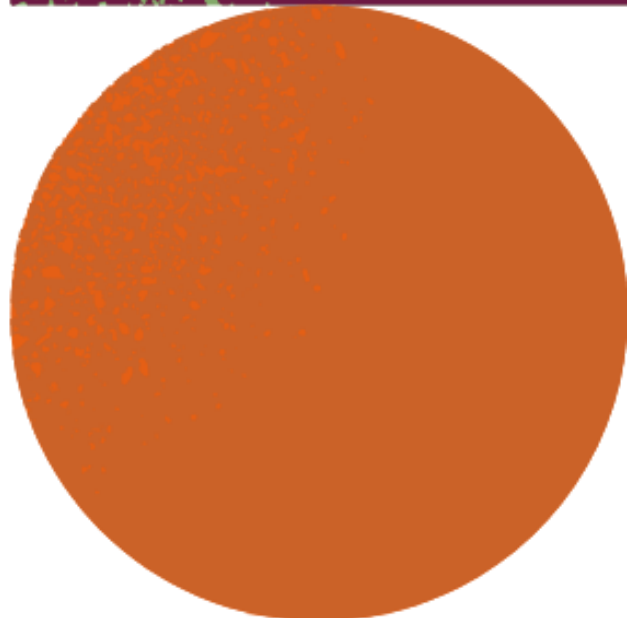
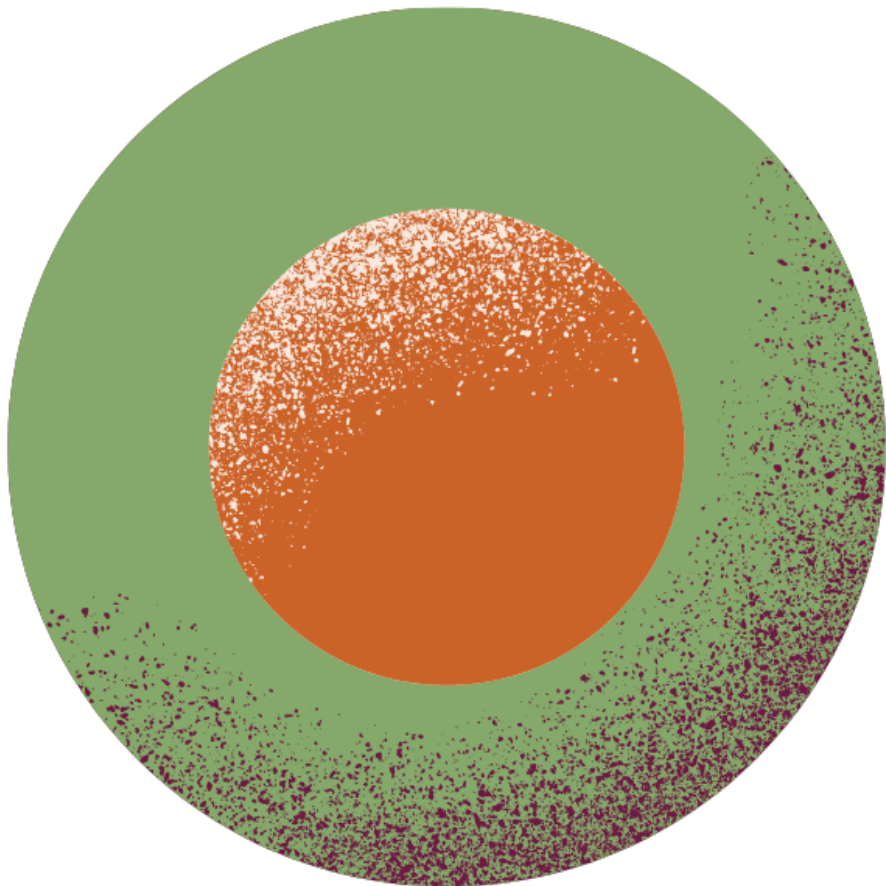
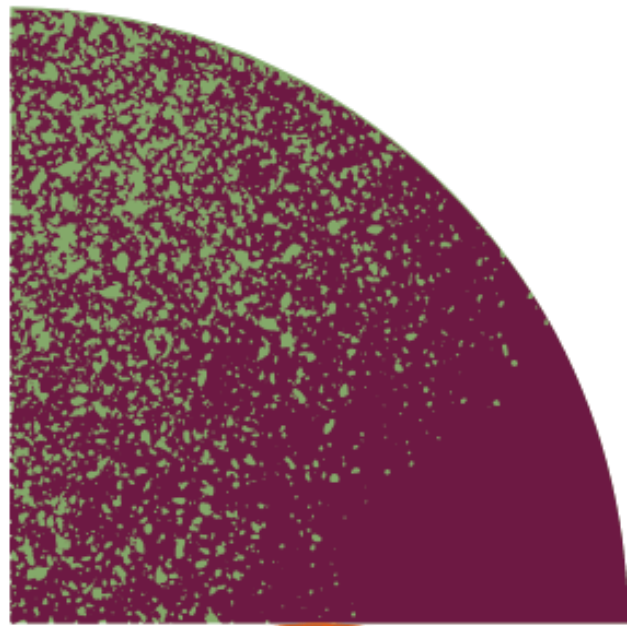


Looking after yourself and your child





Southend on Sea Rape Crisis provides free, confidential specialist support for all survivors who have been raped or experienced any other form of sexual violence at any time in their lives, and relatives or supporters of survivors.

We offer community-based services to residents in Southend-On-Sea, Castle Point and Rochford.

We also provide a safe and empowering space for young survivors called **Girls to the Front** (year 7 – year 13). We believe it is important for young survivors to find a sense of community, where we encourage building relationships, creative expression, and activism. If you would like to find out more information about the group, please call the office or send us an e-mail – contact details below.

Southend on Sea Rape Crisis (SOSRC) are part of Synergy Essex – a partnership of three Rape Crisis Centres that includes SERICC Rape & Sexual Abuse Specialist Service and mid and north Essex Centre for Action on Rape and Abuse (CARA).

Self-referrals for survivors or relatives/supporters of survivors:

0300 003 77 77

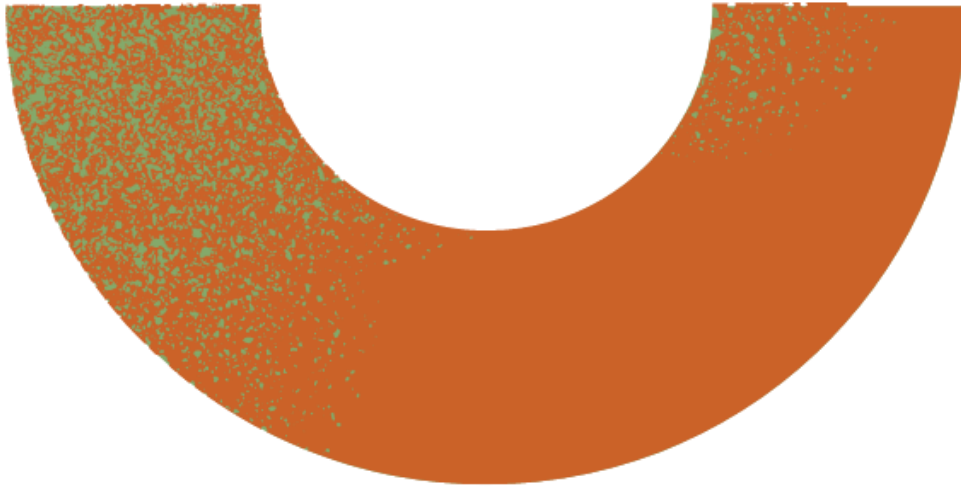
Office Telephone: 01702 667590

E-mail: info@sosrc.org.uk

Website: www.sosrc.org

Contents

	Page
How can this guide help you?	4
What is sexual violence?	5
Myths and reality	6
Vicarious trauma	9
Coping strategies and self-care	10
Reactions to what has happened	15
Working with professionals	17
Trauma and the brain	19
Guilt, shame and self-blame	21
Responses to trauma in children	23
Parenting techniques to try	25
Managing emotions	28
Developing resilience and confidence	29
Having difficult conversations	30
Talking about sex and sexual abuse	32



How can this guide help you?

This guide is for anyone who is caring for a child who has been subjected to sexual violence. In this guide, we refer to 'your child' but the content may be useful for anyone who has any caring responsibilities for a child or children, including foster carers, stepparents, grandparents and wider family members. 'Child' is also used to describe anyone of pre-school, school or college age.

The information in this guide is provided to try to help you understand the possible impacts of sexual violence and to offer you some ideas of how you can manage those impacts. We believe that, if you understand the way that sexual violence might affect your child's mind and body, the way they behave and the way you feel will hopefully begin to make more sense to you. Not everything in the guide will be relevant to you and some of the ideas may not work for you and your child. The intention is to help you to better understand what has happened and how you can manage your responses to it. Sharing this guide with others who care for your child may help them to get a better understanding of what you and your child are experiencing.



If you only have a few minutes to go through this booklet, just look out for these points.

What is sexual violence?

Sexual violence is a term that is used to cover all forms of sexual harm, including rape, sexual assault, child sexual abuse and non-contact sexual abuse, such as online grooming. Sexual violence is any sexual contact that is not consensual. The Sexual Offences Act 2003 says that a person consents to sexual activity if they agree by choice and have the freedom and capacity to consent.

The Act also states that the age of consent is 16, which means it is illegal to have sexual contact with anyone under that age. There is provision in this law to protect young people aged 13-15 from being prosecuted for engaging in consensual sexual activity with other young people but this is still technically unlawful. Any child aged 12 and under cannot consent to any sexual activity. The Protection of Children Act (1978) makes it illegal take, make (including downloading copies), distribute or share, possess or advertise any indecent images of anyone under the age of 18.

Freedom to consent means that there are no forms of persuasion or coercion used that might lead someone to make a choice they would not otherwise make. The person must be free to agree to sexual activity or to decline it without there being any reward (financial or otherwise) or any negative repercussions.

Capacity to consent means that the person is fully able to understand what they are choosing, that they are mentally and emotionally well enough, mature enough and that they are not under the influence of any substances which would impede decision making. Lots of things impact our capacity to consent including age (which is why we have an age of consent), alcohol, recreational drugs, prescription drugs, some mental health conditions, some learning disabilities and some neurological differences.

All forms of sexual violence, including those that do not involve physical contact can have a significant impact. Human brains experience sexual violence as trauma and that means people might have unexpected or unpredictable responses to what they have been through. There is more information about trauma further on in this guide.



Sexual violence is a term that covers all forms of sexual harm.

Myths and Reality

There are many myths or false beliefs about sexual violence. You may have heard these myths before in the media or from people you know. They are often presented as fact. Knowing the truth behind the myths can help you to understand what has happened to your child and to see that it is the perpetrator who is to blame.

Myth

If children told someone then the sexual abuse would stop.

Fact: Children are very often telling us about their sexual abuse but they are not always saying it in a way we can understand easily and sometimes adults just do not listen properly or believe them. For example, children may not tell us in words what has happened and instead they may show their anger or anxiety through their behaviour instead. They may not have the right words or even understand what is happening, they may be wary of upsetting people or getting into trouble or they may have very confused feelings about the perpetrator and feel that they love them. Perpetrators will also use all kinds of manipulation to stop the child from speaking out. The most important thing to remember is that they have told someone, whoever it is they chose, and that takes immense bravery. A supportive response from family and carers is crucial for any child to recover from the trauma of sexual violence.



Any disclosure, no matter when it happens or who hears it, is a positive step towards ending further harm and getting support.



Myth

Children lie about sexual abuse.

Fact: There is very little evidence that people lie about sexual violence. Research by the Crown Prosecution Service in 2013 found that 0.6% of allegations of rape that reached them for charging were false allegations. Sometimes it is easier to believe that children would lie about sexual abuse than to have to think that perpetrators would knowingly and deliberately harm them. The myth that children lie helps perpetrators to continue to sexually abuse them and silences survivors, meaning they may not tell anyone.



It is very rare for anyone to lie about sexual violence.

Myth

Not all sexual abuse is harmful to children.

Fact: Some perpetrators will claim that children enjoy sexual acts and that they initiate them. This is an attempt to remove all responsibility from the perpetrator for causing harm and to lay blame with the child. The perpetrator is always responsible for their actions and the harm they cause. Some people also believe that, if children don't talk about instances of sexual abuse, that they have forgotten it and it hasn't had a negative impact. This isn't necessarily the case and the child may still be dealing with difficult thoughts and feelings even if they appear to have forgotten what happened so it's important to be open to checking in with your child and being aware of their emotions and behaviours.



Sexual violence is a type of trauma and can be managed with support.

Myth

Children who are subjected to sexual violence go on to perpetrate sexual abuse.

Fact: There is very little evidence to support this and, while some perpetrators say they experienced child sexual abuse, this does not mean their experiences caused them to go on to harm others. Girls are more likely to experience sexual abuse, so, if being sexually abused caused you to become an abuser, there would be many, many more female abusers. The vast majority of perpetrators are male, which shows how wrong this myth is. Some children who experience sexual abuse may exhibit harmful sexual behaviours, possibly directed towards other children, as a response to their abuse and they need support to address these behaviours, but there is no evidence that a cycle of sexual abuse exists. Survivors of sexual violence are very often kind and caring to other people because they know how awful it feels when another person is unkind or uncaring.



Children who have been subjected to sexual abuse are highly unlikely to go on to harm others.

Myth

Parents are to blame if their child is sexually abused.

Fact: It is often assumed that parents, especially mothers, should have known about sexual abuse perpetrated against their child and they should have stopped it. Many parents have no idea because perpetrators deliberately hide their actions and manipulate situations to suit them. It is important to know what responses to sexual abuse and sexually abusive behaviours look like to help safeguard your child to try to avoid sexual abuse happening or happening again but it is really important that we put the responsibility for the sexual abuse of a child onto the perpetrator of that abuse.



Perpetrators are totally responsible for sexual violence.

Vicarious trauma

When someone close to you has experienced trauma, you may find yourself affected by this and experiencing your own trauma responses. This is called vicarious or secondary trauma. You may experience physical symptoms such as headaches, problems sleeping, weight gain or weight loss, and lack of energy. You may notice changes to your behaviour such as increased drinking, eating or smoking. You may procrastinate and find it difficult to get motivated. You may not want to be around other people or feel overly critical of others. You may find your emotions are affected and that you feel anxious, irritable, lonely or depressed. You may find that you cry easily and frequently or that you feel numb. You may feel like it is difficult to concentrate and that you are more forgetful than usual. You may struggle to find fun or enjoyment in things you usually like and find it hard to make decisions.

These are all natural and normal responses when someone you love or care for has been harmed. You may find yourself using unhealthy coping mechanisms to deal with your vicarious trauma, such as smoking more than usual, drinking too much or eating unhealthily. Like many parents and carers, you may find yourself prioritising your child's needs and neglecting your own. The end result of this can be that you are not well enough, physically or emotionally, to be able to care for your child.

When you are on a plane and listening to the safety guidance, you are told, if the air pressure fails and you need to use oxygen masks, that you must secure your own mask before trying to help anyone else. The same is true for supporting a child who has been subjected to sexual violence and trauma.

In order to take good care of your child, you must take good care of yourself. It is not selfish to do so. In fact, it is for the benefit of your child. Looking after yourself is sometimes called 'self-care'.



Feeling the impacts of trauma, even when it was not you who directly experienced it, is a natural and normal response to someone you care for being harmed.

Coping Strategies and Self-Care

The phrase self-care is often used to refer to any lifestyle choices or techniques that someone uses to help them manage mental health issues or to help them achieve positive emotional well-being. Some types of self-care you can do for yourself and by yourself while other techniques might require support from others. Self-care isn't something you need to do alone and it is important to ask for support when you feel it would be beneficial. Self-care means different things to different people and you are the person who can best work out what is going to help you the most.

Sometimes when we feel really distressed, there isn't anything that can be done to remove the problem instantly or permanently. In this sort of situation, it can be really useful to have some coping strategies to help manage the way we feel so we can find ways to keep going.

The following skills and techniques are things you can try in those moments when you feel really upset or angry or when you feel like you can't contain your emotions.

They won't solve the problem forever, but they may help you tolerate the feeling for long enough to stop the situation getting worse. Not every technique will work for every person so you might need to try several and persevere with some before you see positive results. You might find that some techniques are also suitable for your child and you can practise them together.

- Break time down into hours, days or weeks and focus on getting through each bit at a time. Thinking about the whole day stretching out in front of you can feel overwhelming so just plan what you need to do to get breakfast done, then just the school run, then to lunchtime and so on.
- Give yourself permission to feel angry, hurt, upset and sad about what has happened so those emotions are focused on the incident rather than those around you.
- If you feel unwell or are having suicidal thoughts, make an appointment to see your GP and let them know what you are feeling and what is going on for you.
- It is often helpful to have someone who is non-judgmental to talk to in confidence about what has happened so you may want to access counselling, which provides a space for you to focus on your own emotional well-being.



Try to be kind to yourself and ask for help or support when you feel that you need it.



Eat, sleep and move

Trauma responses can sometimes feel impossible to manage and it might feel like they take over your life, making it difficult to do the things you need to or want to.

There are things you can try that can help. When you feel low or you are feeling demotivated, it can be really difficult to get yourself up and moving. It can sometimes feel much easier to stay in bed or hide away from everyone. One good way of trying to lift your mood and to make you feel more emotionally able to deal with the day is to remember that you need to eat, sleep and move.

Make sure you eat regular, nutritious meals and make sure you take time to have drinks throughout the day, even if you do not feel hungry or thirsty. You need to have energy and be properly hydrated to be able to feel physically well enough to care for your child.

Work out a sleep routine so you can try to get enough sleep. This might include setting yourself a bedtime and sticking to it, having a bath or using scented candles to relax, reading or listening to soothing music. Try to avoid using screens (TV, tablet, phone etc.) for at least half an hour before going to bed.

Think about how your body feels when you have done exercise, whether that's going for a walk, playing around with a pet or a full-on gym session. Try to get moving in some way each day.



Try thinking about your eating, sleeping and exercise patterns so you can work out what makes your body feel good.

Get to know your nervous system

Your nervous system is the part of your body that makes sense of information coming in through your senses which is then used to make decisions about your actions and responses.

When you feel distressed for any reason, your sympathetic nervous system kicks in. Its job is to prepare your body for frightening or stressful situations. It does this by increasing your heart rate and the blood flow to your muscles so you can run or fight if you need to.

A trick you can use is to try to activate your parasympathetic nervous system so that your sympathetic nervous system can calm down.

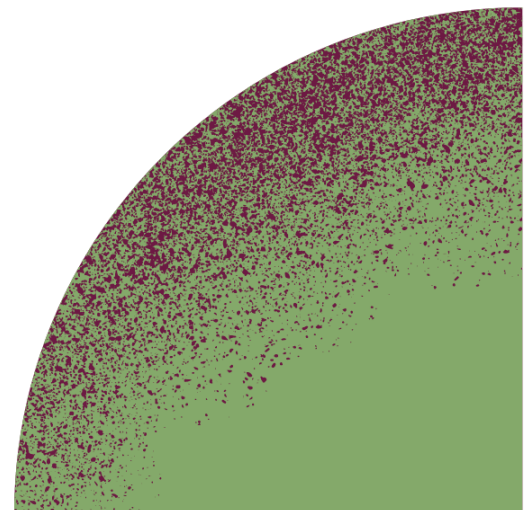
Some quick ways you can do this include:

- Put your wrists under a cold tap, splash cold water on your face or hold an icepack or some ice cubes in a bag on your face.
- Do a really big sigh three or four times.
- Practise circular breathing. For example, breathe in for the count of four, hold your breath for the count of four and breathe out for the count of eight.
- Clench your fists as hard as you can, hold for the count of four and release.
- Do some intense exercise for a short amount of time. For example, 10 enthusiastic star jumps or running on the spot as fast as you can for 30 seconds.
- Feel the texture of different objects around you. For example, the covering on your chair, cushions, mugs or glasses, your hair.

All these examples help your brain to focus hard on what your body is feeling, this gives information to your nervous system that you are safe and makes it easier to stay calm and in control.



Knowing your body can help you to manage your feelings.



Grounding techniques

We can sometimes convince ourselves that every thought we have is important and true. If we think something bad about ourselves we may then assume, just because we thought it, it's a fact. The real fact is that some of our thoughts are not worth paying much attention to. Plus, we don't have time to dwell on every single thought we have, but our brains sometimes feel as if they are trying to do that. It can feel chaotic, noisy and endless in our minds when this happens.

Grounding techniques are ways of slowing down our minds and managing anxiety or other difficult emotions. They can be done anywhere at any time and no one needs to know what you are doing. Grounding focuses on the here and now and is more than just a relaxation strategy, it can be used to help you manage extreme feelings. Grounding techniques can train our nervous systems to stay calm. This helps us manage all sorts of difficult situations and emotions.

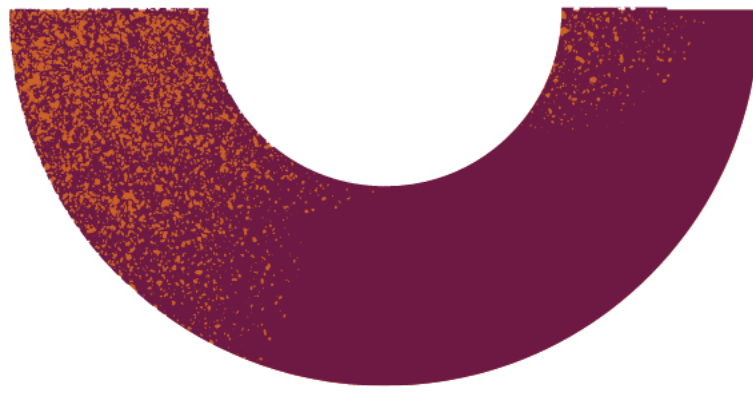
Mental Grounding

- Describe your physical environment to yourself in detail. For example, I am sitting in a waiting room, there are magazines on the table in the corner of the room, there are posters on the wall . . .
- Follow a well-known journey in your head. For example, a bus route or walk you know really well.
- Follow a recipe in your head, for example, go through step by step from taking ingredients out of the fridge to chopping vegetables to the stages of cooking.
- Have an affirmation you repeat to yourself. For example, 'this too shall pass' or 'I am safe, I am here now'.
- Concentrate on a mental challenge. For example, say the alphabet to yourself backwards or go through times tables.
- Imagine a safe place or somewhere you would like to go. For example, a tropical beach or mountain hideaway. Think about textures, smells, feelings and sounds to help your thinking brain work hard.

All these examples help your brain to focus hard on thinking about what you have chosen, so it is less likely to spiral off into intrusive thoughts or overthinking.



Reminding yourself of your physical environment, that you are in the here and now, can help you to manage difficult thoughts.



How other people can help us cope

Humans are designed to be sociable even if we do not always feel this way. Think about the people around you and how they can support you. Some people may have a much more significant role than others but even those whose contribution is saying 'hello' are important.

Even when it feels like you have no one, there may be people around who can support you in some way. Try and work out who the safe and good people are in your life. We don't have to have loads of friends; even one safe person we trust can make a huge difference in our lives. The same is true of family members. Just because someone is related to us does not mean that we have to allow them in our lives. Do not feel that you have to maintain contact with your family if your family is what makes life difficult for you.

Aside from genuine friends and trusted family members, you might have professionals who can help with specific things, for example your GP, counsellor, advocate or support worker. It is important to allow yourself to ask for help if you need it.

When you are not in a good place, it can be tricky to remember who might be able to help. You could try writing a list which might be useful at difficult times. You could include anyone who is in your support network and even remind yourself what support they can give you.

Remind yourself that it is alright to ask for help. People can be helpful without necessarily knowing all the details of what is going on for you and your child.



Think about the people around you and ask other people in your support network for help when you need it.

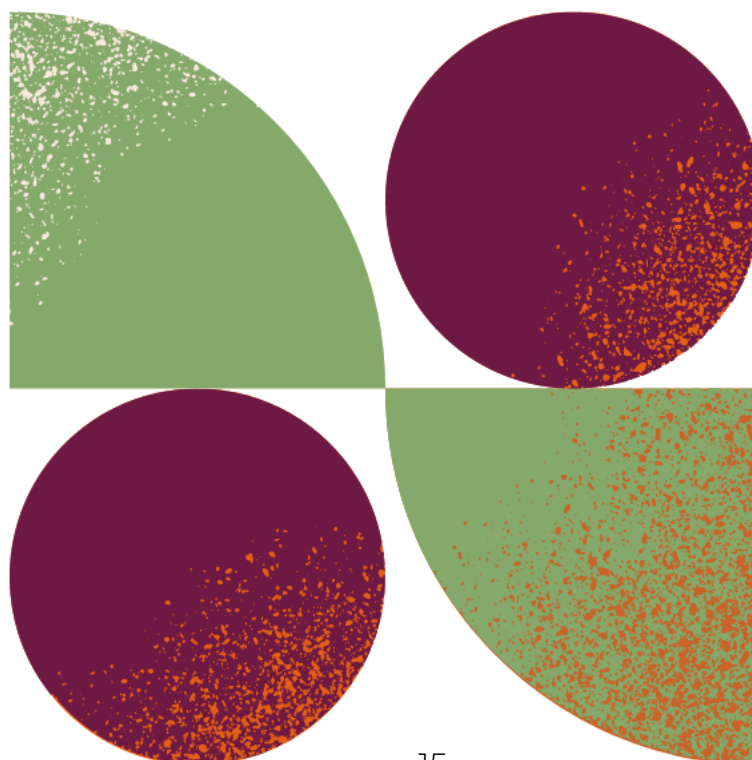
Reactions to what has happened

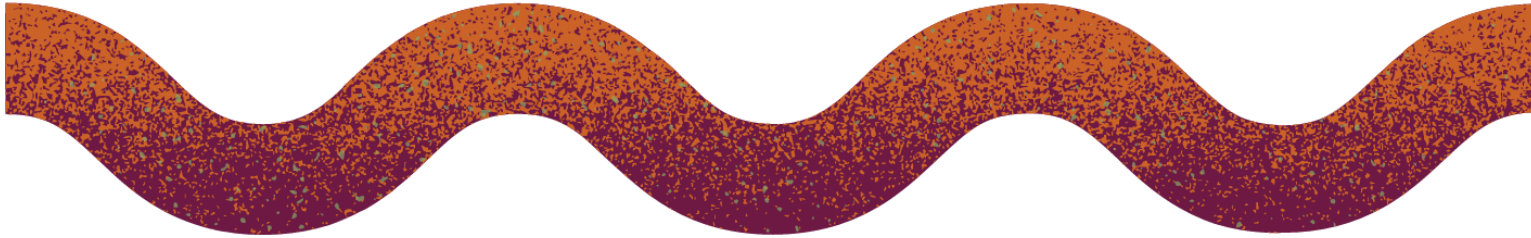
'Disclosure' is the word used to describe the act of someone telling someone else about their experience of sexual violence. Children and young people make disclosures in a variety of ways. They may tell a friend, they may tell an adult at school, or they may call a support line.

It is not unusual for a child to tell someone other than their parent or the person closest to them. You may ask yourself why your child didn't tell you and feel hurt by them choosing someone else to disclose to. Children and young people may not tell their parents first because they are worried about their parent's reactions, either that they will get in trouble or that their parent will be upset. Of course, this is the child's perception of what might happen not what might really happen so it may not make sense to you that they would feel that way.

It is also often very difficult to tell anyone because the perpetrator is likely to have made your child feel like they cannot tell, maybe because they will come to more harm, because no one will believe them or because they will lose out on something they feel like they want, such as attention.

One way to look at any disclosure is to focus on the fact that your child told someone, no matter who it was, and that is a very good thing as you can now work together to deal with what has happened to them and to try to stop further harm.





It is very common for parents and carers to feel confused by what their child has disclosed. It may feel that what your child is saying just doesn't make sense and that you cannot comprehend how it happened. This is a normal reaction because sexual violence is not a typical part of most of our lives and the reasons why someone would deliberately cause someone else harm are difficult to make sense of.

If the perpetrator is someone you know, it may be difficult to reconcile how that person behaves towards you with what your child is saying and this is because lots of perpetrators will be manipulative and deliberately present themselves in ways that make them seem safe and kind in order for them to be able to perpetrate harm.

If the perpetrator is another family member, you may feel especially confused and feel an overwhelming sense of guilt that you were not aware. You may also feel betrayed by their behaviour and that you can no longer trust anyone.

It is very common to feel angry about the whole situation and to feel angry towards the perpetrator. You may also feel angry with other family members for how they have responded or you may feel angry with yourself which can also lead to feelings of guilt, either that you didn't protect your child or that you didn't suspect what was happening.

You may even feel angry with your child for not telling you or for 'getting themselves' into that situation. Whilst those feelings are understandable, it is very important to remember that the only person responsible for what has happened is the perpetrator and your child did nothing to cause that person to make the choices they made when they committed sexual offences.



Feelings of confusion, anger and guilt are common. Remember, the perpetrator is totally responsible for the choices they made and their actions.

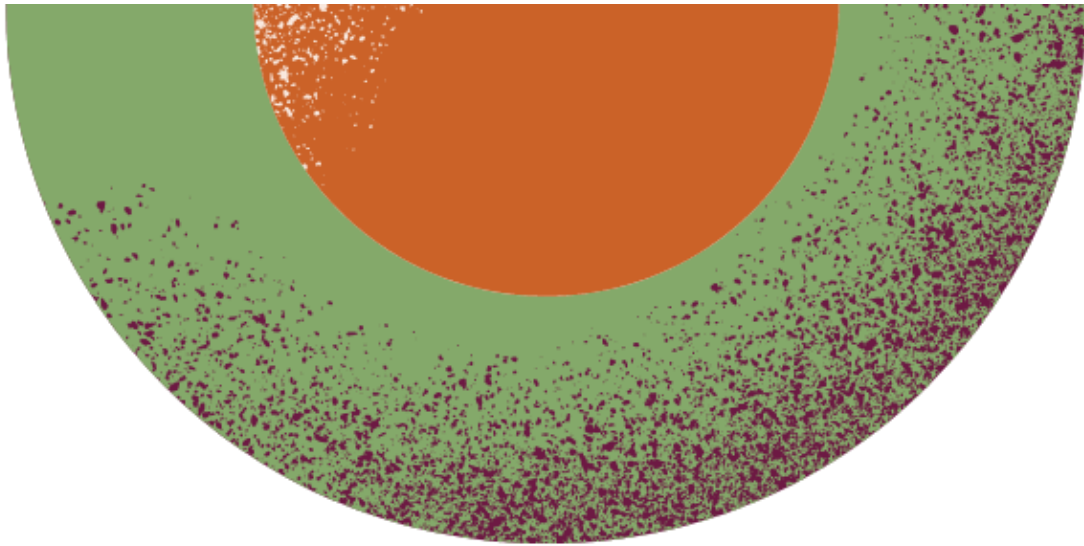
Working with professionals

You may have lots of people contacting you and you may have to attend appointments with different people. This can feel confusing and overwhelming so try keeping a diary or calendar and reminders and/or notes in your phone so you know where you have to be, when you have to be there, the purpose of the appointment or meeting, who the appointment is with and their contact details so you can let them know if you are running late or are unable to attend. Being organised can help you feel more in control.

Professionals, such as social workers and teachers, are an important part of keeping your child safe but sometimes the relationship you have with them can be challenging. For example, it may feel like they are questioning your ability to parent your child effectively or you may feel that they are blaming you for events that are not your responsibility. Despite these difficulties, it is important that you try to engage with professionals for the benefit of your child. Although it may not always seem as if you all want the same things, it can be helpful to try and remember that everyone is there because they want your child to be safe and healthy.

It can be tempting to quickly answer someone back when you feel like you are being judged, especially if you think that judgement is unfair. Instead of instantly reacting, try to take a moment to think about what has been said and then respond as calmly and clearly as you can. You could say something like “I need a moment to think about that” or “I’m not sure what you mean, can you say that again, please?”.





It is reasonable for professionals to have expectations of you while you are working with them and it is reasonable for you to also have expectations of them. Making these expectations clear and regularly checking them will help to minimise misunderstandings and conflict. For example, if a meeting needs to be cancelled, all parties should give as much notice as possible and an explanation as to why the cancellation is happening.

To keep your relationship positive, you should always try to be respectful when you disagree with professionals. It is OK for you to say you disagree or that you see a situation differently. Professionals should treat you with respect too, even if they disagree with you.

You can use phrases like: “I hear what you have said to me, but I do not agree because . . . ” or “My understanding of the situation is different. I think . . .” Sometimes, if you know you have a difficult conversation coming, it can be helpful to go through it with someone beforehand to practise saying what you want to get across.

Social workers will expect you to share information with them and usually there is the expectation that your child’s school are made aware of what is happening so they can support your child. You only need to share information that is necessary to safeguard your child and other children and information sharing consent documents should be in place so you know how different statutory agencies and organisations will hold your data and share information.



***It's OK to disagree with professionals.
Try to think of a couple of phrases you can use to
show you see things differently that are also
respectful.***



Trauma and the brain

Sexual violence is a type of trauma.

The word 'trauma' can be used to describe any event which:

- threatens a person's safety
- is unexpected or not normal in their experience
- is beyond their perceived ability to cope
- impacts on their daily life and functioning

Different people will experience different events as traumatic and what is traumatic for one person may not be for another. We all have different experiences of life and different ways of managing so it is impossible to say what will or will not be traumatic. Sometimes people will say you and your child should be able to "get over it" or that "it could have been worse" but that's not how our brains work. When our safety is threatened, it is natural and normal to find that challenging to cope with and for it to impact on how we manage everyday life. Anything which feels traumatic to us can be overwhelming.

Very simply speaking, our brains can be divided into three parts: the reptilian brain, the mammalian brain and the prefrontal cortex or thinking brain. Each part serves a different function.

The reptilian brain is responsible for keeping us alive. It makes sure we breathe and digest food without having to think and it takes over when our brain perceives we are in danger.

The mammalian brain processes the information we get from the world around us through our senses (taste, touch, sight, hearing and smell).

The prefrontal cortex does all our logical thinking and reasoning.

When a person experiences a traumatic event, the reptilian brain takes over and the parts of the brain that manage our senses (the mammalian brain) and logical thinking (the prefrontal cortex) tend to be shut down. The reptilian brain is only concerned with survival and responds instinctively to danger. Knowing this can help you to understand why your child responded in the way they did during the incident of sexual violence and afterwards.

Lots of people talk about feeling the urges to fight (for example push, kick, punch) or flight (putting physical distance between you and the person causing you harm by running away, for example).

The reptilian brain can also cause a person to freeze (stay still and do nothing), flop (your body goes like a ragdoll) or friend (try to create a bond with the person causing harm to reduce the chances of further harm).

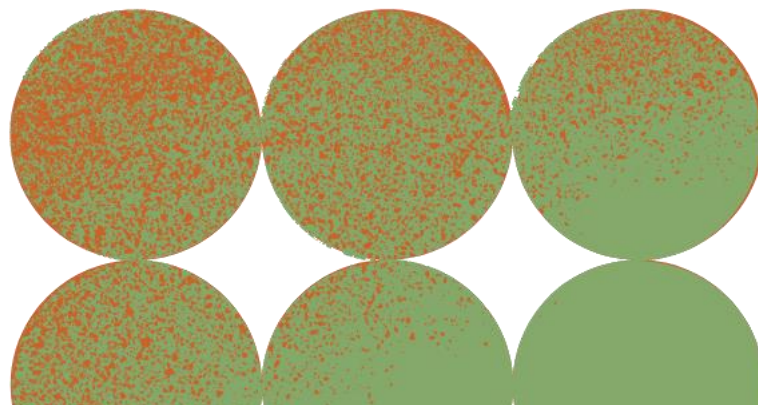
These are the 5 Fs.

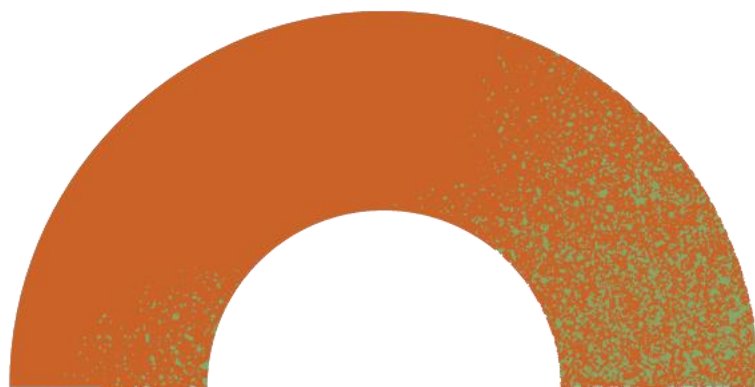
For many people, including children, the options to fight a perpetrator or to run away are not possible. The perpetrator is probably bigger and stronger than them and they may well be in a place they cannot leave or, if they did leave, would mean they had nowhere else to go. When they are subjected to sexual violence, many people will freeze, flop or friend.

If a particular response works (it keeps you alive on that occasion), the brain will default to using that response again in any future traumatic situations. This is especially true if you experience repeated trauma, like a child who is sexually abused on a regular basis. This can also mean that the child's brain responds to any stressful situation in the same way so, for example, they may freeze when asked to read aloud or when someone else is being told off.



Our brains respond to traumatic events in different ways. None of these responses are wrong. Whatever your child's brain did to make sure they survived is the best it could do.





Guilt, shame and self-blame

Children who have experienced the trauma of sexual violence may feel that they are in some way to blame or are responsible for what happened to them.

They may think that there was something they could have done to stop the sexual abuse happening either beforehand or during the incident.

The feeling that they did something to cause the sexual violence, combined with the fact that sex is typically something that is not openly spoken about or that they are not yet properly knowledgeable about, means the survivor may also feel shame around what happened to them.

They may also feel guilty about the impact of the incident, even though it was the result of the perpetrator's decisions and actions.

They may feel that they have caused distress to their family or friends or even that they have caused problems for the perpetrator.

All these reasons add to the difficulties children may have in speaking about sexual violence of any kind.



Recognising trauma responses can help you to support your child to manage difficult feelings and behaviours.

Re-living

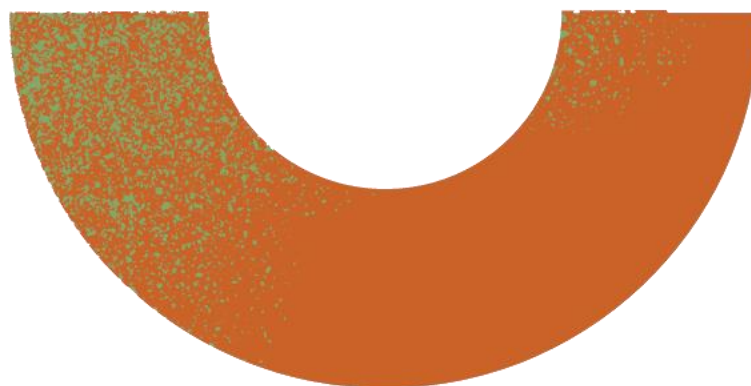
Re-living covers trauma responses that involve the brain going through the experiences of trauma again and again as it tries to make sense of what happened. This might include nightmares, flashbacks (being awake but feeling like the traumatic incident is happening again), intrusive thoughts (negative or unhelpful thoughts connected to the traumatic incident that pop into the survivor's head, often without warning) and hallucinations or hearing voices (seeing things that are not there or hearing voices of people who are not there, usually saying negative or unhelpful things).

Avoidance

Avoidance includes behaviours and responses that are an attempt to remove yourself from the feelings the trauma has caused. This might include behaviours such as isolating yourself from family and friends and spending time alone or using drugs, alcohol or self-harm to try to numb the feelings or replace difficult feelings with different ones. Other avoidance responses include suicidal thoughts and ideation (thinking about ending your life or forming a plan of how you would do so), depression (feelings of severe despondency and dejection) and dissociation (disconnecting from everything around you and 'zoning out').

Heightened Alertness

Trauma responses often involve feelings of anxiety which may be intense enough to lead to panic attacks. Survivors may also be hyper-vigilant, which means they are conscious and acutely aware of their surroundings, what people are doing and saying and all movements, which is exhausting to maintain.



Responses to trauma in children

Many trauma responses look like what families and carers, teachers and other professionals consider 'bad behaviour' and this can mean that children are punished for behaviours that they have little or no real control over.

If a child is demonstrating these behaviours, the last thing they need is shouting or punishment. They need to hear a kind and comforting voice which can help them begin to feel safe and calm again, only then they will be able to talk properly, listen carefully and carry on with their day. They will need some time to allow their nervous system to feel balanced again.

For example, dissociation might look like being distracted, 'daydreaming', not concentrating or listening or 'zoning out'. Dissociation is a trauma response used when escape is impossible. The reptilian brain prepares the body for injury by slowing heart rate (to reduce blood loss in case of injury) and hormones are released to create a sense of calm, leading to a feeling of emotionlessness and numbness. If someone has experienced trauma, any stressful situation can trigger dissociation.

Freezing might look like defiance, refusing to follow instructions or 'rudeness'. This is the trauma response used by the reptilian brain to avoid serious injury or death and is a total physical inability to respond or move. If this response is triggered, the child is unlikely to be able to be cooperative so, no matter how much anyone orders them or cajoles them, they will not respond.

Being 'dramatic', over-reacting, 'kicking off', shouting or swearing could be signs of sensitisation. Any random pattern of unpredictable traumas can cause excessive sensitivity to future stressors so that small things, that other people may be unconcerned by, can lead to large responses that do not seem proportional to what has happened in that moment. Sensitisation is the brain's way of staying alert to potential dangers that may be unexpected or unusual.

Similarly, lack of motivation, no interest in people or activities, being 'sullen' or 'moody' and showing no response to danger or risk could be signs of tolerance. Repeated, ongoing and regular trauma can cause desensitisation to the stressor which can lead to muted responses to future stressors. Developing tolerance is the brain's way of getting used to repeated experiences and stopping itself becoming overwhelmed by stimulation.

Experiences of trauma can impact a child's school life in terms of their academic performance, their friendships and their interaction with peers and adults.

For younger children, their speech development, auditory processing (what we hear) and sensory integration (how the brain processes information from our senses) may be delayed which can make it harder for them to learn.

Trauma can also impact cognitive functioning (thinking, remembering, making decisions), which can make school very challenging and the child may not be achieving the expected age-appropriate targets.

They may have trouble concentrating and may be unable to focus on one thing. Intrusive thoughts (negative and unhelpful thoughts that pop up unexpectedly) may make doing schoolwork impossible which can lead to a lack of motivation to try and to punishments for incomplete work.

Children who have experienced trauma may find inter-personal relationships very difficult. They may find trusting people challenging, which can lead to having a submissive attitude towards others or to being manipulative, overbearing, aggressive or bullying in order to get control of the relationship.

They may need help to understand boundaries, because all their boundaries have been broken by the abuser. They may change their personality to try to suit whoever they are with and seem 'fake' or disingenuous as a result. They may not have a best friend or to be able to maintain friendships without falling out as they may have difficulty reciprocating in friendships.

Adults, such as teachers and support staff, may find the child's behaviours challenging and see them as 'being naughty' and they may feel uncomfortable if the child is unable to understand and maintain boundaries with adults, for example by touching them.



Some trauma responses can look like 'bad behaviour'. A gentle tone and kind words will help your child to feel balanced again.

Parenting techniques to try

Your child's behaviour, even when it is incredibly difficult to manage, is a normal response to an abnormal event. When someone is subjected to sexual violence, they have not had any power and someone else has been in control, so many behaviours are about trying to take back power and control. As a parent/carer, this is especially challenging to deal with as you are the one who makes decisions for your child and you are 'in charge' but your child is likely to challenge this in a variety of ways.

As we look at some techniques you can try with your child, try to have realistic expectations of your child and your relationship, celebrate small victories and try not to take your child's difficulties personally. There are no quick fixes but things can get better. Consistent and clear boundaries will help this happen faster and ensure your family can keep improvements going.

Time and attention

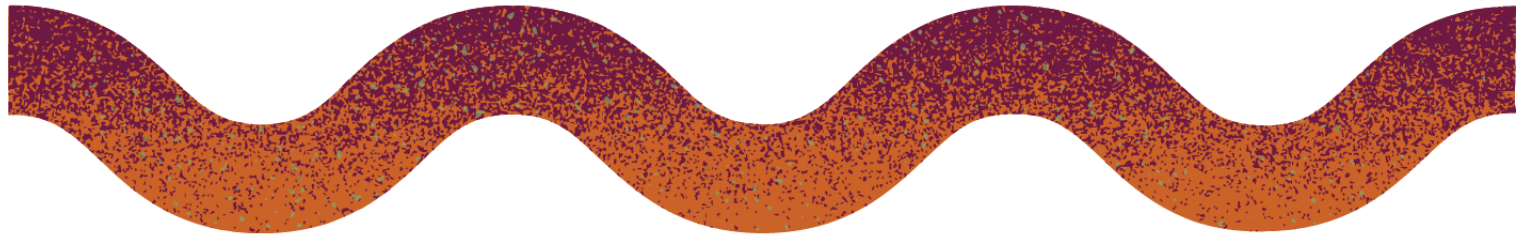
Children tend to enjoy your time and attention and will often demand it at the most inconvenient times, like when you're on the phone or the toilet. When a child has been subjected to sexual violence, their demands for attention can either become more frequent and insistent or they may withdraw from you, both of which can be challenging to manage. Try setting aside time that is specifically for your child to spend time with you. As far as is reasonable (safe, affordable and legal) allow your child to make the decisions about what you do with your time together. Many children want to do things they enjoyed when they were younger and their priority is that they have you to themselves, without distractions. You could also try having designated 'family time' when you try to do something together without distractions. This could be eating together, playing a game as a family, watching a film or even listening to your child tell you about a game they are playing or the details of what's happening in their friendship group.

Choosing your words

The words you use with your child can be incredibly powerful, they can hurt their feelings but they can also help to build their self-esteem and resilience. Praise is important for all of us and is especially effective when it is linked to something your child has had to try hard at. For example, saying "you worked really hard at that" or "you put so much effort into that" instead of "you're good at that" shows them you know they have been trying and that it wasn't just something that came naturally.

Similarly, you could try showing them you have seen changes in your child as an individual and that you have recognised the behaviours you want to see, for example by saying “you went to bed really well last night, you said ‘good night’ and

listened to your story” or “you were considerate when you called to let me know that you would be late home so that I didn’t worry about you”.



Boundaries

Boundaries are essential for children to feel safe. They will push boundaries and challenge you as a way to check the boundary is secure and that you are keeping them safe. This is a normal part of childhood, especially as children grow older, but it may be particularly challenging when your child has been subjected to any form of sexual violence. For example, if you set a bedtime but don’t maintain it, the message they get is that the boundary was not secure and no one really cared whether they went to bed or not. Most people are not natural rule-followers so this will take time. Remember, don’t take behaviour personally. If you are a safe adult for your child, you are most likely to see the worst of their behaviours because they feel it is OK to let you see how they feel.

When your boundaries are tested, you could try pausing to think about what has happened and how you want to respond to it. For example, you could say “I don’t like how this conversation is going and I’m starting to feel angry and upset so I’d like to spend a little time on my own”. When you and your child have calmed down, you can speak about their behaviour. For example, you might say “when you told me to shut up, I felt like you didn’t care about what I was trying to say. Do you understand why I might have felt like that?”

You could try showing why the boundary is necessary for you. For example, saying “I’m finding it too loud in here for me at the moment and I need everyone to quieten down” instead of “you’re too loud”. This shows you are reinforcing your personal boundary by reminding your child and other family members of acceptable noise levels without making it seem like they are the whole cause of the issue.

Predictability

It is important to try to be predictable in the behaviours you expect from your child and sanctioning only those behaviours that are always unacceptable in a consistent and proportional way. Try to be patient and accept that sometimes things will go wrong, just as they do in adult relationships, but you can always get back on track. Self-care is especially important to help you feel well enough to manage when your child is challenging.



Your child’s behaviour, even when it is incredibly difficult to manage, is a normal response to an abnormal event.

Managing emotions

When children have experienced trauma, sometimes it can feel like their emotions are unmanageable, both for them and for others around them. Lots of families and carers will say: “I just want my child to be happy” but that can be a big ask when your child is struggling with difficult thoughts and feelings. You may feel tempted to not talk about the difficult emotions and avoid having to acknowledge them because you don’t want your child to feel more upset than they already do. However, talking about emotions can be really helpful for children and enable them to deal with difficult feelings. It is also important to help children to process those feelings so they do not go with them into their later life.

If your child is finding it difficult to talk about their feelings or they are reluctant to talk at all, you can use TED questions to help them focus what they want to say or to start a conversation.

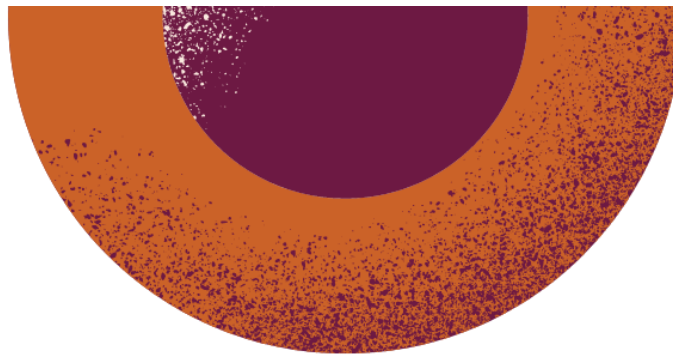
- Tell me . . . (“tell me something good that happened today”)
- Explain . . . (“explain how you’re feeling”, “explain what has happened today”)
- Describe . . . (“describe how your body feels right now”, “describe what your feelings look like”)

Listening with empathy is also a good way of supporting your child to regulate their emotions. Empathy means trying to feel and imagine what another person is feeling. For example, if your child has had a difficult day at school and has fallen out with a friend, it might be tempting to say: “don’t worry, you’ve got lots of other friends” or “what did you do to make them say that?” which may make your child feel like you don’t understand how upset they are and that you think it was their fault anyway. Instead, if you say “you must feel so upset, you usually get on really well and now it feels like you two aren’t friends anymore. What do you think might help?” you are showing your child you understand how they feel and that their feeling is a reasonable response to what happened.

Sometimes it is best to say nothing and allow your child to get everything out. This can be very difficult if they are shouting and swearing at you so try to remember that it is not really about you, they are doing this because you are safe (you will still love them or care for them even after they have said terrible things) and they are saying to you the things they can’t say to the person who has harmed them. Once they have said everything they need to, you could try asking what feels different to them now that they have said those things out loud.



Helping your child to name their emotions and to talk about how they are feeling can support them to manage challenging emotions.



Developing resilience and confidence

Resilience is about being able to recover from tough times and to manage difficulties or challenges. If you are resilient, it does not mean that you don't feel anything or that nothing bothers you, it means that you have a full range of emotions and you are able to manage them and live a full life. Being confident means you believe in yourself and feel assured that you can rely on yourself or others. People who are confident in themselves, their choices and their relationships are often much more resilient because they know they are a good person who is loved and supported.

Being confident and resilient doesn't happen quickly or easily. It will be an ongoing process for you and your child, but it is worth persevering with as it will help your child face difficult times in the future and into adulthood.

The parenting techniques mentioned earlier, including thinking about the words you use and spending time with your child are good ways to build resilience and self-confidence. You could also try using some of the following phrases. You may find that your child ignores you or dismisses what you are saying but that does not mean that they are not hearing what you say and taking it in. For children who have experienced trauma, it can sometimes be very difficult to hear good things about themselves and to hear that other people think good things about them.

When things go right	When things go wrong
You've worked really hard. You are helpful. Good thinking! You figured it out! You must have been practising.	You are on the right track. You are really improving. It's OK, we all make mistakes. You can try again tomorrow. You can learn from your mistakes.



Helping your child to see the good in themselves and to recognise their abilities and efforts can help them to feel better about themselves and to develop resilience.

Having difficult conversations

There may be times when you need to share information with your child or tell them something that feels difficult, such as an update from the police about an investigation they are a witness in or about behaviours you have noticed that might feel embarrassing to mention.

Talking to your child about difficult or awkward things will never feel totally easy but these conversations are important so it is essential that you try your best to make them feel manageable for you and your child. Keeping things from your child is not always for the best and may leave them with lots of unanswered questions they don't want to bring up and dwell on.

You can use the guidelines below as a way to start and structure a difficult conversation. They can also be used as a basis for any conversations you might need to have with people in your support network about what has happened.

Before the difficult conversation, it can be helpful to think about the following:

- **What outcome do you want?**
Do you want someone to understand some information you want to give them? Do you want someone to change their behaviours? Do you want someone to help you to achieve something or to support you to manage a problem?
- **What barriers are there to being able to communicate properly?**
Is it difficult to get quiet time with the person you need to speak to? Are you worried about a hostile reaction that might be dangerous? Will the other person be open to having a conversation with you?
- **What strengths do you have?**
Are you able to explain clearly what you want to say? Can you show that you are aware that you need help and you are asking for that support?
- **Who can help you if the topic is really difficult?**
Is there a trusted person you can talk to before speaking with the person you need to? Is there anyone you can practice the conversation with? Is there anyone who knows the person you need to speak to really well who can advise you on how to approach them?

When you have planned what it is you want to say and thought about the barriers to communication and the strengths you have, you can use these tips to have the conversation itself.

Before you go to the other person, remember the tricks to keep your sympathetic nervous system calm. Try some controlled breathing into your belly, for example.

Let the person know you need to speak to them at some point within a given timeframe and a basic idea of the topic. This means they have an opportunity to prepare themselves, which might mean they are less resistant or defensive. You could say something like: "I need to speak to you about something important before bedtime".

Have the conversation in a neutral place that the other person is able to leave if they want to. For example, speaking in the kitchen at home rather than someone's bedroom.

Use something the person will already know about as a way to start the conversation. For example, you may say: "You may have noticed I have been quiet lately" or "Do you remember I told you about . . ."

If the topic is complicated, share the information in small chunks rather than trying to explain everything in great detail straight away. If the other person interrupts you, you can say that it would be easier to let you speak and then you'll try to answer their questions.

If the other person asks you questions you can't answer or that seem to be judgemental, you can say: "This is difficult for me to talk about and I need some time to think about what you've said".

You may need to re-visit the conversation if it is a complicated issue.



Having a plan of how you can approach a difficult conversation can help you to feel more in control of what is being said.

Talking about sex and sexual abuse

The idea of teaching children about sex or talking to them about sex can make people feel very uncomfortable. They may think that children are too young to know about sex or that it may make them want to try sexual acts if they know about them. Speaking to your child and answering their questions in an age-appropriate way will not be harmful to them and it will not encourage them to engage in sexual acts. In fact, being able to talk openly with your child about issues connected to sex is more likely to improve your relationship with them and mean they wait longer before having a sexual relationship. It also makes it more likely that they can recognise perpetrator behaviour and more likely that they will feel able to talk to you if something bad happens. Young survivors of sexual violence have told us that they wish their parents had talked more about sex related topics in an honest way, they feel it would have helped them more easily understand what was happening to them, and then they would have been able to ask for support earlier.



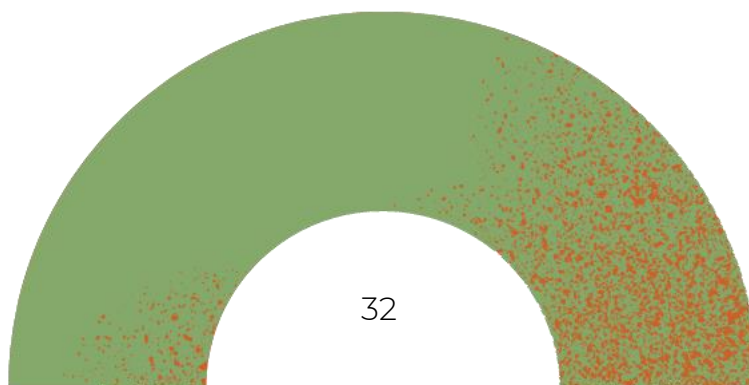
Age-appropriate conversations about sex are crucial to safeguard your child.

Use teachable moments

It is never too early to start talking to your child about their bodies and boundaries. 'Teachable moments' are times when the door is open for a conversation to take place. This might include talking about privacy and bodies at bath time or talking about where babies come from when you see a pregnant woman or talking with older children about relationships and privacy when you see representations of romantic or sexual relationships in the media.

Stick to the facts

It is much easier to give children factual information at an age-appropriate rate than to make up stories or to dodge questions. This does not mean you have to tell them everything at once, but inventing explanations will only lead to problems later when you have to backtrack and share the reality. Speaking factually and honestly is also a good way to manage feelings of embarrassment.



Keep the conversation going

Speaking to your child about sex should not be a one off when they are a teenager. If you wait until this point, they will already have collected information from their friends, from the media and from online pornography but will have had no one to reliably correct that information or help them process it. This means that many teenagers, whose parents have not spoken to them in healthy ways about sex and relationships, have really distorted views which can lead to a very unhealthy and incorrect expectation of what sex might be like.

Use the correct name for genitals

Lots of people use nicknames names for genitals with children. We don't do this with any other body parts, we don't have nicknames for our hands or legs. Not using the correct names is another way of making it seem to children like they cannot talk about those parts of their bodies. From a health and safeguarding perspective, children knowing and using the words 'penis' and 'vulva' means they can tell healthcare professionals and trusted adults clearly when they are experiencing pain or when someone has touched them inappropriately.

Explain the difference between secrets and privacy

Secrets are used by perpetrators as a way to silence children so it is important to avoid using the word 'secret' to help your child understand that secrets are things they really need to tell you about. Instead, you should talk about surprises or about things being private. For example, a present you don't want your child to reveal can be a surprise and time spent in the bathroom is private, neither need to be a secret.

Reinforce their body boundary

It is very empowering for everyone, including children, to feel that they can say 'no' to things that they do not like. Letting your child know they can be assertive and refuse unwanted or unsafe touch will help them have the confidence to do so. You can help them come up with phrases to use, such as "don't do that, I don't like it" and, if they are ignored "I have already said I don't like that, stop." and then let them know they can leave the situation if they are able to.

Let your child know they can leave a situation

It is important that you let your child know they are allowed to leave a situation if they feel uncomfortable and that they are allowed to talk to you about those feelings. They must know they will not be punished if they need to leave a situation that is causing them discomfort. You might want to have a code they can text you if they want to leave a friend's house. For example, "Miss you xx" might really mean "please phone me and tell me I have to come home". For older children, let them know that they can always call someone in their support network, no matter what is going on or where they are, and while there might be consequences for some behaviours, you will help them leave any situation that feels unsafe.

NOTES

NOTES

Southend-on-Sea Rape Crisis (SOSRC) is a Registered Charity providing specialist services to anyone who is currently experiencing any form of sexual violence or who has experienced any form of sexual violence at any time in their life.

SOSRC also offers support and information for family and friends of survivors.

Registered Charity Number: 1194207

Office Telephone: 01702 667590

Email: info@sosrc.org.uk

Copyright © 2022 by SOSRC

All rights reserved. No part of this publication may be reproduced, distributed, or transmitted in any form or by any means, including photocopying, recording, or other electronic or mechanical methods, without the prior written permission of the publisher, except in the case of brief quotations embodied in critical reviews and certain other non-commercial uses permitted by copyright law. For permission requests, write to info@sosrc.org.uk

