

Supporting children who have experienced sexual abuse

Toolkit for guided conversations: Harmful sexual behaviour

HASTINGS
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specialist family service

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Disclosure:

Research has found that teachers and teaching assistants are the professionals whom children are most likely to make disclosures of sexual abuse. This is likely to be due to teachers and teaching assistants being the professionals with whom children have the most contact. As such, children are likely to form trusting relationships with their teachers/teaching assistants.

Why can it be difficult to talk to children about sexual abuse?

What makes us hesitate or stumble when talking to children who we suspect or know have been sexually abused? As adults, many of us are not used to talking openly, or sometimes at all, about ourselves as sexual beings, even though this is a healthy part of our being. Alongside this, often we do not feel comfortable in considering that children also have sexual development needs (alongside their physical, emotional, cognitive and other needs that we think about quite routinely).

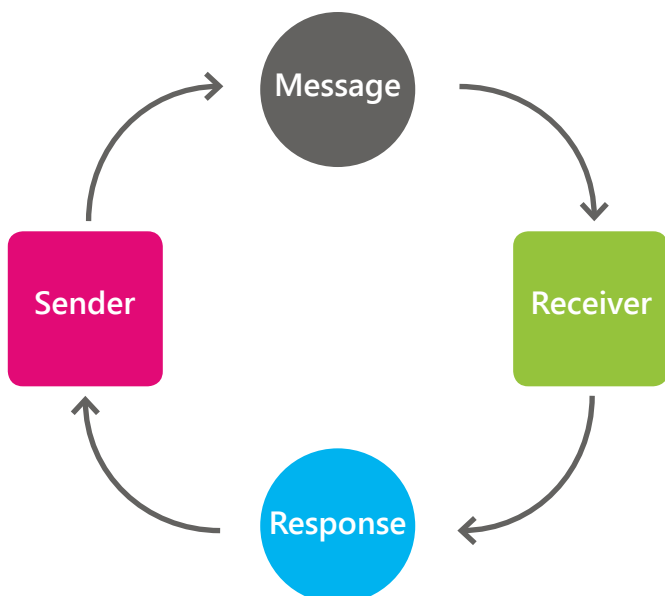
Understanding the process of disclosure

Dialogical nature of the disclosure:

We think about disclosure as the act of a child telling someone (i.e. a one-way process)



Such a unidirectional view does not recognize the relational and social-interactive context of disclosure



We often think about disclosure as being one-way: the child tells the adult what is going on. However, it can be more useful to think of it as a two-way process, in which we are as important as the child who is telling us (Reitsema and Grietens, 2015). The way in which we respond to children generally and throughout this process, from the very first signals they may give out (such as changes in mood or behaviour) through to their active attempts to verbalise their concerns, will determine whether they feel we care about them, will listen to them and can be trusted.



Reasons why children do not tell:

Children are scared because they:

- have been threatened
- believe they will be taken away from home
- believe they are to blame and will be in trouble
- think it is what happens to all children
- feel ashamed, embarrassed or guilty
- do not want the abuser to get into trouble
- may have communication or learning difficulties
- are afraid they will not be believed or taken seriously
- have no one to talk to whom they can trust, or do not know who can help
- think nothing will change
- want to avoid the stigma of being involved with formal agencies
- may be under pressure from their families or communities to remain silent
- fear loss of control of the information and how it will be acted on by adults
- are reluctant to burden others
- fear the response they may get from their family, community or peers.
- Or they may feel very ambivalent as the abuse also involves aspects such as favouritism, gifts and bribes, being given a special status and told they are loved.

Dealing with/managing disclosures:

Firstly, it is important to acknowledge that this may be distressing for you to hear. However, it is also important that you or other staff members do not add to the child or young person's own feelings of distress or (misplaced) guilt. It is also important not to make promises that you cannot keep such as keeping the disclosure a secret.

Things not to say when a child discloses sexual abuse:

You must not ask: Did it hurt? Who did what, where, when and why?

You can't ask them for details or specifics.

It is important to not respond to a child/young person in a way that makes them feel as though their disclosure is being questioned. Other responses that should be avoided:

- "Why didn't you tell anyone before?"
- "I can't believe that!"
- "Are you sure that's true?"
- "Oh, that explains a lot."
- "I won't tell anyone else."
- Don't suggest alternative explanations for the child's experience

What to do?

"If a child reports, following a conversation you have initiated or otherwise, that they are being abused and neglected, you should listen to them, take their allegation seriously, and reassure them that you will take action to keep them safe."

(Department of Education, 2015)

- **Stay calm.** An overly emotive reaction may reinforce a child's reluctance to disclose.
- **Believe the child.** Children very rarely lie about abuse but are often discouraged to disclose in fear that they will not be believed.
- **Offer reassurance.** Reassure the child they have done nothing wrong, they are not to blame and have done the right thing by telling someone.
- **Do not interrogate.** Do not pressure the child to give in depth details they may find distressing.
- **Make no promises.** Do not promise to keep what they have told you secret, other people will have to be told so that the abuse can stop.

- **Record.** Tell the child you are going to write down what they have told you so you have their information clear.
- **Advise of next steps.** Tell the child what you are going to do with their information, what will happen next and how you will keep them informed

After the disclosure you should . . .

- **Report the concern(s):** Contact your school's Designated Safeguarding Lead (DSL) to make them aware of the concerns. Ensure you provide a clear written account of the disclosure. A common fault found with recording is that incidents of harmful sexual behaviour are recorded as "sexually inappropriate behaviour", which does not help us understand what has happened. Be specific, e.g. "Child A said Child B touched him on his penis under his clothing while they were lining up to go into assembly".
- **Keep the child informed:** Make sure the child is aware of what is happening and who knows their information.

What to do/say to a child if you are worried abuse may be happening: What can you do to support disclosures?

If you notice a change in a child's behaviour and you are worried about them, asking them not only helps them recognise their emotions but also demonstrates that you care about them and are willing to listen and help. As such, it is ok to ask:

- Is there anything you want to talk about?
- I've noticed you've been upset this week... Would you like to tell me about it?
- Is there something going on that feels too hard to talk about?
- Is there something I can do to help you tell me what is going on?
- You don't seem okay, would you like to tell me what is going on?
- Is there someone who you do feel able to tell?
- What is upsetting you at the moment?



Possible Warning Signs of Child Sexual Abuse:

Please see appendix 1 for a list of possible warning signs for child sexual abuse.

Remember that children can display many of these signs or behaviours for other reasons or at times of stress or anxiety (such as when they have experienced domestic abuse or emotional abuse), so the presence of one or more warning signs does not always mean that a child is being sexually abused. However, you should investigate further, using the suggestions listed for [what to do/say to a child if you are worried abuse may be happening?](#)

Ongoing discussions with children/young people who have experienced sexual abuse?

As a school you should consider who will regularly check-in with the child/young person to provide emotional support? Children/young people are more likely to feel secure knowing there is someone they can speak to about any problems they may be having or any concerns they have.

Keeping children and non-abusing members of their families informed of what the next steps and school safeguarding processes is crucial. Consider how the child who has disclosed is likely to be feeling, and how their parent/carers may also be feeling. Clear and simple information about the process will be appreciated by the child/young person.

Stressful and traumatic experiences affect the memory and so children and their parents may not recall everything you have told them. Therefore it is important to ensure that the child and his/her parents are aware they can ask you questions about what is happening.

What can I talk to the child/young person about?

Often when a child makes an allegation of sexual abuse there can be a Police investigation. If this happens, while the investigation is ongoing you cannot explore in detail the disclosures the child has made or ask questions about what happened to ensure the Police investigation is not compromised. However there are some key messages that you can share with the child/young person to support them to recover from what has happened.

- Sexual abuse is never the child's fault.
- It happens to other children as well and it is often perpetrated by someone the child knows and trusts.
- Reassure the child that they can talk to you about what has happened.

- If you don't know how to answer a child's questions, it is ok to admit this but that you'll find out the answer for them where possible.
- You can share with them some statistics about the prevalence of child sexual abuse, such as 1 in 6 girls and 1 in 10 boys are touched when they don't want to be. This could be broken down to children in a class size so we can suggest that possibly three or four of their peers could have experienced abuse but this is not known or talked about. This can help children feel less isolated and alone.

Help children to understand unhelpful beliefs/myths, which aren't true:

Children who have experienced sexual abuse will have often been told lies or will believe that they are responsible for what has happened to them. You can help them to understand that they were not responsible by sharing these messages:

- If a boy is sexually abused by another male, it does not mean he is gay or any less masculine than other boys/men.
- If a child liked the attention he/she was getting, got sexually aroused during the abuse, or even sometimes wanted the attention or sexual contact, this does not mean he/she is at fault for what happened or was responsible in any way.
- Sexual abuse harms boys and girls in ways that are similar and different, but equally harmful.
- Regardless of the child's sexual orientation, it is neither the cause nor the result of sexual abuse.
- Females can sexually abuse or assault boys. The boys are not "lucky," but exploited and harmed.
- Most children who are sexually abused or assaulted will not go on to sexually abuse or assault others.



Other direct work which can be completed with children in school:

Use resources, such as the NSPCC Underwear Rule and Pantosaurus video (for younger children) to help children to understand that their genitals are private.

Teach children about consent and healthy relationships.

Read stories with children to educate them about important messages regarding safe touch, secrets and the importance of speaking up when they feel worried.

Recommended reading for primary school age children includes:

- An Exceptional Children's Guide to Touch: Teaching Social and Physical Boundaries to Kids by Hunter Manasco.
- It's My Body by Lory Freeman.
- Some Secrets Should Never be Kept by Jayneen Sanders.
- Morris and the Bundle of Worries by Jill Seeney.

Recommended reading for secondary school age children includes:

- The Courage to be me: A story of courage, self-compassion and hope after sexual abuse by Nina Burrows.
- Untangling the Web of Confusion, http://napac.org.uk/wp-content/uploads/2016/06/NAPAC_Untangling_03.pdf
- Asking about Sex & Growing Up: A Question & Answer Book for Kids, by Joanna Cole.
- A Self-help guide for males who have been sexually abused, <https://survivorswestyorkshire.org.uk/download/males-bens-place/>





The impact of child sexual abuse

Please see appendix 2 for information on how trauma impacts on children.

Sexual abuse can have both short and long term effects. The impact of sexual abuse can last a lifetime. Children, young people and adults may live with:

- anxiety and depression
- eating disorders
- post-traumatic stress
- self-harm & suicidal ideation
- pregnancy & STIs
- feelings of shame and guilt
- drug and alcohol problems
- relationship problems with family, friends and partners

Useful Resources:

www.nspcc.org.uk

<https://www.thinkuknow.co.uk> – provides advice to children, parents and professionals about keeping children safe online.

www.napac.org.uk – a website and free helpline for survivors of sexual abuse.

www.survivorsnetwork.org.uk – Survivor's Network are a charity based in Brighton. They provide a helpline, advocacy, counselling (for girls and women from 14 upwards; boys and young men from 14 – 18), workshops and drop-in support to survivors of sexual abuse.

Appendix 1

Signs & Indicators of Child Sexual Abuse

Potential signs of sexual abuse in children of all ages	Signs more typical in younger children	Signs more typical in adolescents
<ul style="list-style-type: none"> • Nightmares or sleep problems without explanations • Sudden mood swings including fear, insecurity or withdrawal • Developing new or unusual fears of certain people or places • Distracted and distant at odd times • Change in eating habits – refuses to eat, loses or drastically increases appetite or has trouble swallowing • Leaving clues that seem likely to provoke discussion about sexual issues • Writes, draws, plays or dreams of sexual or frightening images • Talks about a new older friend • Suddenly has money, toys, or gifts without reasons <p>Physical –</p> <ul style="list-style-type: none"> • Discolouration, bleeding or discharge in genitals, anus or mouth • Persistent or reoccurring pain during urination and bowel movements • Genital warts • Tears to anus or vagina • Bruising 	<ul style="list-style-type: none"> • An older child behaving like a younger child (e.g. bedwetting or thumb sucking) • Uses new words for genitals • Resists removing clothes at appropriate times (e.g. bath, bed or toileting) • Mimics sexualised behaviour with toys • Asks another child to behave sexually or play sexualised games • Wetting and soiling accidents unrelated to toilet training 	<ul style="list-style-type: none"> • Unusual personal hygiene (none or overly) • Substance or alcohol misuse • Self harming • Suicidal thoughts or actions • Sexual promiscuity • Running away from home • Mental health difficulties • Fear of intimacy or closeness • Change of eating habits

Appendix 2:

A Brief Introduction to Trauma

Trauma refers to different events that occur in a person's life. This can include a one off trauma (e.g. a car accident) or multiple traumas (e.g. domestic abuse within the home). In general, examples of trauma include:

- Neglect – Not having needs met
- Emotional Abuse – Being put down, name calling, scapegoating
- Physical Abuse – Being hit, kick, pushed
- Sexual Abuse – Being made to engage in sexual activity or exposed to sexual activities.

It is important to note, that a child does not need to be directly abused but abuse within the home can also be traumatic.

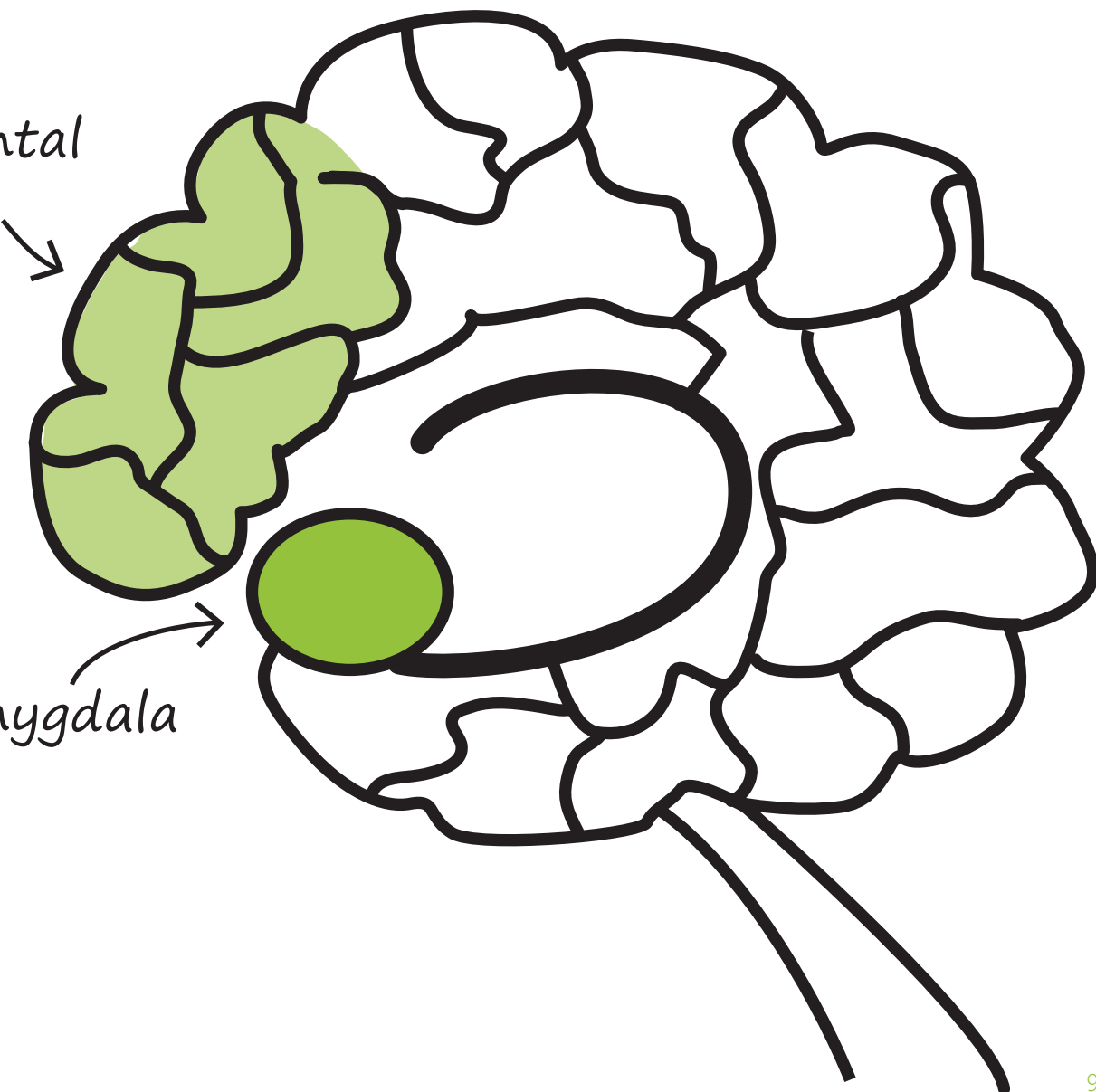
How does trauma affect children?

When a child is exposed to something frightening or threatening, their brain and body goes into survival mode (fight/flight/freeze) where stress hormones are released (e.g. adrenalin, cortisol). In survival mode, the primitive part of the brain (the amygdala) becomes very active and more sophisticated areas of the brain (the prefrontal cortex) 'go offline' (see figure 1).

Figure 1

prefrontal cortex

amygdala



If this is one off incident, the stress hormones will do their job and subside once the frightening experience has passed. If the child is exposed to the frightening event several times, then the system becomes flooded with stress hormones and they are continually living in survival mode which prevents the brain from developing as it should. As a result, the child spends more time in the survival brain than the sophisticated brain and the sophisticated brain cannot develop. This is known as Developmental Trauma.

Occasionally, people who experience trauma (either a one off event or multiple) experience flashbacks, nightmares, reliving, anxiety and panic attacks. These symptoms are known as PTSD (Post Traumatic Stress Disorder). If a child does not have these symptoms, it does not mean that they are unaffected by trauma.

Common behaviours

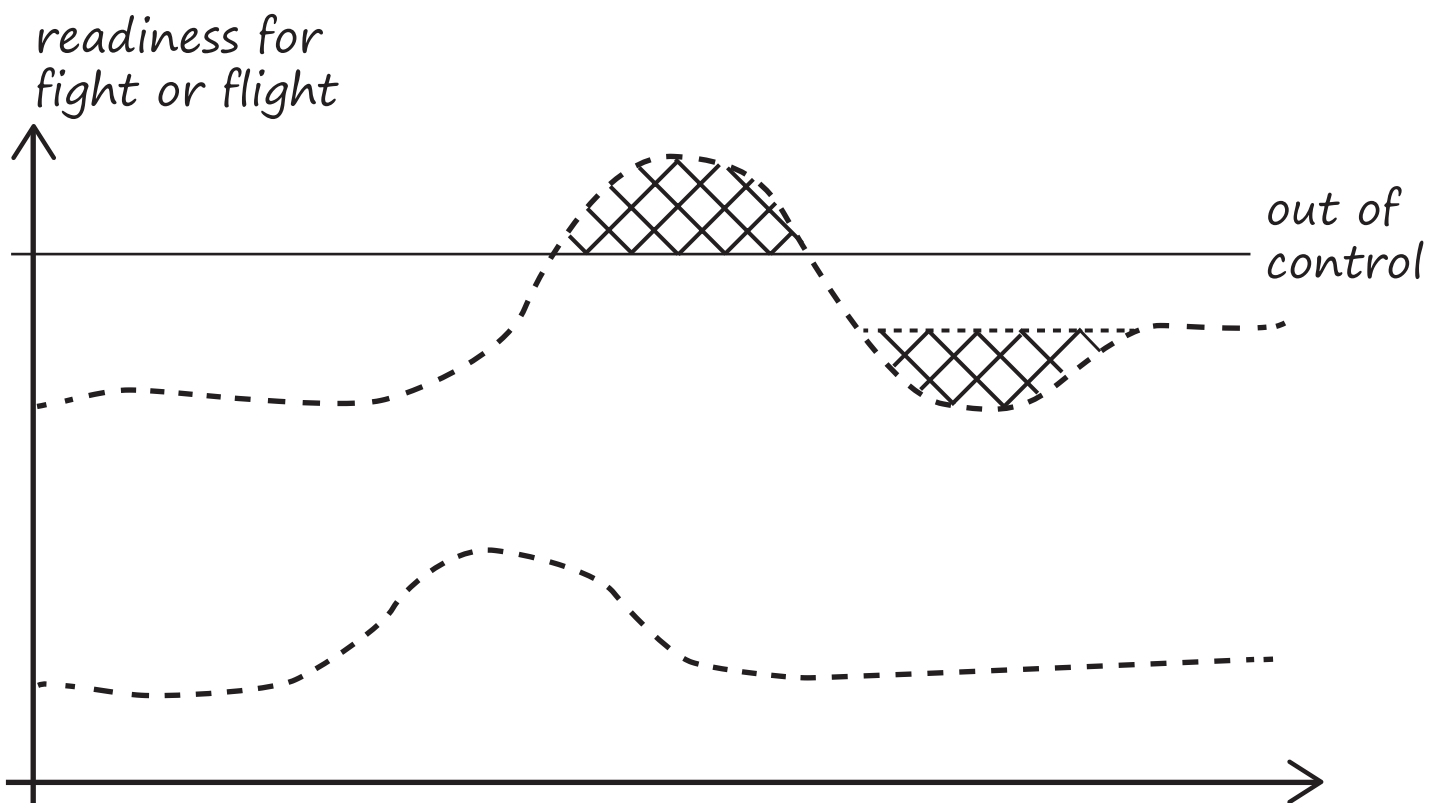
The behaviours listed below are often seen in children who have experienced trauma. It is not an exhaustive list and each child will respond differently. It is helpful to view these behaviours as symptoms of trauma, rather than the child being difficult, naughty or attention seeking.

Challenging Behaviours

These can include aggression, defiance, being oppositional, running away, breaking things, swearing, hurting others and can be very difficult for families and school to cope with. Often children who have experienced trauma can be different in different settings (e.g. manage well in school but not at home or the other way round).

Part of the reason for this challenging behaviour is because children who have been exposed to trauma have more stress hormones than other children and are therefore more primed for fight/flight/freeze (see figure 2). They also may view a situation as threatening when it isn't.

Figure 2



Attention, Concentration and Impulsivity

Because the more sophisticated areas of the brain are not as well developed (figure 1), children can struggle with attention, concentration and impulse control. This, along with challenging behaviour, can lead to difficulties learning and to children acting without thinking through the consequences.

Dissociation

If there is continued harm, the child might mentally escape through dissociation. To others, this looks like the child is daydreaming, not concentrating.

Rapid Personality Changes

Often children who have experienced trauma can present as 'jekyll and hyde', with rapid changes in their personality and mood. This is thought of as a "left over" survival strategy, that is, the child had to adapt their behaviour to survive the trauma. If a child is showing this type of behaviour, it is likely to be a sign that they are anxious or stressed.

Emotional Wellbeing

Children often believe that their experiences are their fault, that they may have caused them or deserve them and/or that there is something wrong with them. They may also carry feelings of shame and guilt which can either be internalised (feelings not expressed and turned inwards, e.g. anxiety) or externalised (feelings expressed and displayed – e.g. anger).

Control

It is common for children who have experienced trauma to seek to be in control of their environment and other people. This can be understood as a way of trying to make themselves feel safe and create a world that is predictable.

Peer Relationship Difficulties

Due to all of the reasons above, children with trauma histories can often have difficulty making and maintaining friendships.

Toileting Difficulties

Toileting difficulties are common amongst children who have experienced trauma. There can be many reasons for this, which include developmental delay, seeking control and/or comfort and experiencing anxiety.

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