



Child Sexual Abuse

Dr. Cheung Chi Hung Patrick
Department of Paediatrics and
Adolescent Medicine
United Christian Hospital



Outline

1. What is CSA?
2. Why?
3. Indicators of CSA
4. Questions and Myths
5. Victims and Abusers
6. Handling

CHILD ABUSE - DEFINITION

1. Any act of commission or omission that endangers or impairs a child's physical/psychological health and development.
2. Judged by a combination of community standards and professional expertise to be damaging.
3. Committed by individual/s in a position of differential power that renders a child vulnerable.

Child Abuse

- ✓ Physical Abuse
- ✓ Sexual Abuse
- ✓ Gross Neglect
- ✓ Psychological Abuse
- ✓ Multiple Abuse

What is Child Sexual Abuse?

- Is the involvement of a child in sexual activity which is unlawful, or, although not illegal, to which a child is unable to give informed consent
 - Any dependent, developmentally immature children and adolescents involved in sexual activities that they do not fully comprehend are considered unable to give “informed consent.”

Sexual abuse

- ✓ Direct or indirect sexual exploitation
- ✓ Inside or outside the home
- ✓ By parents, carer, adults, children
- ✓ Known person or strangers
- ✓ Singly or organized

Sexual Abuse - Definition

• The act

- Non touching-

- Voyeurism, exhibitionism, pornographic, others

- Physical-

- Oral genital, genital genital, genital anal, others

• The purpose

- Sexual gratification

Protection of Children and Juveniles Ordinance Cap 213

Definition:

- Child – age <14
- Juvenile – age >14 and <18

- ✎ In accordance with the Criminal Procedure Ordinance Cap 221, a child means:
 - Offence of Sexual Abuse: age <17
 - Other than an offence of sexual abuse: age <14
- ✎ CAIU Charter:
 - Sexual abuse: age <17
 - Serious physical abuse: age <14
- ✎ SWD: Procedure for Handling Child Abuse Cases: age <18

Law relating to child sexual abuse

- Rape
- Buggery
- Unlawful intercourse with Girls under 13
- Unlawful intercourse with Girls under 16
- Incest
- Indecent Assault
- Indecency towards child
- Many more in the Crimes Ordinance Cap. 200

Questions - general

- Abuse occurs at night and in outdoors
- Abusers use violence
- Abuses occurring in non-violent manner will not be harmful to children
- Children fantasize or make up abuse stories
- Abused children are less likely to be re-abused

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Preconditions CSA

1. Emotional congruence
 - Abused as child
 - Unable to form sexual relationship with peers
2. Overcome internal inhibition
 - Own moral standards
3. Overcome external inhibitors
 - Protective parents or boundaries
4. Overcome resistance of the child
 - Use of coercion, rewards, threats and pressure

Finkelhor DH, ed Child sexual abuse: new theory and research.
New York: The Free Press, 1984.

Accommodation Syndrome

- ✓ Secrecy
- ✓ Helplessness
- ✓ Entrapment and accommodation
- ✓ Delayed unconvincing disclosure
- ✓ Retraction

Summit RC. The child sexual abuse accommodation syndrome. *Child Abuse Negl.* 1983;7(2):177-193.

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Indicators of sexual abuse

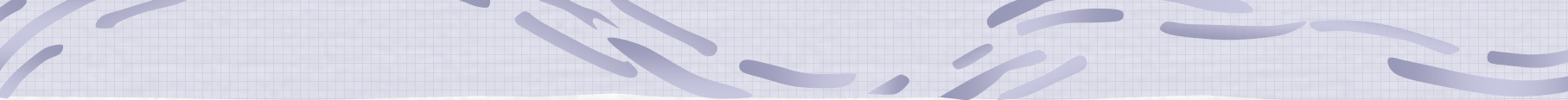

Physical indicators

- Discharge
- Genital injuries
- Bleeding
- STD
- Pregnancy
- Psychosomatics

Historical indicators

- Disclosure
- Custodial issues, suspicion by parents

Behavioural indicators

- 
- Behavioural and emotional indicators &
 - Consequences of sexual abuse
- 

Four trauma causing factors – Behavioural and emotional indicators

1. Traumatic sexualization

- Exchange rewards and affection for sexual behaviours → inappropriate sexuality development → sexual preoccupation, knowledge, aggressiveness, sexual dysfunction in adulthood

2. Betrayal

- Dependent person has harmed them → loss of trusted person → grief, depression, regression, clinging, impaired trust, anger and hostility, antisocial behaviours

Finkelhor D, Browne A. The traumatic impact of child sexual abuse: a conceptualization. Am J Orthopsychiatry 1985;55:530-541.

Four trauma causing factors – Behavioural and emotional indicators

3. Powerlessness

- Coercion, manipulation, child tells but not believed → anxiety, phobias, nightmares, somatization, vulnerable to subsequent abuse, runaway, aggressiveness, delinquency, becomes an abuser

4. Stigmatisation

- Child feels responsible for abuse → guilt, shame, a spoiled good, isolation, suicidal, self-harm, drug abuse

Finkelhor D, Browne A. The traumatic impact of child sexual abuse: a conceptualization. Am J Orthopsychiatry 1985;55:530-541.



How do children tell?



Recantation

1. Sorensen T, Snow B. How children tell: The process of disclosure in child sexual abuse. *Child Welfare* 1991;70(1):3-15.
2. Rieser M. Recantation in child sexual abuse cases. *Child Welfare*. 1991;70(6):611-621.

Reasons to recant

- ✓ Perpetrator's pressure
- ✓ Pressure from family
- ✓ Negative personal consequences
- ✓ Videotaping
- ✓ Retelling parents
- ✓ Judicial proceedings
- ✓ Investigatory police/ CPS

Sorensen T, Snow B. How children tell: The process of disclosure in child sexual abuse. *Child Welfare* 1991;70(1):3-15

- 116 confirmed CSA
 - (confession 80%, conviction 14%, medical evidence 6%)
- Disclosure
 - Accidental 74% (more in preschoolers)
 - Purposeful 26% (more in adolescents)
- Disclosure is a process :
 1. Denial 72%
 - (7% moved from denial to active disclosure directly)
 2. Disclosure
 - Tentative 78%
 - Active 96%
 3. Recant 22%
 4. Reaffirm 93%
- Only 11% active disclosure in initial interview
- [Tentative: minimizing- once only, dissociating- don't know what happened next, distancing- long time ago, discounting- just kidding, forgetting, empowerment- I hit him and ran]

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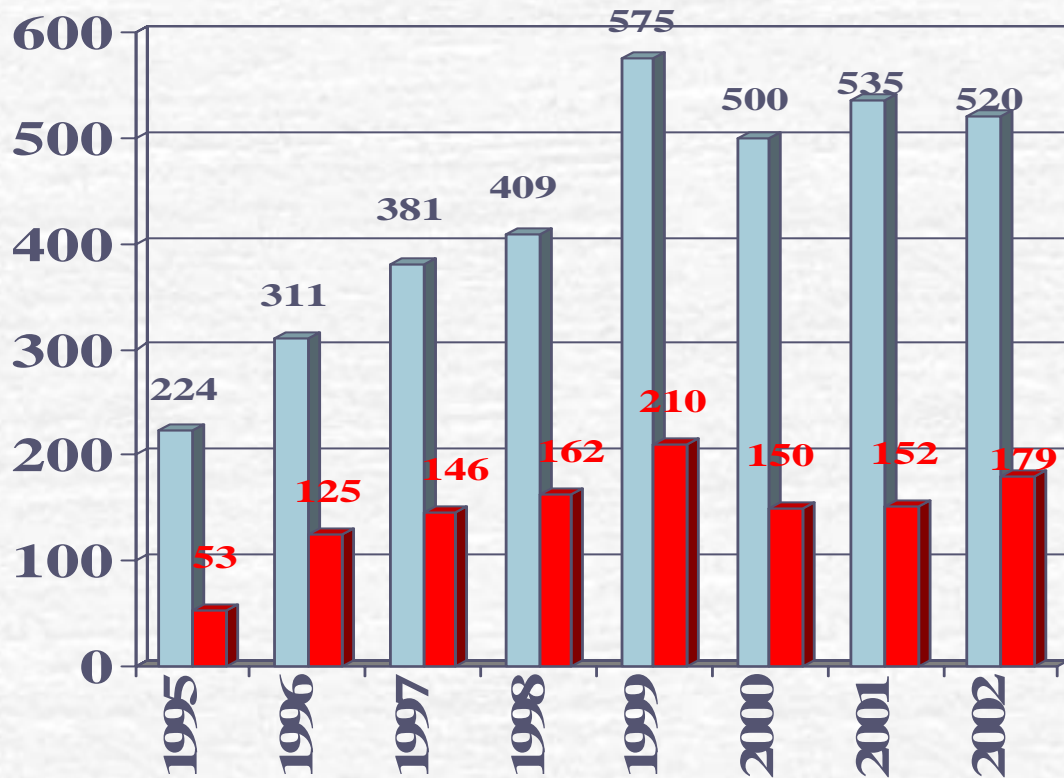
Questions - victims

- ? Most abused children are in their adolescence
- ? Abused children come from low social economic classes
- ? Only girls get abused
- ? Children are able to refuse sexual abuse
- ? Children will be scared if we discuss issues of sexual abuse with them

Newly registered cases in CPR 2003

- Total 481 (genuine + at risk)
- Incidence 0.36 /1,000 children aged 0-17
- Physical 277 (57.6%)
- Sexual 150 (31.2%)
- Psychological 4 (0.8%)
- Neglect 20 (4.2%)
- Multiple 30 (6.2%)

Newly registered cases in CPR

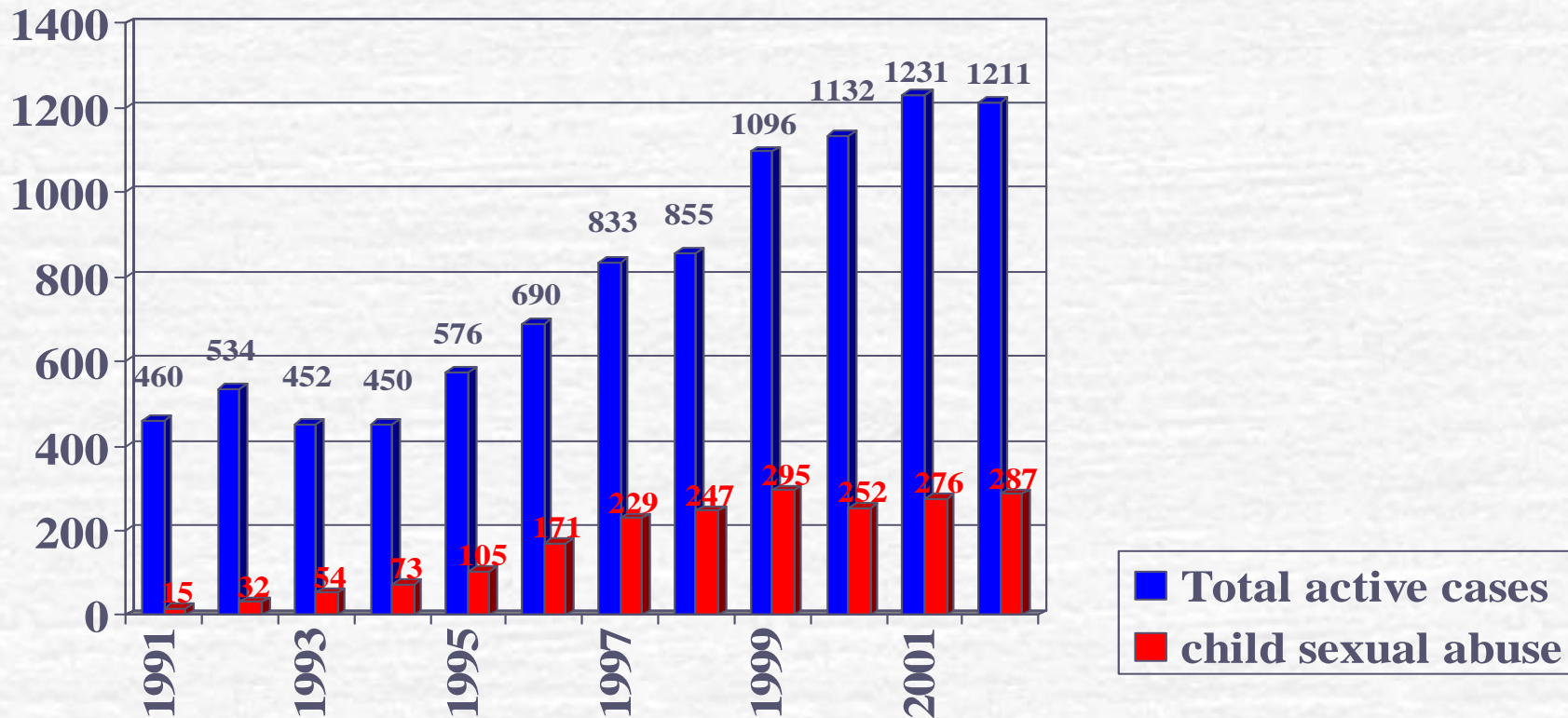


Genuine 74%

At Risk 26%

■ Total new cases
■ Sexual abuse

Total active cases



Child sexual abuse 2002 Hong Kong

In Hong Kong

- CSA 35% of all abuses
- M:F = 17:162
- Age 12-14



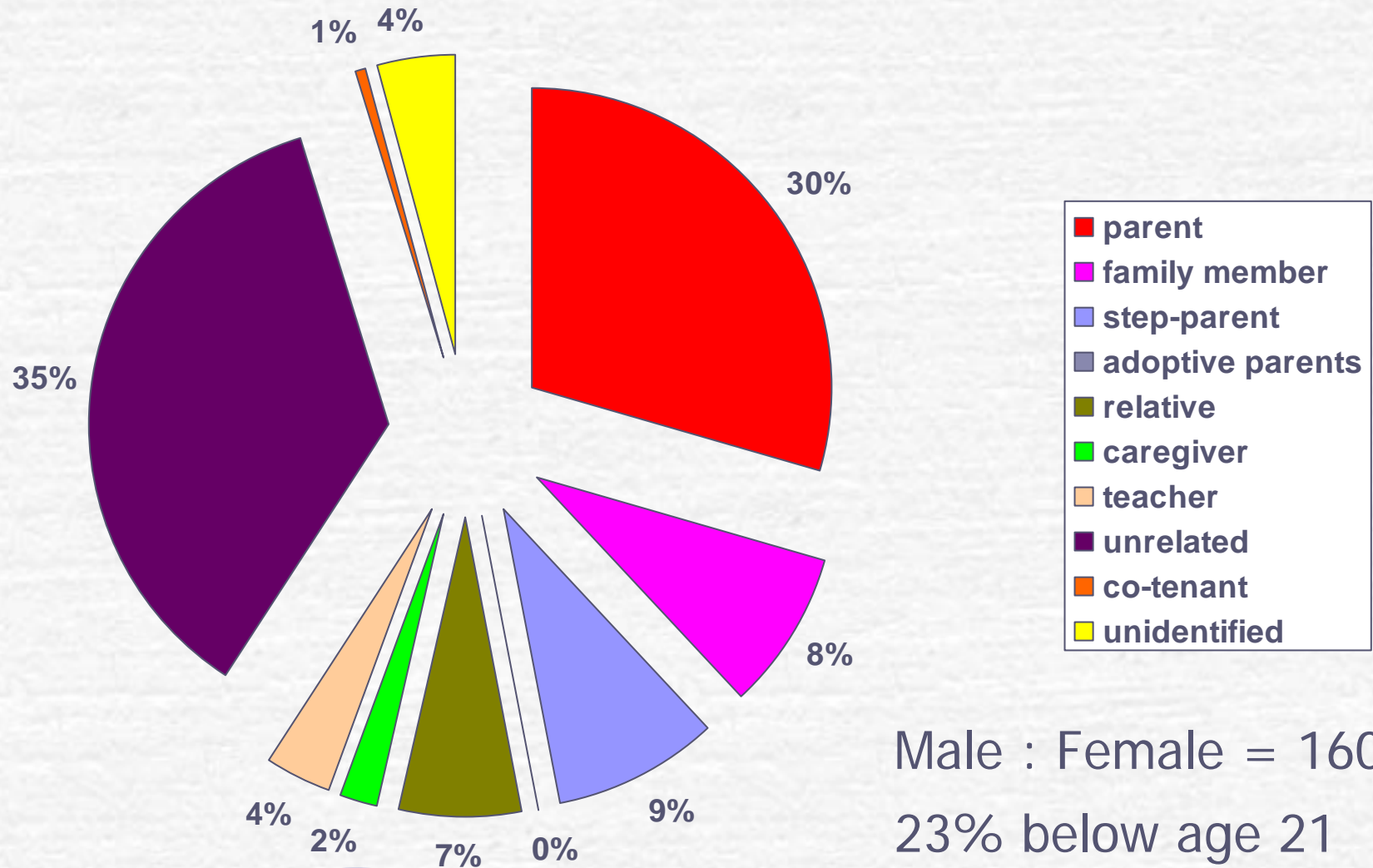
In USA

- 20% adult women, 7% adult males gave history of SA
- 45% reported cases substantiated
- 60-80% offenders began deviant sexual interest in adolescence
- 1/3 intrafamilial

Questions - abusers

- ? Abusers are males
- ? Abusers are strangers
- ? Abusers come from low social classes/poorly educated
- ? Abusers have a typical look

166 child sexual abusers HK 2002



Male : Female = 160:6

23% below age 21

Intrafamilial 51%

Child molesters

- Situational child molesters
- Preferential child molesters

Lanning KV. Ritual abuse: A law enforcement view or perspective, Child Abuse Negl 15:171-173, 1991.

Child molesters

1. Situational child molesters

- Regressed
 - Low self-esteem, poor coping skills, children as substitutes, availability, coerces
- Morally indiscriminate
 - Abuses anyone, vulnerability and opportunity, uses force, lures, manipulates, victims varies
- Sexually indiscriminate
 - Sexual experimentation
- Inadequate
 - Psychoses, personality disorders, MR, senility, social outcast, withdrawn, insecurity, curiosity, impulsive sexual acts

Child molesters

2. Preferential child molesters

- Pedophiles
 - Pedophiles have recurrent, intense sexual urges and sexual preference for children and fantasize about having sex with them
 - Need for frequent and repeated sex with children
 - Potential to molest large number of children

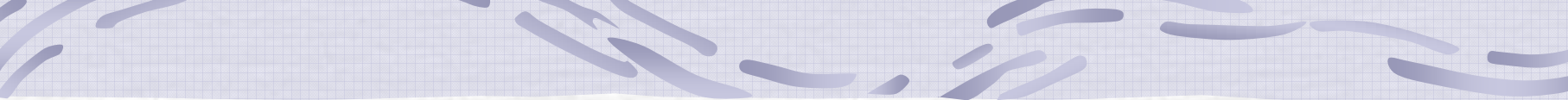



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People working with csa disclosure

- ✓ Listen, sympathetic
- ✓ Do no harm
- ✓ Routine questions/ open / leading questions
- ✓ Do not make the child tell anyone else
- ✓ Do not make any suggestion but do not stop the child if she continues to recall the events
- ✓ Do not promise to keep secret
- ✓ Record verbatim, date and sign
- ✓ Inform SW/ FCPSIT
- ✓ Do not assume carer is not part of abuse

- 
- ✓ Hearsay
 - ✓ Business record exemption
 - ✓ Details pertaining to seeking of medical advise
 - ✓ Excited utterance
- 

Levels of suspicion

✓ Disclosure

✓ High suspicion

- genital injuries not compatible with accident
- severe psychiatric disturbance- ED, mutism, DSH
- repeated frequent sexualised behaviour
- marked frozen behaviour
- worrying information from adults

Levels of suspicion

Medium suspicion

- combination of some med symptoms e.g. vaginal soreness, UTI

Low suspicion

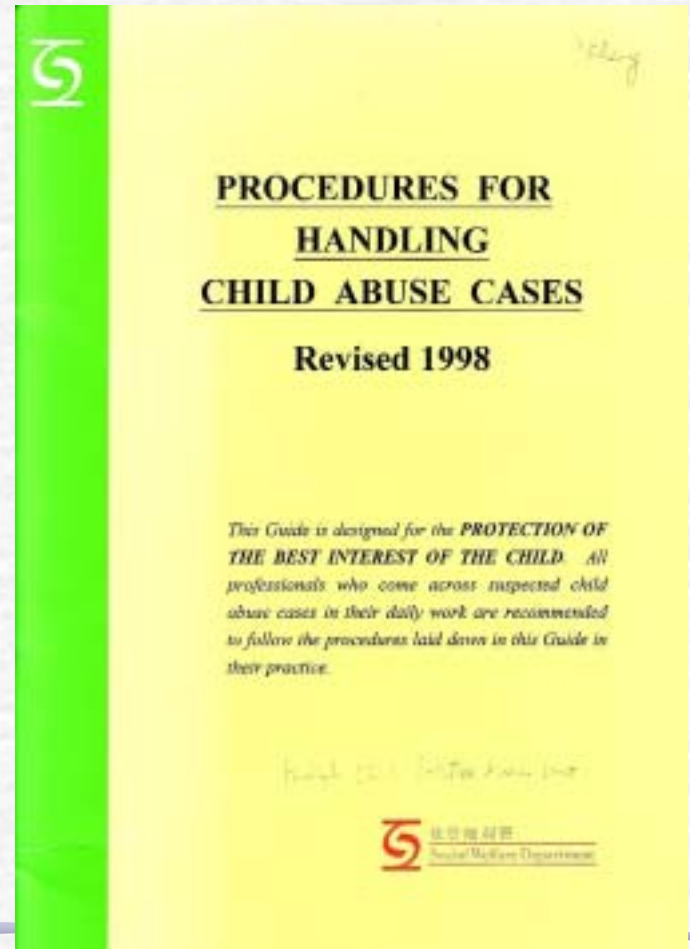
- isolated sexualized behaviour
- vaginal discharge without behavioural problem

其他注意事項

1. 以兒童安全為最優先考慮
2. 家人的支持有助兒童順利過渡過程中面對的壓力
3. 必須說服家人支持此決定
4. 強調兒童經歷報警 / 法庭過程對受害人
有正面治療及教育作用
5. 兒童能否覆述事件經過有助警方跟進

6. 報警個案必須盡快處理 - 不宜讓家庭考慮時間過長，一般家庭因壓力過大而改變決定
7. 如個案是無社工跟進，地區警署處理的個案(不form SIT)亦可以由FCPSU提供跟進及輔導服務
8. 屬於地區警署處理的報警個案盡量打地區報案室電話

Multidisciplinary case conference



	Multidisciplinary CC	Court
Focus	Child/ Family Child welfare/ Custody	Abuser accountability
Follows	Child protection/ Handling Procedures SWD	Criminal ordinance
Evidence	Injuries or neglect / Commission or omission	Criminal acts
Rules of evidence	Relaxed to semi-strict	Strict
Burden of proof	Preponderance of evidence	Guilt beyond a reasonable doubt
Max. penalty	Removal / Limit custody or visit	Jail



CASE STUDIES



Case 1: 9 years old girl - SWS

- Parents divorced, lives with a low functioning mother, a younger step-brother and an elderly step-father
- Vulval discharge referred to gynaecologist. Asked by mother possibility of sexual abuse, said to mum that when she was ...
 - At paternal grandmother's place in X'mas
 - Alone in park, met a man and his daughter
 - Lured to a flat, man did something to her in the toilet
- Behavioural problem
- Physical examination normal
- Police reported, failed repeated attempts to locate flat
- ? Sexual abuse ? Believable history

Case 2: 7 yr-old girls and 8 yr-old boy

- Boy uses a doll to poke at girl's vulva
- How do you manage this suspected case?
- How true is the history?
- How do you tell it is just a play or intentional?

Case 3: 4 years old boy

- 4 years old boy living with a solo mother and maternal grandfather
- Mother claimed she saw grandfather committing sodomy on her son, and ask you what she should do?
- Mother unemployed, divorced, insomniac, grandfather aged 80's
- The boy is quiet, thin, interacts poorly with people
- What are the considerations in your assessment?

Case 3: 4 years old boy

- ✓ Ask mother on details of suspected act
- ✓ Interview grandfather
- ✓ Information from school
- ✓ Any physical findings?
- ✓ Mother's mental state?

Case 4: 7 yr-old boy

- ✓ Beaten by mother's boyfriend
- ✓ Mother - complaining to school, uncooperative, lack of trust, interfering
- ✓ How does the social worker deal with mother's attitude?

Case 5: Girl now aged 10

- Child lives with father aged 70 in HK
- Mother aged 40, in China
- Mother came to HK when child was aged 8. Child told mother a history of being molested by neighbor 3-4 years ago, after watching an advert in TV about sexual abuse.
- Mother rang NGO

Case 5: Girl now aged 10

- Is the account believable?
- What information do you need?
- What action do you want to take?
- Is police reporting necessary?
- What is your role in subsequent investigation?
- What types of investigation does the child need to go through?
- Will physical examination help?
- What are the consequences for the child?

Case 6: Female aged 12

- Came to talk to you about her delayed menstruation, and worried about the possibility of pregnancy

Case 6: Female aged 12

- What information do you need?
- What action do you want to take?
- Is police reporting necessary?
- What is your role in subsequent investigation?
- What types of investigation does the child need to go through?
- Will physical examination help?
- What are the consequences for the child?

Case 7: girl aged 17 yr 2 months

- Solo-mother aged 46, boyfriend aged 43, known to family for 4 years
- Regular SI with girl without mother's knowledge
- 11 weeks pregnant by mother's boyfriend aged 43
- Termination of pregnancy
- 1st SI aged 15 years 9 months