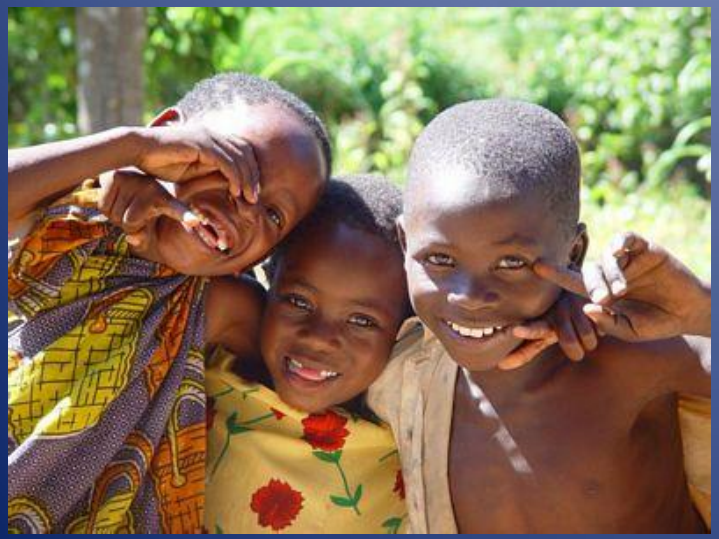
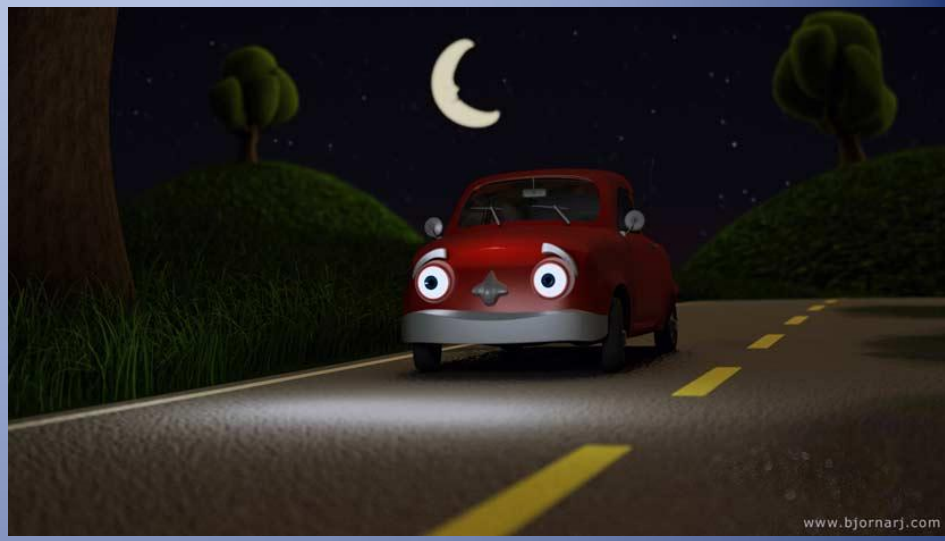
Sexual Violence Conference



Background in Participation

- Project X
- Children's Fund
- YoungMinds
- Mental Health Foundation
- Evidence Based Practice Unit

Journey….



- Inpatient wards (children)
- Sexual abuse claims
- Offered role to consult with children and young people who'd experienced sexual violence about what health services could do better to meet their needs, to inform the DoH

Two sides

- Previous work – 2009 Taskforce on the Health Aspects of Sexual Violence Against Women and Children

- Clinical implications of sexual violence-Luna Children's Charity and PTSD

Carly Raby/ Tink Palmer

Imagine a childhood disease that affects one in five girls and one in seven boys before they reach 18:

A disease that can cause dramatic mood swings, erratic behaviour, and even severe conduct disorders among those exposed; a disease that breeds distrust of adults and undermines the possibility of experiencing normal sexual relationships; a disease that can have profound implications for an individual's future health by increasing the risk of problems such a substance abuse, sexually transmitted diseases, and suicidal behaviour; a disease that replicates itself by causing some of its victims to expose future generations to its debilitating effects.

Imagine what we would do as a society if such a disease existed.

We would spare no expense. We would invest heavily in basic and applied research. We would devise systems to identify those affected and provide services to treat them.

We would develop and broadly implement prevention campaign's to protect our children.

Wouldn't we?

James Mercy, Centre for Disease Control, Atlanta

WHO?

- Forty children from non-health specific agencies and twenty-nine from the mental health specific agencies gave feedback in the consultation process.

- The children in the first category were subject to abuse both within and outside the family, and included children who had witnessed domestic violence, been abused through prostitution, trafficking, domestic servitude and culturally traditional practices, and been abused via technology.

- Of the twenty-nine children in the second category, fifteen were receiving Tier 4 level CAMH services as in-patients, five attended Tier 3 CAMH outpatient services and nine attended specialist third sector services.

Aim

In particular, we sought to ascertain what role, if any, health professionals had played in the children's disclosure and recovery processes and what changes the children thought needed to happen to enable health professionals to better hear what children are trying to say.

Main findings

- Some professionals and ‘trusted adults’ did not believe the children when they disclosed their abuse
- Some Health professionals don’t ask why a child may be behaving in a certain way
- Some Health professionals’ manner and presentation forestallsed a potential disclosure from a child of their experience of violence or abuse

Belief

This lack of acknowledgement resulted in the children withdrawing into themselves and not daring to try again for some time, some never did.

The stigma of sexual abuse and trauma of disclosure should never be underestimated and the damage caused to children when they are not believed is immeasurable.

- For a number of children counselling sessions were limited in number due to funding restrictions – some felt that they were just beginning to make sense of what had happened to them when they had to stop
- The lack of training and education of health workers
- There is a lack of independent advocates for children – both for those detained under the Mental Health Act or who are admitted to hospital on a non statutory basis and for those in the care system
- When a child had an independent advocate, it was reported that this proved to be pivotal in their recovery.

“You need somewhere where children and young people are at the centre. In adolescent units it’s like; parents, parents, parents. Let’s have parent involvement or carer involvement. There might be good reasons why this isn’t a good idea. And I told them that. They said they hadn’t had any instances like that yet, where someone has been sexually abused and couldn’t say because their parents were in the meeting. How the hell would they know? I didn’t say anything at the time. There are probably loads of others not saying anything now, like me. I guess there are lots who don’t have problems like that with their parents, but I am sure there are some who do” (HSS)

Blame/ Internalisation

"(When you tell that you have been sexually abused) you need someone to say I believe you. That's the most important thing. Anything after that is great. But that's what screws your head, someone calling you a liar"

"I told someone but they didn't believe me and I suppose after that I really started to think that maybe I'd imagined it and it was my mind playing tricks with me" (HSS)

“Since that social worker came to my house and listened to my parents over me, everyone has seen me as a trouble maker. I actually think people feel sorry for my parents having to cope with me. If I carry on asserting what has happened to me, my family will turn against me, I am physically at risk and everyone thinks I am a trouble maker …if I stop talking about it, at least it’s only my life that’s hell” (HSS)

Lack of Interest

"After I was admitted for anorexia, my dad would come and see me and I would scream …cos I couldn't cope with it at all and after his visits I would self harm …because it triggered flashbacks of things that he's done in the past because of my PTSD, but it felt like I was going to explode. I just couldn't cope with it. But no-one asked me why!" (HSS)

Lack of Curiosity

"I've hung myself, thrown myself down the stairs and jumped out of a window. My sister has self harmed. No-one at CAMHS has really asked me why I do these things or help with my feelings. I have autism and that's what we focus on really. That and my medication" (HSS tier 3)

Pathologising disclosure

Children and young people in both residential and community settings experienced some health professionals as emotionally unavailable to them. This meant that where some children were ready to disclose, they felt unable to tell. Where children did tell, and they were not believed they perceived themselves to be seen as ‘having a problem’ or being ‘the problem’.

A number of children identified health personnel as “safe” people to talk to ……..

In residential Tier 3 & 4 CAMHS specialist units, when proper systems are in place that encourage open communication children felt safe to disclose what has happened to them

Different …

When a child or young person disclosed and was believed, she or he felt supported and able to trust the health professionals concerned to take the matter seriously.

Highly rated by nine resident children – they reported that all the necessary systems were in place to enable them to feel safe to disclose abuse should they need to do.

Going the extra mile

- Baby injections ….
- https://www.youtube.com/watch?v=5rvr2grgE-Q

What helped?

The children and young people emphasised the value to their recovery of being believed – validation of their experience by a trusted adult was key to the recovery process.

Caring and curious

"The trouble is, you don't know where to start and you don't know if they would understand what you meant …it's almost like you need permission that it's ok to tell. I went to see my GP because I had flu and, as I was leaving, he asked me if I was alright. I said I was fine and left .I wasn't alright and I went back to see him a week later and told him what had happened to me….him asking me that simple question gave me the confidence to go back …it's like he knew something was wrong and was prepared to listen to me …it's been a difficult time since then …but I'm now safe and it's because of him."

- “They do that here, you know (really listen). Staff here are like that and they’re busy, don’t get me wrong, understandable. But if you needed them, you know you can talk to them at any time” (HSS tier 4)

- “My CAMHS worker was really nice and she told me that she believed me, actually said the words “I believe you”. That felt unreal for me”

- “The person who helped me most was my counsellor – she told me that I wasn’t going mad and that I would get better …she was right”

- “My therapist is caring and understanding and listens to me” (HSS Tier 4)

It’s not a big ask … and it’s more than reasonable

Childhood/ why start with young people? What road map is being carved out?

What can the effects be of sexual violence on children?

- Childhood is a time of accelerated synaptic growth and pruning.
- It is a CRUCIAL period of neurodevelopment.

Interpersonal Experiences

- Key developmental stages are affected by responses from other people.
- They can be in the role of:
  - Helpers
  - Guides / models
  - Competitors
  - Comforters
  - Validators
  - Security

Dangerous Interpersonal Experiences

- Dangerous experiences at vital developmental stages teach the brain to attend to danger and survival instead of trust and learning.
- As these experiences continue,

  the ***learning brain***

becomes more focussed on being

a ***survival brain***.

Learning Brain

- **Openness to experience**
  - Interest
  - Curiosity
  - Pleasure
  - Novelty seeking
  - Extraversion

Survival Brain

- **Harm Avoidance**
  - Anxiety
  - Anger
  - Introversion
  - Protective/ defensive aggression
  - Preference for the familiar

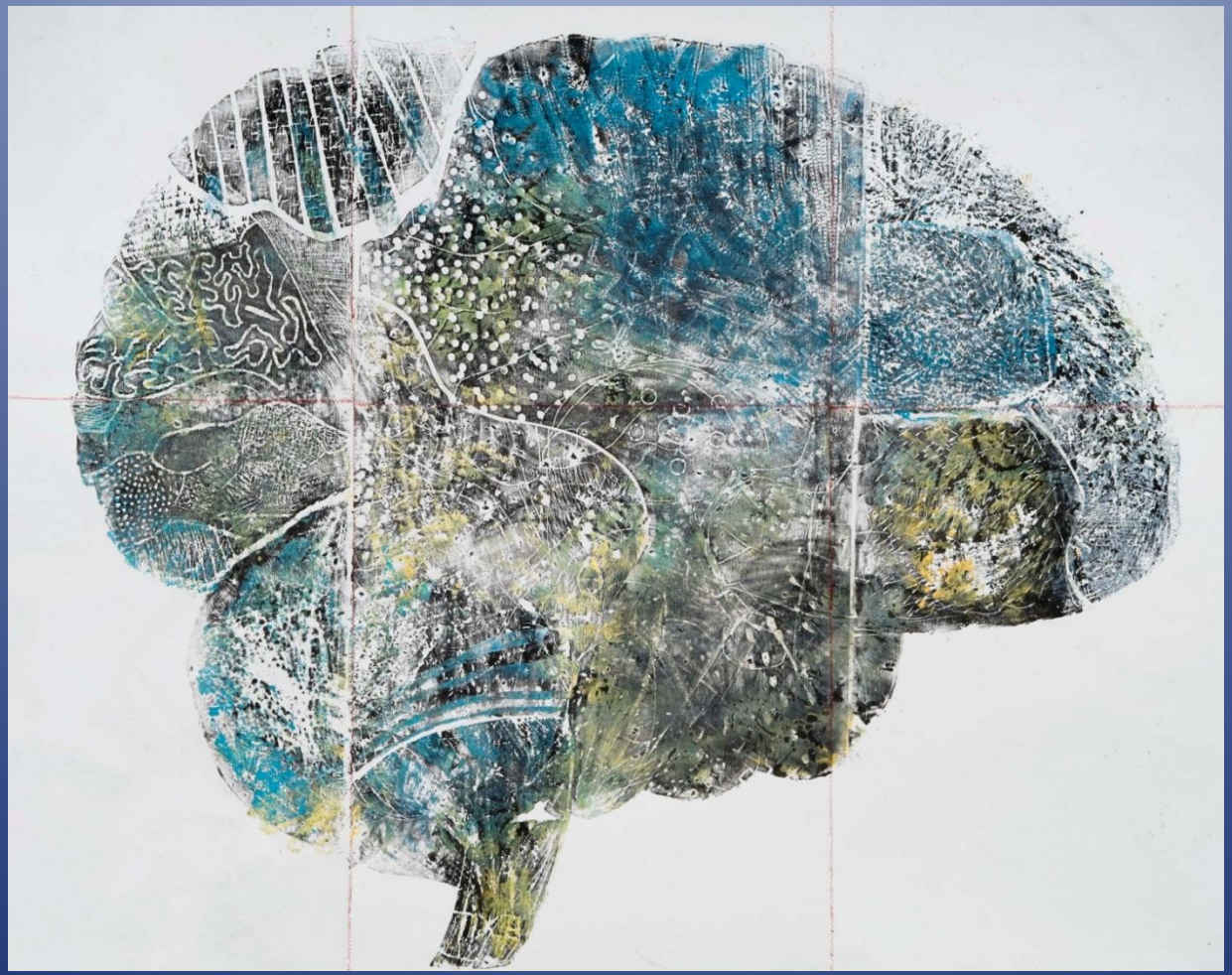
The Effect of a Harm-Avoidant Survival Brain

If neural development continues along the lines of avoidance of (detachment from) relationships then personality develops in a way where skills that are useful in forming relationships are underdeveloped and skills of survival are overdeveloped.

This can be seen specifically in:

- *Emotion Dysregulation and*
- *Information Processing Dysregulation*
- *Post Traumatic Responses*

This can leave imprint and modelling for relationships with others as well as how people relate to themselves



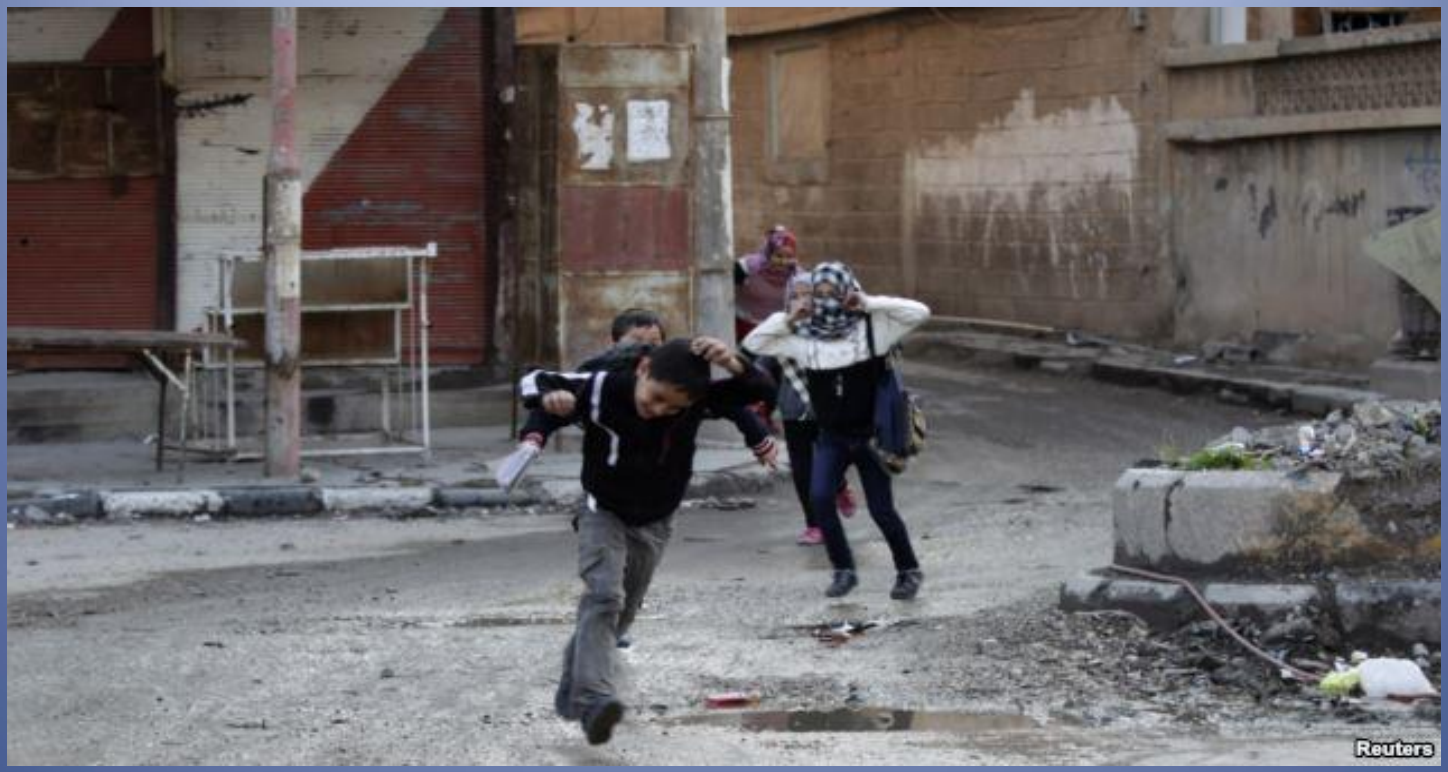
Mental Health Consequences

- Anxiety
- Depression
- Self-harm
- PTSD
- Complex developmental trauma
- Psychosis
- Personality ‘disorders’
- Behavioural difficulties (CD/ APD)
- Neurodevelopmental delay

An abnormal reaction to an abnormal situation is normal behavior.
-Viktor Frankl

Total number of people killed: well over 100,000

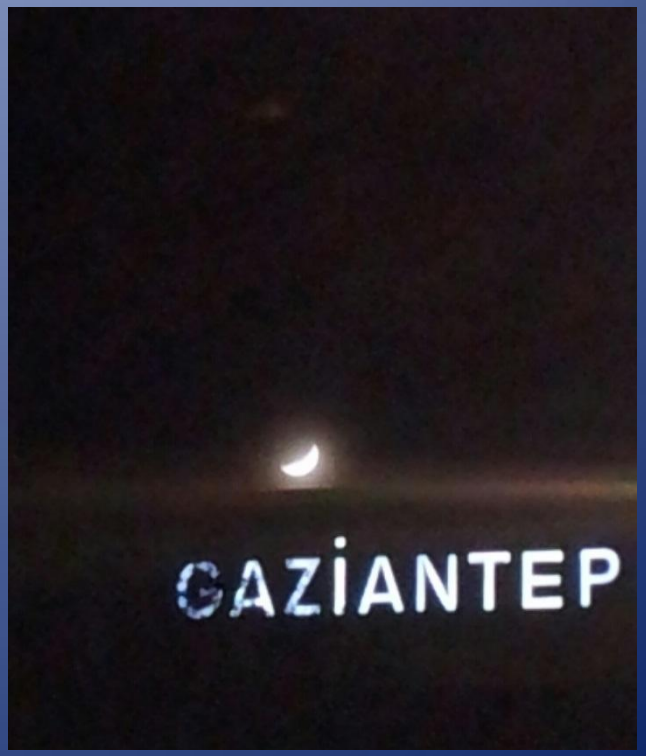
Number of people displaced within Syria: 6.5 million



UNICEF estimated that more than 5.5 million children needed assistance

1 million children were living under siege and in hard-to-reach areas in Syria

More than 10,000 children had been killed, often deliberately targeted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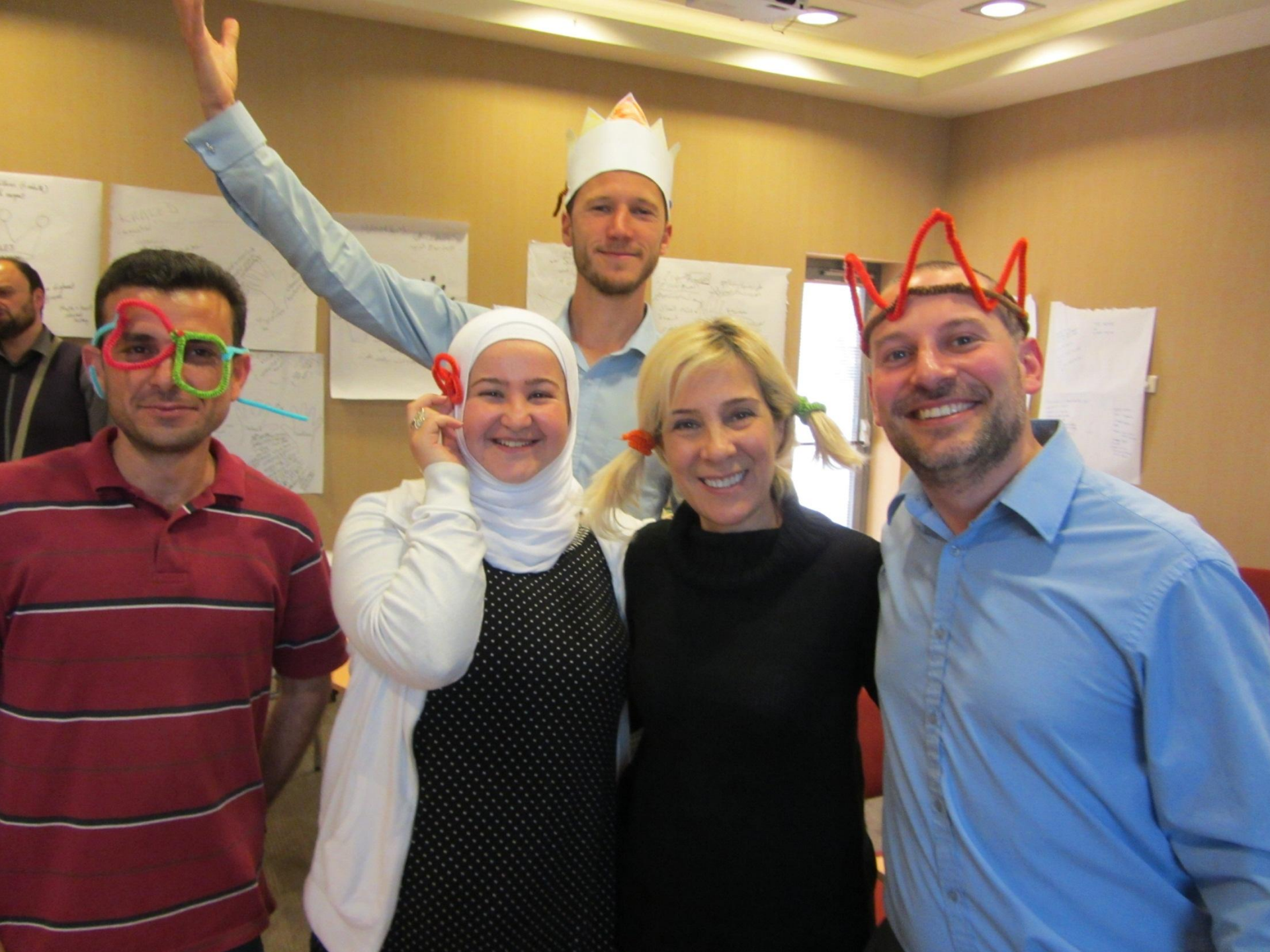
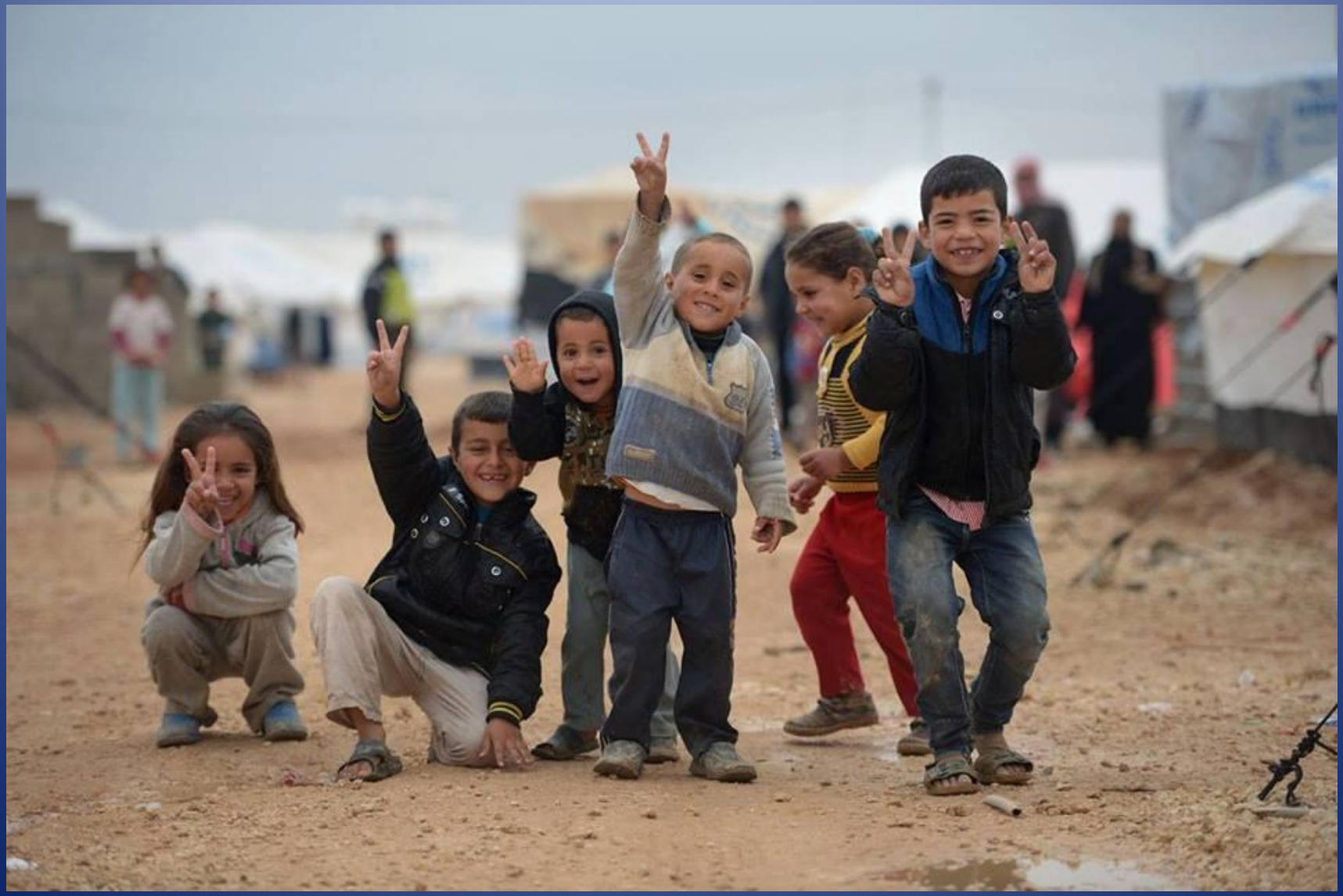


HOPE and BELIEF



What's needed to enable health professionals to better hear what children are trying to say

- Curiosity!!!!!!
- Approachability
- Training and awareness
- Accessibility of services
- Advocacy
- Trusted relationships
- Rehumanisation
- Restoration of control

Potential psychological impact

- Mediated by people's responses
- Mediated by people's curiosity rather than judgment about their behaviour
- Mediated by compassion
- Mediated by as many people modelling healthy positive interpersonal interactions as possible
- And ……. neuroplasticity ….

Ask Me

THIS IS NOT ROCKET SCIENCE PEOPLE!