

Working with children to prevent self-blame after disclosures of child sexual abuse

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What is this resource for?

- Supporting generalist practitioners to respond to children's disclosure of sexual abuse with confidence and transparency.
- Building the confidence of all practitioners to respond to the issue of child sexual abuse. This will increase the chances of children receiving early intervention and in turn, reduce the long-term effects of shame, secrecy and self-blame.
- Considering activities and questions that can help children and families to overcome self-blame, through an understanding of power.
- Supporting practitioners to work supportively with non-offending parents and caregivers, so they can overcome their own feelings of self-blame and support the child's recovery.

Who is this resource for?

This paper is aimed at practitioners who want to respond to disclosures of child sexual abuse in ways that challenge self-blame in safe and respectful ways. It provides strategies to help practitioners support a child who has disclosed sexual abuse, either while waiting for a referral to a specialist service, or while continuing to work with the child in a general or specialised capacity. It follows the Emerging Minds paper, [*Making use of practitioners' skills to support a child who has been sexually abused*](#).



Introduction

When children endure traumatic events, without the language to give meaning to their experiences, overwhelming narratives of self-blame and shame can develop – particularly when the perpetrator was known and trusted. These stories, when left unchallenged, can dominate the narratives of children throughout their lives. They can lead to 'loser' or 'failure' conclusions that have negative effects on mental health, safety and the ability to live connected or meaningful lives (Lippard & Nemeroff, 2020).

Victims of childhood sexual abuse report that the fear of not being believed, of receiving a negative response, or of facing consequences are powerful obstacles to disclosing abuse (Royal Commission into Institutional Responses to Child Sexual Abuse, 2017). Despite what we know about the prevalence and consequences of child sexual abuse, a pervasive culture of secrecy continues to undermine our shared ability to support children who have disclosed (Tucci & Mitchell, 2021). As practitioners, we can unwittingly contribute to secrecy when we don't support children to tell their stories.

As a generalist practitioner, you have a significant role to play in preventative and early intervention responses for children who have experienced child sexual abuse. By developing the confidence and skills to respond to disclosures when they occur, you can contribute to building supportive environments where children will be believed, will receive a supportive and positive response, and will be more likely to recover from the adverse mental health impacts that can affect victims of abuse throughout their lives.

Helping children to consider the power differences between adults and children is often the first and most important step in challenging shame and self-blame. There are important knowledges that you hold as a practitioner, that can help children to take the first step in challenging the meanings they have made from their experiences of trauma.

Introducing Taj

Taj is an 11-year-old boy who was sexually abused by his Uncle Craig. Taj has been referred to a generalist child and family therapist by his mother, who is very concerned about his relationships with everyone in the family. Taj has been acting unusually violent towards his brother in recent weeks. He is increasingly volatile and unwilling to communicate with his family members. Taj is also staying in his room most of the time and is more and more reluctant to go to school.

About 18 months ago, Taj's mother began to suspect that his Uncle Craig was sexually abusing him. When she shared her suspicions with Taj, he eventually admitted that the abuse had been happening for about nine months.

Since his disclosure, Taj has been to court to testify against Uncle Craig, who was subsequently found guilty.

Taj has not wanted to discuss the abuse with anyone since the court case and was initially reluctant to see a therapist. The sexual abuse was not disclosed to the child and family therapist, until Taj began to discuss some details of the court case in his third session with her.

In this fourth session, the therapist asks Taj if she can ask him a few questions about what happened with Uncle Craig. Taj says that he had seen someone to talk about the abuse when his mum first found out, but it didn't help, and he still feels bad about himself all the time.

The therapist says that for some children, it can help them to feel less bad, if they discuss some of the differences between the adult (Uncle Craig) and a child. Taj agrees to talk through some of these differences, but doesn't want to talk about the specifics of what happened to him.



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Whose job is it?

When a child chooses to disclose sexual abuse to you, it usually means they believe you are trustworthy and willing to listen (Guy, 2020). Research shows that children typically disclose to adults who are tuned in to their distress or who ask them a direct question about their experience (McElvaney, 2016). You may have worked skilfully with a child who was initially reluctant to engage, demonstrating a strong focus on their hopes, preferences and concerns (Emerging Minds, 2020).

But what if a child discloses and you are not a specialised child sexual abuse practitioner? Should you automatically refer to a specialist service, and where should you leave the conversation? Is there any guarantee the child will ever attend the specialist service? Research shows that children are less likely to attend specialist sexual abuse services where they are not accompanied by a supportive parent, or where parents experience poverty, isolation, family and domestic violence, or substance use issues (Herbert, 2021). This could mean that a child who discloses receives support from neither general nor specialist services, providing them with strong messages which reinforce secrecy and self-blame.

There is significantly more written about the barriers to children disclosing sexual abuse, and practitioners responding effectively, than there is about strategies for challenging self-blame (Allnock, 2017). This is perhaps indicative of a pervasive societal anxiety towards children who have been abused. Many adults may be reluctant to ask children about their experiences due to their own feelings of discomfort; or they may believe enquiring about a child's history of abuse will only make things worse (Tucci & Mitchell, 2021; Quadara et al., 2017).

Generalist services consistently follow safety protocols in cases where a child's abuse is under investigation. These are important for keeping

children safe and coordinating support services. However, for many children, their only opportunities to describe their experiences occur within an adversarial legal system, depriving them of the chance to make meaning of their trauma (Bluett-Borne & Flieborn, 2014).

It is important for generalist practitioners and services to have a sound understanding of safety and legal protocols following disclosure, so they can confidently support children and families and provide transparent and supportive information. However, it is equally important for a service to support the child's ability to tell their story, in ways that provide a contextual understanding of adult power (meaning that they were in no way complicit in the abuse).



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Considering options rather than barriers

A child who has just disclosed abuse will probably be anxious about your response. They may become intensely aware of your 'non-verbal' cues such as tone of voice, body posture and facial expressions, as a clue to your level of comfort (Perry, 2020). Honouring a child's disclosure of sexual abuse can help reassure the child that they made the right decision by telling you. It can also help you to slow down your own process, creating the necessary space for a slow, safe and supportive conversation about next steps (Australian Institute of Family Studies, 2015). This does not mean that you will have all the answers for the child; but honouring and believing them is what they are likely to need most in the first instance (Broadley, 2018).

If a child has chosen to disclose sexual abuse to you, this says something about their desire to move beyond self-blame and other negative effects (Reitsema & Grietens, 2015). By maintaining curiosity after disclosure, you are more likely to learn something about the child and what has made it possible for them to disclose (White, 2005). This shows the child that you're able to listen without judgement; you believe them; and you view them as more than just their experience of abuse.

Some questions or statements that might support this include:

'Taj, it must have taken a lot of courage to tell me about your experiences with Uncle Craig.'

'Taj, what do you think it was that helped you to tell me about what Uncle Craig did to you?'

'Taj, how have you been able to overcome all of Uncle Craig's tricks to still tell me what he did to you?'

'Taj, I want to thank you for sharing your story with me. No child should have to experience what your Uncle Craig did to you, and I want to help you to understand that none of this was your fault.'

'Taj, you mentioned that you still feel guilty about what Uncle Craig did to you. I want to ask you some questions about that, but only when you are ready.'



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Engaging non-offending parents*

* The term 'parent' encompasses the biological and adoptive parents of a child, as well as individuals who have chosen to take up a primary or shared responsibility in raising that child.

When a child discloses sexual abuse, the experience for their parents can be overwhelming. Feelings of self-blame are prominent and potentially make it harder for the parent to support their child.

'I should have known.'

'I could have stopped it.'

'This is all my fault.'

'My child will never recover.'

'The bastard has to pay.'

At the same time, a parent's support is the most important factor in shielding children from future harm and creating positive and supportive messages which challenge self-blame (Hill, 2012; Guy, 2020). Your role in normalising a parent's negative emotions, while maintaining a focus on the child, is critical (Foster, 2014).

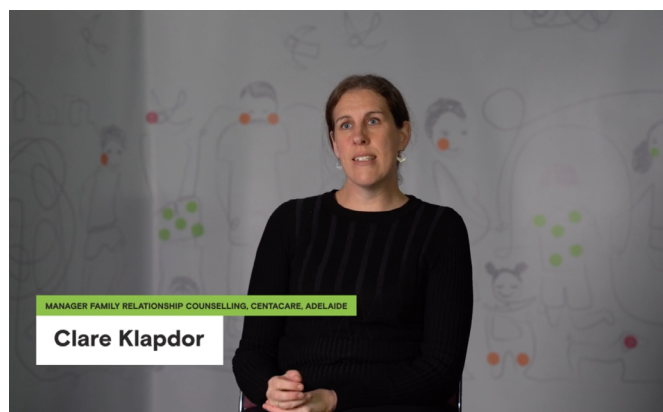
This can be even more complicated when the abuser is someone close to the parent, particularly a partner or relative. It is not uncommon for some parents to feel disbelief at first. As a practitioner, it may be puzzling when parents do not automatically provide consistent, child-focused messages following disclosure. But you should not assume that a parent who doubts their child's disclosure is not being protective.

Offering parents a safe space to discuss the spectrum of their emotions – doubt, shame, embarrassment, anger – can be a critical factor in the protection and healing of children. This can also be a crucial strategy in helping parents to provide consistent and nurturing messages to their child, even when they are feeling stressed.

Parents are not immune from common and unhelpful misunderstandings about children's complicity in their experiences of abuse. They may unwittingly contribute to their child's sense of self-blame, where they lack the appropriate support. These parents may even live with the effects of their own self-blame from traumatic experiences as children (Testa, Hoffman, & Livingston, 2011).

Disclosures of child sexual abuse by a family member can tear apart family relationships. Parents' experiences of their child's disclosure are compounded with grief and loss for family connections. At a time where family support is most important, parents are often at their most isolated. Parents are often too embarrassed to tell their friends. In some cases, generalist practitioners can play a crucial role in supporting parents to manage their own feelings, and to actively consider how the parent-child relationship can consistently challenge and overcome self-blame.

Some parents notice significant changes in their child's behaviour after disclosure, including increased anxiety, anger, mood swings, sleep disturbance, school refusal or sexualised behaviour (van Tolida & Seymour, 2016). There are many popular causal explanations for children who behave in these ways, and children may increasingly be seen as possessing personality or behavioural deficits. These deficits have been used against children in legal institutions, as the reasons why they were abused in the first place (Cox, 2017).



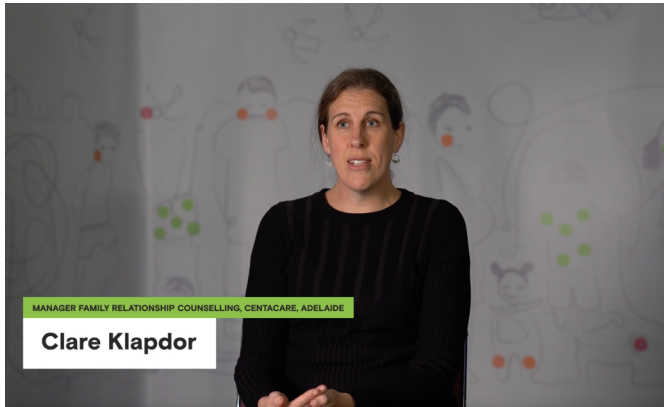
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Support options

The provision of practical and emotional support for non-offending parents has been shown to have strong positive influences on outcomes for both parents and children (Goboult et al., 2014). There are some straightforward support interventions that you can provide to parents, that do not require specialist knowledge of childhood sexual abuse (Fuller, 2016):

- Listening to parents without judgement is a simple and beneficial practice. Asking curious questions about negative feelings can create opportunities for parents to describe their preferences for their child, including safety, respect and compassion.
- Considering the strengths of the parent-child relationship invites parents to create a shared narrative with their child that focuses on shared values, routines and connection. In this way, parents will begin to develop increased confidence in their role in supporting their child's recovery (Foster, 2014). When parents observe your interest in their strengths, they can also become more confident in describing what they would like to change, or more open to alternative messages that can support their child's mental health.
- Checking in with parents about the safety of the child following disclosures of abuse is essential. You can support the parent in considering their child's support needs if they are currently involved in processes with the police, child protection or legal institutions. You may find it useful to seek consent to share information with other agencies involved with the child, so that they can ensure they provide consistent messages and advice to the parent.

Parents often have questions about how to respond if their child wants to talk more about the abuse, or about a concerning behavior the child is displaying. They may benefit from developmental psychoeducation regarding the effects of trauma, which can explain what is already present or help them to prepare for what may come. The fundamental message for parents is that being a safe and secure adult in the child's life is one of the most important things they can do for their child.



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Summary

For the non-specialist practitioner, disclosures of sexual abuse from children can raise a number of emotions and thoughts, such as, *'I'm not equipped to deal with this'*, *'What if I make things worse?'* or *'What if I say the wrong thing?'*. Overcoming these emotions and thoughts may be crucial to honoring the child's decision to trust you and supporting a journey that alleviates self-blame and future mental health concerns.

This paper aims to provide support to practitioners who are working with children who have disclosed sexual abuse. Emerging Minds is committed to producing quality resources to support practitioners and services who work with children and families in this area. Because you have taken the time to read this paper, we would value your comments about additional resources that would support your work in this area. If you have time, please complete our short, three-question survey [here](#).

Supporting resources

Online course – [Supporting children who have experienced trauma](#)

Practice paper – [Making use of practitioners' skills to support a child who has been sexually abused](#)

Webinar – [Practice skills of working with children who have experienced trauma](#)

Podcasts – [Supporting the communication needs of children with complex trauma \(part 1\)](#) and [\(part 2\)](#)

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