Preadolescence
0-4 **Limited peer contact** **Self-exploration** **Self-stimulation** **Disinhibition**	5-7 Increased peer contact Experimental interactions Inhibition	8-12 Increased peer contact Experimental interactions Disinhibition/inhibition
• **Touches/rubs own genitals (random)** • **Watches, pokes** • **Shows genitals** • **Interested/ask about bathroom functions** • **Uses dirty language** • **Plays house- mom/dad** • **Plays doctor (imitative)** • **May insert/stops with pain**	• Touches self (specific) • Watches, asks • Inhibited (privacy) • Repulsed by/drawn to opposite sex • Tells dirty jokes • Plays house • Kissing, holding hands • May mimic/practice	• Touches self/others • Mooning • Exhibitionistic • Kissing/dating . • Petting • Touches others' genitals • Dry humping • Digital or vaginal intercourse or oral sex in preadolescents or adolescents

Assessing age-appropriate children's sexual behaviour vs sexually harmful behaviour

Charts like that above and the helpful "Traffic Light" Information booklet "*Is this normal?*" from Family Planning Queensland should not be used in the absence of a more nuanced understanding of children and their developmental levels. As the authors of the diagram above[1] point out these behaviours alone do not indicate appropriateness or harm as other factors also need to be considered. Some of these are differences of age, size and status between the children involved as well as the emotional and non-verbal reactions of the children (curiosity, pleasure vs distress or overexcitement, ability to be diverted and absence of shame or guilt).

Unintended consequences of interventions by adults

Sometimes over reactions, anxiety and panic in parents or supervising adults or older children can lead to as much inadvertent harm as the sexual behaviour itself. We need to be careful not to send signals that the child is bad or may be irreversibly damaged by the possibly abusive situation as this can lead to feelings of shame, guilt and need to hide such activities. The message should be that while the behaviour was not OK and needs to stop, that it can be discussed naturally and calmly and there is a way to be safer and strong in future.

- **Preventing Child Sexual Abuse** – A Guide for Health Professionals & Members of the Community
- **Therapy with Children: Children's Rights, Confidentiality and Law** – Debbie Daniels & Peter Jenkins
- **Is This Normal: Understanding your child's sexual behaviour** – Holly Brennan & Judy Graham
- **Sexualised Children: Assessment and Treatment of Sexualised Children and Children who Molest** – Eliana Gil and Toni Cavanagh Johnson

[1] Gil, E and Kavanagh Johnston,T (1993) Sexualised Children: Assessment and Treatment of Sexualised Children and Children who Molest.