

**Addressing Child
Sexual Abuse
in Norfolk - An
opportunity to
reflect on your
knowledge about
CSA and think
about next steps**

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What are your confidence levels around CSA?

- ▶ Scan the QR code and scale your current knowledge



Scale of the issue

- ▶ Far more children are sexually abused than services identify
- ▶ Child sexual abuse in 2022-23 trends in official data (from the CSA Centre)
 - ▶ 2,300 children on CP plan due to CSA (England)
 - ▶ 9,500 children sense by sexual assault referral centres (England and Wales)
 - ▶ 49,000 children assessed at risk of sexual abuse
 - ▶ 105,000 child sexual abuse offences recorded by police
 - ▶ 500,000 children are estimated to be sexually abused every year (Centre of Expertise on Child Sexual Abuse)

Disclosures from children

Who do children report to?

- ▶ Between 13-25% report to someone known personally
- ▶ Reducing to between 1-9% reporting officially or to another professional
- ▶ 75% females and 82% males do not tell anyone
- ▶ *Known* cases of CSA recorded in the child protection system and police recorded crime statistics. Figures generally recognised as underestimating scale of CSA because...
 - ▶ Most CSA remains hidden and is never reported to, or uncovered by, an official agency.
 - ▶ Some groups in particular, including boys and young people from black, Asian and minority ethnic (BAME) backgrounds, tend to be underrepresented in the figures.
 - ▶ There is a time lag between experiencing CSA and reporting it, with many cases not reported until the victim reaches adulthood (Office of the Children's Commissioner, 2015)

CSA and link with other family difficulties

Of the children who experience CSA;

- ▶ 37% also experience physical neglect (**5x** higher than a child not experiencing this)
- ▶ 27% live in residential care (**4x** higher)
- ▶ 22% have a household member with mental health difficulties (**3x** higher)
- ▶ 20% have a household member who is involved in substance abuse

“Professionals rely too heavily on children to verbally disclose” (*Report into Child Sexual Abuse in the Family Environment, JTAI 2020*)

“The current statutory child protection approach to responding to concerns that a child is being sexually abused puts too much responsibility on children and young people to recognise the abuse they are experiencing and then to seek a trusted adult to talk about what is happening to them”. *CSA Centre*

- ▶ We can't expect children to tell us because;
- ▶ They are lacking the language to do so
- ▶ They don't recognise it as abuse
- ▶ Shame or embarrassment inhibits them
- ▶ They are being threatened or manipulated
- ▶ They are frightened of the potential consequences
- ▶ They feel they are responsible or to blame

Disclosures

How does the impact present in children?

- ▶ **Fear** - They may be scared of the person who has harmed them and be reluctant to see them, fear of others, lonely and isolated, wary of others
- ▶ **Physical/psychological symptoms**- wetting/soiling, bruising or marks on body in unusual places
- ▶ **Anxiety** - May feel anxious about the abuse and threats from the abuser. Can manifest as worries about going to school, friendships, being alone, difficulties sleeping, fear people will find out about the abuse and reject them
- ▶ **Low-mood** - May become quiet and withdraw from friendships, appear sad or reluctant to talk, non-organic symptoms (e.g. tummy pain or headaches), immune system may be affected
- ▶ **Difficulty regulating emotions** - Struggle to regulate, appearing more irritable, hostile, impatient or angry towards peers or adults, appearing distracted, distant or disassociated at times

How does the impact present in children?

- ▶ **Confusion with roles** - May oscillate between appearing 'grown up' and wanting to look after others, appearing more 'child like' in their inability to complete tasks
- ▶ **Sexual pre-occupation/discomfort or confusion with own body** - May display sexualised behaviour outside of their developmental stage, or unexpected sexual knowledge, may be preoccupied with sexuality, engage in repetitive sexual behaviour, masturbating or being fascinated with body parts
- ▶ **Disrupted relationships with others** - May be less trusting of others, may not want to separate from others and may appear dependent on adults around them, regressing to younger behaviours
- ▶ **Becoming abusive to others** - May wish to have control over others in response to feeling a loss of control in their own lives, may manifest as bullying, coercion or manipulation of others

Longer term impacts of CSA

Physical health -
Physical injuries,
high BMI, problems
related to child
birth, unexplained
medical problems

**Emotional wellbeing
mental health and
internalising
behaviours -**
Emotional distress,
Trauma / PTSD,
Anxiety, Depression

**Externalising
behaviours -**
Substance misuse,
Risky and
inappropriate sexual
behaviour, Offending

**Interpersonal
relationships -**
Reduced relationship
satisfaction and
stability, issues with
intimacy and parent-
child relationships

Socioeconomic -
Lower educational
attainment, higher
unemployment,
financial instability,
homelessness

**Religious and
spiritual belief -**
Disillusionment with
religion, faith as a
coping mechanism

**Vulnerability to
revictimisation -**
Sexual
revictimization in
childhood and
adulthood, other
types of victimisation

Responding to children who may be displaying indicators and signs

- ▶ “What I needed at that particular time was somebody who was sensitive enough to see that this was a vulnerable person here. The issue was actually not about the anger and the aggression, or the violence, it’s actually about somebody who was actually crying out for help.” (*“People don’t talk about it”: Child sexual abuse in ethnic minority communities, IICSA, June 2020*)
- ▶ Professionals did not ask why a child may be behaving in a certain way.
- ▶ Attempts to ‘tell’ were sometimes seen as symptomatic of a diagnosed condition, rather than being taken seriously and the abuse being properly investigated
- ▶ Rarely will be reach a position of ‘absolute knowing
- ▶ Understanding and responding well to signs and indicators in a child is a multi-agency responsibility

Disclosures

- ▶ 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
- ▶ 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
- ▶ Children need help to tell
- ▶ 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.

Supporting children to tell

- ▶ Children say that their experience of talking to someone about sexual abuse was positive when:
 - ▶ They were believed
 - ▶ Action was taken to protect them
 - ▶ Emotional support was provided
- ▶ It is a very powerful motivator for young people to talk about their experiences of abuse if an adult takes notice of their struggles and asks them.
- ▶ 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.

Responding as a professional

- ▶ Stay calm
- ▶ Take a stance of belief. This may involve telling the child “I believe you”
- ▶ Accept “a child’s feelings without judgement” (Baker et al 2019)
- ▶ Communicate clear messages that what has happened to the child is not ok
- ▶ Remember, children rarely lie about sexual abuse
- ▶ Record clearly, accurately and in the child’s words
- ▶ Ensure your training and knowledge is up to date so you can take a formulation based approach to making sense of the information the child has shared
- ▶ Share appropriately with other professionals to support decision making
- ▶ Access support where it is available through supervision and consultancy



What are your confidence levels around CSA and what next?

- ▶ Scan the QR code and scale your confidence levels (these can go up or down as sometime we don't know what we don't know until after training/information giving!)
- ▶ Choose areas of practice you feel you would benefit from more training on