

Working with parents

See, understand and respond to child sexual abuse.

Issued by DCJ for use by Child Protection Practitioners November 2016





Resources

The kit contains a number of practical resources for you to use in your work with children and families. Below are the resources for the Working with parents section.



Traffic Lights: A resource that describes age-appropriate and concerning sexual behaviour in children. It breaks this behaviour into green (normal) orange (outside normal) and red (problematic or harmful). Note: this resource should be applied as a guide only. It is not sensitive to diversity (cultural, religious and familial) and should be used by practitioners with an understanding of the dynamics of child sexual abuse.



Helping to Make It Better: S Factsheets in clear, plain English that respond to common concerns for parents, address myths about child sexual abuse and provide parents with advice.



The Mothering Tree: An illustrated book which describes the myths of child sexual abuse, the impact of child sexual abuse and common responses to child sexual abuse.



Inside Out: A book which uses illustrations to describe common emotions felt by children who have experienced child sexual abuse.



Family Safety Circles: A tool to help children and parents to discuss 'who should know what' about the child protection concerns.

Working with parents

About this chapter

About this chapter

As a child protection practitioner you may be the first person to speak to a parent about concerns that their child is at significant risk of sexual abuse. Never underestimate how important that conversation is and the difference you can make. At times you may hold concerns without clear physical evidence or a purposeful disclosure from the child.

You may begin safety planning and risk assessment with the aim of helping the parent to fully believe their child is at risk. You may want the parent to immediately say and do things to protect their child. This is understandable, but not necessarily realistic for a parent who is still processing and coming to terms with information which may change their life and their relationships irrevocably.

Continue...

This chapter will provide you with practical ideas for your work with the parent that will help them to respond protectively to their child.

In Practice

The term offender is used in this chapter because the chapter concentrates on responding to a parent after a child's disclosure.

You will notice that the offender is referred to as a man in this chapter. This reflects the fact that the overwhelming majority of child sex offenders are men. It is however, recognised that offenders can be female.

🖙 Go to

chapter four of the OSP Child Sexual Abuse Literature Review € for more information on women who sexually abuse children.





Part one: Seeing and understanding

Key question:

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How has grooming by the offender shaped the parent's perception of the abuse and their relationship with their child?

Part two: Responding

Key question:

How can I support a parent to respond protectively to their child?



Part one: Seeing and understanding

Key question:

How has grooming by the offender shaped the parent's perception of the abuse and their relationship with their child?

• Part one: Seeing and understanding

The parent's experience

We know that nine out of ten girl victims and eight out of ten boy victims of sexual abuse knew the offender.¹ For parents, this means that a report about the sexual abuse of their child is likely to affect their relationships with family, friends and other trusted adults. The diagram below describes some common experiences for parents who are working with DCJ because their child is at risk of sexual abuse. Some parents you are working with may have one or two of these experiences, others will have many more. The diagram will help you understand how a range of different factors can shape the parent's response to sexual abuse concerns. It is based on information in the 'Helping to Make It Better' resource.

Diagram One

Common experiences for parents

The offender may be continuing to deliberately groom the parent by:

- discrediting the child or parent
- blaming the child or parent
- fracturing the child's relationship with the parent
- minimising their responsibility for abuse
- denying the abuse
- producing credible reasons why the
- allegations have been made threatening the parent or child.

The parent could be aware that the community may:

- want to avoid the painful reality of the abuse and be uncertain of whether to say something or not
- not believe the risk of harm concerns
- support and believe the offender's denial / minimisation
- feel confused about who to believe
- threaten to hurt or kill the offender
- blame the parent or child for the abuse
- label the parent as either believing or
- disbelieving / protective or not protective.

The parent could be aware that the child may be:

- thinking that the abuse was their fault
- feeling different, ashamed, dirty, embarrassed
- feeling scared and anxious
- feeling angry with the offender / parent / other community members
- confused about whether they have done the right thing in telling
- unable to disclose or retracting / minimising their disclosure
- separated from their family because of child protection intervention or a decision by the family.

The parent may be:

- unsure of their child's reliability or their developmental ability to disclose abuse
- unable to believe that the abuse could have happened
- angry with their child / the offender / themselves
- ashamed that they did not recognise the abuse
- feeling embarrassed, shocked, numb
- experiencing grief and loss
- experiencing relationship difficulties and isolation
- feeling distanced from their child
- feeling frightened about the consequences of believing.

¹ Australian Bureau of Statistics (2005). Personal Safety Survey. Canberra, Australia.

Understanding the impact of grooming on the parent

To continue to sexually abuse the child, the offender needs to use techniques that both decrease the child's ability to disclose abuse and reduce the ability of the parent and other supportive adults to believe the child's disclosure. By seeing and understanding how the offender has groomed the parent, you are better able to put yourself in the parent's shoes, understand the barriers to them believing your concerns and develop empathic responses which can assist in building their belief.

PRACTICE CONSIDERATIONS:	CONVERSATION IDEAS:
	'What has [offender] told you about the child?'
How has [offender] prevented the parent from believing the child?	'Tell me about [offender's] relationship with [child]. What does he like about [child]? What doesn't he like about [child]?'
 Common strategies may include: discrediting the child as a liar, untrustworthy, promiscuous, attention-seeking telling the child their parent knows about or condones the abuse 	'When was the last time you felt really close and connected to your child? What was happening for your family then? What has your relationship with [child] been like lately?'
 telling the child that the parent thinks they are not believable preventing the child from 	'How much one on one time do you spend with [child]? Has this changed recently?'
spending time with the parent.	'It is really common for people who sexually abuse kids to say things to damage the child's relationship with their parents. They do this to stop the child telling their parents about the abuse. Have you noticed [offender] doing anything like that?'
How did [offender] make the child fearful of disclosing abuse to their parent? Common strategies could include making the child:	'Lots of parents feel really upset that their child didn't
 feel responsible for the parent's wellbeing or the wellbeing of the family 	tell them about the abuse first. People who abuse children deliberately try to stop kids from telling their parents.'
 think their parent would not believe them think their parent would agree with the abuse. 	

Understanding the impact of grooming on the parent

continued...

PRACTICE CONSIDERATIONS:

How can this offender continue to influence this parent now that DCJ has become involved?

Common strategies include:

- providing 'rational' alternative explanations for the abuse
- minimising their responsibility for the abuse
- blaming others for the abuse.

CONVERSATION IDEAS:

'What do you think [offender] might say about my concerns?'

'It's really normal for people who are being accused of sexually abusing a child to have lots of different explanations for what has happened. These explanations can be very persuasive. [Offender] doesn't want to get into trouble and wants you to believe him and like him. I am really happy for you to call me to talk about any explanations [offender] gives you.'



In Practice



If possible, prepare to address any labels or beliefs that discredit the child. **For example:** if the child's mental health issues have been used to discredit them, talk to the Clinical Issues Team or a colleague at a Child and Adolescent Mental Health Service to get expert advice on the mental health issue and the impact on the child's behaviour or disclosure.



In Practice



We know that families who are under stress are more likely to be targeted by offenders. Parents who are experiencing substance misuse, mental health issues or domestic violence may also experience additional barriers to believing and responding supportively to their child.

The parent could be:

- relying on the offender to meet their child's needs
- having difficulty responding appropriately to their child's needs
- isolated from family and the community with the offender offering an opportunity for connection
- fearful of child protection services
- fearful that their child's disclosure means that they will be blamed for the abuse and further alienated and stigmatised by the community.

A relationship-based approach which links vulnerable parents to family and community as well as services is critical to address any reliance on the suspected offender, reduce isolation and increase their capacity to support their child.







the seeing and understanding section of the **'Risk assessment and casework'** chapter for ideas on assessing the impact of substance misuse, mental health issues and domestic violence on the parent's capacity to protect their child.



Key question:

How can I support a parent to respond protectively to their child?



Responding to the parent

When you enter a parent's home to discuss your concerns, you are providing them with information that may change their perception of themselves, their child and the community irrevocably. We know that for children, one of the most important aspects to their recovery is their parents believing them. We also know that for parents, the process of taking a position of complete belief can be lengthy and complicated.

Parents rarely respond to allegations or disclosures of sexual abuse with unequivocal belief or disbelief, rather their responses could most accurately be described as moving along a continuum of belief.² Their position on this continuum changes and fluctuates from minute to minute, or week to week depending on the information the parent has at the time and the influence of others, including the offender. The parent may also be struggling with having chosen and loved this person (the offender), especially if they are their partner or the parent of their children.

At times it may seem as though the needs of the parent and the child are conflicting and this can be challenging for practitioners. Part two will provide you with some strategies to respond to parents and increase their capacity to support their child.



In Practice

A parent who has just been told that their child is at risk of sexual abuse may need to navigate a complex legal and social welfare system for the first time.

You can support the parent by helping them to answer these questions:

- What can I say to my child?
- How can I support my child?
- What will I say to my family, friends, and other children?
- What will I say to the offender?
- What might the consequences be for the offender?

Evidence

Researchers have examined and described common reactions of parents (predominantly mothers) who have discovered that their child has been sexually abused.³ The way that a parent experiences and responds to their child's disclosure, or information about the risk of sexual abuse, is varied and complex. This information can help you to empathise with and effectively respond to the parent.

Common experiences of the parent may include:

- undergoing multiple and overwhelming losses in many areas including relationships, family, finance, trust, safety and identity
- feeling overwhelmed by shame which can silence and isolate them from seeking support
- having family, community members (including professionals) blame the parent (most often the mother) for not noticing and stopping the abuse
- fluctuating between doubt and belief or minimising the abuse and the offender's responsibility for the abuse. Even parents who are generally supportive of their child can be ambivalent or inconsistent in their responses
- being consumed with processing information about their child's sexual abuse, which can make it hard to respond decisively.

² Humphreys, C (1992) and Christensen, G. & Cramer, H. (2002) cited in NSW Health Education Centre Against Violence (2013). A practice framework for the joint investigative response team (JIRT) NSW health response. NSW Ministry of Health: Sydney.

³NSW Health Education Centre Against Violence (2013). A practice framework for the joint investigative response team (JIRT) NSW Health.

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Amy's story

Serena and Doug have been married for 20 years. They have one daughter, Amy (12) who they both adore. Serena has been worried lately that Amy seems withdrawn and sad. She has tried to find out if anything is wrong but Amy does not seem to want to talk to her. Serena also asked Doug what he thought was going on for Amy and he reassured her that Amy is fine and any moodiness is because of her age.

While Amy was at school camp she told her teacher that Doug had been sexually abusing her for two years. This initially involved sexual touching but recently he had orally and vaginally raped her. Amy was ashamed and embarrassed. She said she didn't want her mum to know because 'she loves Dad and this will break her heart'.

After the school contacted DCJ and Amy eventually gave a full disclosure, two caseworkers met with Serena. She was highly distressed by Amy's disclosure. In the days that followed, Doug was interviewed by police and confessed. He was arrested and bail was refused. Serena supported Amy as best she could but was in deep grief and inconsolably distressed. In the months that followed, the relationship between Serena and Amy became strained despite them having always been close. Amy spoke about how her mother was overwhelmed with grief and missing Doug. Serena said she still really 'couldn't believe it' even when she knew Amy and Doug were telling the truth. She said, 'when I believe it, I have to accept my whole marriage was based on lies and the man I loved and chose has done the most horrendous thing to our daughter. Believing that to be true is so hard I often think I can't.'

This case study illustrates how hard it can be for a parent to believe that their child has been sexually abused, particularly when the offender is someone they love and trust deeply. It reminds us to put ourselves in the shoes of the parent and respond to them with sensitivity and empathy. It also reminds us that the child's disclosure is often the beginning of a long and often painful road to recovery for both parent and child.



Talking to the parent after their child has disclosed abuse

There will be times when a child's disclosure means they are eligible to be case managed by JIRT. The practice and conversation ideas below are for circumstances where a CSC is working collaboratively with JIRT. This might be because the CSC is responding to serious risk of harm concerns for siblings or because a decision around eligibility for the child is being made. If you are ever in doubt about how to talk to a parent, call your local JIRT.

While many of the practice considerations and conversation ideas can be amended for talking to the parent when sexual abuse is suspected but not confirmed, there are some specific practice ideas for responding to these circumstances later in this chapter.



In Practice

A child's disclosure of abuse is likely to be challenging and emotional for you and the parent.

It is important that you prepare for your conversation with the parent by practicing with a colleague or your manager. Practicing will also help you avoid the use of jargon or bureaucratic language which can distance both you and the parent from the child's experience.



In Practice

The JIRT Referral Unit decides if a child's disclosure or other information means they are eligible for case management by the JIRT team. This process should happen quickly.

There will be times where you will need to work to keep the child safe while decisions around eligibility are made. For example, when the child is returning home to the parent or the offender and a decision around eligibility has not yet been made. The child's safety should always be the most important decision making criterion. Some important questions to answer include:

- Who will tell the parent that the child has disclosed sexual abuse? Note: the child should never be left to tell their parent about the abuse.
- Is the parent able to keep the child safe?
 What information does the parent need to be able to keep the child safe?
- How will contact between the child and the offender be managed?
- How will we be assessing the risk to the child's sisters or brothers?





the seeing and understanding section of the <u>'Working with the criminal justice</u> <u>system</u>' chapter for more information on understanding the criminal process.

Talking to the parent about the child's experience of abuse

Using the child's words to help the parent understand how they responded and resisted the abuse⁴ can be important for two reasons. Firstly, it helps the parent to see how the offender abused the child very deliberately, in spite of the child's attempts to respond to or stop the abuse. Secondly, it helps the parent to see their child's bravery and empathise with the child's experience.

PRACTICE CONSIDERATIONS:	CONVERSATION IDEAS:
Acknowledge the parent's responses to child protection intervention and prepare the parent for the difficult conversation.	'I have come here today to talk about some worries I have for [child]. These worries are quite confronting and may be upsetting. Do you have any idea about what I might be worried about?'
 Provide brief, factual and non- bureaucratic information about the child's disclosure to the parent by providing them with: the child's words / pictures / stories about the abuse (where it is safe to do so) stories of the child's resistance to the abuse. 	 '[Child] told us that [offender] made her front bottom really sore by putting his finger inside.' '[Child] told me that she would make her legs really tight to make it more difficult for [offender] to put his finger inside her vagina. [Offender] would push her legs apart and force his finger inside her vagina. As I listened I thought about how brave she had been.' '[Child] told me that they would let [offender] tell them stories at night because [child] knew you needed a break. [Offender] told them you would get sick if they didn't give you rests.'
Ask the parent about the child as this may provide you with valuable information about the parent's perception of the child and relationship with them.	'Tell me about [child] - what do you like about them? What are they good at?' 'What do you find challenging about them?'
Talk with the parent about their child's fears, worries and hopes in order to focus them on the child's experience.	 '[Child] told me that their greatest wish was that you would believe them.' '[Child] told me their greatest fear was that you would say they are a liar, like [offender] said you would.'

CC Experts say...

It is very tempting to take the side of the perpetrator. All the perpetrator asks is that the bystander do nothing. He appeals to the universal desire to see, hear and speak no evil. The victim on the contrary asks the bystander to share the burden of pain. The victim demands action, engagement and remembering.

Judith Herman, 1997. Author and academic. Professor of psychiatry, Harvard University and Psychiatric Director at the Women's Mental Health Collective, Somerville Massachusetts.

⁴ The centre for response based practice http://responsebasedpractice.com/default.htm, is based on the ideas of Allan Wade and partners. There is more detailed information on response based practice with children in the 'Working with children' chapter.



Supporting the parent (after their child's disclosure)

The best way of understanding how a parent is experiencing and responding to information is to notice their emotional responses and talk to them about it.

We know that children who receive a supportive response from the parent are better able to respond to investigative interviews and give evidence in court.⁵ A parent who receives a supportive response from you is far more able to respond supportively to their child.

Our Aboriginal Practitioners say...

Moving a parent from their support systems can place them at higher risk and make it harder for them to protect their kids. They are isolated.

Lisa Matheson, manager casework

PRACTICE CONSIDERATIONS:	CONVERSATION IDEAS:
Explain the way that grooming silences children and prevents adults from seeing the abuse. Be very clear that the abuse is not the parent's fault.	'Sexual abuse happens because the person who sexually abuses children works very hard to stop [child] telling anyone and to stop the parent from noticing the abuse. [Offender] chose to abuse [the child]; this is their fault, not yours.' 'Children can be made to feel very scared to talk about their sexual abuse which is why they are not able to tell their parents. [Offender] has told [child] that you would be very angry if they told you about the abuse.'
 Acknowledge and normalise doubt: stay calm provide consistent, factual and clear information use OARS (open ended questions, affirmations, reflection and summary) in your work with parents⁶ look for belief consistently state that you believe the child even though you can also understand the parent's difficulty believing prepare the parent for times when they may struggle most to believe. 	'There might be times when you believe 100 per cent that the [offender] has sexually abused [the child]. There might be other times when it might be more difficult. What do you think you might need during those times?' 'Sometimes parents can feel quite upset with their child about what they have said and upset that people like me are becoming involved with their family. What do you think you can do if you have these feelings?'

 $^{\rm 6}$ Talk to your casework specialist about how to use OARS in practice.

⁵ Eastwood, C. (2003) and Cossins, A. (2002) cited in the NSW Health Education Centre Against Violence (2013). A practice framework for the joint investigative response team (JIRT) NSW health response. NSW Ministry of Health: Sydney is a resource paper outlining the evidence and practice considerations for senior health clinicians.

PRACTICE CONSIDERATIONS:

Ask the parent how child sexual abuse would have been dealt with in their extended family, home country, town, culture or religious community.

- Acknowledge any differences.
- Provide information on the Australian legal and child protection system.
- Discuss and plan for the impact of the abuse allegations on the parent's connection to their extended family or community.



CONVERSATION IDEAS:

'It sounds as though this would have been a family issue and [offender] would have been punished within the family. I can imagine then it is really hard to be talking about this issue with people like me. How do you think your family will respond to [offender's] abuse of [child]?'

PLEASE NOTE

This question is not exclusively for families from migrant and refugee backgrounds or Aboriginal families. Other families, towns and communities may also have beliefs about sexual abuse that can be explored through this question.





Preparing the parent for the next steps

It is useful to prepare the parent for common behavioural responses in their child and the offender to help them manage these effectively. By providing the parent with information about what to expect next, you are helping to manage their stress and anxiety and supporting them to support their child.

PRACTICE CONSIDERATIONS:	CONVERSATION IDEAS:
The guidelines around what the parent and siblings can say to the child will change according to the circumstances. If you are in doubt, contact your local JIRT. Generally, the guidance is:	'What do you think [child] needs from you tonight?'
 parents should not ask children directly about the abuse if the child starts to talk about the abuse, parents should listen and show the child they care, but not ask questions parents should try to avoid 'why' questions if possible because they can come across as blaming the child. For example, 'why didn't you tell me?' parents can and should talk to children about how they are feeling and offer them support. 	'You will probably have lots of questions and feelings. How do you think you will manage all these questions and thoughts while you are caring for the kids tonight?' 'It is really important that you talk to [child] about how they are feeling and let them know that you care about them and will keep them safe. Don't pressure [child] to talk about the abuse or ask them lots of detailed questions.'



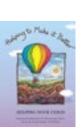
In Practice

These guidelines can be very difficult for family members to follow. It is important for you to explain the reasons for these guidelines clearly and empathise with the parent's desire to know as much information as possible about what has happened to their child.

For example, 'many parents find it really difficult not to ask their children questions about the abuse. It's natural to want to know and understand what has happened to your child. The reason why you should not ask your child questions is because sometimes children give information to please their parents rather than just focusing on what happened. Parents who have listened to their child talking about sexual abuse will also not be able to be a support person for their child if [offender] goes to court. We will share information with you as soon as we can, and we will be working with you so that you can support your child'.

Further information

The information in the 'Helping to Make It Better' Tresource provides some general advice to parents. It may be helpful to give this resource to the parent (if it is safe to do so).



PRACTICE CONSIDERATIONS:

Provide the parent with information about what is likely to happen to the offender. If you don't know, contact the parent as quickly as possible with this information.

Provide the parent with ideas for what they can say to the child's brothers or sisters.

Consider:

- JIRT guidance around what should be said to the siblings
- what support the parent may need to talk to the siblings
- the age / developmental stage of the sibling and how much they should be told
- the child's wishes about how much should be said to their siblings
- the siblings' relationship with the offender and how this could impact on their responses.

CONVERSATION IDEAS:

'The police are deciding if they will interview [offender] over the next few days. They have asked that you don't speak to [offender] over the weekend.'

'How do your kids generally respond when there is stress in the family? What do you need to be able to support them as well as [child]?'

'How do the other kids get along with [child]? What do they tend to do or say if they are upset?'

'How do the kids get along with [offender]? How do you think they will respond when you tell them what has happened? How do you think they will cope with him moving out?'

'I am sure your other kids will be wondering what has happened today and why everyone is so upset. We need to figure out together how they should be told and how much they should be told. How much do you think your other children should be told? What do you think they need to know? Why do they need to know that?'



Preparing the parent for the next steps

continued...

PRACTICE CONSIDERATIONS:	CONVERSATION IDEAS:
Prepare the parent for possible disclosures from other children in the home.	'Sometimes when one child starts to talk about their abuse, other children also start to speak out. It is important that you don't question your children about the abuse but if they start to speak out, call me and I will help. The police might also want to speak to your other children; I will let you know if this is going to happen.'
 Provide ideas for how the parent can support the child including: that they don't have to believe that the abuse occurred to show empathy and understanding for their child ideas for how they may show empathy for their child ideas for how they might manage their strong emotions while parenting the child (and other children). 	'Sometimes parents can have a real mix of emotions after they have been told about this kind of abuse. How are you feeling at the moment? What do you think would help you with those feelings when you are caring for the child over the weekend?'
 Connect the parent to: people within their friendship networks who could be potential safe people counselling supports and services as quickly as possible. Crisis services can provide support while the referral is talking place. 	'This information is probably incredibly hard to process. Is there anyone you can talk to this weekend? How do you think they will respond to this information?'



😂 Go to

the responding section of the <u>'Risk</u> assessment and casework' も chapter for more information on safe people.

PRACTICE CONSIDERATIONS:

CONVERSATION IDEAS:

Answer questions about JIRT involvement:

- provide parents with the factsheet 'What to expect when you are interviewed by JIRT' in the Helping to Make It Better resource (if it is safe to do so) and talk them through it
- help parents prepare their child for the JIRT interview
- if the case is not eligible for JIRT, explain why so that they do not minimise the case as 'less serious'.

'We have a team called JIRT. It has police, health and child protection workers. The JIRT team will need to interview the child and the police will be interviewing the offender. You might also be interviewed and you could be called to court if [offender] is charged.'

'You can come to the JIRT office but you will probably not be able to be in the interview room with the child. [Child] can choose a support person to be there with them, but that person can't be a parent. This is because it may affect the evidence for court.'

'Talking to [child] about JIRT in a calm way and letting them know that you will be waiting for them when they have finished will help [child] to manage any fears they may have.'

Prepare the parent for:

- the offender to attempt to discredit the child and sabotage the evidence
- the child's behaviour to escalate or for the child to become withdrawn
- the child to change and retract their disclosure (research says this is particularly common for children who have been abused by a close family member and have not been believed).

'The [offender] will probably want to give you their version of events. People who abuse children will try to do and say things to make you question your child and disbelieve them.'

'Often, kids take back their disclosure and tell parents that it never happened, because it is just too painful for everyone. That doesn't mean the sexual abuse didn't happen. Kids rarely lie about being sexually abused.'



In Practice

It can be helpful to share research with parents.

For example: 'we know that kids rarely lie about being sexually abused. It is actually more common for kids to deny that they have been abused or to say that it wasn't that bad.'

😂 Go to

the <u>'Myths and facts'</u> to information in the Overview section of the resource.



In Practice

Wherever possible, it is important to keep working with the child and parent for at least 90 days.

This is because while a parent may initially believe the child and may ask the offender to leave the home, they may struggle to maintain the safety measures you have put in place due to a range of stressors and the reactions of the offender, community members and the child.



Preparing the parent for the next steps

continued...

When the child has not given a detailed account of sexual abuse but we suspect it is occurring.

Be upfront and honest with parents and acknowledge their challenges

'It is hard for parents to believe their child has been sexually abused even when their child has told them all about the abuse. It must be very difficult for you to think that this might be happening without any concrete evidence.'

Look for moments of belief

'Are there any worries we have spoken about today that you feel might be true? What makes you think they might be true? We know that most children do not lie.'

Provide clear factual information about why you suspect sexual abuse

For example, police records; information about normal versus concerning sexual behaviour in children (Traffic Lights resource); children's drawings / stories; children's words where they have partially disclosed.

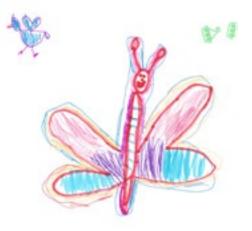
'Things like this don't happen in most families and it makes us very worried about [child]. Why do you think this might be happening?'

Provide information about grooming tactics

Help parents to understand why their child may not be disclosing and how they or other family members may have been groomed.

Find the common ground

'I can't imagine how hard it must be to hear about my concerns. We might not ever completely agree on the concerns I have shared. I really want to concentrate today on the things we agree on. We both want the kids to feel safe at home and we both want to be sure that they are not being sexually abused.'



Case Study

Sophie's (14) story

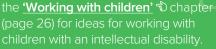
Sophie's story

Sophie is 14 years old. She has a global developmental delay which means that she struggles to understand abstract concepts (for example, time and date) and complex language. Sophie lives with her mum, Simone, her sister Jessica (18) and her brother Joseph (20). Simone's brother (Uncle Tom) has been very involved with the family since Sophie's father died two years ago. Tom spends five days a week in the home with Sophie while Simone works, and he returns to his house on the weekends.

Miranda, the caseworker receives a report from the school Principal, Ms Fowler that Sophie has told her friend Audrey (14) 'I don't like Uncle Tom. He pokes me down there'. Ms Fowler says that Audrey has a global delay and 'can sometimes get a bit confused'. Ms Fowler also reports that Audrey and Sophie are easily led and tend to 'make up stories' . Ms Fowler says that she has known Sophie's family for 10 years and that her disability makes her 'confuse things easily'. She tells Miranda that Tom is 'a godsend' for the family and she doesn't want his reputation to be ruined.

When Miranda meets with Sophie she shows her the Safe / Unsafe cards, which Miranda calls 'feeling happy and sad cards' to make the concept more literal for Sophie. Sophie identifies that she feels happy with her mum and her siblings but she feels sad with Uncle Tom. Sophie also draws a picture of Uncle Tom with an angry, scary face and tells Miranda that 'I am scared of Uncle Tom.' Miranda asks, 'Why are you scared of Uncle Tom?' Sophie says 'He hates me and he makes me sad.' Miranda asks 'Why does Uncle Tom make you sad?' Sophie says 'I don't want to talk to you, I want to talk to Audrey.' Miranda says 'Audrey sounds like a good friend. What do you like to do together?' Sophie tells her that they like to 'Hang out and we sometimes go shopping with my sister, Jess.' Miranda asks Sophie 'What shops do you like?' Sophie says 'Top shop and Dottie'. Miranda tells Sophie she likes shopping too but she hasn't been to those stores.





Miranda then pauses and gently asks, 'Can I ask you a few more questions about Uncle Tom?' Sophie nods. 'What did you tell Audrey about Uncle Tom?' Sophie says 'He pokes me'. Miranda asks 'Where does he poke you?' Sophie answers 'I won't tell you, it's too rude.' Sophie becomes upset and says to Miranda, 'I want to stop talking to you. I want to see Audrey.' Miranda says 'It sounds like you need a break. I promise you can hang out with Audrey. Can I say one more thing?' Sophie nods.

Miranda then tells Sophie 'It is not okay that Uncle Tom makes you scared and sad. It is not okay that he pokes you. I would like to come back and talk to you about Uncle Tom poking you. I will also talk to your mum about how to make sure Uncle Tom can't make you scared or sad.' Miranda helps Sophie to put her phone number in her mobile phone. Miranda tells Sophie that she can call her any time, especially if she is feeling worried or if she has questions. Miranda says she will also give her phone number to Ms Smith, Sophie's teacher and Ms Smith will help Sophie to call Miranda if she needs to. Sophie says that she would like to talk to Miranda again. Miranda asks Sophie where she would like to talk and Sophie suggests her house. Miranda tells Sophie that she will visit her at her house soon

The CSC sends the additional information to the JRU. The JRU state that they need more information before they decide if Sophie is eligible for JIRT case management.



In Practice

The information from Ms Fowler tells us that she strongly empathises with Tom. It would also appear that Sophie may be discredited by others because of her disability.

Discrediting of children with a disability is common. We know that the criminal justice system can view children with a disability as less competent witnesses. We also know that child protection practitioners are less likely to intervene with children with a disability because of a perception that they have better support networks and because of a lack of knowledge about how best to work with them.

Case Reflection

This information indicates that there are serious risk of harm concerns for Sophie. Sophie has told her friend that Uncle Tom has 'poked me down there' and her caseworker that 'Uncle Tom pokes me'. While Sophie does not give Miranda detailed information she tells her that Uncle Tom makes her feel scared and sad and indicates that Uncle Tom is poking her 'somewhere rude', which could mean her vagina. This means that she should not have any further contact with Tom while the safety and risk assessment are undertaken.

The conversation with Simone is likely to be challenging. Sophie's disclosure will have a profound effect on Simone's relationship with Tom as well as her relationship with other family members. It also appears that Simone is relying on Tom to fulfill a practical parenting role for Sophie. Tom's abuse could potentially effect Simone's employment and her ability to provide for her family.

Next steps

- Miranda speaks to a colleague who works with young people with cognitive delay to help her understand Sophie's disclosure.
 She tells her that young people with a global delay can struggle to understand complex sentences and abstract concepts such as time and date. She also says that Sophie's global delay does not mean she is more likely to lie than other children or that she is more easily led.
- Miranda meets with Simone at home before 3.30pm, which is when Sophie usually returns home to Tom.
- Miranda warns Simone that she is very worried about Sophie and that she will be sharing some really difficult information with her.
- Miranda uses Sophie's language and her drawing to tell Simone about Sophie's disclosure.
- Miranda explains that many parents struggle to process information like this and uses scaling questions to assess where Simone is sitting in her stage of belief. 'On a scale of one to 10, 10 meaning you definitely believe Tom has poked Sophie 'somewhere rude' and one meaning that he definitely did not, where are you sitting today?' Simone says she is sitting at a 'seven'.
- Simone and Miranda explore the reasons why she doubts Sophie's disclosure and the reasons why Simone believes Sophie's disclosure.
 Simone says 'It is hard to believe Tom has done anything sexual to Sophie, but she doesn't tend to lie. This picture shows me she is definitely scared of him, and that's not ok.'
- Miranda shares some research with Simone about the fact that kids rarely lie about being sexually abused.

She also tells her that children with a disability can be more vulnerable to sexual abuse because the people abusing them think they are less likely to speak out and less likely to be believed if they do speak out.

- Miranda and Simone agree Sophie's fear of Tom and her disclosure both mean that it is not safe for Tom to remain at home. Simone says that she is not ready to see Tom face to face and Miranda agrees to call Tom with Simone.
- Miranda and Simone call Tom together and ask him to leave the house. Miranda agrees to meet with Tom the next day to discuss the safety plan.
- Miranda and Simone talk about who will support her over the next two days. Simone identifies a close friend (Janine) who lives next door and will be able to meet Sophie when she arrives home from school. Simone also says that the older children will be able to help with tasks that Tom is usually in charge of like washing and ironing.
- Miranda and Simone agree that they will meet with Janine and the two older children (Jessica and Joseph) this afternoon to discuss Sophie's disclosure and how they can support the safety plan.
- Miranda acknowledges that there will be times when it is easier and times when it is more difficult to believe Sophie's disclosure. Simone says that telling her mum will be very hard as her mum thinks Tom 'can do no wrong'. Simone decides that she will call Janine as soon as she has had a conversation with her mum to get support. Simone also says that she will keep the picture Sophie drew of Tom to remind her of how scared Sophie is of Tom.

Key messages from the Working with parents Chapter

Empathise with and understand the thoughts and feelings a parent is experiencing. It is rare for parents to respond to their child's disclosure or DCJ concerns with unequivocal belief. Use motivational interviewing to explore where the parent is on a 'continuum of belief'.

Use clear factual language that reflects the child's experience and avoid jargon as this distances the parent from the child's experience.

Talk to parents about how the child responded to and resisted the abuse, as this reinforces the fact that the abuse was deliberate and focuses on the child's acts of bravery.

Link parents to safe people and services who believe the child protection concerns to build their belief.





Notes

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