11. The responsibility and co-ordination of professionals in tackling child sexual abuse

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Introduction

The problem of abuse and neglect in general, including sexual abuse, was systematically tackled first some 15 years ago in Croatia. Data concerning the prevalence of child sexual abuse in Croatia proved to be very similar to those in other countries. A study conducted by Vranić, Karlović and Gabelica (2002), showed that 19.7% of the subjects had experienced sexual abuse. A more recent Croatian study shows that 14% of young people report that they have been exposed to sexual abuse (Buljan Flander, 2007; Luca Mrden, Ćosić and Buljan Flander, 2007). Increased public awareness and the growing number of reports of abuse, as well as survey results, have produced the effect of "blowing the lid off" the issue in Croatia. The changes that have taken place in policy and practice here are the result of government and non-government organisation (NGO) actions. It is clear that the problem of abuse and of mental health care in general has outgrown the capacities of the existing system.

Significant changes in the law and in child protection policies dealing with abuse led to the creation of the Child Protection Centre in Zagreb, a specialised institution that works with traumatised children, including the sexually abused. In this centre, a specialised team approach is provided for each child. The centre also has the important function of facilitating co-operation between various institutions aiming at better child protection.
Training, research and publishing activities

In addition to its work with traumatised children and their parents, the centre’s activities include 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 to designing prevention and intervention programmes in the field of 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 adolescents (Buljan Flander, 2007; Luca Mrden, Ćosić and Buljan Flander 2007; Profaca, 2008). Research into young people’s exposure to sexual content on the Internet was conducted in cooperation with the NGO Brave Phone (Buljan Flander, Ćosić and Profaca, 2009). The results obtained were used to draft preventive programmes and to design multidisciplinary training programmes for professionals. Furthermore, a study of the experiences 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 (Buljan Flander, Ćosić and Štimac, 2008).

The centre has also published a series of handbooks for professionals and parents. Dealing with the protection of children from sexual abuse are: “Sexual development of children” (Krmek and Milanović Lambeta, 2006), flyers for parents of sexually abused children, “It’s happened – what now?” (Profaca, Puhovski and Gojković, 2006); “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”.

Since 2003 and in addition to its ongoing training in the field of education, social care, judiciary, police and so forth, the centre has conducted several systematic training programmes on the issue of...
responsibility and co-ordination in child abuse, including child sexual abuse. These were supported by the relevant ministries and the city authorities. The table below outlines these programmes.

**Table: Training programmes on sexual abuse for child professionals**

<table>
<thead>
<tr>
<th>Participants</th>
<th>Training focus</th>
<th>No. of participants</th>
<th>Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social care centre professionals</td>
<td>Child abuse and neglect</td>
<td>170</td>
<td>Ministry of Health and Social Care</td>
</tr>
<tr>
<td>Elementary school professionals</td>
<td>Abuse of children and bullying in the family and at school</td>
<td>640</td>
<td>Ministry of Science, Education and Sports</td>
</tr>
<tr>
<td>Secondary school professionals</td>
<td>Youth and abuse in the family and at school</td>
<td>250</td>
<td>Ministry of Science, Education and Sports</td>
</tr>
<tr>
<td>Family centre professionals</td>
<td>Child abuse and neglect</td>
<td>20</td>
<td>Ministry of the Family, Veterans’ Affairs and Intergenerational Solidarity</td>
</tr>
<tr>
<td>Judiciary professionals</td>
<td>Child abuse and neglect</td>
<td>40</td>
<td>Judicial Academy</td>
</tr>
<tr>
<td>Ongoing training for physicians</td>
<td>Child abuse and neglect</td>
<td>62</td>
<td>-</td>
</tr>
<tr>
<td>Paediatricians, family and school physicians</td>
<td>Prevention and intervention in the area of child abuse and neglect</td>
<td>150</td>
<td>Ministry of Health and Social Care</td>
</tr>
<tr>
<td>Professionals from various fields (education, health care, social care, judiciary, police, NGOs)</td>
<td>Multidisciplinary approach and co-operation in interventions in the area of child abuse and peer bullying</td>
<td>100</td>
<td>Government of Croatia</td>
</tr>
</tbody>
</table>
Professionals’ sensitisation to various forms of child sexual abuse

In training professionals from various fields, it is important to clearly define how the effects of child sexual abuse are manifested and problematic sexual behaviour in children and adolescents which requires intervention and preventive measures.

Child sexual abuse

Child sexual abuse involves a dependent, developmentally immature child or adolescent engaged in sexual activities which they cannot understand or give mature consent to (Hobbs, Hanks and Wynne, 1999). Child sexual abuse traumatisation is complex and is usually caused by more than exposure to a single traumatic event. Child professionals need to understand the connection between the trauma of sexual victimisation and the different levels of a child’s adjustment to it. During the different phases, a child has to cope both with the abuse itself and with the surrounding social environment after the abuse. According to Hartman and Burgess (1989) these periods comprise several phases.

With regard to the first phase (pre-traumatic phase), it is important to assess the child’s family history, including the quality of family relations, the family’s social resources, family values and the quality of their lifestyle (and the degree of stress), and the child’s support sources. To assess these factors is to assess the vulnerability of the child. Although this represents the family situation prior to abuse, it is important to know about the child’s family environment and its impact of the child’s development. These factors are important for further recovery of the child.

The second phase (exposure to a traumatic event/events) includes exposure to sexual abuse and the child’s way of coping with it. The third phase (disclosure/confiding) relates to the child’s disclosure of the abuse, and how the child’s social environment reacts. In this phase, it is important to focus on the characteristics of the child’s disclosure, symptoms and reactions of persons who play a significant
role in the child’s life, such as parents, teachers and so forth. The fourth phase (the aftermath of trauma) covers a longer period of time (about two years) and includes the police investigation, legal consequences and the child’s therapeutic treatment. This period focuses on behavioural changes, adjustment and support for the child.

All of the above have to be taken into account when training professionals, including the distinct role that each will play during the various phases.

**Children with sexual behaviour problems**

Problematic sexual behaviour can sometimes be spotted in children ages 6 to 12. Despite earlier observations about the connection between problematic sexual behaviour in children and sexual abuse, we know today that the intentions and motives for such behaviour may not be connected to sexual satisfaction. It is not clear whether there is an increase in incidences of this type of behaviour or if the increase stems from public awareness and changes in reporting. Definitions of problematic sexual behaviour describe it as behaviour initiated by children, which includes contact with private parts of other children and which is potentially embarrassing for both. Since these children make up a heterogeneous group, training for various professionals in this area should try and define at least some of the characteristics and origins of problematic sexual behaviour and its relation to family factors, which may not necessarily indicate a history of sexual abuse, but other characteristics and forms of abuse instead. Thus it is important to focus on the complex family, societal, developmental and biological factors, and possible individual or group treatment for children with problematic sexual behaviour and their parents (Saunders, Berliner, Hanson, 2004; Bonner and Fahey, 1998; Bonner, Walker, Berliner, 1999).
Adolescent sex offenders

The adolescent sex offender is a person between puberty and the age of legal maturity, who commits any sexual activity with a person of any age against the victim’s will, in an aggressive, abusive or threatening way. In training for professionals, it is important to define the empirical indicators, theoretical grounds and clinical characteristics of adolescent sex offenders. Their typology shows that they vary according to: motivation; severity of the act; pattern of the act and choice of the victim; psychological characteristics and personality features; family dynamics; and the level of family and peer support. Despite the fact that there are still mutually exclusive and vague answers to questions surrounding adolescent offenders, efficient treatment strategies for the victim and the underage perpetrator, including preventing recidivism and risk assessment, can be developed (Luca Mrđen, 2005; Chaffin, Bonner and Pierce, 2003a, 2003b; Buljan Flander and Jelić, 2010).

Professional competence and the acquisition of knowledge

As previously mentioned, our training sessions aimed to develop the competences, knowledge and skills that are needed by child professions in health care, education, judiciary, social care, police and NGOs to set up and implement better intervention and prevention measures. The key areas and topics included in our training sessions are presented below.

- Sexual abuse: this relates to understanding the phenomenon, prevalence, specificities of post-sex abuse trauma, short- and long-term consequences (Buljan Flander, 2003).

- First contact with the sexually abused child – what happens when the child discloses? This issue is important for those working with a wide variety of groups of children and not only for professionals working specifically with sexually abused children.
• *Forensic interviews* with children suspected of being abused and appropriate interview techniques for children of differing ages and characteristics are dealt with.

• *Supporting the sexually abused child and intervention after disclosure:* procedures must be put in place to ensure the child’s safety, continuity and well-being. Once the child feels safe, professional help should be provided to alleviate the overwhelming emotional stress on both child and family (psychological first aid) and include them in the treatment.

• *Assessment and treatment (therapy) of the sexually abused child:* this is of primary interest to mental health professionals and those assessing the child’s recovery after the trauma. This is focused on the diversity of symptoms in children. Assessments and treatments grounded in interventions which evidence has shown to be efficient are especially important in professional training.

• *Supporting the non-abusive parent of the sexually abused child:* this is based on indicators that non-abusive parents are exposed to serious stress during and after the child’s disclosure of the experience. Parental values and support are significantly connected to how well the child recovers.

Training for child professionals must also address the professional and personal challenges that can arise in working with sexually abused children, including ethical dilemmas and the law. Besides dealing with occurrences of resistance, emotional and internal conflicts, a clear definition is needed for professional standards that include the concepts of “in good faith”, “non-malevolence” and “reasonable doubt”. One of the most frequent ethical dilemmas that child professionals encounter is the obligation to report abuse on the one hand and the principle of confidentiality on the other. Since child protection professionals are bound by law to report sexual abuse, they should benefit from support and discussion with other professionals when confronted with this type of dilemma.
Cross-institutional co-ordination

Organising cross-institutional co-operation 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 can lead to improved co-operation and child protection. A multidisciplinary approach will facilitate 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 and neglect; 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). Training for professionals must provide information about other services and about one’s own role in co-operating with others – with all players focused on safeguarding the child’s best interests. Co-operation with the judiciary, supporting the child during the court trial and implementing child protection measures when needed are very important.

Professionals at the Child Protection Centre in Zagreb have developed their own model for team work, and this has been incorporated into training for other professionals. It is based on respect for the specialised knowledge and skills of each professional; multidisciplinarity; team work and co-operation with other services; direct and indirect interventions by the team members; and the personal involvement of professionals.

Conclusions

This paper has discussed the experiences of the Child Protection Centre in Zagreb in designing and conducting training for child professionals, training that is directed towards giving them the skills, knowledge and understanding needed to work responsibly with sexually abused children.
The professional training courses we have developed are based on the multidisciplinary approach used at the centre. This approach includes appropriate intervention that is compliant with professional principles and takes into account the specialised knowledge of each relevant profession. It is able to set up measures that protect children from further sexual abuse and provide help for the family. It can treat and stop the development of symptoms and disorders related to abuse, and finally it can relieve the tension created by a horrible secret, and re-establish a child’s feeling of safety, which has been so grossly undermined.

**References**


Protecting children from sexual violence

zlostavljanju i zanemarivanju djece” (Primary health care physicians' experience, awareness and attitudes towards abuse and neglect of children), *Suvremena psihologija*, 2, 313-28


