

INTERVENING IN CASES OF CHILD SEXUAL EXPLOITATION AND ABUSE

Training materials



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INTERVENING IN CASES OF CHILD SEXUAL EXPLOITATION AND ABUSE

Training materials

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This report has been produced as part of the
Council of Europe project "Combating violence
against children in the Republic of Moldova"

ACNOWLEDGMENTS

The training materials on intervening in cases of child sexual exploitation and abuse (Training materials) was developed under the auspices of the Children’s Rights Division of the Department of Children’s Rights and Sports Values, within the Council of Europe project “Combating violence against children in the Republic Moldova”.

In preparing this Training Materials, the relevant national legal framework and international standards, as well as other relevant materials and documents, were considered.

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CONTENTS

FOREWORD	8
INTRODUCTION	11
1. GENERAL CONSIDERATION ABOUT CHILD SEXUAL EXPLOITATION AND ABUSE	12
1.1 SIGNS THAT A CHILD IS BEING SEXUALLY ABUSED	12
1.2 WHO COMMITS CHILD SEXUAL ABUSE?	13
1.3 'GROOMING' BEHAVIOUR	13
1.4 IDENTIFYING THE SIGNS OF CHILD SEXUAL EXPLOITATION	13
1.5 HOW SEXUAL EXPLOITATION HAPPENS	14
1.6 VICTIM RESPONSES	14
1.7 WHO IS MOST AT RISK?	15
1.8 WHAT FACTORS INCREASE RISK?	15
1.9 ON-LINE CHILD SEXUAL ABUSE	16
2. THE IMPACT OF CHILD SEXUAL ABUSE AND EXPLOITATION	17
2.1 IMMEDIATE PSYCHOLOGICAL CONSEQUENCES OF CHILD SEXUAL ABUSE	17
2.2 LONG TERM EFFECTS	17
2.3 WHY DO SOME CHILDREN APPEAR TO BE UNAFFECTED?	18
2.4 CONSEQUENCES OF CHILD SEXUAL ABUSE EXHIBITED IN CHILDHOOD	18
2.5 CONSEQUENCES OF CHILD SEXUAL ABUSE EXHIBITED IN ADOLESCENCE	18
2.6 FACTORS INFLUENCING ADVERSE OUTCOMES IN CHILDREN VICTIMS OF SEXUAL ABUSE	20
2.7 CONSEQUENCES OF CHILDHOOD SEXUAL ABUSE EXHIBITED IN ADULTHOOD	20
3. WHY CHILD SEXUAL ABUSE OCCURS	22
3.1 FINKELHOR'S FOUR FACTOR THEORY	22
4. DISTINGUISHING NORMAL, PROBLEMATIC & ABUSIVE SEXUALISED BEHAVIOUR IN CHILDREN AND ADOLESCENTS	25
4.1 NORMAL, PROBLEMATIC & ABUSIVE SEXUAL BEHAVIOUR	25
4.2 PROBLEMATIC SEXUAL BEHAVIOUR	25
4.3 FUNCTION OR MEANING OF THE BEHAVIOUR	26
4.4 WHEN IS SEXUAL BEHAVIOUR BY ADOLESCENTS ABUSIVE?	27
4.5 FACTORS THAT MAY CAUSE CHILDREN TO BE MORE VULNERABLE TO DEVELOPING SEXUALLY ABUSIVE BEHAVIOUR	27
4.6 DECIDING WHAT'S NORMAL, PROBLEMATIC OR ABUSIVE	27
4.7 RANGE OF SEXUAL BEHAVIOUR OF CHILDREN (0–12 years)	28
4.8 RANGE OF SEXUAL BEHAVIOUR OF ADOLESCENTS (13–18 years)	29
4.9 RANGE OF COERCION OR PRESSURE	30
4.10 WHAT IS "SEXUAL EXPERIMENTATION"?	31
4.11 TRUE CONSENT	32

5. DETECTION OF CHILD SEXUAL ABUSE AND MANAGEMENT OF DISCLOSURES OF CHILD SEXUAL ABUSE	34
5.1 INITIAL ASSESSMENT OF A CONCERN	34
5.2 TALKING TO CHILDREN ABOUT POSSIBLE CHILD SEXUAL ABUSE: "PROTECTIVE INTERVIEW"	36
5.3 FACTORS THAT CAN HINDER THE PROPER EXAMINATION OF THE CHILD'S CIRCUMSTANCES	36
5.4 POSSIBLE OUTCOMES TO THE SPECIALIST'S ASSESSMENT	37
5.5 CHILD PROTECTION ACTION PLAN	37
5.6 REFERRAL TO THE FORENSIC TEAM	38
6. OTHER IMPORTANT CONSIDERATIONS	39
6.1 RIGHTS OF CHILDREN	39
6.2 RIGHTS OF PARENTS	39
6.3 THE IMPORTANCE OF CONFIDENTIALITY	39
6.4 NATURAL JUSTICE & FAIR PROCEDURE	40
7. FINAL COMMENTS	41
8. FREQUENTLY ASKED QUESTIONS	42

ABBREVIATIONS

Lanzarote Convention	Council of Europe Convention on the Protection of children against sexual exploitation and sexual abuse
NGO	Non-Governmental Organisation
WHO	World Health Organization

FOREWORD

Sexual violence is a major problem worldwide. Children form a very large proportion of the victims of sexual violence. The Council of Europe estimates that child sexual abuse affects one in five children in Europe¹. The World Health Organization (WHO) has characterised the harm caused by sexual violence as a “global public health problem with epidemic proportions”². The same report³ highlights the fact that “one in five girls has been sexually abused during childhood; in some countries, the number is closer to one in three. Eighteen percent of girls and seven percent of boys have been sexually abused in their lifetime.”

Although the WHO goes on to say that “the harm caused by sexual violence is associated with a multitude of social mental health problems”, it also notes, on a positive note, that that same harm “is the most preventable factor in mental illness in children and adults”.

GOVERNMENT INITIATIVES IN THE REPUBLIC OF MOLDOVA

It is in that spirit of positive, preventative interventions that major efforts have been made in recent years by the authorities in the Republic of Moldova to tackle the problem of child sexual abuse. These efforts have been actively supported by the Council of Europe.

A government commissioned report notes that “Violence against children and youth is a significant social problem with multiple economic, public health, justice, and education consequences, which impacts many aspects of a society”⁴.

As part of the Council of Europe Action Plan for the Republic of Moldova (2017–2020)⁵ a baseline study was undertaken in 2019 by Jean Claude Legrand⁶. That sets out an action plan that endeavours to support the implementation of the Council of Europe convention on the protection of

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1. Romeo-Biedma, J. & Horno, P. (2010) *Kiko And the Hand – Training for Trainers Manual*. Available at: <https://rm.coe.int/training-for-trainers-manual/16809fa91b>
 2. World Health Organization (2014) *Global Status Report on Sexual Violence*. Geneva: WHO http://www.who.int/violence_injury_prevention/violence/status_report/2014/en/
 3. Ibidem.
 4. Ministry of Health, Labour & Social Protection of the Republic of Moldova (2020) *Republic of Moldova Violence Against Children and Youth Survey*.
 5. Council of Europe Action Plan for the Republic of Moldova (2017–2020), approved by the Committee of Ministers of the Council of the Europe on 01 February 2017 (CM/Del/Dec(2017)1276/2.1bisa), available at: <https://rm.coe.int/16807023ee>
 6. Legrand, J. C. (2019) *Baseline study on systemic issues affecting the child protection system’s response to child sexual exploitation and abuse in the Republic of Moldova*. Council of Europe.

children against sexual exploitation and sexual abuse (the Lanzarote Convention)⁷. In particular, the study contributes towards achieving the Project's⁸ immediate outcome N° 1.2, which aims "to strengthen the child protection system's capacity to design and implement measures and responses in cases of child sexual abuse and exploitation". This is in accordance with the WHO's recommendation that a key prevention strategy must be a focus on "victim identification, care, and support programs"⁹.

THE NEED FOR TRAINING PROFESSIONALS

As part of that Council of Europe action plan there is a clearly identified need to provide training for professionals who are expected to implement the Council of Europe action plan and to intervene effectively in cases of suspected child sexual abuse.

Among the major recommendations of the Baseline Study (2019)¹⁰ were putting in place guidance for local authorities to ensure that alternative emergency sheltering for child victims of sexual abuse is systematically organised, when this is in the best interests of the child and developing accessible and child-friendly complaint mechanisms to allow children in all forms of residential and alternative care to call for help in case of serious risks of sexual exploitation and abuse.

COORDINATED RESPONSES TO VICTIMS OF CHILD SEXUAL ABUSE AND EXPLOITATION

The achievement of the above objectives depends on a well-co-ordinated response from appropriately trained professionals, starting with the very first statutory professionals who receive a referral of suspected child sexual abuse. In the case of the Republic of Moldova, these professionals are referred to as 'specialists' and are specifically mandated to take action to protect children at risk under Article 20 of Law on the special protection of children in a situation of risk and children separated from their parents¹¹.

A key role of the specialist is to undertake what is referred to as "the protective interview" – which is described as "the first discussion with the child carried out by the case manager or by another specialist present at the child's place in the process of initial evaluation, if the protective interview carried out by the respective specialist matches the specific needs and higher interest of the child, in order to determine the security of the child and inform him/her about his/her rights, support services, protective measures"¹².

In the present Training Materials, the author sets out summaries of key knowledge areas regarding child sexual abuse with a view to aiding appropriate intervention by social workers/specialists in Moldova when endeavouring to tackle child sexual abuse and child sexual exploitation. Professionals need to have clear definitions to what is abuse. In the case of child

7. The Council of Europe Convention on Protection of Children against Sexual Exploitation and Sexual Abuse, Lanzarote, 25 October 2007. Available at: <https://www.coe.int/en/web/children/lanzarote-convention>

8. The Council of Europe Project "Combating Violence Against Children in the Republic of Moldova".

9. WHO (2014) *Global Status Report on Sexual Violence*. Geneva: WHO (p. 27).

10. Legrand, J. C. (2019) *Baseline study on systemic issues affecting the child protection system's response to child sexual exploitation and abuse in the Republic of Moldova*. Council of Europe.

11. Law No. 140 of 14 June 2013 on the special protection of children in a situation of risk and children separated from their parents, available in Romanian at: https://www.legis.md/cautare/getResults?doc_id=83908&lang=ro

12. Decision of the Government No. 270/2014 on approving the instructions on the cross-sectoral cooperation mechanism for the identification, assessment, referral, assistance and monitoring of child victims and potential victims of violence, neglect, exploitation and trafficking. Available at: https://www.legis.md/cautare/getResults?doc_id=18619&lang=ro

sexual abuse, they need to understand the dynamics of abuse and how abusers think. They also need to be able to distinguish between normal, problematic and abusive behaviour among children/adolescents as it is the source of such a high proportion of child sexual abuse and most adult offenders start their offending in their teens. Professionals also need to know how to screen cases and carry out initial investigations, which involve engaging with parents/carers and talking with children who are reporting abuse. Finally, they need to be able to do this in a legal context that does not adversely affect the way that a case will be dealt with later, either in the civil or criminal courts.

INTRODUCTION

Any consideration of tackling child sexual abuse as well child sexual exploitation must begin with clear definitions of what is meant by it¹³.

WHAT IS CHILD SEXUAL ABUSE?

Child sexual abuse covers a range of illegal sexual activities, including:

- ▶ Possessing images of child abuse material;
- ▶ Forcing a child to remove their clothes or to masturbate;
- ▶ Engaging in any kind of sexual activity in front of a child, including watching pornography;
- ▶ Taking, downloading, viewing or distributing sexual images of children;
- ▶ Encouraging a child to perform sexual acts in front of a webcam;
- ▶ Not taking measures to protect a child from witnessing sexual activity or images;
- ▶ Inappropriate sexual touching of a child, whether clothed or unclothed;
- ▶ Penetrative sex, including oral sex.

Both boys and girls can be victims of sexual abuse, but girls are more often abused.

WHAT IS CHILD SEXUAL EXPLOITATION?

Child sexual exploitation is a form of child sexual abuse where offenders use their power, (physical, financial or emotional) over a child or young person, or a false identity, to sexually or emotionally abuse them. Child sexual exploitation is a real threat for children and young people of all ages and backgrounds but particularly those who are poor or stigmatised.

It often involves situations and relationships where young people receive something (food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money etc.) in return for participating in sexual activities. Child sexual exploitation can occur in person or online, and sometimes the child or young person may not even realise they are a victim.

13. The Council of Europe has published an excellent guide in relation to child sexual abuse which provides a wide range of information and its use with young children and kindergarten teachers: Romeo-Biedma, J. & Horno, P. (2010) Kiko and the Hand – Training for Trainers Manual. <https://rm.coe.int/training-for-trainers-manual/16809fa91b>

1. GENERAL CONSIDERATION ABOUT CHILD SEXUAL EXPLOITATION AND ABUSE

1.1 SIGNS THAT A CHILD IS BEING SEXUALLY ABUSED

Children often do not talk about sexual abuse because they frequently think it is their fault or they have been convinced by their abuser that it is normal or a “special secret”.

Children may also be bribed or threatened by their abuser or told they will not be believed.

As most child victims know their abuser there is a high probability that they may care for their abuser and worry about getting them into trouble. This is a major reason why they may not report the abuse and, in some cases, why they will retract it when they do report it but don't receive appropriate support.

Some of the signs that may be noticed include:

CHANGES IN BEHAVIOUR – a child may become aggressive, withdrawn, clingy, have difficulties sleeping, have regular nightmares or start wetting the bed.

AVOIDING THE ABUSER – the child may suddenly appear to dislike or seem afraid of a particular person and try to avoid spending time alone with them.

SEXUALLY INAPPROPRIATE BEHAVIOUR – children who have been abused may behave in sexually inappropriate ways or use sexually explicit language (this is addressed in more detail below).

PHYSICAL PROBLEMS – the child may develop health problems, including soreness in the genital or anal areas or develop sexually transmitted infections, or they may become pregnant (these signs can only be determined by medical examination).

PROBLEMS AT SCHOOL – an abused child may have difficulty concentrating and learning, and their grades may suddenly start to drop.

GIVING CLUES – children may also drop hints and clues that the abuse is happening without revealing it in a direct fashion. This may be very subtle and may be as simple as saying they no longer like someone that they were friendly with previously. Children often assume that their parents/carers have understood clues that they may have given, even though this is often not

the case. This risks the children thinking that parents or carers somehow approve of the abuse because they don't appear to attach importance to it.

1.2 WHO COMMITS CHILD SEXUAL ABUSE?

People who sexually abuse children may be adult, an adolescent or another child. Most abusers are male, but females sometimes abuse children too, however, only about 3% of child sexual abuses are perpetrated by females^{14, 15}.

Around a third of all child sexual abuse is carried out by other, usually older, children or young people¹⁶. This is one of the key reasons why it is important to be able to distinguish NORMAL, PROBLEMATIC AND ABUSIVE SEXUAL BEHAVIOUR in children and adolescents, including what can be considered Sexual Exploration and true Consent in sexual relationships (*this is addressed below in more detail*).

Research indicates that about 9 out of 10 children know or are related to their abuser. Child sexual abuse often happens either in the child's home or the abuser's home. Sexual abuse can sometimes happen outside the home, for example, in schools or at leisure/sports clubs.

1.3 'GROOMING' BEHAVIOUR

A key issue to be taken note of is what is called 'grooming' behaviour. This is when an abuser gives a child special treatment, offering them gifts, treats and outings, as a way of building up trust but with a view to exploiting that same trust at a later stage. They may seek out opportunities to be alone with the child and will also frequently gain the trust of parents to facilitate the abuse. This behaviour can present major difficulties if concerned adults are unsure of what constitutes 'grooming' and this can make them reluctant to intervene.¹⁷

Aspects of sexual grooming may include:

- ▶ Targeting the victim,
- ▶ Securing access to and isolating the victim,
- ▶ Gaining the victim's trust, and
- ▶ Controlling and concealing the relationship.

1.4 IDENTIFYING THE SIGNS OF CHILD SEXUAL EXPLOITATION

Child sexual exploitation can be hard to identify, however, there are warning signs. Professionals who work with children are often best placed to identify signs and behaviours that may indicate that a child or young person has been subject to abuse, or that an authority figure may be a perpetrator. It is therefore critical to be able to recognise the signs of sexual exploitation as professionals may be the only adults in a position to identify and respond to suspected abuse.

14. Cortoni, F. and Hanson, R. K. (2005) A Review of the Recidivism Rates of Adult Female Sexual Offenders, *Research Report No R-169*. Ottawa ON: Correctional Service of Canada.

15. Hackett, S. Phillips, J. Masson, H. & Balfe, M. (2013) Individual, Family and Abuse Characteristics of 700 British Child and Adolescent Sexual Abusers. *Child Abuse Review*. 22 (4) 232–245.

16. Rich, P. (2003) *Understanding, Assessing and Rehabilitating Juvenile Sexual Offenders*. Wiley.

17. McAlinden, A.-M. (2012) *'Grooming' and the Sexual Abuse of Children: Internet, Institutional and Familial Dimension*. Clarendon Studies in Criminology: OUP.

In many cases the signs that an adult is sexually abusing (or ‘grooming’ a child with the intent of sexually abusing them) may not be obvious. Here are some of the signs to watch out for.

1.5 HOW SEXUAL EXPLOITATION HAPPENS

Child sexual exploitation can take many forms. One of the features of child sexual exploitation is that it can appear to be “hiding in plain sight”. That is to say that it often has the appearance of a ‘normal’ relationship e.g. romantic relationship or the abuser is a person with authority over the child, like a sports coach. See below some forms of this kind:

INAPPROPRIATE RELATIONSHIPS

This usually involves an individual who exercises inappropriate power or control over a young person. There may be a significant age gap. This could involve the victim believing that they are in a romantic relationship or friendship initially, but the relationship then changes, and the offender uses their power over the young person to coerce, intimidate and continue the abuse. It could also involve a person in authority, teacher, priest, sports coach or a caregiver like a care worker.

PARTNERSHIP / FAKE ROMANCE

A young person befriends and grooms the victim into a sexual relationship by presenting themselves as an ideal boyfriend/lover. He then forces or coerces the victim into having sex with them, or perhaps his friends or associates. He may do this using threats of force or else using social status, financial or other gain as incentives.

ORGANISED EXPLOITATION AND TRAFFICKING

Organised sexual exploitation is the most sophisticated form of sexual exploitation. There are often links between abusers and victims, which are moved between networks (internal trafficking). Young people (often connected) are passed through these networks, possibly over geographical distances, between towns and cities where they may be forced into sexual activity.

FORCED MARRIAGE

Forced marriage, where a child or young person is subject to a marriage without their consent, and which is usually arranged by their immediate or extended family, is also a form of sexual exploitation and constitutes a criminal offence.¹⁸

1.6 VICTIM RESPONSES

Victims of child sexual exploitation are unlikely to tell anyone that they are being abused. They may think they are in a loving relationship or friendship, or that they have no choice. That is why it’s vital to be able to spot the signs of child sexual exploitation.

18. See Art 167 of the Criminal Code of the Republic of Moldova.

There may be many reasons for changes in the behaviour of a child or young person. However, if a child or young person is a victim of grooming, blackmail or sexual abuse, they may show some or all of the following signs:

- ▶ Regular absences from school, missing sports training, work or other activities;
- ▶ Going missing for long periods or appearing at school extremely fatigued;
- ▶ Being dishonest about where they've been and with whom they've been;
- ▶ Developing an unusually close connection with an older person;
- ▶ Displaying mood changes (hyperactive, secretive, hostile, aggressive, impatient, resentful, anxious, withdrawn, depressed);
- ▶ Using street/different language or copying the way a new friend may speak;
- ▶ Talking about new friends who don't belong to their normal social circle;
- ▶ Presenting at school with gifts or money given by new friends;
- ▶ Having large amounts of money, which they cannot account for;
- ▶ Using a new mobile phone (possibly given to them by a new friend), excessively making calls, videos or sending text messages;
- ▶ Being very secretive about their phone, internet and social media use, using drugs (physical evidence includes spoons, aluminium foil, 'tabs', 'rocks' or pieces of ripped cardboard);
- ▶ Assuming a new name, being in possession of false forms of identification, a stolen passport or driver's licence;
- ▶ Being picked up by an older or new 'friend' from school.

1.7 WHO IS MOST AT RISK?

Sexual exploitation can happen to children of any age, background, socio-economic status, gender, sexual orientation and vulnerability. Offenders can be from any ethnic background; they can be women, men or other young people.

While any child can be victim of sexual abuse, children who are vulnerable, isolated and/or have a disability are much more likely to be victimised and are a significantly over-represented among identified victims. A young person may be vulnerable to sexual exploitation if the following are noticed, or they report any of the following in their relationship/s:

- ▶ Threats to end their relationship if they don't have sex;
- ▶ Demands that they have sex with other people;
- ▶ Expectations to provide sex in return for food, a place to stay, or drugs or gifts;
- ▶ Threats to cease the relationship if sexual 'dares' are not carried out;
- ▶ Receiving money in return for sexual acts;
- ▶ Requests to provide sexual photos or sharing sexual photos online or via text;
- ▶ Threats to humiliate or share sexual images of them if they don't carry out sexual acts.

1.8 WHAT FACTORS INCREASE RISK?

Children and young people are even more vulnerable to sexual abuse/exploitation if they have already experienced abuse of some kind. Children who live in families where there is child neglect, for example, are more at risk. This may be due to their lower self-esteem or because their loneliness/isolation makes them easier to exploit. Disabled children are 3 times more likely

to be victims of sexual abuse, especially if they have difficulties with Speech or Language and therefore have difficulty communicating with adults.

1.9 ON-LINE CHILD SEXUAL ABUSE

Modern technology can be used to abuse children¹⁹ and can make the impact of abuse far worse for victims. The Internet can be used to harm children and young people in a wide variety of ways. Social media, chat rooms and web forums are all used by child sex abusers to groom potential victims. Technology is being used on an increasing scale to entrap children and young people into engaging in sexual behaviours on-line which are then recorded and used to threaten young people to meet face-to-face and to engage in sexual activity and/or the videos can be sold into the pornography market.

Young people nowadays have two 'lives', their on-line life and their 'off-line' life. In both spheres they are vulnerable. Adolescents, in particular, worry about what other people think about them; they want to be popular and to be accepted by their peers. Not so long ago they only had to deal with this in the 'real' world, now they must do it in their on-line world as well. So being 'liked' has a whole new meaning in the on-line world.

The normal teenage angst that goes with worrying about one's appearance, finding romance, exploring one's sexuality and finding a sense of personal identity is nowadays played out on-line, just as much as in reality. This can have consequences on-line that are far more serious than off-line. To have an embarrassing episode with a boyfriend face-to-face is bad enough but if that same incident is recorded and shown to all one's peer group amplifies the embarrassment enormously.

If a young person has had an unfortunate/regrettable sexual encounter in real life, usually only two people know about it. If someone is tricked into sending sexually explicit photographs of themselves, for example, to someone who then shares those pictures with peers, who then keep repost the images among their peers, in a few minutes those images can be spread extremely widely, amplifying the distress for the victim. It is for that reason that suicide is a very real risk for victims caught up in abuse that has an added, technological dimension.

Having such images on the Internet means that they are preserved indefinitely, possibly never to be erased, compounding the original impact for victims.

It is also the case that what is called "**Revenge Porn**" is extremely damaging to young people who are in a relationship that breaks up. This occurs when sexually explicit images that were initially generated by a couple in a consensual way are then shared with others on social networks by one person out of anger towards their ex-partner. This is now a crime in many countries.

19. Under Moldovan law all persons under 18 years of age are considered children.

2. THE IMPACT OF CHILD SEXUAL ABUSE AND EXPLOITATION

There does not appear to be a specific pattern of consequences from sexual abuse experienced in childhood. In fact, the **sequelae**, or after-effects, of childhood sexual abuse **vary** from one child to the next.²⁰ However, there is substantial empirical evidence showing that child sexual abuse has profound effects on the psychological adjustment of children²¹ and these effects in some instances continue on into adulthood²².

Victims of child sexual abuse can face **immediate** psychological consequences as well as **chronic** effects that can impact their adjustment throughout their development.

2.1 IMMEDIATE PSYCHOLOGICAL CONSEQUENCES OF CHILD SEXUAL ABUSE

The following are considered as immediate psychological consequences of child sexual abuse:

- ▶ Shock;
- ▶ Fear;
- ▶ Anxiety, nervousness;
- ▶ Guilt;
- ▶ Symptoms of post-traumatic stress disorder;
- ▶ Denial;
- ▶ Confusion;
- ▶ Withdrawal, isolation;
- ▶ Grief.

20. Baril, K. and Tourigny, M. (2009). La violence sexuelle envers les enfants. In M. E. Clément and S. Dufour, eds., *La violence à l'égard des enfants en milieu familial* (pp. 145–160). Anjou: Éditions CEC.

21. Kendall-Tackett, K. A., Williams, L. M. & Finkelhor, D. (1993). Impact of sexual abuse on children: A review and synthesis of recent empirical studies. *Psychological Bulletin*, 113, 164–180.

22. Beitchman, J. H., Zucker, K. J., Hood, J. E., da Costa, G. A., Akman, D. & Cassavia, E. (1992). A review of the long-term effects of child sexual abuse. *Child Abuse and Neglect*, 16, 101–118.

2.2 LONG TERM EFFECTS

Sexual abuse in childhood is known to be a major risk factor in the development of long-term psychological and social adjustment problems **that can carry over into adulthood** and affect adult romantic relationships and parenthood. The most common effects of sexual abuse in children are symptoms of post-traumatic stress disorder, psychological distress and inappropriate sexual behaviour.²³

2.3 WHY DO SOME CHILDREN APPEAR TO BE UNAFFECTED?

Roughly **one third** of sexually abused children **do not** display symptoms deemed problematic (i.e. symptoms that have reached the clinical threshold). There may be various reasons for this, including:

- ▶ These children experienced less severe sexual abuse;
- ▶ These children have protective factors that help them cope better with the trauma of the abuse. These protective factors include, for example, supportive parents/carers who believe them and affirm their traumatic experience;
- ▶ These children may exhibit no symptoms during assessment, but have latent sequelae that might manifest themselves later, for example, in adolescence.

2.4 CONSEQUENCES OF CHILD SEXUAL ABUSE EXHIBITED IN CHILDHOOD

Depending on their age, victims of child sexual abuse are also at greater risk of experiencing the following consequences:

Consequences of sexual abuse exhibited in childhood	
Neurobiological changes	Depressive symptoms
Developmental delays	Anxiety, fear, distrust of others
Anger, aggression	Maladjustment in school
Sexual behaviour problems	Social isolation behaviour
Symptoms of post-traumatic stress disorder	Somatic problems (e.g. enuresis)
Behaviour problems	Dissociative symptoms
Low self-esteem	

2.5 CONSEQUENCES OF CHILD SEXUAL ABUSE EXHIBITED IN ADOLESCENCE

Consequences of sexual abuse exhibited in adolescence	
Neurobiological changes	Delinquency
Depressive symptoms	Homelessness, running away from home
Anxiety, fear, distrust of others	Alcohol and drug use

23. Wolfe, V. V. (2007). Child sexual abuse. In E. J. Mash and R. A. Barkley, eds., *Assessment of Childhood Disorders* (4th ed.) (pp. 685–748), New York: Guilford Press.

Consequences of sexual abuse exhibited in adolescence	
Symptoms of post-traumatic stress disorder	Gang involvement
Self-harming and self-destructive behaviour	High-risk sexual behaviour
Low self-esteem and poor body image	Teen pregnancy
Suicidal thoughts or attempted suicide	Early sexual initiation
Eating disorders (anorexia, bulimia)	Sexually transmitted and blood-borne infections (STBBI)
Social isolation behaviour	Multiple sexual partners
Strained relationships with family	Lack of emotional commitment in romantic relationships
Behaviour problems	Sexual revictimization and offences
	Dating victimization and abuse

POST-TRAUMATIC STRESS DISORDER

Post-traumatic stress disorder (PTSD) is a reactive disorder that can develop following a traumatic event. A traumatic event is an **experience** that involves a threat and/or harm to a person's physical and/or psychological integrity. The person's immediate response to the event involves intense **fear, helplessness** or **horror**.

The symptoms of PTSD can be grouped into three main categories:

RE-EXPERIENCING SYMPTOMS: the person relives the trauma over and over through flashbacks or nightmares.

AVOIDANCE: the person avoids – purposely or not – thoughts, feelings or situations that are reminders of the traumatic experience. Avoidance symptoms include dissociation, difficulty remembering the event or emotional numbness.

HYPERAROUSAL: the person is always on the alert and hypervigilant, even when there is no danger. Hyperarousal symptoms may include insomnia.

Children can manifest PTSD symptoms in a variety of ways, including:

- ▶ Distress at exposure to reminders of the abuse;
- ▶ Re-enactment of the trauma through play;
- ▶ Feeling that the trauma is still happening;
- ▶ Recurrent flashbacks or memories;
- ▶ Nightmares;
- ▶ Specific fears related to the abuse e.g. specific smells or sounds;
- ▶ Persistent recounting of the traumatic event;
- ▶ Diminished interest in normal activities;
- ▶ Avoidance of reminders of the trauma:
- ▶ Problems with concentration.

2.6 FACTORS INFLUENCING ADVERSE OUTCOMES IN CHILDREN VICTIMS OF SEXUAL ABUSE

Research has identified several factors that influence the development of adverse outcomes in sexually abused children and provide a better understanding of the range of difficulties these children experience.

These factors can be grouped into four categories:

- a) **CHARACTERISTICS OF THE SEXUAL ABUSE EXPERIENCED:** type of abuse, frequency, duration, age when abused, relationship to the perpetrator;
- b) **PERSONAL CHARACTERISTICS OF THE VICTIM:** gender, personality, personal skills, resilience and coping strategies;
- c) **CHARACTERISTICS OF THE FAMILY:** other stressful events experienced by the family, quality of parent-child relationship, family functioning;
- d) **SOURCES OF SUPPORT:** maternal and family support, reaction of friends to disclosure of the abuse, support resources (peers, significant adults). Help from professionals.

It is not the case, therefore, that if a child is sexually abused that will be “ruined for life”, which is something that may victims and their parents fear. Much depends on the circumstances but also the response of the people in whom the child confides. It stands to reason therefore, that a victim who receives support, understanding and appropriate help will fare much better than one who is not believed, blamed or left without any help.

2.7 CONSEQUENCES OF CHILDHOOD SEXUAL ABUSE EXHIBITED IN ADULTHOOD

Some people who were sexually abused during childhood have few sequelae once they reach adulthood. However, many studies have shown that childhood sexual abuse can have a wide range of consequences that carry into adulthood and across multiple spheres of functioning.

Not only can child sexual abuse have lasting effects throughout adulthood, but the effects can take new forms in adulthood, affecting romantic and parental life as well.

POSSIBLE ADVERSE EFFECTS OF CHILD SEXUAL ABUSE EXHIBITED IN ADULTHOOD

Sexual and physical health

- Somatic problems
- Risky lifestyles (e.g. smoking, alcohol and drug use)
- Poorer physical health
- Poorer perception of physical health
- More frequent visits to the physician
- Occupational disability
- Chronic diseases
- Chronic pain
- High-risk sexual behaviour (unprotected sex, multiple partners, etc.)
- Gynaecological and perinatal complications
- Sexual problems (e.g. painful intercourse, vaginismus in women)
- Greater risk of contracting HIV and Sexually Transmitted and Blood-Borne Infections (STBBIs)

POSSIBLE ADVERSE EFFECTS OF CHILD SEXUAL ABUSE EXHIBITED IN ADULTHOOD

Psychological	<ul style="list-style-type: none">• Mental health problems (depression, personality disorders, psychotic disorders, panic disorder, etc.)• Psychological distress• Dissociation• Symptoms of post-traumatic stress disorder• Anxiety• Self-harming behaviour• Suicidal thoughts, attempted or completed suicide• Drug and alcohol abuse
Relational and marital	<ul style="list-style-type: none">• Less trusting of others• Commitment issues• Greater family and personal conflict• Isolation• Fear of intimacy• Marital dissatisfaction• Less stable relationships with partners• Marital conflict• Spousal violence
Parental	<ul style="list-style-type: none">• Permissive parenting practices• Parenting stress• Parentification of children (where children have to 'parent' their own parents.)• Troubled parent-child relationships

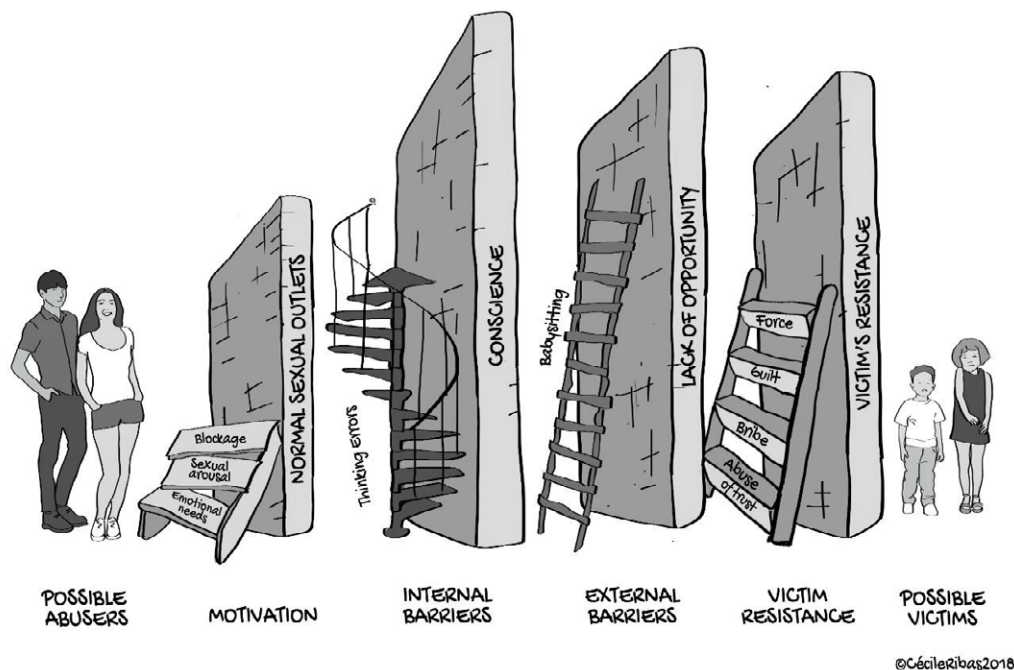
IT IS IMPORTANT, THEREFORE, TO BE AWARE OF THIS WHEN DEALING WITH THE PARENTS/CARERS OF CHILDREN WHO ARE SUSPECTED OF BEING VICTIMS OF CHILD SEXUAL ABUSE, AS THE PRESENCE OF SUCH A HISTORY IN THE CASE OF THE PARENTS/CARERS MAY NEGATIVELY AFFECT THEIR ABILITY TO RESPOND APPROPRIATELY TO THE CHILD VICTIM.

3. WHY CHILD SEXUAL ABUSE OCCURS

Many people find it hard to understand how anyone, especially an adult, could sexually abuse a child. There were various theories to explain it but usually ones that focused on just a single factor. Freudian theorists linked father-daughter incest to the Electra Complex but that was a very narrow perspective and, in common with Family Systems Theory, didn't explain extra-familial abuse. Feminist theories said sexual abuse was caused by the subjugation of women and girls due to the male dominated, patriarchal structures of societies but why this is a very important factor, it did not explain sexual abuse by females, nor abuse by males against other males. It was not until the early 1980s that an integrated explanation was developed by Prof David Finkelhor (1984)²⁴ which accounted for child sexual abuse both inside and outside the family and which was gender/culture neutral.

24. Finkelhor, D. (1984) *Child Sexual Abuse – New Theory and Research*, NY: Free Press.

3.1 FINKELHOR'S FOUR FACTOR THEORY



Many people who struggle to understand how sexual abuse occurs prefer to label the abusers as “monsters” or just “evil”, rather than to consider that there might be other explanations. Finkelhor was the first to describe that there are various ‘pathways’ that lead people to develop sexual interest in children which are a complex mixture of personal characteristics shaped by their own adverse experiences as children, cultural factors, individual motivation, the exploitation of opportunity and children’s inherent vulnerability. Abusers use cognitive distortions to give themselves permission to break social norms that they know to be prohibited. They then get into a position to be alone with a child and uses a variety of strategies to overcome any resistance from the child. These are broken down in to four factors:

- ▶ **Motivation to abuse** (i.e. sexual attraction to pre-pubertal children);
- ▶ **Overcoming of internal barriers** (the perpetrator’s conscience);
- ▶ **Overcoming of external barriers** (gaining access or avoiding supervision);
- ▶ **Overcoming of the child’s resistance** (manipulating or overpowering the child).

MOTIVATION TO ABUSE

The origins of this are in the perpetrators’ early childhood experiences, which may include, for example, being sexualised at a young age or exposure to pornography. In the illustration above, the healthy expression of sexuality is an “barrier” to abuse, even if the potential abuser has a certain level of sexual attraction to children, as it is not predetermined that they will act on that attraction. If that attraction is not acted on, then no abuse will occur.

OVERCOMING INTERNAL BARRIERS

This involves the potential perpetrator giving himself permission to do something he/she knows to be wrong by overcoming his conscience through cognitive distortions based on cultural factors (e.g. a belief in male 'entitlement') or a lack of empathy/compassion for his/her victim. The second "barrier", therefore, is the person's conscience and being conscious about what is right and wrong.

OVERCOMING EXTERNAL BARRIERS

This means getting access to potential victims through deceit or manipulation, which may well be accompanied by 'grooming' behaviours. This can also mean getting into a position of trust in a setting where they have access to children, e.g. in a children's sports organisation or residential facility.

OVERCOMING OF THE CHILD'S RESISTANCE

The last step in the process is overcoming the resistance of the child through manipulation or force or both. Children are naturally vulnerable and potential abusers take advantage of this to overcome resistance. It is important that children understand that the first three factors were the really important ones in determining that abuse occurred and their inability to stop it from happening was not their fault.

4. DISTINGUISHING NORMAL, PROBLEMATIC & ABUSIVE SEXUALISED BEHAVIOUR IN CHILDREN AND ADOLESCENTS

As about one third of all child sexual abuse is caused by older children and adolescents, it is important to be able to distinguish what is and what is not sexual abuse when it comes to sexualised behaviour among young people. It is very likely, therefore, that professionals who have responsibility for investigating and managing reported cases can expect that a significant proportion of what comes to their attention will involve allegations against juveniles.

There is frequently a lot of confusion, however, among professionals as to how to classify certain behaviours by young people. A fundamental task is to be able to distinguish what is normal, problematic and abusive and to distinguish abuse from “sexual experimentation”²⁵.

4.1 NORMAL, PROBLEMATIC & ABUSIVE SEXUAL BEHAVIOUR

Deciding what is normal sexual behaviour is not easy given that sexual development is achieved through a complex interplay of anatomical and physiological developmental. There are also psychological factors to be considered in the context of family, society & culture. This makes one’s sexuality central to a person’s identity. It is not surprising, therefore, that when problems arise in this area, they are both complex in nature and not always easy to resolve.

One way to approach sexual behaviour is to simply view it as falling into three broad categories: **Normal**, **Problematic** and **Abusive**. Before looking at what can be considered normal behaviours it is important to distinguish what might be called problematic and/or abusive behaviours.

25. McGrath, K. (2019) *Understanding & Managing Sexualised Behaviour in Children and Adolescents – Guidelines for Parents and Carers*. in the Cyber Age. Dublin: Irish Child & Family Institute.

4.2 PROBLEMATIC SEXUAL BEHAVIOUR

There are two main issues to be looked at when considering when a sexual behaviour is problematic. These can be examined by asking when is the sexual behaviour a problem for the child and when is it a problem for others.

WHEN IS SEXUAL BEHAVIOUR A PROBLEM FOR THE CHILD?

Sexual behaviour becomes a problem for children when:

- ▶ It interferes with the rest of their development;
- ▶ It puts them and their body at risk of harm;
- ▶ It interferes with social or family relationships;
- ▶ It violates family or group home rules²⁶ or
- ▶ It is seen by the child as a problem.

WHEN IS SEXUAL BEHAVIOUR A PROBLEM FOR OTHERS?

Sometimes there may be no obvious problem for the children in what is occurring but there is for others. Sexual behaviour becomes a problem for others when:

- ▶ It causes them to feel uncomfortable;
- ▶ It occurs in the wrong place;
- ▶ If it conflicts with the beliefs, values, or rules of family or peers;
- ▶ It is abusive to others.

4.3 FUNCTION OR MEANING OF THE BEHAVIOUR

An important question that should be asked when any inappropriate sexualised behaviour arises in children is what function or meaning does it have for the child?

There are many different possible explanations. It could have any of following functions:

■ To communicate something not yet understood

Children sometimes use behaviour to communicate a message about something that is going wrong in their lives that they think parents/carers have not yet noticed.

■ The behaviour may be functional in some way

For example, sometimes the sexual behaviour serves a function that is not, in itself, sexual in nature. Possibilities include the fact that the behaviour may provide:

- ▶ A way to gain self-comfort when stressed;
- ▶ A way of reducing tension;
- ▶ A way of distracting from other worries;
- ▶ A way of seeking intimacy;
- ▶ A way of expressing anger/resentment (a mask for other feelings – sadness, hurt, fear);
- ▶ A way of punishing others;

26. E.g. family rules or residential centre rules.

- ▶ A way of feeling powerful / in control;
- ▶ A way of providing stimulation when bored or lonely;
- ▶ A way of providing reinforcement e.g. continuing to get attention;
- ▶ A way of punishing themselves.

It also needs to be borne in mind that sexual arousal, because it can potentially bring positive feelings/sensations, is highly likely to be reinforcing; so, once it begins it is likely to be repeated.

4.4 WHEN IS SEXUAL BEHAVIOUR BY ADOLESCENTS ABUSIVE?

A young person who sexually offends is defined as “a minor who commits a sexual act with a person of any age:

- ▶ Against the victim’s will,
- ▶ Without their consent or
- ▶ In an aggressive, exploitative or threatening manner²⁷

One of the reasons why it is so important to deal with sexualised behaviour in children is because if it is not addressed at an early stage it may lead on to more serious behaviour that may be considered abusive and harmful to others. To intervene, however, it is necessary to define it and distinguish it from other behaviours that can appear normal.

4.5 FACTORS THAT MAY CAUSE CHILDREN TO BE MORE VULNERABLE TO DEVELOPING SEXUALLY ABUSIVE BEHAVIOUR

- **Prior Traumatism:** This may be sexual abuse or another traumatic event.
- **Lack of Intimacy:** The child may not have a wide social support network. They may have poor social skills resulting in poor peer relationships.
- **Impulsiveness:** These children may have particular difficulty with self-management relying on external controls.
- **Lack of Accountability:** These children may have a general tendency to deny responsibility for their actions and are less likely to consider others’ feelings.
- **Overly Sexualised Home Environment:** The child is exposed to adult sexual behaviour, accidentally or otherwise.
- **Sexually Repressive Environment:** Normal sexuality denied or viewed negatively. This can particularly present itself in families that have a fundamentalist approach to religion. The children are living to two completely different worlds, for example, among peers in school where liberal attitudes pertain and at home which has very different norms.

4.6 DECIDING WHAT’S NORMAL, PROBLEMATIC OR ABUSIVE

It is useful to have a framework or model for understanding and responding to sexualised behaviour. The following framework was developed by two American writers²⁸ and has wide

27. Ryan, G. & Lane, S. (1997) *Juvenile Sexual Offending: Causes, Consequences and Correction*. San Francisco: Jossey Bass.

28. Ryan, G. & Lane, S. (1997) *Juvenile Sexual Offending: Causes, Consequences and Correction*. San Francisco: Jossey Bass.

acceptance in the professional community. It provides a framework to understand the sexual behaviour of children and young people. It also provides a means of evaluating behaviour and interaction to determine if it is harmful. It underlines the importance of labelling the behaviour (not the child) with words. It also identifies what the appropriate adult response should be.

One of the key factors to look out for in deciding if a behaviour is harmful or not is to examine the level of coercion, if any, that may be present. As a general rule, if there is no coercion or any type of trickery or manipulation present and the children are of similar age, then the behaviour can be considered normal.

In considering different behaviours, one way to do this is to examine it using Normal, Yellow Flag, Red Flag and Black Flag classifications:

4.7 RANGE OF SEXUAL BEHAVIOUR OF CHILDREN (0–12 years)

NORMAL BEHAVIOURS

- ▶ Genital or reproduction conversations with peers or similar age siblings;
- ▶ “You show me yours / I’ll show you mine” conversations with peers;
- ▶ Playing “doctor”;
- ▶ Occasional masturbation without penetration;
- ▶ Kissing, flirting;
- ▶ ‘Dirty’ words or jokes within peer group.

YELLOW FLAG BEHAVIOURS

- ▶ Preoccupation with sexual themes (especially sexually aggressive);
- ▶ Pulling other’s skirt up or pants down of other children;
- ▶ Sexually explicit or precocious conversations with peers;
- ▶ Sexual teasing / embarrassing others;
- ▶ Single occurrences of peeping, exposing, obscenities, pornographic interest, frottage (*i.e. deliberately rubbing up against people in confined spaces, e.g. a crowded bus*);
- ▶ Preoccupation with masturbation;
- ▶ Mutual masturbation, group masturbation;
- ▶ Simulating foreplay with dolls or peers with clothing on (‘petting’, French kissing).

RED FLAG BEHAVIOURS

- ▶ Sexually explicit conversations with significantly younger children;
- ▶ Touching genitals of others;
- ▶ Degrading self or others with sexual themes;
- ▶ Forcing exposure of other’s genitals;
- ▶ Inducing fear, threatening of force;
- ▶ Sexually explicit proposals, threats (verbally or ‘sexting’);
- ▶ Repeated or chronic peeping, obscenities, pornographic interest or frottage;
- ▶ Compulsive masturbation;

- ▶ Masturbation with penetration;
- ▶ Simulating intercourse with dolls, peers, animals.

BLACK FLAG BEHAVIOURS

- ▶ Oral, vaginal, anal penetration of dolls, children, animals;
- ▶ Forced touching of genitals;
- ▶ Simulating intercourse with peers with clothing off;
- ▶ Any genital injury or bleeding not explained by accidental causes.

4.8 RANGE OF SEXUAL BEHAVIOUR OF ADOLESCENTS (13–18 years)

NORMAL BEHAVIOURS

- ▶ Explicit conversations with peers;
- ▶ Obscenities / sexually explicit Jokes;
- ▶ Innuendo/Flirting;
- ▶ Masturbation;
- ▶ Courtship/Hugging/Kissing;
- ▶ Foreplay (“petting”);
- ▶ Mutual Masturbation;
- ▶ Sexual intercourse in a long-term relationship.

YELLOW FLAG BEHAVIOURS

- ▶ Preoccupation/Anxiety;
- ▶ Significant pornographic interest (e.g. “adult” websites/downloads);
- ▶ Promiscuous Behaviour;
- ▶ Sexually explicit graffiti (chronic/impacting, directed at individuals);
- ▶ Violating Body Space of others;
- ▶ Single Occurrences of Voyeurism, Exposing, Frottage, with known age mates.

RED FLAG BEHAVIOURS

- ▶ Compulsive Masturbation;
- ▶ Degradation/Humiliation of others in a sexual way;
- ▶ Attempting to expose others;
- ▶ Sexually aggressive porn;
- ▶ Sending unwanted sexually explicit texts message to others;
- ▶ Sexual conversations/contact with younger children;
- ▶ Grabbing genitals or being sexually aggressive in other ways;
- ▶ Explicit sexual threats.

BLACK FLAG BEHAVIOURS

- ▶ Illegal Behaviour / Sexual Abuse;
- ▶ Obscene calls;
- ▶ Voyeurism;
- ▶ Exhibitionism;
- ▶ Using technology to sexually entrap, threaten or humiliate others;
- ▶ Frottage (*deliberately rubbing up against people in confined spaces*);
- ▶ Sexual Assault;
- ▶ Rape;
- ▶ Involvement in Bestiality.

4.9 RANGE OF COERCION OR PRESSURE

The key issue in deciding if abuse has occurred is the degree to which there was coercion, pressure or manipulation. The outline below sets how this should be viewed in different types of behaviour.

NORMAL BEHAVIOUR	ABSENCE OF COERCION
	ABSENCE OF PRESSURE
	“IT’S FUN” DESCRIBES THE TONE
YELLOW FLAG BEHAVIOUR	MANIPULATION
	TRICKERY
	PEER PRESSURE
	SECRECY
RED FLAG BEHAVIOURS	COERCION
	THREATS
	BRIBERY
BLACK FLAG BEHAVIOURS	PHYSICAL FORCE
	THREATS WITH A WEAPON
	VIOLENCE

What can clearly be seen here is that, in the case of Normal Behaviour, the tone behind the behaviour is playful. There is equality between those involved. There is no pressure of any kind and no manipulation. It is essentially a ‘game’ where each is participating on their own terms and no one is forcing the other person to do anything they don’t want to do or don’t understand. This is true for young children, older children or teenagers. As one moves downwards through the outline above, the degree of coercion increases accordingly, and the possibility of harm increases exponentially. (*One can also argue that such a test can be applied to all sexual relationships, including those of adults and not just those that involve children/young people, in deciding if a particular behaviour has the potential to be harmful or not.*)

4.10 WHAT IS “SEXUAL EXPERIMENTATION”?

Sexually inappropriate behaviour by teenagers is often dismissed as “just experimentation”. It is normal for young people to be curious about sex and to want what they consider to be one of life’s good things: good sexual experiences. It is also normal for young people to be naïve and awkward in their first attempts at sexual discovery. However, what is *not acceptable* is that a young person uses another, weaker or more vulnerable, person to gratify their own sexual curiosity. That amounts to abuse and must be recognised as such.

The fact that certain sexual behaviour is carried out by a shy, awkward teenager may be a mitigating factor in terms of the risk of reoffending but that does not automatically make that action “experimental” and, therefore, somehow “normal”. If the behaviour itself is abusive it cannot be classified otherwise. From a victim perspective, being abused by an awkward teenager has the same effect and that cannot be negated because of the immaturity of the abuser.

So, what criteria can be used to judge if a behaviour can be truly said to be “experimental” in nature? According to the AIM2 model²⁹ for evaluating sexually harmful behaviour in adolescents the following guidelines can be applied:

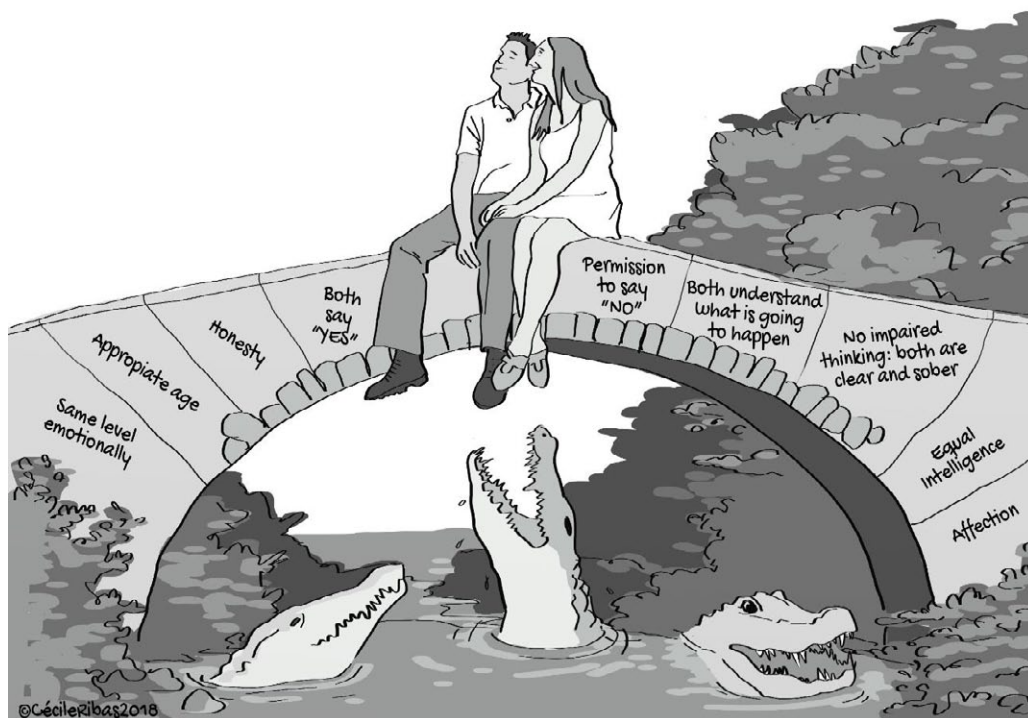
- ▶ Both young people should be of similar age and intellectual level.
- ▶ There should be no coercion of any kind including the use of force, trickery, manipulation or threats.
- ▶ There should be no inequality, real or perceived e.g. by virtue of status among peers, level of authority, culture or race.
- ▶ Both parties must be able meet the criteria for giving true consent.

For sexual experimentation, as opposed to sexual abuse, to be present, there must be true equality between the parties. When that is the case there no abusive element in the behaviour. It must, therefore, include real consent from both parties³⁰.

29. Print et al (2012) *The AIM2 Assessment Model – Guidance Document*. Stockport: The AIM Project.

30. Khan, T. J. (2001) *Pathways – A Guided Workbook for Youth Beginning Treatment*. Brandon: Safer Society Press.

4.11 TRUE CONSENT



If even one of the building blocks of this 'bridge' is missing, then one, or possibly both, young people will get hurt (from McGrath, 2019).

True consent includes the following elements:

■ **Same Emotional Level:** if one is very immature and the other sophisticated then true consent cannot be present. In adolescence a difference of one or two years can be very significant in terms of maturity which can be easily exploited.

■ **Appropriate age range:** if there is a significant age-gap there cannot be true consent. It can appear at first glance that because two young people are roughly the same age that they are, therefore, equal in other ways. More subtle inequalities include when one child has been designated as being "in charge" or has been given a baby-sitting role.

■ **Honesty:** if one person is deceiving the other there is no consent.

■ **Both must say 'yes':** the 'yes' must be clear. Giving informed consent to something must include knowing what the standards of behavior are, in what contexts and what circumstances. It is not enough to be told that "everybody's doing it nowadays".

■ **Both are free to say 'no'.** This is obvious but needs to be made explicit. The 'no' does not have to be accompanied by physical resistance to constitute a lack of cooperation.

■ **Both know what is going to happen:** Here again, there can be no misunderstanding about that, otherwise there is a great risk of exploitation. A young person can consent to one type of activity but that does not imply a 'green light' to a range of other activities as well.

■ **Both must be sober and conscious:** drunk or unconscious people cannot give proper consent.

■ **Equal intelligence:** if one is significantly less intelligent than the other there can be no true consent.

■ **Affection:** the absence of affection can mean there is no consent. If one person 'adores' the other but that person hasn't the slightest affection or respect for the other, the chances of sexual exploitation are very high. There are, so called, celebrities in prison today because they exploited the naivety of their adoring 'fans', for whom they had absolutely no concern.

It is just as important for girls to know the true meaning of consent as it is for boys Dialogue is essential. Teenagers need to talk about these issues and make consent explicit.

Parents/carers, in particular, need to be aware that their own behaviour needs to be coherent with what they expect of their children. Obviously, for example, there is little use in banning young people's access to porn sites if dad has his own porn collection. Adolescents, in particular, are very quick to spot hypocrisy on the part of their parents. This is true in the same way that parents who abuse alcohol won't have much luck lecturing their offspring on the dangers of the 'demon drink' if they continue to drink to excess themselves.

5. DETECTION OF CHILD SEXUAL ABUSE AND MANAGEMENT OF DISCLOSURES OF CHILD SEXUAL ABUSE

In Moldova the interagency cooperation mechanism for the identification, evaluation, referral, assistance and monitoring of child victims or potential victims of violence, neglect, exploitation and trafficking (Interagency VNET Mechanism)³¹, requires that all suspected cases of violence, neglect, exploitation and trafficking (VNET) must be immediately registered by professionals with competences in child protection (e.g. teachers, educators, social assistants, medical staff and police) and then reported to local guardianship authority (the village mayor). The Mechanism also provides the responsibility to inform additionally:

- a)** the police – if it is known or suspected that a child is the victim of a crime/contravention;
- b)** the urgent medical assistance service – if the notification contains information regarding the existence of the imminent danger for the child’s life or health, of the suicide attempts from the child;
- c)** the state labour inspectorate – if the notification contains information on the use of child labour in works with difficult, harmful and/or dangerous working conditions, as well as in works that may harm the health or moral integrity of children.

Managers of the institutions (medico-social, educational etc.) receiving reports of a concern should treat all child welfare and protection concerns seriously, whatever their source. According to intersectoral procedures, all concerns of sexual violence should be immediately reported to the guardianship authority and the police.

31. Decision on the approval of the Instructions on the interagency cooperation mechanism for the identification, assessment, referral, assistance and monitoring of child victims and potential victims of violence, neglect, exploitation and trafficking no. 270 from 08.04.2014 published in “Monitorul Oficial” Gazette of the Republic of Moldova no. 92–98/297 of 18.04.2014. The Romanian version available at: https://www.legis.md/cautare/getResults?doc_id=18619&lang=ro

5.1 INITIAL ASSESSMENT OF A CONCERN

The local guardianship authority immediately then orders the initial assessment of the child's situation by the case manager (community social worker or local child protection specialist, or other specialist), indicating, if necessary, the specialists in the field of health care, education, law enforcement bodies to participate in the initial evaluation process³².

Preliminary verifications

Upon receipt of the notification of a suspicious case, the case manager should check for any previous contact with the child's family. Such contacts may have been recorded by other professionals (e.g. the family doctor, teachers, primary care nurses, or psychologists) and these should be contacted to see if they have had concerns about the child. The aim of this process is to help the case manager to understand the child's history and circumstances, identify unmet needs, and determine if there is a risk of harm. This will allow them to decide on the most appropriate response.

Screening

The Case Manager provides immediately the initial assessment if the referral contains information about the existing of an imminent danger for the child or, in 24 hours – in case of any other cases.

Following the initial checking process, case manager will contact the caregiver or manager of a care institution, seeking their cooperation in carrying out an examination of the child's and family's needs. The aim is to work in cooperation with parents or guardians to determine the appropriate supports or interventions to ensure the safety and welfare of the child. If the allegation is against one of the parents or personnel in the placement service, gaining the cooperation of the non-offending parent/personnel is vitally important.

When a case manager receives a case of suspected child sexual abuse/exploitation the role they are expected to carry out is to screen the case to decide if:

- (a) It is a situation that constitutes a child protection matter;
- (b) There are risk factors that suggest that it is not safe for the child to be in their present abode and may need to be removed to a safe place;
- (c) If the child must be removed from the home it is the responsibility of the specialist to source the necessary resources in conjunction with the local mayor;
- (d) If further assessment is required, the specialist will refer the child to the appropriate Forensic Team.

5.2 TALKING TO CHILDREN ABOUT POSSIBLE CHILD SEXUAL ABUSE: "PROTECTIVE INTERVIEW"

During the initial assessment, the protection interview with the child is carried out, taking into account his/her age and degree of maturity, in order to ascertain their immediate needs, involving, as the case may be, other specialists in addressing health, emotional and other problems. A major issue to be considered, if it is necessary, to limit the alleged abuser's access to other children/potential victims. The protection interview is conducted by one of the specialists

32. Point 7 of the GD 270/2014.

in whom the child will have the most confidence. Who this person is will be decided by the members of the multidisciplinary team.

Sexual abuse/exploitation can be difficult to speak about with a child. For very good reasons, children may be very reluctant to share information and disclose details about the abuse. When listening to the child or young person make a disclosure about potential abuse, including sexual exploitation, **it is important to avoid asking leading or intrusive questions.** This is important as to fail to do this will create potential legal problems at a later stage, as it will be argued that the initial investigation ‘contaminated’ the evidence. This can result in cases failing in the courts which will come as an additional burden to victims who will feel let down by the legal system and may think that they have not been believed. This may result in them feeling that they were wrong to disclose in the first place and/or having a sense of being betrayed.

Essentially, the specialist must facilitate the child to give their own narrative. As two American researchers have put it succinctly “Interviewers wishing to elicit accurate reports, especially from young children, should encourage children to spontaneously and freely report information by establishing rapport, allowing sufficient time for response, and refraining from interruptions or premature use of specific questions.”³³ The most important things are to:

- ▶ Listen carefully and avoid interrupting the child;
- ▶ Let them tell their story, in their own way;
- ▶ Don’t express shock or strong emotion, as this may alarm the child;
- ▶ Remain calm and reassuring;
- ▶ Explain that other professionals (i.e. the forensic team) may have to look at the matter if it appears that further evaluation is required;
- ▶ Thank the child for sharing their information and say that measures will be taken to her keep him/her safe but do not make any promises that can’t be kept, such as that the information will remain a ‘secret’. Limited confidentiality is all that can be given;
- ▶ Careful notes should be taken of any conversation with the child and/or parents/carers.

5.3 FACTORS THAT CAN HINDER THE PROPER EXAMINATION OF THE CHILD’S CIRCUMSTANCES

Sometimes, even before an investigation can begin, certain mistaken beliefs/prejudices can influence how the case will be processed.

Here are some factors that can interfere in the correct management of a concern of child sexual abuse.

THE CHILD APPEARS UNAFFECTED BY THE ABUSE (S)HE HAS DESCRIBED	The fact that a child does not display obvious symptoms does not mean that their account of being abused should be questioned or called into doubt. It may merely mean that they are more resilient and/or better supported than other children.
THE CHILD HAS NOT DESCRIBED PENETRATIVE ABUSE	Even if no penetration was described that does not mean that abuse has not occurred and, likewise, it does not mean that there was no impact on the child.

³³ Warren, A. & McGough, L. S. (1996) Research on children’s suggestibility: Implications for the investigative interview. *Criminal Justice and Behavior*, 23, 95, 269–303.

THE CHILD COMES FROM A FAMILY WITH A HISTORY OF PROBLEMS AND/OR A STIGMATISED BACKGROUND	The fact that a child may come from a troubled background does not mean that they are lying or do not deserve the same respect as everyone else.
THE CHILD HAS TOLD LIES ABOUT OTHER MATTERS IN THE PAST	While children do, sometimes, tell lies about being sexually abused, this is extremely rare, and any complaint of child sexual abuse must be taken seriously. Even if they have lied about other things in the past, they are very unlikely to be lying about child sexual abuse.

5.4 POSSIBLE OUTCOMES TO THE SPECIALIST'S ASSESSMENT

NO CONCERN IDENTIFIED. For example, it is not an appropriate referral to the child welfare and protection services or no unmet need or risk in relation to the child was found. Where appropriate, the case may be referred to another support service or specialised service (e.g. mental health or disability services).

FAMILY SUPPORT SERVICE may be initiated if assessment indicates that the child has some unmet needs but is not at risk of harm.

Many reports to specialists will not relate to a protection risk to the child but will indicate that the parents/guardians need help because a child's own needs are not being adequately met. In such cases it is appropriate to offer family support services. The aim is to help families work through difficult issues, ensuring that children have a stable environment to live in and provide support for parents are finding it hard to cope. It could also mean a referral for psychological or psychiatric assessment of the child and/or parental assessment for mental health or addiction problems.

THE CHILD IS FOUND TO HAVE CHILD PROTECTION NEEDS: Where serious concerns of ongoing risk of significant harm are identified during the assessment and interventions, or where a specialist has concerns that progress is not being made under the family support plan, a plan of action is prepared. This is done by consulting with the parents and appropriate professionals to protect the welfare and safety of the child.

5.5 CHILD PROTECTION ACTION PLAN

The Action Plan applies to those children considered to be at risk and consists of a list of actions that help reduce the risk to the child's welfare. It is a list of actions that help to reduce the risk of harm to the child and to promote their welfare. The plan makes clear the steps to be taken and who is responsible for each part of the plan.

Children may continue to live at home, unless it emerges that a child is at ongoing risk, or if the Child Protection Plan is deemed not to be working. These cases may result in a decision to remove the child from the home.

Where possible children should be supported to live at home with their families, near their friends and schools, and within their own communities. Children are only removed from their home setting when a view has been formed that, at least for the time being, their health, development or well-being cannot otherwise be ensured. This should, ideally, be done by agreement with the parents. However, where agreement cannot be reached, the specialist may apply to the courts for one or several court orders to ensure the safety and well-being of the child concerned.

When this happens, every effort should be made to place the children within their extended family (relative foster care) or in a foster care placement (guardianship to the third persons, foster care, family type home). Where this is not possible or appropriate, a child may be placed in a Children’s Residential Service, a care facility usually located in a community setting. Every effort is also made to keep siblings together when it is necessary to remove them from their parents’ care.

While the assessment/planning process is taking place, the allocated specialist will review the progress of the interventions and other information from other professionals involved with the family and will revise the assessment of risk accordingly. The specialist will remain in close contact with the child and family, make arrangements for assessments and consult with other professionals who see the child regularly. The key consideration is to identify the type of intervention required to ensure that the child’s needs are being met and that the child is kept safe.

5.6 REFERRAL TO THE FORENSIC TEAM

After the screening and initial safeguarding intervention by the specialist, the case may be considered by the Forensic Team who will do a full assessment and decide whether the allegation of abuse is founded or unfounded. They will liaise with the police who will investigate the criminal aspects of the case. The safety of the child is paramount and at no stage should a child’s safety be compromised because of concern for the integrity of a criminal investigation.

6. OTHER IMPORTANT CONSIDERATIONS

6.1 RIGHTS OF CHILDREN

Child protection interventions should always be child-centred and consider each child in the family as an individual. This means giving them the opportunity to express their views with a focus on how they are experiencing their home life. Children have a right to be heard, listened to and taken seriously. Taking account of their age and understanding, they should be consulted and involved in matters and decisions that may affect their lives.

Where there are concerns about a child's welfare or safety, there should be opportunities provided for their views to be heard independently of their parents/guardian. A proper balance must be struck between protecting children and respecting the rights and needs of parents/guardians and families. Where there is conflict, the Case Manager should seek to put the child's welfare first starting from its best interests.

6.2 RIGHTS OF PARENTS

Parents often find the investigation and assessment process to be very difficult and intrusive. Specialists should try to form respectful and constructive relationships with families and their children. This includes explaining both the rights of children and parents. For example, if no concerns are found, parents may request that the Case Manager contacts each of the agencies they have consulted to let them know the result of the assessment.

6.3 THE IMPORTANCE OF CONFIDENTIALITY

While sharing information among relevant professionals is part of a multi-disciplinary approach, information must only be shared on a 'need-to-know' basis. No one outside of the confidential circle should have any knowledge of the case, including other professionals who are not involved or police officers and, of course, anyone else who does not have a professional role in dealing with any matter that involves child sexual abuse, it is vitally important that the strictest

discretion is maintained. Especially in small communities, where there is a belief that “everyone knows everyone”, it is very important to be discreet and maintain confidences.

If basic trust cannot be maintained, then there is very little likelihood that victims will come forward to disclose abuse nor will the parents/carers of those children be able to cooperate with professionals because they will not trust in their actions.

There are only a few instances where Confidentiality can be broken by a professional. These are:

- ▶ When the client/service user gives consent to the release of the information;
- ▶ When the professional is directed to do so by the criminal investigation body or Court;
- ▶ When it is necessary to protect the welfare of the client/service user or the wellbeing of someone else, e.g. the risk of suicide or harm to a vulnerable person.

6.4 NATURAL JUSTICE & FAIR PROCEDURE

An important consideration in relation to all matters connected to child sexual abuse is that of Natural Justice and Fair Procedure.³⁴ Any suggestion that child sexual abuse has occurred raises serious legal questions. The credibility of such allegations will be considered by the Forensic Team and will involve liaison with the police authorities. If cases are to progress to be considered by either civil courts, for example in relation to orders to protect children or criminal courts where penal sanctions may be imposed, the courts will pay special attention to how the case has been dealt with along the way. This means that the Case Manager must be seen to have taken a fair-minded approach, respecting everyone’s rights and certainly avoided asking leading questions of the child.

Where a child is not at immediate or serious risk the specialist has a duty to ensure, where possible, that any action taken is also in accordance with Natural Justice and Fair Procedures. In particular, the person allegedly causing the harm has a right to be informed of the allegations against them and to be given a reasonable opportunity to make a response. Any information provided will form part of the assessment processes and information will not be shared with a third party until a conclusion is reached that the concerns are ‘founded’ and that there is a belief that a child or children may be at potential risk of harm.

34. McGrath, K. (2016) “Natural Justice and Fair Procedure in Evaluating Allegations and Risk of Child Sexual Abuse in ‘Grey’ Areas”. *NOTA News* (No. 78, March/April, 2016).

7. FINAL COMMENTS

The investigation into allegations of child sexual abuse is vitally important but it is complex, time-consuming and demanding work. It is to be expected that there will be a lot of resistance to bringing into the open something that may be / have been hidden for a long time and which carries with it very serious implications, legal and psychologically.

In the Republic of Moldova much is expected of the 'specialists' to provide protective interventions for victims, even if their access to resources is often quite limited. The Government of the Republic of Moldova is making major efforts to upgrade the countries child protection system and to do so quickly. The Council of Europe has been a steadfast ally in that regard and will continue to do so.

The writer is committed to providing training to frontline staff in Moldova in 2021 and to assisting in this vitally important work.

8. FREQUENTLY ASKED QUESTIONS

The listed here are questions that were most often raised by social workers and other professionals of interagency teams during the three training sessions organized by the Council of Europe, based on the current training material, in the period from the 10th to 29th March 2021.

HOW IS IT POSSIBLE THAT ADULTS CAN BE SEXUALLY ATTRACTED TO CHILDREN?

Many people find it hard to understand how it is possible that an adult, or even an adolescent, could be sexually attracted to young children. This can, indeed, be difficult to comprehend but, as is explained in more detail in these Training Materials, there are various ways to understand such behavior from both a psychological and cultural point of view. In particular, is important to know that it is very related to childhood experiences and social attitudes that are dismissive of the rights of both women and children. It can also be related to being sexually abused and/or being growing up in a highly sexualised environment.

The Training Materials contains a simple, but comprehensive information, including an informative graphic, that professionals can use to not only organise their own thinking on this but also to share with both victims and their families.

WHY IS MULTI-DISCIPLINARY AND MULTI-AGENCY WORK SO IMPORTANT?

Intervening in cases of child sexual abuse is very difficult and stressful work, consequently an efficient intersectoral cooperation, represents the key approach in such interventions. Professionals in Health, Safeguarding, Education and Police systems have specific capacities and roles which must complement each other, for the comprehensive management of such cases and the effective assistance of the victim. Therefore, all professionals must work together in the interests of children. There is no substitute for good communication and cooperation among professionals. If this does not occur, it can lead to what is called 'splitting' and no action may be taken at the right time to protect a child. Tragedies occur when professionals fail to cooperate.

HOW DO I ESTIMATE IF THERE IS AN IMMEDIATE PROTECTION RISK?

There will be occasions when immediate action will have to be taken to protect a child at risk. This requires a careful multi-disciplinary approach and clarity that the threshold for intervening immediately has been met. Allegations or suspicions of sexual abuse of a child are included in the list of acute scenarios that require immediate action. This means screening the case to assess risk and what measures can be put in place to protect the child. In particular, it is necessary ascertain if there is an adult ally of the child who can put their needs above those of any alleged abuser. Where this is not the case, it will be necessary to make an assessment of the capacity of that parent to protect the child.

HOW TO ESTIMATE IF A PARENT HAS THE CAPACITY TO PROTECT A CHILD FROM A PARTNER OR FAMILY MEMBER?

In deciding if a parent, very often a mother, has the capacity to protect a child from a partner who appears to pose a threat, the following checklist should be considered (by answering the following question – does the parent have any of the following characteristics?):

- ▶ A childhood history of severe and repeated sexual or physical abuse.
- ▶ A relationship with her own mother which was characterized by extreme rejection and emotional deprivation.
- ▶ Repeated patterns of relationships with men who are abusive sexually and/or physically abusive towards the woman or her children.
- ▶ Previous concerns of neglect and abuse towards her own children.
- ▶ Mental health difficulties, including personality disorder or substance abuse.

Each of these criteria can get in the way of the parent being able to protect her child because she may give priority to her relationship with her partner (or other family member) over that of the child. Even one criterion is significant but if two or more combine, there will be significant concerns about the capacity of that parent to protect.

HOW IMPORTANT IS THAT THE POLICE ARE INVOLVED IN CHILD PROTECTION CASES?

The police have a vital role to play in child protection not just from a criminal investigation point of view, but also in supporting the work of social workers and other professionals. At a practical level, for example, when a child must be removed from a family against the wishes of the parents, their support is vital. There may be physical threats or intimidation shown to social workers, so much so that their own safety may be at risk, therefore the police have a definite role in such circumstances.

WHAT IF I WORK IN A SMALL COMMUNITY WHERE EVERYBODY KNOWS EVERYONE ELSE?

Many social assistants work in isolation in small communities. While this has the advantage of knowing many local people it has the disadvantage of leaving them open to local pressure and even intimidation. This re-emphasizes the need for good multi-disciplinary cooperation and the support of the police, as well as warning the entire team about the need to maintain the confidentiality of the identified case and the possible negative effects that could bring its

disclosure. Without a unified approach and the support of the police it can be very difficult for isolated individuals.

HOW CAN I ESTIMATE IF PARTICULAR ADOLESCENT BEHAVIOUR CAN BE CLASSIFIED AS 'NORMAL SEXUAL EXPERIMENTATION'?

This is addressed in detail in the guide but it is certainly the case that a lack of clarity on this issue creates a lot of problems both for professionals from the guardianship authorities and also the police investigating allegations of sexual assault which involve teenagers. There are many such cases. This often centres on the definition of Consent. In essence it can be said that normal sexual exploration is only found in those cases where there is equality at all levels between the partners. That means they both must be about the same age, maturity and intelligence. Likewise, they must both be sober and free to say 'no' at any point. There cannot be any type of coercion, manipulation or trickery involved. Again, there is a clear definition of this given in the Training Materials along with an illustration which can be used as a type of 'infographic' with both young people and their parents.

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The Council of Europe is the continent's leading human rights organisation. It comprises 47 member states, including all members of the European Union. All Council of Europe member states have signed up to the European Convention on Human Rights, a treaty designed to protect human rights, democracy and the rule of law. The European Court of Human Rights oversees the implementation of the Convention in the member states.

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