Teachers responding to child sexual abuse

Lillian De Bortoli from Child Abuse Research Australia writes that in cases where abuse is suspected, teachers may wish to seek their own independent advice as children who have been sexually abused will not always respond in the same way

Child sexual abuse (CSA) is a world-wide problem which results in significant harm to children. It is distinctive from other forms of abuse because it is often controversial in nature.

Controversies include the taboo surrounding sexual issues, stigmatisation associated with sexual abuse and myths that continue to be perpetuated about sexual abuse, such as children fantasising about sexual abuse and/or are seductive and sexually provocative.

The number of children who are sexually abused is not fully known. There are many reasons for this; for instance, the child may be too young to understand or communicate the inappropriateness of the abuse, children may repress abusive memories, or the abuse might be accompanied by threats from the offender. Also, depending upon the definition of the sexual abuse, statistics will have different meanings. According to US statistics for example, the parent of the child is the offender in almost half of all CSA cases. The remaining offenders are almost always people known to the child such as other relatives or trusted caretakers such as priests, aid workers and teachers.

There are three important strategies that can strengthen a teacher's ability in fulfilling their legal reporting obligations. They involve:

- Understanding CSA;
- Having clarity on the indicators and signs of sexual abuse, including listening to children; and
- Being familiar with mandatory reporting requirements.

Defining and understanding child sexual abuse

Like all other forms of abuse, defining CSA is difficult – there are however a number of core elements described by the World Health Organization. These include:

A The involvement of a child in sexual activity that he or she does not fully comprehend.

B The child being unable to give informed consent to sexual activity, or to sexual activity for which the child is not developmentally prepared, or else that violates the laws or social taboos of society.

C Sexual abuse of a child both by adults or other children who are – by virtue of their age or stage of development – in a position of responsibility, trust or power over the victim.

It is common in the research to find three categories of CSA:

A NON-CONTACT CSA: includes a range of acts such as sexual solicitation and indecent exposure. This includes involving children in the production or watching of pornographic material, as well as encouraging children to behave inappropriately.

B CONTACT CSA: includes touching or fondling.

C INTERCOURSE: includes all forms of intercourse (oral, anal and vaginal) either penile, digital or with an object.

These categories are valuable in that they provide an understanding of the different forms of CSA, but they can also be problematic. Non-contact CSA is sometimes not included in the definition of CSA and may, incorrectly, be regarded as not harmful. An Australian study shows non-contact CSA was experienced by 42% of women and 36% experienced contact CSA. This study was based on data from 395 women living in Melbourne. In Europe and the US, statistics are similar. Statistics show that men report less CSA and prevalence is commonly reported to be between one in six to one in 10 men. There are many possible reasons for this and some suggest that boys need to overcome the taboo associated with CSA and the taboo associated with homosexual activity.

CSA can result in lifelong harm to the child in the form of emotional, physical, social and psychological harm. Research links CSA to medical disorders such as: depression, panic

disorder and post traumatic stress disorder (PTSD). Dr Martin Teicher of Harvard University refers to these as 'wounds that time won't heal'. In order to cope, individuals who have been sexually abused may resort to alcohol and drug abuse and have an increased probability of suicide.

Identifying child sexual abuse through behavioural and/or physical indicators

It is widely acknowledged that identifying CSA can be difficult. Even medical examinations cannot always detect that sexual abuse has occurred and, for this reason, it becomes crucial that unexpected and unusual changes in children are noted. Teachers are well placed to note sudden changes in children's presentation, behaviours and/or academic progress. Common signs of children who have been sexually abused are listed in Table 1.

Research undertaken at Monash University's Child Abuse Research Australia emphasises the importance of listening to children. Research showed that one 12-year-old child felt professionals did not want to listen to children. She said:

> *'The problem with these people is that … they don't want to hear the truth because the truth is so much harder to understand and so much longer than a lie about the truth.'*

This child inspired the title of Mudaly and Goddard's book: *The truth is longer than a lie: children's experiences of abuse and professional interventions.*

Familiarising teachers with their obligations and providing necessary school support

A 2002 study conducted by the Australian Childhood Foundation and Monash University showed that many mandated professionals (including teachers) considered the decision-making process involved in mandatory reporting to be complex.

The research showed that reporting laws were not always well understood and, ultimately, decisions to report or not were based on many factors, including the expectations for the child, factors relating to the child's family, cultural factors, parental retaliation and internal factors associated with work.

With the exception of Western Australia, all states and territories have mandatory reporting requirements imposed upon teachers. In these states and territories teachers are mandated to report a 'reasonable' level of suspicion of CSA. Table 2 lists the relevant state and territory legislation containing mandatory reporting requirements for teachers. The legislation presumes that teachers will be properly trained, have an adequate knowledge base of facts relating to CSA and are able to apply this knowledge to real situations. These assumptions may not always be the case, resulting in anxiety about reporting obligations.

In their role as mandated notifiers (except Western Australia), it is important that teachers are aware and comply with their obligations under relevant legislation. However, as part of this, they also have the right to feel well supported in fulfilling their mandatory reporting requirements. As a result, schools should be providing teachers with:

- Access to regular and ongoing education;
- Workplace support by identifying specialised staff to provide teachers with the opportunity to discuss their concerns. Specialised staff could include psychologists, social workers, counsellors and pastoral care; and,
- A clear 'good reporting practice' protocol which includes definitions, indicators and procedures to follow in the event of suspicion arising with a student. Such a protocol could consist of a number of 'core' guidelines (endorsed by the State Education Department) as well as 'school-specific' information.

Importantly, it is not the responsibility of a teacher to determine with certainty that CSA has occurred as only a level of 'reasonable suspicion' is required for the purpose of reporting. Although the individual teacher is ultimately responsible for deciding whether the report should be made, the potentially overwhelming sense of responsibility can be moderated by discussing worrying aspects of the case with experienced, and well-qualified, professionals. Teachers should not feel alone in the decision-making process.

Table 1 Physical and behavioural indicators of CSA

Physical indicators*	Behavioural indicators*
Vaginal or anal bleeding	Disclosure
Tears or bruising to the genitalia, anus or perineal regions	Sexualised behaviour such as persistent and age-inappropriate sexual language or activity, pseudo-mature behaviour and excessively seductive behaviours
Genital itching, inflammation or pain	Toileting disturbances
Discomfort in urinating or defecating	Drug and alcohol abuse
Sexually transmitted diseases, including HIV	School problems (for example, inattention, school truancy, sudden decline in academic performance)
Pregnancy	Aggression (for example, cruelty to animals)
Persistent headaches or recurrent abdominal pain	Eating disturbances
Trauma/bruising to breasts, buttocks, lower abdomen and/or thighs	Sleep disturbances
Torn, stained or bloody clothing	Delinquency (for example, destroying property)
Difficulty walking or sitting	Runaways from home persistently
Recurrent urinary tract infections	Unexplained money/gifts

Table 2 Relevant state legislation for Australian states/territories

State/territory	Relevant legislation*
New South Wales	Children and Young Persons (Care and Protection) Act 1998
Victoria	Children, Youth and Families Act 2005
Queensland	Education (General Provisions) Act 1989
Western Australia	N/A
South Australia	Children's Protection Act 1993
Tasmania	Children, Young Persons and Their Families Act 1997
Australian Capital Territory	Children and Young People Act 1999
Northern Territory	Community Welfare Act 1983

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Conclusion

CSA is a complex and difficult problem to identify and can have a devastating impact. CSA is a crime and should be treated as such. This can be achieved by ultimately holding the offender responsible for the CSA and preventing further CSA.

A teacher's duty in reporting CSA should be seen as part of the link in achieving these outcomes and providing children with the opportunity to grow up to be healthy, functional adults.

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