



Communicating with children: Speaking to them about sexual abuse and listening to what they say

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What we'll cover in this session


Why it is hard for professionals to hear



What challenges we face in talking to children about sexual abuse



Why children can find it hard to talk about abuse



What we can do to give children the confidence to talk to us

Looking after yourself

Sexual abuse can be difficult to think about and talk about. Thinking about it and talking about it will affect us all in **different ways**, at **different times**.

It is important that we...

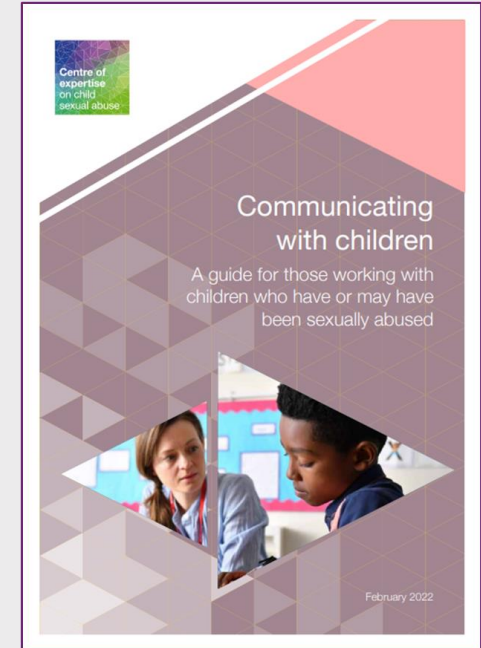
- Be aware of the feelings and experiences of other delegates
- Be kind to ourselves (personally and professionally)
- Respect each other's learning journey

Communicating with children

A guide for those working with children who have or may have been sexually abused

To help professionals:

- Respond when they are concerned that a child is being sexually abused
- Know what should and shouldn't be said in conversations with children
- Consider the situation that each individual child is in, to plan conversations
- Understand the professional behaviours that can give children the confidence to tell
- Keep a professional record of communications



Talking to children in different contexts

When a child displays concerning behaviour or other signs of potential sexual abuse

When a child's case file suggests they have been sexually abused

When a child is telling you (or has recently told you or someone else) that they have been sexually abused

When evidence (e.g. images) of the child having been sexually abused has been discovered.

When a police investigation into sexual abuse of the child is ongoing

When a police investigation has not been pursued or has not resulted in a conviction

Starting point

- Children do tell more often than current research and practice wisdom suggests- and this is verbal
- Need to consider why professionals find it so hard to hear? Perhaps we are back to “what if I am wrong” rather “than what if I am right”
- Help seeking behaviour - this is a process.
 - Action
 - Consequences
 - Repair
- Retractions

Research tells us:

Over **80% of children** recall trying to tell someone

The younger the child was when the sexual abuse started, the longer it took for them to disclose

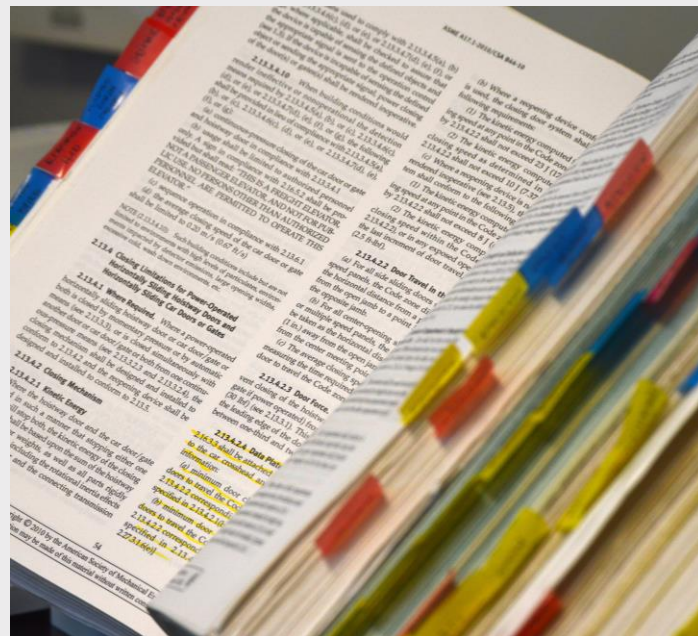
On average it took **7 years** for children's disclosures to be heard

Because.....

Many disclosures were either not recognised or understood, or they were dismissed, played down or ignored

So....

90% of the children had a negative experience at some point



Barriers





What challenges do you face in talking to children about sexual abuse?

What stops us talking to children about sexual abuse?

- ❓ It is outside the remit of my role
- ❓ It should only be done by someone in a specialist role
- ❓ What if I contaminate evidence?
- ❓ How will the child's parents respond? What will I say to them?
- ❓ What if I teach a child something they don't already know
- ❓ It feels scary and emotional
- ❓ What if I am wrong?
- ❓ It's a difficult conversation to have
- ❓ What will I say?
- ❓ What if I open a can of worms – how will I deal with it?
- ❓ What do I say? What if I say the wrong thing?
- ❓ Maybe the cause for my concern is 'just part of the families culture'

Opportunities for reflection

Reflection point

Think for a minute about the messages you received about sex – from your family, community, religious institutions and peers – when you were growing up. Was it talked about openly? Something to be ashamed of? Never discussed?

What do those sexual scripts mean to you now? How might they affect how you talk to a child who is experiencing sexual abuse?

What is your own attitude to sex? Do you hold certain views that will make it difficult for you to engage with this child and their family?

What are your community, cultural and religious beliefs and values about children? Families? Abuse? Sexual abuse? These will influence your response to child sexual abuse.

Do you hold any prejudice or stereotypical views against those who commit sexual offences against children – and, if so, will they affect your professional response?

What are the barriers to children talking about their abuse?

Why is it hard for children to tell?



Lacking language



Don't recognise it as abuse



Shame or embarrassment



Threat or manipulation



Fear of the consequences



Feeling responsible

Recognising the impact of abuse

Internalising of bad feelings

Disrupted relationships - trust

Confusion with age role

Sense of powerlessness

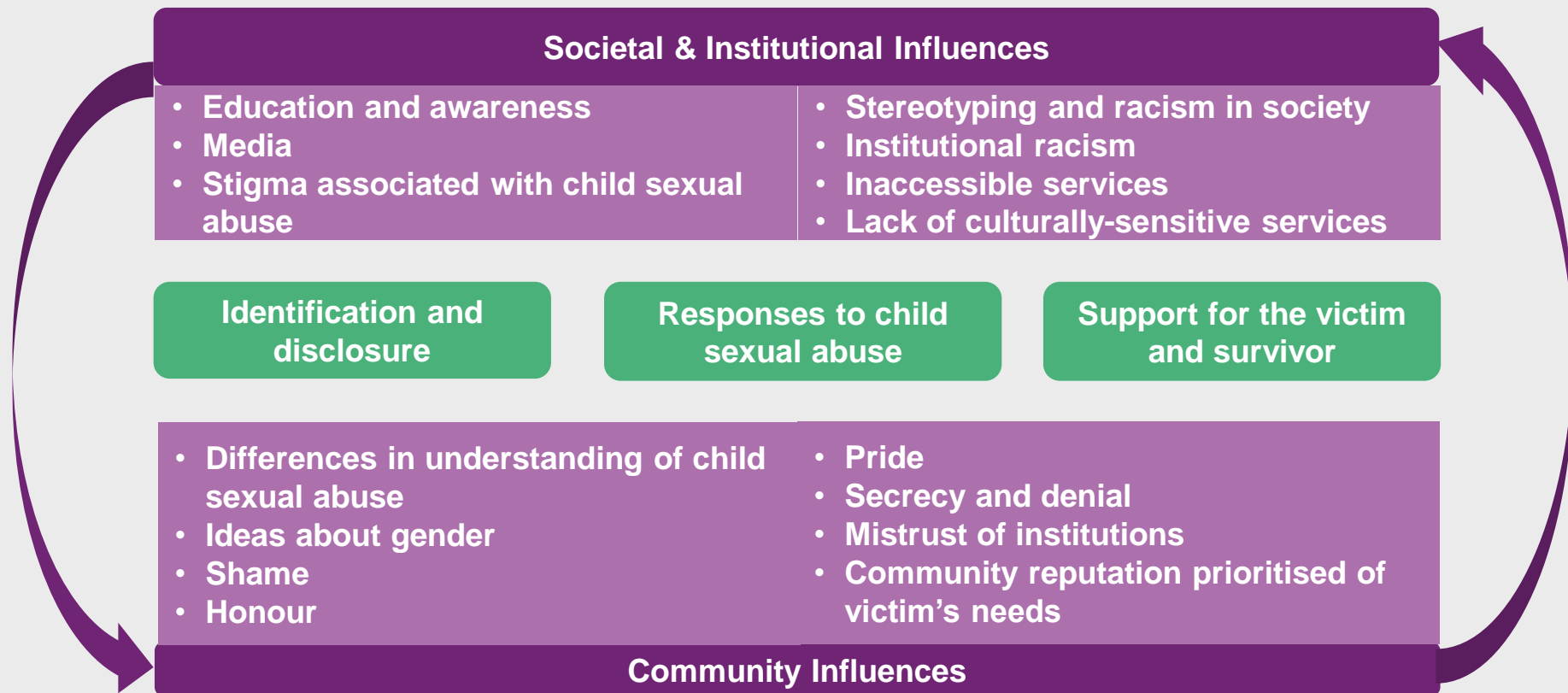
Disabled children

- Disabled children **3 x more likely** to experience abuse (Jones et al, 2012)
- Physically disabled adults are **disproportionately likely** to say they had been sexually abused in childhood (ONS 2020)
- Vulnerability of disabled children is **not reflected** in level of child protection plans
- Attempts to 'tell' were **sometimes seen as symptomatic** of a diagnosed condition (Taskforce, 2010)
- Need to ensure disabled children have the **means** to disclose

friend	boy	girl	mother	father	brother	sister	head	hand	foot	feet
I	me	what	where	now	later	today	same	diff'nt	big	little
my/mine	is / am are	to	first	next	last	all gone	ready	busy	happy	sad
it	can	have	come	feel	know	give	angry-mad	messy	good	bad
you	do	eat	drink	finish	get	sing	that	a	and	more
your	don't-not	go	help	open	put	see	again	in	away	on
here	there	like	play	read	stop	walk	show	out	up	off
yes	no	want	take	tell	turn	watch	write	front	down	with

“People don’t talk about it”

Child sexual abuse in ethnic minority communities



The child's communication

See the Response Pathway





How can we pre-empt and respond to all these known barriers?

Giving children the confidence to tell you about their sexual abuse

Core professional skills for communicating with children

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**Relationship-
building**

Empathy

Honesty

Responsiveness

Reassurance

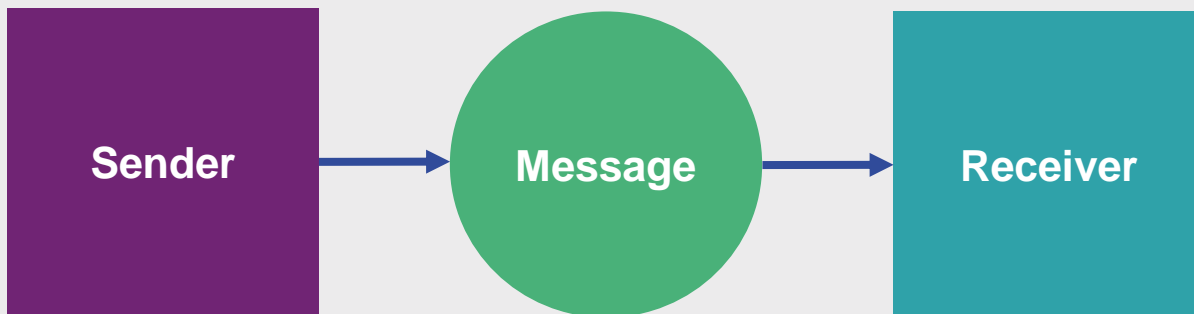
Clarity

Self-awareness

**Cultural
competence**

Children need help to tell

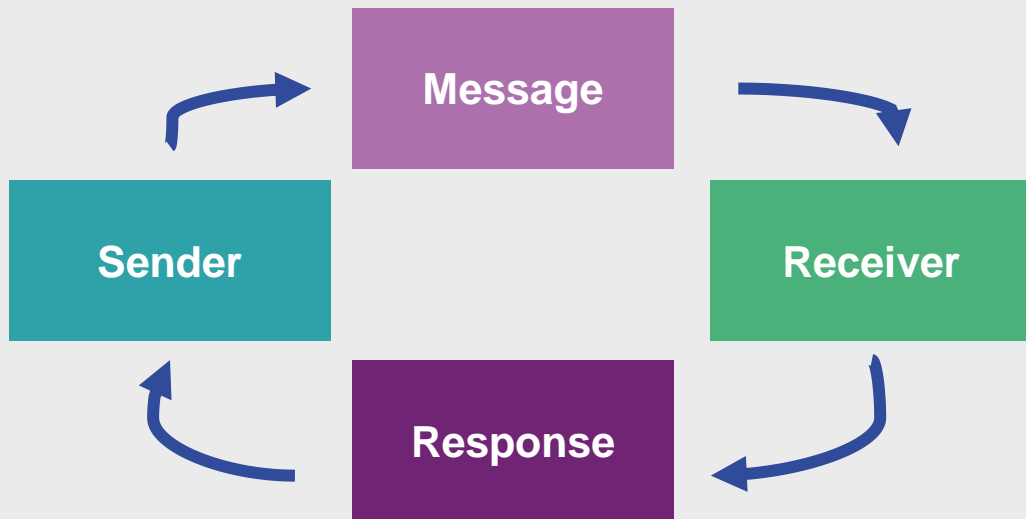
We think about disclosure as the act of a child telling someone (as a one-way process.)



This one directional view does not recognize the relational and social-interactive context of disclosures.

Dialogical nature of disclosure

Instead, disclosure develops through an interplay between children's signs and expressions and the reactions of the adults around them.



Children receive information on how adults respond to them, they process and evaluate this information, and they base their reactions on this.

Opening a door

- Comment rather than interpret – **“I notice you crying”**
- Open a door – **“I am here”**
- Be aware of your body language
- Give the child time **“I’m going to come and see you again next week and we can talk a bit more about this if you would like to”**
- Use resources - **“I’m going to show you an online resource so that if there is something that is worrying you, you can work out how to get some help”**
- Give them an alternative - Suggest a third person example and talk about that person. **E.g. If you had a friend who was experiencing something difficult, what do you think would stop them telling? Or help them tell?**

Taking a graduated approach

"I have noticed you don't seem yourself at the moment"

"Help me understand"

'Sometimes we worry about what may happen if we tell someone what is going on (e.g. that we'll get into trouble/that we've been told to keep it a secret/that we'll upset people) – can you tell me what you are worried may happen if you tell someone what is going on?'

"I have noticed you crying"

"Can you tell me more about that"

'Sometimes things happen that children find really difficult to talk about'

"I notice you are very quiet at the moment"

"I have noticed X and would like to understand more about that"

Responding to children

**“Tell me
more about
that...”**

**“Can you tell
me...”**

**“I hear you
telling me...”**

**“Talk to me
about...”**

**“Help me
understand”**

Asking specific questions

To ensure the child's safety, you may need to ask them specific questions, particularly questions beginning with '**who**', '**what**', '**where**' and '**when**':

Typical questions might be

- “**Who** will be at home when you go home later?”
- “**What** else happened?”
- “**Can you tell me where they touched you?**”
- “**Tell me when that last happened.**”

If the child has told you they have been hurt by someone but hasn't given you enough detail to know who the person is, you may ask, “**Can you tell me **who** that is?**”

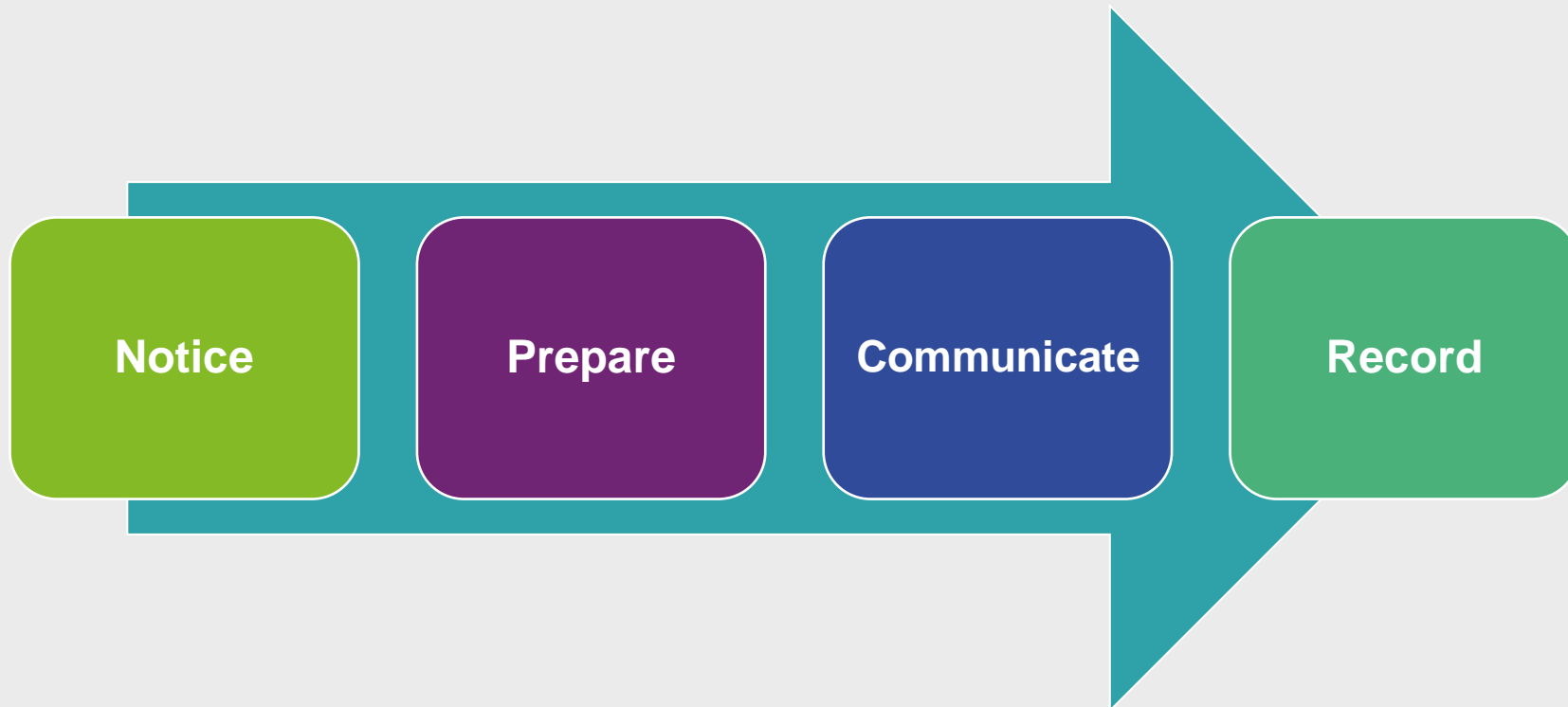
Care of the “why” as an internal attribution ie “why didn't you”.

Continuum of question types

General invitations	Cued invitations	Open ended questions	Closed ended questions	Option posing questions	Suggestively worded questions
Open questions inviting the child to tell in their own words unprompted, encouraging longer answers	Open questions using a cue from the child or undisputed facts	Who', 'what', 'when', 'where', 'how' questions which invite a narrative	'Who', 'what', 'when', 'where', 'how' questions which can be answered in one word or a few words	Questions that can be answered "yes" or "no", or that prompt the child to select from given choices	Questions that force the response in a specific direction, or use false or unknown information

What can you do?

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Notice

- Recognise that something is happening for the child and make a decision to talk to them about it (See our **Signs and indicators** template)
- Think about what barriers the child might face in talking to you
- Consider how you might help to overcome these barriers



Prepare

- Think about where and when you will speak to the child
- Consider the best time of day
- Think about where the child might feel most comfortable
- Think about who should be around



Communicate

Think about what you'll ask:

"A boy in your class told us you have touched his groin over his trousers. Can you tell me more about that?"

"I have noticed you don't seem to want to eat your dinner at the moment"

"A boy in your class told us you have touched his groin over his trousers. I am wondering if you might have seen that somewhere?"

Record

Record what the child has told you
in their own words



Avoid leading questions

Some examples

Questions that assume
the answer

Avoid questions like
“they hurt you, didn’t
they?”

Do ask “is there anything
that you feel unhappy
about?” or “tell me more
about that.”

Questions that are
biased towards a
particular answer

Avoid questions like “did
they hurt you?”

Do ask “is there anything
that you feel unhappy
about?” or “tell me more
about that.”

Avoid leading questions

Some examples

Feedback that favours a particular answer

Avoid reacting as though a child is right or wrong when they answer

Do encourage them. Say “uh-huh,” “mmm,” or “go on.”

Using your professional authority

Do not behave like an authority, speak over or interrupt a child

Do say “I am here for you”, and “if I get something wrong, you tell me.”

Next steps

Ask the child what they hope or fear will happen next

This will enable you to address these expectations.

You may not be able to fulfil the child's wishes, and you must be honest about that, but this should not stop you from asking. Some questions that may be useful are:

- “What is it like for us to talk about this?”
- “Is there anything else you are worried about?”
- “Is there anything making you feel unsafe at the moment?”
- “How can I help you feel safe?”
- “Is there anyone else you are worried about?”

It is important that you then tell the child what you are going to do next and explain the process to them as much as you are able.

Improving children's experiences of talking to us

Children say that their experience of talking to someone about sexual abuse was positive when:

- They take a stance of belief.
This may involve telling the child “I believe you”
- Children know what is happening
- Support is provided.



Tell us what you think

Remember to complete our post event survey to tell us what you thought about the CSA Centre Roadshow



Thank you!

For more information please contact:
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