

# Supporting young children after sexual abuse

## 6 key messages for specialist services

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 specialist services improve practice in this field.

### Support other professionals to recognise sexual abuse in younger children

We know that 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 staff in universal services who have strong relationships with children, but may not have 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 in specialist services have a role in supporting wider groups of professionals and community members to maximise potential for recognition of CSA among young children.

**Ideas:** How can current specialist services offer support to other professionals including those in schools and wider communities to confidently and appropriately respond to signs of distress in children? In particular, can services support non-specialist professionals to develop skills in creating conditions favourable to disclosure and posing appropriate questions without risking accusations of coaching or relying on inappropriate leading questions?

### Actively develop strategies to make services more accessible and inclusive

Evidence shows that certain groups of young children may face additional barriers to accessing support after an experience of sexual abuse. This includes Deaf and disabled children - some of whom are known to have additional vulnerabilities to sexual abuse and Black, Asian and Minority Ethnic children. There is still much to learn about the nature of these barriers. However, it is important that all services are actively seeking to develop strategies which challenge the under-representation of certain children.

**Ideas:** Think and talk about which young children from your community are not currently represented among service users. Which other services locally or nationally currently engage with these groups and might be useful to speak to or form partnerships with? What staff training and development can you access to support more inclusive practice?

### Ensure warm trusting relationships with children are at the heart of services

Evidence repeatedly shows that warm, trusting relationships between a professional and a young child are the critical foundation for effective intervention after sexual abuse. Relationships are found to be more significant on the impact of services than the content of an intervention. Developing therapeutic alliances will differ in work with young children. Communication will also take different forms and interventions are more likely to be play based. Young children rarely choose to attend a therapeutic intervention themselves or have a clear 'goal' for engagement. This means alliances emerge gradually and through warm, trusting relationships.

**Ideas:** To what degree is building trusting relationships with young children recognised as a core therapeutic activity and placed at the heart of practice? Is this reflected in current service outcome frameworks? Do staff have access to professional development that supports specialist communication and play based therapy skills designed for work with young children?

## Prioritise children's sense of control and effective communication

An experience of sexual abuse always involves the loss of control - no matter what age a child is. Maximising children's sense of choice and control are therefore highlighted as particularly significant principles in therapeutic support. Developmentally appropriate communication also plays a huge role in demonstrating these principles – ensuring young children can make sense of why they receive support and understand the people and processes involved. These messages strongly align with research evidence derived from children themselves (including younger children) about what they value in services after experiences of abuse and what supports their active engagement.

**Ideas:** Consider every aspect of practice with young children - are there practical ways to further maximize children's sense of choice and control? How are young children's feelings about their support acknowledged and allowed to influence their care (especially when communicated non-verbally)? Can these principles be upheld in developmentally appropriate ways and balanced with the need to avoid placing inappropriate responsibility onto young children?

## Ensure the service offer reflects key aspects of effective service provision

Discernable impacts of sexual abuse among younger children are varied. PTSD and sexually harmful or inappropriate behaviours are the most commonly cited, followed by a range of internalizing and externalising so called 'problem behaviours'. Evidence about the effectiveness of specific interventions to address these remains limited. However, several distinct components of service 'content' are identified to be potentially significant to and/or valued by young children after sexual abuse. These include: help to make sense of an experience of abuse; addressing feelings of guilt/self-blame; support to express feelings; interventions which build on children's strengths; support to manage 'symptoms' of psychological distress; and holistic support to address wider needs. Furthermore, help to address sexualized behaviours is identified as an additional, significant component of services for some children after CSA.

**Ideas:** Consider how existing service models (to support young children after an experience of sexual abuse) reflect this evidence base? How can interventions be adapted in developmentally appropriate ways for work with younger children? Do current services have integrated support or access to partnerships which provide support for those children who also have sexually inappropriate behaviours?

## 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:** Reflect on the degree to which current practice with young children involves non-abusing parents or carers and how they are positioned in the service. Are there further opportunities for supporting non-abusing parent and carers within the current service model? How can services support parents or carers but ensure they don't allow them to speak *for* their child? What strategies are in place to manage differences between young children's perspectives and those of their non-abusing parents or carers?

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