Council of Europe campaign to stop sexual violence against children
Stopping sexual violence against children through international standards

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HOW TO DEAL WITH CHILDREN VICTIMS OF SEXUAL ABUSE AND SEXUAL VIOLENCE:
THE CASE OF THE CENTER FOR CHILD PROTECTION IN CROATIA

The problem of abuse and neglect in general, including sexual abuse, was systematically tackled first some fifteen years ago in Croatia when a non-governmental organization Brave phone – a helpline for abused children – was established. Apart from helping children via the phone line, this NGO had a strong impact on the increase of public awareness of the issue. We started to train professionals, educate parents, and inform children and the media. It was the NGO Brave phone which conducted the first research into the prevalence of sexual abuse of children in Croatia in 2001. Results showed that every fourth girl and every sixth boy experienced some form of sexual abuse before the age of fourteen, which is very similar to other countries research results.

All that resulted in significant changes in the law and in child protection policies dealing with abuse, which lead, in the year 2002, to the creation of the Child Protection Centre in Zagreb (Capital of Croatia). The Centre is a specialized institution that works with traumatized children, including the sexually abused children. In the Centre, a specialized team approach is provided for each child. The Centre employs multi-disciplinary teams, which consist of psychiatrists, psychologists, social workers, paediatricians, special educators, nurses and legal advisors. All mental health professionals are trained to conduct investigative and forensic interviews and clinical assessments, and to provide psychological first aid as well as various forms of psycho-therapeutic treatment.

Besides immediate and direct work with the sexually abused child, we also work with the non-abusive parent. There is evidence that treating these parents’ results in a reduction of child behavioural and depressive symptoms and that the parents’ emotional reaction to child trauma is the strongest predictor of treatment outcome.

In addition to its diagnostic and therapeutic work with sexually abused children and their parents, the Centre’s activities include forensic evaluation, research, training, publishing and public actions. In the past few years the Centre has conducted several surveys,
some of which have contributed to public awareness of issues surrounding abuse and neglect in general, leading to a better understanding of the problem of sexually abused children and designing prevention and intervention programmes in the field of child mental health care. The prevalence study we conducted on child and adolescent sexual abuse deepened our insight into the issue and also examined the consequences of child abuse trauma on mental health in adolescence.

Research into young peoples' exposure to sexual content on the internet was conducted in cooperation with NGO Brave phone, helpline for abused children. 39% out of the sample of 2700 children, who communicate via the Internet, received a request to send a photo of them in a sexualized position. 6% of them did so, while 31% of children received a photo of the sender in a sexualized position on it from the person they communicated with. The results obtained were used to draft preventive programmes and to design multidisciplinary training programmes for professionals.

Furthermore, the study of the experience and attitudes of primary health care physicians was conducted, which showed that physicians were aware of their lack of knowledge in this area and of their need for further training. This indeed was the very reason that we had organized training sessions for the physicians.

The Centre has also published a series of handbooks for children, parents, and professionals. Those publications dealing with the protection of children from sexual abuse are: 'sexual development of children', fliers for parents of sexually abused children, 'It's happened – what now?', 'Signs and consequences of sexual abuse', 'Myths and facts about sexual abuse', 'Family support of the sexually abused child', 'Treatment of the sexually abused child', and 'Parents' most frequent questions'.

The Centre has conducted a lot of systematic training programmes on the subject of understanding the phenomenon of sexual abuse prevalence, short and long term consequences, and responsibility and co-ordination in child abuse, including child sexual abuse. These were supported by the relevant Ministries, Government of Croatia and the City Authorities. The Centre's training programmes on sexual abuse for child professionals included: social care centre professionals, elementary school professionals, secondary school professionals, family centre professionals, judiciary professionals, paediatricians, and family and school physicians.
Unless all the involved professionals are sensitized, trained, cooperating and working together, the child victim of sexual abuse may still be exposed to further institutional abuse and additional stigmatization and victimization. This is the reason why The Centre has a very important function of facilitating cooperation among various institutions involved in the protection of sexually abused children. That function is not formal or defined by the system, but has organically grown from the needs of child victims. The challenge of constant cooperation is best illustrated by the sentence uttered by our teacher dr. William Friedrich from Mayo Clinic, that "helping the abused child always involves at least four telephone calls to cooperating institutions".

Besides the professional training about dealing with child victims of sexual abuse, training about how to help the children with sexual behaviour problems and adolescent sex offenders is also necessary since data showed that 30-50% of offenders are adolescents.

Organizing cross-institutional cooperation in cases of sexual abuse is one of the most important aspects of a professional's training. Better mutual understanding, motivation, awareness, knowledge and the capacity to act lead to improved cooperation and child protection. A multi-disciplinary approach facilitates several important steps: understanding the problem, risk assessment of the child, backing child support, including treatment and family support programmes, facilitating reporting of suspected abuse, raising awareness of the need to protect children, and facilitating crisis management (co-operation with the police, state attorney, health and social care, mental health care, school, kindergarten, home, family).

We encourage judges to hold trials on the Centre's premises, in the child friendly atmosphere so that children are not additionally traumatized in the court. If the judge accepts such a trial procedure, the interview of the child victim in a separate room is conducted by the Centre’s professional forensic evaluator, while all other interested parties (the state attorney, defence lawyers, the judge, and the defendant) are in another office, connected by a video link.

The interviews are recorded and everyone included gets the recording, so the way that the interview was conducted is transparent.

Such a procedure facilitates the trial process, diminishes the sexually abused child’s trauma of facing the court and helps the child's recovery process.
Now, through an example, I am going to illustrate how important in the recovery of a sexually abused child are not only the professional skills of mental health experts, but also a cross-institutional cooperation:

Example:

A sixteen year old girl was referred to the Centre for forensic evaluation of the credibility of her testimony and her ability to stand as a witness at the court of law. She was sexually abused by her father, between the ages of six to twelve.

At the age of eleven she manifested behaviour disorders, skipping school, poor school achievement, deliberate self-harm (cutting), authority issues, and alcohol and drug abuse. She attempted suicide seven times before the age of sixteen, which resulted in seven hospitalizations. At the age of fourteen she confided her sexual abuse experience to a child abuse helpline.

A court procedure started, and the girl was removed from her family and placed in a Children's home. But taking all the suicide attempts and hospitalizations into account, the Children's Home refused to continue to have the girl under its care. Her mother, grandparents and relatives did not trust her, terminating their contacts with her. She left the school and terminated all psychiatric treatment that she had started.

Forensic evaluation in our Centre proved that the girl had an intellectual and moral capacity to be a credible witness. It also showed that she was gravely traumatized and depressive, auto-destructive, with a strong suicide risk. We felt that for her testifying in the court of law could increase the suicide risk. Despite the defence lawyer’s insistence on her own testimony, the judge accepted the opinion of the Centre’s professionals that such a procedure would further damage the psychological health of the girl and could provoke a new suicide attempt. She started psychiatric treatment at the Centre. At the same time, we contacted the Children’s home and cooperation between them and the Centre was established. The home’s educators were included in the counselling in order to understand the girl’s behaviour disorders and explore ways of helping her. We also established cooperation with her school and she returned to school. Today she is a law student, with good achievements, has a boyfriend and a social network of support, lives in the community of youth who grew up in the Children's home, and is still having therapeutical support, even though she is not suicidal anymore.

This case clearly shows that the recovery of a girl could not begin before the professionals of the Centre initiated cooperation with the justice system, children’s home and her school, clearly representing the child’s interests.

This case also shows that the experience of sexual abuse is not a problem that will go away by itself, as a child grows up.

Children that were sexually abused and were not provided with adequate support and help, could grow up to be individuals with significant problems and burdened by feelings of self-blame and guilt, shame and low self-esteem. They need security, acceptance,
understanding, support, safe environment, empathy, help in re-building his/her world view, and a specific individual approach and corrective emotional experience.

Providing support to the traumatized sexually abused child is not easy. Their story can be overwhelming, either because of the description of what has happened, or because of their very intense emotional or other reactions. We cannot alleviate their suffering instantly and it makes us feel helpless, which is difficult to cope with.

The solution is an individual approach to every child and to identify what the child needs in order to more easily overcome what has happened to him/her. Sexual abuse trauma can have a different impact on every child, depending on the type and degree of exposure, who is perpetrator, the child’s and family's characteristics and history, the environment, and the nature of available support. The most traumatic part of the experience may be different for every child.

During the treatment, the child builds skills which will help him or her to deal with difficult feelings and cope with stress. The child can then use these skills for rest of his or her life to manage stressful experiences and situations.

Based on our research and clinical experience, experts in our Centre believe that psychotherapy, alone, for a sexually abused child is not enough. The process of complete recovery is not possible without a coordination of the various institutions in the system and the cooperation with every professional who is involved in protection of child victims of sexual violence.

Professionals at the Child Protection Centre in Croatia have developed their own model for team work dealing with child victims of sexual abuse and sexual violence, and this has been incorporated into training for other professionals. It is based on respect for the specialized knowledge and skills of each professional, multidisciplinary team work, and cooperation with other services, direct and indirect interventions by the team members, and the personal involvement of professionals.