

## **Q&A with Dr. Maria-Consuela Sauzier**

***I would like to know what are some of the most important things parents can/should do if their child happens to become a victim of sexual abuse? How can parents best help the healing process?***

Finding out that your child has been sexually abused is certainly one of the worst nightmares parents can experience. There is no way to soften/change what has already happened, to make it easier for the child by making it go away (like other hurts). But, there are ways of making it even harder for the child, so this question is very important.

The disclosure of sexual abuse puts a family into a crisis situation. Even the most experienced parent will have moments of panic, and most will rage at the offender.

Given that, statistically, about 1 in 4-5 women and 1 in 6-7 men have a history of sexual abuse, it is possible that the child's abuse kindles old, may be forgotten or repressed memories. Seeking a therapist is highly recommended, to make sure the old personal abuse and the current abuse of the child do not come together and incapacitate the parent.

If this was a paper for publishing, there would have to be the word 'alleged' before every offender or perpetrator: only the court can decide who is a perpetrator. It is important for all to remember that, even when everything seems clear cut and black and white.

For the sake of grammatical simplicity I will call the perpetrator 'he'. That is statistically correct, 96+% of offenders being male. There are women who help men abuse children, and there are some teenage girls whose actions may repeat their abuse, but they are a tiny minority.

The child who has been abused is a 'she' in these guidelines: historically the child sexual abuse literature focused on girls. Since the surfacing of allegations of abuse in organized religion, boy scouts, summer camps and private schools, there is growing awareness that there are many more boy victims than have been counted.

The following suggestions will of course not fit all situations, they are just general guidelines:

Children want the abuse to stop, even when they have been tricked into thinking about it as a secret game with rewards like gifts or special privileges.

Some children disclose sexual abuse accidentally ---on the spur of the moment, when something reminds them of the abuse. Other children, often the older ones, disclose purposefully, after long and deep periods of ambivalence, weighing the wish for the abuse to stop against the family turmoil they are likely to create.

If a child tells you someone has or is invading her privacy, has touched the private parts of her body, making her touch him, or tried to pressure her to do so, has performed sexual acts on her, with or without penetration:

1. Stay calm, control your words, your tone of voice, your body language as much as possible. The child is like a sponge, looking to you for clues about what to expect. Her worst fears are that you will not believe her, call her a liar, punish her for being all the negative things she already feels about herself, reject her for being damaged, or side with a powerful perpetrator.
2. Avoid statements, however well meant, that will feed the child's guilt, shame and self blame: 'how could you let him do this to you', 'why did you not tell me sooner', etc

3. Give yourself and the child time: anything except a fire or other major emergency needs to wait.
4. Do not pressure/pepper the child with questions, but give reassurance that you love her, you will stand by her, protect her, and that you are strong, you will not crumble under the weight of what she is telling you.
5. The child may beg you not to tell anyone: do not make false promises, rather say 'let's see what happened and then make a decision'. The child has been lied to by the offender, her trust in people has been shaken. With young children it may be necessary to instruct them not to spill the story to everyone, that this is a family issue ---without giving the message that this is so shameful it has to be kept secret, a difficult balance.
6. Ask the child to tell you her story, which may not be chronological or easy to understand. Unless someone's safety is at risk (for ex. the offender is also abusing a sibling), clarifying questions should wait for a later conversation. You do not need to search for the whole story in one conversation.
7. Try to help the child contain her emotions by interspersing her story with reassurances of love and strength and 'I'm glad you're telling me', a glass of milk, etc.
8. YOU need support as much as the child does. Contact someone who can stay calm and supportive, soon after the conversation your child, but make sure she does not overhear you (she may be very curious to know what you are really thinking)
9. If the abuser is a member of the household, it is best that he leave the house. If he is likely to retaliate with violence, a strategic plan that keeps people safe is necessary, involving other family members, police, a shelter. Confronting a potentially violent man has to wait until there is an exit plan.
10. A paediatric exam should be scheduled, to see if the child has been hurt, or to reassure child and parents that she has not been hurt. Some children cannot tolerate the exam, another invasion of privacy and/or penetration. In such circumstances, if there is medical necessity for an exam, medication may be indicated.
11. The child should be insulated as much as possible from the discussions adults need to have about what course of action to take, whether to report the abuse, involve law enforcement, change school etc.
12. The child's routines should stay the same, as much as possible. Routines are stabilizing and reassuring for the child. Overindulging her, allowing her to be capricious 'because she has been through so much' is not helpful
13. Being available for more talks without pressure, asking 'do you want to talk some more about it' may be reassuring to the child.
14. Checking in about how she feels is good, being hyper vigilant and fretting every time she looks serious is not helpful.
15. A child or adolescent psychiatrist/psychologist should be contacted and the child should be seen in a timely manner, even if she is not particularly symptomatic. If the child has any signs of post-traumatic stress or other reactions, she should be seen asap. Those symptoms would include:

- New fears, generalized or specific fearing places or objects associated with the abuse new cleansing rituals, washing/scrubbing hands, face, body nightmares, trouble going to bed and going to sleep
- Not wanting to be left alone, or spending a lot more time alone in her room isolating herself from friends new and serious fighting sibling(s) giving up activities, sports she used to enjoy
- Not being herself signs of depression, being moody, unpredictable saying no one likes her, she is worthless, bad, etc hurting herself, cutting suicidal thoughts a change in ability to concentrate, do homework unexplained lower school performance and grades day dreaming in school, not listening/not hearing looking spacy, somewhere else, not in her body hearing voices, responding to voices (this is NOT necessarily schizophrenia, can be PTSD) change in eating patterns using alcohol and drugs to forget etc.

THIS LIST CONTAINS POSSIBLE SYMPTOMS: NO CHILD HAS THEM ALL, MOST CHILDREN DO NOT HAVE THE MORE SEVERE ONES.

- a. The healing process is very different from child to child. Some tell and then say 'it's no big deal' and continue being and acting like before. In those situations the parents may hurt more than the child and have to be careful not to spill their upset onto the child.
- b. If the abuser is a family member, the situation can become very complex: who to tell, who might side with the offender, will there be a split in the family, what do we do next Thanksgiving, etc. There are no general guidelines except to do what's best for the child even if that is not best for the adults.
- c. If the abuser is a class or school mate, there are other complications: the school needs to decide what to do with the offender, and also make sure the child is protected from malicious gossip. Unfortunately, like with adults, it is often the victim who gets blamed.
- d. As the child grows older, she may revisit the abuse experience and need to review it again. Older, she may feel more self-conscious and uncomfortable talking about something sexual with a parent. An evaluation by a psychiatrist/psychologist may be indicated.
- e. Do not forget the siblings: they may have had suspicions, they may even have known and have very complicated, sometimes unexpected reactions (for ex being jealous if the victim got special gifts or outings, feeling guilty for having escaped the abuse). They may tell the victim they are angry that she disclosed and caused such trouble, which can undermine your positive work with her. Most siblings will have to work through issues related to the abuse, usually when they are older.

Laws about reporting child sexual abuse to Child Protective Agencies and law enforcement vary from country to country (from state to state here in the US) and need to be abided by.

It is most important to remember that many children who are sexually abused are not psychologically damaged in a permanent way. They will have some difficulties, but they are not marred for life.

***What are some of the issues regarding sexual abuse that are specific to a mobile population?***

That is a difficult question, as, like you note, there is no research about abuse and mobile populations. Families move for many reasons so that talking about families in an international school, war refugees in a camp, economic immigrants or migrant people all together is impossible. I am going to assume that your question concerns children of parents who move for work related reasons and are not suffering from memories of war, loss of family members or deprivation and hunger. There is no direct research, but there are some indirectly related findings that might be helpful. One important research finding is that the quality of attachment to primary caretakers is an important contributor both to vulnerability to being abused, and to resilience factors important for processing what has happened. I do not know of any research that looks at quality of attachment (secure, insecure and their subtypes, and disorganized) in mobile populations, and generalizations are not going to be helpful. But looking at the quality of attachment in each family can be revealing.

Multiple short term caretakers, whether in various languages and cultures, or in one permanent home, can be a serious stressor if they are the primary caretaker: children need a lot of emotional energy to say hello (get attached) and then to say goodbye. If they are adjuncts, not primary caretakers, then it is more like changing teachers from grade to grade, and children can take it in stride. The question of whether children can be more easily manipulated when they do not understand the mores and the language of a new place of residence may be worth looking at. In my experience that would be superseded by far by temperament, sense of self, and other personal factors. Children who are needy, searching for love and attention, who are emotionally deprived are at higher risk.

In young children there is a pathologic condition called 'Reactive Attachment Disorder' that makes kids particularly vulnerable. Some of these children are very shy and slow to warm up, others exhibit what is called indiscriminate attachment, very friendly and open with everyone, trusting strangers. They are of course at great risk because they crave attachment and are easily manipulated.

I hope these comments will be helpful.

***How do you define 'child' in the term Child Sexual Abuse, and what are the similarities and differences between preventive or educational measures relating to CSA for young children and preventive or educational measures for teenagers?***

Thank you for this question, which has many complex components.

In research studies CSA usually refers to children under 18. In law enforcement different jurisdictions may have different definitions. In psychiatric/psychological practice the boundaries are defined by the developmental level and circumstances of the victim. Sexual abuse in high school would be considered CSA.

In high school as well as in college, the issue of date rape has received more attention lately, and has been found to be very, even extremely prevalent. Here in America there is beginning to be pressure on schools and colleges to change their attitude towards these event, to see them for what they are (crimes) and punish the offender instead of silencing the victim. If you google date rape and US colleges, you will probably get some of the news. The White House has recently sent out a directive to colleges, and colleges that do not comply are being publicly named. All this to tell you that this is not a rare event by any means, and that it has gone under the radar until recently.

The effects of date rape can be devastating. Girls can be manipulated with 'if you truly love me you'll do it', or 'I'll leave you if you don't' or 'I'll say we did it if you don't agree to do it' etc etc. They are often in love with the perpetrator, which makes the betrayal of trust far worse.

In addition, in a high school and college environment, gossip spreads fast and the victim can end up being vilified, by the perpetrator who loses interest, by other girls who are jealous, or by kids who are mean. In the work place, sexual abuse used to be even more prevalent than it is today, as the dominant males could force women by luring them with career advancement. Laws about sexual harassment in the workplace have had some effect, but the problem has not gone away. It often remains a secret, particularly if the woman does indeed get career benefits she would otherwise not have achieved.

Currently, much date rape is associated with intoxication, of the boy and the girl. This adds issues of self-blame and self-doubt that can also be crippling.

College rapists are often the popular boys, the athletes, the frat boys who have high social standing and are seen as useful to the college by adding to its reputation for winning in football or other sports. The administration is thus reluctant to draw attention to their actions that would spoil the picture. This adds to the sense of betrayal and can have very serious consequences for the victims, pushing some to attempt/commit suicide.

Victims of sexual abuse by peers need to be heard, they need counseling, and they need to see justice. That means the school has to have the courage to investigate the allegation fairly, and if found to be true, punish the perpetrator.

Education and prevention has to be quite different and specific to these particular issues. It needs to reach the girls, the boys, the bystanders, the teachers, the administrators, the college presidents. Sometimes the best teachers are girls who break the code of silence and go public, shaming the college and forcing it to react.

There is a lot left to do in this field!

If this is a more general perspective than you expected, I would be happy to try to answer more specific questions.

***My question is about the CSA prevention program being brought in at JIS - the Talking about Touching program. What is your opinion of the program and is it the best program available? I am very glad that child safety is being taught but I have concerns that it needs to be done sensitively. I also feel that parents need more support and education about the best ways to talk to kids about these things.***

As a psychiatrist (not a teacher) I have only second hand experience with sexual abuse prevention curricula. When my daughter was in school, there was no organized teaching about sexual abuse. If it was talked about, it would have been focused on the stranger with a puppy in the van abducting children. We have learnt a lot since then, including that most abuse is perpetrated by a person the child knows.

But it is also important to note that the campaign to teach children about strangers luring them with candy or puppies has been successful: those incidents have practically disappeared here. And when someone does try it, the child knows what to do, including noting the car make and license plate. I am saying all this in order to say that there is merit to all efforts to teach children how to stay safe.

Talking about Touching: A Personal Safety Curriculum is widely used in America, including in Catholic preschools and kindergartens in Boston, Massachusetts.

The curriculum is structured, multimedia like what kids are used to, but the teacher is still a if not the most important contributor to the teaching. A teacher who feels comfortable will be able to focus on the children's needs rather than on her own anxiety. So teacher education and support is a critical component.

Working with parents is also critical. Most parents are glad that these difficult subjects are addressed in school, making it easier for them to pick up the conversation rather than start from zero. Teachers should note which parents might be less comfortable with the idea of such a curriculum. In an international school this is particularly important. Some parents may come from cultures where child brides are the norm, and may feel conflicted about the mixed messages their children might get. Others may have religious reasons for not addressing anything related to sex, even if it is preventive.

Parents need to be informed about how the curriculum works and when it will be taught. A meeting with all teachers from a particular grade is advisable. Mixing grades broadens the range of questions and concerns and can lead to lots of unanswered questions, or, worse, parents hearing messages for older children as being addressed to them.

In addition the teacher should note the maturity level of each child in her class, which is not always the chronologic age and make adjustments, or teach in small groups.

One fear teachers and administrators have expressed is that the curriculum will lead to disclosures. If the teacher says 'you have to tell a trusted adult', the school may have to deal with abuse disclosures. Another important message is that children should tell if they are carrying the burden of a friend's secret. This too may lead to disclosures. These are difficult moments for the school, but can be the saving grace for a child.

Please let me know what further questions you may have.