

**Information for
the Parent/
Caregiver and
Whanau member**

**When a child
discloses
sexual abuse**

CONTENTS

PAGES 2-3

Responding to sexual abuse

PAGE 4

The needs of sexually abused children

PAGES 5-7

Longer term support

PAGE 8

If your child has a medical examination

PAGE 9-10

The child's interview

PAGE 11

What about you?

PAGES 12-13

Police procedure

PAGE 14

Investigative flow chart

PAGES 15-16

Counsellors for adolescents and children



contents

Responding to your child when he/she has been sexually abused can be very difficult.

Some children may not be able developmentally to explain what has happened to them, or be unable to find the words to describe the event or events.

Children have difficulty disclosing abuse because -

- ◆ They fear adult anger.
- ◆ They may have a loyalty and love for the abuser which makes it difficult to tell.
- ◆ The abuser may have threatened to harm family members.
- ◆ They fear the person they tell will respond with disbelief or denial.
- ◆ They fear the consequences of telling, i.e. broken home, broken relationships.

There could be a hundred other reasons!

A child's world is very egocentric. Because of this it is very easy for a child to believe the abuse is their fault. If you are angry, you are angry at them, and if you cry, they have made you cry etc.

Here are some guidelines to help you respond in a way that will help your child:

- ◆ Remain calm, your calmness will help the child to feel safe enough to talk.

- ◆ If what you are hearing seems unbelievable to you, always let the child know you believe and support them.
- ◆ Try not to avoid embarrassing words or subjects, the child could be repeating words the abuser used. *Listening non-judgementally will encourage the child to tell the secret.*
- ◆ Do not project or assume anything. Let the child tell without asking endless questions or interjecting with your own assumptions.
- ◆ Do not make promises you can't keep. You cannot promise not to tell anyone else.

Your goals in responding:

- ◆ To affirm the child he/she did the right thing in telling you.
- ◆ To validate the child's feelings.
- ◆ To assure the child that you care.
- ◆ To re-affirm to the child that he/she is not to blame.
- ◆ To let the child know that he/she has a right to be safe.
- ◆ To let the child know what action you will take to ensure their safety.

Helping the Child following the Assault:

- ◆ Continue to believe the child and do not blame him/her for what has happened.
- ◆ Consult with a DSAC doctor (Doctor for Sexual Abuse Care) regarding the need for medical examination and/or treatment. This can be arranged by the Police or CYF. (Child Youth & Family)
- ◆ Instruct the child to tell you immediately if the offender attempts sexual contact again or bothers her/him in any way.
- ◆ Give the child reassurance and support that she/he is okay.
- ◆ Respond to questions or feelings the child expresses about the molestation with a calm, matter-of-fact attitude but do not pressure them to talk about it.
- ◆ Respect the privacy of the child by not telling a lot of people or letting other people question her/him.
- ◆ Parents or other caregivers should encourage the child to follow her/his regular routine around the home (expect usual chores, bedtimes, rules, etc.)
- ◆ Parents should inform brothers/sisters that something has happened to the child but that she/he is safe and will be okay. Do not discuss details of the assault with siblings. Make sure that all children in the family are given enough information to protect themselves from the offender.
- ◆ Parents should take the time to talk the situation over and express their feelings with someone they trust - a family member, a pastor, a counsellor, (not in front of the child/children).

1. Alleviate Guilt

- ◆ Children must be told "It is NOT your fault; you are NOT responsible; adults are responsible for what they do to children.
- ◆ Help the child accept that they will have mixed feelings about the offender (conflict of loyalty).
- ◆ Children often feel guilty if they are angry at their mother. They may sense that their mother didn't listen to them or protect them.
- ◆ The child may feel guilty if the police are involved, or the offender goes to jail.
- ◆ The child who was physically aroused during the abuse may feel responsible/guilty. Assure them that their body responded that way because their bodies are made to respond and this was not in her/his control. Sexual arousal does not equal collusion and responsibility.

2. Raise Self Esteem & Feelings of Self Worth

- ◆ Children in sexually abusive homes have little recognition of their feelings or needs.
- ◆ Abused children shut off their feelings. They cannot love themselves and have difficulty loving or trusting others.
- ◆ Abused children therefore need:
 - * Nurturing
 - * Positive reinforcement
 - * Recognition
 - * Satisfaction

3. Give Sexual Education and Guidance

- ◆ Sexually abused children need to have age appropriate sex education.
- ◆ They need to understand their own bodies.
- ◆ Many sexually abused children feel insecure in their bodies and loathe their own skin.
- ◆ They may harbour myths about sexual acts perpetrated on them, e.g. the ten year old girl who was exposed to oral sex and thought a baby would grow in her tummy.

4. Sexually abused Children Need to Know They are Physically OK

- ◆ Often they need to know this from a medical doctor; e.g. "I've examined you from head to toe and you're OK," says one doctor.
- ◆ Children and adolescents want to know if they are damaged or devalued by their sexual experience. They fear other people will notice that they are different in some way.
- ◆ Give lots of reassurance. *Note* - Remember too, we have to deal with our own views and hang-ups in this area, or we may convey them to the child.

5. Abused Children Need to be Taught Assertiveness

- ◆ They should have rights & control over their own bodies.
- ◆ They should be empowered to say "no" to inappropriate sexual behaviour of others.
- ◆ They have the right to privacy when dressing, bathing or sleeping.
- ◆ They should be encouraged to talk about things people do which make them feel uncomfortable. Often children need to role play how to handle sexually abusive situations with family members or in other situations.

6. Teach Abused Children to Distinguish Between Affectionate and Sexual Behaviours

- ◆ Sexually abused children are sometimes conditioned to respond sexually and seductively from a young age. They may have been rewarded with attention for sexual behaviour.
- ◆ Children need appropriate role modelling. They need to know that all adults do not respond sexually, but can respond affectionately. They need to be able to differentiate between the two.

7. Teach and Substitute Age Appropriate Social and Peer Behaviour

- ◆ Allow children to be children in normal adult-child non-sensualised relationships.
- ◆ Encourage involvement in normal peer group social activities. Try and create joy and fun through appropriate play, recreation, art, music and hobbies.
- ◆ For some children the innocence of childhood is lost, but you can help increase self-worth, self-respect, value for their bodies, and increased ability to trust others.

8. Support the Counselling Process and Know the Treatment Goals

These Goals include -

- ◆ To form a positive self image.
- ◆ To establish trust in other people.
- ◆ To acknowledge emotions.
- ◆ To learn to express anger safely in a way that is not destructive.
- ◆ To experience positive adult and peer interaction.
- ◆ To learn how to communicate needs, feelings verbally.
- ◆ To develop different ways of coping.

(Author D. Mitchell Whitman. Used with permission)

If your child has a medical

You and your child will be accompanied to the medical examination by your social worker or police officer. The medical examination will take place at the Cambridge Clinic, the rooms of the DSAC Doctors (Dr's for Sexual Abuse Care). These Doctors are especially trained to work with sexually abused children.

At the Cambridge Clinic you will be greeted by a friendly Nurse, who will show you the rooms. The Doctors will talk to the Police or the Social Worker first, then the Mother or Caregiver, then the Child, then everyone together. The child is then taken into the examination room, accompanied by whomsoever the child chooses, asked to put on a child sized gown and generally made to feel as much at ease as possible.

Doctors and nurses put on gloves, explaining to the child that using gloves to touch is what Doctors do and it's okay. The medical examination will start with the Doctor examining the ears, eyes and throat, weight and height. This is to gain the child's confidence. Then the genital and anal area will be examined and swabs taken. This is for medical evidence and to make sure there are no infections.

The Doctors will assure the child that everything is normal and they are taking swabs to make sure there are no bugs. The swab-taking only takes two or three minutes. If at any time the child becomes distressed the Doctors will stop the procedure. The nurses and DSAC Doctors are well trained, caring professionals who are non-judgemental and will keep their work confidential. They will endeavour to make you and your child feel as comfortable as possible. If you are unsure about the medical examination and want to ask further questions please phone Cambridge Clinic 366 0067.

Evidential Unit Child, Youth and Family

The purpose of the interview is to establish whether or not the child has been abused, if so, the nature and extent of what has happened, and to gather evidence. All the interviews are done on video and monitored by a second interviewer. If there is a prosecution the video may be used in a court or family court setting, as evidence. Interviewers are specially trained personnel from either NZ CYFS or the police. General feedback from children regarding the interview process is that they do not find it traumatic. A child is not forced to talk and the interviews are structured and child focussed. During the interview play materials may be used to make it easier for the child to answer questions, describe routines or give details of abuse. The interviewer is required to establish that the child understands the difference between truth and lies and then must enlist a promise from the child to tell the truth. This is not always possible, particularly with younger children. If this cannot be established, criminal prosecution is unlikely, unless the offender admits.

On arrival at the video unit the interviewer will speak with the parent/caregiver. This is an opportunity for the interviewer to check information, and for the parent/caregiver to ask questions and provide further details. At this point the parent/caregiver will be asked to sign a consent form allowing their child to be interviewed on video and for information from that video to be used by the police in their investigations, or by social welfare, in order to keep the child safe if necessary.

The parent and child then view the interview and monitor rooms. The child is interviewed on his/her own whilst the parent/guardian waits with the support person or social worker they have come along with.

The video tapes are kept secured at the police station. Application to the referring social worker or police officer to view the tape may be made by the parent or guardian. Permission to view the tape may be granted when it is deemed in the best interests of the child, in accordance with the evidence. (Videotaping of Child Complaints regulations 1990).

Most parents experience a multitude of emotions when a child discloses sexual abuse. You are not alone - there is help for you.

Find someone you can trust to talk to. Confidentiality is really important. If you don't have someone, there is support available.

If you are on a benefit of any kind, you can apply to Work and Income for a disability allowance that will cover the cost of counselling for you.

Other support options are:

- ◆ **The Monarch Centre.** - A trained support worker is available to provide support to the parents/ caregivers and family members. We also provide ACC Counselling and non ACC Counselling. Our services are either no or low cost to the client.
- ◆ **S.T.A.R.T.—** Sexual Abuse Therapy and Rehabilitation Team, phone 03 355 4414
- ◆ **Some medical centres** have a free counselling service.
- ◆ **If you have a friendly GP** he/she may have a listening ear.

The primary function of the Police Child Abuse Unit is the investigation of reported cases of sexual abuse against children, incidents of serious physical abuse, and, where appropriate, prosecution of the offender.

The Unit does not investigate reports by adults of abuse as children, stranger attacks or exhibitionist behaviour.

Fundamental to the operation of the Unit is a commitment to consultation and joint action with the Child, Youth and Family.

In general terms, agency responsibilities are:

- ◆ Protection of the child (Child, Youth & Family).
- ◆ Prosecution of the offender (Police).
- ◆ Crisis support, counselling and therapy (Child, Youth & Family / Counselling Agencies).

Reports of sexual and serious physical abuse are given priority, however it is not always necessary to begin the investigation immediately.

Factors determining priority are:

- ◆ Is the child at risk?
- ◆ How recent was the abuse?
- ◆ How serious was the offending?
- ◆ Are other children at risk?

GATHERING EVIDENCE

The Police need to establish that a crime has been committed.

A statement will be obtained for the source of the report for background information. All witnesses will be interviewed and if abuse is recent the scene may be examined.

INTERVIEW OF THE CHILD

The number of interviews of the child will be kept to an absolute minimum. The interviews should be recorded exactly, in writing or video recording where equipment is available. Evidential interviews are usually conducted by specialist interviewers for the Child, Youth & Family or the police.

MEDICAL EXAMINATION

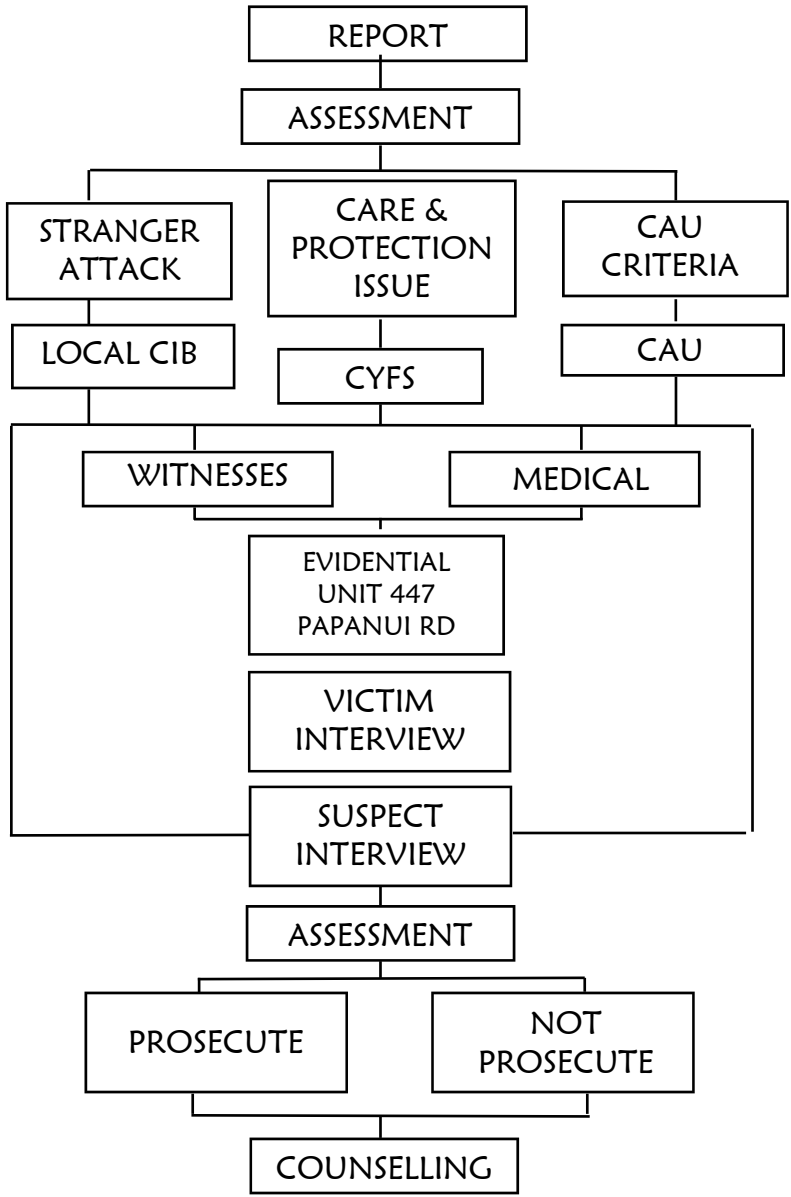
Where a medical examination is indicated DSAC doctors or the Paediatrics Department will be used. The main purpose of the medical examination is the health of the child. The examination rarely provides conclusive evidence of abuse.

ASSESSMENT

As much evidence as possible will be gathered, prior to an interview with the suspect. A decision as to prosecution is dependant upon the weight of evidence. Experience indicates that Court ordered intervention offers best assurance that the abuse will stop, however decisions are made with the interests of the child paramount.

Investigation officers endeavour to keep parties informed and minimise the emotional impact of the Court procedures, however prosecution of the offender through the criminal courts requires a personal commitment by both the child and non-offending care-givers over an extended period of time.

INVESTIGATIVE FLOW



CAU - Child Abuse Unit

These counsellors work with children and adolescents who have been sexually abused. Some are ACC registered and a supplementary fee may be charged.

Counsellors for children

S.T.A.R.T., PO Box 21-022, Edgware,
CHRISTCHURCH Ph 03 355 4414 (START is a Sexual
Abuse Therapy & Rehabilitation Team)

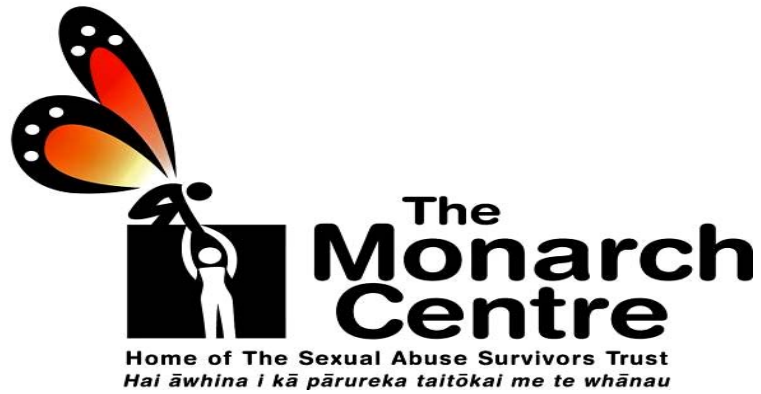
Counsellors for adolescents

YOUTH HEALTH CENTRE, 198 Hereford St,
CHRISTCHURCH Ph 03 379 4800

S.T.A.R.T., PO Box 21-022, Edgware,
CHRISTCHURCH Ph 03 355 4414 (START is a Sexual
Abuse Therapy & Rehabilitation Team)

TE PUNGI ORANGI -Maori. 687 Worcester St,
CHRISTCHURCH Ph 03 381 8472

SHAKTI - Ethnic. Ph 03 389 2028



- ◆ Safecare 24hr Acute Rape Crisis and Sexual Assault Service
- ◆ ACC & non ACC Counsellors
- ◆ Parent/caregiver Support Worker and Family Support
- ◆ Support and Advocacy Services
- ◆ Group Support
- ◆ Community Education
- ◆ Resource Library
- ◆ Information Brochures
- ◆ Court Procedure Video/DVD
- ◆ Website



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**Providers of SAFECARE
P O Box 944
391 Durham Street North
Christchurch 8146
Phone 03 377 5401
Fax 03 377 5402
Email sast@sast.org.nz
www.sast.org.nz**