

The welfare, safety and interests of the child and young person are the paramount consideration in Youthline's approach to sexual abuse. All allegations of abuse will be taken seriously and responded to promptly by Youthline staff.

The Youthline approach is to provide therapeutic interventions for clients based on safety, client preferences, needs, available resources and international best evidence in accordance with Youthline Ethics and Policies and Procedures.

In New Zealand, it is estimated that **1** in **4** females and **1** in **8** males are likely to experience Sexual Violence or Abuse in their lifetimes, many before the age of 16.

<http://www.rapecrisis.org.nz>

WHAT IS SEXUAL ABUSE?

Child sexual abuse has been defined as the "use of a child for sexual gratification" (1). Within this definition a range of actions (intrusiveness and frequency) and contexts (intrafamilial or extrafamilial) further define the nature of abuse (1). Levels of intrusiveness include viewing, exposure or penetration. In terms of frequency, sexual abuse may occur once, on frequent occasions or chronically (1).

CONSEQUENCES OF SEXUAL ABUSE

There are several negative consequences that may occur due to sexual abuse including:

- Adolescent pregnancy (1)
- Sexually transmitted infections (1)
- Short and/or long term impact on psychological development (1)

In the 18 months after abuse stops, two thirds of clients' behavioural problems abate (1). However, a quarter of abused clients develop more severe psychological problems (1). Often severe psychological problems will arise in clients who were initially asymptomatic. One in five clients develops clinically significant psychological problems which persist into adulthood (1).

POSSIBLE SIGNS OF SEXUAL ABUSE

Signs that a child/young person may be being sexually abused vary widely, and may only become evident during times of stress such as parental divorce, problems at school or a traumatic event (4). There are a number of signs however which may indicate a child is being sexually abused (4):

- Unexplained nightmares or other sleep problems
- Loss of concentration, increased distraction or distancing
- Changes at school including declining academic performance
- Sudden changes in eating habits
- Sudden onset mood swings
- Writes, draws, plays or dreams involving sexual or other frightening images
- New or unusual fear of certain places or people
- Refuses to talk about a 'secret' shared with another adult or older child
- Talks about a new older friend and/or suddenly has money, toys or other gifts without reason

- Expresses that the self or body is dirty, repulsive or bad
- Displays sexual behaviours, language and/or knowledge inappropriate for the child's age

Other signs may be more typical of a younger child being sexually abused (i.e. new names for body parts, resists removing clothing at bath time etc., asks other children to play sexual games, mimics adult sexual behaviours with toys or stuffed animals), or adolescents being abused (self harming, drug and alcohol abuse, sexual promiscuity, depression, anxiety, fear of intimacy) (4).

WHAT ARE THE SYMPTOMS?

Whilst a clearly defined list of symptoms pertaining to sexual abuse has not yet been developed in the literature, Browne and Finkelhor (1986) devised a model for conceptualising intrapsychic processes underlying the cognitive, emotional and behavioural problems arising from sexual abuse (1, 2). Termed traumagenic dynamics formulation, the model includes four distinct yet related dynamics (2).

1. **Traumatic sexualisation** – Misconceptions about appropriate sexual behaviour are transmitted by the perpetrator leading to confusion about sexual norms and identity, avoidance of sex and arousal problems (1).
2. **Stigmatisation** – Perpetrator blames and coerces the child into secrecy, though once reported, family members may blame the child for participating. Leads to negative beliefs of self, self-blame, self-destructive behaviours (relationship avoidance, drug abuse, self-harm, suicide). The 'damaged goods' belief may intrude as flashbacks (1).
3. **Betrayal** – Violation of trust in the perpetrator and other protective adults. Leads to belief that people are untrustworthy, relationship problems, delinquency, intense sadness and anger (1).
4. **Powerlessness** – Unable to prevent physical and psychological coercion and disbelief of other adults in network. Develops image of personal ineffectiveness and 'victim'. Commonly leads to depression, anxiety, and somatic presentations.

There is also possible risk of the victim developing into a perpetrator due to internalisation resultant of abuse (1).

A specific model of problems resulting from sexual abuse has not been found, and research supports the view that sexual abuse most often results in a multifaceted range of problems, centring on traumatisation (3).

The extent to which a child develops behavioural problems and related problems is determined by a variety of factors (1,5), and thus a child/youth suffering from sexual abuse may or may not show symptoms, and show a variety of symptoms depending on:

- The extent of stress caused by the abuse
- Balance of supportive and risk factors in the victims surrounding social support network (family and friends)
- Protective factors (assertiveness skills, resiliency)
- Risk factors (poor assertiveness skills, low resilience)
- Family system
- Social network
- Treatment system
- Perpetrator risk factors
- Abuse-related stresses

EFFECTIVE TREATMENTS

As a hallmark to the delivery of effective and client specific treatment, an initial assessment exploring the young person as an individual, as well as the environmental, family, cultural and community aspects of their life, is essential (6). The assessment period is thus vital to the provision of targeted and truly efficacious therapy, and should form the preliminary component to any intervention (7).

Due to the high prevalence of drug and alcohol abuse in those who have been sexually abused, an assessment encompassing addiction and substance abuse will be carried out (6). A number of factors may contribute to developing an effective approach to the issues arising from sexual abuse, and a number of approaches may be used. The main goals of treatment are to overcome the negative consequences of the abuse, including emotional,

cognitive, interpersonal, behavioural and physical effects (6).

Much current research indicates that Cognitive Behavioural Therapy (CBT), which seeks to address both cognitive and behavioural problems which have resulted from the abuse, may be one of the most effective treatments for victims of sexual abuse (8). Factors involved in this treatment parallel many approaches used in treatment for Post Traumatic Stress Disorder (PTSD), thus displaying the link between sexual abuse (a traumatic event) and psychological outcomes (8,9). Aspects of CBT of specific use in the treatment of sexual abuse victims appear to include:

- Developing assertiveness and self-protective skills
- Gradual exposure to memories and thoughts focusing on the abuse itself
- Developing and fostering a protective relationship with the non-abusing parent or partner
- Learning to control internalising, externalising and sexualised behaviour problems
- Processing intense emotions associated with abuse and related coercion
- Developing positive self-evaluative beliefs

UNHELPFUL APPROACHES

A range of psychological interventions have been developed to try to prevent individuals exposed to trauma, including sexual abuse, developing PTSD. To date, no intervention of this kind has been found to be effective (10).

Furthermore, some interventions may actually increase the risk of PTSD onset and depression; for example, single session psychological "debriefing" (11).

YOUTHLINE'S APPROACH

Youthline utilises a variety of approaches with an individualised assessment and plan using a consistent strength-based approach:

Healthy youth development is pivotal to Youthline's approach, which is aligned with the Youth Development Strategy Aotearoa (YDSA). When a young person is

sexually abused, their development is seriously compromised. Following is an exploration of the 6 YDSA Principles, considering each within the context of sexual abuse.

1. Youth development is shaped by the 'big picture'

Prior to the initiation of treatment, a thorough assessment will be taken to facilitate tailoring of Youthline services to the individual. This is vital to ensure that the correct services are targeted to the young person, and that their support needs, in line with their unique individual, family, cultural and community aspects, are met.

Youthline counsellors and therapists recognise the importance of a young person's environment and will often involve non-abusing family members in the treatment plan. This may include family therapy sessions, interpersonal therapies and group therapies. Making sure the abused individual is also comfortable and feels safe within their school, home and community environments is also vital to ensuring their recovery and treatment is truly successful.

2. Youth development is about young people being connected

Healthy development depends on young people engaging in pro-social relationships and as part of a client's treatment plan, Youthline might encourage the young person to get involved in activities, events, development programmes, etc. to increase their connections with others. Survivors of sexual abuse may feel disinclined to trust others, therefore building connections is important.

A trusting connection with the therapist is the first step to facilitating wider connections.

3. Youth development is based on a consistent strengths-based approach

Positive reinforcement is an important element in a client's recovery process and Youthline therapists maintain a consistent strengths-based approach during therapy sessions to nurture healthy development and wellbeing, and to repair the damage caused by the stigma of abuse. Through the use of a strengths based approach, Youthline therapists will help the young person build on

their strengths and develop skills conducive to empowering victims as they move forward in their lives.

4. Youth development happens through quality relationships

This principle is fundamental to the progress made in Youthline therapy and counselling sessions. The strength of the client-therapist relationship helps determine the efficacy of the treatment; therefore, to create the best opportunity for recovery, clients are carefully matched to therapists/counsellors. To further ensure a productive therapeutic relationship is founded, clients can request a change in therapist during the initial phase. This relationship should be based on safety and establishing trust. It is important that a positive relationship is developed prior to discussing in depth the client's experiences, particularly if help is sought soon after the traumatic event.

Healthy relationships in all areas of the young person's life are also promoted and supported during the individual's time at Youthline. Victims of sexual abuse may develop atypical attitudes to relationships, therefore it is important to address key relationships in the client's network and normalise behaviour. Sexually abused young people have experienced violation and therefore it is likely that their trust of others is diminished. Youthline work together with young people and their non-abusive support networks to re-establish a sense of trust and self-worth.

To achieve this, the involvement of others such as family members, partners or friends is an option. This need is carefully considered with the client and issues of privacy, safety, client wishes and Youthline's policies are taken into account.

5. Youth development is triggered when young people fully participate

A sense of empowerment is important for all young people. Experiencing a traumatic event, such as sexual abuse, is likely to render the individual powerless during the situation, a feeling that may persist beyond the traumatic event. Youthline provide opportunities for young people to participate in a range of activities and youth development programmes which hope to increase the young person's sense of autonomy and provide opportunities to expand their connections.

6. Youth development needs good information

To ensure best practice is achieved at all times, Youthline's approach is to engage in evidence based practice that is informed by current research. Youthline also conduct research projects to contribute to the ever expanding field of youth development and mental health. To help the client to understand their experiences, Youthline provide information about sexual abuse, recovery, medical considerations and conduct, as well as discussion of available options for support. With greater information, clients can more fully understand their situation and address questions of guilt, stigmatisation and betrayal which so often surround sexual abuse. Re-education, through counselling and personal development programmes, is pivotal to the healthy development of the abused young person.

TREATMENT

Therapy based on the client's needs and wishes, current best practice and evidence and resources available within Youthline or beyond include:

- Offering medical support where appropriate
- Individual therapy
- Family therapy/counselling
- Cognitive therapies
- Relationship skills
- Referral to a specialist agency
- Referral to an ACC counsellor
- Relaxation therapy
- Cognitive behavioural therapy (CBT)
- Problem solving therapy
- Social skills, stress management relaxation training or lifestyle approaches
- Supportive counselling
- Interpersonal therapies
- Psychoanalytic/Psychodynamic psychotherapy

An individual may benefit from any number of these options, and often therapeutic tools and avenues will be used alongside one another in order to achieve the best result for the client. Youthline therapists regularly review their therapeutic work with professional supervisors and or the clinical services manager. Clients who have been sexually abused are reviewed between 6-10 sessions. If positive progress has not been made an alternative plan is

developed with the client.

SAFETY OF CLIENTS AND OTHERS

The welfare, safety and interests of the child and young person are the first and paramount consideration. All allegations of abuse will be taken seriously and responded to promptly by Youthline staff. Initially Youthline will respond to disclosures or suspicions of abuse by recording all observations and communications about the young person in question.

Recording will be completed as soon as possible after a disclosure. Child, Youth and Family will be notified and the allegation will be investigated. Whilst mandatory reporting is not legalised, an allegation of abuse from a young person must be acted upon in all circumstances. The recognised resource person including Youthline's clinical manager is an essential resource. The young person will need adequate support during this process, so assessment and action plans need to be created immediately.

Decisions about the involvement of other agencies and family will occur after consultation.

A young person can get protection from any form of violence that is physical, sexual or psychological abuse.

The Domestic Violence Act 1995 offers protection to young people and their families. If a young person is under the age of 17 they are able to access protection with the help of a "Representative" who is able to help them in this process. "Representative" means a guardian or other adult chosen by you to apply on your behalf. Youthline will assist clients to access these resources.

All Youthline counsellors are familiar with and utilise Youthline Policies and Procedures to underpin their practice. These policies and procedures are assessed by Child, Youth and Family and Youthline is an accredited provider under the Child, Youth and Family Act.

Relevant policies to this area include Youthline Ethics and Abuse and Violence policies.

CONFIDENTIALITY

All information about clients is treated with confidence

within Youthline and not passed on without the client's prior consent, unless the safety of the client or of others is threatened.

Confidentiality is not an end in itself, but a means of providing the client with a sufficient sense of safety and privacy to enable the exploration of matters which the clients feel to be risky. It is also an expression of the client's right to act for themselves. If a Youthline worker assesses that a client or another person's safety is threatened and they need to contact an outside agency the Youthline worker will inform the client of this step if at all possible.

If clients prefer, Youthline will seek to provide counsellors or therapists from the client's own culture.

Youthline is able to refer clients to other community agencies if it is appropriate. Clients have the right to choose whether they see a counsellor alone, with a friend, or with family members. A translator can be arranged if required.

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SELF-HELP INFORMATION FOR CLIENTS

Most sexual assault agencies are posted in the Personal Emergencies section of the Telecom White Pages. In emergencies call 111.

• **Sexual Abuse Centre NZ:**
<http://www.sexualabuse.co.nz/links.htm>

• **Auckland Sexual Abuse Help**
Crisis 24 hrs: 09 623 1700
E-mail: crisisteam@sexualabusehelp.org.nz

• **Counselling Services Centre**
Phone 24 hours 09 277 9324
Web: www.cscconcounselling.org.nz

• **Rape Prevention Education**
Crisis Phone: 09360 4004
Phone: 09 360 4001
E-mail: info@rapecrisis.org.nz
<http://www.rapecrisis.org.nz/>

• **Urge/Whakamanawa:** www.urge.co.nz

• **Youthline 24 hour contact details:**
Youthline support line: **0800 37 66 33**
Free txt: **234**
E-mail: talk@youthline.co.nz