



# **The International Society for the Prevention of Child Abuse and Neglect (ISPCAN)**

## **ISPCAN ‘DENVER THINKING SPACE’ 2011: Child Sexual Abuse An International Perspective on Responding to Child Sexual Abuse**

### **EXECUTIVE SUMMARY**

**A Layperson’s Guide:** What senior policy-makers need to know about the sexual abuse of children – and how best to prevent and respond to it in their community.

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## **ACKNOWLEDGEMENTS**

**Oak Foundation, Geneva, Switzerland**

**The Kempe Foundation for the Prevention and Treatment of Child Abuse and Neglect,  
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## INTRODUCTION

The International Society for the Prevention of Child Abuse and Neglect (ISPCAN), with the support of the Oak Foundation, hosted the inaugural ISPCAN 'Denver Thinking Space' 2011: Child Sexual Abuse in Denver (USA) on 5-7 May 2011.

This report provides a brief summary of the results of the questionnaire conducted prior to the ISPCAN 'Denver Thinking Space' 2011, the discussions that took place during the Thinking Space, feedback from participants after the event, and input from subsequent satellite workshops. It summarizes proposals arising from the ISPCAN 'Denver Thinking Space' which will be used to inform policy development and future actions.

The aim of the ISPCAN 'Denver Thinking Spaces' is to provide the international community with a 'snap-shot' of high-level clinical and policy advice that is:

- informed by multi-cultural, multi-lingual and multi-disciplinary input;
- universally applicable across language and culture;
- sensitive to the realities of resources; and
- a practical resource for the use of senior practitioners hoping to influence policy-makers and senior officials in their own geographical and cultural areas.

More than 35 people from a broad range of national, professional and organizational backgrounds attended this inaugural ISPCAN 'Denver Thinking Space' 2011: Child Sexual Abuse; they are listed in Appendix 2 of the complete document. Further engagement and concurrent on-line discussion with other ISPCAN members was enabled through 'live' video-streaming of the presentations; and supplemented by input from workshops run at subsequent international ISPCAN meetings later in 2011.

Formal presentations were made over two days - with additional large and small group discussions – and progressing to the drafting of written reports. On the third day, a smaller group met to edit contributions from the discussion, and to generate the first draft of a final report.

Prior to the event, ISPCAN 'Denver Thinking Space' participants provided written responses to five questions:

- What is the formal framework (legislation, agreements, formal and informal understandings, etc.) to manage child sexual abuse cases in your country?
- What professions, agencies, and/or institutions are responsible for addressing these cases?
- What are the problems you find most frequently? What are the obstacles or barriers faced in preventing the effective management of these cases? In what ways have these problems been addressed?
- Are there aspects of the evidence-based/'evaluated' literature about child sexual abuse that you consider to be unhelpful or irrelevant within your region, culture, or language-group? Why? What would you recommend in its place?
- If you had the power to implement an ideal system, what would the components be?

These responses are provided in Appendix 4 of the complete document.

A selection of the papers by the invited speakers is included in the Appendices, which are included in the complete document.

The outcomes of the three days of discussions and the subsequent submissions are summarized in the Executive Summary.

It is ISPCAN's hope that this document provides an insight into this complex area of public policy and clinical work - and inspiration for future investments for decision makers and practitioners around the globe.

Best Regards,

A handwritten signature in black ink, appearing to read 'Irene Intebi', with a stylized flourish at the end.

**Dr Irene Intebi**  
ISPCAN President

Development of this paper has been a multi-person, multi-national and multi-cultural project. In order to reflect this multitudinous aspect, neither word usage nor spelling has been changed. All opinions expressed in this paper represent the individual viewpoints of the contributors and are not necessarily the viewpoints of the International Society for the Prevention of Child Abuse and Neglect, any government, governmental agency, or other organization.

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## **BACKGROUND: ISPCAN 'Denver Thinking Space'**

### **ISPCAN**

The International Society for the Prevention of Child Abuse and Neglect (ISPCAN), founded in 1977, is the pre-eminent non-government multi-disciplinary international membership organization working in the field of child protection.

ISPCAN brings together a worldwide cross-section of committed professionals to work towards the global prevention and treatment of child abuse, neglect and exploitation globally.

ISPCAN's mission is to prevent cruelty to children in every nation, in every form: physical abuse, sexual abuse, neglect, street children, child fatalities, child prostitution, sex trafficking, children of war, emotional abuse and child labor.

ISPCAN's mission is to support individuals and organizations working to protect children from abuse and neglect worldwide.

ISPCAN's objectives are to:

- increase awareness of the extent, causes and possible solutions of all forms of child abuse;
- disseminate academic and clinical research to those in positions to enhance practice and improve policy;
- support international efforts to promote and protect the Rights of the Child;
- improve the quality of current efforts to detect, treat and prevent child abuse;
- facilitate the exchange of best practice standards being developed by ISPCAN members throughout the world; and
- design and deliver comprehensive training programs to professionals and concerned volunteers engaged in efforts to treat and prevent child abuse.

### **ISPCAN 'Denver Thinking Space'**

The ISPCAN Executive Council in 2011 identified the lack of opportunities afforded for senior practice experts in child protection from around the world to gather in one place to discuss a discrete area of clinical practice without distraction.

The ISPCAN Executive Council was of the view that ISPCAN's unique membership composition and credibility as an international leader provided an exciting mechanism to facilitate such an undertaking.

The ISPCAN Executive Council conceived of biennial Clinical Practice/Policy Workshops auspiced by ISPCAN to consider an emergent topic of relevance to the field of child protection and to provide the international community with a 'snap-shot' of high-level clinical and policy advice that was:

- informed by multi-cultural, multi-lingual and multi-disciplinary input;
- broadly applicable across language and culture;
- sensitive to the realities of resource; and
- a practical resource for the use of senior practitioners hoping to influence policy makers and senior officials in their own geographical and cultural areas.

For this purpose, these Workshops would be multi-national, multi-lingual and multi-disciplinary in composition; assembling local, regional, and international experts.

These Workshops would be held at the ISPCAN Secretariat in Denver (USA) and be entitled: "ISPCAN 'Denver Thinking Space' (Year): Topic".

This is a pilot initiative: with the hope that a regular ISPCAN 'Denver Thinking Space' (on a specific clinical issue) occur in the alternate year to the Biennial ISPCAN 'International Congress on Child Abuse and Neglect'.

### **Inaugural ISPCAN 'Denver Thinking Space' 2011: Child Sexual Abuse (CSA)**

ISPCAN convened the inaugural ISPCAN 'Denver Thinking Space' 2011: Child Sexual Abuse on May 5-7, 2011 to consider issues related to the prevention and management of child sexual abuse and exploitation (CSA) from an international perspective.

ISPCAN had identified with its strategic partners that:

- There was a need to re-examine what the published literature presented as 'best practice' from the perspective of countries and cultures that may have different cultural pathways, priorities and/or resources to those countries where the published literature was generated.
- The published 'evidence-based'/'evaluated' literature in the area of child sexual abuse is predominately in English, and from affluent countries – based upon the experience of countries where the investment of time and money has been the greatest.
- It was timely to review what is known about the outcomes of these efforts and to present available evidence as to what interventions are available and should be considered from the international perspective. This would be from the perspective of a group of experts with diverse cultural, language, and regional expertise in the management of child sexual abuse.

The selection of child sexual abuse and exploitation as the topic for this 'Denver Thinking Space' should not be interpreted to imply that this area of child abuse is of more importance than other forms of child abuse and neglect.

The predominant focus of this 'Denver Thinking Space' on child sexual abuse and exploitation occurring within the home and local community should not be interpreted as diminishing the significance of 'institutionalized' child sexual abuse such as:

- child trafficking
- child prostitution or
- organizational nonfeasance, misfeasance or malfeasance

as issues of significant international concern.

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## **EXECUTIVE SUMMARY: Child Sexual Abuse – An International Perspective**

### **Trans-cultural Epidemiology**

Child sexual abuse and exploitation is not a new phenomenon - it is documented in the written and verbal histories from all cultures.

Child sexual abuse and exploitation remains an issue for all peoples of all nations - regardless of race, culture or religion.

Children are sexually abused and exploited in all the environments in which they are found:

- their homes;
- their extended kinship and friendship networks;
- their 'physical' neighborhoods;
- their 'virtual' neighborhoods;
- their 'formal' institutions (for example, schools and churches); and
- their 'informal' institutions (for example, sports and recreational clubs).

Specific definitions of child sexual abuse (CSA) vary between disciplines, nations and cultural groups and have further evolved within those groups over time. This is not dissimilar to other areas of human interaction where significant change has occurred in the globalization of standards of what constitutes acceptable human behavior (such as the abolishment of slavery and establishment of guidelines for management of physical violence at the national (armed conflict), community (neighborhood violence) or family (inter-personal violence) level).

Despite variation in some aspects of definitions, there is universal acceptance across national, cultural and religious groups that there are aspects of sexual interaction (including some which are acceptable in sexually and developmentally mature humans – that is, for 'adults') for which children are developmentally unprepared; and that these sexual interactions are predominately harmful to children.

There is similar acceptance that children develop sexual interests and activities as part of a normal and 'healthy' developmental trajectory to 'adulthood'. However, coercion, intimidation and violence, or the 'sexualisation' of the relationships in children's lives which contain innate power imbalances or intimate access (i.e. parents / guardians / teachers / coaches / religious leaders) have been identified as factors likely to divert this normal development process into one harmful to children.

Such child sexual abuse and exploitation are universally declared as unacceptable and harmful by national, cultural, and religious groups.

Although child sexual abuse may occur in isolation, it commonly co-exists with other forms of child abuse and neglect (such as child physical abuse, child emotional abuse, child neglect), and shares many of the same risk factors. Interventions aimed at the prevention and treatment of child sexual abuse and exploitation must be designed with this complex interaction in mind.

Global changes in communication technologies are associated with changes in the 'type' and 'degree of risk' for sexual abuse and exploitation to which children may be exposed (for example, electronic media, electronic social networks, digital imaging and the Internet in general) through entrapment and by exposure to developmentally inappropriate 'sexualized' material. This risk may transcend local community, national, cultural or religious boundaries.

The 'globalization' of world economies and increased ease of travel have led to an increased vulnerability for children to sex trafficking and sex tourism.

As child sexual abuse and child sexual exploitation are not issues that fall solely within the family environment nor solely outside of it, the responsibility for the prevention and treatment of child sexual abuse and child sexual exploitation must be shared between parents/guardians, the community/civil society, the State, and the international community more broadly (Article 19 of the United Nations Convention on the Rights of the Child (UNCRC)).

The development of a global, trans-national, trans-cultural, trans-ethnic and trans-religious approach to the prevention, identification, and treatment of child abuse and neglect should be of the highest possible priority.

### **Tradition, Change and Economic Progress**

The concepts of the need to protect children, and that children have a sexual developmental trajectory, are universally held tenets in all of the world's cultures and religions.

Even though a particular child-rearing practice may have a long history within a culture (that is, the practice is 'customary' or 'traditional'), it is not sufficient to assert that the practice is neither harmful nor abusive to children. An example would be female genital mutilation or child trafficking.

Parents, families, societies, cultures, ethnic and religious groups raise children in a manner that they believe to be beneficial to their children. However, reviewing practices in the light of a developing evidence-base can allow for the evolution of new and beneficial child protective attitudes and practices within families and society.

Based on an evolving foundation of effective practices to prevent, identify, investigate and treat suspected child sexual abuse, professionals in different cultures can help individuals and societies rethink and reframe behaviors and practices relevant to the care of children.

Although economic 'progress' provides some protection to children from death and morbidity directly associated with poverty, the cultural changes associated with economic progress are not always in the best interests of children.

The social isolation of caregivers for children (often women) that can be associated with economic 'progress' may have adverse side effects and can be 'concomitants' of child abuse and neglect, including child sexual abuse.

During periods of rapid social change, all members of a culture are vulnerable, but due to their dependence, children are particularly vulnerable at such times. For example, the movement of parents away from rural areas to work in cities or mines for economic reasons may result in children being separated from one or both parents.

It is increasingly recognized across all nations and cultures that children are the most important component of 'human capital'. There are strong economic reasons to protect children from sexual abuse if for no other reason.

An ethical argument can be mounted that there is an obligation on those individuals, organizations and societies which hold resources and/or expertise in the prevention, identification, investigation and treatment of child sexual abuse to facilitate the protection of children in less resourced areas across the globe.

It is important that this support is sensitive to local national, cultural, ethnic and religious traditions, practices and beliefs - provided that such traditions, practices and beliefs do not lead to child harm. In this regard, the relevant international UN instruments can provide some guidance.

Whatever the local national, cultural, ethnic and religious traditions, if they result in child sexual abuse or exploitation, it is appropriate that they be vigorously challenged.

## Definitions

**Clinical/Research definitions** of child sexual abuse vary in their wordings and academics and practitioners have struggled with definitions of what is a 'child', what is 'sexual', what is 'abuse', and even what is 'harm'. There is, however, a consistent concept that has arisen from decades of practical clinical experience and research: that children are inherently vulnerable to physical and mental harm when involved in sexualized interactions before they are developmentally mature; and that the risk of these harms is greatly increased by factors such as the concurrent use of threat or force, the degree of physical intrusion, the duration, and the degree of subterfuge and coercion.

One widely used working definition of sexual abuse is that: **'sexual abuse' involves any sexual activity where consent is not, or cannot be, given.** This includes sexual contact that is accomplished by force or threat of force, regardless of the age of the participants, and all sexual contact between an adult and a child, regardless of whether there is deception or whether the child understands the sexual nature of the activity.

Sexual contact between a teenager and a younger child can also be abusive if there is a significant disparity in age, development or size, rendering the younger child incapable of giving consent. The sexual activity may include sexual penetration, sexual touching or noncontact sexual acts such as exposure or voyeurism.

**Criminal definitions** of child sexual abuse are commonly derived from pre-existing criminal laws addressing sexual crimes more generally. As the pervasiveness of child sexual abuse has become apparent, many criminal statutes have been amended and new civil statutes enacted that define child sexual abuse in order to establish accountability and assure treatment when CSA occurs.

Criminal definitions usually specify different forms of sexual abuse, breaking down the behavior into different categories. Thus "sexual intercourse" can include degrees of penetration and different levels of mental intent. "Sexual contact" laws can specify which parts of the body are included and identify activities that are lawfully a legitimate form of child care even though intimate in nature. Similarly "exhibitionism" and "sexual exploitation" are often separately defined in a detailed fashion.

## The Importance of Measurement and Analysis

The regular collection of accurate demographic data about child sexual abuse in affluent cultures forced a change in how people in those cultures perceived and responded to the issue of child sexual abuse. This process of collection and meaningful analysis should be integrated as part of recognized

child sexual abuse prevention and treatment systems within all countries and extended globally. The model proposed would be similar in scope and style to other population-level data collection and analysis systems already in existence in many countries such as 'Cancer or 'Notifiable Disease' Registers.

The regular collection of demographic data (for example, incidence and prevalence) about child sexual abuse is fundamental to any purposeful analysis, and any strategy to positively affect change. The 'medical examination', although helpful in some instances to confidently identify child sexual abuse, is not definitive in most instances.

**Direct 'physical' markers** of child sexual abuse in the genital areas themselves are present in only a small minority of cases of child sexual abuse. Those markers that are present may only persist for a short time period (measured in hours and days). For these reasons, the absence of 'physical' markers of child sexual abuse in the genital area cannot be the basis for dismissing concerns about the possibility that child sexual abuse has occurred.

**Less direct 'physical' markers** of child sexual abuse may include the presence of sexually transmitted infections or pregnancy.

**Indirect ('behavioral') markers** of child sexual abuse may include sexualized behaviors, drug-use disorders, depression and/or subsequent changes in behavior.

### Research and Evaluation

Research into the etiology, prevention, identification and treatment of child sexual abuse is essential to provide effective interventions.

The development of evidence-based, broadly applicable approaches to the prevention, identification and treatment of child sexual abuse is an important strategy. Although there is reason to believe that much of this research is globally relevant, significant further investment is required to confirm this assumption. It should be noted that, although underlying principles of intervention may be broadly applicable, it is likely that local cultural, linguistic, economic and resource factors will require that some level of modification be undertaken for successful implementation. A commitment to evaluation of these site-specific variations is an important part of this research, implementation and evaluation cycle.

Specifically, there is a need to demonstrate effective interventions in local languages that are culturally congruent and acceptable, practically implementable (both financially and in regard to available expertise) and politically acceptable in circumstances of limited resources.

There are substantial difficulties in researching child sexual abuse, including:

- challenges in identifying the actual prevalence of child sexual abuse versus incidence reports;
- challenges in definition, which relate to both diagnosis and to the development of descriptive data on child sexual abuse;
- the importance of avoiding additional harm to victims while respecting their rights;
- the challenge of engaging offenders while protecting their rights;
- the cost of conducting the research and disseminating research outcomes;

- the challenge of meeting scientific requirements for reliability, validity and generalisability of research findings across cultures;
- challenges relating to intra-familial versus extra-familial child sexual abuse; and
- the stigma that may inhibit disclosure, even where confidentiality is assured.

There is a need to better understand (both qualitatively and quantitatively) the developmental trajectory of 'normal' childhood sexuality (and expected 'normal but atypical variants') to prevent exploitation of normal sexual development.

When child sexual abuse incidence and prevalence figures are based on surveys and other indicators (such as crime records, sexually transmitted infections or STIs, and pregnancies), researchers can more clearly define what is being counted and thus describe what they believe the results represent. Research indicates that it is likely that one in ten, or even more, children experience child sexual abuse. (NB: The number of cases can vary by the definition and the methodology used; for example, when more behaviorally specific questions are asked, the higher the rate of child sexual abuse identification.)

When incidence and prevalence studies are based on mandatory reporting laws, the data rely on definitions prescribed by law in the jurisdictions mandating reporting. Such data systems are not common yet, but do provide some advantages in terms of management and research.

### Multi-dimensional Perspectives / Philosophies

Child sexual abuse and exploitation can be considered from a number of different, but independently legitimate, perspectives. Examples of such perspectives are to consider child sexual abuse as a:

- **Criminal Justice Issue:** Sexual abuse and exploitation are universally recognized as criminal acts that require some type of legal and correctional response. The role of punishment as a means to prevent future child sexual abuse, and as a response to the harm suffered by the victim, is a cornerstone of the legal response. In some systems, a therapeutic response is also attached to the criminal response. Restorative justice may also play a part in this process. Legal and investigative services need to keep the rights of the child, in addition to the rights of the accused, in mind. Specific developmental issues in regard to children (cognitive, linguistic and social) need to be accommodated by legal and criminal systems to allow children equal rights and opportunities within these systems. Criminalization and punishment, in isolation from other strategies, provide a limited and incomplete mechanism to prevent, treat and protect children from child sexual abuse.
- **Child Rights Issue:** Child sexual abuse and exploitation are child rights violations because children have the right to be safe from sexual abuse and exploitation, which may also be associated with other forms of abuse and maltreatment. International meetings and programs have expressed an aspirational consensus regarding the well-being of children that encompass the problem of child sexual abuse. These include:
  - the UN Convention on the Rights of the Child (CRC) and optional protocols;
  - the African Charter on the Rights and Welfare of the Child;
  - the role of national government policy and resource allocation to ensure that efforts are made to ensure the creation of a world fit for children;
  - the Millennium Development Goals; and
  - the United Nations Secretary-General's Study on Violence against Children (2006).

- **Child Health and Well-being Issue:** Child sexual abuse and exploitation are a child health and well-being issue because child sexual abuse poses serious physical health and mental health risks for children across their lifespan. In order to improve well-being, people adversely affected by child sexual abuse need effective assessment, treatment and intervention. These include medical, mental health, reparative developmental care, non-offending caregiver support and reunification consulting.
- **Family and Community Well-being Issue:** Child sexual abuse and exploitation are well-being issues for families and communities because child sexual abuse erodes trust, reinforces an abuse of power, and adversely impacts on family relationships.
- **Public Health Issue:** Child sexual abuse and exploitation are public health issues because of their pervasive natures; the adverse effects upon the health and well-being of individuals, including sexually transmitted infections and unwanted pregnancies, their families and the broader community; and the knowledge that effective identification, treatment and prevention require interventions at all levels of the community and across disciplines and sectors. An opportunity for sexual offenders and community members affected by child sexual abuse to access effective interventions is an essential part of the public health approach.
- **Risk Management Issue:** Child sexual abuse and exploitation are risk management issues for families, organizations, and the broader community. System measures need to be established to protect children and to manage risks of potential future harm after incidents of sexual abuse have occurred (for example, screening of possible offenders) in order to ensure the safety of children in organizations, schools and other institutions, as well as to avoid the heavy financial penalties that accrue from negligent oversight of children's safety.
- **Related Services Issue:** Child sexual abuse and exploitation are related services issues because child sexual abuse victims are overly represented both in healthcare and mental health services and in juvenile services and criminal institutions. Therefore, culturally appropriate and effective intervention and prevention strategies need to be developed that are capable of effectively bridging historical organizational conflicts.
- **Employment and Education Issue:** Child sexual abuse and exploitation are employment and education issues because child sexual abuse adversely affects children in terms of their education and employment options – the effects potentially extending throughout the adult life-cycle and extending into the next generation.
- **Professional Education Issue:** Child sexual abuse and exploitation are professional education issues because all professional and ancillary staff involved with children, adults and families require specialized training to maximize effective identification, prevention and intervention capacities.
- **International Issue:** Child sexual abuse and child sexual exploitation are international issues because modern changes in transport, information technology and migration create additional risks for children and require an international approach for the implementation of effective interventions.

Child sexual abuse and exploitation are important issues for:

- Governments;
- Law makers, law enforcement and courts;
- Policy makers;
- Communities and societies, regardless of their specific linguistic, cultural, ethnic, geographical or political characteristics;
- Organizations and institutions, especially schools and religious and recreational organizations;
- Prisons and treatment facilities for offenders;
- Cultural and religious groups;
- Practitioners working with children and their families;
- Families;
- Individual adults;
- Individual children;
- Media organizations; and
- Organizations with roles in promoting health, well-being, education and justice.

### **The Impact of the Types of Abuse on Children**

In undertaking investigations and planning interventions, it is important to recognize that there is a range of different types of abusive and sexually harmful behaviors towards children, including:

- **Adult males who perpetrate severe forms of sexual abuse**, both within and outside the family, with evidence of violent, sexually coercive actions against children, peers and adults.
- **Adult male abusers who perpetrate abuse against known children**, within the family, extended family and local community, who have higher levels of abusive experiences themselves.
- **Sex 'tourists'** who travel from their home country to take advantage of unprotected children in other countries.
- **Internet offenders** who access pornographic material. This can be a solo activity or as part of a complex international network of individuals who are responsible for creating and using pornographic material involving children.
- **Virtual predators**, the majority of whom are adult males, who use the Internet to anonymously stalk and seduce children.
- **Older children and young people**, both boys and girls, who are described as showing 'reactive' patterns of sexually harmful behavior.
- **Older children and young people** who abuse in a coercive fashion against children, peers and adults, both within and outside the family. They have often experienced high levels of maltreatment and adversity and may have co-morbid disorders such as Attention Deficit and Learning Difficulties/Disabilities.
- **Young people** who are recognized as being responsible for coercive sexual behaviors or involving younger children in sexually harmful activities. They are young people with high rates of sexual abuse themselves and associated adversity.
- **Adult female sexual abusers** who have been historically less recognized than males and less well researched. Adult women may offend against children or young people (their own or in their social network) as sole offenders or in combination with a co-offender.
- **Recognizing family contexts**. There is not a single pattern of family context described that can be recognized as characteristic of the setting for sexually abusive behavior.

## Multi-Disciplinary Teams

Significant variability persists in the response to allegations of child sexual abuse among professional disciplines, national jurisdictions, cultures, and religious groups.

Responses to allegations of child sexual abuse within and between these groups are often unpredictable and dependent upon the existence of informal systems, local expertise and vagaries of local resources and funding.

The establishment of multi-disciplinary 'Child Protection Teams' marked the beginning of modern success in identifying and responding to child physical abuse. Since child sexual abuse was identified as a systemic issue in the 1970s, it became clear that this model of collaboration between disciplines and agencies is an important systemic response to effectively investigate, manage, treat and prevent child sexual abuse.

Investigations that are coordinated between child protective services, criminal justice agencies, health and forensic services, and treatment services can reduce stress on children, prevent conflicts between the agencies, allow treatment resources to be shared, and allow agencies to support each other, as well as hold each other accountable on behalf of child victims and the public.

Over many decades, published research indicates that recommendations generated by Child Protection Teams:

- increase the likelihood that services for the child or family will be provided;
- reduce worker 'burnout' and attrition; and
- improve collegial relationships between case workers, physicians, law enforcement and lawyers.

Regional Child Protection Consulting Teams provide missing expertise, reduce ambiguity and increase confidence for the local team or local professionals. In up to 30% of cases, appropriate resolution would not have occurred without the consultation.

Essential agencies that should be represented on multi-disciplinary teams include health, public health, child protective services, mental health, civil law and criminal justice.

As with any complex system, systematized evaluation of the activities of specific professions and agencies against defined outcome measures is essential to define and refine best practice models.

The advantage of interdisciplinary work is that it provides a means for sharing knowledge and resources and endorses working together so that complementary approaches can be integrated for the benefit of children, parents and society. This also increases the chances that necessary knowledge will be applied and coordinated responses will occur.

Managing the boundaries between individuals from different disciplines is a key element to the principles and practice of interdisciplinary collaborative work. The contribution of each individual's professional discipline needs to be recognized. Professionals performing in their appropriate roles and assisting with the development of shared skills will enhance protections and interventions for children and their families.

## Persons Who Sexually Abuse Children

It has been suggested that four 'pre-conditions' must exist for an individual to sexually abuse a child. The abuser must:

- have the motivation to sexually abuse;
- be able to overcome internal inhibitors;
- be able to overcome external inhibitors; and
- be able to overcome the resistance of the child.

Offender characteristics have not proven an especially fruitful avenue for screening or preventing child sexual abuse. Despite popular conceptions, no 'profile' of a child sexual offender has been established with sufficient specificity and/or sensitivity to be of practical use as a screening mechanism.

In all countries, cultures and ethnic and religious groups, there has been resistance (both active and passive) to the establishment of systems to prevent, identify and treat child sexual abuse. This resistance has been at the level of individuals and families, and includes professional, educational, sporting and religious agencies – often for complex reasons of philosophy, history or tradition.

In addition, self-identified groups of individuals, who wish to have sexual contact with children, justify their behavior using strategies to 'normalize' and 'legitimize' their sexually abusive behavior in the eyes of the public and officials.

## Criminalization

The fact that child sexual abuse has long been perceived in most countries as a criminal act has meant law enforcement and judicial processes have played a significant role in the initial response to child sexual abuse.

When a child has been sexually abused by someone outside of the immediate family (extra-familial sexual abuse), especially by someone who has an organizational duty of care or who is involved in trafficking children (or their images) for prostitution or financial gain, there is universal agreement across all nations, cultures and religions that law enforcement and judicial process have a substantial and primary role.

The application of a criminal approach to abuse within the immediate family (intra-familial child sexual abuse) has been more controversial. The concept of 'incest' has complex cultural and religious overlays which may result in this type of child sexual abuse being considered as 'different'. Initiation of criminal justice processes following disclosures of intra-familial child sexual abuse may produce outcomes that the child did not anticipate and does not want (for example, financial disruption of the family, public shaming of the family, punishing and imprisonment of a close family member, marital breakdown). These are less likely to be issues when the abuse is by someone more removed from the child's immediate circle.

Notwithstanding the important role that a criminal response to suspicions of child sexual abuse plays when child sexual abuse is first identified as a cultural concern, over time most countries identify that a 'therapeutic' perspective is important to the subsequent health and well-being of affected children and their families.

Proponents of this less punitive approach argue for a distinction between intra-familial and extra-familial child sexual abuse. Individuals favoring a therapeutic view also work to understand the origins of sexually abusive behavior in adults or in the sexually harmful behavior of young people.

There is evolving evidence that many forms of intra-familial child sexual abuse can be managed at least in part through child protection services. This may ensure that a child is protected, treated and other relevant services provided for the child and family to determine whether the family can provide a safe environment for the child and, when necessary, determining whether the child needs a long-term alternate placement.

### **Prevention and Treatment**

Published research on the treatment of abused and neglected children has become both more rigorous and more prevalent in the past decade. The research includes studies that report positive treatment results for children who suffer physical abuse, sexual abuse, and/or are neglected. Many types of evidence-based practice are now available, including Trauma-Focused Cognitive Behavioral Therapy, Parent-Child Interaction Therapy, and Abuse Focused-Cognitive Behavioral Therapy. It should be noted, however, that these interventions have not been evaluated on all ethnic groups and data from extended follow-up is limited. Such therapeutic approaches hold considerable promise, but we are yet to be in a position to say with confidence that these interventions are the best ones globally without further research and cultural modification.

A significant minority of cases of child sexual abuse involve abusive contact between a child and an older minor. An important finding of the past twenty years is that youth who perpetrate child sexual abuse constitute a threat to other children, that effective treatment modalities exist, and that early intervention is more likely to succeed (and at a lower cost). With appropriate treatment, this group of children who sexually abuse other children has a much lower recidivism rate than do untreated minors or adults.

The best way to protect children is to prevent offenders from harming children by targeting risk, provision of an effective intervention and the prevention of relapse.

Counseling of children affected by child sexual abuse must include all persons in the household.

### **Essential Processes in all Cultures and Countries**

Data collection is an important element in the social reaction to the incidence of child sexual abuse and sexual exploitation in any society regardless of the cultural components of that society. Systems for data collection may need to be developed.

Once child sexual abuse and sexual exploitation are acknowledged by society, responses to the problem need to be developed, including protective systems, policies and laws, appropriate curriculum and training, and a capacity building process for all professionals concerned.

While acknowledging the national commitments towards the UN Convention on the Rights of the Child in general and Article 19 in particular, national programs need to take into consideration specific factors such as:

- legal definitions and concepts of child sexual abuse and sexual exploitation;
- specific types of child sexual abuse and sexual exploitation in some cultures; and
- differences in implementation capacities in each country and region.

It is noted that each country's level of development is directly affected by its commitment to child protection and children's well-being, including minority groups.

Professionals can play an important role in prevention, training, reporting, rehabilitation and data collection, for the purpose of capacity building of the child protection system at the national level. This is particularly important in countries where there are gender discrimination issues and where professionals are valued and respected in the society.

Children need also to be part of the process in a meaningful way, especially in education and child friendly reporting systems. It must be noted that other forms of child abuse can be associated with or precede child sexual abuse and sexual exploitation. Therefore, child sexual abuse should be managed as part of a broader child protection system, rather than as an issue fundamentally different from other forms of child abuse.

Supporting best practices in parenting can provide for safe child care earlier in life and provide proper and timely detection of groups at risk (in child and parents). Home visitation is one strategy that has been researched predominately in affluent countries, but has significant promise as a more global intervention.

### **Principles and Practices in Prevention of Child Sexual Abuse**

Responsibility for prevention of child sexual abuse is shared by parents, schools, communities, governments and the broader society. In seeking to prevent sexual violence against children, it is important to recognize that some risk factors, such as poverty and lack of access to education, must be addressed at both policy and practice levels.

Poly-victimization and the co-occurrence of other forms of abuse must also be acknowledged in the formulation of prevention strategies.

Response to situations of conflict, post-conflict and natural disasters must consider evidence that the prevalence of sexual violence and exploitation often increases in contexts of these conditions and respond adequately. Sexual exploitation of children including 'sex tourism' requires the involvement of all aspects of government and its prevention cannot be the sole responsibility of child protection services.

Greater emphasis should be placed on primary prevention – preventing violence from ever taking place – as opposed to secondary or tertiary prevention. There is also a need to strengthen the service provision network (for example, the health care sector needs to be trained to identify and care for CSA cases).

Secondary and tertiary prevention should be evidence-based, identifying ways in which victims may be re-victimized and how victims, in turn, can become people who harm others.

Evidence-based research is needed regarding the risk and protective factors associated with both perpetration and victimization in order to develop effective preventive strategies. Prevention strategies need to be rigorously evaluated at all levels and take into account the range of social contexts of vulnerable children.

Primary prevention of sexual violence may require adaptation to different manifestations of sexual violence, different groups of high risk individuals and different groups of vulnerability for victimization of children and families. Prevention strategies should include a combination of provision of information (for example, children's human rights), building skills (for example, what to do, who to talk to) and provision of resources (for example, hotlines).

### **Principles and Practices for a Holistic Approach to Children Affected by CSA**

The training of competent professionals who will be undertaking the first contact with the child is important. This professional training needs to be both discipline specific (that is, appropriate to obtain the information relevant to their discipline - medicine, police/justice, social work) and integrated and interdisciplinary in approach.

The drive for such integrated interdisciplinary systems must be present at all levels – from the clinical / field staff to the senior decision makers in the various organisations responsible for the provision of services to children and their families. Written and binding protocols signed by the head of the agencies are recommended with some flexibility to adapt to local conditions. These should state that the child has a right to be heard. This means ascertaining his/her wishes as opposed to parental wishes, both when there is conflict and when there is none. Implementation of the protocols through interdisciplinary training, including the legal system, and supervision, including judges and other professionals, should be ensured.

When collecting evidence, it is important to rely on the child's statement without excluding other evidence; investigation should focus on the protection of the child and not only on the requirements of punitive criminal proceedings. Children's allegations should be assessed through appropriate forensic interviews, where the number of interviews by different professionals is reduced to the appropriate minimum. Children should be interviewed but not interrogated.

Strategies to permit children who have been sexually abused to be empowered within the systems involved in their care, including the judicial systems, should be supported.

Criminal courts specializing in crimes against child victims and an integrated court system for family issues (criminal, family and civil) are needed.

Integration is a process and not only a goal. Observation and protection of the rights of the child and an integrated systemic approach are less traumatizing for the child.

Different programs need to be developed for young and adult offenders and for first-time and chronic offenders.

### **Education and Training Issues – Professionals, Schools, Communities**

All victims of child sexual abuse and sexual exploitation and their families have the right to have access to knowledgeable and skilled service providers regardless of their discipline.

Since child sexual abuse and sexual exploitation are ever-evolving fields, children deserve competent practitioners who acknowledge the importance of continuing education.

ISPCAN is a resource for the provision and dissemination of state of the art knowledge and best practice. The dissemination of knowledge may occur through many different strategies, including:

- Regional, national and international conferences;
- Development of a resource library;
- Core discipline specific training to address needs tailored to the developmental stage of a given program, consultation and networking.

The world community continues to learn about the definition, prevention, assessment and the treatment of child sexual abuse. As an evidenced-based understanding of core principles, guidelines, and standards evolves for the medical, legal, and social sciences, there is a need to disseminate this information world-wide through education, policy and training initiatives. If we are to significantly reduce the prevalence of child sexual abuse and sexual exploitation in its many manifestations, such efforts must be designed by and for the relevant individuals and systems in a state, country, or community. Any such training and education efforts shall remain open to the inclusion and adoption of culturally sensitive and culturally relevant alternatives.

## **Medical Care Domains**

### **Best practices in medical care of child sexual abuse**

Much has been learned about best practices in the substantiation of allegations of child sexual abuse, the building of medical diagnostic and treatment services and addressing the mental health needs of child victims. This having been said, the challenge remains to adapt this core knowledge in a way that is relevant to a given country, the resources available and the priority given to this issue.

### **Integration of the health care professional**

Health professionals have both an opportunity and responsibility to objectively evaluate children who are alleged to have experienced child sexual abuse and sexual exploitation.

The medical diagnosis of CSA is not solely reliant on the findings of physical evidence in the genital region; the history provided by the child to the health professional may have characteristics that permit a medical diagnosis to occur. The medical diagnosis can be an important step to address the health and welfare needs of child victims. Without a diagnosis, the ability to intervene, protect and ultimately provide the medical and mental health services necessary to address the impact of victimization will be compromised. Although the medical component is an important piece of the diagnostic process, it is the collective and collaborative insights of the numerous disciplines that will result in the most complete understanding of a child's experience and the required next steps.

Children suspected of experiencing child sexual abuse are entrusted to health professionals who have the responsibility to objectively assess these concerns when they present and to formulate a "medical diagnosis" that is balanced and defensible. The lack of physical findings, or disclosures by the child in the context of the medical interview and examination may not prevent child protection or intervention specialists from deciding a child has been abused, as evidence outside of the medical process may be available (for example, photographs or videos).

Systems need to acknowledge that as many as 90% of child sexual abuse cases are not confirmed by physical examination alone. Although the physical examination may not be diagnostic, when the medical history and examination are considered together, a medical diagnosis of CSA can be made.

### **Key Elements:**

- Medical diagnosis of suspected child sexual abuse and sexual exploitation can be critical to the substantiation process.

- Medical diagnosis must be balanced, objective and defensible.

### **Need for health care professionals to provide diagnosis and treatment**

All children suspected of being sexually abused, regardless of the conduit through which the concerns present themselves, should have access to skilled health care professionals who can address the potential adverse health effects of child sexual abuse and sexual exploitation, such as extra-genital or penetrative injuries, pregnancy in adolescents, or the acquiring of a sexually transmitted infection (STI).

Equally important is the need to address concerns that could be viewed as altered body images/body intactness questions that are commonly associated following sexual victimization. The need for child victims to know that their bodies are “normal” in spite of their experience is critical to their long-term psychological well-being. The medical evaluation can be the first step to therapeutic intervention, through an assurance provided by the health care provider about body image, risk of pregnancy, sexually transmitted infections, or other fears.

#### **Key elements:**

- Diagnosis and treatment of physical injuries and sexually transmitted infections following child sexual victimization are essential components of the health care of child sexual abuse and sexual exploitation victims.
- Assurance of “normality” or physical intactness is critical to the long-term mental health of child victims.

### **Health providers' approach**

Health professionals can apply their tried and true approaches to the diagnosis of any disease entity to the diagnosis of child sexual abuse and sexual exploitation when they understand the clinical expression of sexual victimization in girls and boys of varying ages.

As with any form of victimization, there is a spectrum of experiences from contact that is minimally physically intrusive to very intrusive and physically traumatic. By understanding that sexual victimization has the potential for both physical and emotional health consequences across the life-span, the health care providers can tailor their clinical approaches to improve their competence in the provision of appropriate services. This may entail provision for the integration of the child into services at a much later point in time, even as an adult, and those services may involve disciplines and services beyond the medical.

The single most important skill set that health care professionals must have is the ability to obtain a full history (including medical, psychosocial and facts) from suspected child victims in a developmentally appropriate and forensically sound manner that is non-judgmental, facilitating and empathetic. When children are asked about their experiences in a manner that allows them to tell their story, there will be an opportunity to obtain the best insight into their experience. Equally important is the thorough documentation of both the questions asked by the historian and the child's verbatim response.

Some children will experience physical injuries and contract sexually transmitted infections, requiring health care providers to diagnose both acute and healing injuries residual to sexual contact and to meet the treatment needs and provide follow-up care. The medical diagnosis is the result of the successful integration of medical history, physical examination findings and laboratory findings.

The ability to evaluate child victims requires a very specific set of knowledge and skills that are not intuitive to health care professionals and few are capable of meeting without specific professional training.

**Key elements:**

- The medical history is the single most important element of making a diagnosis of child sexual abuse and sexual exploitation.
- Obtaining and documenting the medical history is a critically important skill set.

**'Health care' or a 'Forensic / Evidence-gathering' role?**

Health providers are well grounded in their ability to provide diagnosis and treatment. A well-crafted and defensible medical opinion can have significant forensic value. Evidence can be found in the child's history, physical examination findings, and/or forensic testing. It is the collaborative data collection and opinions of all disciplines that ultimately will provide the most complete understanding and allow for child protection services and law enforcement to address their discipline's specific responsibilities. Health care providers best serve child victims when they see themselves as responsible for meeting the health care needs of the child and not as an agent of child protective services or law enforcement.

**Key elements:**

- When health care professionals address the health needs of child victims, they also meet the forensic needs that are important to the ability of child protective services and law enforcement to substantiate allegations to their respective discipline's specific standards.
- Working in a multi-disciplinary manner while knowing the limits of one's respective discipline is critical to substantiation.

**Developing health care capacity to serve medical diagnostic needs**

The child protective services (or child welfare services) response in many communities has traditionally been focused on the issues of protection rather than also addressing the health needs of child victims. Societal emphasis on prosecution does not necessarily encompass the needs of victims, unless specific policies, practices, and laws require victim assistance. As a result, there is variability in their access to specialized medical expertise (including mental health).

By sharing experiences with the medical community, child protective services and law enforcement professionals can begin to understand the critical importance of the health care role. These non-health care professionals must identify health care professionals in their community to provide needed care.

If medical resources are not immediately available, then protective services and law enforcement authorities need to strategically plan how to secure and support medical resources. In most communities, a physician and/or nurse can be identified who has demonstrated leadership and a special interest in serving the needs of sexually abused children and who should be invited to participate in a discussion as to how best to integrate them into the system of care.

In most communities, there are greater demands for medical services than capacity to meet the needs. Through dialogue, an opportunity can be created to prioritize which children receive services. A protocol can be established for both the type of cases that will receive care and the timing of any medical response.

**Key elements:**

- Child protective services/law enforcement must identify health care providers within their community to provide medical services.
- Health care professionals have a reciprocal duty to advocate for and assist in both the identification of committed health providers and in their training.
- Where medical services do not exist, a strategic plan to develop these services must be implemented collaboratively.
- Policies and protocols to access medical services, once developed, must be implemented.

**Sharing responsibility and shared decision making**

Each and every discipline has a responsibility to perform with the highest level of professionalism, recognizing the limitations of their discipline and providing objective, defensible opinions.

Each discipline has the right to know what are the special skills and responsibilities of each partner involved in intervening when child sexual victimization is suspected and to hold each other responsible and accountable.

Therefore, professional education that is both discipline-specific and interdisciplinary should be integral to a culture of developing and improving professional expertise to deal with child sexual abuse and sexual exploitation.

All effective systems of health care recognize that providing care to child victims of abuse has the potential for vicarious traumatization, causing emotional trauma for the caregivers, and that special efforts must be made to take care of all those providing care to child victims.

**Key elements:**

- Each discipline has the responsibility to perform with the highest level of expertise and professionalism.
- Professional development is an ongoing process and should be collectively supported and shared to serve the best interests of children and society.
- Vicarious trauma is a work hazard and should be both recognized and addressed to maintain a healthy work force.

**Conclusions**

The health professional can provide a unique and critical understanding of a child's experience when allegations of sexual abuse arise.

The health care provider's opinion can be an important part of the process of understanding whether abuse has occurred and simultaneously meeting the health care needs of the child.

Any successful system of care must integrate medical services into the fabric of how that care is provided.

It is the child protection system's ability to meet the medical and mental health care needs of child victims that promises the greatest return on investment - a child's life-long optimization of his/her physical and emotional development.

This document serves simply to emphasize the importance of addressing the health care needs of children suspected of experiencing sexual victimization. Once the system of child protection and

law enforcement acknowledges the important role of health, there is then an opportunity to develop systems of care that incorporate this invaluable resource in a meaningful manner.

### **Legal Domains**

Many groups are relevant to the task of developing an optimal legal approach to child sexual abuse. These groups and individuals include:

- judges
- lawyers, including counsel for children
- police
- other law enforcement personnel
- forensic health and mental health professionals
- social service/social work professionals

While these individuals are most likely to become involved in the daily work of the legal system, legislators, policy makers, many different interest groups and the general public will necessarily influence the laws that are enacted and the degree to which these laws are obeyed.

### **Different legal systems and different types of law within each type of legal system**

The world's nation states operate within domestic legal systems and legal cultures that can be quite different from one another.

Even when a country ratifies a treaty or reaches another form of agreement to be bound by various international standards, compliance with international law is limited by any number of factors including reservations to treaties that are ratified in general but not ratified with respect to specific portions of the international convention or other form of international law.

With this in mind, the legal section includes examples of both criminal and non-criminal law practices tried in various countries so that practices that appear suitable can be adapted and then adopted for use by any nation state trying to improve its response to child sexual abuse.

Two major cultures of law found in the world are sometimes characterized as "common law" and "code" with the latter category including Napoleonic law, Islamic law and Romano-Germanic law. In addition to these examples of legal culture, there are many possible forms of "indigenous law".

Comparing these traditions, except in the broadest terms, is fraught with difficulty because each tradition can have many exceptions to the general tradition. The common law is set apart by its emphasis on the independent role of judges, who can act even in the absence of clear statutory guidance and create a "precedent" that becomes the law for other judges to follow unless the decision is overridden by legislative or other political authority or through appeal to a higher court.

While binding judges to follow prior judicial decisions is standard in common law countries, other countries emphasize that the governing code, constitution or statutes of the country are completely sovereign and each case should be interpreted by the judge only in terms of the governing code. The decision of judges in other cases under the same code system of law does not necessarily bind a later court. On the other hand, the work of prior scholars or jurists can be influential even if not binding, as illustrated by the example of Islamic law or Sharia.

No matter what legal culture is examined, it is at least theoretically possible for one legal culture to “borrow” one aspect of “foreign law” and implement that aspect of another system. This can occur even when there is no ratified international treaty requiring a change in domestic law.

All legal cultures have some form of criminal law and the modern development of various forms of non-criminal law sometimes referred to as “civil” law.

An important type of law that has developed everywhere in its fullest form, mostly in the last two centuries, is public health law. Public health law is marked by a special focus on the status of populations, individuals and specific locations, as either being healthy, unhealthy, or within a spectrum of risk. Rather than “accusing” or even “denouncing” a place, the public health authority permits government, under scientifically and thus legally prescribed circumstances, to “clean up” the person, place or populations to prevent the spread of disease or toxins. Public health law has parallel examples in mental health law, the laws of chemical dependence and the law of child protection. All four types of law are clearly “ameliorative” rather than “punitive” in primary intention.

### **Principles and practices in the legal domain**

In investigation and prosecution, law plays a key role in preventing and responding to child sexual abuse (CSA). To be effective, the law must be coordinated at multiple levels with medicine, mental health, social welfare, education and other systems, no matter what type of legal system governs.

Most countries have found that legislation is needed to provide the robust legal framework and foundation required for an effective legal response to child sexual victimization. No matter what system of law is being considered, it is possible to analyze and develop the legal response that is needed to protect children from a harm that historically was poorly addressed.

Countries that ignore the problem place their children and future at risk of harm, no matter what form of legal system they follow if they do not realistically and effectively address child abuse and neglect.

The United Nations Convention on the Rights of the Child (CRC), supplemented by the Optional Protocol on the Rights of the Child on the Sale of Children, Child Prostitution, and Child Pornography (Optional Protocol), provide logical starting places for a necessary legal framework. Countries with quite different historical, ethnic, religious, geographical and political traditions have chosen to endorse these agreements. In so doing, they have also endorsed the principle that “the best interests of the child shall be a primary consideration” in all actions regarding children (Article 3(1)).

The CRC emphasizes the importance of comprehensive laws, administrative procedures, and social and educational measures to protect children from all forms of extra-familial and intra-familial sexual exploitation and sexual abuse.

Recognizing the importance of the family, the CRC states that a child may not be removed from her or his parents against the parents’ wishes, except to protect the child from maltreatment and pursuant to fair procedures and judicial review (Article 9(1)). The CRC reinforces the importance of services to help child victims of sexual exploitation and abuse recover and lead happy, productive lives (Article 39). Note, however, that these aspirational standards leave to nation-states the problem of balancing family integrity and child safety.

The Optional Protocol reinforces the CRC's emphasis on protecting children from sexual exploitation by requiring states parties to "prohibit the sale of children, child prostitution and child pornography" (Article 1). The Optional Protocol contains valuable measures to protect the rights of child victims of sexual exploitation (Article 8). This protocol addresses a form of child sexual abuse that should not impinge on the family except to the extent it is the family itself that is profiting from the child's use as a commodity.

In addition to the CRC and the Optional Protocol, an effective response to child sexual abuse and sexual exploitation requires detailed domestic laws on the following subjects: (1) Statutes criminalizing specific forms of child sexual victimization; and (2) Statutes creating and funding a workable, and to the extent possible, comprehensive child protection system to ensure that child sexual victimization is detected, reported and investigated by properly trained professionals from law enforcement and child protection.

### **Child sexual abuse as a crime**

It is difficult to imagine that most adults would ever endorse child sexual abuse as a good thing. However, deciding what is sexually abusive and deciding what acts should be punished varies from society to society and within societies.

There are individuals and groups that justify sexual contact between adults and children and portray such acts as misunderstood or as a positive good. Such individuals even share methods of propagandizing their activities in an effort to induce other adults to permit sexual abuse of children to continue.

One method for undermining efforts to prevent child sexual abuse is to define it in a confusing way. Another method for disruption of child protection is to define it in such a limited way that virtually no sexual contact with a child is considered child sexual abuse.

Aside from deliberate efforts to undermine regulation of child sexual abuse, legal definitions of child sexual abuse vary to some degree throughout the world. However, one core concept is universal: Children below a certain age, usually known as "the age of consent," are too immature to consent to sexual activity of any kind, including child prostitution, and any sexual contact with an underage child constitutes abuse.

Commercial sexual exploitation of children, including the production or distribution of pornography involving children, is child sexual abuse and has been identified as a crime in most countries.

Given that all sexual abuse is not the same, the legal consequences for perpetrators should reflect the severity of the abuse, the use of enticement or force, and the misuse of a position of authority over the child by any adult (for example, by a school teacher, coach, clerical figure, legal or judicial figure or any other person acting under the mantle of official responsibility for the child). Laws must be tailored intelligently to ensure justice and protection for victims, protection of society, and punishment and rehabilitation for offenders. This is most especially true for the youngest offenders and it is very important to provide not only accountability but also treatment for the youngest perpetrators of child sexual abuse.

### **Legal aspects of a child protection system**

Every state should establish in law a comprehensive child protection system. The exact configuration of a state's child protection system depends on cultural, practical and legal considerations. A comprehensive and effective system must provide mechanisms to detect sexual

abuse and report it to the proper authorities so that the incidence of CSA can be monitored but especially to assure accountability for ameliorative intervention on behalf of the child victim.

Thus mechanisms must be created to protect children in danger, to prevent contact between the offender and the child, to remove the offender from the child's home and provide appropriate out of home care for children who cannot live safely at home. The law should require interdisciplinary cooperation among the various professions concerned with the problems of child abuse and neglect. Finally, a child protection system cannot operate effectively without sufficient funding.

### **Children as interviewees and witnesses**

In most cases of sexual abuse, there is no medical or physical evidence of the abuse. The child's description of events is often the most compelling evidence of maltreatment. Because children's statements can be vital to the ability to protect them, care must be taken to interview children properly and to objectively document interviews.

When legal proceedings are commenced, children may need to testify under some legal regimes, and steps are required to reduce the stress of testifying while, at the same time, protecting the rights of the accused.

In many countries, specifically in non-common law countries, a criminal proceeding can usually be maintained without the child becoming a witness. This fact is viewed by some as a "child's rights" advantage in non-common law countries, for example countries governed by Napoleonic Code traditions.

There are also legal cultures where children of any age will not be heard, where the voices of children are not valued and where children might not be permitted to give evidence even if psychologically competent to do so. Thus, the legal system of any country committed to protecting children from child sexual abuse and sexual exploitation must be flexible enough to protect the child through some approach, for example through documentation of a failure to protect by the caregiver or through the appointment of legal counsel to represent the child.

A voluminous literature exists on interviewing children for forensic purposes. The questions and the child responses should be well documented, so as to allow subsequent independent assessment, and in such a form as to preclude the need for the child to be re-interviewed. There is broad consensus within the medical profession on most aspects of proper interviewing. Forensic interviews should be memorialized, preferably by video recording. States should support high quality forensic interviewing by highly qualified interviewers.

When children must testify in court, which is not a requirement under some legal systems, steps are required to prepare them to testify and to support them through the experience. Article 8 of the Optional Protocol to the CRC on the Sale of Children, Child Prostitution and Child Pornography contains useful guidelines, reproduced below.

1. *States Parties shall adopt appropriate measures to protect the rights and interests of child victims of the practices prohibited under the present Protocol at all stages of the criminal justice process, in particular by:*
  - (a) *Recognizing the vulnerability of child victims and adapting procedures to recognize their special needs, including their special needs as witnesses;*
  - (b) *Informing child victims of their rights, their role and the scope, timing and progress of the proceedings and of the disposition of their cases;*

- (c) *Allowing the views, needs and concerns of child victims to be presented and considered in proceedings where their personal interests are affected, in a manner consistent with the procedural rules of national law;*
  - (d) *Providing appropriate support services to child victims throughout the legal process;*
  - (e) *Protecting, as appropriate, the privacy and identity of child victims and taking measures in accordance with national law to avoid the inappropriate dissemination of information that could lead to the identification of child victims;*
  - (f) *Providing, in appropriate cases, for the safety of child victims, as well as that of their families and witnesses on their behalf, from intimidation and retaliation;*
  - (g) *Avoiding unnecessary delay in the disposition of cases and the execution of orders or decrees granting compensation to child victims.*
2. *States Parties shall ensure that uncertainty as to the actual age of the victim shall not prevent the initiation of criminal investigations, including investigations aimed at establishing the age of the victim.*
  3. *States Parties shall ensure that, in the treatment by the criminal justice system of children who are victims of the offences described in the present Protocol, the best interest of the child shall be a primary consideration.*
  4. *States Parties shall take measures to ensure appropriate training, in particular legal and psychological training, for the persons who work with victims of the offences prohibited under the present Protocol.*
  5. *States Parties shall, in appropriate cases, adopt measures in order to protect the safety and integrity of those persons and/or organizations involved in the prevention and/or protection and rehabilitation of victims of such offences.*
  6. *Nothing in the present article shall be construed to be prejudicial to or inconsistent with the rights of the accused to a fair and impartial trial.<sup>1</sup>*

CSA can occur in many different settings, including close family and among more “distant” relatives, in religious settings, sports activities and schools and, therefore, when accessing two-way electronic communications, different methods of management for child sexual victimization must be considered.

### **Child sexual victimization within the family**

Even in a country with criminal and civil laws to deal with child abuse and neglect, it is important to realize that criminal complaints are not inevitable. While many cases are not filed in court, the availability of the court proceedings for more serious cases appears to be crucial as a statement of community morals, standards, and commitment to the well-being of children.

Specifically with respect to child sexual abuse cases, certain factors affect the decision to proceed with the criminal complaint, such as: the support of the child by the mother, use or threat of force, severity of the abuse and the overall availability of evidence. Most, but not all, cases involving child sexual abuse within the family challenge legal authorities with a conundrum.

### **Child sexual victimization outside the family**

In all countries familiar to the study group, child sexual victimization that occurs to children outside of the family is addressed with rare exceptions through a criminal justice process.

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<sup>1</sup> <http://www2.ohchr.org/english/law/crc-sale.htm#art8>

Among the people who have been prosecuted in the past several decades in different parts of the world are teachers, religious figures, youth group advisors, parents and other adults known to the child victim and/or the child's family, as well as judges, police officers and mental health professionals. Effectively these are individuals, usually but not always men, from every background and walk of life. Adult sex offenders against children, especially if they target both boys and girls, can commit a very large number of crimes against children unless they are effectively dealt with via some legal mechanism.

The advent of the digital age, especially the Internet, has increased the access that sexual offenders have to children, either for the purpose of setting up direct contact with the child or engaging the child on-line for the purposes of sexual exploitation.

Child sexual abuse and sexual exploitation are known to cross international boundaries. "Sex tourists" are known to travel internationally to prey on children. "Sex trafficking" that involves the commercial use of children for sexual purposes has been documented. Pornographic images of children are often distributed internationally. Just as a country defends its men, women and children against other threats, each country is challenged with keeping its children safe from sexual exploitation by foreign perpetrators.

### **Child Welfare Domains**

Principles and Practice in the Child Welfare Practices in Child Sexual Abuse:

- Child protection professionals usually have the responsibility of ensuring that a child is safe in terms of their protection within a family or institution.
- In some countries, these professionals and community workers may undertake a protection role. They gather evidence of risk and safety and seek to enhance the well-being of children who have been sexually abused or are at risk of sexual abuse.
- In some countries, these professionals will interview child victims using forensic protocols, within the context of policies of the country.
- The child welfare approach is at times undertaken in conjunction with the criminal approach because it is often not possible to adequately protect children using only a criminal approach. The level of proof required in most criminal jurisdictions is high (for example, beyond reasonable doubt), while family and welfare court systems have required a lesser standard of proof before court ordered sanctions may be imposed (for example, on the balance of probabilities). In some jurisdictions, child welfare professionals may have a role in criminal proceedings.
- The child protection approach seeks to engage the child's support network in promoting immediate and long term safety, access to therapy and access to appropriate educational, medical and relationship development services.
- Case management is often a child protection role. Child protection practitioners should act therapeutically and seek to ensure that the child is not further harmed by the system.
- Ethical practices are essential for ensuring that the children and their family members are able to access competent, effective and evidence based practice.
- In those cases where the offenders are juveniles, child protection professionals must ensure an approach promoting access both to therapy and to appropriate educational, medical and relationship development services as well as ensuring their immediate and long-term safety.

## Mental Health Domains

In many jurisdictions, criminal definitions of child physical abuse include an element reflecting the degree of impact, both immediate and for the longer time (for example, 'bodily harm', 'grievous bodily harm'). Many definitions of child sexual abuse **do not include a component reflecting the impact of abusive events** on the child or young person themselves.

Child sexual abuse is often seen in combination with other forms of maltreatment. Management of the effects of child sexual abuse may require management of the effects of other forms of maltreatment (such as physical violence towards children by a parent/guardian and exposure to family violence).

Children and young people who have been sexually abused are at risk of developing mental health, behavioral, developmental, emotional and relationship difficulties. Young people who have been sexually abused may also be at risk of developing harmful behavior towards others, or may continue to be vulnerable to further abuse both within the family and within the community.

An holistic assessment framework is an important part of ensuring the safety and well-being of children and families. The assessment needs to include a full assessment of the child's needs, the nature and level of harm experienced by the child, the parenting capacity, and family and environmental factors, both in intra-familial and extra-familial abuse.

Similarly, an interdisciplinary assessment framework of sexual offenders against children is an important part of ensuring the future safety and well-being of children and families.

Children need to be protected from the impact of investigations when their allegations need to be assessed. Safe child-friendly contexts are needed for investigations to take place, based on evidence based, structured guidelines to ensure the interdisciplinary process is effective and enhances the safety and well-being of the child. These are important so that the mental health of children and families are not compromised.

It is essential that community arrangements for the investigation of sexual abuse are well established and the interdisciplinary approach is well developed. It is helpful if each community has:

- a structure to represent all professionals - from police, education, social work and health - and to establish and train designated professionals who carry out investigations of different forms of maltreatment, including sexual abuse and sexual exploitation;
- safe, child friendly contexts where investigations take place; and
- guidelines for how the interdisciplinary process works in practice.

In many countries, interviewing children and young people who may have been abused is carried out by skilled multidisciplinary interviewers. Police, social workers and forensic interviewers need to be trained to use established, evidence based protocols and to utilize knowledge of the best child interview techniques and knowledge of the development of children's capacity to recall and share experiences.

Recording interviews, ideally using a video recording, can protect children from having to give repetitive accounts. The basic principle is that all professionals in contact with children who may have been sexually abused should "listen" and to be trained in how to help children accurately describe their experiences.

Mental health professionals have an important role in:

- therapeutic interventions with children who have been abused;
- therapeutic interventions with young people responsible for sexually harmful behavior;
- therapeutic interventions with adults responsible for sexually abusive actions;
- therapeutic interventions with supportive and potentially supportive family members; and
- forensic mental health assessment of cases of child sexual abuse and sexual exploitation.

It is essential that any therapeutic intervention uses evidence based modules that have been demonstrated to be effective, and uses evidence based assessments of a wide range of child and family functioning to assess whether intervention has been effective using a consistent feedback process to monitor the course of therapeutic work.

Many psychotherapeutic approaches have been used to treat victims of child sexual abuse.

Trauma-Focused Cognitive Behavior Therapy (TF-CBT) for children and young people who have experienced extensive maltreatment and abuse has proven successful and has been widely adopted.

There are similarly sets of modules that have a role in working with young people who are responsible for sexually harmful behavior. They take a general view in encouraging the young people to develop a 'Good Life,' ensures the availability of good quality parenting, remedial education and individual, group and family interventions.

Parents and non-offending caregivers who are supporting children and young people who have been sexually abused need to:

- have psycho-educational models to help them understand processes associated with abusive actions;
- understand, support and manage their child's anxiety, anger, depression and post-traumatic symptomatology;
- reflect on the impact on themselves and their relationships;
- understand the ways in which they have been inducted into disbelieving the statements of children and believing abusive parents or other adults who abuse;
- challenge the maladaptive, abusive attitudes and responses of young people responsible for sexually harmful behavior or adults who abuse;
- understand processes such as grooming, sexualisation and the way in which children and young people have been sexually abused may become responsible for abusive behavior in turn; and
- repair attachments damaged by abusive individuals who undermine the relationship between children, young people and potentially caring parent figures.

Mental health professionals who work with adult sexual offenders base their interventions on:

- programs that employ Multi-Component Cognitive Behavior Therapy within a Relapse Prevention framework;
- techniques that analyze and challenge distorted thinking to promote behavioral, thinking and emotional change;
- group work programs that target deviant sexual arousal, distorted cognitions, social skills deficits, empathy deficits, lack of impulse control, emotional regulation, poor interpersonal relationships, substance abuse, and pro-offending attitudes;

- behavioral techniques that address deviant arousal and extinguish the link between sexual arousal and deviant fantasies and analyze the links that lead to offending behavior to establish a relapse prevention plan; and
- a multi-modal self-regulatory approach to all aspects of functioning.

## Conclusions

The reality that individual children are on occasions subjected to unwanted sexual activities has been acknowledged throughout recorded history. The formal identification of child sexual abuse as a significant and pervasive issue for children in all nations, from all cultural, linguistic and economic backgrounds is very recent. The realization that child sexual abuse poses substantial risks to the physical and mental health and wellbeing of the individual child across his/her lifetime is more recent still.

Much has been done in the past fifty years in this field in all areas of the globe - to prevent, identify and treat the harm that arises from child sexual abuse - but much remains to be done. This paper, and the workshops that were instrumental in its development, is a small part of the ongoing iterative process of research, implementation and evaluation that is required to improve the lives of the world's children.

## Reference

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