

Following a disclosure

Provide reassurance that they have done the right thing by telling and reinforce the message that they are not to blame. Assure the child that there is support available for them following the disclosure.

Familiarise yourself with your agency's safeguarding policies and procedures and what steps must be taken following a disclosure.

A child may have been holding on to their disclosure for days, weeks, months, or years. Now that they have taken this step there may be a huge new array of unnerving emotions that they are feeling.

The disclosure must be handled sensitively; this will also reduce the risk of a child retracting their disclosure.

Eradicate the element of surprise and be honest about the next steps regarding reporting the disclosure to the relevant authorities, i.e. the police or children's social care. Relay this information to the child so that they are fully aware which may also help them feel confident that they will be kept safe.

Family Action has a separate leaflet which can be given to the child following a disclosure.



Let's work together

There may be times when a child needs therapeutic support. The PSA service gives children the chance to explore their thoughts and feelings around their experiences of abuse in a safe place. Therapeutic support aims to improve well-being and mental health and to look at new ways of coping and regaining control.

Family Action PSA Service

You can find out more information about the PSA service and how to refer by calling **0116 213 8334** or visiting our website: www.family-action.org.uk/psa



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If you are worried a child is being sexually abused:

A professional's guide to supporting children and young people



This leaflet is designed to provide advice and guidance for those working with children where there is a concern of sexual abuse.

A child who has been sexually abused may show physical and emotional signs of trauma. These can include:

- Bruises, bleeding, pain, or soreness in their genital area; recurring UTI's or STI
- Appearing withdrawn, angry, or anxious
- Eating/sleeping problems, including bed wetting
- Self harm, substance misuse

I want to tell, I just don't know how

"No one noticed, no one heard"

An NSPCC study of disclosures of child abuse identified that more than 80% of children interviewed had attempted to disclose their abuse. It also outlines that it took 7 years on average for the young people to disclose sexual abuse.

Children may try to disclose abuse several times throughout the course of their abuse. This is unlikely to be direct and verbal but may be through the signs of trauma such as those listed above.

There may also be several barriers to a child disclosing. These can include:

- Shame/embarrassment
- Loyalty to perpetrator



- Abuse normalised by perpetrator and/or family
- Fear (of not being believed, of break up of family, or of being taken away from family)
- Culture
- Disability
- Age
- Avoidance
- Previous negative experience of trying to disclose
- Child feels isolated
- Threat or manipulation by the perpetrator

A child is likely to disclose when their emotional need changes. For example:

- Developmental maturity (these are often triggered by PSE lessons)
- Emotional breakdown / inability to conceal any longer
- Changes in abuse e.g. frequency, violence, aggression

Remember trauma symptoms may include the child being unable to regulate their emotions, which can cause their behaviours to be perceived as problematic and challenging. Whilst behavioural interventions provide structure, continue to allow an opportunity for the child to disclose by also focusing on their positives which will provide reassurance and build trust.

If you monitor any changes in the child's behaviour and you are concerned, speak to the child alone to seek further information.

Opportunity to disclose

Prompt discussions allowing the child an opportunity to talk by providing a safe, private space so they can disclose if they choose to. However do not put the child under pressure to tell.

The child must feel that they have control in what they choose to tell and when. There may be several conversations; the child needs to feel trust.

Speak to them alone. Be a good listener, showing care and compassion.

Use age appropriate language and tools, allowing the child to lead the way and go at a pace which is comfortable for them.

Don't just listen but be attentive to what they are saying. Initial information may be subtle and vague; be guided by this.

What to say

When there is a concern of abuse, questions can and must be asked. At times this can present a contradictory conflict for professionals; ensuring they are asking the right questions but simultaneously being mindful that there is nothing that may be perceived as coercive and affect any subsequent police investigation.

Don't:

- Ask leading or probing questions ("did ____ touch you?" / "do you have a bad relationship with ____?")
- Make assumptions or judgments

Do:

- Ask open, non-evasive questions ("tell me about home life" / "tell me about your relationship with ____")
- Validate and justify questions
- Evidence the reasoning behind your question
- Be honest. Tell the child why you are worried about them (e.g. you look tired, angry, anxious)
- Gather facts