

Webinar 14**Engaging children and parents affected by child sexual abuse**

7:15 pm to 8:30 pm AEST
Monday 29th June 2020

**Emerging
Minds.**

**National Workforce
Centre for Child
Mental Health**



Emerging Minds and MHPN wishes to acknowledge the Traditional Custodians of the lands across Australia upon which our webinar presenters and participants are located.

We wish to pay respect to the Elders past, present and future for the memories, the traditions, the culture and hopes of Indigenous Australia.



Welcome to series two

This is the last webinar in the second series on child and infant mental health, presented by Emerging Minds and the Mental Health Professionals' Network.






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3

How to use the platform

To access the interactive features and resources, hover over the colourful icons to the top right of your screen:

-  open the chat box
-  ask the panel a question
-  access resources including the case study, panel biographies and supporting resources
-  open the survey
-  reload the page/webinar room



4

Learning outcomes

At the webinar's completion, participants will be able to:

- Outline the prevalence of child sexual abuse in Australia and those children who are most at risk.
- Describe practical strategies to support children affected by sexual abuse to disclose and responses from health professionals that can support recovery.
- Identify effective engagement strategies with parents and family members which focus on consistent and supportive messaging which helps the child affected by sexual abuse make sense of their experience and recover from negative effects.
- Outline ethical practices in reporting sexual abuse and how to refer to specialist agencies.



5

Tonight's panel



Dr May Su
General Practitioner, NSW



Mr David Tully
Practice Manager for
Specialised Family Violence
Services
Relationships Australia, SA



Dr Liz Coventry
Psychiatrist, SA



Facilitator: Mr Dan Moss
Workforce Development Manager,
Emerging Minds, SA



6

Who is the patient?



Dr May Su



7

What are the factors contributing?



8

What are the factors contributing?

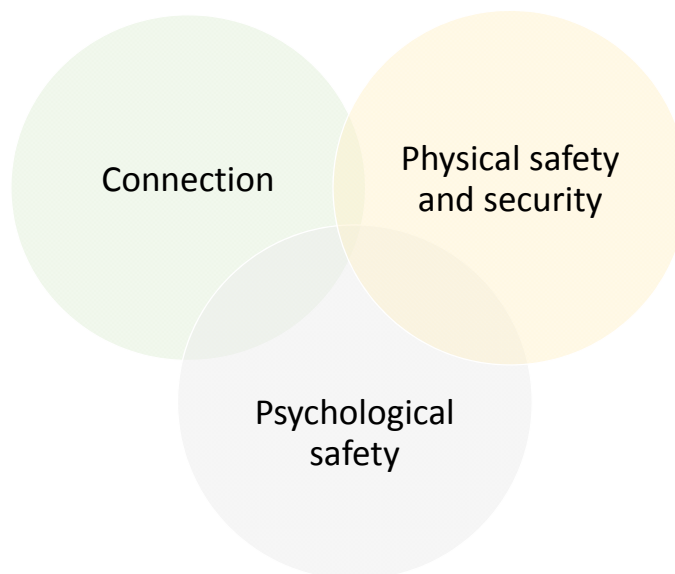


They won't believe me
 It's my fault Guilt
 Shame Our little secret
 Loss of relationship
 Fear What? Stigma



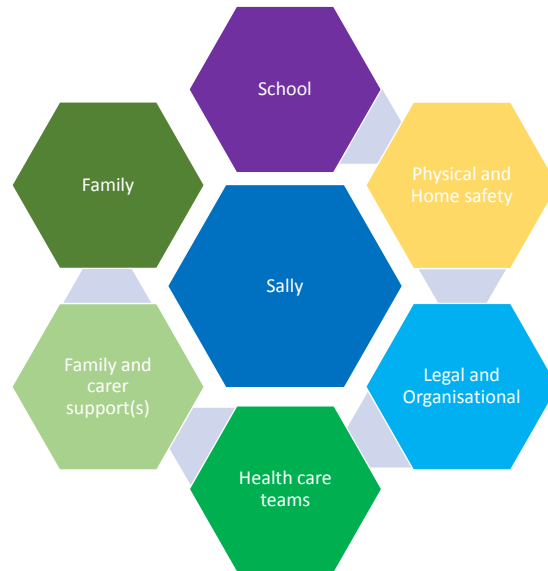
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How do we support Sally and her family?



10

How do we support Sally and her family?



11

How do we support Sally and her family?



12

Resources

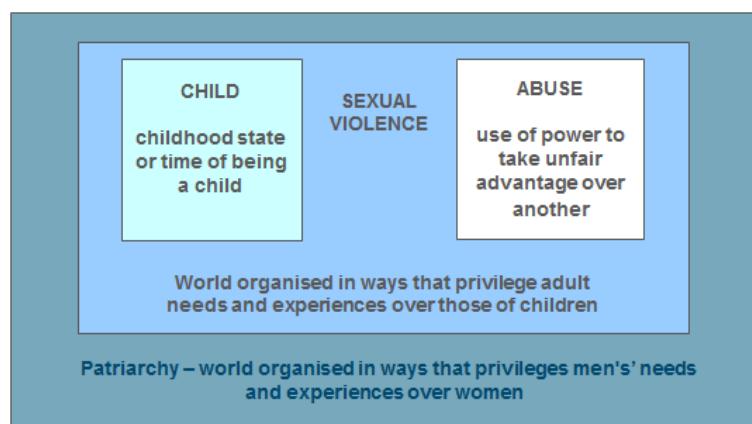


- Child Safety and Care :
 - Sexual assault services/ child protection services
 - Child wellbeing unit ? Mandatory reporting
 - FACS / Family support
- Helplines
- Daisy app
- Treatment team
 - Psychological/ counsellor
 - Psychiatrist
 - Family law solicitor
 - School and care services
- Bibliotherapy



13

Context in which child sexual abuse occurs



14

Politics of abuse



- All abuse occurs in a context where there is a difference in power and that power is misused.
- The child/young person's awareness of this power difference greatly impacts on the meaning he/she may make of the abuse.
- It also impacts on how others make sense of them being subjected to abuse (myths in society, e.g. children seen as 'seductive').



15

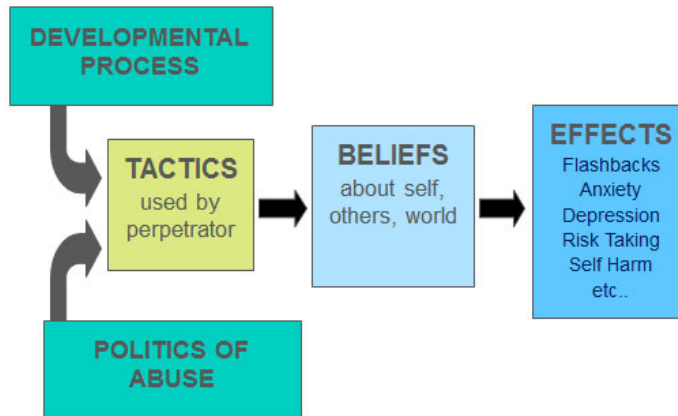
Politics of abuse



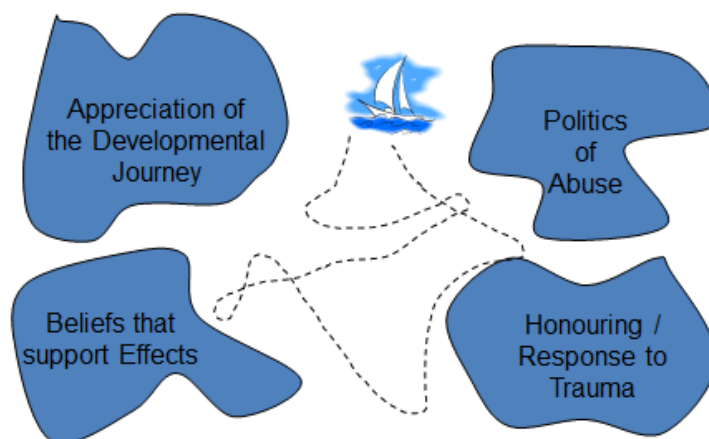
- Children and young people can only make sense of the abuse based on their level of cognitive, physical, emotional and social development at the time.
- Debilitating feelings of self hatred and shame are indicative of the child's confusion to attribute responsibility and can blame themselves for the assault.
- Tactics of abuse are often about obscuring the developmental process e.g. suggesting that children can make adult decisions.



16

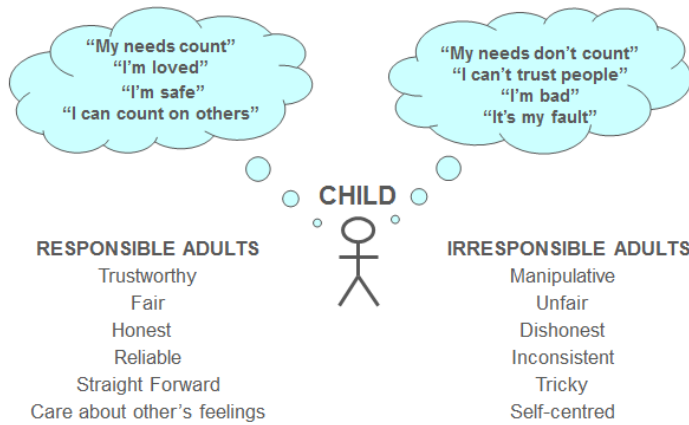


Key Themes in Responding



adapted from
Maxine Joy – Nada
Counselling

Responsibility Exercise



19

BELIEF → EFFECT(S)



- "It's my fault"* ⇒ self blame, guilt, self harm
- "I must've asked for it"* ⇒ self-loathing, acting out
- "I'm damaged goods"* ⇒ Sense self impacted
- "I have no control/power"* ⇒ nightmares, anxiety
- "Nothing will ever change"* ⇒ drug use, depression

"Every problem has a life-support system"
(Michael White)



20

For parents



- Belief. Staying grounded. Seek help.
- Keeping Child/Young person reassured.
- Keeping the child informed at a developmentally appropriate level.
- Parental Sense of Failure. Societal mother blame.
- Sense of being overwhelmed. May echo personal experiences.
- Fear child is forever damaged.



21

- Prevalence of CSA is hard to establish
- Best available figures indicate:
 - 12% of substantiated child abuse allegations are related to sexual abuse
 - Rates in females are higher than males (4-12% penetrative/13.9-36% non-penetrative compared to 1.4-8%/5.7 to 16%) (AIFS 2013)
- In terms of identifying other characteristics of those most vulnerable to CSA it is hard to disentangle the multiple and complex variables at play.



Dr Liz Coventry



22

Things from the case study that I was curious about:



- Sally's age
- Sally's learning difficulties – what influence will they have on the therapeutic process?
- What is Janet's reflective capacity?
- What capacity does Janet have to regulate her own emotional experience?
- what internal working models of relationship does each member of the family operate from?



23

Principles of working with children who have disclosed CSA, and their families:



- A systems approach is vital.
- The best buffer against this type of trauma is for the child to be held in the mind of their caregiver and is able to believe that "we can survive this together".
- The work must be child-led – so work within any limitations she brings.



24

And...



- I must work to provide a safe, empathic space for all members of the family who are engaged in the work.
- I must be alive to the impact of shame and the meanings all members of the family have made of these events.
- It maybe necessary for each member of the family to have their own therapy/therapist



25

Finally, what would the child psychiatrist do about the depressive symptoms:



- Firstly, watch and wait
- See how well the family system engages with therapeutic work
- Bring in as many natural supports as possible
- Engage the parent as much as possible
- Only if functioning is faltering and developmental progress is compromised – and after consulting with colleagues – would I consider pharmacological therapy.



26

Q&A session



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27

Resources and further reading

Other supporting resources associated with this webinar can be found by clicking on the light blue supporting resources icon. 

Next webinar series will cover:

- Introducing child and family practice to parents
- Engaging fathers and their children
- The micro-skills of trauma-informed practice
- Engaging children with complex communication needs
- Working with parents who have had their children removed
- Aboriginal and Torres Strait Islander children

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28

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- Statements of Attendance for this webinar will be issued within four - six weeks.
- Each participant will be sent a link to the recording of this webinar and associated online resources within four – six weeks.



29

This webinar was co-produced by MHPN and Emerging Minds for the Emerging Minds: National Workforce Centre for Child Mental Health (NWCCMH) project. The NWCCMH is led by Emerging Minds and delivered in partnership with the Australian Institute of Family Studies (AIFS), the Australian National University (ANU), the Parenting Research Centre (PRC) and the Royal Australian College of General Practitioners (RACGP).

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30

Thank You

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