

# **CLINICAL EFFECTS OF SEXUAL ABUSE OF CHILDREN A MELBOURNE STUDY**

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**Introduction**

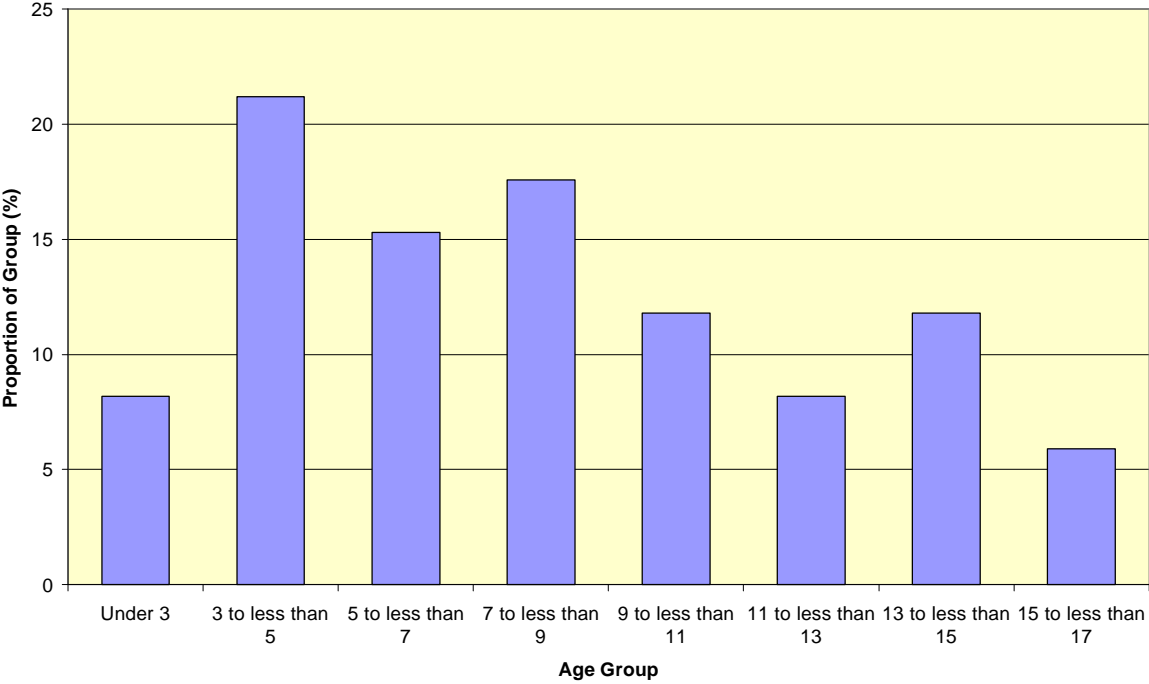
The Child Protection Unit at Monash Medical Centre sees up to 400 children per year who are referred for sexual abuse, physical abuse and neglect.

This study is a clinical study of the effects of sexual abuse of children who were examined by Dr. Murnane in the twelve month period January to December 1997, and the extent to which counselling was sought on their behalf. Margaret Peachey Paediatric Social Worker provides Crisis Intervention Counselling in these cases.

Of 104 children examined, 85 were considered to have been sexually abused. Fifteen were male - which is just under 20% and 70 female - 80%. This paper describes key characteristics of this group.

**Ages Of Abused Children**

The ages of the children presenting to the Unit were between 1 year 4 months to 16years 9 months at the time of the examination. This table shows the age distribution of the group.



Eight percent of the sexually abused children were under 3 years of age and 60% were less than 9 years of age. Note a child is defined as under 17 years of age as defined by the Children and Young Persons Act, 1989.

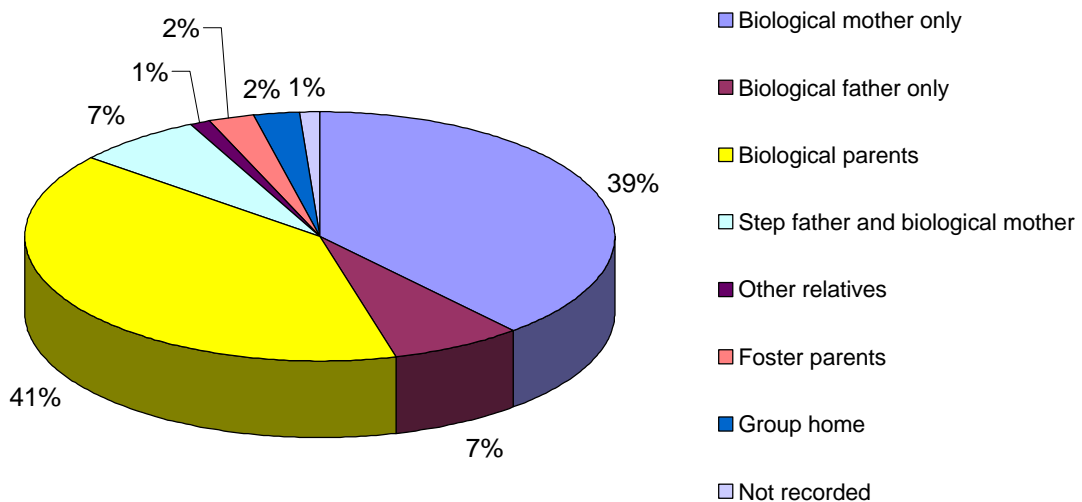
## Living Arrangements, Family History And Daytime Activity

Most children were in Day Care, Preschool or schooling during the day. One, a teenager, was unemployed, and 4 children were in the care of their mothers.

Six percent of the victims were physically disabled and 8% were mildly mentally disabled when examined.

The living arrangements of the children interviewed are summarised in this table.

Forty one percent lived with their biological parents.  
Forty six percent came from single parent families.



## Sources Of Referral

In Victoria referrals are received from the Department of Human Services, Community Policing Squads and other sections of the Police Force, Community groups, Schools, Social Workers, Psychologists, hospitals, Centres Against Sexual Assault and the medical profession.

A total of 103 sources of referral for 85 individuals indicates that multiple services are involved in some cases, that is the Department of Human Services and Community Policing Squad are quite often involved with Child Sexual Abuse.

From this table it can be seen that the Police are involved in approximately 70% of the cases. Because of the geographical situation of Monash Medical Centre, Dandenong, Moorabbin and Knox Community Policing Squads accounted for 48% of all Community Policing Squad referrals.

**Sources of Referral to Monash Medical Centre Child Protection Unit**

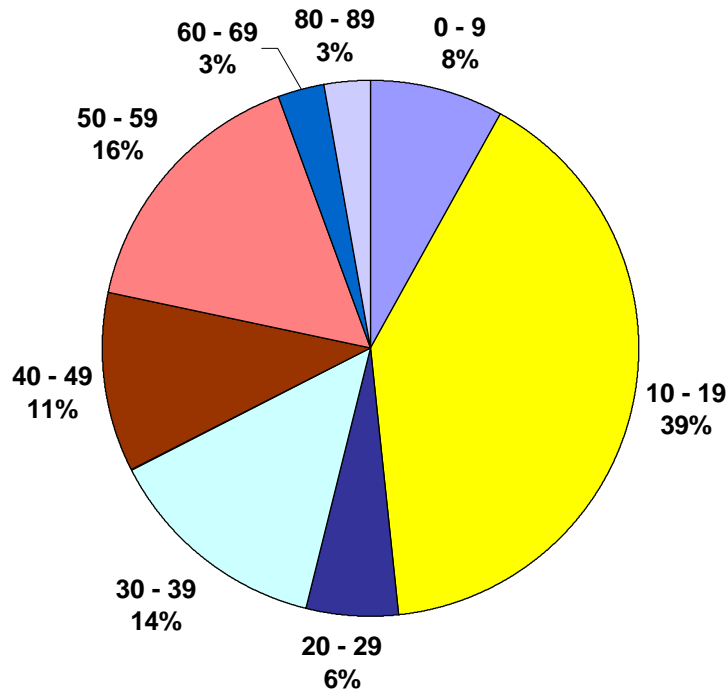
Source of Referral	Frequency	Percent
Community Policing Squad	59	57.3
Other Police Referral	13	12.6
Dept of Human Services	15	14.6
General Practitioner	8	7.8
Paediatrician	5	4.9
Monash Medical Centre	1	1.0
Psychiatrist/Psychologist	1	1.0
Other source of referral	1	1.0
<b>Total</b>	<b>103</b>	<b>100</b>

**Gender And Age Of Alleged Perpetrators**

With the exception of a single instance of female circumcision by the child's grandmother, the majority of the perpetrators were male, which is 96%. Because young children find it very difficult to give an age of a perpetrator, adult male had to be specified in 57% of the cases.

The ages ranged from 5 years to 86 years.

Note that 8% of the alleged perpetrators were less than 9 years of age, 3% were over 80 years of age. This emphasises the point that children do abuse other children and if this occurs it is very important to investigate the child abuser and offer appropriate counselling.



**Relationship Of The Abuser To The Child**

The relationship of the alleged abuser to the victim is summarised in this slide. Relatives and friends account for more than 62 % of the abusers, that is, they are known to the child. While the child's biological father was the alleged abuser in 20% of the cases examined.

**Relation of Alleged Abuser to Child**

<b>Relation to child</b>	<b>Frequency</b>	<b>Percent</b>
Father	17	20
Stepfather	2	2.4
Mother's de facto	5	5.9
Uncle	3	3.5
Grandfather	9	10.6
Grandmother	1	1.2
Family friend	15	17.6
Other	33	38.8
<b>Total</b>	<b>85</b>	<b>100</b>

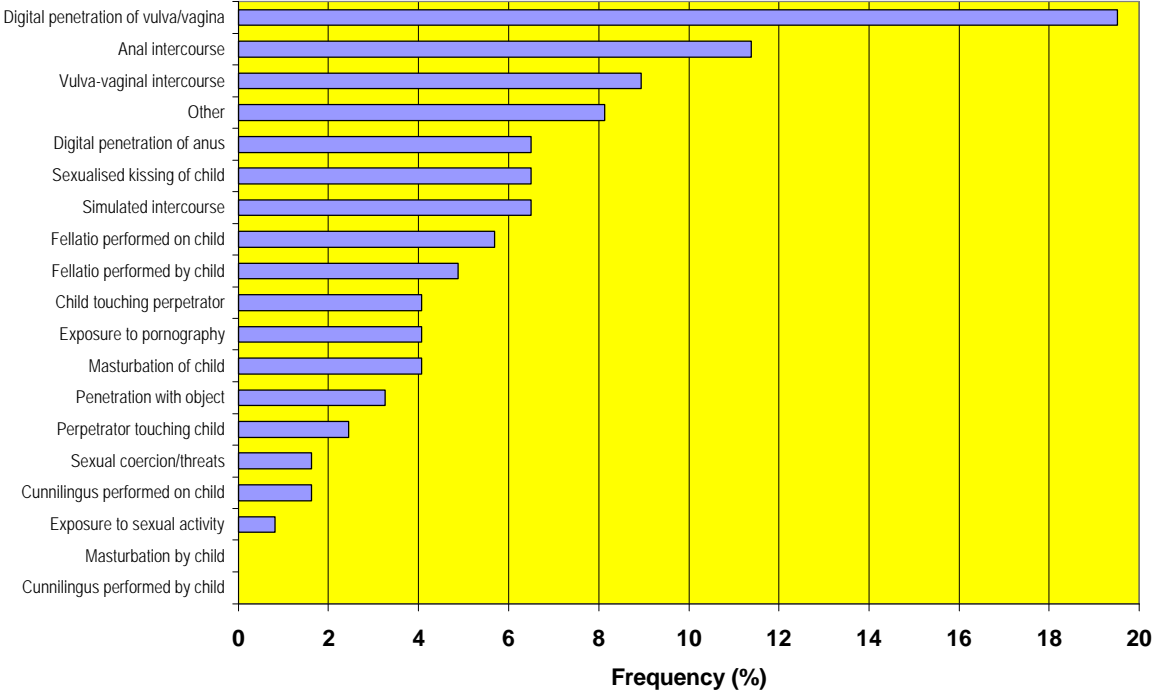
**Abusive Activities**

The various abusive activities are recorded in descending order of prevalence in this slide. The categories are not mutually exclusive.

In 36% of the cases the victim was subject to two, three or four of the nineteen activities listed.

It should be noted that the classification "other" encompasses an array of indirect evidence that sexual abuse may have occurred, for example the use of sexualised language.

The predominant form of abuse as seen from the slide, is digital penetration of the vulva/vaginal area followed by anal intercourse then vulvo-vaginal intercourse.



## **Frequency And Period Of Abuse**

Victims were sexually abused on more than one occasion in 53% of cases. Precise estimates of the frequency of abuse are difficult to specify because often it occurs over a period of years and young children cannot define how many episodes may have occurred.

In 28% of cases involving multiple abuse, the frequency of occurrence was two to six times.

The period since the last abusive episode ranged from two to three hours to seven years, with a median of fourteen days.

The duration of the period of abuse ranged from between one hour and five years.

## **Disclosure**

In more than two thirds of the cases the first disclosure of abuse behaviour was made to the child's mother.

## **Medical Examination**

Of the 85 children, 10 children were abnormal and 75 children, 88% were classified as normal in the examination.

The examination involves a general examination plus an ano-genital examination.

For the ano-genital examination a colposcope is used, which is a visual inspection using magnification and light source. A video may be taken in abnormal findings for discussion with colleagues.

The examination is non invasive and DOES NOT involve insertion of a speculum or fingers.

The usual position used is the frog leg position and separation or traction technique and, on occasions, the prone position is used. For anal abuse left lateral position is used.

Medical investigations include:-

- Pregnancy testing in post pubertal girls
- Blood tests for sexually transmitted diseases such as HIV, Hepatitis B and C., RPR, TPHA
- Swabs if indicated e.g. if discharge present
- Urine tests
- Drug screens if indicated

## Impact Of The Abuse

The impact of the abuse is summarised in this table which shows that the frequency of the occurrence of each of 24 behaviours categorised is summarised.

Reference to the table will indicate that the frequency of particular behaviours decreased in 11 of the categories, increased in 6 of the categories and did not change in 7 of the categories. There is no significant difference in the behaviours reported at presentation and on follow up.

**Impact of the abuse (children counselled)**

<b>Behaviours</b>	<b>Presentation</b>	<b>Follow up</b>
Poor school attendance	3	2
Poor self esteem	6	6
Poor peer relations	0	3
Aggressive behaviour	4	10
Withdrawn behaviour	9	7
Overly compliant behaviour	1	0
Indiscriminate behaviour	0	0
Suicidal thoughts	0	0
Suicidal attempts	0	1
Running away attempts	1	0
Criminal activity	0	0
Drug usage	1	1
Alcohol usage	2	0
Sexualised behaviour	3	3
Inappropriate sexual knowledge	3	2
Excessive masturbation	5	2
Self exposure	0	0
Homelessness	0	0
Depression	0	1
Enuresis	6	4
Encopresis	2	1
Sleep disorder	9	6
Eating disorder	1	2
Other behaviours	3	2
<b>Total</b>	<b>59</b>	<b>53</b>

## Effectiveness Of Counselling

Agencies such as the South East Centre Against Sexual Assault or other Centres Against Sexual Assault and individuals such as Psychiatrists, Psychologists and community therapists provide counselling. Assessing the effectiveness of counselling as perceived by the adult, usually the mother, was found to be as problematic as gauging the impact of abusive behaviours. Establishing contact with parents of the abused children was a major difficulty.

The assessment of the effectiveness of counselling is based on the opinions expressed and behaviours reported by the 45 contactable parents.

Of these, 26 or 59% of the children or families had obtained counselling.

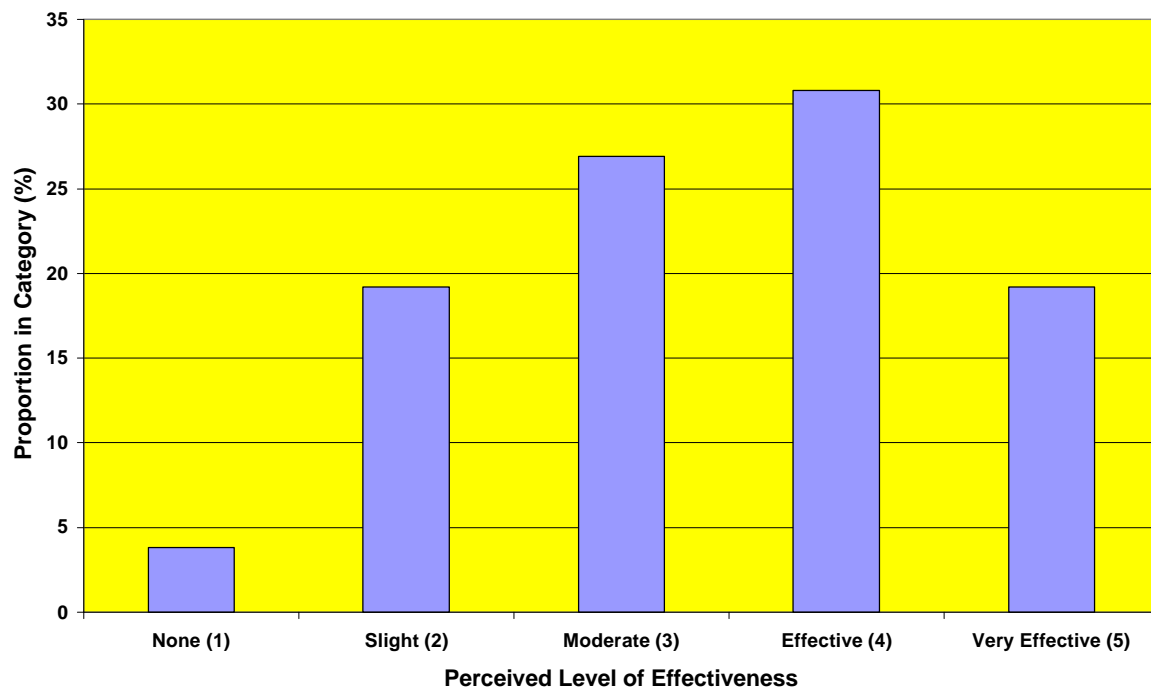
Two approaches are described:-

1. Twenty six of the contactable parents provided behavioural evidence of the effectiveness of counselling.
2. 26 of the 45 contactable parents provided direct evidence of the effectiveness of counselling by rating the counselling on a 5 point Likert scale ranging from 1 to 5, of which 1 represented no effect and 5 were classified as very effective.

Of the contactable families the number of counselling sessions was known in 17% of the families. This ranged from a single session to up to 50 sessions.

77% of the group of 26 contactable parents rated the counselling to be of average or above average effectiveness.

At the other end of the scale, parents of a 7 year old female considered that the counselling had had no effect. She had been distressed, but cooperative at presentation, but it is relevant to note that over a 1-2 year period she had been subjected to vulvo-vaginal intercourse, fellatio and digital penetration of the vulva-vagina by her mother's 45 year old de facto. No court action has been taken to date but the perpetrator was removed from the home.



## Research Difficulties

There was no follow up on 40 of the 85 children as they were unable to be contacted for various reasons. Some parents had changed their telephone number to a silent number, were no longer at the number given, or, the number was not connected, or, as in some cases did not reply to messages left on an answering machine.

In one case the mother of a sexually abused child had had a breakdown and the alleged offender had suicided before appearing in court.

Two other mothers are still receiving treatment for depression. Another alleged offender died of natural causes before the case went to court.

## Court Appearance - Subsequent Action

**Table 3 Legal sequel to sexually abusive behaviour**

<b>Action taken</b>	<b>Frequency</b>	<b>Percent</b>
No court action	74	87.1
Protective order	4	4.7
Accommodation order	1	1.2
Intervention order	2	2.4
Access stopped	1	1.2
Supervised access	1	1.2
Committal hearing	1	1.2
Perpetrator charged	1	1.2
<b>Total</b>	<b>85</b>	<b>100</b>

Data in this table summarises the legal consequence of the sexually abusive behaviour in the study group. In 87% of the cases examined no court action has been taken against the alleged offender to date, that is approximately 18 months after the initial medical examination and clinical assessment.

This statistic highlights the difficulty of charges being laid in the area of child sexual abuse. However it should be noted that the child was removed from the home in 12 percent of the cases examined and the perpetrator removed from the home in 31% of the cases.

## Conclusion

The research indicates the despite initial crisis intervention, counselling and encouragement of referral for ongoing counselling; many parents do not take advantage of this option after attending the Child Protection Unit.

It can be speculated that there are many reasons for lack of follow up by the parents, but there can be little doubt that the period immediately following the disclosure of sexual abuse of their child is a time of emotional trauma in the families. It is thought that the mothers particularly, are subjected to many social and emotional pressures. Therefore personal organisation and coping mechanisms tend to break down and appointments for counselling are not made or kept.

Many parents who could be contacted indicated that they had sought housing away from the area in which the abuse occurred.

WHILE ONGOING COUNSELLING HAS NOT ALWAYS BEEN OBTAINED; THE CRISIS INTERVENTION COUNSELLING AT THE TIME OF THE MEDICAL EXAMINATION MAY HAVE ASSISTED THE PARENTS AND THEIR CHILDREN TO BETTER COPE WITH THEIR TRAUMA. THE CRISIS INTERVENTION COUNSELLING COULD THEREFORE BE SEEN AS A VERY IMPORTANT PART OF THE HEALING PROCESS FOR BOTH PARENTS AND CHILDREN.

### **ACKNOWLEDGEMENT**

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