

## Talking with your child

If you have no concerns regarding your child it is best to allow him or her to ask questions and answer them as truthfully and factually as possible. Be guided by what they want to talk about rather than you directly soliciting answers. It's also OK to admit you don't have all the answers. If your child keeps asking questions that is likely signalling that they still need more information to process what has occurred and what has been said to them/ in front of them. Avoid language that implies they should have realised what was occurring and should have done something about it. Stick with the facts and keep your answers relatively short and developmentally appropriate.

If you are concerned about abuse, keep in mind a few guidelines to create a non-threatening environment where your child may be more likely to open up to you.

- **Pick your time and place carefully.** Choose a space where your child is comfortable or ask them where they'd like to talk. Avoid talking in front of someone who may be causing the harm.
- **Be aware of your tone.** If you start the conversation in a serious tone, you may scare your child, and they may be more likely to give you the answers they think you want to hear—rather than the truth. Try to make the conversation more casual. A non-threatening tone will help put your child at ease and ultimately provide you with more accurate information.
- **Open up with a non threatening question.** You might ask, "Have you heard about what happened with \_\_\_\_\_?" then follow up with an open question like "What have you heard?"
- **If you suspect that your child has been abused, be clear in your language and avoid euphemisms.** Ask questions that use your child's own vocabulary, but that are open. For example, "Has someone been touching you?" In this context "touching" can mean different things, but it is likely a word the child is familiar with. The child can respond with questions or comments to help you better gauge the situation like, "No one touches me except my mom at bath time," or "You mean like the way my cousin touches me sometimes?" Understand that sexual abuse can feel good to the child, so asking if someone is "hurting" them may not bring out the information that you are looking for.
- **Listen and follow up.** Allow the child to talk freely. Wait for them to pause, and then follow up on points that made you feel concerned.
- **Avoid judgment and blame.** Avoid placing blame by using "I" questions and statements. Rather than beginning your conversation by saying, "You said something that made me worry..." consider starting your conversation with the word "I." For example: "I am concerned because I heard you say that you are not allowed to sleep in your bed by yourself."
- **Reassure the child.** Make sure that the child knows that they are not in trouble. Let them know you are simply asking questions because you are concerned about them.
- **Control your emotions and reactions.** The more neutral and conversational you can be, the better for your child.
- **Be patient.** Remember that this conversation may be very frightening for the child. Many perpetrators make threats about what will happen if someone finds out about the abuse. They may tell a child that they will be put into foster care or threaten them or their loved ones with physical violence.

## POSSIBLE BEHAVIOURAL SIGNS AND INDICATORS OF SEXUAL ABUSE

- Sexualised behaviours inappropriate to their age (including sexually touching other children and themselves)
- Evidence of sexual knowledge beyond the norms for their age
- Disclosure of abuse either directly or indirectly through drawings, play or writing that describes abuse.
- Pain or bleeding in the anal or genital area with redness or swelling
- Fear of being alone with a particular person
- Child or young person implies that he/she is required to keep secrets
- Presence of sexually transmitted disease
- Sudden unexplained fears
- Frequent sleep disturbances, nightmare, enuresis and/or encopresis (bedwetting or bed soiling), soiling, night fears and refusal to get undressed
- Attempts to avoid contact with the alleged offender
- Unexplained sadness, crankiness and irritability
- Re-enactment of what abuser did, using dolls or other children
- An obsession with 'rude' matters in play, conversation and artwork
- Frequent masturbation
- Onset of anxiety symptoms such as thumb sucking, twitching and psychosomatic illness which doctors fail to diagnose
- Social withdrawal and self imposed isolation
- Poor concentration and regression in school work

*[Source: Freda Briggs, (1993). Why my child? Allen and Unwin.]*

Should you be concerned of any possible warning signs, please discuss this with the school.

Should there be serious concerns or a direct disclosure, please contact the WA Police.