

A close-up, slightly blurred photograph of an adult's hand gently holding a child's foot. The child is wearing a colorful, patterned garment. The background is soft and out of focus, suggesting an outdoor setting.

Caring for Child Survivors Of Sexual Abuse (CCS) Training (Second Edition)



Core Child Sexual Abuse Knowledge Areas

Module 2

Objectives

- To know the core child sexual abuse knowledge areas.
- To understand the importance of the core child sexual abuse knowledge areas.
- To understand the core child sexual abuse knowledge areas in context.

Child Sexual Abuse Core Knowledge Areas

1

Definition of child sexual abuse

2

Scope of the problem

3

Perpetrators of child sexual abuse

4

Children and disclosure of sexual abuse

5

Needs of child survivors

6

Gender and child sexual abuse

7

Age, development, and child sexual abuse

8

Intersectionality and child sexual abuse

9

Risk and protective factors related to the impact of child sexual abuse

10

Impact of child sexual abuse on non-offending caregivers

Why are the Core Knowledge Areas important?

- Accurate and full knowledge is central to delivering appropriate care and treatment.
- Caseworkers and other service providers have the responsibility to share accurate knowledge to facilitate recovery and healing.
- Without accurate knowledge, caseworkers and other service providers may perpetuate harmful beliefs.
- Caseworkers must commit to having an accurate understanding of child sexual abuse and sharing this with children, caregivers, community members, and other service providers.

Knowledge Area 1

Definition of Child Sexual Abuse

CCS Definition of Child Sexual Abuse

Any form of sexual activity, physical or not, with a child, perpetrated by an adult or by another child who has power over the child.

Child sexual abuse often involves body contact, but not always.

Types of Child Sexual Abuse

Physical contact

- Rape.
- Touching a child's genitals or private parts for sexual purposes.
- Making a child touch someone else's genitals or private parts or play sexual games.

Non-physical contact

- Showing nude photos.
- Exposing genitals for sexual pleasure.
- Photographing a child in sexual poses.
- Watching a child undress for sexual pleasure.
- Encouraging a child to watch/hear sexual acts.
- Forcing a child to witness sexual violence.

Facilitated by technology

- Grooming on online platforms.
- Coercing or forcing a child to produce and/or share sexual images or videos.
- Livestreaming child sexual abuse.

Knowledge Area 2

Scope of the problem of Child Sexual Abuse

Scale of the Issue

- Globally, an estimated 1 in 8 children have been sexually abused.
- Up to 50% of sexual assaults are committed against girls below 16 years.
- 1-21% of women are sexually abused before the age of 15, usually by a male family member.
- Girls are up to three times more likely than boys to experience sexual violence.
- 20.3% of adolescents experienced unwanted online sexual exploitation.
- Child sexual abuse (both offline and online) occurs more often than reported.

Scale of Child Sexual Abuse in [insert context]

- [insert data from context]

Knowledge Area 3

Perpetrators of Child Sexual Abuse

Who Perpetrates Child Sexual Abuse?

- Who amongst the power walk characters was a potential perpetrator?
- Who are perpetrators in this context?

Common characteristics of Perpetrators

- Majority are men.
- Often family members (immediate and extended).
- Often trusted individuals – neighbors, teachers, religious leaders, health workers, others with contact with children.
- Unknown individuals/strangers is less common.
- Armed groups (state or non-state) in conflict-related sexual violence.
- Other children.

Knowledge Area 4

Children and Disclosure of Sexual Abuse

Child Sexual Abuse Disclosure

- **Disclosure**
 - Making the sexual abuse known.
- **Direct Disclosure**
 - When child survivor or child's family directly tells someone about abuse.
- **Indirect/Third Party Disclosure**
 - When someone (other than the child or child's family) witnesses or tells someone else about the abuse.

“Identification” of Child Sexual Abuse

- Being aware of and able to recognize signs and symptoms and explore further in safe ways with children.
- Assessing for risk to ensure the safety of the child survivor.
- Does not include harmful, forced identification of child survivors.

Voluntary and Involuntary Disclosure

- Direct & indirect disclosures can be voluntary or involuntary.
- **Voluntary disclosure**
 - Occurs with the assent/consent of the child and/or caregiver.
 - Example: Child willingly shares information about sexual abuse to trusted adults or service providers themselves.
- **Involuntary disclosure**
 - Occurs without the assent/consent of the child and/or caregiver.
 - Example: Another adult in a child's life (e.g., teacher, family member) suspects abuse and discloses to a service provider.

Why is this Important?

- Child survivors will be more or less likely to engage in services based on
 - How the abuse was disclosed?
 - The reaction to the disclosure.
 - What happened after the disclosure?

Exploring Barriers to Disclosure – Case Studies

- Read the case study assigned to your group.
- Discuss the following questions:
 - What is the type of disclosure? (direct, indirect/third party, voluntary, involuntary).
 - What barriers may the child face in talking about the sexual abuse?
- Briefly share the key points in plenary.

Common Reasons Why Children do not Disclose

- Fear/shame:
 - of not being believed & not being helped.
 - of the perpetrator.
 - of revenge on family.
 - of hurt, shame, or discrimination.
- Believe sexual abuse is their fault.
- Believe they will be blamed for the sexual abuse.
- Protect family or non-abusing parent.
- Cultural norms.

Common Reasons Why Children do not Disclose (Cont.)

- Don't have skills to communicate the issue.
- Don't know it is wrong:
 - Too young to know.
 - Don't have words for what happened.
 - Trust the person & can't believe they would hurt them.
 - Never hears this talked about in community.
 - Thinks it's normal.
- **Other reasons relevant to the local context?**

Disclosing sexual abuse is very difficult for children.

Disclosure is a process. The whole story may not come out in the 1st, 2nd, or even 3rd meeting.

Knowledge Area 5

Needs of Child Survivors

Overview of the Child Survivors' Needs

The child's recovery from sexual abuse requires both immediate response to critical needs and longer-term responses and support. Some of the needs include:

- Physical and emotional safety.
- Psychological.
- Social.
- Care arrangements.
- Legal/justice.
- Other protection needs (separated/unaccompanied children or those who face other protection risks).

Knowledge Area 6

Gender and Child Sexual Abuse

Gender in Context

- 4 groups
 - Young girls
 - Older girls
 - Young boys
 - Older boys
- Questions to answer
 - What are key beliefs and stereotypes in the local context about the group of children your group has been assigned?
 - How is your group of children treated based on these beliefs and stereotypes?
 - Do beliefs, stereotypes, and treatment of your group of children change based on any particular characteristics/identities?

Gender Dimensions Impacting Sexual Abuse of Girls

- Discriminatory gender norms that contribute to violence and reinforce gender inequality.
- Manifestations of gender inequality (e.g., movement restrictions, agency in relationships, etc.).
- Increased risk of sexual abuse faced with other forms of GBV (e.g., CEFM, IPV, FGM).
- Being blamed and shamed for the sexual abuse.
- Risk of sexual abuse in school settings by teachers.
- Reproductive consequences of sexual abuse (e.g., pregnancy).

Gender Dimensions Impacting Sexual Abuse of Boys

- Emasculation – boys see themselves as less than male, powerless, flawed.
- Fear of being identified as homosexual.
- Belief that all sexual activity, even sexual abuse, is appropriate for boys and men – particularly if involving a female.
- Internal (individual) and external (social) barriers to disclosing and receiving care.

Knowledge Area 7

Age, Development, and Child Sexual Abuse

Signs and Symptoms of Sexual Abuse – Group Work

- **Groups**
 - Infants (0-3 years old)
 - Toddlers (3-5 years old)
 - Young children (6-9 years old)
 - Adolescents (10-17 years old)
 - Children with disabilities (0-17 years old)

| Behavioral | Emotional | Physical | Sexual |
|------------|-----------|----------|--------|
| | | | |

Signs/Symptoms of Sexual Abuse – Infants (0-3)

| Behavioral | Emotional | Physical | Sexual |
|--|---|--|---|
| Clinging or unusually attaching themselves to caregivers. | Sad, upset, or no affect. | New/unexplained marks or bruises, especially in genital area. | May mimic sexually behaviors they have been exposed to. |
| Regressive behaviors – may stop speaking, bladder control issues if trained to use toilet. | Communicates emotional pain as physical pain – e.g., tummy hurts. | Pain, discoloration, sores, cuts, bleeding/discharge in genitals, anus, mouth. | |
| May stop eating/ feeding. | | Sexually transmitted infections. | |
| Difficult to soothe or unresponsive. | | | |
| Difficulty falling and staying asleep. | | | |

Signs/Symptoms of Sexual Abuse – Toddlers (3-5)

| Behavioral | Emotional | Physical | Sexual |
|--|---|---|---|
| Clinging or unusually attaching themselves to caregivers. | Sadness, fear, worry, anxiety, anger. | New/unexplained marks or bruises, especially in genital area . | Display sexual knowledge inappropriate to age. |
| Regressive behaviors – e.g., bladder control. | Difficult to make happy, smile, or laugh. | Weight gain/loss. | Excessive touching of genitals. |
| Change in eating or sleeping habits not linked to typical development. | Communicates emotional pain as physical pain – head hurts, tummy hurts. | Pain, discoloration, sores, cuts, bleeding/ discharge in genitals, anus, mouth. | May mimic sexually behaviors they have been exposed to. |
| Crying, whimpering, screaming more than normal. | | Sexually transmitted infections. | Forced or aggressive sexual play. |
| Fear leaving places they feel safe or afraid to go to specific places. | | | |

Signs/Symptoms of Sexual Abuse – Young Children (6-9)

| Behavioral | Emotional | Physical | Sexual |
|--|---|---|---|
| Regressive behaviors – bladder control, asking to be fed/dressed, etc. | Sadness, anxiety, worry. | New/unexplained marks or bruises, especially in genital area . | Display sexual knowledge inappropriate to age. |
| Refusal to go to school or activities. | Shame, guilt, anger. | Pain, discoloration, sores, cuts, bleeding/ discharge in genitals, anus, mouth. | May mimic sexually behaviors they have been exposed to. |
| Changes in eating habits resulting in weight gain/loss. | Fear of particular people, places, or activities. | Sexually transmitted infections. | Excessive touching of genitals. |
| Difficulty falling and staying asleep, nightmares. | | Pregnancy for girls who have begun ovulation. | Forced or aggressive sexual play. |
| Avoid family and friends. | | | |

Signs/Symptoms of Sexual Abuse – Adolescents (10-17)

| Behavioral | Emotional | Physical | Sexual |
|---|--|---|---|
| Difficulty falling and staying asleep, changes in eating habits. | Depression, chronic sadness. | Pain, discoloration, sores, cuts, bleeding/ discharge in genitals, anus, mouth. | Display sexual knowledge inappropriate to age. |
| Sudden changes in school attendance and performance. | Shame, guilt, or anger. | New/unexplained marks or bruises, especially in genital area. | Risky sexual behaviors or complete absence of sexuality, sexual desires . |
| Withdrawal from family and friends or only sticking with friends. | Emotional numbing. | Sexually transmitted infections and fistulas (anorectal fistula for boys). | May mimic sexually behaviors they have been exposed to. |
| Hypervigilance, flashbacks, self-harm. | General distress or agitation that is unrelieved, anxiety. | Pregnancy for girls who have begun ovulation. | Forced or aggressive sexual play. |

Signs/Symptoms of Sexual Abuse – Children w/ Disabilities

| Behavioral | Emotional | Physical | Sexual |
|--|--------------------------------|---|--|
| Sudden unexplained change in behavior. | General distress or agitation. | Pain, discoloration, sores, cuts, bleeding/ discharge in genitals, anus, mouth. | May mimic sexually behaviors they have been exposed to. |
| Self-harm. | | New/unexplained marks or bruises, especially in genital area. | Forced or aggressive sexual play. |
| | | Sexually transmitted infections and fistulas (anorectal fistula for boys). | Risky sexual behaviors or complete absence of sexuality, sexual desires. |
| | | Pregnancy for girls who have begun ovulation. | Display sexual knowledge inappropriate to age. |

Points to Remember

- Remember that development is a spectrum – all children develop at different rates.
- Sexuality is part of childhood development. It is important to distinguish between typical sexual development and behaviors that may indicate concern.
- Impairments do not automatically equal systematic delays. Disability occurs in the interaction of a child's impairment and the barriers in society.
- Signs and symptoms are indicators of sexual abuse; multiple signs and symptoms across categories increase likelihood. Be cautious – do not assume sexual abuse.

Knowledge Area 8

Intersectionality and Child Sexual Abuse

Intersectionality

A feminist framework that illustrates how the interconnected nature of social categorizations (e.g., gender, sexual orientation, class, ethnicity, religion, etc.) create unique experiences of oppression and privilege for individuals and groups.

Why is this Important?

- Everyone, including children, has certain identities and experiences that give them more or less power.
- Children with multiple identities that experience oppression may face higher risk of being targeted for sexual abuse.
- Child survivors and caregivers who have less power and privilege may experience more blame, shame, fear in reporting, hesitance in asking for what they need, and barriers to accessing services.
- Caseworkers must be aware to help address these barriers and give power back to (i.e., empower) child survivors and caregivers.

Knowledge Area 9

Risk and Protective Factors Related to The Impact of Child Sexual Abuse

Main Needs of Children Following Sexual Abuse

- Physical and emotional safety.
- Health services.
- Psychosocial support.
- Care arrangements.
- Legal/justice support.
- Others?

Impact of Abuse: Factors Related to Perpetration

- Age the child was sexually abused.
- The type of sexual abuse.
- Whether violence was used.
- How long the sexual abuse went on.
- The relationship between the child and perpetrator.

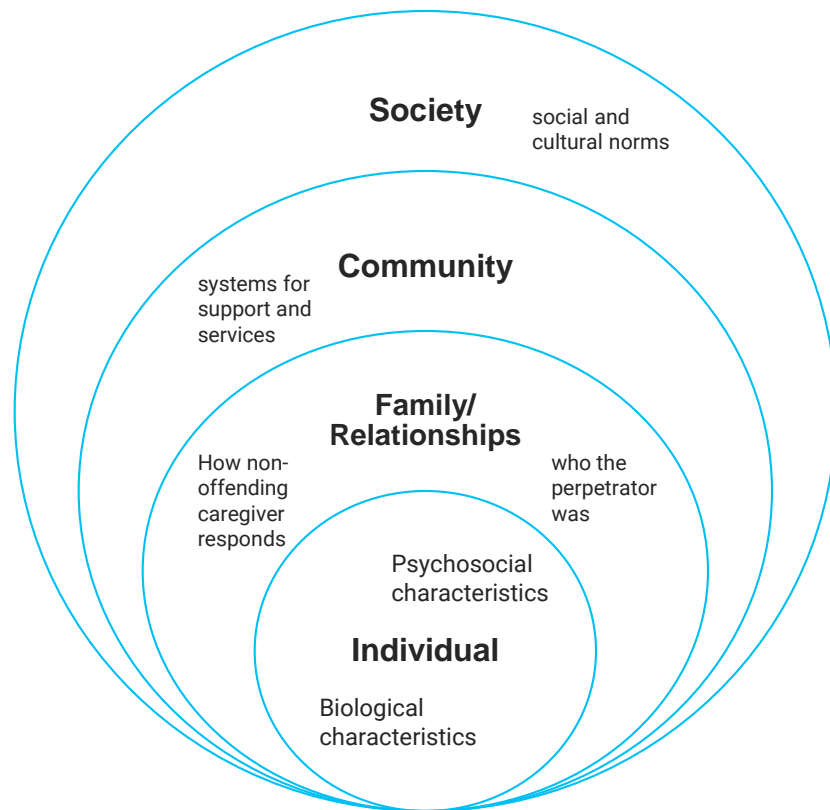
Impact of Abuse: Factors Related to Disclosure

- How the child's disclosure of sexual abuse was received.
- What happened after child sexual abuse occurred.
- Non-offending caregiver's ability to provide care and support.
- Cultural and social norms that impact how the community with respond to disclosure.

Risk and Protective Factors

- **Risk factors:** Characteristics at the biological, psychological, family, community, and cultural level that are associated with a higher likelihood of negative outcomes.
- **Protective factors:** Characteristics at the biological, psychological, family, community, and cultural level associated with a lower likelihood of negative outcomes. Reduce the impact of risk factors.

Impact of Abuse: Risk and Protective Factors



Knowledge Area 10

Impact of Child Sexual Abuse on Non-offending Caregivers

Impact of Child Sexual Abuse on Non-offending Caregivers

- Caregivers may feel anger, disbelief, shock, worry, sadness, and fear.
- They may not know where to seek help or may want to ignore the problem.
- They may blame themselves for not noticing or because their child did not come to them.
- They may feel betrayed or disbelief if the perpetrator is known.
- They may fear what will happen to their child in the long-term (e.g., stigma, shame, limited opportunities, etc.).
- They may react poorly to the child at first or continually – identifying supportive caregivers is critical.

Criticality of working with Non-offending Caregivers

- Caregivers are usually those closest to the child.
- Caregivers impact the child's ability to access services.
- Caregivers are responsible for their child's care and will be there after case management services end.
- Caregiver distress will directly impact the child.
- Research has shown that a caregiver's ability to accept and care for their child after sexual abuse is the biggest factor in the child's ability to recover and heal.

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5

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6

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9

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Key Messages

- Caseworkers must have a strong understanding of the core knowledge areas to provide services that are in the best interests of child survivors.
- Understanding power dynamics is critical to understanding risks child survivors face.
- Age, development, and gender impact children's experiences of abuse, access to services, and prioritization of needs.
- Signs and symptoms are indicators that a child may have been sexually abused.
- Disclosing sexual abuse is very difficult for children and is a process.
- Caregivers are also impacted by child sexual abuse and need support.

Questions?