

'Voices of Children & Young People'



What children and young people are telling us about our work?

Experts by Experience

Voices of Children & Young People Webinar

9.30am – 10.30am

Delivered by colleagues from the NSPCC & Plymouth City Council's Participation Team & Learning Academy this thought provoking and creative webinar will share the voices of children and young people who have been harmed and what they are telling us, either verbally or through their behaviour, about the help they receive and need.



Content Note



Please take care of yourselves and one another today and throughout the week. We hope these webinars are safe learning spaces where we can develop our skills together.

We appreciate that some of the material we use today may evoke emotions in those attending training. Please seek support from your line manager if required as well as accessing any other support your organisations might offer



Today's Topic of Conversation



What makes children and young people tell us or show us about their experiences of sexual abuse?

What do children and young people tell us about how we hear or don't hear them in this area?

How do we create spaces that work for all children and young people?



Context

(Taken from **I Wanted Them All To Notice**)



- Practitioners working with children and families have not been equipped with the knowledge, skills and practical guidance to identify and respond confidently when there are concerns of child sexual abuse in the family environment.
- Practitioners are relying on children to verbally report their abuse before taking action, which has particular implications for pre-verbal and non-verbal children. Furthermore, children are not being given opportunities to communicate what is happening to them and are sometimes not believed when they do tell.

It's Complicated...



It's Complicated...



I'm not the one that's going to pull the trigger
I don't know
I should probably tell my mum
I don't know
I don't know how to describe it
I don't really know what I want
I was really worried
It's complicated

People say it's not my fault, but I think it is
I sometimes think I shouldn't have said anything
It's an emotional roller-coaster
I miss my dad
I just really miss dad
My mum told me to lie

She struggles to sleep at night
She is late to school
She is fearful of being removed
She wants to stay

I can't go back until everything is over
They only talk to me when they need to
I'm starting to get fed up with all the social workers
I want to know the outcome
They don't tell me anything that is happening
I asked them to tell mum it's happening again

Reflections...

- How did that make you feel?
- What might that child be feeling?
- Thoughts and feelings
- What might it be like to be in this child's shoes



Prevalence



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Child sexual abuse in 2020/21: Trends in official data
csacentre.org.uk

Far more children are sexually abused
than services identify



2,600 children on a child protection plan due to child sexual abuse
(England and Wales)

46,000 children assessed at risk of sexual abuse*
(England)

89,000 child sexual abuse offences recorded by the police
(England and Wales)

500,000

children estimated to experience child sexual
abuse every year**

Discussion Point....



What do you think we mean
by the voice of the child?



Challenge with Language Disclosure & Allegation



The term “Allegation” implies that the young person is not believed. This can be harmful to their ability to disclose and their recovery journey.

All young people need to feel believed.

The term “Disclosure” can lead us to rely too heavily on the use of words and verbatim. When behaviour can communicate so much – “Help-Seeking Behaviours.” They may also use different language and words to imply something has happened.

In our case recordings instead of using Disclosure / Allegation use “the child told me,” “the child said,” “the child stated”.

“How did the child show and tell you?”

Voice of the Child



A Child's Voice is not solely limited to what they say verbally. It can also be conveyed through non-verbal cues and behaviours.

Children may express their experiences or feelings through changes in behaviour, such as withdrawal, increased anxiety, or changes in their interactions with others.

It's crucial to create environments where children feel safe and comfortable sharing their experiences, whether through direct communication, play, or other creative means. Building strong, trusting relationships with children is essential for eliciting their voice and ensuring their well-being.



Quotes taken from “I Wanted Them All To Notice”



I couldn't talk about the sexual abuse. It was too difficult. I wanted them all to notice and to ask me what was going on?

One of the children who was interviewed as part of this review said that she had been told by social workers and police officers that unless she made a direct report of sexual abuse there was nothing, they could do to help her. One practitioner said, "If only they had told us what was going on", leaving the onus on children.

"CAMHS thought there was something wrong with me. They ended up saying I was too difficult and unstable so they could not offer me a service."

"The most powerful thing that I'm feeling is how awful it must have been for the child to repeatedly tell people these little bits, that to us felt like little bits, but probably to them felt like massive disclosures, and they might have been testing what would happen and nothing happened. And they got left in the same circumstance, and I think then their ability to pursue wanting things to be different for them got less and less. And I can only try and imagine what that must have felt like. I think it must have been horrendous."

The ABEs were horrendous. No support. I did not know what to do. The questions they asked me. One lasted for 4 and a half hours. All those questions. Like I was on trial. (Interview with child who had been sexually abused)

Why don't children tell us?



Why don't children tell us?



Fear/Shame

The child loves the person harming them

They have tried to disclose before but did not feel heard

Afraid of what will happen next. What will happen to their family etc.

Worried about consequences of speaking out

They might feel they have done something wrong and are responsible

Do not feel that they will be believed

The child may not have the language to express themselves

May not necessarily recognise the abuse

The young person likely wants to disclose but is worried about the threats received by the perpetrator

Or is it us not noticing?



Or is it us not noticing?



Time
Pressures

Feeling De-skilled

High Case Load /
Work Pressures

Often Police Led

Lacking in
confidence

Not being present
for the child

Fear of saying the
wrong thing /
contaminating
evidence

Lack of a reflective
space and
supervision

The way the current system is set up makes it difficult for young people to share their experiences....



Children often do tell their stories to an adult they trust; the CP system emphasises the need for the child to then tell a social worker and a police officer, then repeat their abuse in an ABE setting.

Too often we see “concerns are not substantiated – no further action.” We rely too heavily on the burden on proof set by police rather than working to probabilities of harm occurring.

Practitioners often do not feel skilled to talk about sexual abuse with the child and worry about “leading” the child therefore impacting investigations.

Too often we are not sharing pertinent information across agencies about children’s voices, behaviours and their lived experience. Information gets lost and is not adequately explored or assessed to keep children safe.

Other factors to consider



- •Sexual orientation or gender identity
- •Ethnicity
- •Community
- •Religion
- •Disability and special educational needs
- •Gender



Centre of Expertise on Child Sexual Abuse – Signs & Indicators



Centre of
expertise
on child
sexual abuse

Signs & Indicators

A template for identifying and recording
concerns of child sexual abuse

Child Sexual Abuse – Signs & Indicators



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<i>Emotional</i>	<i>Behavioural</i>	<i>Physical</i>	<i>Abusive Behaviour</i>	<i>Family Vulnerabilities</i>
<ul style="list-style-type: none"> Nightmares or sleeping difficulties without explanation Mood swings including fear, insecurity or withdrawal Developing new or unusual fears of certain people or places Distracted and distant at odd times Fear of intimacy or closeness Eating disorders Substance or alcohol misuse Self harm Suicidal thoughts or actions Depression and anxiety Regression to younger behaviour (e.g. bedwetting or thumb sucking) Other mental health difficulties Disassociation Post-traumatic stress disorder (PTSD) Thinks of self or body as repulsive or bad Psychosomatic symptoms e.g. tummy ache 	<ul style="list-style-type: none"> Disclosure Asks another child to behave sexually or play sexualised games Sexually uninhibited/inappropriate behaviour towards adults Mimics sexualised behaviour with animals or toys Inserting objects into vagina or anus Compulsive masturbation or self-soothing behaviour Writes, draws, plays or dreams of sexual or frightening images Change in eating habits, e.g. refuses to eat or overeats Unusual personal hygiene (none or overly) Resists removing clothes at appropriate times (e.g. bath, bed or toileting) Running away from home Wetting and soiling accidents unrelated to toilet training Sexual 'promiscuity' Leaving clues that seem likely to provoke discussion about sexual issues Talks about a new older friend Suddenly has money, toys, or gifts without reason Uses new words for sex or genitals Aggression or violence to others Fear of dentistry 	<ul style="list-style-type: none"> Bruising or marks in unusual places Persistent or reoccurring pain during urination and bowel movements Repeated urinary tract infections Discolouration, bleeding or discharge in genitals, anus or mouth Tears to anus or vagina STDs including genital warts Pregnancy Evidence of self harming behaviour Significant weight gain or loss Difficulty swallowing when eating 	<ul style="list-style-type: none"> Buying a child gifts Singling out a child either to favour them or bully them Wanting to spend more time with the child than the parent Offering to babysit Play fighting/tickling Encouraging a child to engage in 'grown up' activities Encouraging a child to dress provocatively Leaves bedroom and bathroom door open Undermining the other parent Putting the other parent down Interrupting the relationship between parent and child Gets involved in personal care of the child Encouraging nudity in the home Behaving secretly Wears inappropriate clothing around the house Talks about sex, makes sexual jokes Wants to be left alone with children Changes in sexual behaviour Seems to be behaving more like a child Mood swings and erratic behaviour Complains of not being trusted 	<ul style="list-style-type: none"> Poor attachment Poor mental health Substance and alcohol misuse Parental absence through work commitments History of maternal sexual abuse Children or adults with disabilities Poor communication Lack of sex education Domestic abuse – current and previous Previous sexual offending Social isolation

Centre of Expertise on Child Sexual Abuse – Communicating with Children



Plymouth Children Safeguarding Partnership



Identifying & Responding
to Child Sexual Abuse



Communicating and Listening
To Children



Supporting
Healthy
Relationships



childline

ONLINE, ON THE PHONE, ANYTIME
childline.org.uk | 0800 1111



What makes children and young people tell us or show us about their experiences of sexual abuse?



NSPCC
Learning

Listening to children and young people's experiences of disclosing child sexual abuse

Insights for the proposed mandatory reporting duty in England and Wales

Dr. Debra Allnock and Joe Kiff,
Safer Young Lives Research Centre
at the University of Bedfordshire
Commissioned on behalf of the NSPCC

“Purpose, opportunity and connection: to facilitate disclosure of CSA Children and young people talk about what motivates them to disclose abuse, but often require opportunity and connection within their relationships to do so successfully. Trust is critical, as are non-judgemental responses, openness to listen, validation of the disclosure and gentle persistence.”

What do children and young people tell us about how we hear or don't hear them in this area?



When Amy was asked what single thing would have made the biggest difference for her, she said: “For people to make more checks and not to close the case. If someone had just checked up on me once a month, that would have helped. There needs to be more precautions.” (LCSPR)

Kate explained that she agreed to an internal examination on the understanding that it would provide evidence that she was being abused. She was aware he [the adult who was abusing her] followed her to that examination and explained during conversations with the reviewer how frightened she was of repercussions from him, but also relieved. She believed this would be a turning point, because everyone would know she was being abused and so what happened next would be out of her hands. So, when nothing happened, the results of the tests were not reported back and an investigation wasn't taken forward, she lost faith that she would be protected from his abuse. (LCSPR)

The two children who were interviewed offered the following advice for practitioners:



If a social worker notices signs that something might be wrong, they should arrange more unannounced visits.



If the parents or carers are in the same room or nearby, it is difficult for children to speak freely, so make every effort to find a safe space to talk to the child.



When practitioners talk to a child on their own, reassure them that they can say anything and that they will not get told off for it.



Ask more direct questions and keep children informed.



Be more attuned to children's mental health needs and the reasons behind them.

CSA does not define a Young Person



Labels can have a huge impact on the way we see and think about other people.

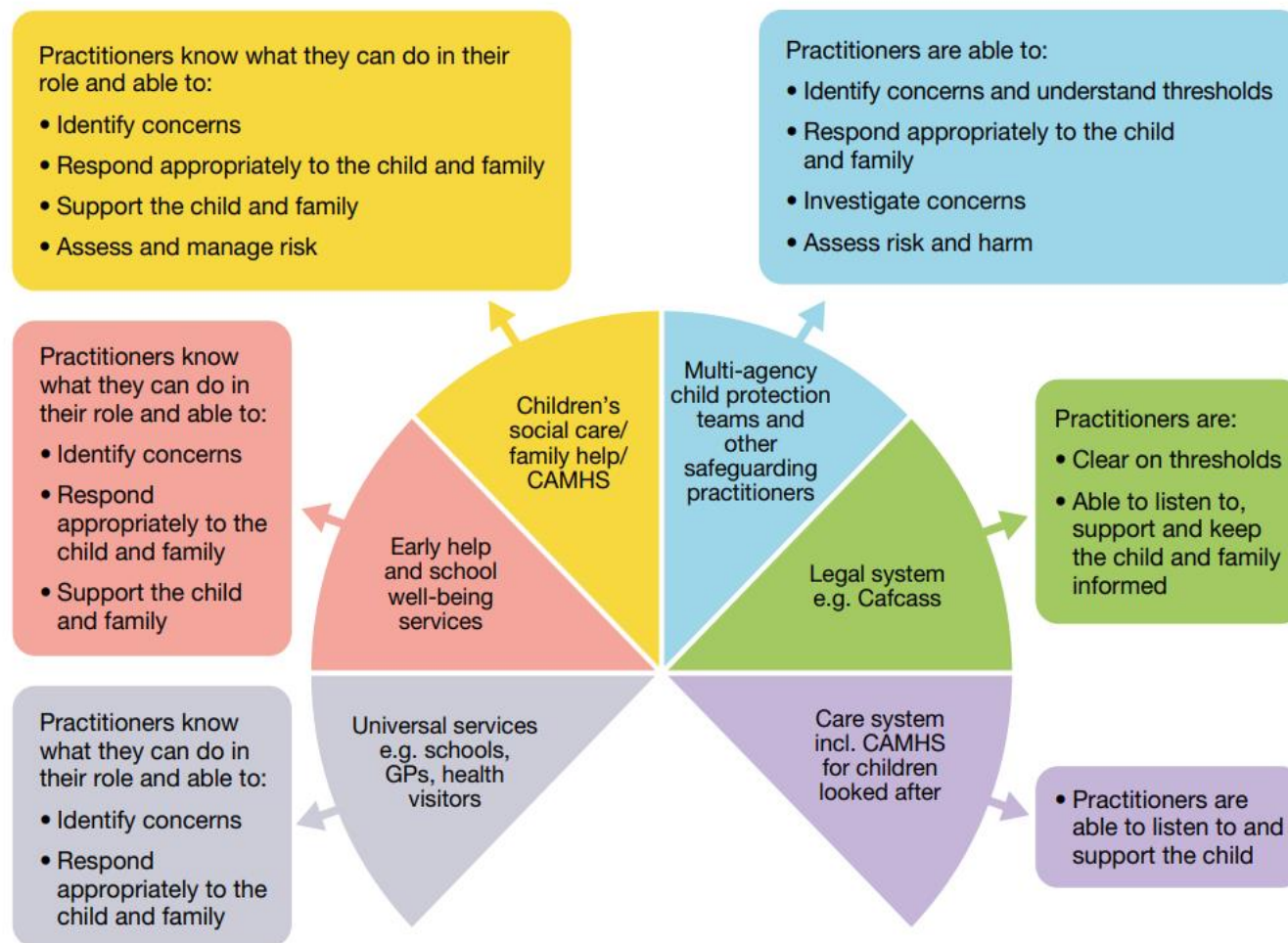
When we refer to children who have experienced abuse as 'victims,' we are ascribing a label that defines children only in terms of the abuse they have suffered.

Labelling children in this way can affect the way professionals perceive and therefore support children. If children are only seen as victims of abuse, and not as rounded individuals with unique needs, goals, interests and dreams, this can limit the types of support and mentorship professionals can offer them.

Studies have shown that people typically associate the term 'victim' with weakness, vulnerability and powerlessness. If children feel like these characteristics are part of who they are, this is likely to impact their hopes and ambitions for the future, as well as their ability to feel safe and supported should abuse happen again.

Labelling can also prevent individuals from feeling that change and recovery are possible. As one young person commented, "it puts the idea in my head that 'this is exactly what I am like, there's no hope for change.'" Using the term 'victim' can make it harder for children to recover and move on from the abuse they have experienced.

How we can work together to support children / young people



5.84 The following diagram shows what a whole-system response would look like.

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Thank you for taking time out to listen and take part today.

Remember to look after yourselves and reach out if you need support

Any questions?



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