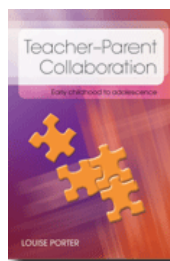


Child abuse

adapted from

Porter, L. (2008). *Teacher-parent collaboration*.
Melbourne: ACER.



Throughout human history, children have always been considered the property of their parents, to do with as they wished. Therefore, child abuse has long been a feature of all societies, with the killing of children, child sacrifice, mutilation, enslavement and sexual abuse all socially condoned in Western societies until the 4th century CE and still practised in many industrialising societies today. Sex was permitted with children aged over 3 years and 1 day, with abuse of a younger female child considered to be a crime against her father, not against the child.ⁱ Infanticide was widely practised; once it began to be discouraged, abandonment became common. In Paris in the 18th century, for example, as many as 25 per cent of infants were abandoned to foundling homes (where up to 99 per cent died within a year), to distant wet-nurses (resulting in the deaths of two-thirds of the infants); into apprenticeships from as young as four years of age; and into lifelong servitude in monasteries or nunneries. The result was that more European children died from abandonment than from the combined plague epidemics.ⁱⁱ This history still casts its shadow on modern life.

TYPES OF ABUSE

Child maltreatment comprises neglect of children's physical or emotional needs, and physical, emotional and sexual abuse. Of these types, neglect constitutes more reported cases than the other forms in total,ⁱⁱⁱ although emotional abuse is probably the most pervasive but more difficult to quantify and thus report.^{iv} Many children suffer from multiple forms of abuse simultaneously. This fact complicates calculation of the rate of child abuse, with estimates varying, as reported in Box 1. Some researchers propose that the rates would be close to 20 per cent, given that so much child maltreatment goes unrecognised and unreported. In a study whose design was likely to under- rather than over-estimate prevalence, the researchers found that *half* of children aged 2 to 17 experienced two or more types of victimisation in the previous year, with 18 per cent experiencing multiple incidents of many types.^v These types spanned physical assault, peer or sibling victimisation, property victimisation, witnessing another being victimised, sexual assault, and physical maltreatment.

Sexual abuse involves the exploitation and coercion of children by someone more powerful than them. Again, prevalence estimates vary (as seen in Box 1), although most studies find a ratio of 1 male to 2.5 female victims.^{vi} However, homosexual abuse of boys is vastly under-reported, in which case there is some suspicion that victimisation rates across the genders may be less disparate than research findings indicate. Sexual abuse commonly persists for in excess of two years, with the peak age of onset being seven to eight years of age for females and prior to puberty for males.^{vii} However, some children can have been sexually abused in early childhood and not know it, because at the time they lacked a cognitive framework to understand what was happening to them.^{viii}

A PROFILE OF PERPETRATORS

Most childhood abuse is perpetrated by someone familiar to the victim. In many cases, this is a parent or another close friend or relative, such as older siblings or their adolescent friends.

BOX I STATISTICS ABOUT CHILD ABUSE

Estimates of overall abuse

4%^{ix}
11%^x

Reported rates of physical or emotional abuse or neglect

16.5%^{xi}

Sexual abuse rates

Girls:	15% ^{xii} 22-38% ^{xiii}
Boys:	7% ^{xiv} 9-16% ^{xv}

Perpetrators of sexual abuse

- 6-13% are strangers to the victim^{xvi}
- up to 85% of perpetrators are male
- 20-50% of offences (including rape) are committed by adolescents
- half of adolescent sexual abuse comprises sibling incest^{xvii}
- 13% of perpetrators are aged 8-12 years^{xviii}

Perpetrators of neglect

Parents' risk of becoming emotionally detached from their children and consequently abusing them emotionally or physically rises to 17 times the average when parents are aged under 21 years; were themselves abused in childhood; have current emotional difficulties such as depression, poor impulse control and low self-efficacy; endure poverty; live with a violent partner; or misuse drugs.^{xix} Although the use of illicit drugs occurs across all sectors of the community and substance use alone does not lead to child abuse,^{xx} parental drug taking is an added risk for those families who are already disadvantaged in other respects.^{xxi}

Verbal abusers

Verbal abuse is the glue that keeps all the others in place. It occurs in homes as well as schools, where 15 per cent of students suffer repeated verbal abuse from their teachers from as early as their first year of school and persisting many years through to adolescence.^{xxii} One quarter of these students are also bullied by their peers,^{xxiii} perhaps because the public nature of teacher abuse gives permission for peers to treat the targeted student with similar disrespect. Those most vulnerable to abuse by teachers are low-achieving boys who are socially and academically alienated, typically with attention

difficulties and low motivation, whose rebellious and disruptive behaviour feels to teachers like a threat to their control of the classroom.^{xxiv}

As a result of abuse by teachers, victims are more likely to drop out of school, engage in high-risk behaviours such as alcohol and drug use and, if supported by similarly disenchanted peers, to become delinquent in adolescence.^{xxv} Abuse by teachers does not add further risk to very low achieving students who would never have completed high school, but does compromise the academic outcomes of students with mild learning difficulties who, with support rather than censure, might have remained engaged in learning.^{xxvi}

Physical abusers

Parents who injure their children tend to be easily angered, were subjected themselves to harsh discipline or abuse in childhood, experience high levels of economic stress and have little knowledge about normal behaviour and parenting strategies.^{xxvii} They employ harsh or violent parenting in frustration at their children's inability to comply with developmentally inappropriate expectations.^{xxviii} In other words, physical abuse commonly occurs when disciplinary encounters escalate.

Sexual abuse perpetrators

Approximately 20 per cent of adult males and eight per cent of females report being sexually interested in children, with as many as seven per cent of males and three per cent of females saying that they would engage in sexual activity with children if they could avoid detection.^{xxix} The factor that translates this high level of sexual interest in children into actual abuse is children's lack of power compared with adults. They trust adults to keep them safe, are not capable of assessing adults' motives and are taught to obey adults.^{xxx}

There are two types of sexual abusers: opportunistic abusers who are sexually attracted to children and molest those within their family or circle of acquaintances; and paedophiles who deliberately seek out places frequented by children with the purpose of locating a victim. Various studies have documented that adult paedophiles molest children between 150^{xxxi} and 560 times before being caught, across as many as 380 victims^{xxxii} Rates for opportunistic abusers are uncertain, but will be considerably lower than this. Other statistics about perpetrators are given in Box 1.

Most sexual abuse of children (over 85 per cent) is perpetrated by someone known to them, often an adult family member or friend – or, in 20 to 50 per cent of cases, an adolescent perpetrator, often a sibling.^{xxxiii} A staggering 19 per cent of incidents of sexual abuse take place at school.^{xxxiv} Adolescent sexual offending against adults, peers or children occurs within a broader pattern of serious antisocial or delinquent behaviour and academic disengagement.^{xxxv}

The backgrounds of sexual offenders differ in no major respects from nonsexual offenders, with both groups typically having been subjected to harsh parental discipline.^{xxxvi} Contrary to urban myths, sexual abuse seems unrelated to whether perpetrators were victims themselves in childhood. This myth came out of research that asked adult perpetrators whether they had been abused as children, to which many answered in the affirmative. But this does not prove causality, as many non-perpetrators would also have been abused. There is also an inherent error in logic in such studies, demonstrated by the fact that most perpetrators would also report that they drink coffee, yet this is clearly unrelated to their later molesting behaviour. When instead you follow child victims prospectively, it eventuates that most of them do not proceed to becoming perpetrators (as far as we know).^{xxxvii} This stands to reason, as the majority of victims appear to be female, while the majority of perpetrators are male. This indicates that most females and the majority

of male victims overcome their early abusive experiences, at least to the extent of not imposing further exploitation on the next generation.

Abusers use coercion, emotional blackmail and subterfuge to develop a 'special' relationship that will ensnare their child victims and subsequently discourage them from reporting the abuse. Other than this pattern of socially coercive and manipulative behaviour, perpetrators' characteristics such as socioeconomic status, mental illness, family functioning, intellectual disabilities, delinquency and low self-esteem, are all unrelated to their offending. Other factors that might be *slightly* linked to later sexually abusive offending include low social competence and social isolation, having been subjected to physical *and* heterosexual sexual abuse as a child, and having parents who were molested in their childhoods (particularly in cases of adolescent perpetrators of incestuous molestation).^{xxxviii}

EFFECTS OF ABUSE

Box 2 lists some common signs and effects of abuse. Many of these are manifested while the abuse is current; other patterns persist even after the abuse has ended; while still others have a sleeper effect, not appearing until one or more years after the abuse has ceased. After the termination of the assaults, effects tend to persist longer for younger children and for those who receive less support upon discovery or disclosure.

Of all the domains of development, children's social competence is the most impaired by neglect or abuse. Those children who experience maltreatment from their parents develop expectations that others will be uncaring and, applying these expectations to peers, either anticipate hostile behaviour and act aggressively towards them, or cope with their distress by constricting emotion and lacking empathy. In short, they either blame others or themselves. Defining other people as hostile seems to protect them from self-blame and resulting emotional problems^{xxxix} but, while such responses help them to cope with their maltreatment, the reactions are maladaptive in peer settings and contribute to persistent problems in maintaining satisfying interpersonal relationships.

When the abuse has been occurring for some time, it is difficult to draw a link between it and children's behaviours. However, if the abuse has just begun, you might see a sudden change in children's behaviour corresponding with the onset of the abuse. Their behavioural patterns can resemble ADHD or oppositional disorder or their opposite, which has been termed compulsive compliance, whereby children suppress their own emotions in order to comply with adult demands, modifying or falsifying their feelings to gain adult approval.

BOX 2 SIGNS AND EFFECTS OF ABUSE^{xi}

Emotional signs

- Neglected children in particular but abused children overall typically have lowered self-esteem. Parental criticism and insults cause them to see themselves as less worthy and to doubt that their peers will accept them.
- Abused children do not learn to regulate their emotions and impulses, as a result of which they tend to vent rather than inhibit angry responses and other negative emotions.
- They are hypervigilant for signs of potential threat.
- They remain emotionally disturbed for longer when observing unresolved conflict between others.
- They have few emotional coping strategies.
- Maltreated children have little understanding of their own or others' feelings.
- Many display anxiety, depression, fearfulness or agitation.

- Most have low self-efficacy as a result of being unable to deflect the abuse.
- Prior abuse can leave individuals vulnerable to post-traumatic stress reactions if exposed to subsequent traumas.

Social skills

- The most common characteristic of abused children is aggressive behaviour, particularly when their victimisation is chronic and severe. Physically abused children in particular have high rates of hostility and aggression towards peers and adults.
- Abused children often display social anxiety and withdraw socially. They may interact little with peers and are less responsive to friendly overtures from surrounding adults or children.
- Their interactions are often unskilful.
- They are more disruptive and cause peers more distress.
- Their abilities to appreciate others' perspectives and be empathic are impaired, being less likely to show concern or offer help to upset peers and perhaps even delighting in their distress.
- They demonstrate poor social problem-solving strategies and impaired conflict resolution skills.
- They experience peer rejection.
- Some assault or threaten adults in the belief that adults can be dangerous.
- They may not seek comfort from others when distressed.
- Alternatively, abused children can be highly dependent on adults.
- They may 'freeze' in the presence of their abuser.
- They might be reluctant to accompany a particular adult, or adults in general.
- Abused young people are slightly more prone to perpetrating dating violence.

Behaviours

- Maltreated children's behaviour can regress whereby they display some demanding patterns that were typical of them some time ago or they adopt new behaviours not seen before. Some revert to baby talk, bedwetting or becoming fearful.
- Their behaviour is often impulsive.
- Abused children are commonly hostile and uncooperative with adults.
- Some inflict injury on themselves (in the absence of severe sensory integration dysfunction).
- Many have disturbed sleep and nightmares.
- Sexually abused children might start talking about secrets or of something nasty that is happening to a friend or a doll.
- They might display sexualised behaviour such as blatant flirting, excessive touching of their own genitals or sexual play with another child.
- They might re-enact the abuse in drawings, play or with their toys.
- Many have a history of running away from home.
- In later life they are at increased risk of violent offending, alcohol and drug abuse and self-harm, particularly when reared in highly adverse family and social conditions.

Academic skills

Children's disorganised home environments, disrupted routines and inadequate supervision disrupt their ability to complete academic work at home or be fully prepared for the school day. Long-term elevated cortisol levels affect a wide range of brain functions.

- Neglect results in a lack of stimulation that causes overall intellectual impairments and delayed language skills, particularly verbal expression.
- Neglected and physically abused children tend to perform at low levels academically. At younger ages, this is most pronounced for reading skills whereas, by late primary school, the disadvantage is across all subject areas.
- Neglected children are often passive and helpless in their task orientation, give up easily, do not cope well with frustration, are distractible, impulsive and lacking in initiative.
- They are more reliant on adult directions and the administration of external consequences, being less intrinsically motivated.
- Physically abused children's reduced engagement in learning and view of themselves as academically incompetent lead to declines in their school achievement, with the result that they are more likely to experience academic failure, be retained in a grade, have high levels of absenteeism and elevated rates of special education referrals.
- Children who have been neglected or physically abused are more likely to be suspended from school or drop out early.
- Children experiencing sexual abuse typically achieve reasonably well at school. This is remarkable given that their anxiety levels must make it difficult to concentrate on academic tasks.
- Sexually abused children often display knowledge of adult sexual behaviour that is in advance of their years or developmental level.

Physical signs

- Children enduring physical abuse may have injuries such as bruises, welts, burns or fractures which have no convincing causal explanation.
 - They might show little response to pain.
 - Those suffering sexual abuse can have injuries or infections to the genital or anal areas or throat.
 - Because their immune system is compromised by chronic stress, many maltreated children suffer long-term somatic complaints.
 - Sexually abused girls experience earlier menarche, sexual debut and childbirth (18 months earlier than average) and problems with sexual intimacy.
-

CHILDREN'S LONG-TERM ADJUSTMENT

In the long term, children's adjustment following abuse depends on four factors:

- characteristics of the abuse itself: the type or combinations of abuse to which children are subjected and its chronicity, severity and duration; the age of onset and at which the abuse ceased; the relationship of the perpetrator to the child; and the use or threat of force;
- the presence of additional family and neighbourhood stressors;
- children's characteristics and personal coping skills;

- the amount of social support offered to victims and their family upon discovery or disclosure.^{xli}

Characteristics of the abuse

Of the maltreatment types, neglect is most likely to begin early and persist through a child's life.^{xlii} When abuse begins at a young age, it tends to be more frequent and severe, to persist for longer, to be perpetrated by someone close to the victim and to entail multiple forms of victimisation, commonly emotional abuse coupled with neglect and/or physical abuse.^{xliii} There is a cascade effect, with early victimisation leading to subsequent adversities, emotional difficulties, and further abuse.^{xliiv} Repeated episodes of abuse cause victims to feel shame and to blame themselves for not deflecting the maltreatment.^{xliv}

Common outcomes of abuse are listed in Box 2. Of the types, physical abuse produces developmental and social-emotional impairments that are thought to be more damaging than are the actual physical injuries inflicted on children.^{xlvi} For sexual abuse, the main emotional outcomes seem to be symptoms resembling post-traumatic stress disorder, particularly because this form of abuse is often accompanied by others.^{xlvii} When occurring in isolation, physical and sexual abuse seem to be the most detrimental to children's adjustment, partly because they act as 'gateways' to subsequent abuse of other types.^{xlviii} Nonetheless, those at even greater risk of emotional adjustment problems are young people who experience multiple forms of abuse, not least because they are more likely to blame themselves when multiple individuals maltreat them.^{xlix} Their reactions can be manifested as acute distress or trauma, or an exacerbation of any emotional difficulties already in evidence prior to their victimisation.ⁱ

Social stressors

High levels of family stress increase the likelihood that abused children will experience resulting emotional difficulties.ⁱⁱ Mothers who were abused in childhood tend to expose their children to multiple everyday stressors that are a hazard to their wellbeing, such as moving house, changes in schools or in family composition, physical assaults and insensitive parenting.ⁱⁱⁱ

When parents are the perpetrators, the effects of abuse are compounded by the fact that the maltreatment is happening within dysfunctional family relationships that are characterised by unreliable parenting, neglect, indifference, violence, isolation, and the humiliation, terrorisation and corruption of children (as they are enticed into antisocial behaviours).^{liii} Children whose parents maltreat them are highly vulnerable because they must continue to rely on their parents for survival at the same time as being under threat from them.^{liv} In some respects, neglected children might be most disadvantaged in that they are less likely to learn how to form caring relationships with others;^{lv} alternatively, although abused children develop relationships, these are often damaging to them.^{lvi}

Children's characteristics

The third factor that influences the longer-term outcomes of maltreatment is children's age at the time it occurs and ceases. Children aged under five years are at more serious risk than older children of physical injury. At younger ages, children are prone to believing that bad things happen because people deserve it and, therefore, preschool-aged children are more likely than their older counterparts to blame themselves for physical or sexual abuse, while adolescents are also prone to self-blame but for different reasons: they expect themselves to have enough skill to deflect the abuse.^{lvii} Perhaps because of their immature understandings of what has occurred, young children experience higher levels of post-traumatic stress than adolescents.^{lviii}

On the whole, girls appear to be most negatively affected by sexual abuse, although little research has examined the effects of homosexual abuse on boys, which is probably the least reported category of all. Girls experience greater emotional distress when physical threats and force accompany sexual abuse;^{lix} in contrast, boys who were not physically forced to take part may misconstrue this as a sign that they were willing, while those who were forced may see themselves as weak for being unable to repel the abuse.^{lx}

Children's personal resources or coping skills also affect how they react to being abused. Avoidance (that is, pretending that the abuse is not happening) seems to be the least productive coping skill and is related to subsequent emotional maladjustment,^{lxi} as are unresolved feelings of shame and pessimistic thinking.^{lxii}

Supports available to children upon discovery or disclosure

The fourth factor influencing outcomes for abused young people is the amount of support they receive upon discovery or disclosure. This support from family and friends may be more crucial than characteristics of the abuse itself. Mothers are likely to be most supportive when they themselves are not closely related to the perpetrator; in contrast, when mothers react with distress or blame the child for the abuse, victims are more likely to blame themselves and be less resilient as a result.^{lxiii}

SUPPORTING ABUSED CHILDREN

It is rare that children will disclose directly that they are being abused;^{lxiv} instead they may give vague hints or display some of the signs listed in Box 2. Do not ignore these signs, as doing so increases the chances that the abuse will recur, both to this child and to others in the perpetrator's life. Thus, the first measure for supporting abused children is to recognise that it occurs across all sectors of society. Hence the saying:

I wouldn't have seen it if I hadn't believed it.

Keep in mind that children's maltreatment will cause them to distrust adults. This, in turn, can mean that attempts by adults to be supportive are both less welcomed and less effective at promoting the children's resilience.^{lxv}

Gain limited information

When you see children with unusual injuries, ask them how these happened, and do not believe implausible explanations. As the children might have been told not to tell anyone about the abuse, reassure them that it is wrong for anyone to tell them to keep a secret forever, and that they can talk to you about anything. Encourage them to talk, but do not force them to confide in you.

Offer reassurance but not secrecy

Reassure the children that help is available, but never promise to keep the abuse a secret or suggest that they should forget about what has happened. Their trust has been violated, and they need protection from a recurrence. Ignoring the abuse allows it to escalate in severity, allows this child to be molested again in that perpetrator to molest others as well. The children will need reassurance that, if the perpetrator threatened them to keep them from disclosing the abuse, these threats were just lies to keep themselves out of trouble.

Do not attempt an investigation yourself

Do not ask for detailed descriptions of an incident: you need only enough information to ascertain whether a report is justified. Despite your anger – or perhaps because of it – it is not wise to confront a known perpetrator yourself. He or she may fool you into believing a plausible explanation of the incidents which makes it possible for the abuse to continue. Instead, allow the specialists to carry out the investigation. Experienced investigators are best suited to establishing the facts in a way that will not add to the victim's distress or contaminate the chain of evidence should there be legal proceedings.

Report suspected abuse

The sexual assault of children or adults is a criminal offence that must be reported to police. In many jurisdictions, certain professionals such as teachers, psychologists and doctors are legally obliged to report all other forms of child abuse as well. But even when not mandated legally, you have a moral obligation to protect children. Therefore, if a child's disclosure or behaviours cause you to suspect that he or she is unsafe, you must report these concerns to your local child welfare agency for their investigation. Given the huge upsurge in reports of allegations to welfare agencies (probably reflecting increased awareness rather than any increased incidence), you will have to be persistent in following up your report, to ensure that action is taken.

Do not allocate blame

Be clear with children that they are not to blame for the ill-treatment they have received. You might tell them that, unfortunately, what was done to them happens to lots of children: it was not provoked by anything that they did. Also, reassure them that they are not to blame for any disruption that their disclosure causes.

On the other hand, do not make negative comments about the abuser. This is because when the children know their abuser, they are likely to have both positive and negative feelings about that person. They will want the *relationship* with that person to continue but the *abuse* to stop (although, in most cases of sexual abuse, the relationship *will* have to be severed). Explain that the behaviour – not the person – is the problem. The things that the abuser did to them are not fair because children cannot say 'no' to adults who trick them.

Stay close

Stay close to the children after they have told you about being abused, but resist the urge to over-protect or unnecessarily restrict them afterwards. Be normally affectionate with them, so that they do not assume that you no longer love them, or that you are punishing them for telling you about the abuse.

Protect your other children

Try to keep things normal at home. Tell your other children what has happened and explain that their sibling will be safe now. As they too might have been victims, ask them gently whether they have had a 'worrying secret' or have had someone touching them in 'confusing ways'. Once you know that your other children have not been involved, tell them that they can all be safe from now on. Take this opportunity to educate them all in self-protection.

Support abused children emotionally

Abused children will need emotional support to surmount the adversity and injustice they have endured. Four measures can be particularly helpful. First, because abuse makes individuals overly vigilant as they try to read others' intentions and scan their environment for indications of danger, they will need permission to refocus on their own growth. While understanding that maltreated children will view their world as dangerous, you must also suggest an alternative point of view. Therefore, to help them get back in touch with life's positive possibilities, when they appear to be enjoying an activity, comment on this.

Second, enhancing abused children's self-esteem is especially important. As with adult victims of abuse, children who are ill treated often lose sight of their own resources. To counteract this, comment on their strengths and encourage their efforts to cope. Survivors of childhood abuse use tremendous courage and often ingenuity to deal with the maltreatment both at the time and subsequently.

At the same time as being empathic to the injustices they have endured, however, it is also important to highlight the parts of them that are 'normal' so they do not come to see themselves as fragile, different or damaged but can use their strengths, interests and passions to experience life in ways that are not connected to their abuse.^{lxvi}

Third, given that social competence is fundamental to resilience,^{lxvii} guide maltreated children to use prosocial skills to improve their peer relationships and, in so doing, gain the emotional support from peers that will help them to recover.

A final measure that school personnel can enact is to invite a supportive relative or family elder of a maltreated student into the school, perhaps for reading support or to tell stories from his or her culture. The presence at school of a revered relative can reassure students of their connectedness to their family. Furthermore, in your conversation with the relative, you can enlist him or her to provide the student with specific support outside of school.

Guide children's behaviour

Children who have been maltreated tend to withdraw, with the result that they are often overlooked or ignored in educational or care settings.^{lxviii} Alternatively, some behave disruptively or with aggression towards surrounding children and adults. By school age, perhaps as many as 70 per cent of children experiencing behavioural problems have suffered abuse or neglect.^{lxix} In response, their interactions with teachers often comprise coercive discipline.^{lxx} However, this adds yet another layer to the abuse they have already endured. Therefore, it will be important to ensure that you do not respond to their provocative behaviour with controlling discipline.^{lxxi} (See Porter [2006, 2008] or the paper *Guiding children's behaviour* on this website.) Some guidance measures include the following.

- Listen to and validate students' feelings, as this will affirm who they are and that they are valued. This validation will make it less likely that they will collude with sexual abuse in an attempt to gain the affectionate contact with adults that they are not receiving otherwise.
- Allow students to be assertive about their needs.
- Avoid all praise and other rewards for thoughtful behaviour and academic achievements, as these teach an external locus of causality^{lxxii} – that is, low self-efficacy – to which abused children are already prone. Replace these with acknowledgment. (See the papers on *Praise* and *Motivating children* on this website.)
- Deliver no punishment when children behave disruptively or aggressively, but instead help them regain command of their emotions by giving them time away from the

setting, doing something soothing, either alone or in the company of a trusted friend. Whereas a behaviourist view would interpret this as rewarding antisocial behaviour, a humanist view sees it as teaching students how to handle emotional arousal, practice at which maltreated children are not gaining elsewhere.

Everyday opportunities for children to be self-governing and assertive are actually more powerful forms of protection than are child protectiveness programs. Behavioural interventions need to guide children to act considerately, rather than to comply with adult directives, will teach children that they are allowed to resist adult instructions, including instructions to comply with abuse.

Deal with your relationship issues

The disclosure that your child has been abused can raise two issues in your couple relationship: first, if the perpetrator was your partner, you face a choice that, to me, is no choice at all: you must believe your child and require your partner to leave in order that your child can feel safe from now on. If you back your partner rather than your child, your child's trust will have been violated by not one but *both* parents and leaves the child vulnerable to continued abuse.

Second, even when the perpetrator was someone else, conflict can still arise within your couple relationship if only one of you believes your child or if you blame each other for not protecting him or her. Especially if your relationship was stressed already, you might need some counselling to deal with the emotional aftermath of the abuse.

Gain a medical assessment

Many abused children worry whether they have been permanently injured physically, so they need to be reassured by a thorough medical examination.

Teach child protectiveness

Personal safety programs attempt to alert children to potential threat from unfamiliar adults without making them suspicious or, worse still, terrified of 'strangers'.^{lxxiii} These programs may be necessary, but the real risk comes from adults and adolescents known to the children, in which case protectiveness programs offer little to empower them to resist abuse or to ensure that their assertiveness does not endanger them further, particularly when under threat by someone they know.^{lxxiv} By the time children are having to fend off an attack, protective skills will be too little too late. Moreover, individual personal safety programs may be failing to recognise that young people are often experiencing multiple forms of abuse and therefore need more broad protection.^{lxxv}

Nevertheless, ignorance about their bodies and sexual matters increases young people's vulnerability to abuse; therefore child safety topics can be of some value within the school curriculum and even more valuable when the information comes naturalistically from parents. The fundamental principle that will keep children safe is:

It's my body: I get to choose.

Reinforce this message with children from an early age: if they do not want tickling, they get to choose for it to stop; if they do not want to kiss Aunt Hazel, they do not have to.

Teach children to recognise their feelings. Even before they are talking, teach them words to describe their emotions: when throwing a toy around angrily, you might say: 'I can tell you're very angry'. At a slightly later age, teach them to notice when their feelings are telling them that something is wrong. The guiding rule here is: *If you don't feel safe, you aren't safe*. You might ask them where in their bodies they feel unsafe feelings – say, when

they are at the top of a high slippery-dip (or slide); and later teach them the difference between being excited-scared and bad-scared. Children still need to take risks and have fun, and to realise that being good-scared is okay.

A second aspect that can safeguard children is to give them many, many experiences of being listened to. When you listen to your children about the little things, they will talk with you about the big things. So at any opportunity, tell them that *they can tell you anything*, even if it seems awful. Teach them that good secrets always finish: when you keep a secret about someone's birthday present, the secret ends on the birthday. But if someone tells them to keep a secret forever, that means it is a bad secret. They must tell you any secrets like these.

Third, to keep children safe, you will need to teach them safety strategies:

- show them how to dial emergency services;
- give them your mobile phone number;
- guide them to make a backup plan for instances when you are not available;
- give them the name of someone else whom they could tell if you were not there when they were frightened;
- teach children that if they become lost in shopping centres, they are to go to the checkout if they are within a shop, or to the pharmacy within a shopping centre, and wait there for you. (Pharmacies are easily recognisable to young children, can be found in most malls and having professionals on staff gives a measure of confidence that the child will be safe there.)

A formal protectiveness training program gets children to draw around their hand and on each finger draw or write the names of people they could talk to if they ever needed help. You then explain that if ever they feel unsafe, they must persist, talking to every person on their list in turn until they find someone who will help them.

When your children are using the internet, the computer needs to be in the living areas of the house, rather than in a bedroom, so you can show an interest in and monitor the sites that your children are accessing. Teach them *never* to give out to internet acquaintances any identifying information (name, address, age, school, or photographs of themselves) or to respond to invitations to see some pictures or to meet their correspondent.^{lxxvi} Even if the intended recipient of such information were safe, many others have access to their communication.

Last, when you see an emergency vehicle racing down a road with its siren blazing, use that as a chance to tell your children that everyone is allowed to make a noise and rush when someone is in danger. If they are ever in danger, they do not have to be polite to someone who is scaring them: they can scream loudly and run away for help.

SUPPORT IN SCHOOLS FOR PARENTS

Many parents who themselves were abused or subjected to harsh discipline in childhood avow never to repeat this with the next generation and instead develop close, nurturing relationships with their children.^{lxxvii} Social support for parents can reduce their stress and, in turn, improve their responsiveness as parents.^{lxxviii} Support can also improve their self-efficacy which, in turn, allows survivors of childhood abuse to adjust emotionally and develop a less coercive parenting style in later life.^{lxxix}

In those cultures where sexual issues are not discussed openly, it can be useful to establish an alliance with the family's religious adviser or other senior community figure who could speak with the parents on the child's behalf.^{lxxx} Otherwise, the family's shame could cause them to expel the child from both the family, which would necessitate foster placement and thus instigate further trauma for the child.

Educate your parent group about child abuse

Teachers will be more able to recruit parents' involvement in child protection when you have raised their awareness about child abuse, informed them of its signs and your obligations to protect children, and familiarised them with reporting procedures. Dissemination of information through training sessions or written materials can set a foundation for constructive intervention by school staff in the event that abuse is suspected in individual students.

Support parents during an investigation

When reporting abuse allegations, so that parents remain informed, you can ask whether they would like to call the child protection team themselves in your presence, or whether they would prefer you to make the call in their presence.^{lxxxix} Having both of you in attendance when the report is made will allow you both to hear first-hand how the investigation will proceed. When parents feel a sense of control over the process and receive moral support to notify the child protection agency, they will be less stressed and therefore less likely to subject their child to further maltreatment as a result of the disclosure. As the investigation unfolds, the non-offending adults will need ongoing emotional support.^{lxxxii} This will seldom be your role, but instead will require you to refer them to outside agencies. However, in your conversations, you can express empathy and, when necessary, redirect their focus onto their child's predicament by asking what they need you to do to help him or her.

Recommend additional services for families

The most successful interventions for child abuse involve supporting and strengthening families. Families whose children are maltreated are typically isolated, with their functioning compromised by many stressors such as poverty, family mobility, unemployment, welfare reliance, substance abuse, or untreated mental illness of parents.^{lxxxiii} However, with support, even these parents have within them the resources to overcome their personal demons, while all environments, no matter how grim, can support them to use these skills.

It might be possible for you to refer parents to agencies that can offer both practical and counselling help. Therefore, it can be useful to give them some reading material and the contact details of a parent support group, psychologists or family therapists who could support them during the investigation.^{lxxxiv}

Secure support for yourself

Your outrage and hurt on behalf of a maltreated student will be compounded if it reactivates memories of similar trauma in your own life or when the perpetrators of the abuse are the student's parents. You might be tempted to avoid contact with them for your own physical or emotional protection, or to collude with the family by minimising the significance of the abuse in order to maintain a working relationship with them.^{lxxxv} Given the emotional climate, potential risk of intimidation and the ramifications of malpractice, you will need to access a consultant who can support you in your ongoing contact with parents while their child remains your student.

CONCLUSION

Both survivors of abuse and their family members need to accept the survivors' emotional reactions, whatever these are – without panicking that they are losing their minds. While acknowledging the real and profound pain caused by abuse, we must not add to survivors' adjustment difficulties by pitying them and making them feel less than whole and that they

cannot cope. People can and do overcome the effects of abuse – sometimes with professional help, but more often with the normal supports of loving friends and family.

ADDITIONAL RESOURCES

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NOTES

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- xx Hogan et al. 2006.
- xxi Hanson & Carta 1995.
- xxii Brendgen et al. 2006; Delfabbro et al. 2006.
- xxiii Delfabbro et al. 2006.
- xxiv Brendgen et al. 2006; Delfabbro et al. 2006.
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- xxvi Brendgen et al. 2006.
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- xlvi Bolger & Patterson 2001; Quas et al. 2003.
- xliv Finkelhor et al. 2007.
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- xlvi Finkelhor et al. 2007.
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- lxxviii Jaffee et al. 2004; Meyers 1999.
- lxxix Mapp 2006.
- lxxx Haboush 2007.
- lxxxi Keyser 2006.
- lxxxii Briggs 1993.
- lxxxiii Thompson & Wyatt 1999.
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- lxxxv Harskamp 2002.