

Understanding Sexual Abuse and Managing Disclosures

Participant's Manual

Ministry of Children's Services

JANUARY 2021 | WORKFORCE DEVELOPMENT

Alberta

Children's Services, Government of Alberta

Date of publication **January 2021**

Title of publication **Understanding Sexual Abuse and Managing Disclosures**

ISBN or ISSN, URL, and any other unique identifiers (required)

Statement of responsibility (optional)

Copyright statement (optional)

Statement of applicable licensing provisions (optional)

Contact details of publisher (optional)

Statement of availability of other formats (optional)

Identification of any third-party material included in the publication (optional)

For more information regarding this content visit: <https://open.alberta.ca/dataset/3e4bccf4-6758-4e4a-bfb9-f7f063b83962/resource/d3739e94-9dd4-4514-8ba3-67ca1ebff81b/download/GoA-Publications-Guideline.pdf>

Table of Contents

Purpose	1
Agenda	1
Learning Objectives	1
Ground Rules for This Course	2
What is Childhood Sexual Abuse	3
Dispelling Myths	3
Definition	4
The Criminal Code of Canada	4
Child Youth and Family Enhancement Act (CYFEA)	5
Sexual Abuse	5
Emotional Injury	5
Child Sexual Abuse and Child Intervention Services.....	6
Childhood Trauma	6
Reporting Sexual Abuse Disclosures	7
Children’s Services.....	7
Law Enforcement	8
Others	8
Sexual Abuse in Alberta.....	8
Effects of Sexual Abuse	10
Physical Impacts	10
Social Impacts.....	11
Psychological Impacts	11
Distorted Thought Patterns	12
Behavioural Considerations	12
Problematic Sexual Behaviour	13

Vulnerable Populations	16
Disability and Sexual Abuse	16
Indigenous Experiences of Sexual Abuse	17
Sexual Abuse and Indigenous Families and Communities	17
Sexual Abuse and Sexual/Gender Diversity (SGD).....	18
TIPS talk, listen and provide support	20
When Sexual Abuse is Suspected	21
When a Child or Youth Discloses Sexual Abuse	22
Immediate Response	22
Activity	23
Ongoing Support	24
Preventing Sexual Abuse	26
10 Tips to Teach Children the Skills to Prevent Sexual Abuse	27
Taking Care of Yourself	29
Self-Care Activity	30
Key Messages	31
References	32
Appendix	34
Appendix 1 — Fact or Myth Answer Key	34
Appendix 2- Understanding Children and Youth with Problematic Sexual Behaviours.....	37
Appendix 3 — Facing Sexual Behaviour Problems with your Child	43
Appendix 4 — Supporting a Child or Youth Impacted by Sexual Abuse	49
Appendix 5 — Establishing Family Guidelines for Safety and Privacy	51
Appendix 6 — Child Advocacy Centres	53
Glossary	54

Purpose

Some children in care may have experienced sexual abuse and/or exposure to the sexual behaviours of others (which is a form of sexual abuse). **Sexual abuse can be a complex issue.**

In this module, you will be provided information about sexual abuse and the impact it has on children and families. In addition, you will learn how to respond to and report disclosures of sexual abuse in a way that supports the child while also protecting the integrity of any potential evidence and investigation.

Lastly, you will learn the importance of your role as a caregiver in helping children understand and heal from their experiences of sexual abuse.

Agenda

- What is Childhood Sexual Abuse
- Child Youth and Family Enhancement Act
- Childhood Trauma
- Reporting Sexual Abuse Disclosures
- Effects of Sexual Abuse
- Vulnerable Populations
- When Sexual Abuse is Suspected
- When a Child or Youth Discloses
- Preventing Sexual Abuse
- Taking Care of Yourself

Learning Objectives

At the end of this three-hour module you will be able to:

- define childhood sexual abuse;
- describe the impacts that sexual abuse has on children and their families;
- recognize and address signs and behaviours which may be associated with experiences of sexual abuse;
- describe the key steps to take when a child or youth discloses their experiences of sexual abuse;
- identify resources to assist the child or youth through legal and therapeutic processes;
- understand the need and plan for self-care.

Ground Rules for This Course

Honesty: Be as honest as possible and express yourself as you really think and feel.

Respect: Listen to everyone. We learn by examining and expressing our thoughts, feelings, and values. We need others to hear and respect the thoughts, feelings, and values that we express. Please respect others by giving everyone a chance to be heard and not dominating the discussions.

Confidentiality: Confidentiality is a key issue as participants may be sharing personal information about themselves. These discussions are to be held in confidence. Participants are not to talk about personal information or events outside of the course.

What is Childhood Sexual Abuse

Dispelling Myths

The following is a list of Myths and Facts about child Sexual Abuse. Beside each statement write 'M' for Myth or 'F' for Fact

	Some children contribute to the abuse by being provocative or not resisting the sexual advances made toward them		Most child sexual abuse is committed by strangers
	Sexual and gender-diverse children and youth are more likely to experience sexual abuse		Parents are at fault if their child is sexually abused, they should have protected their child
	Young children don't understand what is happening to them so they don't experience lasting trauma		Incest or child sexual abuse is acceptable in some cultures
	Sexual abuse is more prevalent in lower-income families		A child who changes their story about sexual abuse was lying about the abuse
	It is only sexual abuse if there is touching and/or penetration		Sexual abuse survivors do not have healthy intimate relationships as adults
	Many sexual abuse survivors have never disclosed or talked about their abuse experience		Children who are sexually abused are more likely to become abusers themselves
	Children who are sexually abused are at greater risk of being sexually victimized as adults		Many children (who do report at some point) do not tell someone right away.

*Answers are in the 'Appendix below

Definition

Child sexual abuse is a **crime** that occurs when another person uses their authority or power over the child, or takes advantage of the child's trust and respect, to involve the child in sexual activity.

- Offences can be **non-contact** sexual offences (such as exposing a child to sexually explicit acts, materials or inappropriate sexual comments, voyeurism, exposing one's self to a child).
- Offences can be **contact** sexual offences (such as touching, fondling, penetration, rape, oral sex or intercourse).
- Offences can range from **one-time occurrences to multiple experiences**; from one offender to multiple offenders.
- Offences can occur with or without the use of violence.
- Offences may involve the use of technology, for example; creating child sexual abuse images by taking pictures or recording video. Possessing or sharing sexual images of children is a criminal offence.

The Criminal Code of Canada

Consent is defined in Canada's *Criminal Code* as the voluntary agreement to engage in sexual activity. The legal age of consent is 16 in Canada. Silence or passivity does not equal consent and consenting partners must be capable of revoking consent at any time. Therefore, consent cannot be given in advance and there is no implied consent in Canadian law.

Not everyone is capable of consent

- Children and youth under 16 (there may be exemptions for peers close in age)
 - Children under 12 years of age cannot consent to sexual activity.
 - Beginning at age 12 children can consent to sexual activity with a peer who is less than 2 years older (and is not in a position of authority)
 - Beginning at age 14 consent can be given with a peer who is less than 5 years older (and is not in a position of authority)
- Youth 16-17 when engaged in sexual activities with adults in positions of trust or authority (also known as sexual exploitation)
- Incapacitated individuals (for example: unconscious or intoxicated)

The Criminal Code and its application are complex. Any concerns about a child's ability to consent to sexual activity, and whether or not the Criminal Code applies, must be reported to the child's caseworker, who may then consult with law enforcement.

It is important to know that there is no statute of limitations on sexual offences

Child Youth and Family Enhancement Act (CYFEA)

Sexual Abuse

(2) For the purposes of this Act, a child is in need of intervention if there are reasonable and probable grounds to believe that the safety, security or development of the child is endangered because of any of the following:

- (d) the child has been or there is substantial risk that the child will be physically injured or sexually abused by the guardian of the child;
- (e) the guardian of the child is **unable or unwilling** to protect the child from physical injury or sexual abuse;

(3) For the purposes of this Act,

- (c) a child is sexually abused if the child is inappropriately exposed or subjected to sexual contact, activity or behaviour including prostitution related activities.

Emotional Injury

Research has long indicated that those who experience Sexual Abuse also experience coinciding Emotional Injury. The CYFEA also speaks to this:

(2) For the purposes of this Act, a child is in need of intervention if there are reasonable and probable grounds to believe that the safety, security or development of the child is endangered because of any of the following:

- (f) the child has been emotionally injured by the guardian of the child;

- (g) the guardian of the child is unable or unwilling to protect the child from emotional injury;

Child Sexual Abuse and Child Intervention Services

Children who are sexually abused do not always require Child Intervention services. If guardians are appropriately responsive to the child's disclosure, have taken steps to protect the child and engage with appropriate authorities and support services, there may not be a need for intervention.

When intervention services are required, the protection of the child from further harm is paramount, while also considering the mandate of Children's Services to provide the least intrusive means of providing services and supports necessary to address the protection concern.

Childhood Trauma

Trauma may result from experiences that can cause intense physical and psychological stress reactions. This can be due to a single event, multiple events or a set of circumstances.

Regardless of the event, frequency or steps taken to address the adverse experience, trauma is a result of the individual's perception of the event as harmful or threatening and may have lasting effects on physical, social, emotional or spiritual well-being.

(Substance Abuse and Mental Health Services Administration).

Children are still developing their sense of self, understanding of the world in which they live in, and may have difficulty understanding or processing their experiences and the resulting feelings. Caregivers need to be aware of the child's experiences and help the child to explore, understand and manage their feelings about the experience. Caregivers must adapt to meet the child's needs that result from their experience of trauma.

This is called being trauma informed and is relevant to all experiences of trauma.

While the remainder of this sessions learning is focused on the specific experience and impact of sexual abuse, keep in mind that many of the signs of sexual abuse are signs of trauma in general. Caregiver responsiveness to trauma should be consistent regardless of the event that led to the child's trauma experience.

Reporting Sexual Abuse Disclosures

Children's Services

In Alberta, if any person suspects someone under the age of 18 is experiencing any kind of abuse, it is that adult's responsibility to report the suspected abuse to Children's Services and/or legal authorities. This is a legal obligation under the CYFEA as well:

CYFEA 4(1) "Any person who has reasonable and probable grounds to believe that a child is in need of intervention shall forthwith report the matter to a director"

Reports can be made anonymously through the toll-free Child Abuse Hotline at **1.800.387.KIDS** (5437).

Serenity's Law — Bill 202 was passed in the Alberta Legislature in 2019 and makes two key changes to the existing Child, Youth and Family Enhancement Act:

- Previously, any individual who suspected or knew a child was being abused were supposed to contact a child welfare director in their region. Now the obligation of reporting it to the police has been added.
- The previous \$2,000 penalty for failure to report has been increased to \$10,000 and up to six months in prison.

However, if the suspected abuse is regarding a child who is already in the care of Children's Services, you are obligated to **immediately** report the disclosure to the **Child's Caseworker**. If the child's Caseworker is unavailable you must inform the **Casework Supervisor**.

Caregivers who need to make a report After-hours should contact:

Northern Alberta Child Intervention Services (NACIS): 780-422-2001

Southern Alberta Child Intervention Services (SACIS): 403-297-2995

Additionally, anyone with concerns about a child can report their concern by contacting:
1.800.387.KIDS

Law Enforcement

Disclosures of sexual abuse must be reported to law enforcement. This reporting should be completed by or under the direction of the child's Caseworker.

Law enforcement follows their own policies and procedures when investigating any matter under the *Criminal Code of Canada*. Interviewing the child and Caregivers may be completed independently or in collaboration with Children's Services staff.

Others

It is imperative that you protect the child and their right to confidentiality. Others who may need to be informed of the disclosure should only be informed under the direction of the child's caseworker and may include:

- Medical professionals
- Child's therapist
- Child's guardian and/or former guardians
- Alternate care providers (i.e., respite caregivers)

It is important that the child remain informed about who has to be or has been told about their disclosure.

Sexual Abuse in Alberta

According to a report (2013) released by the Association of Alberta Sexual Assault Services (AASAS), 1.8 million Albertans have experienced sexual abuse in their lifetime.



Nearly 1/3 of children
in Alberta
have experienced
Sexual Abuse

Two out of three Albertans personally know a survivor of sexual abuse.

Sexual abuse is under-reported. When considering any statistics it is important to keep in mind that these are numbers related to known/reported cases.

Although statistics indicate that approximately 1/3 children in Alberta have experienced sexual abuse, there are also many cases that go unreported.

Small Group Discussion: List some reasons that a person may or not disclose that they have experienced sexual abuse

May Disclose	May Not Disclose

Video: Sexual Abuse: Why I Didn't Tell

https://www.youtube.com/watch?v=cII_GPL3XcA&feature=emb_logo



Effects of Sexual Abuse

Sexual abuse undoubtedly brings with it significant trauma that impacts the physical, social, emotional, psychological and behavioral development of children. Children in care have typically experienced multiple traumas and require caregivers who have specialized knowledge and skill in caring for trauma impacted children and youth.

Caregivers need to remember that symptoms of trauma may look similar. Many of the indicators of sexual abuse may also be indicators of other trauma experiences. The caregiver role is to recognize trauma symptoms, report them to the child's Caseworker and support the child. Assessment and any resulting diagnosis or therapeutic response is the responsibility of Children's Services in collaboration with appropriate qualified professionals.

Physical Impacts

A child's growth and development may be impacted by experiences of sexual abuse. It is important that caregivers be attentive to, document and report any concerns in the child's physical health, growth and development. Some areas to consider are:

- injury or infections of the genitals (a child may report or attempt to hide discomfort or pain);
- lifelong infertility due to physical injury;
- urinary or bowel problems where there is no underlying medical concern;
- somatic complaints (e.g., unexplained headaches or stomach aches);
- regression (a child or youth may return to previous stages of development — e.g. bedwetting, fear of the dark);
- memory loss, changes in concentration and ability to focus;
- hyperactive stress-response (brain stem, fight-flight-freeze response, cortisol);
- sleep disorders (including sudden or increased nightmares);
- eating disorders.

Social Impacts

The relationships and interactions a child or youth has with peers, siblings, caregivers, other adults and those in position of authority may be greatly impacted by the experience of sexual abuse. Some areas to consider are:

- isolating one's self from others (e.g., not joining in activities with peers or family);
- Problematic Sexual Behaviour (PSB) that is not in line with child's development;
- increased delinquency or criminal behaviour;
- use and abuse of substances;
- academic/learning difficulty;
- functional impairment;
- inability to form meaningful and healthy relationships (with peers, caregivers, authority figures and family).

Psychological Impacts

Studies have shown that survivors of childhood sexual abuse are more likely to experience:

- low self-esteem;
- anxiety;
- depression;
- mental health disorders (e.g., Post Traumatic Stress Disorder, personality disorders, suicidal thoughts);
- distorted sexual development;
- disrupted attachment;
- feelings of powerlessness and betrayal.

Notes:

Distorted Thought Patterns

Children who have experienced sexual abuse may internalize messages that are harmful to their development and relationships with others (and may place them at greater risk of subsequent experiences of sexual abuse). There are many different distorted thought patterns but some (that may be) related to experiences of sexual abuse include:

- feeling powerless over their own lives, experiences and interactions with others (specifically with adults);
- believing they are supposed to please adults (even if it is at the cost of their own well-being, such as behaving sexually);
- blaming and shaming themselves for what happened to them;
- questioning of sexual identity; however, not all persons of diverse sexual orientations have experienced sexual abuse;
- a belief that they can not have their needs met without acting sexually;
- A sense that their feelings do not count (and they should not acknowledge or talk about their feelings).

Behavioural Considerations

Many children who have experienced sexual abuse will behave in ways that are challenging. Children who experience trauma often have challenging behaviours that are more frequent, more severe and more resistant to change. It is important that caregivers remember that a child's behaviour is a form of communication.

Some behaviours that may be exhibited in children and youth are:

- difficulty with self-regulation and social relationships;
- self injury;
- increased reactivity;
- sexually problematic behaviours (i.e. seductive/promiscuous behaviours, excessive sexual touching or masturbation, behaving sexually towards others including other children or adults, talking in sexual terms);
- high-risk sexual behaviour (including multiple partners, unprotected sex) which can lead to Sexually Transmitted Infections (STI's) and/or early pregnancy;
- abuse of alcohol and other substances;
- increased aggression or cruelty towards others;
- sudden or increased delinquency (e.g., running away, breaking rules, skipping school);
- overly compliant, guarded or suspicious with others (particularly caregivers or others in a position of authority).

Additionally, numerous studies have noted that adult survivors of child sexual abuse are more likely to:

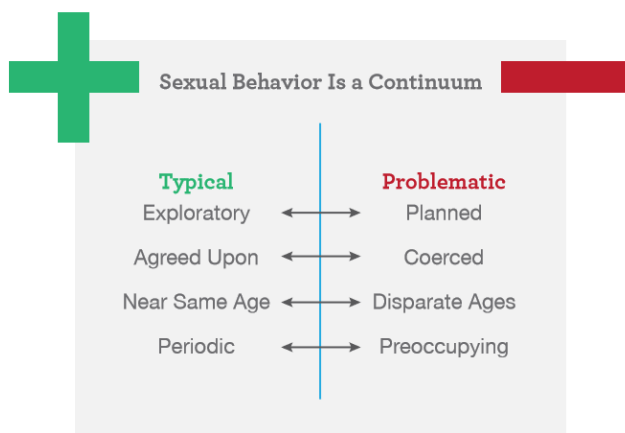
- experience later sexual re-victimization;
- be at increased risk of sexual exploitation;
- experience the effects of functional impairment (such as lack of secure housing);
- ongoing mental health concerns;
- ongoing struggles with substance misuse.

Problematic Sexual Behaviour

Because sexual development begins in infancy and continues across the lifespan, it can be confusing to determine whether a child's sexual behaviours are developmentally typical or if they are problematic. Caregivers may become hyperaware and increasingly concerned about a child's sexual behaviours if the child has experienced sexual abuse.

Sexual behaviour that is problematic includes a “range of sexual behaviours outside developmental norms which may be self-directed or directed towards others, which are likely to have an impact on the child's functioning or the functioning of others, but which are not coercive.” <https://www.supportingcarers.snaicc.org.au/social-and-emotional-wellbeing/problematic-sexualisedbehaviours/#:~:text=Problem%20sexualised%20behaviour%20is%20defined,but%20which%20are%20not%20coercive.>

Sexual Behaviour is a Continuum



Caregivers should monitor sexualized behaviours and report concerns to the child's Caseworker. Concern is warranted when one or more of the following characteristics are present.

- The behaviour(s) happen frequently (not just once in a while)
- Takes place between children of widely different ages or between children of different developmental levels
- Behaviour is accompanied with strong, upset feelings such as anger or anxiety
- Causes harm (or potential harm) physically or emotionally to any child
- Does not respond to typical caregiving strategies
- Involves coercion, force or aggression of any kind

Risk, and Protective Factors

Risk and protective factors for children with PSB are found at the individual, family (or home), and community levels. Children develop PSB through a variety of pathways.

Risk factors may include things that hinder children’s ability to respect other’s boundaries, to control impulses, and to make good decisions. Some of these could be attention deficit disorder, learning delays, and reactions to traumatic events.

Protective Factors include caregiver guidance, close supervision, providing children accurate information about their bodies and respectful behaviour, protection from exposure to trauma and violence help to facilitate good decisions and behaviours.

Support

Children who experience PSB require additional support in the home and community. Advocating for a child with PSB must include a focus on the child that does not define the child by their behaviour.

Language is a very important part of providing the support and protection needed for children with PSB. “Children-first” language is recommended. Children with PSBs are children. Using labels such as “offender” or “perpetrator” negatively impact how we think about and respond to the child. The language below will help caregivers to educate themselves and others in order to ensure that the child is not labeled or defined by their behaviour.

 The Right Words	 The Wrong Words
Child with PSB	Offender
Has problems	Is sick
Defined as a child	Defined by behavior
Exhibits problem behaviors	Is a "predator"

Treatment

Treatment for children with problematic sexual behaviour has many benefits. Treatment provides education regarding appropriate boundaries, social skills, impulse-control skills, and healthy age-appropriate sex education. Therapy is designed to address the problem behaviour in a way that is trauma-informed, with a goal of avoiding additional problematic behaviours, both sexual and non-sexual. Caregivers are essential in their role of implementing skills learned in treatment and translating these skills to real-life family and community settings.

Notes:



Vulnerable Populations

Vulnerable populations are “groups and communities at a higher risk for poor health as a result of the barriers they experience to social, economic, political and environmental resources, as well as limitations due to illness or disability.” Unfortunately, this often contributes to increased experiences of mistreatment and abuse.

Many children and youth in care are members of one or more ‘vulnerable populations’

Disability and Sexual Abuse

Research to date has found that both women and men with a disability are at a higher risk of emotional, physical, and sexual violence compared to people who do not have a disability.

According to the 2014 General Social Survey on Victimization:

- four in 10 (40 per cent) Canadians with a disability were physically and/or sexually abused during their childhood, compared to about one-quarter (27 per cent) of those who did not have a disability;
- about one-quarter of women with a cognitive disability (24 per cent) or a mental health-related disability (26 per cent) were sexually abused by an adult before they were 15;
- approximately four in 10 women (38 per cent) and men (43 per cent) with a disability at the time of the survey were physically or sexually abused by an adult before age 15;
- half of those with a mental-health related disability (50 per cent of women and 53 per cent of men) or a cognitive disability (48 per cent of women and 52 per cent of men) were abused by an adult before they were 15;

- one in five (18 per cent) women with a disability were touched in a sexual way by an adult before the age of 15 — a proportion that was double that of women without a disability (9 per cent);
- the same pattern was evident among men with a disability. About one in 14 (7 per cent) men with a disability at the time of the survey reported being sexually touched by an adult during their childhood, compared to 3 per cent of men without a disability;
- men with a disability were also more than twice as likely to have been forced into unwanted sexual activity by an adult compared to men without a disability (3.9 per cent versus 1.4 per cent);
- the physical and emotional consequences of victimization were found to be greater among those with a disability.

Indigenous Experiences of Sexual Abuse

- Over-representation of Indigenous children and youth placed in care
- Historical trauma in Indigenous communities has included horrific experiences of sexual abuse
- A recent literature review analyzed 20 Canadian studies on the rate of child sexual abuse in Aboriginal communities from 1989 to 2007 and determined that 25 to 50 per cent of Indigenous adults were sexually assaulted before the age of 18
- Continued work in this area needs to occur to understand the unique risk factors and experiences pertaining to Indigenous populations

Sexual Abuse and Indigenous Families and Communities

Due to experiences of historic trauma and systemic racism, Indigenous communities have unique challenges when addressing sexual abuse, which are not limited to, but may include:

- intergenerational experiences of sexual abuse stemming from the residential school experience;
- complex dynamics on reserve (including secrecy, blaming, shaming);
- division among families (ostracization of individual or family group; lateral violence);

- fear of child welfare and law enforcement;
- fear of repercussion (from family and community especially if a perpetrator holds a position of power);
- profound and ongoing loss of missing, murdered Indigenous women and girls.

66 per cent of people who are Indigenous report experiencing sexual abuse as a child

Sexual Abuse and Sexual/Gender Diversity (SGD)

Understanding and supporting children and youth who are sexual/gender diverse is an important responsibility of all caregivers. As caregivers you should be aware of and prepared to address your unconscious bias towards SGD young people in preparation for the possibility that a child or youth in your care may require you to support them in this important area of their lives.

When coming out to their families, SGD children are more at risk in their home due to their parent/guardians own bias towards them. This can cause family conflict and increase the child's safety risk in the family home, due to rejection and increased risk of abuse in the home.

As a result, SGD young people are over-represented in child welfare systems and are more likely to experience placement disruptions and less likely to find a permanent home (whether through reunification, kinship care or adoption). SGD youth are at greater risk for homelessness and exploitation.

Some children and youth are more at risk of experiencing violence because of sexist, homophobic or transphobic attitudes and behaviours.

There are ongoing concerns with increasing rates of online child sexual exploitation and other technology-facilitated violence such as human trafficking, and violence and harassment against people in the SGD community, all of which are considered sexual abuse.

Within the SGD community, transgender people and bisexual women face the most alarming rates of sexual violence. Among both of these populations, sexual violence begins early, often during childhood. Nearly half (48 per cent) of bisexual women who are sexual assault survivors experienced their first sexual assault between ages 11 and 17

Research shows that sexual minority adolescents were 2.9 times more likely to report and 3.8 times more likely to experience child sexual abuse than heterosexual youth.

Issues and concerns for SGD children and youth related to sexual orientation and sexual abuse

- A lack of safe spaces in which they can discuss and understand their sexual orientation and gender identity puts SGD children and youth at increased risk for sexual exploitation and abuse.
- SGD children and youth do not always experience affirmation and support of their sexual orientation and/or gender identity, which may leave them:
 - unable to communicate their needs, concerns and experiences;
 - feeling psychologically, spiritually and emotionally unsafe;
 - struggling with negative feelings of self-worth;
 - lacking the meaningful support of a caring, nurturing adult;
 - with ongoing safety concerns in care.
- Caseworkers, Caregivers and others involved in the child’s network often do not ask about same-sex attractions or activity, placing the burden on the child or youth to initiate this discussion.
- SGD children and youth face discrimination and as a result are often hesitant to seek help from police, hospitals, shelters or sexual assault centers.
- Sexual education curricula often do not contain information about same-sex sexual activity. Lack of sexual health education relevant to same-sex sexual activity can result in unsafe sexual activities and higher rates of sexually transmitted infections.
- Fear that disclosing sexual abuse (particularly same-sex abuse) will “out” their sexual orientation, SGD children and youth often aren’t comfortable disclosing, or may delay disclosing the abuse longer than other youth.
- SGD children and youth who experience sexual abuse by someone of the same sex may feel shame or fear that their sexual orientation somehow caused the abuse. These youth may internalize negative feelings about their sexual orientation, causing them increased emotional struggle.
- Youth who identify as heterosexual or have not yet actively examined their sexual orientation may think that being abused by someone of the same sex makes them gay, lesbian, or bisexual.
- A child or youth of any sexual orientation may not disclose abuse by a same-sex perpetrator for fear of being labeled gay, lesbian, or bisexual.
- Sexual and gender minority children and youth are at greater risk of experiencing mental health issues, which may include: feeling sad or hopeless; seriously considering attempting suicide; making a suicide plan; attempting suicide; and being injured in a suicide attempt.

To be resilient, SGD children and youth need adults in their lives who respect, affirm and support their sexual orientation, gender identity, and gender expression.

Listen respectfully to the experiences and perspectives of SGD children and youth, validate what is shared and acknowledge that homophobia, biphobia and transphobia exist, and that it takes courage to share personal stories and experiences.

TIPS talk, listen and provide support

- Educate yourself and seek out training on SGD issues and resources in the community.
- Be respectfully and genuinely curious — ask the child/ youth about their experiences and what will make them feel safe in your home.
- Remember, the CYFEA includes expectations that caregivers support the overall well-being of children and youth. This includes the social, emotional, spiritual and physical domains of development.
- Talk with and listen to the child or youth in a way that invites an open discussion about sexual orientation.
- When referring to the child or youth, use the preferred name and pronoun that they identify with.
- Talk about how to avoid risky behaviour and unsafe or high-risk situations.
- Be aware of your own biases, do not be critical, and be mindful of the language you use and how it may impact the child or youth.
- Help the child or youth to develop a plan for dealing with challenges, staying safe, and reducing risk.
- Access online information to support the child or youth.
- Caregivers can help the child or youth find appropriate SGD organizations and can also attend events and activities at to support them at their request.
- Be open with the child or youth as to what discussions you are having with their caseworker.

Compared to heterosexual youth, SGD teens are more likely to experience bullying, physical violence, or rejection. As a result, SGD teens are at an increased risk for suicidal thoughts and behaviors and report higher rates of sexual risk behavior and substance abuse.

One in two transgender individuals are sexually abused or assaulted at some point in their lives. *Transgender Discrimination Survey* found that 12 per cent of transgender youth report being sexually assaulted in K-12 settings by peers or educational staff;

77 per cent of people with diverse sexual orientations reported suffering childhood sexual abuse

Small Group Discussion:

What are some ways that you as a caregiver can support vulnerable children/youth, making it physically and emotionally safe for them to disclose any abuse that has occurred?

When Sexual Abuse is Suspected

It is important that caregivers keep in mind that childhood trauma in general can result in similar observations and concerns for a child. Caregivers should be mindful of the child's behavioural responses related to any trauma experiences, and respond to the child's needs regardless of the event that caused the trauma response.

Children and youth may not directly disclose sexual abuse. It is important to be aware of signs that **may** indicate a child has experienced sexual abuse. A child or youth may:

- have sexual knowledge beyond what is typical for their age and development;
- exhibit sexually problematic behaviours (i.e. seductive/promiscuous, excessive masturbation);
- appear detached, disinterested or hopeless about the future;
- have sudden or ongoing sleep disturbances (e.g., difficulty falling or staying asleep, nightmares);
- behave in ways that are regressive (e.g., bedwetting, fecal soiling, tantrums, whiny, clingy);

- engage in self-harming behaviours.

If you suspect sexual abuse and a child does not or has not yet disclosed, there are steps you can take to proactively address your concerns.

- Document your observations and discuss your concerns with the child's caseworker.
- Build a relationship based on trust with the child.
- Educate children about their rights.
- Continue to educate yourself about impacts of childhood trauma on child development.

When a Child or Youth Discloses Sexual Abuse

Video: <https://www.zebracentre.ca/blog/2018/8/23/receiving-a-disclosure-of-abuse-how-to-respond-when-a-child-shares-their-story-with-you>

Immediate Response

How you respond to a child or youth who discloses sexual abuse is a very important part of their healing journey, and will ultimately determine if they continue to open up or shut down. We want children and youth to feel safe, comfortable and supported at all times, but especially when disclosing such a deeply personal and traumatic experience.

Children and youth may disclose prior abuse during formal or informal interactions. The disclosure may be part of a formal conversation or may come out through play or other informal interactions. Disclosures may be direct statements or the child may “drop clues” in an attempt to become more confident in their disclosure and how it will be responded to.

Disclosure is the first step towards healing. The following steps are adapted from the Sexual Assault Centre of Edmonton (Handout in Appendix) and will help you to best support the child or youth.

Stay Calm

- You will experience strong emotions. These are best processed with another adult.
- Tell them you are glad they have come to you for help and that this was the right thing to do.

Validate

- Tell them you believe them. Use affirming statements such as:
 - “I believe you”;
 - “thank you for telling me”;
 - “I’m sorry this happened to you”;
 - “What happened to you was wrong.”

Reassure

- Tell the child they did the right thing by coming to you.
- Tell them you will do something about it (do not promise to keep the information secret/private).
- Make sure they know who you are going to tell (their caseworker and police).
- Ask permission before providing any physical comfort such as a reassuring hug (this communicates to the child that you respect their autonomy over their body and so should others).

A Note About Questions: Avoid asking specific questions when a child discloses sexual abuse. Doing so could be potentially harmful to the child as well as to any investigative process. Keep the following in mind.

- Remain engaged throughout the conversation (be mindful of your body language and verbal indicators that show you are actively listening (e.g. nodding your head, maintaining eye contact, summarizing what the child has told you).
- Only ask questions when they are needed to make a report of child abuse, or to better support the child.
- Avoid leading questions. Instead, ask questions that are open-ended (e.g., “tell me more about what happened” or “then what”).
- Avoid the following: Questions that start with “why.” Questions that have to do with the details of the abuse. Questions about how someone responded during the abuse. For example, “did you say ‘no’ ” is not an appropriate question to ask during a disclosure.

Activity

Case Example: Clara is a nine-year-old girl who was placed with you seven months ago. Clara was initially very quiet and did not discuss her family or trauma history with you. More recently she has begun sharing a little more here and there. You have learned from Clara that her mother was often intoxicated and would invite different men into their home. Clara told you that some of the men made her feel “weird” and “scared.” You have reassured her that she is safe in your

home and that no one will come to the home who you do not know and trust, and that she does not have to be alone with anyone.

You are helping Clara clean up in the playroom before starting her usual evening routine of bath, snack, story and bedtime. While putting away some dolls she tells you that one of the men who was at her mom's house touched her and made her touch him too, "in the privates." Clara says she told her mom and her mom told her to "stop having such an imagination".

Write out what your response would be to Clara:

Practice: Find a partner and practice sharing your responses. As awkward as this may feel it will be beneficial if a child does make a disclosure of sexual abuse. Pay attention to your body language, choice of words and tone of voice.

Ongoing Support

As the child moves forward in addressing their disclosure and beginning to heal, your support will be needed. Some areas to consider include:

Navigating Systems and Processes

Systems and processes can be confusing and intimidating for anyone but especially for a child. Your presence and support will be an important part of addressing the child's disclosure and their subsequent experiences.

- **Legal Systems** — as required, attend with the child any interviews with law enforcement, lawyers and court appearances.
- **Children's Services** — provide ongoing, detailed and objective reporting of the child's interactions, behaviours and statements related to the disclosure.

- **Medical** — as required attend with the child any medical appointments and examinations.
- **Therapeutic Services** — as required ensure that the child attends individual or group therapy appointments. Wherever possible, attend the appointments with the child and reinforce learnings at home, and in the community.

Caregivers are Advocates! Advocate for professional resources for the child including, but not limited to, therapy and psychiatric services.

Be Present!

Even if you are not directly involved in an interview or medical appointment,
it can be reassuring to the child to know that you are present and waiting for them just
outside the room.

Emotional Support

- Listen to the child and acknowledge their feelings.
- Acknowledge that they may have confusing feelings about having disclosed, about the offender and about the processes that are happening.
- Ensure privacy when talking to the child and be honest about who will need to know about the conversations that you have.
- Build the child's self-esteem and confidence by pointing out their strengths and encouraging positive coping.
- Advocate for safety.
- Reassure the child that the abuse is not their fault.
- Reassure the child or youth that they are safe.
- Communicate your observations (to the child's Caseworker) about what is or is not working well for the child.
- Provide age and developmentally appropriate privacy (e.g., knocking before entering their room).
- Ask permission before providing physical reassurance (e.g., hugs, a pat on the back or cuddling).

- Create a comfortable space where the child can talk with privacy. (If possible, have the conversation in the space where the child initiated it).
- Avoid having conversations about abuse in bathrooms or bedrooms. These areas may enhance feelings of vulnerability for the child, or trigger them (depending on if the abuse occurred in a similar space).

Education

- Touch that makes you feel comfortable vs. touch that makes you feel uncomfortable
- Help the child or youth to determine who it is safe to talk to about their abuse
- Teach children that they do not have to (and should not) keep secrets about anything that makes them feel unsafe or uncomfortable

Preventing Sexual Abuse

Unfortunately, there are no guarantees to eliminate the risk that a child may be sexually abused. However, teaching children skills to keep themselves safe is an important part of their overall development.

We can arm kids with knowledge and skills that might save them from experiencing sexual abuse or give them the courage to disclose prior sexual abuse.

10 Tips to Teach Children the Skills to Prevent Sexual Abuse

1. Talk about body parts early	Use proper names for body parts. Knowing the proper words for their body parts can help a child to talk clearly if something inappropriate has happened to them and can be a protective factor
2. Teach them that some body parts are private	Explain that some body parts are private because they are not meant for everyone to see or touch. (*Remember to use the proper names for these private parts).
3. Teach children about body boundaries	Teach children that no one should touch their private parts or ask them to touch someone else's private parts. Children should also know that they can say no to any touch, even touches that might feel good (e.g., hugs, tickling).
4. Teach children about body secrets	Tell children that no matter what someone says, body secrets are never okay and that they should always tell someone if anyone tries to make them keep a body secret.
5. Tell them that no one should ever take pictures or videos of their private parts	Child exploitation is very real and children need to know that no one should ever take photos or videos of their private parts or ask them to take pictures or videos of their own body parts.
6. Teach children how to get out of scary or uncomfortable situations	Empower children to know that they can say no and that they can tell another person (child or adult) to leave or they can leave any situation at any time that makes them feel uncomfortable.
7. Have a code word	Discuss with the child an agreed code word that they can use if they are feeling uncomfortable or unsafe. Explain that this code word can be used any time and anywhere.

8. Assure children they will not be in trouble if they tell a body secret	Perpetrators of sexual abuse often use fear and shame as motivators to keep secrets. Tell children they will NEVER get in trouble for telling about body secrets
9. Talk about “secret touches”	“Good touch” and “bad touch” are often confusing because some touches may not hurt or feel bad. Explain to children that even if something does not hurt or feel bad it should never be a secret
10. Tell the child these rules apply to everyone	Avoid language such as “bad guy” or “bad people.” Statistics show that most perpetrators of sexual abuse are known to (and even trusted by) the child and their family. Ensure children know that these rules about their bodies and safety apply to everyone.

One discussion is not enough... children should hear these messages repeated often !!

Taking Care of Yourself

Caregivers who support a child who has disclosed sexual abuse need to be exceptionally aware of their own well-being throughout the process. You may feel:

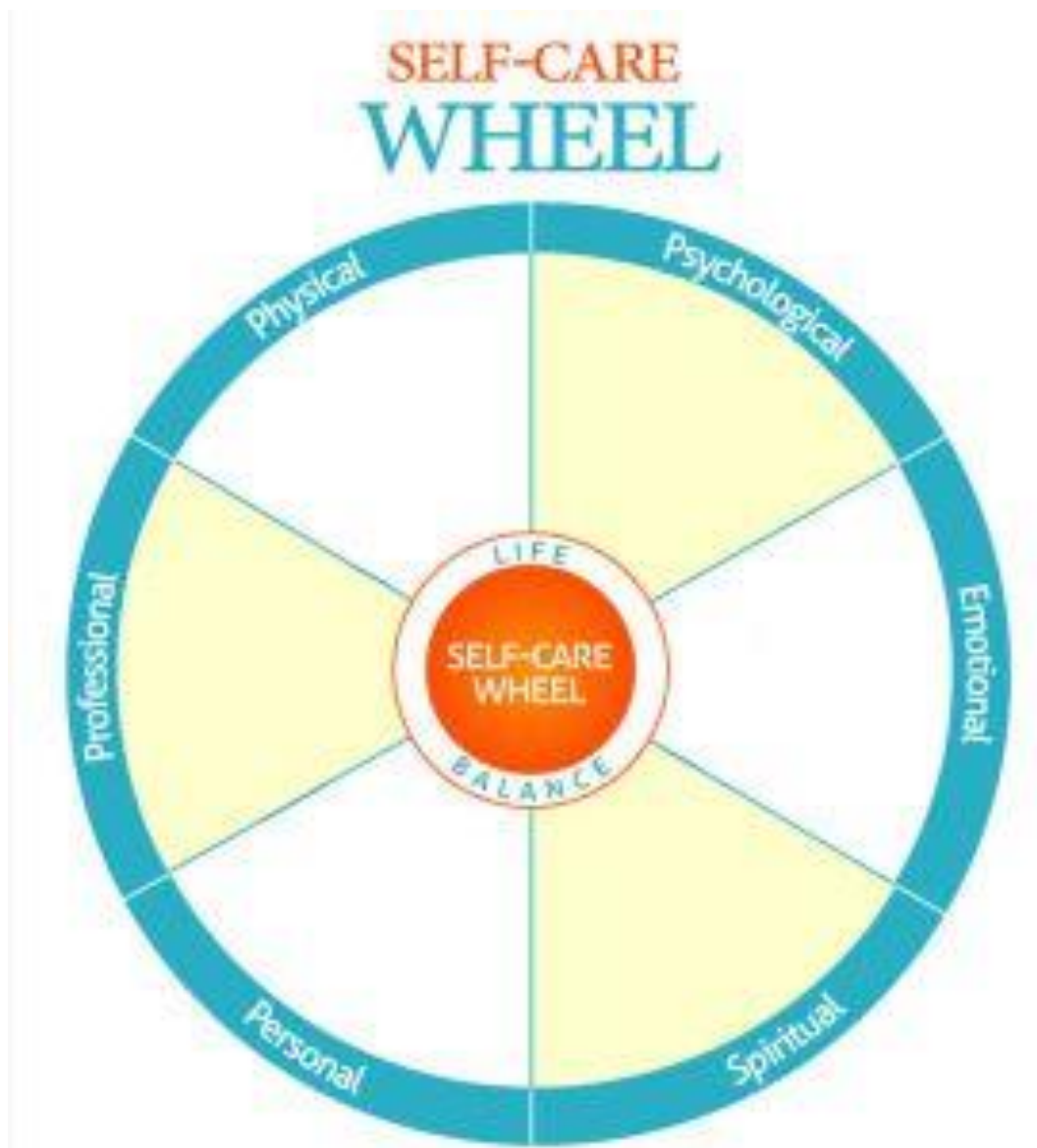
- distressed;
- angry;
- helpless;
- anxious;
- confused;
- overwhelmed.

Self care includes being aware of your feelings and following up to address how you feel and find support. This can be tricky when coupled with the requirement to maintain confidentiality. Some areas where you may find support include:











- your caregiver partner;
- others who also provide care for the child;
- child's caseworker (may be able to make referrals to support services);
- your therapist

Self-Care Activity

The self-care wheel was initially created by trauma prevention expert, [Olga Phoenix](#) and breaks down the complexity of self-care into six areas of well-being that need daily attention. Reflect on and fill in each area with activities you currently practise. Also write down one or two activities you feel would be beneficial to start practising and place a star beside them to indicate they are new ideas to incorporate into your daily self-care



Key Messages

	Childhood sexual abuse is a complex issue that impacts individuals, families and communities.
	Trauma-informed caregiving means being aware of the events and experiences of the child and responding to the effects on the child's development and well-being.
	Caregivers have a legal obligation to report any suspicion of abuse to the child's caseworker and law enforcement.
	The effects of sexual abuse may include physical, social, behavioural and psychological impacts.
	Caregivers should be aware of signs that may indicate sexual abuse, and communicate concerns to the child's caseworker immediately.
	Children and youth who disclose sexual abuse need their caregivers to respond calmly while validating and reassuring them.
	Caregivers supporting a child who has disclosed sexual abuse must maintain ongoing communication with the child's caseworker and respond to the expectations of legal, medical and therapeutic supports.
	Children and youth who have experienced sexual abuse require ongoing emotional and behavioural support.
	Problematic sexual behaviours must be addressed in a way that supports and does not label or stigmatize the child or youth.
	Children need to be provided with age-appropriate education regarding their bodies and their rights.

References

Canadian Centre for Child Protection

https://protectchildren.ca/pdfs/C3P_SurvivorsResources_UnderstandingChildSexualAbuse_en.pdf

Child Welfare Information Gateway. (2018). Parenting a child or youth who has been sexually abused: A guide for foster and adoptive parents. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau

Cloitre, M., Stovall-McClough, K. C., Noonan, K., Zorbas, P., Cherry, S., Jackson, C. L., & Petkova, E. (2010). Treatment for PTSD related to childhood abuse: A randomized controlled trial. *American Journal of Psychiatry*, 167(8), 915-924.

Cotter, A. (2014). Violent victimization of women with disabilities. Statistics Canada. Retrieved from: <https://www150.statcan.gc.ca/n1/pub/85-002-x/2018001/article/54910-eng.htm>

FORGE, 2005, Sexual Violence in the Transgender Community Survey, unpublished data; G. Kenagy, 2005, "The Health and Social Service Needs of Transgender People in Philadelphia," *International Journal of Transgenderism* 8(2/3):49–56; G. Kenagy and W. Bostwick, 2005, "Health and Social Service Needs of Transgendered People in Chicago," *International Journal of Transgenderism* 8(2/3):57–66.

J.M. Grant, L.A. Mottet, J. Tanis, J. Harrison, J.L. Herman, and M. Keisling, 2011, *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*, Washington, DC: National Center for Transgender Equality and National Gay and Lesbian Task Force

Lalor, K. & McElvaney, R. (2010). Child sexual abuse, links to later sexual exploitation/high-risk sexual behavior, and prevention/treatment programs. *Trauma, Violence, & Abuse*, 11(4) 159-177.

McPherson, P., Scribano, P., & Stevens, J. (2012). Barriers to Successful Treatment Completion in Child Sexual Abuse Survivors. *Journal of Interpersonal Violence* 27(1) 23–39.

Meca, J. S., Alcázar, A. I. R., & Soler, C. L. (2011). The psychological treatment of sexual abuse in children and adolescents: A meta-analysis. *International Journal of Clinical and Health Psychology*, 11(1), 67-93.

National Children's Alliance. Facing Sexual Behavior Problems with your Child. Retrieved October 2020 from: <https://www.nationalchildrensalliance.org/wp-content/uploads/2018/03/2017-PSB-Fact-Sheet-Caregivers-1.pdf>

National Children's Alliance. Understanding Children and Youth with Problematic Sexual Behaviors. Retrieved October 2020 from: <https://www.nationalchildrensalliance.org/wp-content/uploads/2018/03/2017-PSB-Fact-Sheet-Overview-3.pdf>

<http://nccdh.ca/glossary/entry/vulnerable-populations>

<https://www.alberta.ca/commitment-to-end-sexual-violence.aspx>

<https://s3-us-west-2.amazonaws.com/aasas-media-library/AASAS/wp-content/uploads/2015/08/Clinical-Models-of-Treatment-for-Trauma-Experiences-and-Symptoms-specific-to-Sexual-Abuse-and-Sexual-Assault-2013.pdf>

<https://aasas.ca/>

<https://globalnews.ca/news/6478732/alberta-sexual-abuse-rates-study/>

<https://www.sace.ca/learn/what-is-child-sexual-abuse/#1550601062870-55f262cb-0cfe>

<https://www.alberta.ca/commitment-to-end-sexual-violence.aspx>

https://protectchildren.ca/pdfs/C3P_SurvivorsResources_UnderstandingChildSexualAbuse_en.pdf

FORGE, 2005, Sexual Violence in the Transgender Community Survey, unpublished data; G. Kenagy, 2005, "The Health and Social Service Needs of Transgender People in Philadelphia," *International Journal of Transgenderism* 8(2/3):49–56; G. Kenagy and W. Bostwick, 2005, "Health and Social Service Needs of Transgendered People in Chicago," *International Journal of Transgenderism* 8(2/3):57–66.

FORGE, 2005, Sexual Violence in the Transgender Community Survey, unpublished data; G. Kenagy, 2005, "The Health and Social Service Needs of Transgender People in Philadelphia," *International Journal of Transgenderism* 8(2/3):49–56; G. Kenagy and W. Bostwick, 2005, "Health and Social Service Needs of Transgendered People in Chicago," *International Journal of Transgenderism* 8(2/3):57–66.

<https://s3-us-west-2.amazonaws.com/aasas-media-library/AASAS/wp-content/uploads/2015/08/Child-Sexual-Abuse-A-Cursory-Review-of-Risk-and-Protective-Factors-for-Victimization-and-Perpetration.pdf>

<http://newdirections.mb.ca/wp-content/uploads/2017/11/LGBTQ-Youth-and-Sexual-Abuse.pdf>

https://www.ocya.alberta.ca/wp-content/uploads/2014/08/SpRpt_2017November_Speaking-OUT.pdf

<https://www.cdc.gov/healthyouth/data/yrebs/pdf/trendsreport.pdf>

https://www.cdc.gov/healthyouth/protective/factsheets/parents_influence_lgb.htm

<https://www.creativespirits.info/aboriginalculture/people/bullying-lateral-violence>

Appendix

Appendix 1 — Fact or Myth Answer Key

Answer Key for 'Myth' or 'Fact' Activity

MYTH	Some children contribute to the abuse by being provocative or not resisting the sexual advances made toward them.	No child wants to be sexually assaulted. Adults have power over children and they must not manipulate this power.
FACT	Sexual- and gender-diverse children and youth are more likely to experience sexual abuse.	Meta-analysis of data showed sexual minority adolescents were 3.8 times more likely to experience child sexual abuse than heterosexual youth.
MYTH	Young children don't understand what is happening to them so they don't experience lasting trauma.	A child's development is impacted by sexual abuse in many ways, including self-esteem, capacity for intimacy and sexuality, feelings of self worth, anxiety, depression and coping with their own life-stressors.
MYTH	Sexual abuse is more prevalent in lower-income families.	Sexual abuse occurs in all kinds of families, rich or poor, large or small, well educated or not well-educated.
MYTH	It is only sexual abuse if there is touching and/or penetration.	Sexual abuse includes any words or actions that cause a child to be inappropriately exposed to sexual knowledge and behaviour; medical examinations may be normal or findings may be non-specific
FACT	Many sexual abuse survivors have never disclosed or talked about their abuse experience.	Children are often frightened and threatened by their abuser, making it difficult for them to tell anyone. Children can feel guilt or shame about what is happening to them.

FACT	Children who are sexually abused are at greater risk of being sexually victimized as adults.	One-third of child sexual abuse victims reported experiencing repeated victimization and sexual abuse victims had a two to three times greater risk of adult revictimization than women without a history of child sexual abuse.
MYTH	Most child sexual abuse is committed by strangers.	It is estimated that in 70-90 per cent of cases the offender is someone the child knows.
MYTH	Parents are at fault if their child is sexually abused — they should have protected their child.	Parents are often accused of not protecting their child. However, this attitude shifts blame and enables offenders to avoid responsibility for the actions. The offender is always the person who is responsible for a child sexual assault.
MYTH	Incest or child sexual abuse is acceptable in some cultures.	There is no evidence to support this. The cultural significance of incest and child sexual assault can vary between cultures. Incest occurs in families of every description and across all socio-economic groupings
MYTH	A child who changes their story about sexual abuse was lying about the abuse.	Pressure is mounted on a child following disclosure. Consequences of disclosures can include family breakdown, parent distress, and other effects. Retracting a statement may be a child's attempt to return their situation to normal or for self preservation.
MYTH	Sexual abuse survivors do not have healthy intimate relationships as adults	With ongoing support (friends, family, caregivers) and professional intervention (therapy) survivors can and do go on to have healthy intimate relationships as adults

MYTH	Children who are sexually abused are more likely to become abusers themselves.	Although premature sexual experiences can cause profound emotional damage, most survivors don't repeat the abuses that happened to them.
FACT	Some children may not exhibit any behaviours or other signs of being sexually abused.	Children can tell us through play, their behaviour and their words that they are upset, traumatized or are uncertain about what is happening to them

Appendix 2- Understanding Children and Youth with Problematic Sexual Behaviours



NATIONAL
CHILDREN'S
ALLIANCE®

WHAT WE CAN DO

Understanding Children and Youth with Problematic Sexual Behaviors

The process of identifying and responding to problematic sexual behaviors (PSBs) among youth and children is often fragmented and inconsistent across the country. Children's Advocacy Centers (CACs) are leaders in supporting families impacted by child abuse through coordinated multidisciplinary response and care. This uniquely qualifies CACs to coordinate effective interventions for this population.

Who are children and youth with problematic sexual behaviors?

First and foremost they are children. Unfortunately, due to misinformation and fear, professionals and the public often view these children quite negatively and have little hope for change. The reality is that they are children, boys and girls, from all walks of life (race, ethnicity, religion, socioeconomic status, etc.). While most commonly adolescents, younger children may engage in these behaviors. During the preschool years, there are somewhat more girls than boys; whereas, most teenagers with PSBs are boys. Children with PSB may present with other concerns, such as problems following rules and defiant behaviors, trauma history and symptoms, social concerns, and struggles with learning.

What sexual behaviors are considered problematic in children youth?

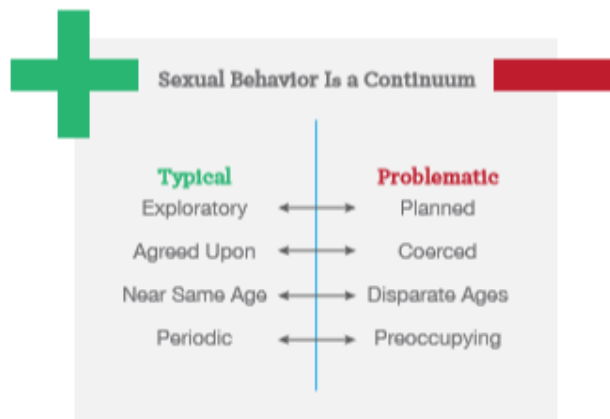
While many parents may wish it isn't true, sexual development does begin in infancy. Some sexual behaviors and knowledge are typical for children as they grow up.

Preschool children are naturally curious and learn through exploring. They may look, show, and touch other children and even adult private parts out of curiosity. Preschool children are not naturally modest and will take off their clothes for comfort and attention. Curiosity and attention-seeking continues into the school-age years. However, during school years, children tend to be more private, and behaviors may be hidden.

Situations that cause confusion about whether the behavior is typical or concerning are when children are together looking, showing, or touching private parts. Developmentally appropriate sexual play would be characterized by:

- Curiosity;
- Exploratory behavior;
- Children all agreed (no coercion or force);

Sexual Behavior Is a Continuum



- Among children of around the same age and ability;
- Periodic (not frequent), and;
- Responds to parental intervention and rules.

Technology complicates the assessment. It is typical for children to be curious. Today's children have omnipresent access to smartphones and pictures are taken of everything. However, when children take pictures of private parts to share with other children, there is cause for concern, including legally, and this behavior should be discouraged and monitored. However, most youth-produced images are not intended to be harmful. Unfortunately, because of a lack of policies regarding youth-produced images, jurisdictions may utilize child pornography laws in these cases. This is often ill-advised and may have devastating and unnecessary consequences, as the intent, use, and impact of youth-produced images is usually quite distinct from child pornography produced by adult exploiters.¹ In such cases, the careful use of prosecutorial discretion is important.

How prevalent are problematic sexual behaviors among children and youth?

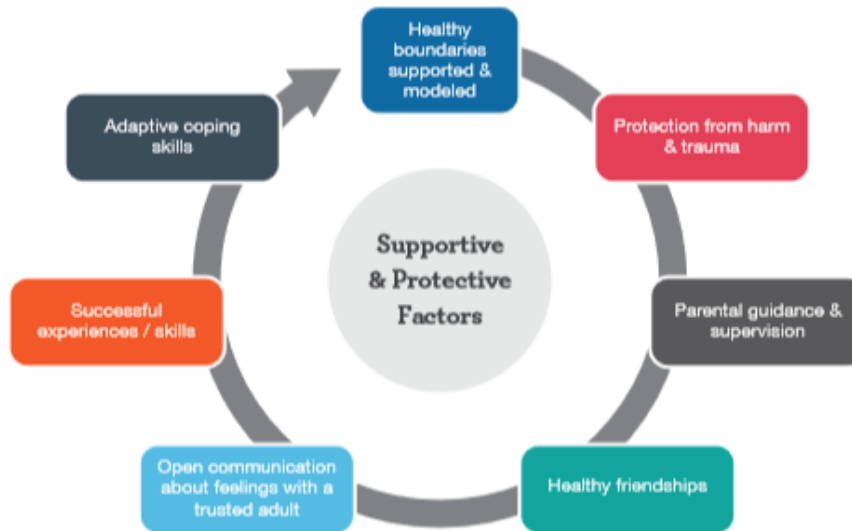
In 20-25% of cases handled by Children's Advocacy Centers, youth or children under age 18 have acted out against another child.² Research also shows that a similar proportion (23.2%) of sexual assaults are committed by juveniles.³ Therefore, a significant proportion of child sexual abuse cases encountered by CACs are likely to be committed by another child.

PARENTS SHOULD BE CONCERNED WHEN SEXUAL BEHAVIORS OR ACTS HAVE ONE OR MORE OF THE FOLLOWING CHARACTERISTICS⁴

- Occur frequently (they happen a lot, not just every once in a while)**
- Take place between children of widely differing ages (such as a 12-year-old who acts out with a 4-year-old) or between children of different developmental levels.**
- Are initiated with strong, upset feelings, such as anger or anxiety**
- Cause harm or potential harm (physical or emotional) to any child**
- Do not respond to typical parenting strategies (such as discipline)**
- Involve coercion, force, or aggression of any kind**

What are risk factors and protective factors to consider?

Risk and protective factors for children with PSB are found at the individual, family, and community levels. Children develop PSB through a variety of pathways. At the individual level, risk factors are those that hinder children's ability to respect others boundaries, to control impulses, and to make good decisions. Some of these could be attention deficit disorder, learning delays, and reactions to traumatic events. At the family level, provision of guidance, close supervision, accurate information about their bodies and respectful behavior, protection from exposure to trauma and violence facilitate good decisions and behaviors. Family risk factors can include parental depression, substance abuse, family violence, and harsh parenting practices. Schools, neighborhoods, and the broader community (e.g., messages from the media and technology) can provide similar protective and risk factors.



What are some facts I can use to dispel the misconceptions about these children?

Professionals and the public hold many misconceptions about these youth. Here are some important facts.

There are multiple causes and pathways to PSB. While **some children with PSBs have a history of being sexually abused themselves, many have not been sexually abused.**

Outpatient treatment with active involvement of the caregivers is highly effective in reducing or eliminating PSB (see below for more information). Recidivism rates are quite low with evidence-based treatment.⁹

Safety and protection plans must be individualized for the child, family, school, and others involved. With the protections in place, most children with PSBs can attend school and live in the community.

What are some of the perceptions people may have of these children? Are they true?

Children with PSBs have been considered to be dangerous, deviant, perpetrators who must be sent away to protect the community. The reality is that most respond well to increased supervision and safety and the family participation in evidence-based treatment. A few children, often due to more extensive trauma or psychiatric issues, require more intensive supports.

What language should those working on these cases use to prevent misconceptions and ensure children get the help they need?

“Children-first” language is recommended. Children with PSBs are children. Their behavior does not fully define who they are. While these behaviors are serious, using labels such as “offender” or “perpetrator”, negatively impact how we think about and respond to the children. Research has demonstrated that the response from authorities is often more punitive and negative when terms such as “offender” are used.⁶

The Right Words	The Wrong Words
Child with PSB	Offender
Has problems	Is sick
Defined as a child	Defined by behavior
Exhibits problem behaviors	Is a “predator”



“When I first found out about my child’s problematic sexual behavior, I was looking for answers and looking for someone to blame. Was he abused by somebody else? Was it my fault? How did I fail? Why didn’t I see it? I was scared. What was going to be the outcome? Was he going to turn into a monster? Was he a monster? But he wasn’t a monster. He just made a poor choice.”

—A caregiver of a child with problematic sexual behaviors

What makes treatments effective for children with problematic sexual behaviors?

The evidence-based treatment known as Problematic Sexual Behavior – Cognitive Behavior Therapy (PSB-CBT) has been found to have long-term positive results for children with PSBs. When the child has Post-Traumatic Stress Disorder in response to trauma, particularly sexual abuse and has PSB, Trauma-Focused Cognitive Behavior Therapy (TF-CBT) may be particularly beneficial.⁷



Outpatient treatment (where the child stays in the home and community);
Active and full participation in the treatment by parents and caregivers;
Short-term treatment of approximately three to six months. Short-term treatment is possible if the family attends sessions regularly, actively participates in available services, and practices skills between sessions; and

Education for caregivers about how to:

- Apply rules about sexual behaviors;
- Improve the quality of their relationship with their children;
- Use parenting strategies that prevent and reduce behavior problems in general;
- Address sexual education topics with their children; and
- Support abuse-prevention strategies and skills.

For next steps on addressing PSBs at your center, see the new video training series from NCA and Midwest Regional CAC at nationalchildrensalliance.org/psb



1. Judge, A. M. (2012). "Sexting" among U.S. adolescents: Psychological and legal perspectives. *Harvard Review of Psychiatry*, 20, 86-96. Mitchell, K. J., Finkelhor, D., Jones, L. M., & Wolak, J. (2012). Prevalence and characteristics of youth sexting: A national study. *Pediatrics*, 129, 13-20.
2. National Children's Alliance 2016 statistical data submitted by Children's Advocacy Center members.
3. Howard N. Snyder, "Sexual Assault of Young Children as Reported to Law Enforcement: Victim, Incident, and Offender Characteristics" (Washington: Bureau of Justice Statistics, 2000), p. 8, retrieved December 8, 2016 from <https://www.bjs.gov/content/pub/pdf/saycrte.pdf>
4. More at www.ncsby.com
5. Carpentier, M, Silovsky, J, & Chaffin, M. (2006). Randomized trial of treatment for children with sexual behavior problems: Ten year follow-up. *Journal of Consulting and Clinical Psychology*, 74, 482-488.
Caldwell, M. F. (2016). Quantifying the Decline in Juvenile Sexual Recidivism Rates. *Psychology, Public Policy, and Law*. Advance online publication. <http://dx.doi.org/10.1037/law0000094>
6. Harris, A. J., & Socia, K. M. (2014). Whats in a Name? Evaluating the Effects of the "Sex Offender" Label on Public Opinions and Beliefs. *Sexual Abuse: A Journal of Research and Treatment*, 28(7), 660-678. doi:10.1177/1079063214664391
7. For more resources, go to National Center on the Sexual Behavior of Youth at www.ncsby.com and California Evidence-Based Clearinghouse for Child Welfare at www.cebc4cw.org.



Support for this project to recognize and address problematic sexual behaviors among children and youth comes from the American Legion Child Welfare Foundation. Special thanks to the National Center on the Sexual Behavior of Youth and NCA's Youth with Problematic Sexual Behavior Collaborative Workgroup for their expertise and critical work creating the content upon which these documents are based.



Appendix 3 — Facing Sexual Behaviour Problems with your Child



NATIONAL
CHILDREN'S
ALLIANCE®

WHAT HAPPENS NOW

Facing Sexual Behavior Problems With Your Child

Discovering that your child has a problematic sexual behavior can be overwhelming. It can bring about a flood of emotions, from anger to sadness, denial, shame and guilt. Having the right help and support is vital to helping your child and assisting you in gaining a sense of hope for the future. You are not alone. Help is available.

What happens now?

The most important thing you can do is support the safety and well-being of all your children. This includes helping your child develop healthier choices and behaviors. Effective treatments do exist and future problematic sexual behaviors can be prevented. Children with problematic sexual behaviors can learn to better respect themselves and others. Additionally, they can learn to demonstrate healthy boundaries and behaviors even when the reasons for the problematic sexual behaviors remain unclear.

Is there anything I can do to help my child?

Your child needs your support now more than ever. It is important to remember that the sexual behavior does not completely define your child. Research shows that with targeted treatment and good parental guidance, supervision and support, most youth will not engage in further problematic sexual behavior. There are concrete steps you can take to help your child.

Most children whose families complete treatment can lead happy, successful lives, both as children and later as adults. Parental support and guidance are vital to achieving positive outcomes. If there is legal involvement, parents may decide to seek the counsel of an attorney to help them understand the legal process and their child's rights.

Have I done something wrong? How will people see me and my child now?

It is common for caregivers to wonder why they didn't notice something earlier or wonder if they could have done something to prevent their child's problematic sexual behavior. Feelings of guilt and/or embarrassment are normal; however, it is rare that caregivers know or suspect their child is dealing with this issue. Youth often hide their sexual behavior from adults (especially parents). Parents often find out about the behavior after it occurs, and thus could not have prevented it. You can be active in preventing future behavior and promoting safety.

There is a strong stigma attached to problematic sexual behavior that can lead to severe social and academic consequences for youth. However, important adults in a child's life should understand that labeling a child is unnecessary and counterproductive. Those supervising your child can use careful communication to prompt appropriate supervision without using unhelpful labels.

How will I keep my child and other children safe?

Sexual Behavior Rules (for School-Age Children)

It is not OK to show your private parts to others.

It is not OK to look at other people's private parts.

It is not OK to touch other people's private parts.

It is OK to touch your private parts as long as it is in private and does not take too much time.

It is not OK to use sexual language or make other people uncomfortably with your sexual behavior.

Safety Planning

Provide and arrange for appropriate supervision.

Teach simple rules about boundaries and sexual behavior.

Monitor electronic devices and access to the Internet.

Additional information is available through the National Center on the Sexual Behavior of Youth at www.ncsby.com or through your CAC.

"Be aware. That's the biggest thing."

— Caregiver of a child with problematic sexual behaviors



Supervision is key. Children who have had inappropriate sexual behaviors need line-of-sight supervision when interacting with other children. Enlisting the help of your support system can help make managing your child's behaviors more feasible. Only informed adults should be given the responsibility of babysitting or watching children when problematic sexual behaviors have occurred.

Setting clear expectations is an important way to help your child understand and follow rules. Children who have broken personal boundary rules should not bathe or sleep with other children or have unsupervised time with younger children. Adults in the home should also model modesty rules to help their children understand and follow basic sexual behavior rules.

How can I support other children in my household, especially if one is a victim?

When a child acts out sexually, it can be overwhelming not only for parents and other caregivers—it can also be hard on other children in the household, most of all if one of the children was the victim. Caregivers can become torn on how to help all their children, and the stress can strain relationships and test family supports. Whether the child who acted out remains in the home or must live separately for a time, other children, especially the victim, often feel fear and sadness, and even guilt if the family must be temporarily separated. You can help other children in the household including victims with the following messages:

“It’s not your fault.”

“Do you want to talk about it?” If they’re not ready to talk to you about it, ask:

“We are getting help for our family.”

“Is there someone else you trust that you can talk to?”

“You did the right thing by telling,” if the child victim told what happened to them.

The child victim may experience behavior problems, nightmares, depression, or anxiety. They may startle easily, or may avoid certain places or the sibling who acted out sexually. If your child is experiencing any of these symptoms, it is recommended that your child see a therapist or other mental health professional.

How do I talk to my child with problematic sexual behaviors about what happened?

Don’t expect your child to understand why they engaged in the behavior. Problematic sexual behaviors in children may be caused by curiosity and impulsivity. Children may also blame the other child, justify, or completely deny engaging in the behavior. This does not mean that your child will grow up to be a callous person. Empathy is a skill that can be gained from this experience with the appropriate guidance.

Be ready to listen when your child shares about the behavior and help them learn healthy responses. These behaviors typically happen within a child’s social circle. You may, very likely, have a relationship with the other child impacted by the behavior. This can be difficult to navigate. The needs of all the children should be addressed. Professionals can help the families heal.



“Just be willing to love your child and know that they are not [defined by] their bad choices.”

—Caregiver of a child with problematic sexual behaviors

What are some barriers to safety my child and I might experience?

“Even with kids who haven’t had problematic sexual behaviors, [keeping children safe] is still difficult. The internet, social media, I mean all these things that I never even dreamed of when I was a child.”

—Caregiver of a child with problematic sexual behaviors



Children should be protected from sexually explicit media. Children should not have access to sexually explicit magazines or books, videos, video games, computer files, websites, songs, or television programs. In addition, children should be closely monitored while using electronic devices to ensure that inadvertent exposure is avoided. Safety measures, such as enabling parental controls on devices is a good place to start, but they should not take the place of supervision. Monitoring your child’s online interaction is just as important as monitoring their face-to-face communication.

Where can I go to find support and help around sexual behavior problems?

Children’s Advocacy Centers (CACs) were founded to be a source of support to families and children who have experienced trauma and abuse. From the time you enter a CAC until the time you leave, you will have access to a team who works together with members of the community to provide the best support, advocacy, and therapeutic services for your family. Supporting families dealing with problematic sexual behaviors are a part of CACs’ approach either directly through onsite services or indirectly through information and referral services.

How will treatment help my child?

Treatment for children with problematic sexual behavior has many benefits. Children frequently come away from treatment programs with an understanding that they are not alone. Families report significant improvement in communication between caregivers and children and greater skills at managing their child’s behavior. Youth also gain empathy for their victims. Treatment provides education regarding appropriate boundaries, social skills, impulse-control skills, and healthy age-appropriate sex education. Therapy is designed to address the problem behavior in a way that is trauma-informed with a goal of avoiding additional problematic behaviors, both sexual and non-sexual.

What's my role in helping the treatment work?

Caregivers are essential in their role of implementing skills learned in treatment and translating these skills to real-life family and community settings. As the parent or caregiver, your role in treatment is paramount. You are the best person to provide support to your child. It is important to let your child know that you will stand beside them through the process of getting help. Many caregivers have a fear (or sometimes a reality) of being judged or ostracized from their family or community due to their child's problematic sexual behavior. Participation in treatment gives parents a place to be honest about their feelings and avoid the isolation that so often comes with having a child with problematic sexual behavior. Treatment for problematic sexual behavior involves both children and their caregivers.



"I went to therapy so that my son would know I was there for him, but also to learn what he was learning so I could try it at home."

—Caregiver of a child with problematic sexual behaviors

Will the treatment help my child grow up to have a healthy life?

Children and youth who have received treatment for their problematic sexual behaviors are less likely to repeat the behaviors later in life. In fact, youth who participate in cognitive-behavioral therapy groups to address problematic sexual behaviors were found to have only a 2% chance of committing sex offenses in the future. In other words, they are no more likely to act out sexually than children and youth who never exhibited problematic sexual behaviors at all.

"Several good things came out of our experience getting treatment. One of them was my child's self-esteem has come up greatly. He's more assured. He does open up and communicate with us when we encourage him when before treatment he was completely shut down. This process has actually brought out our whole family closer together. And yeah, we're still dealing with the problem. But we're moving forward and we have hope."

—Caregiver of a child with problematic sexual behaviors



Support for this project to recognize and address problematic sexual behaviors among children and youth comes from the American Legion Child Welfare Foundation.

Appendix 4 — Supporting a Child or Youth Impacted by Sexual Abuse



24 HOUR
SUPPORT &
INFO LINE

780-
423-
4121

Supporting a Child or Youth Impacted by Sexual Abuse

Try to Stay Calm

Receiving a disclosure from a child can bring up strong emotions, however, it is best to process these emotions with other adults. Expressing these emotions in front of the child can cause them to feel as if they have done something wrong in disclosing.

If you do express how you are feeling in front of the child, make sure to explain that you are upset at what has happened to them, but that you are happy that they have come to you for help. Ensure that the child knows that they have done the right thing in telling someone what has happened.

Tell the Child You Believe Them

Children are often very afraid that they will not be believed when they disclose experiences of abuse. By showing the child that you believe they are telling the truth, you can help them to feel safe and more comfortable seeking help.

The following statements can often have a positive impact on someone when they reach out for help:

- "I believe you."
- "Thank you for telling me."
- "I'm sorry this happened to you."

Tell Them It's Not Their Fault

Reassure the child that the only person who did something wrong was the person who used abusive behaviour. This can help to reduce feelings of guilt and self-blame.

Validate Their Feelings

Tell the child that however they are feeling is okay. There is no one way, or a wrong way, to be feeling following an experience of abuse.

Be Mindful When Asking Questions

When responding to a disclosure from a child, only ask questions when they are needed to make a report of child abuse, or to better support the child.

When a question needs to be asked, avoid leading questions. Instead, ask questions that are open-ended. The following is an example of an open-ended question:

- "Do you want to tell me more about that?"

When asking questions it is best to avoid the following:

- Questions that start with "why".
- Questions that have to do with the details of the abuse.
- Questions about how someone responded during the abuse. For example, "did you say no" is not an appropriate question to ask during a disclosure.



24 HOUR
SUPPORT &
INFO LINE **780·423·4121**

Ask Permission Before Giving Physical Support

It is important not to assume that physical affection - like hugs - will be helpful to the child. Instead, it should be up to the child to decide if physical support is something they would like. This also helps to reinforce their ability to decide what happens to their body

Avoid Making Promises

Ensure the child that you will help, but avoid making promises you can't keep.

Report

In Alberta, all adults (18+) have the legal responsibility to report suspected child abuse of any kind; you do not need a disclosure to report.

Call the Child Abuse Hotline at **1-800-387-KIDS (5437)**; reports can be made anonymously.

Practice Self Care

Hearing a disclosure can be very upsetting, and for some it can be a trigger to remember their own experiences of abuse.



Listen. Believe. Support.
sace.ca

It is important to take care of yourself when you are supporting a child who has experienced sexual violence.

- If you would like to talk to someone about how to respond to a disclosure, or to receive support in your role as a supporter, call the SACE Support and Information Line at 780.423.4121.

Other Resources

Native Youth Sexual Health Network

nativeyouth-sexualhealth.com

Comprehensive Health Education Workers' (CHEW) Project

(LGBTQ2S+ ages 14-29)
ualberta.ca/ismss/community/chew-project

Sexual Assault Response Team (SART)

(14+) Access from any emergency room in the Edmonton Zone

Child Abuse Hotline
1.800.387.5437 (24Hr)

Kids Help Line
1.800.668.6868
kidshelpphone.ca

Birth Control Centre
780.735.0010

Edmonton Distress Line
780.482.4357 (24 Hr)

Need Help Now
needhelpnow.ca

STI Clinic
780.342.2300



Appendix 5 — Establishing Family Guidelines for Safety and Privacy

(Adapted From: Parenting a Child or Youth Who Has Been Sexually Abused: A Guide for Foster and Adoptive Parents — https://www.childwelfare.gov/pubPDFs/f_abused.pdf)

Establishing family guidelines for safety and privacy is critical, as survivors of sexual abuse are vulnerable to later abuse. Some children and youth who have been sexually abused have heightened sensitivities to situations that involve physical contact, evoke sexual innuendo, or include implicit or explicit sexual content. Practising some of the following guidelines may make your home a comfortable place for children or youth who have been abused. It may also reduce your vulnerability to abuse allegations by children living with you:

Respect every family member’s comfort level with touching, hugging, and kissing.

Encourage children and adults to respect the comfort and privacy of others.

Be cautious with playful touch, such as play fighting and tickling. This type of play may be uncomfortable or trigger memories of sexual abuse.

Be mindful that some children who have experienced sexual abuse may not have healthy boundaries. Teach your children and the entire family about healthy age-appropriate boundaries.

Teach children and youth the importance of privacy. Remind children to knock before entering bathrooms and bedrooms, and model privacy and respect.

Keep adult sexuality private. Adult caretakers need to pay special attention to intimacy and sexuality when young children with a history of sexual abuse are around.

If your child has demonstrated inappropriate touching or sexually aggressive behaviors, you may need to take additional steps, such as creating a family safety plan, to help ensure safety for your child as well as his or her peers. Consider how these tips may apply to your situation:

With friends. If your child has known issues with touching other children, you will need to ensure constant supervision by informing other caregivers when he or she is playing with friends, whether at your home or theirs. You should be able to see your child at all times when he or she is with other children. Constant supervision will help to ensure safety for all children and prevent the sexually aggressive behaviors from becoming a habit. Sleepovers may not be a good idea when children have touching issues.

At school. Working closely with the school to set up a safety plan for children or youth with aggressive sexual behaviors ensures an appropriate level of supervision and protects everyone

involved. The plan should address concerns such as bathrooms and locker rooms, lunch, recess, transitions between classes, field trips, and other situations. Children or youth who have been sexually abused should not be alone with one teacher. At least one additional teacher should be in the room.

In the community. Setting up a safety plan with coaches, camp counselors, and other adults who are monitoring your child also may be useful. Children with sexual behaviour concerns should not be given authoritative roles over other children. If your child has these issues, do not ask him or her to watch over younger children at any time. If your child or youth is focused on specific individuals, make sure he or she is not alone or placed together in small groups.

Appendix 6 — Child Advocacy Centres

<https://www.albertacacs.ca/>

Alberta is proud to have eight Child Advocacy Centres across the province, these centres are fully operational or in various stages of future development.

Child Advocacy Centres are a safe place where children and youth who have experienced abuse can go to tell their story and be supported throughout the entire disclosure, investigation, judicial and healing journey. By supporting children, youth and their non-offending caregivers we provide them with customized supports that best suit their needs and will allow them to heal at their own pace.



Alberta Child Advocacy Centres

Fort McMurray- Waypoints Community Services

Grande Prairie- Caribou Child & Youth Centre

Edmonton- Zebra Child Protection Centre

Lloydminster- Little Bear Child & Youth Advocacy Centre

Central Alberta- Central Alberta Child Advocacy Centre

Calgary- Calgary & Area Child Advocacy Centre

Medicine Hat- South Eastern Alberta Sexual Assault Response Committee

Lethbridge- Chinook Sexual Assault Centre

Glossary

Trauma — Experiences that can cause intense physical and psychological stress reactions. This can be due to a single event, multiple events or a set of circumstances. These events are experienced as harmful or threatening and may have lasting effects on physical, social, emotional or spiritual well-being. (Substance Abuse and Mental Health Services Administration).

Complex Trauma — may occur when an individual is exposed to multiple and extensive traumatic events, like physical, emotional or sexual abuse, or profound neglect. These events are often of an inter-personal nature. (Substance Abuse and Mental Health Services Administration).

Historical Trauma — “the cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma.” - Dr. Maria Yellowhorse-Braveheart

- Due to individual and collective experiences of genocide, loss of culture and forcible removal from family and community, Canada’s Indigenous Peoples have experienced tremendous trauma and the effects are passed from generation to generation

Lateral Violence — “the expression of rage and anger, fear and terror that can only be safely vented upon those closest to us when we are being oppressed.” In other words, people who are victims of a situation of dominance turn on each other instead of confronting the system that oppresses them. The oppressed become the oppressors.” (Bullying & lateral violence - Creative Spirits, retrieved from: <https://www.creativespirits.info/aboriginalculture/people/bullying-lateral-violence>)

Problematic Sexual Behaviour — sexual behaviours outside developmental norms which may be self-directed or directed towards others, which are likely to have an impact on the child’s functioning or the functioning of others, but which are not coercive.

<https://www.supportingcarers.snaicc.org.au/social-and-emotional-wellbeing/problematic-sexualised-behaviours/#:~:text=Problem%20sexualised%20behaviour%20is%20defined,but%20which%20are%20not%20coercive>.

Systemic Racism — systemic racism is difficult to define; however, in general it is the way in which systems are set up and function in ways that disadvantage some groups over others. Systemic racism exists throughout Canada because our systems (such as legal, medical, education and child protection) were created based on western colonial understandings and practices.

Vulnerable populations — are “groups and communities at a higher risk for poor health as a result of the barriers they experience to social, economic, political and environmental resources, as well as limitations due to illness or disability.” (<http://nccdh.ca/glossary/entry/vulnerable-populations>)