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## AFTER CSE FILMS: SUPPORTING CHILDREN AND FAMILIES WITHOUT TRAUMATIC IMAGERY



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**After CSE Films: Supporting children and families without traumatic imagery**

**Special thanks to all peer reviewers of this publication including Mark Monaghan, Sue Whitmore and Jaci Quennell**

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## **After CSE films: Supporting children and families without traumatic imagery**

### **An introduction to this guide**

This guide is a free and accessible collection of ideas and advice for practitioners working in child sexual exploitation (CSE) and abuse.

In 2017, Jessica Eaton launched the campaign #nomoreCSEfilms to challenge the use of traumatic imagery which led to hundreds of people submitting written accounts of the harm caused by showing CSE films to children, parents and professionals.

In January 2018, the report *'Can I tell you what it feels like? Exploring the harm caused by CSE films'* was published with VictimFocus. The report was downloaded over 10,000 times and is still used to challenge the unethical use of CSE films containing scenes of child abuse, child rape, trafficking and child homicide.

In November 2018, national organisations, local authorities, charities and police forces began to withdraw CSE films from practice. Many practitioners reported that they had never practiced without the films and didn't know how else to support children subjected to sexual violence without them.

In the months following the withdrawal of films, many practitioners wrote to VictimFocus to ask for advice and guidance about alternatives to CSE films.

This guide for practitioners therefore provides valid alternatives to the use of CSE films in practice; both in one-to-one work and in school work with large groups of children.

A special thank you to all VictimFocus peer reviewers of this publication including Mark Monaghan, Sue Whitmore and Jaci Quennell. Thank you for your time and feedback.



## **Section 1: Addressing the gaps in practice left by the withdrawal of CSE films**

### **The use of CSE films with children**

In the UK, the use of films depicting the rape, abuse and murder of children has been commonplace for almost a decade. In response to the rising concerns about the sexual exploitation of girls in well-publicised cases in the UK, the showing of ‘hard-hitting’ films was perceived as a preventative or protective measure in order to raise awareness and educate teenagers about child sexual exploitation (though almost every film featured a female victim and male perpetrator).

Films containing graphic and traumatic scenes, often rated as 15 or above, and some containing material that would likely be rated 18; have been shown to hundreds of thousands of children for the last ten years. Rather than causing alarm, the films won accolades, awards and funding; and despite never being tested or thoroughly evaluated, were accepted into common practice with children in primary and secondary schools, and children who were being or had recently been sexually abused.

Films have been used primarily by third sector voluntary organisations, local authority children’s services, youth offending services and police forces in the UK.

### **Key issues uncovered by ‘Can I tell you what it feels like?’ report**

The report, entitled, ‘Can I tell you what it feels like? Exploring the harm caused by CSE films’ was published in January 2018 following a large petition of psychologists to stop the use of untested and sexually traumatic films with children. The report also contained real experiences of children, parents and professionals who provided evidence of harm and trauma during or following the use of CSE films. The harm was severe, with children reporting self-harming and panic attacks induced by the films. Children also repeatedly spoke of refusing to watch the films, only to be forced or convinced to watch them, even when they became visibly distressed.

The report contained the first set of evidence from children, parents and professionals that the use of CSE films could have harmed children. You can download the first report from [www.victimfocus.org.uk](http://www.victimfocus.org.uk) or search #nomoreCSEfilms.

### **Responses to the #nomoreCSEfilms report in 2018**

As the only report of its kind, it was downloaded and shared thousands of times and influenced practice quickly. The report was challenging and contentious after many years of CSE film use, but the report caused discussion and reflection amongst professionals who had already been feeling uncomfortable with the use of films; and amongst those who had never considered the films to be traumatic at all. Some rejected the report as biased and did

not value the lived experiences of children, parents and professionals; but most took the findings and recommendations in the report seriously.

Several local authorities, organisations, police forces and CSE services withdrew all use of the films after reading the report and reflecting on practice. The report was used in new guidance from the UN Cybercrime department when considering interventions in online sexual exploitation. The report findings were presented at academic conferences and featured in the national media.

One of the largest impacts was the decision to withdraw all use of CSE films and related traumatic and victim blaming materials by leading children's charity, Barnardo's. In September 2018, Barnardo's released a public statement to the press to confirm that they no longer support the use of CSE films with children and were in the process of changing their own practice and policy. Later, Barnardo's created a checklist for professionals to use to ensure that no graphic imagery, victim blaming, or scenes of sexual abuse were used in schools or direct work with children accessing Barnardo's services.

### **Gaps in practice caused by the withdrawal of CSE films**

Whilst the overall impact of withdrawing CSE films from practice has been positive and has changed the way many professionals think about the use of traumatic imagery with children and adults; the withdrawal of CSE films did cause anxiety and concern in some organisations that had relied heavily on the films for many years. For some organisations, entire sections of work and schools' programmes had been based around the showing of graphic films depicting the rape and murder of girls. Even those who accepted the findings were concerned about what could replace the films and how to practice without showing them.

In the months following the withdrawal of CSE films, professionals contacted VictimFocus for advice about how to practice without them. Briefly, the main areas of concern were:

- Professionals not knowing how to explain CSE and grooming without a film
- Professionals feeling reliant on the films and needing a replacement resource
- Professionals who had never practiced in sexual violence without the use of films
- Professionals reported using the films instead of having difficult conversations with children about abuse and rape
- Professionals concerned that their practice was placing responsibility on children to escape or report CSE

Many professionals were willing to, or had already, stopped using the films; but felt they needed new skills, knowledge or resources to support them when they were talking to children about CSE and grooming. For some professionals working in CSE teams, they had never practiced without the use of films and reported that they did not know how to explain or discuss rape and sexual violence with children as they used to use the films to explain.

Further, some professionals had been led to believe that adolescents could not process information about sexual violence verbally, and that they required visual depictions of rape and abuse to understand.

Therefore, the critique and subsequent removal of CSE films appears to have revealed gaps in knowledge, skills and confidence that were being masked by using ready-made CSE films that were played to children alone or in groups. In some cases, this was done instead of having in-depth, nuanced discussions about all the diverse forms of abuse and harm. It is essential that professionals feel confident and ready to have conversations with children, adolescents, parents and carers about sex, rape, abuse, grooming and exploitation without feeling reliant on graphic and distressing imagery.

### **Having awkward conversations**

The easiest, cheapest and most effective alternative to CSE films is talking ethically, sensitively and openly to children about sex, relationships, abuse and violence. Talking about sex is still considered taboo, with many people feeling embarrassed or ashamed when the subject arises.

Awkward is a perception. Some professionals can comfortably and sensitively have discussions about very difficult topics, but others report feeling awkward, scared, embarrassed or unprepared. Conversations about sex in general can elicit these feelings, and so discussions about forced sex, violent sex, abuse, grooming and exploitation can be very difficult to start and manage well.

### **Top tips for having awkward conversations**

1. **Understand and explore the awkwardness** – if the thought of having this conversation makes you feel uncomfortable and awkward, then the issue sits with you. Sit quietly and think or write down what you feel scared, awkward or uncomfortable about. Is the words or language? Are you worried about what to say or how to say it? Are you concerned you won't be able to answer questions? Are you worried you will laugh or blush? Once you have found the root of your discomfort, think about how you can work to reduce it or process it before attempting to have the conversation.
2. **Keep conversation flowing about other topics or related topics** – One of the worst things that can happen when you are feeling awkward about a conversation is to go silent, to stumble over your words or to feel stuck. One way of combatting this is to keep the conversation going even if it is not about the topic you need to talk about. Studies from the Netherlands in 2010 have shown that keeping conversation flowing and relaxed increases self-esteem and confidence when you might be feeling uncomfortable.
3. **Practice what you are going to say with your colleague or friend** – if your fear comes from saying the wrong thing or a worry it will 'all come out wrong', then practice. Practice confidently talking about the issue or topic whilst remaining

relaxed. Just like with any other topic, people who talk about the same topic a lot become comfortable with it, even if it is scary or taboo.

4. **Ask a question** – When the conversation dries up or you feel yourself or the other person becoming awkward or uncomfortable, asking an open-ended question can restart the conversation and help you to move on. Open ended questions might include a 'what' or 'how' type question or asking the person for their opinion or thoughts on something.
5. **Be honest with the other person** – For some topics, it is likely that they are as embarrassed or as uncomfortable as you are. Sometimes it might be best to be honest with the child or adult and tell them that the conversation might be sensitive or awkward and that they are in control. Advise them that if the conversation gets too much, they can stop it or change the topic and you will not press them to continue.
6. **Stay quiet sometimes** – There are lots of techniques in therapy and communication that require you to stay quiet and listen. Sometimes, people find silences so awkward that they fill them with unhelpful words, noises or small talk. Try not to be too worried if the conversation suddenly goes silent. Silence can mean the other person is thinking about what you have said or is getting the courage to say something back to you or they may be thinking about asking you a question.
7. **Offer alternative communication** – If the conversation is awkward and you know the child or adult well enough to know that they will not engage in this conversation, you can always offer an alternative. Invite them to email you about the topic, text you or call you. Some conversations are much easier over email, messenger or text message and some people prefer phone calls to face-to-face discussions.

## **Talking confidently about sexual violence**

Practice makes perfect. Talking confidently and competently about sexual violence takes practice and time, so a good step would be to start listening to other people talk competently and sensitively about sexual violence. This might be achieved by listening to a colleague, watching a YouTube video, attending training or conferences or having frank and open discussions about sex and abuse with partners, friends or family members. As you listen to others talk about sexual violence, you may notice phrases or words that make you feel uneasy or shocked. At this point, it is important to critically reflect or use supervision to explore what it was about those words or phrases that made you feel uncomfortable.

It may be something simple like the phrase or word being considered rude, taboo or forbidden. It may be that you hear another speaker use inappropriate language about sexual violence that you feel uncomfortable with and decide not to use. Alternatively, you might feel uneasy about a topic or concept because it triggers your own trauma responses or because you recognise that you have little knowledge or understanding yet. However, you might also pick up excellent examples, role models and ideas that can help you to talk confidently about sexual violence.

The second step involves active practising of talking with others about sexual violence and related topics. This is best achieved by talking to (consenting) peers, colleagues and close



friends, until the embarrassment, shame or fear of saying particular words or talking about particular concepts begins to reduce. Practising the basics is a good place to start, such as explaining what rape means, or discussing different forms of abuse. You may also want to practise talking confidently about sex acts, genitals and even using sexual slang that children and adolescents might use themselves.

Once you can confidently and competently talk about sex and sexual violence; you can become a positive role model to children, adolescents, parents, carers and other professionals. Being able to talk about sexual violence without hesitating or becoming flustered teaches children and adolescents that conversations and questions about sex, relationships and abuse are acceptable and normal.

### **Defining and explaining CSE and grooming**

One of the conversations that was eliminated by the use of CSE films was the defining and explaining of what CSE was and what grooming means. Many practitioners reported using the films to explain or provide visual examples of CSE and grooming in which they could point out certain behaviours or scenes to the child and label them as grooming or CSE. This approach means that some practitioners had stopped having in depth, open conversations about what these terms meant and felt unable to confidently do this after the films were removed from practice. And as other practitioners quite rightly pointed out, the examples of CSE and grooming in the films were highly stereotypical and often repetitive, despite lots of children being abused, groomed and exploited by diverse people in diverse contexts.

Therefore, one of the key skills to develop or rediscover once you have chosen to abandon the CSE films, is to feel confident when you talk to children and adolescents about CSE and grooming. The table below provides examples for each age group for key terms. You may find it easier to break CSE down or to avoid this term entirely. CSE is a stigmatising label and has an ever changing, contested definition whereas objective terms such as sexual assault, rape, coerce, consent can be easier to break down for definitions and examples.

Talking about these terms with children can feel awkward, but it is important we are the role models in our communication. We need to be able to provide many different examples of grooming, CSE, rape and sexual assaults so we can relate to as many children as possible. Conversations with children and adolescents should be strengths based, and that means asking the child what they already know about words or terms before explaining them. This avoids patronising children, oversimplification, over-complication or repeating the same definitions others have given to the child. Whether the child can give you a thorough answer, an incorrect answer or no answer at all, asking them their perception and understanding first will help you to pitch your explanation and direct your conversation. One final point is the difference between defining, acknowledging and identifying. Children may be able to do all, some or none of these when it comes to sexual abuse. Some children may be able to competently define a term they have learned but are not able to identify it in their own lives or acknowledge that it is happening to them. This is completely normal and the psychological literature on rape acknowledgement repeatedly shows that people who

have been raped, who know what it means and can define it accurately are unlikely to acknowledge it was done to them or label their own rape as a rape.

This point is important because CSE practitioners may think this lack of acknowledgement is due to age, brain development or immaturity but it is very common in the adult and adolescent population, and is more likely due to the political and stigmatising nature of being a victim of sexual offences than to do with a lack of understanding on the part of the victim.

### **Asking the right questions to children and parents**

Sometimes, we talk too much, assume too much and don't ask the right questions when they are needed. Questions can be very powerful, often a lot more powerful than overloading people with new or complex information. The use of questions also significantly improves your own understanding of the child or their family, because you can pose an insightful question and then listen carefully to what is being said, what is not being said, body language, hesitation, tone and facial expression.

Rather than using CSE films with a child who is reluctant to talk, sensitive and ethical questions can begin conversations about abuse and grooming. However, before any of these are attempted, it's best practice to have met and built a relationship with the child or family. Just as we would not take kindly to a stranger in authority asking us probing questions, nor do children. This is not disengagement, this is a demonstration of healthy boundaries, which should be acknowledged and respected.

### **Questions about the well-being of the child**

How are you feeling?

What can I do to help?

What makes you feel better?

Where/when do you feel safest?

Where/when do you feel happiest?

Where/when do you feel most scared/stressed out?

How is everything going?

How are you feeling about X?

Do you want to talk about it?

How does it feel when we talk about it?

How do you feel about people asking you questions about that?

How are you looking after yourself at the moment?

What do you do to make yourself feel better?

How do you cope with that?

What do you want to happen next?

What's the best/worst case scenario?

What do you think about that?

What is your opinion on that?

When did you start feeling like that?

### **Questions about the offenders**

When did you meet them?  
How did you meet them?  
What sort of stuff do you do together?  
Are they fun to be around?  
What are they like?  
Are they different from your other mates?  
How do they make you feel?  
What do you like about them?  
Are any of them nicer than the others?  
How do they treat each other?  
Do you feel like you trust them?  
Do they tell you stuff about themselves?  
Do they have a lot of friends?  
Have any of your mates met them?  
How do you feel about them?  
Are they popular?  
Do they have jobs?  
Do your friends like them?  
How long have you known them?  
Where are they from?

### **Questions about an offence/event**

How do you feel about telling someone what happened?  
Do you want to talk to me about it?  
Is there someone you need to tell?  
Is there anyone you would like me to tell with you or for you?  
Have you told anyone else?  
Would it be easier to write it down or show me on a computer?  
Would you prefer to have someone with you?  
What would you like me to do with the information you've given me?  
Can you tell me what happened?  
Do you want to talk about it?  
Have you got anyone to help you?  
Who is protecting you?  
Has someone hurt you?  
Who has hurt you?  
Has someone threatened you?  
Are you in danger?  
Is there anything I can do to stop it?  
Is there anything I can do to help you?  
Do you need a break?  
Do you need to talk about something else for a bit?  
How did they touch you?  
Did they force you to do anything you didn't want to do?

Did you feel like you had to do it?

### **Questions about the support network**

Who's your closest friend? Are they good to talk to about stuff?  
Is there anyone you prefer talking to?  
Is there anyone you don't want to talk to?  
Do you talk to anyone in your family when you need help?  
Are there any carers you like talking to?  
Do you have any brothers or sisters?  
What are the other people like at school?  
Do you have any good teachers at your school?  
If you were really struggling, who would you go to first?  
Do your friends live close to you?  
Do you talk much to friends online?  
Have you got any online friends you talk to when you need help?  
Do you know anyone else who has been through what you have experienced?  
Are your friends like you? Do you like the same things?  
How long have you known your friends?  
Do you go to any clubs or events?  
Do you support a local team?  
Are you in any sports teams?

### **Questions for parents and carers**

How are you doing?  
Is there anything I can help you with?  
Is there anything you don't understand about what has happened?  
Are there any worries you have about your child?  
What can I do to help your child?  
How do you think your child is doing recently?  
Are there any procedures or meetings that you have questions about?  
Do you need any emotional or confidential support for yourself?  
Are there any issues you need help explaining to your child?  
Do you feel like you have enough support?  
How are things in your own relationship?  
Are there any services that aren't working so well at the moment?  
Is there anything you think we could be doing better?  
How have the police/social worker/school/nurse been when you have spoken to them?  
Do you need any help communicating with your child about anything?  
Do you need any support or advocacy I can help you with?

## **Moving away from victim blaming approaches**

It's easy for well-intentioned approaches to become victim blaming or stigmatising. The use of CSE films with girls subjected to rape and abuse were well intentioned, but ultimately resulted in girls being held responsible for identifying and exiting abuse, whilst being shown repeated films containing depictions of children being raped and killed. Asking children who have already been subjected to sexual exploitation to write poems or watch drama productions about 'keeping themselves safe from CSE' (as presented in the first report) seems fairly useful until we take a more critical view of why we would develop interventions that attempt to place responsibility on children to keep themselves safe from an adult sex offender rather than investing our resources in disrupting the sex offender from harming children.

Many practitioners have raised concerns that their practice might inadvertently blame the child. In conversations and letters, practitioners explained that they used CSE films to encourage the child to point out what the abused child in the film could have done differently. Practitioners were directed to show the films and then ask plenary questions such as 'What could she have done differently to prevent this from happening?' and 'Why do you think she didn't report the abuse earlier?'

In these examples, practitioners have concerns that their approaches have taught children to blame other victims of sexual violence and may have reinforced their own feelings of self-blame (as demonstrated by the case studies in the first report on this topic).

Whilst the #nomoreCSfilms campaign and subsequent report was critical of the use of CSE films and resources, education can continue in practice without the victim blaming undertones. Education about abuse, grooming and sex is within the rights of the child to be educated about issues that affect or involve them. Education is vital and appropriate, but it is not appropriate if it is being used as a preventative or protective intervention. This means that whilst education is positive, it will not protect children from sex offenders who are intent on harming them (Eaton and Holmes, 2017). Education must continue, but it must be ethical, safe, child-centred and for the sake of education only. It must not be used to argue that the child now has enough information to protect themselves from sex offenders, exit abuse, report grooming or identify offenders.



## Section 2: Alternative approaches to CSE films

Many practitioners have asked for ideas to support their work after the withdrawal of CSE films. This section sets out some approaches, ideas and advice for working with children subjected to sexual violence without the use of graphic imagery, CSE films or existing inappropriate CSE resources.

### Utilising non-graphic resources

If you feel you need resources to support your work, or that a child may respond better to a visual or interactive resource better than a conversation with you; then seek non-graphic resources. Non-graphic resources are CSE resources that do not contain images of victims or harm, do not contain videos of abuse, grooming, intoxication, sexual offences or harm to children and do not contain disclosures or descriptions of abuse, rape, injury or exploitation.

Instead, you may find a resource about building the child's sense of self-worth, feelings of self-efficacy, strengths they already have or even a resource that talks about sex, relationships and abuse in a safer and more ethical way. Examples of non-graphic resources to talk to children about sexual trauma, abuse and their wellbeing include a wealth of work by Dr Karen Treisman <http://www.safehandstinkingminds.co.uk/amazon-associates/> and The Little Orange Book Professional Resource for 14-25 year olds subjected to abuse <https://victimfocus-resources.com/products/the-little-orange-book-resource-and-audio>

As new resources are developed over the years, commit to checking the content and approaches before using them with children. This will ensure that children are not exposed to harmful and traumatic materials, disclosures, images or videos during direct work or group work.

### Drawing on the child's existing knowledge

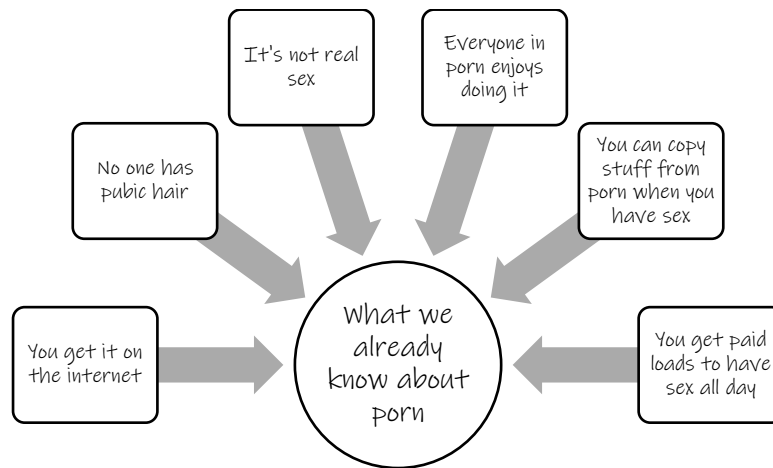
Children often have a wealth of knowledge, values, information and assumptions about sex, abuse, grooming and relationships. A good idea for working with children subjected to abuse or grooming would be to begin with what they know. It doesn't matter at the beginning whether what they know is 'right' or 'wrong' but it is a useful exercise to explore what the child already knows about certain topics and where that knowledge came from. This way, you can tailor your intervention or support to their existing knowledge.

One example would be to map out what a child or group of children already know using mind mapping, drawing or a game. VictimFocus use this approach frequently when delivering work in schools or with small groups of children or adults subjected to sexual violence and abuse.

The example below is a typical answer from adolescents taking part in the warm up exercise of a workshop on porn and sex. To gauge their knowledge and values before any work is undertaken, VictimFocus explores the existing knowledge of the children first. As can be seen from the example below, many children will hold a mixture of beliefs about topics ranging from accurate and critical views to myths and stereotypes. The source of their

knowledge and beliefs will vary widely, but can also give important information about who or what is their 'go-to source' of information about abuse, sex and relationships.

**Example A: Typical answers from a group of adolescents when asked what they know about porn**



This exercise does not have to be a pen-and-paper approach, and in lots of cases, this will not be suitable. If working one-to-one with a child, you may wish to approach this way of working as part of a series of conversations to better understand what the child already knows or believes about a concept such as grooming, abuse, rape, consent or porn. No matter what you are discussing, remember to praise a critical or accurate answer and to gently probe an inaccurate answer, stereotype or myth. Rather than telling the child the knowledge they hold is 'wrong', explore where they learned the information from, whether they believe it to be true, whether they can think of anything that could contradict it and whether there might be a reason people give each other misinformation about that topic.

**Third person discussions**

Talking to children directly about their own personal experiences of rape, abuse, grooming or harm can be daunting for both you and the child. Often, it reinforces a power dynamic in which the practitioner asks questions about the personal experiences of the child but does not reciprocate with personal experiences of their own (which would happen in equal, natural conversation with a peer).

Instead of asking children about their own experiences of trauma or harm to begin a discussion, try using third party discussions or examples to create safe discussions in which the child is not having to utilise their own experiences in their answers.

**Example B: A discussion with a child using a third-party example**

*Practitioner: I helped a boy a few months ago and he was being made to hold drugs for some lads who kept making him do stuff, it was really hard for him too. He didn't know what to do. He felt stuck. I think its normal to feel stuck. Lots of boys I have helped have felt like they didn't know what to do or who to trust.*

In this example, the practitioner is not saying to the boy she is working with *'it is normal for you to feel stuck'* or *'I know you are worried about what to do or who to trust'*. The practitioner is deliberately making the conversation about other boys she has helped who were in similar circumstances. This approach serves two functions:

1. It creates a distance between the personal experiences of the boy she is currently helping and the conversation they are having, so it doesn't feel like a personal attack or a probing conversation about what is currently going on for him.
2. It may help the boy she is currently helping to understand that the way he is feeling is normal and that lots of other boys have felt the same way. It reminds him that he is not alone, and he is not abnormal.

An additional advantage to this approach is that it slightly reduces the power imbalance between the practitioner and the child. Practitioners are often taught to never self-disclose or give personal information about themselves or their own childhoods. Whilst this is protective advice, it creates an even larger power dynamic between the child and the adult practitioner who asks lots of questions about the child whilst the child learns nothing about the practitioner. Using a third-party example to discuss things that might be affecting the child, in addition to reassuring the child that there is no need for them to disclose personal experiences to you is a way of redressing some of the power imbalance. It also means that conversations about sex, abuse and relationships do not need to use the child as a 'case study' to discuss.

### **Stories in the media**

Children have more access than ever to mass media and social media. Due to algorithms in social media and technology, many children see headlines and live breaking news about a range of topics in the media that used to only be available on the TV when adults sat down to watch the daily news. In addition to the news, children have access to thousands of dramas, soaps and films via services such as NOWTV, YouTube and Netflix. This gives the practitioner a wealth of real-life resources that adolescents are currently watching or are emotionally invested in.

If you become aware that there is a specific storyline in a soap, drama or reality TV show, use it creatively to begin conversations about what the child thinks about them. Soaps were historically designed to tackle the issues and experiences of everyday families and so they often (to varying degrees of success and sensitivity) cover topics such as abuse, grooming, stalking, violence, death, birth, relationships, break-ups and falling in love. Whilst it is not advisable to encourage a child to watch storylines or content that you know contains distressing scenes, if they have already watched it at home and are talking to you about certain programmes they watch regularly, it might be useful to research what they watch and what you could take from the programmes to talk to the child about key issues.

Similarly, if there is a current news story that has a strong press coverage, you may be able to use it to begin a critical conversation about a key issue.

### **Example C: Using a news report to discuss victim blaming**

*Practitioner: I was driving to meet you today and was listening to the radio. A news report came on about a case where a girl was being stalked by her ex-boyfriend and she rang the police 11 times but nobody took her seriously. When he was eventually arrested for attacking her, the police said she was 'asking for it' because she kept putting statuses on social media that she was glad to be rid of him. Something about that just doesn't sit right with me. I kept wondering why no one took her seriously. I think that is wrong.*

In the example above, the practitioner is raising the issue of victim blaming and the disbelieving of victims of stalking without talking directly about the experiences of the girl she is working with. She also deliberately offers her own opinion at the end of the story, to explain that she thinks it is a bad thing that no one took the girl seriously. These approaches to discussion provide safety and distance as they do not require the child to self-disclose in order to discuss a key issue that might be affecting them.

Note that if you do want to use approaches like this, you do not have to directly ask the child, 'What do you think?' or 'What is your opinion on that?'. It is adequate to simply comment on the soap storyline or the news article without asking the child for an opinion. This is especially important for children who are not ready to talk confidently about these topics, who may think about what you have said but are not yet able to articulate how they feel about the topic, or about their own personal experiences.

### **Co-viewing and critical thinking**

With similar techniques to utilising stories in the mass media, co-viewing is a technique in which you watch programmes with a child or group of children in a natural environment (their home, their care home, their youth club) and casually make critical comments about what they are watching. For example, two children are watching a music channel where their favourite artists and videos are being played. You notice that a lot of the videos show men in full clothing, wearing coats, shirts, suits and shoes – but all of the women in the videos are in lingerie or bikinis, being used as 'objects' or 'decorations' to the music video. You may say something like 'I really like this song, but I don't understand why all the men are fully clothed as if it's freezing and all the women are wearing bikinis as if it's boiling hot...' or you might say 'I wonder how funny it would look if in these music videos, all the men were just in boxers and underpants and all the women were in full suits and coats and boots...'

Co-viewing is a way of opening critical conversation in a non-pressured way. Instead of directly asking the children what they think, co-viewing approaches allow the practitioner or carer to make carefully thought out, deliberate comments that might spark critical thinking. The advantage of using co-viewing over direct questions is that children may choose whether to answer you or not, whether to engage in the conversation or whether to just think about what you have said. You may find that some children do not respond immediately but think about what you have said for some time before reflecting on it. Other children will respond with their observations and begin critical conversation with you.

## **Drawing timelines and diagrams of what happened**

Borrowing techniques from other disciplines can enhance our work. Drawing timelines or diagrams of what happened to a child or about their life journey from their own perspective can be difficult but rewarding work. This exercise is not for us as practitioners to gather intelligence or information – but is a genuine child-centred approach to helping the child to learn about their own past journeys and experiences.

Helping a child to draw a timeline of events or of their own life journey so far, might help them to understand, talk about or process events. This can be a large piece of work that might take weeks or months. People who participate in this type of exercise can often learn a lot about when certain feelings started, when they developed trauma responses, who was there to support them, when certain things started to happen and how long they happened for.

This type of work can feel uncomfortable, scary or even intrusive – so you must be guided by the child. If they do not want to engage in an exercise like this, do not push them. If they think something like this would help them, spend some time with them talking about boundaries and plans for the exercise in the event it feels too much, becomes distressing or becomes too difficult to complete.

Finally, if you have never done this type of work before with a child and would like to consider how it would feel to do this; consider doing one of your own life journeys. Mark on your timeline anything significant such as starting school, births of siblings and children, deaths of family members, moving to a new house, traumas, accidents, being bullied, birthdays, milestones, achievements, operations, illnesses, relationships, break-ups, mental health needs, holidays, friendships and so on. You will soon begin to see how large and how emotional this type of exercise can become. As you are completing your own timeline, notice how it makes you feel. Does it make you feel sad? Reflective? Scared? Angry? Surprised? Note these feelings down and consider how you would support a child if they also responded in these ways when drawing their own timeline with you.

## **Writing exercises**

Writing exercises, for some children and adults, can be transformative. For some, writing will not be an approach they enjoy or find effective. However, this section will provide some ideas for those children you work with who may benefit from writing exercises to help them to process, understand or explore their experiences of being groomed, abused, harmed or neglected.

It is vital to begin by saying that writing exercises are not the same as worksheets or structured exercises. Writing approaches may include song writing, poetry, diary entries, reflective journals, fiction writing and letter writing. All of these approaches could be completed collaboratively but may also be completed privately. Writing approaches do not need to be ‘checked’ or ‘graded’ in any way, and practitioners never have to read them or



discuss them with the child, if the child prefers to keep their writing private. Instead, writing could be used as an expressive, cathartic or exploratory process alongside your own work with the child.

#### Ideas for writing exercises:

Type of writing exercise	Example	Purpose
<b>Diary entries</b>	<i>Last night I had the same dream again. The one where I end up married to the abuser and I run away from the altar. I don't know why it keeps coming back. I told Marie and she said maybe it meant I was scared I was going to end up with him for my whole life, always being treated badly. I thought dreams were supposed to be nonsense.</i>	Diary entries may help some children think about how they are, why they feel a certain way and what those feelings or experiences might mean to them. Diary entries can also help some people chart their trauma responses, physiological reactions and triggers.
<b>Letter writing</b>	<i>Dear Mum</i>  <i>I am not writing this so you ever read it. I am writing this to get this all out of my brain. You let me down. I loved you so much but you didn't protect me when I needed you. I can't say this to your face cos the words won't come out right.</i>	Letter writing (without intent to send) is commonly used in lots of therapeutic approaches. Giving the child the opportunity to tell someone what they really think or how they really feel without the fear of giving the letter to them can be revealing and impactful.
<b>Poetry/song writing</b>	<i>I thought I knew you But I guess I didn't Cos who you really are Was always hidden</i>	Lots of people find poetry, rhyming and song writing expressive, creative and cathartic. Some children will be naturally drawn to poetry and some children will find it very difficult, so this is an approach that is best guided by the child.
<b>Fictional writing</b>	<i>Aimee soared through the night sky, looking down on the small, boring town she came from. She felt the freezing cold wind on her skin and her wings spread wide above her. She could only fly at night, or risk being seen by people who would find out who she really was.</i>	Writing novels, short stories and fiction can be a great way for children to explore experiences, feelings or dreams they have through a fictional, made-up world. Alternatively, some children may create stories that are far removed from their own experiences and lives.

All writing exercises can be used flexibly depending on how the child feels about sharing their writing with you. Some children may bring it in to show you and to discuss it, whereas others may never want to show another person what they write. Both approaches, plus anything in between, can be useful.

You may also find that some children want to write in detail about what happened to them or was done to them by others. They may write graphic descriptions of rapes, assaults, neglect, physical abuse or torture. They may even write revenge fantasies and stories of what they would do to abusers if they ever met them again. If a child is writing content like this and they describe it as distressing them, making them upset or anxious, then work through it with them and ask them if they think they should stop for a while whilst you help them to process how it is making them feel.

However, lots of children and adults write this way and find that it is positive, empowering, cathartic, helpful or illuminating for them to write and process what happened. Revenge fantasies are also common and normal in people who have been subjected to harm and trauma, so this on its own, is not a cause for concern.

## **Art and crafts**

Art can be an excellent way of helping a child to express or understand themselves following sexual trauma or abuse. Art does not have to mean buying hundreds of pounds of expensive art materials, but can mean any of the following approaches:

- Collages from cut up newspapers and magazines
- Sketching in pencil or biro
- Cartoons or comic strips
- Vision boards
- Sewing or knitting
- Painting
- Oil pastels or chalks
- Patterns and stencilling
- Computer generated graphics and art
- Photography projects (using existing smartphone and iPad cameras)

This is an approach that can be very impactful for adults and children subjected to abuse and trauma. Each person is different and will prefer some approaches over others. Below are three real case studies of people using art to process trauma and abuse.

### **Example D: Mikey**

*Mikey is a 17-year-old boy with a long history of trauma, neglect and chronic health conditions. He doesn't really like to sit in one-to-one sessions with support workers but likes to come into the service and quietly create patterns and stencils using spyrographs. He has made around fifteen in the last year, and colours them to perfection. He then asks support workers to laminate them and display each creation. Mikey says that the artwork makes him*

*feel calm, in control and quiet. He says it lets his mind focus on one thing at a time and blocks out thoughts and feelings of anxiety and trauma.*

#### **Example E: Ella**

*Ella has been attending a group at her local service for women and girls subjected to sexual violence. She is 16-years-old and has recently finished education. She didn't do very well in her exams because she was awaiting a trial date for her case against the men who trafficked her when she was younger, and she couldn't concentrate on her studies. In the group, they are working on vision boards. Each girl is given a large piece of card, lots of magazines, newspapers and other art materials and have been asked to create a vision board of where they see themselves in 5 years' time. Ella has used this project to start to think about what she wants to be and how she might get there.*

#### **Example F: Dee**

*Dee is a 14-year-old girl who has been through multiple interpersonal traumas in her life. She is accessing a therapeutic service who have been working with her on how her emotions feel to her. Every week when she attends, she cuts out an outline of her own hand and using pastels to colour in the hand with the emotions she is feeling that week. Each emotion is assigned a colour. She chose black to mean extremely angry. She chose red to mean loved. She chose blue to mean depressed. Over the weeks, she has developed a collection of hand prints filled with the colours of her emotions and discusses with her worker how they change depending on what is happening in her life.*

As can be seen from the examples, the opportunities to use art and crafts are limitless – and will often serve different purposes and mean different things to different people. These approaches can be used to create interactive approaches to processing trauma and abuse, without the need for CSE films or resources that could encourage victim blaming or stereotyping. Art approaches also put the child in total control of what they create, with no 'right' or 'wrong' answer. For this reason, it is best not to choose a very difficult or technical type of artwork that children may find intimidating or may make them feel that they are 'not good enough' to do. Often the simplest tasks are the most effective.

#### **Developing emotional literacy and vocabulary**

Lots of children (and adults) have trouble expressing their emotions, internal experiences, physiological sensations and feelings. It is not widely discussed, and people often do not have an adequate range of vocabulary to express the way they feel. When working with children subjected to abuse and trauma, a good foundational piece of work may be to start out by exploring how they describe, understand and express their emotions.

Oftentimes, children and adults can easily identify 'happy', 'sad', 'angry' and 'scared'. However, vocabulary and understanding of emotions beyond that can vary widely. Some children may be able to confidently express and understand the difference between them feeling 'frustrated' and 'angry'. Some children may be able to explain feelings of 'jealousy' or 'injustice'. However, lots of children will not know what these words mean, or have ever

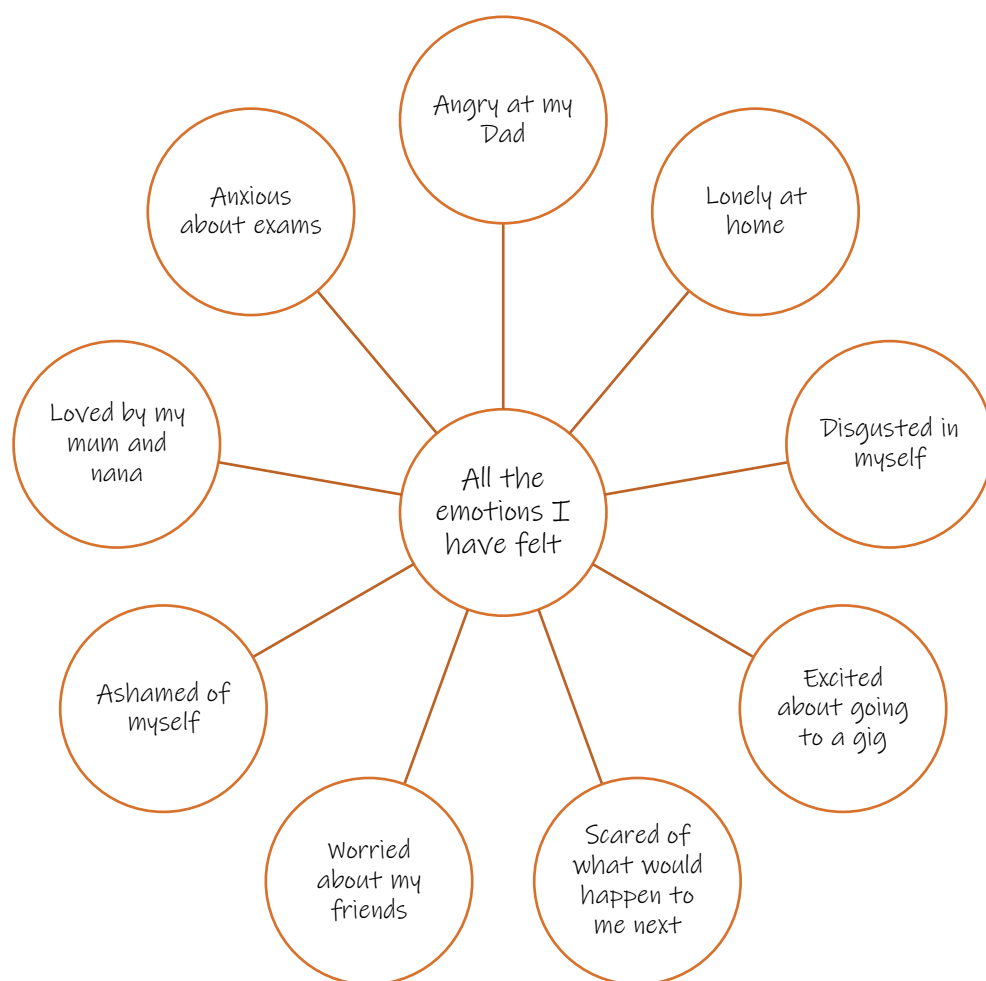
used them to either connect them to a feeling they have, or understand what those feelings might mean to them.

A good approach to begin with, is always to find out what the children already know about their feelings and emotions. As in example F with Dee in the section above, sometimes this can be done by assigning colours or values to emotions and helping the child to express them. Alternatively, you could discuss or create a mind map with a child about all the feelings they think they have already experienced in their lives.

Begin by asking open-ended questions such as *‘Which emotions do you think you have already experienced in life? Which feelings have you already felt?’* This may produce a range of answers and you can map them as in example G below. However, lots of children will need some supportive prompts to think about other emotions they may have had. Further questions such as *‘When X happened, do you remember how you felt?’* or *‘When someone talks to you in X way, how has that made you feel?’*

Prompts like this will help to connect real examples of feelings with the words they could use to express them.

#### **Example G: Emotional literacy mind map**



## **Working ethically with disclosures**

The final part of this section is about working ethically with disclosures.

There is an assumption in practice that the purpose of working with the child, building rapport and spending time with the child is to elicit or encourage a disclosure. VictimFocus stance on this is that it is unethical to work with any traumatised groups with the focus of gaining a disclosure or gaining further intel about other children or other adults.

CSE films, when they were being heavily used in practice, were often recommended to practitioners to encourage children to disclose abuse. Many practitioners have reported to VictimFocus that they were advised to continue working with a child to probe for information or with the focus of getting the child to disclose who perpetrators were, which venues they were taken to or similar information that could be used for prosecution.

None of the approaches suggested in this guide are to be used to elicit disclosures from children who are not ready to report or disclose. Children must be given the same level of respect shown to adults subjected to abuse, who are given the choice to disclose or not and to report or not. If a child wants to tell you something, if you have successfully created a safe environment and relationship for them to approach you and confide in you, they will disclose when they are ready. If a child does not want to tell you something, offer them other means of talking to people, organisations or even disclosing anonymously online to support organisations (Report abuse button by CEOP) or to helplines such as Childline or Rape Crisis.

Finally, do not feel bad if a child chooses not to disclose abuse to you. It may be that they are generally not ready to disclose to anyone and may not be ready for decades to come. It may also be that they do not feel safe enough to disclose, or are worried about repercussions. However, it may be that in this instance, you are not the right person to do this work. Maybe you remind them of their parent, or you make them feel uncomfortable or they are suspicious of new workers and would prefer to talk to a practitioner they have known for longer and already have a good relationship with.

Eliciting disclosures from children is not the aim of our work. Supporting the child to feel better, protecting the child from harm and supporting them with trauma is the aim of our work.



## Section 3: Delivering schools work without CSE films

Many CSE films were used in large group environments such as school classrooms, assemblies and whole school events. Since the withdrawal of CSE films, many practitioners have been searching for interactive and effective ways of working with large groups of children in schools. This section suggests some alternative approaches to working with large groups of children.

The key to successful and effective group activities for school children is to deliver information in an interactive and informative way without becoming too scare-mongering or too personal. This means avoiding interventions that encourage children in the audience to talk about things that have happened to them.

All alternative approaches listed here need to begin with thorough trigger warnings and discussions with schools about how to support children during and after sessions containing discussions about abuse, trauma, rape, exploitation or grooming.

### Preparing the school for your session

Offer guidance to schools about your workshop before attending. Some examples of advice you could give to schools are included below. Please feel free to use these in your own practice:

1. Please do not use our workshop as a 'shock tactic' for children who are not ready or are too young to see it/hear it
2. Please do not use our workshop as an intervention or as part of a safety/support plan for children whom you suspect or know are being abused or have histories of abuse
3. Please do not use our workshop in an attempt to elicit disclosures from children whom you suspect to be being abused or exploited
4. Please seek wraparound, professional psychological support for children to access during and after our workshop as children may become distressed or need someone to talk to
5. Please do not show our workshops to children who have not received comprehensive information and education about sex and at least an introduction to abuse – it is not suitable for children with no prior knowledge or information to take part in our workshop
6. Please make it easy for children to leave and tell them in advance that they can leave the room at any time, with no consequences
7. Please give children and parents detailed information about our workshop at least a week before we come to deliver it. Within this information, please make sure children, adults and professionals can withdraw and have somewhere else to go if they do not want to take part in our workshop
8. Please prepare your staff teams with information and support in how to respond sensitively and supportively to a disclosure of trauma or abuse from children who attended our workshop

## Understanding trauma triggers and effects

If you deliver sessions or workshops to children in schools, it is important that you and the school staff understand that your workshop may contain content that could trigger a child or a professional. It is important that commissioners and professionals working with children understand the way trauma triggers and responses affect children, so they can reduce or explore the chances of harm occurring to someone in the class or assembly hall.

Take care to provide the prospective audience with information about trauma triggers so that they can make an informed decision about whether to take part in your session:

### Example H: Trigger warning

*This workshop discusses the myths and stereotypes surrounding rape and abuse. Whilst we will not show any videos or images of children being harmed or groomed, we will be discussing examples of rape, abuse and assault. If you think this may make you feel distressed or you do not want to take part, please talk to XXXX.*

*If you do want to take part but are worried about whether you will become upset by our materials, you are welcome to leave at any time and we will have regular breaks. In the breakout space, there will be pastoral staff waiting in case you need to talk to someone.*

A trigger is something that reminds the child of what happened. It ‘triggers’ an association or memory, which causes a range of different stress responses. Trauma memories can be stored at a conscious level, where a child can recall what happened to them or they can be repressed. Some traumas are affected by amnesia, in which the child may only remember parts of what happened, or report having a ‘blank spot’ where they do not remember anything about what happened to them.

What we know about triggers, is that they come in all shapes, sizes and senses. A child who was sexually abused could be triggered by a familiar smell of aftershave, the feeling of leather sofas, a model and make of a car, the noise of a train pulling into the station or the feeling of being scared. Triggers are all unique. However, it is widely accepted that the most obvious trauma triggers are those that replicate the abuse – therefore, being touched in the same way, watching it happen to someone else, hearing someone cry or scream, being abused again, watching films or scenes that show sexual violence or talking in detail about sexual violence – are likely to trigger survivors of abuse. Therefore, trigger warnings and gaining consent are vital.

## Supporting children who attend large group discussions about abuse and violence

Having read all of the information in the previous sections and supplying information to the prospective audience, professionals and commissioners, the next step is to ensure that children are supported when taking part or after taking part in your session.

Staff members and other adults may notice that children become distressed, withdrawn or upset during the production. Below is a list of common trauma responses that a child or adult may display if they are becoming distressed by the topics in your session/workshop. Please inform staff to look out for any audience members who:

- Do not look at the presentation or resource, stare at their feet, hands or floor or try to distract themselves by looking out of windows or away from the presenter
- Become distressed, angry, tearful, scared, or panicky
- Start to breathe erratically, become flushed or very pale, complain of chest pains, stomach aches or headaches during/after the production
- Become dizzy, disoriented or dissociative
- Try to leave or look for ways to exit the room
- Cover their ears or try not to listen to the session/workshop
- Attempt to distract themselves from the session/workshop

This list is not exhaustive and staff members may need to remain vigilant with children and to be given this information to confidently and sensitively ask the child if they are okay and whether they need to leave.

Some children can display other trauma responses such as staring into space, becoming unresponsive, giggling nervously and a range of other behaviours that might be seen as 'behaving badly' or 'not engaging'. If a child begins to act differently or you notice they seem 'out of character' during or after a workshop, please do check that they are okay and whether they need some space or some support.

Statistically, a large minority of a class or assembly hall of children will have already experienced sexual abuse or another form of abuse. Some children may have chosen not to take part in your workshop or session due to having an understanding of what happened to them and how it might make them feel. However, some children do not understand that what happened to them was abuse, rape or assault and therefore do not foresee or expect to become distressed during or after the workshop. For some children, listening to you speak may be the first time they have ever heard anyone talk openly about abuse, rape and exploitation.

Please be mindful of the impact of raising awareness in this way, especially as the children go about their day after the workshop. It may be preferable to time the workshop or session so that children do not have to go straight to an academic lesson afterwards and instead can have a break or can go home.

Providing post-session support is vital to ethical use of large group approaches in abuse and violence. Please seek experienced or qualified staff members who can support children who are distressed or who need someone to talk to. It is impossible to know how many children might need support so please plan for this responsibly and ethically.

Some children may disclose a traumatic experience if they feel safe to do so, but other children may still keep it to themselves. Please advise staff to not try to elicit a disclosure by persuading or challenging a child who may not be ready to tell someone about something they have seen or experienced. Give the child support, helplines and reassure them that you

will be there for them when they need to talk. Pressure to disclose is not ethical and does not help the child.

With that foundation laid, the next section contains examples of ways to work with large groups without using CSE films.

### **True or false game for large groups**

This simple game opens conversation with a simple formula:

1. Display a true or false statement in large lettering on a board or screen
2. Ask children to stand up if they think it is true and remain seated if they think it is false
3. Ask one child to explain why they think it is true and ask one child to explain why they think it is false
4. Reveal the answer on the screen and then spend some time explaining the answer, the nuances and the reality

This approach works well with myths and stereotypes around relationships, abuse, grooming, sexism, sex and even porn. It is worth mentioning that the stand-up/remain seated suggestion can be amended to anything from putting their hands up or showing their answers with coloured card or by writing their answers on a small whiteboard.

The advantage of this approach is that you can challenge some awkward or difficult topics without any children having to give personal stories and without having to show graphic examples. However, be prepared for some difficult debates and conversations and know how to support those conversations confidently. Some beliefs are commonly held and can be hard to deconstruct, even with evidence. One example of this was a group of children who attended a VictimFocus event. They believed that it was completely normal for partners to demand all their social media passwords, read all their messages and use GPS location because it ‘proved they trusted them’. This belief was held by such a large proportion of children that it took a lot longer to work through than any of the other beliefs.

### **Debates and discussions for large groups**

Children and adults learn more effectively when they are engaged in conversation, engaged in the materials and when they are encouraged to consider an issue and ‘take a side’. For this reason, debates and discussions can be very useful. Start by deciding on a contentious topic and explain the rules of the debate to the children. It can often be easier to assign children to a ‘side’ than to ask them to choose one, as children might unevenly choose one side and leave the other side of the debate with inadequate support. Another good reason for assigning sides in a debate is to encourage children to see an argument from the opposite side. Even in adult debate workshops, they are much more likely to side with the argument that makes them most comfortable – whereas asking them to think about the opposite side of the debate can help them to see an issue from an angle they have never considered before.

### Simple steps to a debate session:

1. Decide on your topic and ensure there are strong 'for' and 'against' arguments for your topic
2. Display the topic to the children (E.g. Porn is not affecting the way we understand or have sex, everyone knows it is not real)
3. Number everyone 1 and 2 and then announce that everyone assigned a '1' is FOR the statement and everyone assigned a '2' is against the statement
4. Give the teams chance to sit together and give them flipchart paper and pens to map out their key arguments
5. Prepare them to debate and give them rules of how it is going to work
6. Team 1 present first
7. Team 2 respond with their counter arguments

### Co-viewing for large groups

As described in section 2, co-viewing is a great technique for encouraging critical thinking and challenging discussion around media. You can facilitate the same process with a large group by showing a piece of media from YouTube or another video sharing service and then deliberately sparking debate by displaying an opinion from you, or from a fictional observer.

For example, you show the children a popular, current music video. They watch the video all the way through. After the video has finished, you explain that an opinion is going to come up on the screen and they can work in groups to discuss the comment.

Ensure your comments are always critical, challenging or contentious. Ideally, a provocative statement that can be argued either way.

For example, say the video displays a couple having a huge fight in an apartment and the woman smashes up all the plates and cups, and throws a bottle of wine at her partner. The woman storms out and the music video shows them missing each other and feeling regret for the argument. They then meet up and kiss and everything is okay again. Therefore, you decide your comment will be:

*This video makes it seem normal that people smash things up and throw things at each other in arguments, and that all you must do is kiss to make up. I think he should have just left her as soon as she threw the wine bottle at him, and never got back with her.*

The example here is deliberately provocative and strong. However, it has been created knowing that some children in the room will think that it is okay to smash things up when they are angry and if they say sorry, the other person should forgive them and make up. Therefore, this example will work well in co-viewing.

After the debate, you may wish to watch the music video again with the group and see if they see the video differently the second time around.

## **Giving presentations or talks to large groups**

Presentations and talks, whilst not as interactive or exciting as some other delivery techniques, can still be impactful and effective if done well. If you do choose this technique, keep them short and engaging, with little text on the screen and with the majority of focus on you as the facilitator. Do not try to cram too much into your presentation. A good rule of thumb is no more than 10 slides per hour (unless they show a diagram or image that illustrates a point you are making).

If you have only been given a very small amount of time (20 minutes), focus your talk on something vital and elaborate on that vital point, instead of trying to discuss exploitation, consent, abuse, coercive control and where to go for help all within 20 minutes.

It may work better to present a short fictional story (without graphic or traumatic details) or experience of a child or adolescent and use that narrative to keep you on track as you provide information and advice to the children in your audience.

## **Relationship and Abuse Q & A for large groups**

If you are feeling inventive and brave, why not host a Q&A session with your audience in which they are able to ask you anything about a certain topic, place it anonymously into a Question box placed around the school or in the classrooms before your session, and wait to see if you pull out their question during the assembly or classroom session?

This approach is fun and novel – but it also addresses exactly what the children want to know. This means that you know your session will have real world impact for those children, because the children in the room have asked you the questions – and you are providing answers to them anonymously.

An example of this approach might be that you offer a local high school a set of interactive Q&A sessions with a couple of your staff team. You decide on a topic and provide the instructions to children and staff about how to submit anonymous questions. Inform them that you will be pulling the questions out of a box in the session and answering/discussing them.

As with all anonymous techniques, it is likely some children will write jokes or inappropriate questions, so make sure to check them before you begin the session. However, unless you are sure they are a joke (What would happen if a woman had a baby with an elephant?), or very offensive (Why is my ex-girlfriend such a slut?) leave them in. Once you have removed any jokes or very offensive submissions, the rest are available for you to answer. This may mean answering some very awkward or specific questions, but they may be very important to the child who wrote them. Ensure teaching staff are also briefed about this so they don't 'check' what children are submitting or challenge them about why or who wrote a certain question.



## Conclusion

There are ethical and effective alternatives to the use of CSE films which contain the abuse, murder, rape and harm of children. The discussion about utilising approaches to CSE and grooming that do not blame or traumatised children has had significant impact on practice already. However, the embedded use of CSE films led to gaps in practice, skill and knowledge for some practitioners and organisations. This guide was in response to the many people who wrote to VictimFocus seeking alternatives and advice after they decided to stop using CSE films with children and professionals.

This guide sought to be a free, accessible source of ideas and advice for practitioners working with children and young adults subjected to sexual violence and exploitation.

Ultimately, the practitioner is the best resource. Working with children subjected to abuse does not require large collections of CSE films or books full of expensive resources. Listening to children, caring about them, providing safe spaces, believing children, protecting them from harm, talking to them about trauma, showing compassion and working with them to realise and utilise their strengths are free and effective.

## References

Eaton (2018) *'Can I tell you what it feels like?'* Exploring the harm caused by CSE films, VictimFocus Publications, UK

Eaton and Holmes (2017) *Child Sexual Exploitation: An Evidence Scope*, Research in Practice, Dartington Press, UK

Eaton and Paterson-Young (2018) *The Little Orange Book: Learning about abuse from the voice of the child*, VictimFocus Publications, UK

## About VictimFocus

VictimFocus is a specialist research, consultancy and training service undertaking small and large contracts from local to international commissioners. Founded and led by Jessica Eaton, VictimFocus specialises in forensic psychology, specifically in issues that affect women and children. Previous publications and documents include the national evidence scope on Child Sexual Exploitation (Eaton & Holmes, 2017), the national evidence scope on Adult Sexual Exploitation and Mental Health (Eaton, 2018), The Little Orange Book: Learning about Abuse from the Voice of the Child (Eaton and Paterson-Young, 2018) and Exploring and measuring victim blaming and self-blame of women subjected to sexual violence and abuse (Eaton, 2019).

Profits from VictimFocus are reinvested in under-researched areas which in 2018-2019 has funded six research projects:

- Exploring the perceptions and experiences of women and girls who have become pregnant or had a baby from rape
- Understanding why women and girls conceal and deny pregnancies
- Exploring the experiences of having good sex and relationships after child sexual abuse and rape
- Supporting survivors and victims as speakers and facilitators at events
- Working with children experiencing hallucinations and voices after trauma
- Exploring innovative and progressive CSE practice: How to move forward

VictimFocus is comprised of several services including the VictimFocus Resources Store, VictimFocus Publications, VictimFocus Charter Pledge for Professionals and VictimFocus Academy. It is a strengths-based, anti-victim blaming, trauma-informed service working in the UK and internationally with professionals from safeguarding, social care, policing, community groups, health, psychology, charities, government, education and academia.

In 2018, VictimFocus trained over 10,000 professionals in advanced safeguarding, psychology and abuse; and the VictimFocus blog gained 1.2 million followers worldwide. In 2019, The VictimFocus Academy was opened for professionals seeking high quality distance learning in the topics of abuse, exploitation, violence and trauma.

Visit the website to learn more: [www.victimfocus.org.uk](http://www.victimfocus.org.uk)

Buy books and resources: [www.victimfocus-resources.com](http://www.victimfocus-resources.com)

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