

Supporting young children after sexual abuse

6 key messages for funders and commissioners

Research and practice evidence suggests younger children (under 10 years) are less well served by services to support children after sexual abuse (CSA). This may mean:

- younger children's experiences of sexual abuse are less likely to be recognised, and
- services are less well positioned to support younger children after CSA is identified.

The following key messages, from a recent scoping review are designed to support those funding and commissioning services to improve practice in this field.

Address gaps in service provision for younger children after sexual abuse

Evidence suggests that younger children are particularly unlikely to disclose an experience of sexual abuse. They may also face additional barriers to recognition of abuse due to their developmental stage; restricted social networks; communication skills; and the role of perpetrators. Meanwhile across the UK there remain significant gaps between sexual abuse service provision and identified need. Likewise, only some sexual abuse services accept referrals for younger children. Recognising that both identified and unrecognised need currently exceeds provision means investing more in specialist support to help younger children after an experience of sexual abuse

Ideas: Consider whether current local support for children who have experienced sexual abuse addresses younger children's needs? Are there any specific barriers (e.g. referral criteria; referral routes; or signposting) which particularly disadvantage younger children? What opportunities are there to address gaps in professional expertise locally so both experiences of CSA among younger children are recognised and developmentally appropriate interventions are available for younger children with recognised needs.

Support professionals to recognise sexual abuse in younger children

We know younger children are unlikely to make purposive verbal disclosures about an experience of sexual abuse. Those best positioned to 'spot the signs' of sexual abuse in younger children are likely to be parents, carers or staff in universal services who have strong relationships with children, but not the specialist knowledge about factors which support children to disclose. We also know that many non-specialist professionals feel nervous knowing how to speak to young children if they have worries about CSA. Evidence suggests that those with specialist knowledge have a role supporting wider groups of professionals and community members to maximise potential for recognition of CSA among young children.

Ideas: Can existing specialist services be funded to offer support to other professionals including those in schools and wider communities, helping them confidently and appropriately respond to signs of distress in children? Consider how parents, carers and non-specialist professionals can be supported to access training and referral processes for young children affected by sexual abuse.

Support service models that enable longer term service provision

There is some evidence that interventions to support younger children after sexual abuse take longer to demonstrate measurable outcomes than those supporting older children. Establishing trusting relationships, working in developmentally appropriate ways and different communication approaches are just some of the potential reasons why therapeutic interventions with younger children may require a longer investment of time to affect change.

Ideas: Consider whether current funding models and expectations of outcomes reflect potential differences in the needs of younger children after sexual abuse. Can services be supported to enable the flexibility required to adapt their service offer to meet different developmental needs?

Prioritize accessible and inclusive services

Evidence shows that certain groups of young children (including Deaf and disabled children, Black, Asian and Minority Ethnic children) may face additional barriers to accessing support after an experience of sexual abuse. There is also significant evidence of particularly high rates of sexual abuse among some groups of Deaf and disabled children – creating a significant ‘double vulnerability’. While there is still much to learn about the nature of these barriers it is important that service provision is supported to invest in strategies which seek to address them.

Ideas: Consider how current approaches to commissioning services may compound some young children’s invisibility in services. This may relate to both specialist sexual abuse provision AND services which work with those groups under-represented in specialist provision. What roles could additional support to the voluntary and community sector play in plugging these gaps? Recognise the value of partnerships to address these gaps.

Recognise the role of support to non-abusing parents and carers

The evidence is clear that providing effective support to young children after sexual abuse cannot be done in isolation from non-abusing parents or carers. This appears particularly true for younger children given higher levels of dependency on parents/carers. Frontline services need to recognise parents and carers as gatekeepers, enablers and providers of children’s support, without undermining the need for child-centered practice. Subsequently non-abusing parents or carers need to be understood as a key partner in services to young children, whose own support needs may legitimately be an important focus for intervention. If properly supported evidence suggests that non-abusing parents and carers have the potential to support recovery and buffer children against the impacts of sexual abuse.

Ideas: Consider the role that funders and those commissioning services can play to ensure resources are available to support work with non-abusing parents and carers and encouraging this as an integrated aspect of service design.

Promote younger children’s rights after an experience of sexual abuse

A small but growing body of evidence highlights factors that are both effective in support to children (of all ages) after sexual abuse and align with children’s own perceptions of supportive services. These factors closely reflect what we might term rights based practice highlighting the value of maximizing children’s sense of choice and control; effective, developmentally appropriate communication; well explained and managed boundaries about confidentiality; non-pathologising approaches and opportunities to develop warm and trusting relationships with practitioners. Notably evidence suggests that warm, positive trusting relationships between a professional and a child are more significant to the effectiveness of services than the content of an intervention.

Ideas: Consider the degree to which funding and commissioning processes can support the development of services which reflect these principles. Is there a way that reporting requirements and outcome frameworks have a role in supporting rights based practice? How can young children’s own feedback and reflections on practice become integrated into these requirements?

For more information and details of the evidence base from which these messages are drawn, see Warrington, C. and Soares, C (2020)