

Continuing Professional Development

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'We now have a much richer tapestry of children's narratives from which to learn about how we as professionals can help children to tell'

Helping Children to Tell about their Experiences of Sexual Abuse

Introduction

This continuing professional development paper will provide an overview of what we have learned from recent research into children's experiences of disclosing sexual abuse drawing on recent literature reviews, and offer guidance to professionals on how we can help children to tell about these experiences. The target audience is professionals who work with children in a range of contexts: schools, community groups, residential care settings, child protection and forensic or therapeutic settings.

Context Setting

Over the past 20 years, there has been a plethora of research studies, particularly drawing on qualitative methodologies, that have tried to capture the child's experience of disclosure following sexual abuse (Morrison *et al.*, 2018). Prior to this, most of what we knew about disclosure was from large-scale studies that elicited information about the context of disclosure, to whom a child disclosed and the time frame from abuse to disclosure (McElvaney, 2015). This research was helpful in highlighting the considerable delays evident in disclosures, particularly for boys and children abused within their family, and the extent to which most children did not disclose sexual abuse until adulthood. However, what these studies did not offer was an in-depth account of the experience of the children as they struggled with their decision to tell, their fears of what would happen if they told, feelings of shame and perceived responsibility for the abuse. With the publication of studies that directly asked children and young people about their experiences of disclosure (Morrison *et al.*, 2018), we now have a much richer tapestry of children's narratives from which to learn about how we as professionals can help children to tell. While these studies have predominantly focused on barriers to disclosure, more recent studies have attempted to highlight what helps children to tell (McElvaney, 2016). This article will present a brief summary of the evidence gathered to date, and offers five key learning points for professional practice: raising awareness about child sexual abuse; creating opportunities for children to tell; sharing concerns about individual children; responding to children's attempts to tell; and promoting children's resilience and sense of agency following disclosure.

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Brief Summary of the Evidence Base

Alaggia *et al.* (2017) point out that, although recent incidence studies (studies that record new incidents of sexual abuse year-on-year) report a decline in the incidence of child sexual abuse, prevalence studies (studies that record the occurrence of sexual abuse over a lifetime), meta-analyses and reviews continue to record significant prevalence rates of up to 20 per cent for females and up to ten per cent for males. Despite the increased awareness of sexual abuse in our society, studies of both adults and adolescents continue to record significant proportions of respondents who have never told anyone about their experiences prior to the study (McElvaney, 2015). Qualitative studies conducted over the past 15 years highlight the need for children to be presented with an opportunity to tell about their experiences (Morrison *et al.*, 2018). This may result from intrapersonal pressure (feeling distressed) or interpersonal pressure (being asked) as illustrated in McElvaney *et al.*'s (2012) *pressure cooker effect*, but the consensus is that disclosure is a dialogical process (Jensen *et al.*, 2005) which often takes place in the form of confiding in a trusted other (McElvaney *et al.*, 2012). Children and young people who are considering whether to disclose or not are highly sensitive to their confidant's emotional wellbeing and capacity to cope with the burden of knowing about the abuse; reactions of others influence further decisions regarding disclosure (Jensen *et al.*, 2005). Several studies have found that children made various attempts to tell about their experiences but did not receive the responses they needed (Cossar *et al.*, 2013; Ungar *et al.*, 2009). Younger children are more likely to confide in parents or other adults while adolescents are more likely to share this information in the first instance with peers; children with disabilities are less likely to disclose than their typically developed peers (Lemaigre *et al.*, 2017).

Morrison *et al.* (2018) in a review of qualitative studies with children and adolescents identified six key themes that influence the children's decision to disclose: fear of what will happen; others' reactions, such as fear or disbelief; emotions and impact of the abuse; opportunity to tell; concern for self and others; and conflicted feelings about the abuser.

It is important to consider the factors influencing disclosure from a social-ecological (Alaggia *et al.*, 2017) or developmental systemic perspective (McElvaney, 2016). A holistic understanding of intrapersonal, interpersonal, community or environmental, and cultural influences on inhibitors and facilitators of disclosure is needed to appreciate the complex dynamics of disclosure processes. According to Alaggia *et al.* (2017):

- Intrapersonal dynamics include age, gender and feeling distressed, ashamed and responsible for the abuse.
- Interpersonal dynamics include both the anticipated and actual responses to the child's disclosure (believing, supportive, angry, shocked), other family difficulties such as family stress (emotional, economic), conflict within the parents' relationship, alcohol or drug dependency, and parental mental health difficulties.
- Community or environmental influences include the child's access to a supportive adult outside the family in a school, sports or co-curricular context, engagement in school-based child abuse prevention programmes and access to professionals in child protection or therapeutic systems.

Alaggia *et al.* (2017) note the role of cultural attitudes to sexuality and patriarchy in silencing children who have been abused, particularly in

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communities based on racial or ethnic identities. Unwritten and unspoken rules about disclosing wrongdoing to authorities may prevail, thus potentially threatening the cohesion of the cultural group.

Summary of the Key Learning Points for Practice

Lemaigre *et al.* (2017) suggest that an optimal condition for facilitating disclosure would be for ‘an individual to directly ask the child about their experiences and that this individual provides active listening and support, minimises the child's feelings of guilt and shame and reduces their fear of negative consequences’ (p. 49). The following key learning points are offered here, based on the literature and my own clinical experience, as a guide for practitioners.

Raising Awareness about Child Sexual Abuse

Professionals working with children are ideally placed to educate and inform other professionals, parents, those engaged with children in a community in a voluntary capacity and the wider public about: the types of sexual abuse that children experience; the prevalence of sexual abuse; to whom a child is most likely to disclose; the importance of a child having access to a trusted adult, even in families where children enjoy close and supportive relationships with their parents; the importance of accepting a child's story and not asking too many questions which in themselves may give the child the message ‘I don't believe you’; and how difficult it is for a child to tell and how each individual child may have unique reasons for not expressing their fears about the consequences of telling. Every interaction that a professional has with an individual or a family is an opportunity to share information about child sexual abuse. Better-informed adults will be better able to notice signs of trauma (e.g. hypervigilance, nightmares, bed-wetting, avoidance) and unusual changes in a child's behaviour, and to detect the warning signs that something is not right in the child's world.

Creating Opportunities for Children to Tell

Paying attention to children, noticing changes in their behaviour and commenting on these changes provide children with an opportunity to tell (McElvaney, 2016). It is now clear that children for the most part do not spontaneously disclose sexual abuse; often, it is in the context of a conversation about wellbeing, media coverage of child abuse, engagement in a child abuse prevention programme, or where confidences are shared between peers. Professionals are well placed to create these opportunities and to educate other adults about how to do this. McElvaney (2016) cautions that professionals must first address their own discomfort about sexual abuse if they are to enable children to engage in conversations about abuse; a professional will communicate this discomfort non-verbally to the child who may interpret this as a signal not to proceed. Professionals need their own opportunities to engage in discussions about their feelings about sexual abuse and the challenges of working in this field. What we want to communicate to children is that: we will not be overwhelmed by what they tell us; we will be able to manage it; and we will be able to do something about it. Communicating this

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to children in itself provides an opportunity for children to come to us when in distress.

Sharing Concerns about Individual Children

While not specifically emanating from research on disclosure, the importance of professionals sharing their concerns about children has been highlighted in all recent statutory child abuse inquiries in Ireland and the UK, often referred to as ‘systemic failures’ (e.g. see www.iicsa.org.uk for Independent Inquiry into Child Sexual Abuse, and www.childabusecommission.ie for inquiry reports in Ireland). Research on disclosure has highlighted the various attempts that children make to bring their plight to the attention of professionals (Cossar *et al.*, 2013; Ungar *et al.*, 2009). Often, this takes the form of non-verbal communications (e.g. self-harming, oppositional behaviour) as a cry for help. When professionals work together, share their concerns about individual children and keep accurate records of these concerns, they can help to build a picture of a recurring pattern of concerns that can provide the basis or justification for a professional to take the action necessary to protect children. Working together within one's own discipline, multidisciplinary teams or across agencies minimises the likelihood that concerns about children are missed, overlooked and not acted upon.

Responding to Children's Attempts to Tell

Many professionals experience considerable anxiety when they have concerns that a child is being sexually abused. They may share many of the fears of the child: How will the family react? Is there a supportive parent who can be relied on? What changes will need to happen in order to protect this child? How will this be for the child? In particular, will the child be better off as a result of intervention? Unfortunately, such anxieties can get in the way of noticing and acting upon concerns. Added to this anxiety is the ever-present threat of being seen to be identifying abuse where no abuse exists, asking leading questions that undermine children's credibility, in short, getting it wrong. Three key skills are essential in how we respond to children's attempts to tell: communicating a warm, empathic timely response; asking open questions; and acting on the information that children provide.

Children are taking a risk in communicating their distress, and they often appear very unclear and tentative. How we respond in that moment informs their decision as to whether it is worthwhile to continue taking such risks. They need to know that we are there to listen to them and to support them. The skill of open questioning can help allay the professional's concern about ‘getting it wrong’ but requires ongoing training and monitoring. An excellent resource on how to question children regarding concerns about abuse is provided by Lamb *et al.* (2008). For those professionals who videotape interviews with children (with parental consent), reviewing these tapes can help the professional learn how to maintain an open questioning stance, in particular with the child who is less articulate or less forthcoming with information about their experiences. Appropriate security measures need to be put in place, in compliance with General Data Protection Regulation (Regulation (EU) 2016/679), to both store and destroy such records. Finally, it is important to act when children confide in us. It may be necessary to reassure the child that sharing this information with

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others, such as their parents or other professionals, is important for their wellbeing and the wellbeing of other children.

Promoting Children's Resilience and Sense of Agency Following Disclosure

Adolescents in particular have spoken to researchers about their experiences of loss of control following disclosure (Ungar *et al.*, 2009). It is challenging for professionals to promote children's resilience and agency during child protection processes; this requires an adaptation of a system that must conform to certain legislative requirements. Nevertheless, a lack of recognition of children's strengths and over attention to their victimisation can further disempower children. Including children in conversations about what will happen next, particularly given their fear of the unknown (Morrison *et al.*, 2018), listening to their concerns and inviting their views during the process of investigation and intervention may mitigate the likelihood of further traumatisation and promote their resilience. ‘Having a say’ is a recurrent theme in the literature on young people's need for participation in processes that impact on their lives (Ungar *et al.*, 2009). Offering children choices where this is possible and trusting them to make decisions for themselves can empower children and promote their sense of agency, giving them some control over their lives and decisions affecting them. This will reap long-term benefits for the young person that extend far beyond the current processes in which they are engaged.

Test your knowledge

1. You are taking a taxi to a multidisciplinary meeting to discuss a case of suspected sexual abuse. Your taxi driver asks about your work. Do you say:
 - a. That you work in children's services without any reference to the nature of the work you do, conscious of the importance of confidentiality.
 - b. That you work with vulnerable children who may have been sexually abused and take this opportunity to talk about your work in general terms, respecting the need for confidentiality in relation to the particular child who is the focus of the meeting.
 - c. That you work in child safeguarding and change the subject in case they ask further questions.

2. A child who you have regular contact with has been looking distressed in the past few days. Do you ask:
 - a. Is everything okay?
 - b. What happened?
 - c. You've been looking a bit down lately, wanna talk?

3. You have noticed a child rubbing their genitals several times in the presence of other children. Do you:
 - a. Write a short note recording the date and time and an observation of what you have seen.
 - b. Share this information with another professional who is familiar with the child and ask if they have noticed this behaviour.
 - c. Interpret this behaviour as age appropriate.

4. A child has hinted that she doesn't really like her mother's new partner. Do you:
 - a. Interpret this as a typical reaction for a young girl to have about a new partner.
 - b. Invite the child to tell you more about this.
 - c. Ask the child what it is that she doesn't like about this person.

5. You have received a second notification that a 14-year-old girl has disclosed sexual abuse by her father (from whom her mother is separated), and for the second time you have met with the girl who denies that she has raised any concerns with her mother. Do you:
 - a. Believe that the child has now been given two opportunities to tell you, clearly there is no cause for concern.
 - b. Discuss with your colleagues the possibility of another professional engaging with the child to discuss the mother's concerns.
 - c. Link in with the mother to see how you can support her in supporting her daughter.

The answers can be found at the end of the article.

Concluding Comment

This article is based on research and experience with those children who have succeeded in confiding in others about their experiences. As many reviewers have pointed out, while we can learn a lot from these children, we must also consider those silent children who have not yet been able to tell. Keeping an open mind as to what may help children to tell, taking account of each individual child's unique psychological make-up and social context, is key to helping children talk about their experiences of child sexual abuse.

Reflection

Reflecting on what you have read here, think about one child in your work setting that you have had some concerns about. Jot down **what** these concerns are and **why** you are concerned about them. What single idea comes to mind that might help in how you talk with this child? What specific action can you promise yourself that you will take as a result of reading this paper? Can you identify problems with transferring your learning from this paper to the context in which you work? What are these? How can they be addressed? Who would be a good person in your network to speak with about this?

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Answers: Test Your Knowledge

1 b; 2 c; 3 a and b; 4 b and c; 5 b and c.