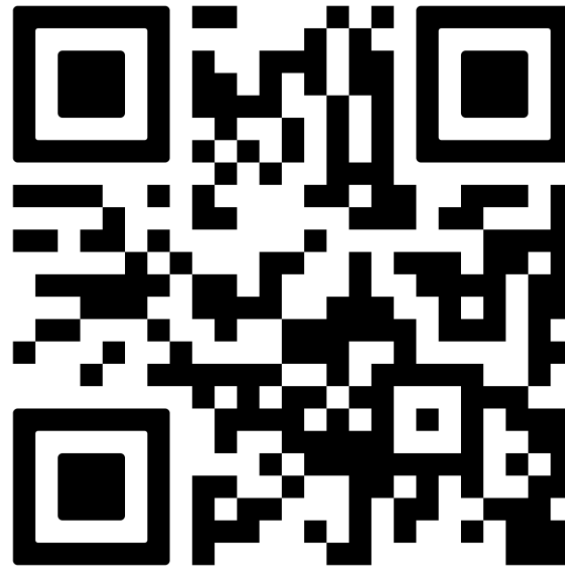


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Make sure to check out Emerging Minds for resources that support your practice when working with children and families



<https://emergingminds.com.au/>

Webinar 30

Supporting children who have disclosed trauma

**7:15 pm to 8:30 pm AEDT
Wednesday, 15th February 2023**

**Emerging
Minds.**

**National Workforce
Centre for Child
Mental Health**



Emerging Minds and MHPN wish 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 Five

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

Upcoming webinars in Series Five that will be delivered in 2023 include:

- Decolonising mental health when working with Aboriginal and Torres Strait Islander children and families
- Responding to childhood bullying

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Learning outcomes

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

- Discuss the ways that self-blame occurs and how it is manipulated by perpetrators to support the secrecy and silence surrounding abuse.
- Identify strategies that practitioners can introduce to children and parents to help them make sense of their experiences in ways that challenge self-blame.
- Discuss how the power difference between children and adults can be made overt in sessions with children to help them challenge their feelings of complicity.

Tonight's panel



David Tully
Practice Manager, SA



Clare Klapdor
Social Worker, SA



Kate Headley
Speech Pathologist, NSW



Facilitator:
Chris Dolman
Senior Practice
Development Officer,
SA

The Practice Manager perspective



David Tully

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 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').

The Practice Manager perspective



David Tully

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, that is to blame themselves for the assault.

Tactics of abuse are often about *obscuring the developmental process* e.g. suggesting that children can make adult decisions.

The Practice Manager perspective

Self blame Theme...



David Tully

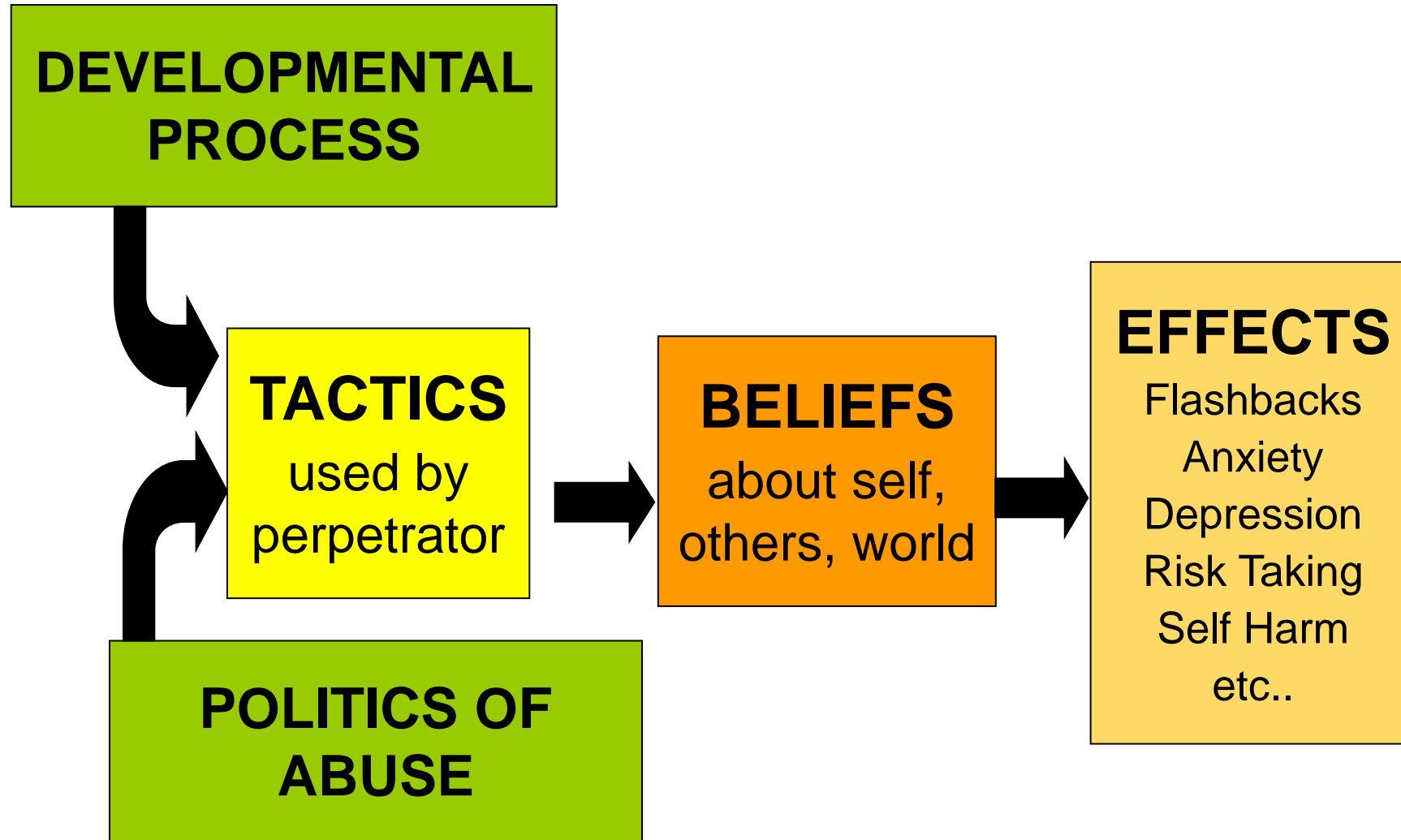
- Central to the work is the need to challenge the idea that “I am to blame.”
- Can come in many forms:
 - I took the money
 - I must deserve it
 - I enjoyed the attention
 - I feel like it was my fault, why didn't I stop it somehow
 - I am weak/a wimp why didn't I fight him off
 - There is just something about me ...
 - Nobody can force you to get it up
 - “... but I done it to him”/her
 - But I still could have stopped it if I really wanted to
 - I should have told sooner



The Practice Manager perspective



David Tully

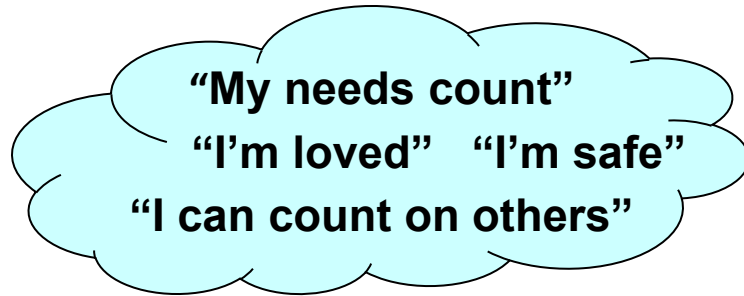


The Practice Manager perspective



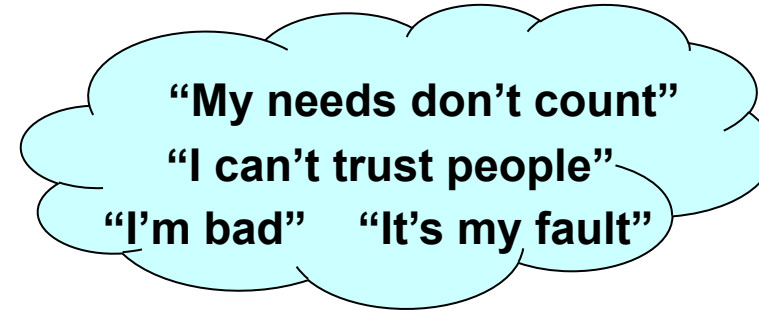
David Tully

Responsibility Exercise



RESPONSIBLE ADULTS

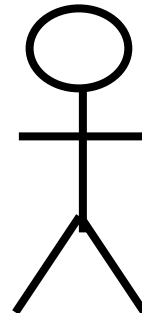
Trustworthy
Fair
Honest
Reliable
Straight Forward
Care about other's feelings



IRRESPONSIBLE ADULTS

Manipulative
Unfair
Lie
Inconsistent
Tricky
Self Centred

CHILD



The Practice Manager perspective



David Tully

Therapeutic Tools

- Unmasking the politics of power & establishing responsibility:

(questioning based on work from Maxine Joy)

- Whose idea was it (that you played the game, mucked around, went into the bedroom)?
- Who thought up the ideas?
- Who decided when, what, where, how?
- Who suggested not to tell, called it a secret?
- Whose feelings were important?
- Whose desires were being catered for?
- Whose interests were being privileged?
- Who do you think was responsible?



The Practice Manager perspective



David Tully

Children and young people are never passive but actively engage in making meaning of abuse with the capacity and social power available to them.

Stories of protest

(e.g. crying, pleading)

Stories of resistance

(e.g. hiding, trying to tell, running away)

Stories of resilience

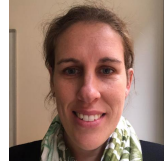
(e.g. 'keeping quiet' to protect a younger sibling, imaginary friends, learning to 'blank out')

Stories of connection

(e.g. seeking out safety & connection with a caring teacher)



The Social Worker's perspective

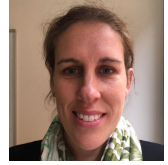


Clare Klapdor

How do professionals inadvertently contribute to **Secrecy**?

- Perpetrators rely on secrecy to protect themselves and continue the abuse of children. Placing the blame for the abuse on the child increases the likelihood that the child will not tell anyone.
- It can be very difficult for some children to initiate conversation or play about the abuse when with a professional, even if they know that is why they have an appointment.
- As professionals we can worry that talking with the child about the abuse will increase their distress or trigger post-traumatic symptoms.
- Avoiding the topic aligns with secrecy and can increase a child's feeling of shame.

The Social Worker's perspective



Clare Klapdor

Strategies for opening the conversation:

- 1) Pre-prepare the child that you are about to ask a question that might be hard. Don't take them by surprise.

I'm going to ask a question that might be hard to talk about.

- 2) Give permission for the child to say they don't want to talk about it, or they want to stop talking about it.

You're the boss of what we talk about and when we stop.

Give the child cards to hold up that say things like "I don't know" "I don't want to answer" "it's too hard" "I want to stop talking about this" "ask me a different question" "I want to stop the session".

- 3) Use a specific phrase such as a name or location.

I'd like to talk to you about what happened with Uncle Craig.

I'd like to talk to you about what happened at piano lessons.

- 4) Keep checking in.

Is it ok if I ask another question? Can we do an activity about this?

Do you want to use one of your cards? Can we talk more about this next time?



The Social Worker's perspective

Breaking the **Silence**



Clare Klapdor

Acknowledge the huge achievement of the child in removing the secrecy.

Activities to help the child connect with their feelings about removing the secrecy – whether bad or good.

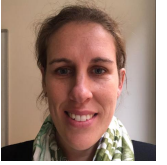
Activities to track other times the child may have tried to break the secrecy and what made it hard.

What may get in the way of them talking about it again.

And don't forget the **Fun**



The Social Worker's perspective



Clare Klapdor

Parents/carers and self-blame

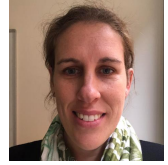
Ideally, the most important support comes from the home environment. Parents or carers often blame themselves for the abuse.

Own history of child sexual abuse plays a part in parental self-blame.

The manipulation of the perpetrator will have extended to care givers, and this too may need to be undone.

The child will benefit if their parent or carer has a safe and non-judgemental space to unpack their feelings of self-blame and talk about the abuse.

The Social Worker's perspective



Clare Klapdor

Strategies for conversations with parents and carers

Psychoeducation about how perpetrators manipulate and groom children and adults.

Normalising their experiences and feelings of self-blame, without minimizing.
Compassion-focused therapy with particular focus on self-compassion.

Psychoeducation about secrecy and the importance of adults allowing children to talk about their abuse in a safe environment

- If subject brought up in front of other children, acknowledge importance of what child wants to talk about and make a time to discuss in a private space.
- Reminding children that if they ever want to talk about what happened they can
- If you are worried *that you will say the wrong thing, just listen and offer comfort*

The Speech Pathologist's perspective



Kate Headley

Be aware of body language:



- Intentionally use strategies to build social connection.
- Observe for misinterpretation
- May impact comprehension of spoken language.
- May unintentionally direct what children talk about.

The Speech Pathologist's perspective



Kate Headley

Child as knowledge holder :



Position yourself as a the 'naïve' person in the interaction:

- Engage the child in a conversation about a topic only they could know.
- Allow the child to teach you about a special skill/interest the child has.

The Speech Pathologist's perspective



Kate Headley

Shared understanding:

- Simplify language.
- Use strategies to assist language and memory – photos, videos, written information, drawings, doodles etc.
- Explicitly agree on the meaning of words – create a 'word bank' if needed.



The Speech Pathologist's perspective



Kate Headley

Particular areas of difficulty:



- Timeframes
- Sequence of events
- Pronouns, e.g. 'he', 'she', 'him', 'her'
- Questions containing 'why', 'how' and 'when'
- Inferring unspoken or implied information
- Reading for comprehension

The Speech Pathologist's perspective



Kate Headley

Co-design with the child

- Reflect observations– What works for them?
- Consider 'doing & showing' in conjunction with, or as an alternative to talking.
- Provide extra time to respond.
- Be explicit with everything – check in comprehension.
- How does the child prefer information presented?
Written bullet points, pictures, videos, drawings etc?



Q&A Session



David Tully
Practice Manager, SA



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Social Worker, SA



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Visit www.mhpn.org.au to join your local network, a number bring together practitioners with a shared interest in young people's mental health.

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