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## **PRESCHOOL-AGED CHILD SEXUAL ABUSE VICTIMS: AN OVERVIEW OF KNOWLEDGE TO INFORM RESEARCH, SERVICES, AND SOCIAL POLICY IN CANADA**

*Que savons-nous des enfants d'âge préscolaire victimes d'agression sexuelle pour guider la recherche, les services et les politiques sociales au Canada ?*

UN RÉSUMÉ EXÉCUTIF EN FRANÇAIS EST DISPONIBLE À LA FIN DU DOCUMENT

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### **INTRODUCTION**

The mission of the *Centre d'expertise Marie-Vincent* is to devise and disseminate advanced expertise regarding child sexual abuse (for victims aged 12 years or less) by integrating police, medical, psychosocial, and social-legal services in research and knowledge-building initiatives. The *Centre d'expertise Marie-Vincent* is one of six child advocacy centres in Canada recognized by the Department of Justice.

In light of the significant lack of knowledge regarding sexual abuse in children aged five years or less, the *Centre d'expertise Marie-Vincent* has appointed a consortium of experts from the fields of research, practice, and social policy to assess the current state of knowledge as a basis for the development of frameworks for dealing with sexual abuse perpetrated against very young children. The purpose of this article is to present the consortium's findings, which are categorized by themes that are deemed to be essential in achieving a better understanding of the issue.



### **THE PREVALENCE OF SEXUAL ABUSE**

According to the Canadian Incidence Study of Reported Child Abuse and Neglect 2008 (CIS-2008), nearly a third of sexual abuse investigations involved children aged five years or less. In 75% of these investigations, however, allegations were deemed to be unsubstantiated. Unsubstantiated status implies that allegations were proven to be unfounded, or that accounts and evidences were insufficient. Canadian data reveal that the alleged offender is: the biological father in 44% of cases; a sibling in 12% of cases; and the biological mother in 9% of cases. Other alleged offenders, including stepfathers, grandfathers, uncles, cousins, friends, and guardians, represent 5% or less of the sample. These sexual abuse investigations involved sexual touching in 43% of cases and penetration, attempted penetration or oral-genital contact in 8% of cases. In 38% of cases, the type of abuse is not defined, which suggests a failure to collect sufficient information from young victims. In fact, the actual scope of child sexual abuse is difficult to estimate: young children's greater suggestibility, limited language and cognitive skills, and dependence on offenders are all factors that hinder the prospect of disclosure.

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## INVESTIGATIVE INTERVIEWS

Investigative interviews conducted with very young children are fraught with challenges. Young children are not only more easily intimidated but their recall of events can more easily be influenced; consequently, they are often less credible as witnesses and of more limited utility to the system of services, including social and legal services, involved in recording facts and collecting evidence. Nevertheless, it is important to keep in mind that children as young as three years of age may accurately recall events they experience and be able to report on them. Naturally, their account would be limited to a few sentences. From the age of four or five years, children can provide further details regarding the events they experience but their accounts may not always be coherent (Pipe, Lamb, Orbach & Esplin, 2004<sup>2</sup>). To deal with the problem of suggestibility, close-ended questions that can be answered yes or no and multiple-choice questions should be avoided as they often tend to prompt very young children to respond even when they do not have an answer. Open-ended questions, which stimulate children's power of recall and allow them to respond freely, should be used as they are more likely to elicit accurate details (Pipe et al., 2004<sup>2</sup>). Moreover, questions must be brief and consist of simple words – the children's own words whenever possible. While all researchers recommend the exclusive use of open-ended questions, it would appear that children aged three years provide more reliable answers to direct questions (Hershkowitz, Lamb, Orbach, Katz & Horowitz, 2012<sup>3</sup>). Starting at four years of age, they provide more informative answers to more open-ended questions. In children less than five years old, the use of open-ended questions that refer to information they have already provided can help them give more detailed answers.

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## MEDICAL INTERVENTION

While medical examination (including anal-genital examination) rarely reveals signs of sexual abuse, the procedure is recommended for all children. The procedure may help to reassure children and their parents as to the victim's physical integrity. Also, as abused children rarely make spontaneous disclosures (Leander, 2010<sup>4</sup>), a medical examination may prompt them to give additional forensic information that can be used to prosecute these cases. In addition, an examination may allow a physician to identify lesions, marks or other signs of physical abuse. As often happens, children from families with a history of neglect do not undergo medical examination for long periods; in such instances, the procedure can help detect other health-related problems, including nutrition-related problems and developmental delays.



## SEXUAL ABUSE VICTIMS: NEEDS-ASSESSMENT AND PROFILE

Sexual abuse may have an impact on several areas of development (Collin-Vézina, Daigneault & Hébert, 2013<sup>5</sup>; Hébert, 2011<sup>6</sup>). A few available studies suggest that child sexual abuse victims of pre-school age suffer from somatic disorders (including bed-wetting), sexual behavior problems, anxiety, social withdrawal behavior, developmental delays, and post-traumatic stress disorder (PTSD) (Hulette, Freyd et al, 2008<sup>7</sup>). Child sexual abuse victims of pre-school age exhibit heightened difficulties in comparison with children who have not been sexually abused: for instance, these young victims are more likely to report feelings of sadness and loneliness (Hébert, Langevin & Bernier, 2013<sup>8</sup>). Also, parents have noted certain dissociative symptoms in their children, which seem to abate over time in girls but not in boys (Bernier, Hébert & Collin-Vézina, 2013<sup>9</sup>). As in the case of the literature on older subjects, research reveals great variability in the profile of pre-schoolers that influence the sequel of child sexual abuse, particularly with regard to personal factors (capacity for attachment and emotional regulation) and family-related factors (non-offending parent's resilience and adaptation strategies) (Hébert, Langevin & Charest, 2014<sup>10</sup>).



## PSYCHOTHERAPEUTIC TREATMENT

Intervention programs currently available to child sexual abuse victims of pre-school and school age include approaches focused on the trauma and based on play therapy (Hébert, Bernier & Simoneau, 2011<sup>11</sup>). In many surveys and practical guides, trauma-focused cognitive behavioral therapy (TF-CBT) has been identified as an exemplary practice for child sexual abuse victims (Hébert et al., 2011<sup>11</sup>; Saunders, Berliner & Hanson, 2013<sup>12</sup>).



TF-CBT is offered to preschool-aged victims at the *Centre d'expertise Marie-Vincent* following a pilot evaluation with a group of 25 pre-schoolers that showed great promise (Hébert & Daigneault, 2014<sup>13</sup>). A decrease in covert and overt behavioral problems and in dissociative symptoms was observed among these pre-schoolers. There was also a significant decrease in PTSD symptoms; more specifically, however, the therapy did not seem to lessen the frequency of avoidance symptoms.



## PREVENTING SEXUAL ABUSE

Unlike programs that deal with other forms of maltreatment (physical abuse, neglect), which focus more on targeted prevention, programs designed to prevent sexual abuse do not target offenders; instead, they focus on potential victims and apply a universal approach. This universal approach includes several benefits including the fact that the programs are fairly easy to implement among large groups of children, particularly in educational settings where they are most often offered, and can reach a maximum number of children. Results of available assessment studies conclude that the programs are generally effective in enhancing current knowledge on sexual abuse and fostering preventive capacities (saying No, disclosing the situation to a trusted person), at least among school-aged children. Among younger children, results are mixed (Bergeron & Hébert, 2011<sup>14</sup>). To ensure positive outcomes, the programs should be adapted to the children's development level. The various programs designed for pre-schoolers should also use visual cues and present their content over several short sessions. Parental involvement in prevention efforts is viewed as a key component that must be favoured (Wurtele & Kenny, 2010<sup>15</sup>).



## SUMMARY OF THE EXPERT CONSORTIUM REGARDING SEXUAL ABUSE PERPETRATED AGAINST PRESCHOOL-AGED CHILDREN

This brief overview of current knowledge in the field confirms the importance of early intervention in the challenging tasks of detecting, investigating, and evaluating sexual abuse in children of pre-school age. These challenges shape our capacity to provide protection and carry out social and legal action whenever a disclosure or an allegation of sexual abuse is made. In a vast majority of cases (75%), allegations of sexual abuse in pre-schoolers are deemed to be unsubstantiated. This finding points to the crucial role of effective practices at each stage of the social and legal process, in order to allow for more successful response to the specific needs for protection and action of this client group. Accordingly, this overview highlights the contribution of a child support centre such as the *Centre d'expertise Marie-Vincent* as well as the importance of documenting, through accurate data, the reality of child sexual abuse victims of pre-school age and their development over time in efforts to establish their profile and psychosocial and medical needs. Fuller knowledge of the issue of sexual abuse in children aged five years or less will help to foster prevention and intervention practices, shape social policy, and enhance the well-being of young victims and their family.

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## RÉSUMÉ EXÉCUTIF

Le but de cet article est de présenter les résultats d'un consortium d'experts désignés par le Centre d'expertise Marie-Vincent. Le mandat principal du consortium était d'évaluer l'état actuel des connaissances sur les agressions sexuelles commises envers les enfants âgés de cinq ans et moins. Parmi les thèmes identifiés par le consortium, six sont décrits sur la base de leur importance et des données disponibles.

### **La prévalence de l'agression sexuelle**

Selon l'Étude canadienne sur l'incidence des signalements de cas de violence et de négligence envers les enfants 2008 (ECI-2008<sup>1</sup>), près du tiers des enquêtes pour abus sexuel concerne des enfants de cinq ans et moins. Toutefois, 75 % de ces enquêtes ne sont pas jugées fondées. Dans 38 % des cas, le type d'agression n'est pas défini, ce qui témoigne du manque d'informations pouvant être recueillies auprès de ces jeunes victimes. En fait, le portrait précis de l'ampleur de la problématique de l'agression sexuelle envers les jeunes enfants est difficile à estimer : leur plus grande suggestibilité, leur capacité plus limitée au plan du langage et au plan cognitif et leurs liens de dépendance avec leurs agresseurs sont autant de facteurs qui limitent les enfants dans leur dévoilement.

### **Les entrevues d'enquête**

Les entrevues d'enquête présentent plusieurs défis lorsqu'elles sont conduites auprès de très jeunes enfants. Les questions spécifiques qui se répondent par oui ou non ou encore qui proposent des choix à l'enfant sont à éviter en faveur des questions ouvertes qui font appel à la mémoire de rappel de l'enfant. De plus, il est important que les questions demandées à l'enfant soient le plus courtes possible et ne comportent que des mots simples, si possible les mots de l'enfant.

### **L'intervention médicale**

Bien qu'il soit très rare de pouvoir trouver des preuves d'agression sexuelle lors d'un examen médical, incluant un examen anogénital, celui-ci est recommandé pour tous les enfants. Le fait d'avoir accès à un examen médical pourrait permettre d'obtenir de nouvelles révélations spontanées de la part de l'enfant. De plus, le médecin pourrait identifier des lésions, des marques ou d'autres signes suggérant que d'autres gestes ont été commis sur le corps de l'enfant.

### **L'évaluation des besoins des victimes d'agression sexuelle et leurs profils**

Quelques études disponibles suggèrent que les enfants d'âge préscolaire victimes d'agression sexuelle souffrent de problèmes d'ordre somatique, de comportements sexuels problématiques, d'anxiété, de comportements d'isolement social, de retards de développement et de symptômes de stress post-traumatique. Quelques études québécoises confirment que ces enfants démontrent davantage de difficultés relativement à des enfants non victimes d'agression sexuelle. Les parents notent aussi certains symptômes dissociatifs chez les enfants.

### **Les traitements psychothérapeutiques**

Parmi les traitements psychothérapeutiques plus documentés on note les approches psychoéducatives, cognitive-comportementales, psychodynamiques, centrées sur le trauma et la thérapie par le jeu. L'approche cognitive-comportementale, implantée au Centre d'expertise Marie-Vincent, a fait l'objet d'une évaluation pilote auprès d'un groupe de 25 enfants d'âge préscolaire. Les analyses réalisées indiquent une réduction des problèmes intériorisés et extériorisés ainsi que des symptômes de dissociation chez l'enfant et les symptômes de stress post-traumatique. Toutefois, l'intervention ne semble pas produire de changements au niveau de la fréquence des symptômes d'évitement.

### **La prévention de l'agression sexuelle**

Les programmes destinés à prévenir l'agression sexuelle ne ciblent pas les agresseurs, mais plutôt les victimes potentielles et adoptent une approche universelle qui comporte plusieurs avantages, y compris le fait que les programmes soient faciles à mettre en œuvre auprès d'un large bassin d'enfants. Les résultats des études évaluatives disponibles concluent que les programmes sont généralement efficaces pour améliorer les connaissances sur l'agression sexuelle et favoriser l'acquisition d'habiletés préventives.

Ce bref survol des connaissances met en lumière les défis multiples liés au dépistage, aux enquêtes et à l'évaluation de l'agression sexuelle chez des enfants d'âge préscolaire. Le manque important de connaissances à ce sujet limite le développement de cadres de référence pour orienter les stratégies de prévention et d'intervention, qui pourtant s'avèrent essentielles pour contribuer au mieux-être des jeunes victimes et de leurs familles.