



# Working with children

See, understand and respond  
to child sexual abuse.

Issued by FACS for use by Child Protection Practitioners.

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Family &  
Community  
Services



# Resources

The kit contains a number of practical resources for you to use in your work with children and families. Below are the resources for the Working with children section.



**Some Secrets Should Never Be Kept:** A children's story book about a young knight's experience of child sexual abuse. It explores grooming, sexual abuse, and common worries children have about disclosing.



**It's My Body:** A very simple children's book about private parts and what to say or do if your private parts are touched.



**The NSPCC Underwear Rule:** A simple factsheet and video resource which can be used to open up a conversation with a child about private parts, secrets and what to do if you feel unsafe or unsure. You will find a link to this website on the Casework Practice site.



**Inside Out:** A book which uses illustrations to describe common emotions felt by children who have experienced child sexual abuse.



**My Place My Story:** An illustrated book for Aboriginal children which contains activities designed to open up a conversation about child sexual abuse.



**Bears cards:** A practical resource to explore emotion with parents and children.



**Safe / Unsafe cards:** A group of cards that help children to identify and discuss safe and unsafe feelings and circumstances.



# Resources

continued...



**The Three Houses:** Supports you to explore ‘what’s working well’, ‘what are we worried about’, and ‘what needs to happen’ with children and young people.



**Eco-map:** A visual representation of the social supports and connections a child or young person or parent has in their life. It can be used to explore positive and stressful relationships.



**Genogram:** A simple tool to help you understand who is in the family and the relationships between people in the family.



**Body Chart:** A blank outline of a child’s body which can be used with children to identify private parts and talk about where emotion is felt in their body.



**Traffic Lights Factsheet:** Contrasts age-appropriate behaviour with concerning sexual behaviour in children. It breaks this behaviour into green (normal), orange (outside normal) and red (problematic or harmful). Note: this resource should be applied as a guide only. It is not sensitive to diversity (cultural, religious and familial) and should be used by practitioners with an understanding of the dynamics of child sexual abuse.

# Working with children

## About this chapter

### About this chapter

Children who have been sexually abused can be silenced in many ways. They may have challenges in how much they can say (developmentally or because they are worried about what might happen if they speak out) and they may be seen as less credible when they do speak out. These difficulties are compounded when the child has a disability or is marginalised.

This chapter will provide you with an understanding of the child's experience of sexual abuse and how offender tactics may impact on them. It will also provide you with practical ideas and strategies to help you to notice and respond when children tell you about their abuse. The contents of this chapter will be useful at every stage of the casework process, from your initial safety assessment through to case closure.

IMPORTANT



### In Practice

#### Contaminating evidence

As you would know, there will be times when concerns about child sexual abuse will not meet the JIRT eligibility criteria. It is important that you prioritise getting to know the child and understanding their experiences of risk and safety. Children who are responded to with curiosity, warmth and empathy and who are given time to build a relationship with you are far more likely to tell you about their abuse.

This chapter will give tips and advice to help you have these conversations with children and to support them to tell their story.



Go to

information on contaminating evidence, pages 17-19 of **this chapter**.



Go to

the **OSP Disclosure Literature Review** to understand more about what children need to help them to disclose.





## 1 Part one: Seeing and understanding

### Key question:

- How can I understand and work effectively with a child who I believe may have been groomed and silenced by the suspected offender?



## 2 Part two: Responding

### Key question:

- How can I recognise the signs of sexual abuse and help this child to tell someone what has been / is happening to them?



I asked you to believe me  
And you said you did  
Then you took me to court  
Where lawyers put me on trial  
Like I was a liar  
I can't help it  
If I can't remember times or dates  
Or explain why I couldn't tell mum  
Your questions confused me  
My confusion got you suspicious  
I asked you to put an end to the abuse  
You put an end to my family



Written by a 12 year-old girl and read by the then  
NSW Assistant Commissioner of Police.  
Aired on ABC Radio in 2004.



# ① Part one: Seeing and understanding

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**Key question:**

- How can I understand and work effectively with a child who I believe may have been groomed and silenced by the suspected offender?

# 1 Part one: Seeing and understanding

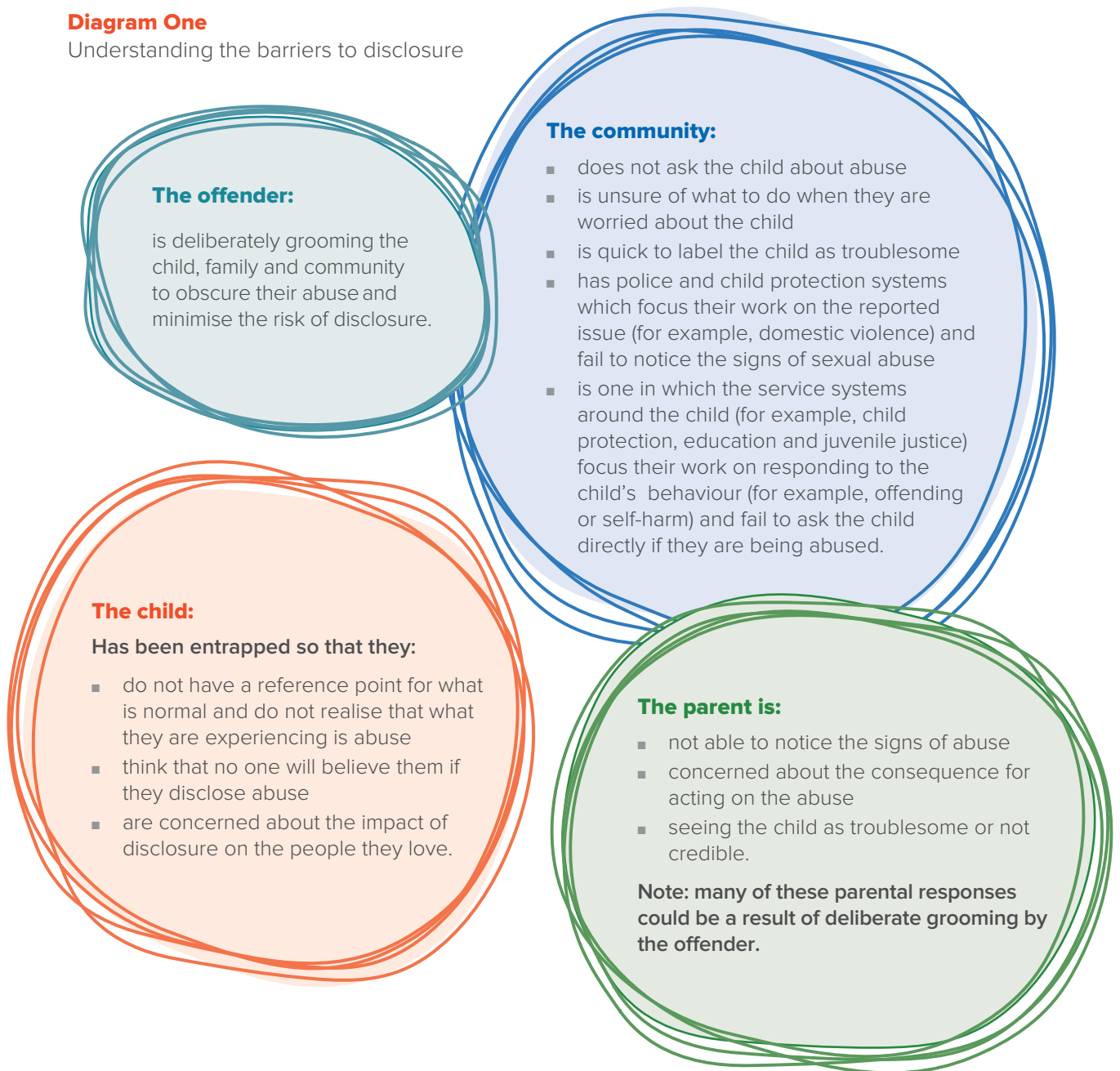


## Understanding the barriers to disclosure

This diagram has been adapted from Allnock and Miller's 2013 article entitled 'No-one Noticed, No-one Heard'<sup>1</sup> which explored 60 children's experiences of abuse in the United Kingdom. This diagram is a summary of their findings around why the sexual abuse of children does not stop sooner. It highlights the impact of offender grooming and common professional pitfalls in working with child sexual abuse. It also highlights the importance of working with children, parents and the community to identify the abuse, recognise that a child is trying to talk about the abuse, and remove barriers to disclosure.

### Diagram One

Understanding the barriers to disclosure



<sup>1</sup> Allnock, D., & Miller, P. (2013). No one noticed, no one heard: a study of disclosures of childhood abuse. London, NSPCC.

## The impact of offender tactics on the child

To work with children who are at risk of sexual abuse we need to understand the way in which the suspected offender is likely to have manipulated and groomed the child; and how this has constructed their identity, their view of the world and their view of others. This information will develop your understanding of how offender tactics influence the child, and how they affect the child's ability to speak out about the abuse and to continue to speak out.

**This table is based on research around the grooming process, especially the work of Lesley Laing.<sup>4</sup>**

The tactics can be used interchangeably depending on what is required to maintain secrecy. Switching from non-violent tactics of manipulation to violent tactics of intimidation can distress and confuse children.

OFFENDER TACTICS: BUILDING TRUST AND CONNECTION	THE IMPACT ON THE CHILD: DISCONNECTION AND CONFUSION
<p>This tactic can be very difficult to distinguish from a supportive and healthy adult-child relationship. The offender develops a relationship with the child by:</p> <ul style="list-style-type: none"> <li>■ spending extra time with them</li> <li>■ giving them gifts</li> <li>■ offering support and encouragement</li> <li>■ making statements about how much they care about them</li> <li>■ singling one child out of a sibling group and treating them as 'special'.</li> </ul> <p>The offender may develop strong relationships with family and community members by:</p> <ul style="list-style-type: none"> <li>■ becoming indispensable</li> <li>■ supporting the child and family financially, emotionally or practically.</li> <li>■ discrediting the child to decrease the likelihood the child will be believed if they do disclose.</li> </ul>	<p><b>Connection and the trust of adults is crucial to emotional and physical development.</b></p> <p><b>Child sexual abuse changes a normal and healthy connection into one that is harmful and confusing. This can have a profound affect on the child's identity and sense of reality. The child may hold two realities. They may love and idealise the offender and not want them to leave their life. At the same time they want the abuse to stop.</b></p> <p><b>The child's experience of closeness is strongly linked to their experience of abuse which can create confusion and distress. It may cause the child to believe the abuse is normal and acceptable or to believe they enjoyed the abuse.</b></p> <p><b>When the child is aware of the offender's connection to their family and community, they may feel isolated, confused and doubtful that they will be believed. They may believe the abuse is normal or permitted by their family.</b></p>


In Practice

**It is important to remember that these threats and tactics of intimidation are likely to increase once child protection services become involved.**


In Practice

**We use the term grooming in this kit because it is widely understood by children, families and communities.**

It is important to remember that some academics and practitioners for example, Allan Wade<sup>2</sup> and Liz Kelly<sup>3</sup> have argued that the word entrapment more accurately describes the tactics that are used to manipulate and silence children.

<sup>2</sup> Wade, A. (2014) Skilled and Selective Empathy: Acknowledging Responses to Adversity and Resistance to Violence, Family Violence Conference 14 November 2014, University of Technology, Sydney.

<sup>3</sup> Kelly, L. (2015) Key issues in sexual assault practice: Reflections and discussions from research, Master class 9th February 2015, Australian Technology Park, Sydney.

<sup>4</sup> In 1987 Lesley Laing explored four key areas of interaction between the offender and their victim - responsibility, secrecy, protection / loyalty and power. Laing's work is referred to in a resource paper developed by the NSW Health Education Centre Against Violence (2013). A resource paper outlining the evidence and practice considerations for Senior Health Clinicians. NSW Ministry of Health, Sydney.

# 1 Part one: Seeing and understanding



OFFENDER TACTIC: SECRECY	IMPACT ON THE CHILD: ISOLATION
<p>The offender may desensitise the child to the abuse by gradually moving from normal physically affectionate touch to abusive sexual touch.</p> <p>The offender may confuse the child's ability to recognise the abuse by:</p> <ul style="list-style-type: none"> <li>■ telling the child that the abuse is normal</li> <li>■ forcing the child to talk about how much they enjoy the abuse</li> <li>■ telling the child that other people know about the abuse or that other people 'do these things' to children.</li> </ul> <p>The offender may isolate the child by:</p> <ul style="list-style-type: none"> <li>■ belittling or discrediting the child</li> <li>■ blaming the child for 'bad behaviour'</li> <li>■ preventing the child from spending time with friends or protective adults.</li> </ul>	<p><b>The process of isolating and stigmatising the child means that they become alienated from those people they may have otherwise disclosed to. They may believe that:</b></p> <ul style="list-style-type: none"> <li>■ their parents or people in the community think that the abuse is acceptable</li> <li>■ no one will believe their disclosure.</li> </ul>
OFFENDER TACTIC: RESPONSIBILITY	IMPACT ON THE CHILD: GUILT AND SELF BLAME
<p>The offender tells the child that the abuse is their fault because they:</p> <ul style="list-style-type: none"> <li>■ 'led them on'</li> <li>■ 'benefited from the abuse' and therefore are responsible.</li> </ul> <p>The offender tells the child they are responsible for protecting:</p> <ul style="list-style-type: none"> <li>■ their parents and siblings from the distress and shame of the abuse</li> <li>■ their parents from relationship breakdown or community retribution</li> <li>■ the offender from criminal proceedings</li> <li>■ their brothers / sisters from abuse.</li> </ul>	<p>The child believes that the abuse is their fault.</p> <p><b>The child believes that they are responsible for the wellbeing of others and is fearful of the consequences of disclosure for themselves, their family and the offender.</b></p>
OFFENDER TACTIC: POWER AND CONTROL	IMPACT ON THE CHILD: POWERLESSNESS
<p>The offender uses tactic of power and control such as:</p> <ul style="list-style-type: none"> <li>■ threatening the child</li> <li>■ telling the child that no one will believe them</li> <li>■ threatening people who are close to the child</li> <li>■ increasing the abusive acts against the child.</li> </ul> <p>These threats and intimidation may be quite difficult for the outside observer to notice and may be as subtle as a glance or a code word that only the child understands.</p>	<p><b>The child may become so fearful of the offender that they believe they can not change or stop the abuse. They become worried about the consequences of disclosing the abuse, both for themselves and others.</b></p>



## In Practice

### Some ideas to help you remain aware of grooming in your work with children:

- Ask other people about how they view the child / parent / suspected offender and ask them where these views have come from.
- Watch for signs of favouritism. For example, special gifts for one child.
- Watch for signs of alienation and isolation.
- Watch how the child responds when you mention the suspected offender and ask the child about these responses.
- Observe the child's relationships with the parent and other family or community members. Look for subtle cues and be curious about the child's connection to these people.
- Talk about grooming, where developmentally appropriate. For example, 'sometimes kids can feel really worried about talking to me. Can you tell me about your feelings? Where do those feelings come from?'
- Read the 'Some Secrets Should Never Be Kept' book to begin a discussion about grooming. Ask the child questions like, 'why do you think Alfred didn't want to tell his mum about the tickling game?'
- Monitor your reaction to the suspected offender and engage respectfully with them. Remember that many children will also have positive experiences with the suspected offender.
- How can I acknowledge this child's connection with the suspected offender while remaining aware of risk?
- Be prepared for the child to have had positive experiences with the suspected offender and for these experiences to be highlighted by the suspected offender, parents, community members and child.
- Use the suspected offender's name when talking about them to children, parents, community members and in the office.





## ② Part two: Responding

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**Key question:**

- How can I recognise the signs of sexual abuse and help this child to tell someone what has been / is happening to them?

## 2 Part two: Responding



Chapter five of the **OSP Disclosure literature review** describes common feelings or worries that stop children disclosing including:

- feeling fearful about what their disclosure could mean for themselves or their family
- feeling fearful of the offender
- feeling like the abuse was their fault
- feeling worried that they will not be believed

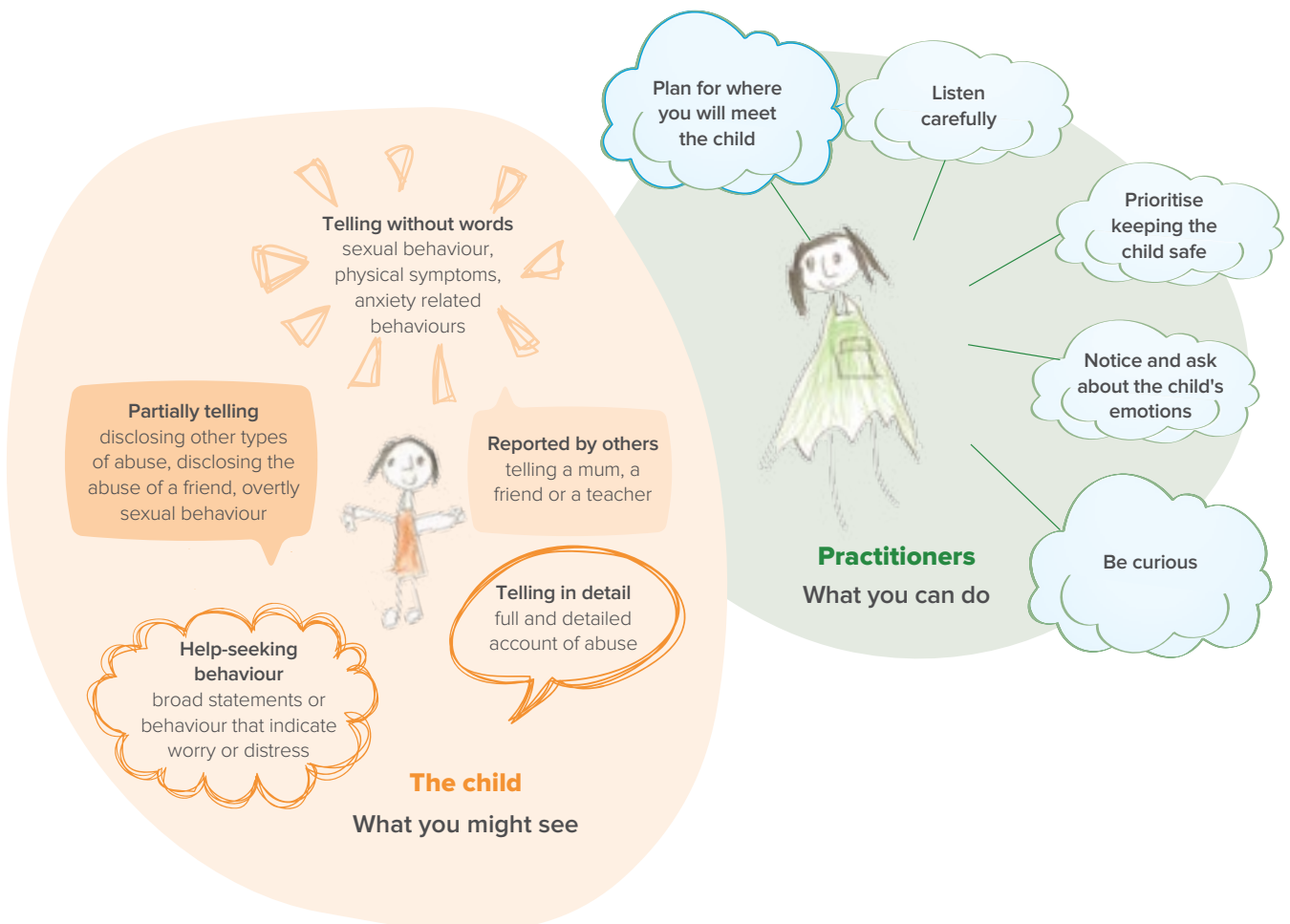
Children who have experienced sexual abuse need us to notice their distress, recognise when they are telling us about the abuse and show them that we are interested, concerned and capable of listening to their story. We also need to build the capacity of the people who have a relationship with the child. These people were in the child's life before we became involved and will be in their life long after we are gone. They will be instrumental in helping the child to tell their story.

### Recognising disclosure and responding to children

The diagram provides a brief summary of the different ways a child may try to tell you about their abuse, as well as the things you can do to support them to feel able to speak out. There will be further detail in the remainder of this chapter.

#### Diagram Two

Recognising disclosure and responding to children





## Contaminating evidence

### What is contaminating evidence?

The term 'contaminating evidence' does not exist within The Evidence Act, 1995, but it is used colloquially in child protection work.

Many child protection practitioners are afraid of contaminating evidence. These fears can come from a desire to make sure our questions do not hinder a criminal investigation or impact on the child's credibility during a criminal justice process. It is important to remember that not all disclosures will lead to prosecution and as practitioners our primary role must always be to ensure children's safety. If we prioritise prosecution outcomes over safety, we inadvertently run the risk of not hearing children's worries and may lose opportunities to build a relationship with the child.



### In Practice

**Young children may use words in ways not used by adults or use special words to describe things. For example, they might refer to semen as 'white glue'**

Children may also use the words in their vocabulary to describe a situation even when the choice of words may not be considered appropriate by adults. For example, a child described being stabbed even though there was no evidence of a knife or any injury. The description was simply meant to convey the pain involved in the sexual abuse rather than suggest the use of an instrument.<sup>5</sup>



We know that disclosure takes time and for many children it is a process. The current research shows that practitioners who are warm, curious, notice children's emotions and ask directly about abuse are more likely to help a child talk about their abuse.<sup>6,7,8</sup> Your role is to help children tell you about what is happening in their lives and to keep them safe - not to prepare evidence for criminal court or catch offenders.



Go to



pages 27-35 of **this chapter** to help you identify when children are telling you about their abuse and how to respond sensitively.

<sup>5</sup> The Australasian Institute of Judicial Administration Incorporated (2012). Bench book guide for children giving evidence in Australian courts. Retrieved from <http://www.aija.org.au/Child%20Witness%20Bch%20Bk/Child%20Witness%20BB%20Update%202012.pdf>. The guide aims to help judicial officers, develop an accurate knowledge and understanding of children and their ability to give evidence, ensure a fair trial for the accused and the child complainant and to create an environment that allows children to give the best evidence in the courtroom.

<sup>6</sup> Malloy, L. C., Brubacher, S. P., & Lamb, M. E. (2013). "Because She's One Who Listens" Children Discuss Disclosure Recipients in Forensic Interviews. *Child maltreatment*, 18(4), 245-251.

<sup>7</sup> Allnock, D., Miller, P. (2013) 'No one noticed, no one heard: a study of disclosures of childhood abuse'. London, NSPCC.

<sup>8</sup> McElvaney, R. (2015). Disclosure of Child Sexual Abuse: Delays, Non-disclosure and Partial Disclosure. What the Research Tells Us and Implications for Practice. *Child Abuse Review*, 24(3), pp.159-169.

## 2 Part two: Responding



### Leading questions

#### What is a leading question?

In the child protection context,<sup>9</sup> a leading question is a question that directs the child towards an answer, rather than allowing them to introduce the topic on their own. A leading question might suggest a certain answer or assume the existence of facts that have not yet been mentioned by the child directly to the practitioner (although the child may have previously discussed these facts with a reporter). For example, 'After you went into his house, when did he unzip his jeans?'

**It is important to be aware of both the risks and benefits of using leading questions in your work with children.**

#### How can leading questions help children?

Leading questions can impact on the information the child gives us, because they may not want to contradict or correct us. Leading questions can also help children. They can focus a child who is having trouble staying on track, help them understand why you are speaking with them, and give them permission to talk to you about the abuse.

#### When might you use a leading question?

It is good practice to build a relationship with a child and begin your conversation by using non-leading questions. Non-leading questions could focus on the child's emotions, the things they like or don't like about family members, or the three houses tool (to name just a few approaches).

#### Go to

the ['Talking to children and participation'](#) and ['Working with young people'](#) Practice Advice Topics on the **Casework Practice** site for more information on respectful engagement using non-leading questions when working with children.

You may like to consider using a leading question when a child has already told someone about the abuse or they are behaving in a way that clearly indicates they have been abused and they are struggling to tell you.

#### Go to

pages 27-35 of **this chapter** for different ways that children may tell you about their abuse, including non-verbal and behavioural signs of abuse.

You may also use a leading question or leading information to clearly explain why you are worried and why you have come to talk to the child. It is important that children have a good understanding of your concerns before you end a conversation with them. This will help prevent the child from 'filling in the gaps' themselves with incorrect information. It may also help them to feel more comfortable to talk to you about their abuse at another time.

#### Does asking a leading question always mean the evidence is contaminated?

No. As long as the child provides you with an open narrative after your leading question, the information you have gathered can still be used in evidence. You should return to using clarifying questions if the child begins to tell you about their abuse.

<sup>9</sup> There is not general agreement on what a leading question is and there are different definitions according to the context in which it is used. The legal definition of a leading question is one that makes a statement and then asks a short question so that the child can verify this version of events. For example, 'Fred touched you on your penis. Didn't he?' Coulborn-Faller, K, *Interviewing Children about Sexual Abuse: Controversies and Best Practice*, Oxford University Press, 2007.

## Example of a leading question where the child provides an open narrative

**Practitioner (asks a leading question):**

‘Tell me what you told your mum about (offender).’

**Child:** ‘He makes me suck him off.’

**Practitioner (asks a clarifying question):**

‘What happens when he makes you suck him off?’

**Child:** ‘White glue comes out.’

**Practitioner (asks a clarifying question):**

‘Where does he make you suck him off?’

**Child:** ‘In my bedroom.’

**Practitioner (asks a clarifying question):** ‘Tell me everything you remember about sucking him off?’

**Child:** ‘I was in my bedroom. It was dark. He pushed my head on his willy.’

## Example of a leading question with a yes or no answer:

**Practitioner (asks a leading question):**

‘Tell me what you told your mum about (offender).’

**Child:** ‘Yes. He did it.’

**Practitioner (asks a clarifying question):**

‘Tell me more about what he did?’

**Child:** ‘I don’t remember.’

**Practitioner (acknowledges the child’s emotion):**

‘Some kids say they don’t remember when they don’t want to talk. Is that happening for you?’

**Child:** (nods)

**Practitioner (suggests a relaxing activity):**

‘Would you like to do some colouring in?’

**Child:** (nods)

**Practitioner (talks about a neutral topic):**

‘Can you help me colour in this picture of a dog?’

What are your favourite animals?’



**Evidence:** \_\_\_\_\_

‘A good general rule of thumb when talking to children is to roughly match the number of words in the question to the age of the child. For example, a six year-old child should be matched with a six-word sentence.’<sup>10</sup>

**For example:** a four year-old could be asked ‘What is good about mum?’ rather than ‘What things do you like about mum?’

### In Practice



**Sometimes a child might give you a yes or no response to a leading question. When you ask a leading question and the child gives a yes or no answer without an open narrative, be aware the child may be feeling uncomfortable, trying to please you or trying to get you to leave. Young children may also believe that any question should have an answer and may give you an answer without understanding the question.**

This does not mean that the abuse did not happen, but it does mean that you should continue to build trust and engage with the child and return to specific questions about sexual abuse later. For example, talk about activities the child likes doing or ask questions about their friends.



**Go to**



the remainder of **this chapter** for ideas to support children to tell you about sexual abuse.

<sup>10</sup> The Australasian Institute of Judicial Administration Incorporated (2012). Bench book guide for children giving evidence in Australian courts. Retrieved from <http://www.aija.org.au/Child%20Witness%20Bch%20Bk/Child%20Witness%20BB%20Update%202012.pdf>

## 2 Part two: Responding



### Supporting the child to talk about the abuse

We know most victims of sexual abuse in childhood are abused by people they were close to, people who were trusted by the child, their family and community. Within this context of close, trusting and interconnected relationships between the offender, the child, the parents and the community, it can be incredibly hard for children to speak out about their abuse.

We also know that children do not generally have conversations using a question and answer format. Instead, they like to introduce their own topics, ask their own questions and express how they feel. They can have difficulty staying 'on track' and just answering the questions that are asked of them and they can have problems waiting for their turn to speak.<sup>11</sup>

The concepts for supporting disclosure in this chapter are creative and child-led; they aim to provide an environment that is comfortable and familiar for the child and allow them to tell their story in a way that feels natural to them. The concepts in this chapter can be used, together with the investigative interviewing framework, to build trust with the child and help them to tell their story in free narrative form. You can then use the who, what, where, when, why and how questions that form the basis of the investigative interviewing framework to drill down into the child's narrative.<sup>12</sup>



#### In Practice



**Introduce the concepts for supporting the child to talk about the abuse to the people they have a relationship with, for example, community members, parents and professionals who know the child.**

These people may be uncomfortable broaching sensitive topics with the child and may need your permission, guidance and support to help the child to disclose to them.



Go to



the **'Risk assessment and casework'** chapter (pages 32-37). The 'safe object' and 'safe people' concepts can be used together with the ideas to support disclosure below.



Evidence: \_\_\_\_\_

Speaking out about abuse takes time. Multiple conversations with someone who the child is able to build rapport with helps them feel safe and supported to tell their story and can assist with accuracy and a more detailed account of the abuse. One study observed that 95 per cent of children had disclosed new information by the sixth session.



Go to



chapter eight of the **OSP Disclosure Literature Review** to understand more about how to help children disclose sexual abuse.

<sup>11</sup> The Australasian Institute of Judicial Administration Incorporated (2012). Bench book guide for children giving evidence in Australian courts. Retrieved from <http://www.ajia.org.au/Child%20Witness%20Bch%20Bk/Child%20Witness%20BB%20Update%202012.pdf>

<sup>12</sup> The Australasian Institute of Judicial Administration Incorporated (2012). Bench book guide for children giving evidence in Australian courts. Retrieved from <http://www.ajia.org.au/Child%20Witness%20Bch%20Bk/Child%20Witness%20BB%20Update%202012.pdf>

### Supporting the child to talk about the abuse

The ideas in this table focus on practices which will help you to build a relationship and connection with the child and help them to tell their story.

PRACTICE CONSIDERATIONS:	CONVERSATION IDEAS:
<p><b>Children are likely to respond with more trust and openness to practitioners who are:</b></p> <ul style="list-style-type: none"> <li>■ warm, open and approachable</li> <li>■ interested in them and enjoy their company</li> <li>■ able to notice their emotions</li> <li>■ capable of hearing their story.</li> </ul>	<p><b>‘You looked upset when I talked about [suspected offender]. Tell me about that.’</b></p> <p><b>‘I talk to lots of kids about their worries. It can be tough telling someone like me about your worries but I might also be able to help.’</b></p>
<p><b>Plan for where you will meet with the child and make sure they are not able to be intimidated by the suspected offender at any time.</b></p> <ul style="list-style-type: none"> <li>■ Do not meet with the child and their parent together until you have assessed the parent’s response to your child protection concerns.</li> <li>■ If you need to talk to the child at school, find somewhere private.</li> <li>■ Consider the timing of the school day and what is happening for the child at that time.</li> <li>■ Ask the child if they: <ul style="list-style-type: none"> <li>- have somewhere they would prefer to talk</li> <li>- would like to have a support person in the room (you will need to talk to the support person and agree on their role).</li> </ul> </li> </ul>	<p><b>‘I need to talk to you and ask you some personal information. Where would you like to go?’</b></p> <p><b>‘Sometimes, kids like to talk while we go for a walk. Would you like to do that?’</b></p>
<p><b>Take your time.</b></p> <p>It can be difficult for children to speak out about sexual abuse, especially to a child protection practitioner they have never met before.</p> <p>Take your time and prioritise building a connection with the child. Even if the conversation seems to be going off track, follow the child’s lead. Humour and play in the midst of a difficult conversation can provide the child with time to become calmer and organise their thoughts. You can return to your planned conversation later.</p> <p>Return to speak with the child again. It may take a number of interactions to build a relationship.</p> <p>Be careful about continuing to question a child who looks distressed, uncomfortable or is giving mono-syllabic answers. Instead acknowledge what you see, give the child a short break and come back to the question once the child is more settled.</p>	<p><b>‘Sounds like Jack doing a silly dance in class today made you laugh a lot. What else makes you laugh? When was the last time you laughed a lot? Who else was there? What did they do and what did you do?’</b></p> <p><b>‘I am worried about you. I really want to help you with those upset feelings. Would you like me to give you some time to hang out with your friends? I will come back and see how you are going.’</b></p>


## 2 Part two: Responding



### Supporting the child to talk about the abuse continued...

PRACTICE CONSIDERATIONS:	CONVERSATION IDEAS:
<p><b>Listen to the child and remain open by:</b></p> <ul style="list-style-type: none"> <li>noticing and drilling down into the child's disclosures about other stressors or circumstances in the family. For example, domestic violence, alcohol and other drug misuse, mental health concerns</li> <li>asking about everyone in the family including siblings, noticing the child's emotional state as you talk about these people and asking them about any distress they might be feeling</li> <li>noticing when the child talks about 'boyfriends' or 'girlfriends' and enquiring about these relationships. A much older boyfriend or girlfriend could indicate sexual exploitation.</li> </ul>	<p><b>'It sounds like things are really tough in your family. I can see it makes you sad and worried. What other things are making you worried at the moment?'</b></p> <p><b>'Are there any other worries you would like to talk about?'</b></p>

**In Practice**

 **Emotions are contagious. You can help children remain calm by staying calm and centred yourself.**


If a child becomes distressed, exaggerate your slow, calm breathing and try to avoid talking. You can continue to use facial expressions and body language to show the child that you care about them.



**In Practice**

 **You may already have some ideas about the identity of the suspected offender when you are talking to a child about sexual abuse.**

These ideas can be helpful but may also make it hard to listen to the child's experience of abuse or be open to alternate hypotheses. This is particularly true when the child is describing an offender who is not an adult male or is someone in a position of authority in the community.

**In Practice**

 **Wherever possible it is better to visit children in the morning so that you have time to plan for their safety before the school / childcare day ends.**

 **Go to** 

the responding section of the **'Risk assessment and casework'** chapter for ideas to link the child to safe adults if you are not able to remain involved.

the **'Working with young people at risk of sexual exploitation'** chapter for ideas on identifying and responding to sexual exploitation.



## Evidence:

### Children with a disability

Despite the heightened risk of all types of child abuse for children with a disability (including sexual abuse) there is strong evidence to suggest that sexual abuse goes undetected.

Two studies in 2007 and 2005, that are discussed in the literature review, found that children with a disability struggle to disclose sexual abuse at higher rates than children without a disability and that delays in disclosure were common. Researchers have suggested that the reasons for this may include:

- problems communicating
- feelings of guilt
- feeling worried about being abandoned or separated from family
- a reliance on the offender to meet their daily needs
- a willingness to tolerate abuse in order to be accepted
- limited understanding of protective behaviours and a lack of knowledge and skills needed to escape unsafe situations.

These difficulties disclosing abuse are compounded by the professional response to children with a disability. Research from the UK found that children with disabilities were less likely to be referred to child protection services for sexual abuse. In Australia, the number of children with disabilities who are known to the child protection system is low considering their heightened risk of abuse and the proportion of children with a disability in the Australian population.

**Researchers also found that even when children with a disability were reported to child protection, there was a higher threshold for triggering a response. They suggested that this is because practitioners:**

- tended to empathise with the stressors experienced by parents of children with a disability
- believed that children with a disability had positive support networks in place
- lacked the skills and confidence to communicate and work with children with a disability.

**Researchers concluded that the lack of research capturing the voice and experiences of children with a disability, the lack of disclosure by children with a disability, and the limited confidence and capacity of practitioners in this area mean that children with a disability remain largely invisible to the system.**



Go to



chapter three of the [OSP Child Sexual Abuse Literature Review](#) for detailed information on the heightened risk of sexual abuse for children with a disability.



Go to



page 26 of **this chapter** for ideas for supporting disclosures for children with an intellectual disability.

## 2 Part two: Responding



### Supporting the child to talk about the abuse

continued...

#### Creative ideas to support disclosure

This section focuses on simple and creative ideas for helping children to talk about sexual abuse.

#### Key ideas for building disclosure across all age groups include:

- using books and other resources, such as videos or presentations, to prompt children to speak about their abuse and to reduce their silence and any shame they may feel about their abuse
- noticing a child's emotional distress and asking about it, which can help children to disclose. You may discuss your own emotions, such as worry for the child, and use this as a way to engage with the child and demonstrate your concern for them. For example, 'you look really upset right now, can you tell me about that?'
- recognising that children from some cultural groups may need more time to be comfortable talking about how they feel. Talk to a practitioner from that child's culture to develop some appropriate conversation ideas
- bringing items to your meeting that you think or know the child will be interested in. For example, a pencil case, funny pens or an interesting-shaped rock or flower
- avoiding wearing clothes that are too formal as this can be intimidating for children. At the same time avoid clothes that are too informal, particularly clothes that are revealing as this can be distracting and uncomfortable for children.



### Ideas for children under five years old

Use the 'It's My Body' book or the 'NSPCC Underwear Rule'<sup>13</sup> or the Body Chart resource to help you to talk about the body in a respectful and child-appropriate way:

#### Conversation idea:

'Look at this little girl's body. What is this part called? What does it do? Has anyone touched you there?'

'Who do you tell if anyone touches your (child's name for body part)?'

#### Use the Bears cards to talk about emotions:

##### Conversation ideas:

'Choose a happy bear sticker. What makes this bear feel happy?'

'When are you happy / sad / worried like this bear?' Are there some things that mum / dad / siblings do to make you feel happy / sad / worried like this bear?'

#### Use the Bears cards, Safe / Unsafe cards to discuss emotions:

##### Conversation ideas:

'How do you feel when you are with your mum / dad / sister / brother? Can you choose a bear who is feeling that way?'

'How do you think this boy is feeling? What does your body feel like when you are feeling safe / unsafe? When is the last time you felt like that? Who do you tell when you have those feelings?'



<sup>13</sup> The Underwear Rule uses the acronym 'PANTS' to teach children that Privates are private, to Always remember your body belongs to you, that No means no, to Talk about secrets that upset you and to Speak up, someone can help. See <https://www.nspcc.org.uk/globalassets/.../underwear-rule-children-guide-english.pdf>





## Ideas for primary school age children

Use the 'Some Secrets Should Never Be Kept' book to open up a discussion about sexual abuse:

### Conversation ideas:

'How do you think Alfred felt when Lord Henry played the tickling game? Do you ever have those feelings? Who could you tell if you felt like that?'

Use the Bears cards, Safe / Unsafe cards to discuss emotions:

### Conversation ideas:

'How do you feel when you are with your mum / dad / sister / brother? Can you choose a bear who is feeling that way?'



'How do you think this boy is feeling? What does your body feel like when you are feeling safe / unsafe? When is the last time you felt like that? Who do you tell when you have those feelings?'



## Ideas for older children

Be a touchstone:

Lots of older children have mobile phones and email. Keep in touch with the child by sending them texts to let them know you are thinking of them. This is an important way to show you care and that you are willing and able to support them.

Use the Bears cards to talk about emotions:

### Conversation ideas:

'Choose a bear card that represents how you are feeling today? Who do you talk to when you are having a bad day? Which bear comes closest to representing each person in your family on a good day and a bad day?'

'I think something is going on for you. You don't have to tell me now but I want you to know I am here and I am worried about you.'



## Our Aboriginal Practitioners Say...

'Shame is significant in Aboriginal communities. It can shut a child down. Understanding and exploring shame is important when you are talking to Aboriginal children and families.

For example: 'Is this one of those questions that makes you feel shame?'

Kaylene Kennedy, manager casework



## 2 Part two: Responding




### In Practice




#### Talking to a child with an intellectual disability:

Remember every child and family is different and will need to be supported differently. Consult with your colleagues in disability service to understand how to best to talk with the child you are working with.

#### Do:

- Simplify your language. Use short simple sentences. Give one idea at a time. Avoid using complex or abstract concepts (such as date or time).
- Supplement your language with facial expressions and gestures.
- Check the child has understood by asking them to repeat what you have said in their own language. For example, 'why do you think I am here?'
- Give the child time to process information and respond to your question (30 seconds is quite normal. Practice waiting for 30 seconds and be prepared to be patient).
- Use other communication strategies and visual tools to explain concepts. For example, the Safe / Unsafe cards, the Body Chart,  the 'Its My Body' or 'Some Secrets Should Never Be Kept' book.
- Rephrase information if the child does not understand.

This information has been developed in consultation with the Statewide Behaviour Intervention Service in Ageing Disability and Home Care. More ideas can be found in the online resource published by FACS in 2015 'Reference Guide to Physical and Mental Disorders and Disabilities in Children and Young People' 

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## Noticing and responding to the child's disclosure



### Children Say...

Sometimes kids will open up if they trust someone. But if no one's talking to them and no one's saying that they are here for you they are not going to say anything. No one told me they would listen'.

Tara 18 years old

**'No-one Noticed, No-one Heard,'  
Allnock and Miller (2013)**



The OSP Disclosure Literature Review states that children do speak out about their abuse, but these disclosures may not be noticed, believed or responded to appropriately. If they are not noticed or are met with a negative response or indifference, children may not talk about the abuse again for some time. This research shows how important it is for us to recognise when a child is disclosing and respond in a way that supports and validates the child.

The information in this section will help you to recognise when a child is trying to tell you about their abuse and how you can respond helpfully to them.

**The section explores five common ways that children convey their abuse:**

- help-seeking behaviour
- telling without words
- partially telling
- telling others
- telling in detail.

It may also be helpful for you to consider these different types of disclosure when you are conducting a file review to help you to notice possible signs that may not have been identified at the time.

### In Practice



**Children commonly disclose to people they trust, have a strong relationship with and see regularly. Young children are most likely to tell their mother, and older children are most likely to tell their friends. Teachers are the most common professional group that children disclose to.**

You can educate and support professionals, family and community members to build a strong connection to children, notice signs of abuse and respond to the different types of disclosure.



### Go to



pages 28-35 of **this chapter** for more information on noticing and responding to the child's disclosure.



### Go to



the **'Risk assessment and casework'** chapter for information on connecting children to safe people.

## 2 Part two: Responding



### Responding to children who are seeking help

Children may not have the words to tell you about their abuse. They might try to show you that something is wrong by their behaviour, or by broad statements that show general worry or distress. These behaviours can be misinterpreted by adults or labelled as 'difficult or challenging'. This can silence the child further.

#### Common forms of help-seeking behaviours include:

Behavioural and emotional signs.

**For example:** changes in behaviour, acting out or being very quiet, emotional distress.

Verbal statements.

**For example:** 'I do not like [suspected offender].'

PRACTICE CONSIDERATIONS:	CONVERSATION IDEAS:
<p>Ask about the behaviour and what might be going on for the child.</p> <p>Help the child to understand how their behaviour might be reflecting their emotional state.</p> <p>Be direct about the help-seeking behaviour and say why it worries you.</p>	<p>'This behaviour isn't like you. Is something making you angry at the moment?'</p> <p>'Sometimes kids get angry and hurt others because they are really sad. Is this happening for you?'</p> <p>'It sounds like you do not like [suspected offender]. Can you tell me about that?'</p> <p>'You looked upset when I talked about [suspected offender]. Your teacher also told me you really did not want to go home with him. Tell me about that.'</p>



### In Practice

**There will be times when you are trying to determine whether a child's behaviour is 'normal' or related to child sexual abuse.**

The traffic lights resource can help you to differentiate normal sexual development and behaviours that are concerning. This tool should be used carefully as it does not adequately respond to diversity. It should be used in conjunction with an understanding of the dynamics of sexual abuse.

**These questions can also help you to understand the child's behaviour:**

- When did the behaviour first start?
- What was happening just before the behaviour started?
- Are there places that the behaviour happens most frequently?
- How many of the behaviours are occurring at the same time?

## Responding to children who are telling you about their abuse with non-verbal cues

Some children may struggle to tell you in words about their abuse. This may be because of the developmental stage they are in, or they may be fearful or reluctant. For these children, non-verbal signs are important indicators that abuse may be occurring.

### Common forms of non-verbal disclosure may include:

- physical symptoms, for example, stomach aches, soiling underwear, wetting problems, adverse reactions to yogurt or milk (due to resemblance to semen), soreness in the genitals, pregnancy and sexually transmitted infections (STIs)
- behavioural symptoms, for example, sexual play with dolls, sexual experimentation, excessive masturbation, sexually approaching others or drawing sexual acts
- anxiety-related behaviours, for example, regression, nightmares, clinging
- acting out behaviours, for example, aggression, destroying possessions, self-harm, tantrums
- withdrawn behaviours, for example, lack of emotional expression, distancing, disinterest in social activities, keeping to themselves
- play-based symptoms, for example, telling stories, sexualised play with peers, drawing pictures or role-playing which leads you to believe they have been sexually abused.

PRACTICE CONSIDERATIONS:	CONVERSATION IDEAS:
Notice and ask about symptoms and behaviours. Help children to understand the link between their behaviour and their worries.	<p>‘Can you tell me more about this picture? What is [suspected offender] doing here? What is the girl doing here? How do you think this girl is feeling?’</p> <p>‘Sometimes kids who have worries have more toilet accidents. Do you have some worries? Could you tell me about them?’</p>
Be curious about what these behaviours / symptoms could mean.	<p>‘I am glad I saw this picture. A picture like this makes me feel really worried about you. Can you tell me some more about what’s going on for you?’</p> <p>‘Having a sore front bottom must be really uncomfortable. Can you tell me why you have a sore front bottom today?’</p>
Directly ask the child about sexual abuse and talk about the information you have that has made you worried.	‘You showed me a doll lying on top of another doll. Have you seen people on top of each other? Has anything like this ever happened to you?’

## 2 Part two: Responding



### Responding to a child who is partially telling you about the abuse

A child may partially tell you about their abuse because they are testing to see how you react; they do not have the language to describe their abuse or are fearful of providing you with a purposeful disclosure. By responding sensitively to a partial disclosure you are building the child's ability to disclose the abuse in detail at a later date.

Common forms of partial disclosure may include disclosing:

- other types of abuse, for example physical abuse, domestic violence
- the abuse of another child or young person
- that they are sexually active.

PRACTICE CONSIDERATIONS:	CONVERSATION IDEAS:
Acknowledge and respond to what the child is telling you, even if the child is not describing the incident that you are most concerned about.	'Thank you for telling me that [suspected offender] <b>smacked you yesterday. I believe you. Can you tell me more about that?</b>
Ask about how the child responded to what they are describing.	' <b>What did you see that told you [suspected offender] was cross? When you saw [suspected offender] was getting cross what did you do? It sounds like you really try to calm [suspected offender] down. Have you tried to do this before?</b>
Notice and normalise the child's emotions and ask the child about them.	' <b>Kids sometimes find it hard to talk to adults about their worries. Kids worry that no one will listen to them and believe them. I am here today to listen to you. I believe kids when they tell me about their worries.'</b>
Be curious and draw out information about the other experiences of abuse or other worries they may have.	' <b>Has [suspected offender] ever done something else that you did not like?</b>
Be direct about your worries for the child.	' <b>You told me about your friend before. I wondered if something like that might have happened to you?</b>
Talk about next steps.	' <b>It is hard to talk about private or tricky stuff to someone you do not know. Lots of kids feel like that at first. You might want to talk later. Here is my phone number. You can call me. I have also given it to your teacher and your mum. I will come back and see you in a couple of days.'</b>

## In Practice



**Just because a child is not eligible for JIRT does not mean that they are not at serious risk of harm. There are many very serious and concerning reports of sexual abuse that may not meet the threshold for JIRT intervention.**

Use your local JIRT team, clinical issues team and casework specialist as a resource to help you to plan for your conversations with families and children. You are also able to re-refer children to JIRT once you have supported them to disclose abuse.

## In Practice



**Children under 10 years of age can use and interpret language very literally.**

Be careful of questions that involve an abstract understanding of the abuse. For example, do not ask a child if (suspected offender) has hurt them. The child may only define hurt as physical pain. It is better to use the child's words where possible, or words that describe general distress such as 'worry' or 'upset'.



## 2 Part two: Responding



### Responding to a child who has told others about the abuse

You may receive a ROSH report that a child has disclosed sexual abuse to them.

PRACTICE CONSIDERATIONS:	CONVERSATION IDEAS:
<p>Ask the child generally about what they have said and be curious.</p> <p>Ask the child to tell you about what they said in another way.</p>	<p>‘You told [reporter] about something that happened with [suspected offender]. Can you tell me about that?’</p> <p>‘Some things can be hard to talk about. Could you draw me a picture about the worries that you told [reporter] about yesterday?’</p>
<p>Be direct about why you are talking to them and what your worries are. The child may believe that you know about the abuse and that therefore they do not need to tell you about what has happened to them.</p> <p>Give the child other options for telling you about the abuse. For example, drawing, showing you with dolls.</p>	<p>‘I know you told [reporter] about [suspected offender] but I need you to tell me too.’</p> <p>‘Yesterday you told [reporter] something happened to you. You might feel scared telling me. Would you like to draw me a picture of what you said instead?’</p>
<p>When the child has disclosed to the reporter and does not disclose to you:</p> <ul style="list-style-type: none"> <li>■ encourage the reporter to continue to support the child, ask about their wellbeing and notice their emotional distress</li> <li>■ talk to the child about who they can talk to if they are feeling worried</li> <li>■ continue to build a relationship with the child</li> <li>■ take steps to keep the child safe, for example, talk to the parent, and gather information from other people.</li> </ul>	<p><b>Speaking to the reporter:</b></p> <p>‘It is a really big thing for a child to tell people about this type of abuse. It shows that you are important to [child] and they trust you. Could you continue to support [child]? Simple things, like letting them know that they can speak to you, noticing if they look upset and asking about it can make a big difference. This factsheet ‘What Can a Safe Person Do’ (on the Casework Practice site) might give you some ideas.’</p> <p><b>Speaking to the child:</b></p> <p>‘It’s my job to keep kids safe and I am worried about what you have said about [suspected offender]. I will need to talk to your mum to make sure you are safe tonight’.</p>



## In Practice



**It is important to speak with the JIRT Referral Unit (JRU) as soon as possible after a child has disclosed abuse. Together, you can plan for how to keep the child safe while an investigation is taking place.**

However, your first priority needs to be ensuring that the child is safe.

**Consider:**

- What needs to happen for this child to be safe at home? How long will this take?
- Who needs to know about the disclosure? How will they be told? How can we make sure the child is not the one who is telling them?
- When is the child likely to see the offender? How can this be prevented?
- Important: the child should never be the person to tell their parents or the offender about their disclosure.

## In Practice



**The OSP Disclosure Literature Review states that children rarely lie about being sexually abused. We also know that children are more likely to disclose abuse to people they have a close relationship with and see often including mothers, friends and teachers.**

When a child tells a professional, parent, friend or community member that they have been abused, we should consider it to be a credible account of what has occurred and take steps to keep them safe, even if they do not tell us directly in a follow up interview.



Go to



the [response based Practice Advice Topic](#) on the [Casework Practice](#) site for more information.

## 2 Part two: Responding



### Responding to a child who has told you about their abuse in detail

A child may be able to give you a full and detailed account of their abuse.

PRACTICE CONSIDERATIONS:	CONVERSATION IDEAS:
<p><b>Be aware of your non-verbal cues and make sure that your behaviour reflects your interest in the child and your desire to keep them safe.</b></p> <p><b>Thank the child for telling you about the abuse.</b></p> <p><b>Let them know that you believe them and that what they have told you is important.</b></p>	<p><b>‘Thank you for telling me about [the abuse]. It is not okay that it happened. I believe you and I will be working out how to make sure it doesn’t happen again.’</b></p>
<p><b>Talk about next steps:</b></p> <ul style="list-style-type: none"> <li>■ be honest about the next steps</li> <li>■ be brief and avoid jargon as it will be difficult for the child to remember lots of detail</li> <li>■ never promise something that you are not sure will occur. For example, do not tell a child: ‘Now I know what has happened you will never have to see him again’</li> <li>■ be very careful not to discuss consequences that may be more than the child expected. For example, do not tell a child ‘Uncle Tom is in trouble with the police, not you.’ Instead, ask the child about their worries and hopes, now that they have disclosed the abuse.</li> </ul>	<p><b>‘My job is to keep you safe. I need to talk to some people so that we can make sure [offender] doesn’t do this to you again.’</b></p>
<p><b>Ask about how the child responded to the abuse.</b></p> <p><b>This will give you:</b></p> <ul style="list-style-type: none"> <li>■ information about the child, the suspected offender and the abuse</li> <li>■ an opportunity to acknowledge the child’s acts of bravery and resistance.</li> </ul>	<p><b>‘What did you do when [offender] came into your bedroom? What did your body do? What did your mind do? What did your mouth do?’</b></p> <p><b>‘So you were very still, closed your eyes and made your legs go really tight. It sounds like you really tried hard to stop [offender] poking your front bottom. Have you done that at other times?’</b></p>
<p><b>Talk to the child, parent and safe people about the increased risk that the child may be manipulated, intimidated or threatened by the offender or others who want to keep the abuse hidden.</b></p>	<p><b>‘Did [offender] say something would happen if you told anyone about him touching your front bottom? What did he say?’</b></p>

## Responding to a child who has told you about their abuse in detail

continued...

PRACTICE CONSIDERATIONS:	CONVERSATION IDEAS:
<p>Assess the child’s current level of safety and ask them about what they can do if they feel unsafe or at risk. Be aware that the child is also likely to have mixed loyalties, particularly where the abuser is a family member.</p>	<p>‘You looked worried when I told you I needed to speak to your mum – can you tell me about that?’</p> <p>‘How do you know when you are in trouble with [offender]? What does he do?’</p> <p>‘Who can you tell if you are feeling worried or unsafe?’</p>
<p>Talk to the child about recanting to demonstrate your empathy for their circumstances and help them to feel understood.</p>	<p>‘It can be really tough talking about [the abuse] – sometimes kids tell people that it did not happen because it’s too hard. I want you to know that I believe you now and I will keep on believing you.’</p>



### In Practice

#### **Talk to the parent and others about recanting.**

The OSP Disclosure Literature Review states that predictors of recanting include being of a young age, being abused by a parent figure and a lack of support after disclosure.

**For example:** ‘Sometimes, kids might say (their abuse) didn’t happen or that it wasn’t as bad. This can be really confusing, but it doesn’t mean that they lied. It often means that kids are upset about (their abuse) and worried about how it will affect everyone else. Please call me if this happens and I will help you work out the next steps.’



### In Practice

#### **A child’s disclosure does not automatically mean that they are safe.**

Children who have told others about their abuse can be at greater risk of retribution from the suspected offender or from their parents, family or community. Talk to people who are connected to the child to plan for this.





## Case Study

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**Sophie's (14) story**

# Sophie's story



## Recap from the 'Working with parents' chapter

Sophie is 14 years old. She has a global developmental delay which means that she struggles to understand abstract concepts (for example, time and date) and complex language.

Miranda, the caseworker receives a report from the school Principal, Ms Fowler that Sophie has told her friend Audrey (14) 'I don't like Uncle Tom. He pokes me down there'.


When Miranda meets with Sophie she shows her the Safe / Unsafe cards, which Miranda calls 'feeling happy and sad cards' to make the concept more literal for Sophie. Sophie identifies that she feels happy with her mum and her siblings but she feels sad with Uncle Tom. Sophie also draws a picture of Uncle Tom with an angry, scary face and tells Miranda that 'I am scared of Uncle Tom.'

Sophie tells Miranda, 'He pokes me' and when Miranda asks 'Where does he poke you?' Sophie answers 'I won't tell you, it's too rude.' Miranda asks Sophie to show her where Uncle Tom pokes her on the body chart. Sophie becomes upset and says to Miranda, 'I want to stop talking to you. I want to see Audrey.' Miranda says 'It sounds like you need a break. I promise you can hang out with Audrey.'

Miranda then tells Sophie 'It is not okay that Uncle Tom makes you scared and sad. It is not okay that he pokes you. I would like to come back and talk to you about Uncle Tom poking you. I will also talk to your mum about how to make sure Uncle Tom can't make you scared or sad.' Miranda helps Sophie to put her phone number in her mobile phone. Miranda tells Sophie that she can call her any time, especially if she is feeling worried or if she has questions. Miranda says she will also give her phone number to Ms Smith, Sophie's teacher and Ms Smith will help Sophie to call Miranda if she needs to. Sophie says that she would like to talk to Miranda again. Miranda asks Sophie where she would like to talk and Sophie suggests her house. Miranda tells Sophie that she will visit her at her house soon.

The CSC sends the additional information to the JRU. The JRU state that they need more information before Sophie is eligible for JIRT case management.

## Go to

the '[Working with parents](#)'  chapter to read more about Miranda's first meeting with Sophie and her mum, Simone.

Miranda meets with Simone (Sophie's mum) and tells her about Sophie's disclosure. Simone is very worried about Sophie and believes that she is scared of Tom. During their conversation Miranda uses scaling questions to understand how much Simone believes Sophie's disclosure. Simone says she is sitting at a 'seven', which means that she thinks that it is more likely than not that Tom poked Sophie 'somewhere rude'. Simone agrees that Tom should leave the house and signs a Safety Plan stating that she will not allow him to have any contact with Sophie.

## Good practice - Miranda's second meeting with Sophie

Miranda meets with Sophie. Simone suggests that Miranda meet Sophie early in the day because she is often tired after school. Simone tells Miranda that Sophie has been a bit 'teary and unsettled' in the last few days and keeps asking her 'when will Uncle Tom be back?' Miranda tells Simone that it is normal for kids to feel upset, unsettled and a bit confused. She explains that it is a very upsetting and confusing time for everyone and she and Simone arrange to have a catch up after Miranda has spoken to Sophie. Simone says that Sophie is quite enthusiastic about talking to Miranda again and that she wants to see Miranda at home.

Sophie greets Miranda warmly. Sophie asks Miranda if they can sit under her tree in the backyard. Miranda asks Sophie to tell her what has happened at home. Sophie says: 'Uncle Tom doesn't live here. He lives at his house.' Miranda asks Sophie why Uncle Tom doesn't live at her house. Sophie tells Miranda that 'Uncle Tom made me feel scared. Mum said he had to go.'

Miranda asks Sophie if she could read her a story. She explains it's a story about another kid who felt scared. Miranda reads Sophie 'Some Secrets Should Never Be Kept' about a little boy called Alfred who is sexually abused by a trusted family

friend, Lord Henry. When they finish reading the book, Sophie asks Miranda to read it again. When she reads the section where Lord Henry threatens Alfred, Sophie looks upset. Miranda puts the book down and says, 'You look upset Sophie, can you tell me about that?' Sophie tells Miranda 'I feel like Alfred.' Miranda asks Sophie to tell her about her feelings. Sophie says 'I am worried it's my fault.' Miranda asks 'What is your fault?' Sophie says 'I want to read the rest of the story.' Miranda tells Sophie 'Lots of kids have worried feelings. How about we read the rest of the story and talk about what Alfred does with his worries.' Sophie nods.

The story ends with Alfred's mother telling him that, 'there is nothing you cannot tell me. Nothing at all. I have always told you, Alfred, some secrets should never ever be kept.' Alfred's mother believes him when he tells her about the tickling game and promises that she will keep him safe.

At the end of the story, Miranda asks Sophie some questions about the main character, Alfred. Miranda asks Sophie about what Alfred did. Sophie says 'He told his mum everything'. Miranda asks Sophie what Alfred's mum did. She says 'His mum cuddled him and made him feel better.' Miranda says to Sophie 'My job is to help kids feel better too. I know your mum wants you to feel better. Tell me about what Uncle Tom has done.'

**Sophie:** 'He poked me down there. I was in my bedroom.'

**Miranda:** 'Tell me more about that.'

**Sophie:** 'He read me a story, then he cuddled me. I do not like his cuddles.'

**Miranda:** 'Tell me more about his cuddles.'

**Sophie:** 'He rubs himself when he puts his finger in my nunu. Then white stuff comes out of him. Then he stops.'

**Miranda:** 'Can you show me on this picture (girl's body chart provided in the resources tab of the kit) where your nunu is?'

**Sophie:** (points to the girl's vagina)

**Miranda:** 'Can you show me on this picture (boy's body chart provided in the Casework Practice site) where Uncle Tom rubs himself?'

**Sophie:** (points to the boy's penis)

**Miranda:** 'Has anything else happened with Uncle Tom that you don't like?'

**Sophie:** 'No.'

**Miranda:** 'It can be hard to talk about these things. I am really glad you told me. I believe you and I will talk with your mum about how to keep you safe.'

Miranda asks Sophie if she has any questions. Sophie asks 'can I tell my mum about Uncle Tom?'

Miranda agrees that Sophie can tell her mum and says that she will be there too if Sophie needs her.

Sophie goes inside and tells her mum 'I told Miranda about Uncle Tom's cuddles. I do not like them. He rubs himself down there and white stuff comes out.'

Simone looks upset. She opens her arms out to Sophie and Sophie gives her a hug. Simone tells Sophie 'thank you so much for telling me Soph. You are very brave. I need to talk to Miranda now about what will happen next.'

Sophie goes to the lounge room to watch some TV and Miranda and Simone talk about the next steps.

### Case Reflection

Miranda begins the process of engagement before she even meets Sophie, by agreeing to meet at a time and a place that suits her. Miranda continues to build a relationship with Sophie through her use of story telling and her warm and open questioning style.

The decision to support Sophie to tell her mum about Tom's abuse is appropriate for Sophie but would not be suitable for all children. When we are worried about how the parents will respond to the child it is always best for the practitioner to tell the parent in the first instance (as Miranda did after Sophie's first disclosure) and help them prepare for how they will respond to their child.

In Sophie's story we know that Simone already believes that Sophie is scared of Uncle Tom and that she is worried that Uncle Tom has poked Sophie 'somewhere rude'. We also know that Simone has been protective of Sophie and has signed a Safety Plan saying that Tom will not have contact with her.

Sophie needs her mum to understand what has happened to her and to believe her. By supporting Sophie to tell her mum, Miranda is supporting their relationship and showing Sophie that she believes her mum will keep her safe. With the support and belief of her mum, Sophie is much less likely to experience negative outcomes associated with surviving child sexual abuse.



## Key messages from the Working with children Chapter

It is important to understand the tactics that offenders use to silence children. Focus your work on breaking down those tactics.

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Children do tell people about their abuse but we may struggle to pick up on their cues. Noticing and responding to help-seeking behaviour and non-verbal or partial disclosures is critical to helping children to continue to tell their story.

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Disclosure takes time. Wherever possible continue to visit the child and build a relationship with them.

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Children are more likely to disclose to their parents, friends and other adults they trust and see regularly. You play an important role in helping the people around the child to notice disclosures and respond supportively.

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Your first and most important job is to keep children safe and not to gather evidence for criminal court or 'catch' offenders.

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# Notes



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# Notes



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