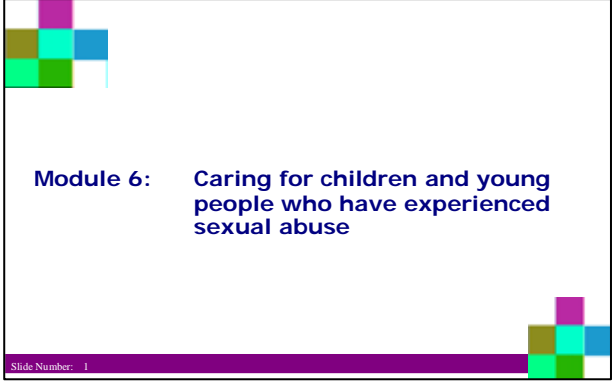


# 6

## **Module 6: Caring for children and young people who have experienced sexual abuse**

### **Session plan**

Time	Resources	Method of delivery	Learning outcomes	Assessment
3 hrs	<p>Name Tags</p> <p>OHP and OHT's or PowerPoint slides</p> <p>Whiteboard and pens</p> <p>3 large pieces of paper/pens</p> <p>Multiple copies of handouts</p>	Lecture; large group; brainstorm; activities	<p>At the end of this module participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Understand the signs and signals children and young people may exhibit when they have experienced sexual abuse.</li> <li>2. Understand the impact of sexual abuse on a child or young person and their behaviour.</li> <li>3. Demonstrate enhanced knowledge and skills in caring for children who have experienced sexual abuse.</li> <li>4. Demonstrate an increased understanding of the role of professional and other support services.</li> </ol>	<p>The assessment necessary for each participant will be based on:</p> <p>Participation in discussions and training activities; and</p> <p>Completion of worksheets.</p>

Time	Content	Resources/Additional comments or questions
	<b>Introductions and welcome activities</b>	
	Distribute name tags and show Slide 1.	<p>Slide 1</p> 
	Introduce trainers	
	<b>Housekeeping details</b> – location of exits and toilets, breaks and catering, arrangements for smokers and phone messages.	

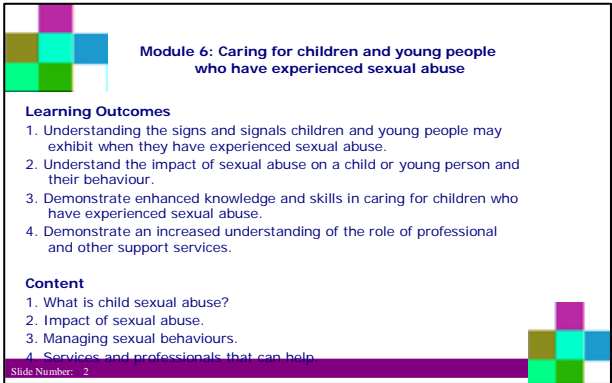
## Group Rules

These should be sourced from the group - ask what people would need from the group in order to feel comfortable. Ensure that the following are covered:

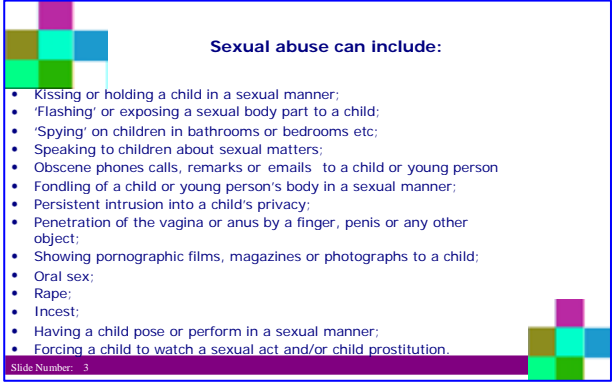
1. Confidentiality – any information that is shared in the group will be confidential to the group – link to need to respect confidences in a placement situation.
2. Mutual respect and tolerance for a diversity of opinions and experiences.
3. Punctuality and respectful processes in discussion.
4. It is important to note that training in this area can raise strong feelings and differences of opinion. The group must be prepared to discuss, explore and learn about the difficult issue of child sexual abuse.
5. Recognise that some participants may themselves have experienced sexual abuse or have someone close to them who has.
6. Make it clear that participants do not need to reveal anything about their own experiences and that the trainer is available between breaks and before and after the session if they wish to discuss personal issues in more detail.
7. Prepare a list of relevant local and statewide referral agencies for counselling or other support if a participant wants to discuss personal issues in more detail i.e. Lifeline, Parentline or Statewide Sexual Assault Service etc (see handout for a starting point).

8.

9.

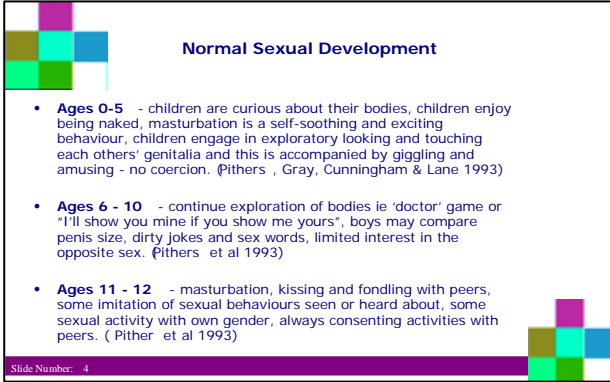
	<p>Caring for a child or young person who has experienced sexual abuse is both demanding and challenging. The challenge of thinking about and understanding the traumatic experiences that these children have survived is hard for even adults to consider, let alone a child.</p>	
	<p>Understanding the behaviours and responding appropriately to a child or young person that has experienced or that you suspect has experienced sexual abuse requires all of the skills that foster carers currently have when communicating with children and young people, and significantly more.</p>	
	<p>Display Slide 2 “Module 6: Caring for children and young people who have experienced sexual abuse”</p> <p>Highlight time allocated for each session.</p>	<p>Slide 2</p> 
60 mins	1. What is child sexual abuse?	
30 mins	2. Impact of sexual abuse	

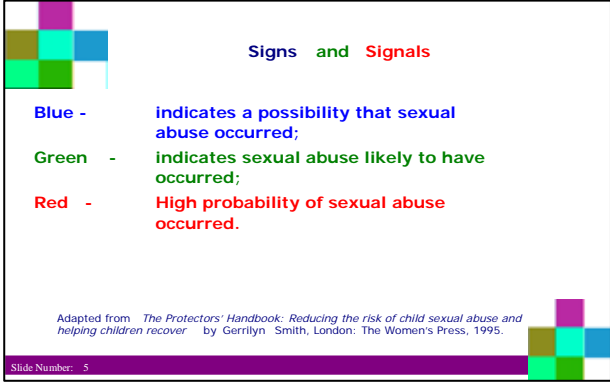
80 mins	3. Managing sexual behaviours	
10 mins	4. Services and professionals that can help	
<b>60 mins</b>	<b>1. What is child sexual abuse?</b>	
	The purpose of this session is to ensure that all participants are clear about what child sexual abuse is and the ways to recognise the signs and signals that may mean that someone has abused them and how to differentiate between normal and problem behaviours.	
	A child may be placed in your care that has not told anybody that they have experienced sexual abuse. Sometimes it is only within the security of a foster care family that children may feel able to disclose such sensitive secrets from the past. It is therefore essential that all carers are aware of the skills required to recognise the potential signs and respond appropriately to a child that has or may have experienced sexual abuse.	

	<p>There is a common misconception that child sexual abuse is limited to adult sexual intercourse with a child. These beliefs are false. The types of child sexual abuse cover both contact and non-contact offences. Show Slide 3 “Sexual Abuse Can Include”.</p>	<p>Display Slide 3</p>  <p><b>Sexual abuse can include:</b></p> <ul style="list-style-type: none"> <li>• Kissing or holding a child in a sexual manner;</li> <li>• 'Flashing' or exposing a sexual body part to a child;</li> <li>• 'Spying' on children in bathrooms or bedrooms etc;</li> <li>• Speaking to children about sexual matters;</li> <li>• Obscene phone calls, remarks or emails to a child or young person</li> <li>• Fondling of a child or young person's body in a sexual manner;</li> <li>• Persistent intrusion into a child's privacy;</li> <li>• Penetration of the vagina or anus by a finger, penis or any other object;</li> <li>• Showing pornographic films, magazines or photographs to a child;</li> <li>• Oral sex;</li> <li>• Rape;</li> <li>• Incest;</li> <li>• Having a child pose or perform in a sexual manner;</li> <li>• Forcing a child to watch a sexual act and/or child prostitution.</li> </ul> <p>Slide Number: 3</p>
	<p>Child sexual abuse occurs when an adult, more powerful child or adolescent uses his or her power to involve a child in sexual activity. Discuss the difference between contact and non-contact offences and the concept of power over the child or young person other than 'physical' power. Use the Slide 3 to highlight what is considered contact and non-contact.</p>	<p>Large group discussion</p>
	<p>Further discuss the following important points about sexual abuse:</p>	
	<ul style="list-style-type: none"> <li>• <b>females as perpetrators or co-offenders of abuse.</b> Confirm with the group that it is important to understand that victims abused by females often have difficulties because adults may not believe it was abuse or may minimise the effects or impact for them.</li> </ul>	


	<ul style="list-style-type: none"> <li>• <b>young offenders.</b> Explain that offenders can be children and young people themselves and highlight the fact that children under 12 years are responsible for some child sexual abuse (13%) and that some very young children who are victims themselves of sexual abuse, act out sexually with their siblings (35%) and friends (34%) (Pithers et al, 1998).</li> </ul>	
	<ul style="list-style-type: none"> <li>• <b>the ‘victim’ is not the only one who requires support/counselling intervention.</b> Explain that the young offender is also a ‘victim’ in the sense that persons responsible for the sexual abuse have often experienced it themselves and therefore require ongoing protection, support and therapeutic intervention. Explain the need to be very clear that a history of abuse experienced by a young offender does not detract from the need for taking responsibility for their offending and the need for intervention – it is the role of the professionals to decide whether ongoing intervention needs to take place.</li> </ul>	
20 mins	<b>Activity</b>	
	<p>Divide the participants into three groups, each group is given a large piece of paper and assigned an age group to focus on ie. 0 – 5 years, 6 – 12 years, 12 onwards. Each group is to brainstorm a list of the expected normal sexual development for the age ranges given. Ask each group to consider:</p>	Large piece of paper each group
	<ul style="list-style-type: none"> <li>• Normal sexual behaviours eg. interest in their own and others bodies;</li> </ul>	
	<ul style="list-style-type: none"> <li>• Language used; and</li> </ul>	
	<ul style="list-style-type: none"> <li>• The way the child relates to others eg. playing games.</li> </ul>	



	<p>After 10 minutes of discussion ask each group to feed back to the whole group their responses.</p>	
	<p>Use Slide 4 “Normal Sexual Development” to highlight children’s sexual development from birth through to the age of 12 years and onwards.</p>	<p>Slide 4</p>  <p><b>Normal Sexual Development</b></p> <ul style="list-style-type: none"> <li>• <b>Ages 0-5</b> - children are curious about their bodies, children enjoy being naked, masturbation is a self-soothing and exciting behaviour, children engage in exploratory looking and touching each others’ genitalia and this is accompanied by giggling and amusing - no coercion. (Pithers , Gray, Cunningham &amp; Lane 1993)</li> <li>• <b>Ages 6 - 10</b> - continue exploration of bodies ie ‘doctor’ game or “I’ll show you mine if you show me yours”, boys may compare penis size, dirty jokes and sex words, limited interest in the opposite sex. (Pithers et al 1993)</li> <li>• <b>Ages 11 - 12</b> - masturbation, kissing and fondling with peers, some imitation of sexual behaviours seen or heard about, some sexual activity with own gender, always consenting activities with peers. ( Pither et al 1993)</li> </ul> <p>Slide Number: 4</p>
	<p>Explain that children use exploration with their peers, to gather information about their own and other people’s bodies. This provides them with a developing template of sexual information, which they will utilise as they approach adolescence and experiment in sexual activity with others, either within the domain of an intimate relationship, or to further explore their sexuality.</p>	
	<p>In children under 12 years, the aim of sexual behaviour is to explore by looking and touching (eg. when children are playing doctor). In addition to developing an understanding of the physical aspects of other people’s bodies, children also explore gender roles and behaviour. For it to be considered developmentally normal, the children should be of similar size, age, and developmental status (ie one party not more powerful than the other/s). Both children should participate voluntarily, engage in mutual exploration, and find the play enjoyable.</p>	

	<p>The needs that are met through this play are not about sexual pleasure but as discussed earlier to develop their understanding of theirs and others bodies, and be an extension of developing ideas concerning gender roles and behaviour that is consistent with the issues they are addressing through other non-sexual play (Johnson, 2001).</p> <p>The sexual behaviour exhibited should be limited in the type, frequency and duration of the behaviour.</p>	
	<p>Display Slides 5, 6, 7 &amp; 8 and refer participants to Handout 2 “Signs and Signals”. As the slides are presented note that in most sexual abuse cases there are no physical indicators of the abuse, therefore knowledge of the behavioural and emotional impact of sexual abuse is important. Highlight the number of indicators that are not physical signs.</p> <p>Explain to the participants that some of the indicators listed on the slides may be signs that a child is at risk of harm, but not necessarily because of sexual abuse.</p>	<p>Slides 5, 6, 7 &amp; 8, Handout 2 “Signs and Signals”</p> 


Highlight that behavioural and emotional indicators are more difficult to detect as sexual abuse and may therefore develop into longer term problems for the child or young person, particularly as sexual abuse may co-exist with other forms of abuse (ie. physical, psychological, neglect). The carer may also have problems with attachment because of this very issue. These concerns often impede the progress in the treatment of sexually abused children.




### Signs and Signals

*Blue - A possibility that sexual abuse occurred*

Under 5's	5-12 years	12+ years
<ul style="list-style-type: none"> <li>◆ Developmental regression</li> <li>◆ Hostile/aggressive behaviour</li> <li>◆ Psychosomatic conditions</li> </ul>	<ul style="list-style-type: none"> <li>◆ Abdominal pains</li> <li>◆ Developmental regression</li> <li>◆ Peer problems</li> <li>◆ Psychosomatic conditions</li> <li>◆ School problems</li> </ul>	<ul style="list-style-type: none"> <li>◆ Depression</li> <li>◆ Anorexia</li> <li>◆ Peer problems</li> <li>◆ Authority problems</li> <li>◆ Delinquency</li> <li>◆ Psychosomatic conditions</li> </ul>




Slide Number: 6



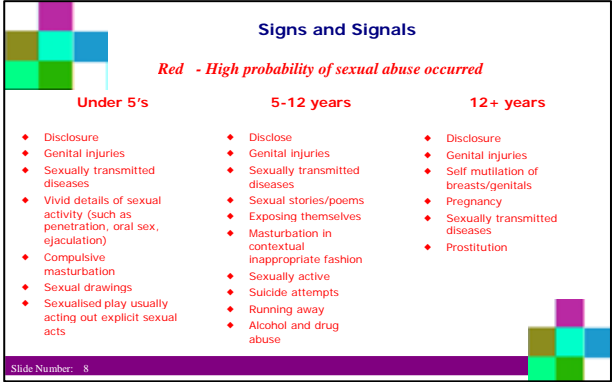
### Signs and Signals

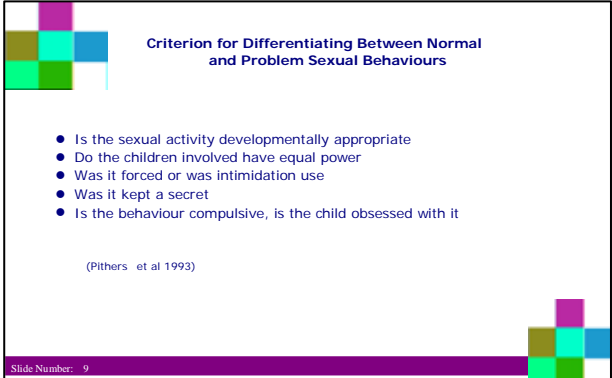
*Green - Sexual abuse likely to have occurred*

Under 5's	5-12 years	12+ years
<ul style="list-style-type: none"> <li>◆ Terror men/man (one person)</li> <li>◆ Nightmares</li> <li>◆ Chronic urinary/vaginal infections</li> <li>◆ Soreness of genitals/anus</li> <li>◆ Fear of being bathed</li> <li>◆ Fear of being changed</li> </ul>	<ul style="list-style-type: none"> <li>◆ Soreness of genital/anus</li> <li>◆ Chronic urinary/vaginal infections</li> <li>◆ Obsessional washing</li> <li>◆ Depression</li> <li>◆ Hysterical symptoms</li> <li>◆ Enuresis</li> <li>◆ Encopresis</li> <li>◆ Anorexia</li> <li>◆ Glue sniffing</li> <li>◆ Truancy</li> <li>◆ Nightmares</li> <li>◆ Unexplained large sums of money/gifts</li> </ul>	<ul style="list-style-type: none"> <li>◆ Sexual boasting/stories/jokes</li> <li>◆ Sexually transmitted diseases</li> <li>◆ Pregnancy</li> <li>◆ Sexual offending</li> <li>◆ Rebellious against men (specific gender)</li> <li>◆ Drug and alcohol abuse</li> <li>◆ Suicide attempts</li> <li>◆ Self mutilation</li> <li>◆ Hysterical symptoms</li> <li>◆ Obsessional washing</li> <li>◆ Psychotic episodes</li> <li>◆ Continual lying</li> <li>◆ Truancy</li> <li>◆ Running away</li> </ul>



Slide Number: 7

		 <p><b>Signs and Signals</b> <i>Red - High probability of sexual abuse occurred</i></p> <table border="1"> <thead> <tr> <th>Under 5's</th> <th>5-12 years</th> <th>12+ years</th> </tr> </thead> <tbody> <tr> <td> <ul style="list-style-type: none"> <li>◆ Disclosure</li> <li>◆ Genital injuries</li> <li>◆ Sexually transmitted diseases</li> <li>◆ Vivid details of sexual activity (such as penetration, oral sex, ejaculation)</li> <li>◆ Compulsive masturbation</li> <li>◆ Sexual drawings</li> <li>◆ Sexualised play usually acting out explicit sexual acts</li> </ul> </td> <td> <ul style="list-style-type: none"> <li>◆ Disclose</li> <li>◆ Genital injuries</li> <li>◆ Sexually transmitted diseases</li> <li>◆ Sexual stories/poems</li> <li>◆ Exposing themselves</li> <li>◆ Masturbation in contextual inappropriate fashion</li> <li>◆ Sexually active</li> <li>◆ Suicide attempts</li> <li>◆ Running away</li> <li>◆ Alcohol and drug abuse</li> </ul> </td> <td> <ul style="list-style-type: none"> <li>◆ Disclosure</li> <li>◆ Genital injuries</li> <li>◆ Self mutilation of breasts/genitals</li> <li>◆ Pregnancy</li> <li>◆ Sexually transmitted diseases</li> <li>◆ Prostitution</li> </ul> </td> </tr> </tbody> </table> <p>Slide Number: 8</p>	Under 5's	5-12 years	12+ years	<ul style="list-style-type: none"> <li>◆ Disclosure</li> <li>◆ Genital injuries</li> <li>◆ Sexually transmitted diseases</li> <li>◆ Vivid details of sexual activity (such as penetration, oral sex, ejaculation)</li> <li>◆ Compulsive masturbation</li> <li>◆ Sexual drawings</li> <li>◆ Sexualised play usually acting out explicit sexual acts</li> </ul>	<ul style="list-style-type: none"> <li>◆ Disclose</li> <li>◆ Genital injuries</li> <li>◆ Sexually transmitted diseases</li> <li>◆ Sexual stories/poems</li> <li>◆ Exposing themselves</li> <li>◆ Masturbation in contextual inappropriate fashion</li> <li>◆ Sexually active</li> <li>◆ Suicide attempts</li> <li>◆ Running away</li> <li>◆ Alcohol and drug abuse</li> </ul>	<ul style="list-style-type: none"> <li>◆ Disclosure</li> <li>◆ Genital injuries</li> <li>◆ Self mutilation of breasts/genitals</li> <li>◆ Pregnancy</li> <li>◆ Sexually transmitted diseases</li> <li>◆ Prostitution</li> </ul>
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	<p>So now that we know what normal sexual development is as well as what the signs and signals of possible sexual abuse are, how do we decide whether the behaviour is a part of normal development or indicative of sexual abuse?</p>							
<p>10 mins</p>	<p><b>Activity</b></p>							
	<p>Brainstorm with the group and document on a whiteboard a list of issues that may help to differentiate normal and problem sexual behaviours in children.</p>	<p>Whiteboard/pens</p>						

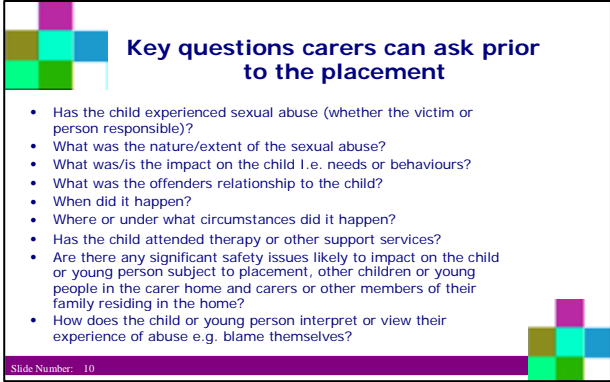
	<p>Use the Slide 9 “Criterion for Differentiating Between Normal and Problem Sexual Behaviours” to prompt participants and discuss the responses.</p>	<p>Slide 9</p> 
<p><b>30 mins 2. The impact of sexual abuse</b></p>		
	<p>Handout “Child Sexual Abuse: Incidence and Impact” from the handout.</p>	<p>Handout “Child Sexual Abuse: Incidence and Impact” from the handout.</p>
	<p>Highlight that no two children react the same. There are however common symptoms displayed by children and young people who have experienced sexual abuse. If these problems are not addressed the child can have chronic problems well into adulthood.</p>	
	<p>The most commonly experienced effect of sexual abuse is post traumatic stress disorder (PTSD). Some children (studies suggest that more than 50% of those who have been sexually abused) show one or more signs that look similar to PTSD such as, isolated flashbacks, repetitive play or bedtime problems such as nightmares, bedwetting, sudden changes in wanting to sleep with parents, or being afraid of the dark.</p>	


	<p>As discussed in the previous session, the development of sexualised behaviour is another common effect of sexual abuse. Children who have experienced sexual abuse engage in more sexualised behaviour when compared to children who are not victims of sexual abuse. This has major implications for the way children are cared for on a daily basis eg. level/nature of supervision. Explain that the group will explore the implications further in session 3 “Managing Sexual Behaviours”.</p>	
	<p>Potential long-term effects of child sexual abuse include depression, anxiety, post traumatic stress and/or poor self-esteem. Child sexual abuse can impact on a person’s ability to develop trust, intimacy, sexuality, and the ability to make decisions in adult life. They may have an increased sense of hopelessness, a sense of weakness to make positive changes in the world, and are unable to relate to others.</p>	
	<p>Across the lifespan, individuals who experience sexual abuse as children are four times more likely to be at risk of developing a psychiatric disorder and are about three times more likely to abuse substances than their non-abused counterparts (Dominquez, R. Z., Nelke, C.F. and Perry, B.D., 2002). Some literature also suggests that females who have been sexually abused may be more likely to have children that are sexually abused than mothers who have not experienced abuse.</p>	
	<p>With regard to placing a child who has experienced sexual abuse, it is also important to consider the impact or potential impact of the placement on the other children in the home.</p>	

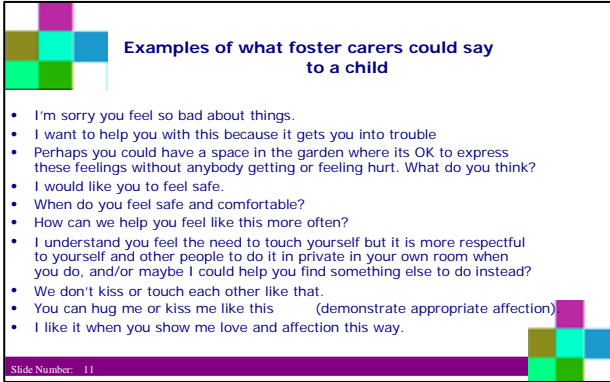
	<b>Activity</b>	
	In small groups think of and identify strategies to implement with the other children in the household for addressing the issues of caring for a child who has experienced sexual abuse.	
	Ensure the following key factors are discussed:	
	<ul style="list-style-type: none"> <li>• Preparing children for:</li> </ul>	
	a) Reactions or behaviours the child who has experienced abuse may exhibit.	
	b) Disruptive and/or anti-social behaviour by the child who has experienced sexual abuse.	
	c) Inevitable loss of attention by their carers or their parents whilst caring for a child who has experienced sexual abuse.	
	<ul style="list-style-type: none"> <li>• Educating all children together about sex and relationships.</li> </ul>	
	<ul style="list-style-type: none"> <li>• Relationships ie. the degree of companionship that the child/young person who has experienced sexual abuse may be able to offer the other children in placement and that the other children may be unrealistic regarding what to expect. Alternately, they may be too involved with the other children who may be uncomfortable with the intensity of their expectations/lack of boundaries.</li> </ul>	

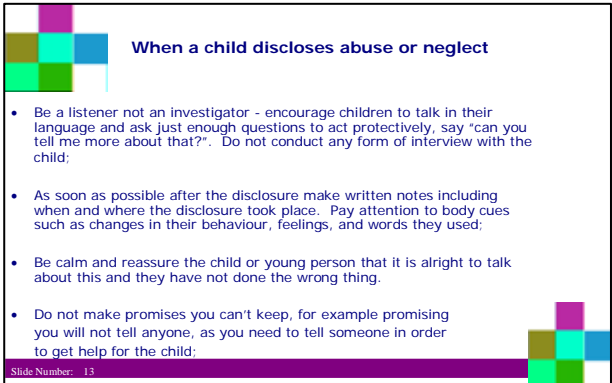
	<ul style="list-style-type: none"> <li>• Prepare for the likelihood of managing sexualised behaviour where more than one child resides in the same placement as the child who has experienced sexual abuse. Note that it is very important to continue to keep the department informed about this.</li> </ul>	
	Ask groups to report back their findings.	
<b>80 mins</b>	<b>3. Managing sexualised behaviours</b>	
	The behaviours a child displays have been learned by the child, both as a way of managing the impact and meaning of the abuse and as a way of managing their relationship with the person responsible for their abuse. Sometimes the behaviours are based on fear and/or expectations, the child or young person can even appear manipulative. Carers need to understand it has served a function for the child and that other means to fulfil their need/s are required before they can behave differently.	
	Some children who behave in a sexual way towards their foster carer may be doing the only thing they know in gaining an adult's attention, because they need or want something or are trying to please the carer. They may also think it is expected by adults.	
	We need to look behind the behaviour to try to understand what it is telling us about the child or his/her experiences. The behaviours the child is expressing give us an opportunity to intervene to try to make things better for the child, by demonstrating or explaining more acceptable ways to achieve what they are searching for, example attention.	







	<p>Caring for children or young people who have experienced sexual abuse requires specific skills but it also requires common sense. Before even considering the necessary services and supports required for the child, it is important to have knowledge of the child's background.</p>	
10 mins	<b>Brainstorm</b>	
	<p>In a large group brainstorm what the participants would want to know about a child/young person who has experienced sexual abuse, prior to the commencement of the placement? List the responses on the whiteboard.</p>	Whiteboard/Pens
	<p>Once they have generated a list use Slide 10 "Key questions carers can ask prior to the placement" for further discussion.</p>	<p>Slide 10</p>  <p>The slide contains the following text:</p> <p><b>Key questions carers can ask prior to the placement</b></p> <ul style="list-style-type: none"> <li>• Has the child experienced sexual abuse (whether the victim or person responsible)?</li> <li>• What was the nature/extent of the sexual abuse?</li> <li>• What was/is the impact on the child i.e. needs or behaviours?</li> <li>• What was the offenders relationship to the child?</li> <li>• When did it happen?</li> <li>• Where or under what circumstances did it happen?</li> <li>• Has the child attended therapy or other support services?</li> <li>• Are there any significant safety issues likely to impact on the child or young person subject to placement, other children or young people in the carer home and carers or other members of their family residing in the home?</li> <li>• How does the child or young person interpret or view their experience of abuse e.g. blame themselves?</li> </ul> <p>Slide Number: 10</p>

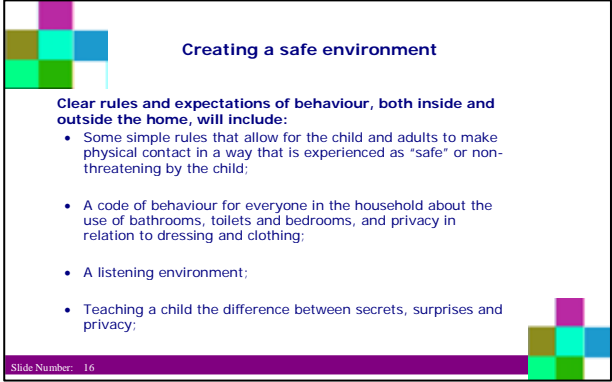
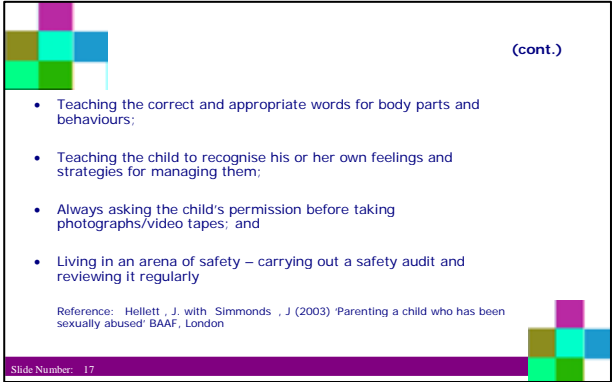
	<p>Show Slide 11 “Communication Strategies” and explain that when communicating with a child who has been or is likely to have experienced sexual abuse it is important that the <b>child’s behaviour</b> is <b>verbalised into words</b> so that the child can develop appropriate levels of understanding or insight.</p>	<p>Slide 11</p>  <p><b>Communication strategies</b></p> <p>Some communication strategies to try with a child or young person who has been or is likely to have experienced sexual abuse include:</p> <ul style="list-style-type: none"> <li>ensuring the <b>child’s behaviours</b> <b>verbalised into words</b> so that the child can develop appropriate levels of understanding;</li> <li><b>telling the child you want to help him/her</b> make suggestions and/or ask the child for their own ideas regarding what to do;</li> <li>if the behaviour is destructive or damaging, be clear about the consequences and <b>set clear limits</b>;</li> <li><b>notice what triggers reactions</b> in the child, including what calms, soothes, arouses, angers and relaxes him or her, try <b>developing different routines</b> , eg bath times, etc.</li> </ul> <p>Slide Number: 11</p>
	<p>Carers should <b>tell the child they want to help him/her</b>, making suggestions and/or asking the child for their own ideas regarding what to do, eg. how to ensure they feel safe and supported. Where a child’s behaviour is destructive or damaging, carers need to be clear about the consequences and <b>set clear limits</b>.</p>	
	<p>It is important not to replicate situations that may have led to abuse in the past, or that the child or young person may associate with previous abuse. It can be helpful to start to <b>notice what triggers reactions</b> in the child, including what calms, soothes, arouses, angers and relaxes him or her.</p>	

	<p>For example, the child or young person who has experienced sexual abuse may avoid certain lessons at school, or they may avoid school altogether. They may avoid lunches, or certain foods, or eating. They may avoid having baths, or going to the toilet, or going to bed, or getting up. Anything at all that might ever have acted as a prompt or that the child may associate with previous abuse. Highlight that the carers input in regards to supporting the child to <b>develop different routines</b> may be helpful eg bath times, etc.</p>	
	<p>Some children may not present any challenges, they may have learnt that the best way to survive is to be the smallest target possible and not to cause any trouble. The challenge for carers is to recognise this and help the child to start to express their thoughts or feelings.</p>	
	<p>Display Slide 12 “Examples of what foster carers could say to a child”</p>	<p>Slide 12</p>  <p><b>Examples of what foster carers could say to a child</b></p> <ul style="list-style-type: none"> <li>• I'm sorry you feel so bad about things.</li> <li>• I want to help you with this because it gets you into trouble</li> <li>• Perhaps you could have a space in the garden where its OK to express these feelings without anybody getting or feeling hurt. What do you think?</li> <li>• I would like you to feel safe.</li> <li>• When do you feel safe and comfortable?</li> <li>• How can we help you feel like this more often?</li> <li>• I understand you feel the need to touch yourself but it is more respectful to yourself and other people to do it in private in your own room when you do, and/or maybe I could help you find something else to do instead?</li> <li>• We don't kiss or touch each other like that.</li> <li>• You can hug me or kiss me like this (demonstrate appropriate affection)</li> <li>• I like it when you show me love and affection this way.</li> </ul> <p>Slide Number: 11</p>

	<p>It is important that children are able to talk about their abuse. Some foster carers may get confused whether they should encourage the child or discourage open discussion on such a sensitive subject. Children usually display the signs of abuse prior to talking about it so for carers it is about being attuned to these signals, and using them as a basis of discussion that encourage children to verbalise their stories.</p>	
	<p>Even when disclosure has occurred prior to the placement, some children may not have revealed the full story of their abuse. More details are likely to be shared with the foster carer and their family as the child grows to trust them. Carers need to be sensitive to the fact that different stages of development, new events and new crises may open and re-open traumatic memories from the past.</p>	
	<p>Display Slide 13, 14 &amp; 15 “When a child discloses”</p>	<p>Slide 13 , 14 &amp; 15</p>  <p><b>When a child discloses abuse or neglect</b></p> <ul style="list-style-type: none"> <li>• Be a listener not an investigator - encourage children to talk in their language and ask just enough questions to act protectively, say “can you tell me more about that?”. Do not conduct any form of interview with the child;</li> <li>• As soon as possible after the disclosure make written notes including when and where the disclosure took place. Pay attention to body cues such as changes in their behaviour, feelings, and words they used;</li> <li>• Be calm and reassure the child or young person that it is alright to talk about this and they have not done the wrong thing.</li> <li>• Do not make promises you can't keep, for example promising you will not tell anyone, as you need to tell someone in order to get help for the child;</li> </ul> <p>Slide Number: 13</p>


		 <p style="text-align: right;">(cont.)</p> <ul style="list-style-type: none"><li>• Tell the child or young person that you will need to talk to their CSO. You should engage the child or young person in this – eg say this information needs to be shared with someone and ask how you can both do this.</li><li>• Believe what the child or young person is saying and demonstrate that you are taking it seriously.</li><li>• It is vital to call even if you do not have all the details.</li></ul> <p>Slide Number: 14</p> 
		 <p style="text-align: right;"><b>Important points to remember</b></p> <ul style="list-style-type: none"><li>• Keep information confidential. Only those who absolutely need to know should be told. If in doubt about who to tell, seek advice from a Departmental officer or care service staff.</li><li>• Do not notify the individual against whom an allegation or complaint has been made, regardless of who this person is. Leave this to the Police and/or the Department.</li></ul> <p>Slide Number: 15</p> 

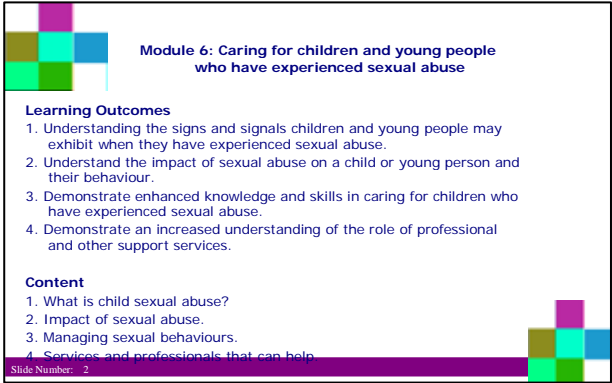
20 mins	<b>Activity</b>	
	Refer to Handout 3 “Managing sexualised behaviours – activity”. Divide the participants into three groups. Ask each group to consider one question for each group for 10 minutes. Ask the groups to include examples of things they may have already successfully tried.	Activity in three groups, refer to Handout 3 “Managing sexualised behaviours – activity”
	The questions are:	
	<ul style="list-style-type: none"> <li>Thinking of the physical environment of your family home, what could foster carers do to make their home feel like a safe place?</li> </ul>	
	<ul style="list-style-type: none"> <li>What rules or boundaries for living together as a family would make the home feel like a safe place to be?</li> </ul>	
	<ul style="list-style-type: none"> <li>What measures could you take to ensure safety outside the home and with your extended family and network?</li> </ul>	
	Ask each group to report back their suggestions.	

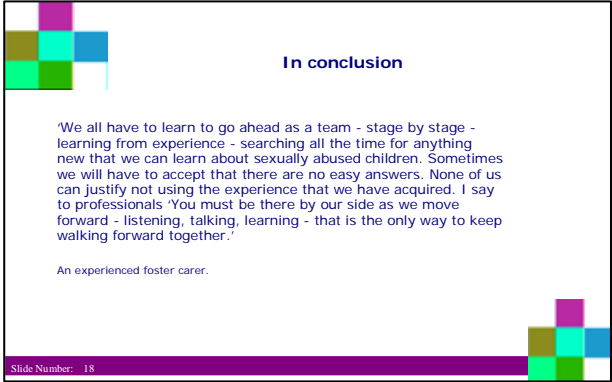
	<p>Discuss each of the points on the Slides 16 &amp; 17 “Creating a safe environment”.</p>	<p>Slides 16 &amp; 17</p> 
		
<p>20 mins</p>	<p>Refer each group to the Handout 4 “Case Scenario” and explain that each group has a further 15 minutes to discuss and answer each of the 3 questions specified on the scenario.</p>	<p>Refer to Handout 4 "Case Scenario"</p>

	Report back as a large group and share the responses to each question.	
<b>10 mins</b>	<b>4. Services and professionals that can help</b>	
	Explain to participants that the following content is available as an additional note in their manual.	Note: Information available in the manual as “Additional Notes”
	Highlight that one of the key considerations in relation to whether the therapy that a child receives is to be successful in the short and long term, is the hope and encouragement that they receive whilst in therapy. It is important that the child feels safe, protected from further abuse, and consistently supported.	
	Explain that while foster carers may not be providing the counselling/therapy services, they may play a significant role in the way the care for the child or young person and may be required to participate in the therapy process - in some cases their participation may be viewed as essential. The child’s therapist often is good practical source of support for carers eg. how carers can respond to child’s feelings, behaviours or comments.	
	Supportive counselling is essential for a child’s healing and recovery. There are many different programs available for children who have experienced sexual abuse. Remember that good services will help with the effects of sexual abuse and with strategies to protect the child against experiencing any future abuse.	



	<p>Show Slide 18 and refer to the additional notes in relation to the description of each type of program including:</p> <ul style="list-style-type: none"> <li>• Individual counselling;</li> <li>• Group therapy;</li> <li>• Empowerment, Protective Behaviour Groups or Safety Education;</li> <li>• Sexual Abuse Counselling Service; and</li> <li>• Telephone helplines eg. Parentline and Kids Help Line.</li> </ul>	<p>Slide 18</p>  <p>Slide Number: 18</p>
	<p>Explain that for some carers local services may not be available to support the child. In these circumstances a multi-disciplinary response including the professionals that are in the closest contact with the child and foster family.</p>	
	<p>For example, social workers, carers, school guidance officers, psychologists and other professionals should be engaged to ensure that support is provided or other services enlisted as appropriate to assist with the child's recovery. Decisions regarding the involvement of such professionals should in the first instance be discussed with Departmental officers.</p>	

	<p>Support can also be found that is not solely from professional sources. Support from peak bodies for example, Queensland Foster and Kinship Care and foster carer support groups can have many positive benefits. The group may provide opportunity to release tensions, compare notes about different methods of responding to difficult behaviours and also create a balanced perspective on current difficulties. They may also be able to establish connections with at least one other foster family. Regular phone contact, frequently listening and responding to each other's dilemmas can be most</p>	
<p><b>Conclusion</b></p>		
	<p>As discussed at the beginning of the course, caring for a sexually abused child is both demanding and challenging. We hope that after today you will have renewed confidence and knowledge in this sensitive and complex area. Revisit Slide 2 "Learning outcomes/Content" and summarise the main points discussed in each outcome.</p>	<p>Slide 2 "Learning outcomes/Content"</p> 
	<p>Please complete Handout 1 "Worksheet Questions" for assessment purposes and return at the next session. Should there be any discussion arising from your responses, there will be an opportunity to meet with trainers for review purposes.</p>	<p>Refer to Handout 1 "Worksheet Questions – Module 6"</p>

	Reminder to collect worksheet questions – Module 5.	
	End with Slide 19 “In conclusion”.	<p>Slide 19</p>  <p><b>In conclusion</b></p> <p>'We all have to learn to go ahead as a team - stage by stage - learning from experience - searching all the time for anything new that we can learn about sexually abused children. Sometimes we will have to accept that there are no easy answers. None of us can justify not using the experience that we have acquired. I say to professionals 'You must be there by our side as we move forward - listening, talking, learning - that is the only way to keep walking forward together.'</p> <p>An experienced foster carer.</p> <p>Slide Number: 18</p>