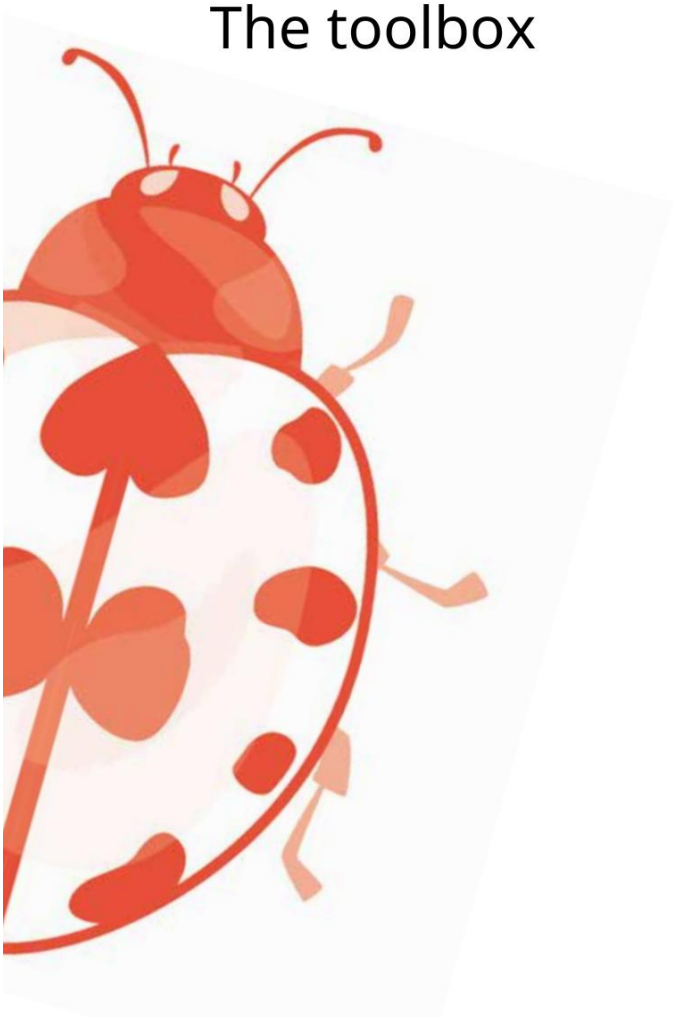
Children exposed to sexual violence

in war, conflict, humanitarian crises and low resource communities

A mental health manual for helpers

The toolbox



Mental health AND HUMAN RIGHTS INFO

Mental Health and Human Rights Info (MHHRI) is a resource database that gives free information in English and Spanish on the effects of human rights violations on mental health in contexts of disaster, conflict and war. The resource database contains publications that discuss psychosocial interventions at the individual and community levels. It also provides information about organisations that work in this field.

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This is the children's toolbox, an extract of the tools in the manual "Children exposed to sexual violence in war, conflict, humanitarian crises and low resource communities - A mental health manual for helpers". The manual and toolbox both can be downloaded from our website
https://www.hhri.org/children-manual/
The reference to pages in the headline refers to the pages in the manual.

If you have questions regarding the manual, email us at:
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Content

Abuse in childhood

Aim. To explain how sexual abuse affects child development.

The World Health Organisation (WHO) distinguishes between three different types of abuse in childhood. Sexual abuse (SA) occurs when a child is involved in sexual activity that it does not fully understand, to which it cannot give informed consent, for which it is not developmentally prepared, or that violates the standards of the society in which the child lives. Physical abuse (PA) occurs when a caregiver or another person inflicts actual or potential physical harm on a child. Emotional abuse (EA) occurs when a caregiver or another person fails to provide a developmentally appropriate or supportive environment in which a child can develop a stable and full range of emotional and social competencies, taking account of the child's potential and the social context in which the child grows up.

Because different types of maltreatment often occur together and affect many areas of children's health and development, we have used the concept of 'nurturing care' to assess children's needs and rights. Nurturing care occurs in a relatively stable environment that is sensitive to the child's health and nutritional needs; that protects the child from threats; and that includes responsive and emotionally supportive interactions as well as opportunities to play and explore. The domains of nurturing care include health, nutrition, security and safety, early learning, and responsive caregiving. A child that is mistreated may be developmentally affected in all the above domains and all should be considered when support is provided. It is also evident that a child's needs evolve with age, maturity and functional capacity. This too must be considered. In addition to knowing the child's social context, therefore, helpers and carers must understand child development. The nurturing care framework assists helpers and caregivers to position the child in relation to several domains, assess risks and protective factors, and identify entry points and resources.

Guidelines for mental health and psychosocial interventions in humanitarian settings are also relevant when helping children who have experienced sexual abuse or violence. Relevant guidelines describe the human rights-based approach, the Do No Harm principle, and good practices in relation to coordination and integrated services. In general, it is good to avoid stand-alone interventions that focus on a single group or topic. Ideally, psychological interventions to support child survivors of sexual violence and abuse should be integrated with physical health care, legal support, financial support and other relevant services. The following ethical and human rights principles should guide work with children:

- Do no harm.
- The best interest of the child.
- The evolving capacities of the child.
- Non-discrimination.
- Respect.
- Integrity.
- Participation.

When applying these principles, the concept of nurturing care can help you to consider and take into account a child's age and maturity, as well as relevant values, norms and resources.

Tools - How to use the toolbox

Aim. Getting a general idea of how you can use the toolbox.

We all have a toolbox we use when we work, that we have acquired through our work. You as a helper are the most important tool. We will work on more tools and skills and practice them so that they are available in situations when we need them. Our intention is to provide tools and approaches that can stabilise children after they have been exposed to traumatising events, help them deal with events that trigger traumatic memories and teach them possible ways to regain control of their lives. Our hope is that providing the children with some of these tools can enable them to use these exercises in order to help them to calm down a little, even when they are stressed and experiencing flashbacks.
When learned, these can be effective tools that can be used in situations where few other resources or forms of therapeutic support are available. The children will also know more about their own reactions and their rights.
Psychoeducation as a tool refers to the process of "educating" children about their reactions as well as certain useful reflections about life in general. Sometimes, children's reactions, as well as those of adults around them, become scarier than the traumatic event itself. Psychoeducation in this way also means letting them know that these reactions are **normal**; just letting them know this itself calms them down.
Psychoeducation empowers children and those close to them, like their parents.
We will also look at what tools the helpers feel they have themselves, what they are lacking and what they would consider useful. What is learned in the training may be regarded as useful tools in the dialogue with the children as well as with the community. The metaphor of "toolbox" is being used, covering different skills and ways of talking, sitting, listening, telling a story, breathing exercises etc.
This booklet is intended as a supplement to your already existing toolbox.

Tools - Being a Good Helper

Aim. To identify the helper's resources, skills, challenges and boundaries when working with children.

Helpers can act in many ways and have access to a wide range of tools. Sometimes it can be difficult to know what you can do in terms of helping. Wanting to help can create a weight of responsibility, the feeling that you are never doing enough. A helper should therefore set boundaries and decide what level of contribution is realistic. If you set no limits, it is easy to become overwhelmed; the road to burnout is short. If helpers do not function well, other tools will be difficult to use. It is crucial you are aware of the wear and tear, that make your role challenging and take steps to ensure that you can function optimally.

Working with children who have experienced severe trauma is emotionally challenging, for professionals as well as friends and family. Their stories, mental suffering, and desperation can cause helpers to feel confusion and distress. Empathy is an important quality; but to be able to take care of children who have been traumatised, helpers must feel for the children in their care but not be overwhelmed by what they have suffered. As a helper, you do not have control over what has happened to a child in the past: but you do have control over the choices you make when you take care of yourself and the child. To protect yourself emotionally, you need to be conscious of your state of mind, how your own history may influence it, and how the suffering of others can affect your mental health. Adopt and practice the psychological skills laid out by WHO: Confidentiality, Listening attentively, Honing and sharpening your non-verbal skills, Regulating your concern, Praising openness, Validating, Putting aside your personal values and considering carefully the advice you give.

Helpers must be able to absorb and tolerate pain, perhaps particularly when they are dealing with the abuse of children. The helper needs to be empathetic but to remain clear-headed, and able to assume

responsibility. Your task is not to take away the child's pain, but to help the child feel less lonely in that pain. You can help to do this by making the child feel more supported and more understood so that they gain and feel more mastery and control over their reactions.

When surviving violence and abuse, children feel that others have fundamentally violated their personal boundaries, which affects their relations with helpers. They feel their boundaries were invaded, but they also feel betrayed, like there was nobody there to protect them. This leads to a double-binding situation, which becomes tricky. In this case, say aloud that your intention is to respect the child's boundaries and that you know they want someone to know about their story and that you are ready to listen whenever the child is ready to tell you. Traumatised children have a constant preparedness to be invaded or betrayed again, and this becomes the child's defense. In some cases, children who have been sexually abused reject assistance. They may be rude, aggressive or dismissive and give the impression that they do not want help. Keeping people at a distance is often a form of self-protection. It can also be a way to avoid disappointment or express an unconscious desire to punish others for the cruelty they have experienced.
For other children, their abuse can lead them to misread their own and others' boundaries. When they meet a helper, they may be excessively demanding, clinging and appealing, or over-obedient and shy or self-effacing. Or sexually provocative. Or helpless and passive. It can be difficult to cope with these behaviours. When they feel rejected, some helpers may be dismissive and critical in return, and others over-accommodating and apologetic. It is important to remember that your reactions are influenced by your own experiences and background, and to remember always that you are an adult, and that you are caring for a child. Look past the child's behaviour or lack of boundaries to understand why the child is behaving in this way. Is the child scared? Does the child think this is the only way to get help? Does the child know what healthy boundaries are? As noted, it is important to set your own boundaries and understand your limits, and, when you need to seek support from colleagues and supervisors.

Some children have experience of adults who lost control, were violent, or acted invasively and inappropriately. Boundary setting can be associated with extreme feelings of helplessness and vulnerability. To such children, adults who set boundaries and try to be predictable can seem threatening. Always consider the child's age, experience, cultural background, social situation, and gender. All children should be treated with respect; older children are entitled to discuss decisions that affect them, to negotiate outcomes, and receive reasoned explanations.

Being challenged by children can teach you about yourself and your reactions. You may experience reactions you never had before. Most of us become more childish when we are challenged or emotionally triggered. It can be demanding to understand and regulate your reactions, but it can also help you to develop and to come closer to the children you care for. Think about how you react in difficult situations with children. Do you typically become logical and rational? Do you have very strong emotions? Are you emotional and rational at the same time? Most likely your behaviour will vary according to the circumstances and your mood. It is as important to be curious about your own behaviour as to be curious about the child's. To regulate your own emotions, you need to be attentive to what is going on inside you. It is important that you don't define the feeling and experience of the child, as very often, the abuser has defined who the child is, what they like and not like, their environment, reasons, reactions and what feelings children should have. Children will be very sensitive to being interpreted, they feel it as a new invasion where they don't own their own feelings. Don't say "You are brave" etc, stress about how your reaction is your reaction and not theirs. You can instead say "I own my own feeling. This is my reaction. I can tell that when you me this story, I feel touched or feel very impressed." It's always "When I hear this, I feel sad" and not "You must be feeling very sad."

Below are some of the basic principles described in this manual. It can be helpful to keep them in mind when working with children who have been abused sexually.

- Sexual violence is a violation of human rights and must be understood in those terms.
- Traumatic events cause grief and pain and often generate overwhelming trauma memories that children who have been abused are not able to control.
- Intrusive memories influence both the present and the future.
- Reactions in connection with traumatic events should be understood as survival mechanisms.
- Trauma reactions can be identified and addressed.

- Children are not responsible for the abuse they experience. It is adults who have responsibility to care for and protect children.
- Recognise the value of your knowledge and expertise when you work with survivors.
- Some steps are especially important when approaching a child who has been traumatised by sexual abuse or violence.
- Act in a way that reassures the child that you are there together with him or her.
- Never be intrusive; respect the child's comfort zone and keep an appropriate distance.
- Always make sure that the child continues to accept your presence.
- Communicate with your understanding of the child's situation and experience. Where you can carefully explain the possible reasons for the child's reactions.
- Ask if the child is willing to accept help and say that it is the child's choice to talk or not.
- Explain clearly what your responsibilities are as a helper, and that, while you will respect the child's privacy as far as possible, you have a duty to report any cruelty to or abuse of children.
- Explain clearly that the child is not responsible for what happened to it, and that adults are responsible for the care and protection of children.
- Provide specific and practical forms of help, if you can.
- Before the child tells you what happened make sure you can be present to follow up afterwards.
- Make sure the child receives any health care it needs.
- Help the child to breathe calmly; help the child to do exercises from the manual.
- Consider the child's age and emotional maturity.
- Take care of yourself as a helper and make use of the skills you have learned.

Four Cases and Things to Know Beforehand

Aim. Introducing the four cases, why they exist and what to be mindful of when telling these stories.

The children's manual contains four cases that have been picked consciously to have all the different variations in stories of the different abused children. These four cases have variations in whether the abuser was a close person or a remote person/stranger (online abuse), variation in whether it was a teacher or a relative (father or uncle), variation in whether the child is a girl or boy, the age of the child, variation in the reaction the child shows, variation in how the abuse was discovered, and a variation in reactions from surroundings.

Telling children (whom you help) that abuse happens to children all over the world will make it easier for them to listen to the story. Asking them questions like, "How do you think she reacted?' or 'What do you think he wanted?' or 'Who do you think she could tell it to?' will give children an opportunity to say how some similar things happened to them and explore their story. These cases are to present a possibility to children that could have similarities to the context or situation of the children.

Here are things you should be mindful of when you refer to the four cases:

- Tell them the story instead of asking them to tell you a story
- Don't plant things in children's mind, instead ask them very open questions
- When they are traumatised, children can tell completely fantasy stories or true stories with fantasy elements. It is not an either-or situation.

There are 3 kinds of fantasies: **Scare fantasy**, **Rescue fantasy** and **Revenge Fantasy.**
Don't be conclusive too soon. We have also included a story of **Sam** to show cases where we are not certain whether the boy has been abused or not. This is to tell us that we need to have an open mind and different hypotheses in our heads and not give conclusions too early. These hypotheses can be discussed in a group too, given they are age appropriate.

Tools - Main Message to Caregivers

Aim. Messages to caregivers to understand how to respond.

There are many reasons why caregivers need important support and advice. Sometimes, parents are not there physically for their children, or they are not emotionally available. When parents hear that their child was sexually abused, it is a trauma also for them. Sometimes, they deny it and it becomes a way of protecting themselves. They may also blame the child.

Here are all the messages to let caregivers know:

- **You are the most important person in your child's life - Be the protective shield.** Children need parents or caregivers as their protective shield and are less traumatized when they have them nearby. It is important to rebuild the basic trust in the child.
- **Your reaction to the trauma is crucial.** The child looks at the parent to get the meaning.
- **The child does not forget.** Even if there are no words, the memory stays in the body and the child can be easily triggered.
- **Your child has not had sex.** It was the adult's sexual desire and their need for power was acting, not the child's.
- **Your child is not damaged for life.** If helped, wounds would heal.
- **This does not define your child's identity.** Both you and the child need to see the whole identity, not only the victim.
- **Be absolutely clear about where the responsibility lies.** The child has no guilt and no sin.
- **Convey hope and trust in the future.** Show the child that you love her/him.

In addition, it is as important to be curious about your own behaviour as to be curious about the child's. To regulate your own emotions, you need to be attentive to what is going on inside you.

Identify difficult situations

- In what situations do you feel provoked or challenged?
- Do you find it is difficult to handle specific emotions or behaviour of the child?
- What situations are most difficult?
- Do those situations remind you of an experience when you were scared, or powerless?
- When are you most effective as a caregiver?
- When are you least effective as a caregiver?
- Are certain reactions of the child hard to understand?
- What other behaviours or situations cause you to lose control or focus?

Monitor your own reactions

- What are you feeling in your body? What is happening to your breathing? Your heartbeat? Do you feel pain or discomfort? How do you feel when you begin to lose control and focus?
- What thoughts do you have often, about yourself as a caregiver, and the children you care for?
- What do you do when you struggle the most? Do you punish yourself? Feel resigned? Put it out of your mind? In the moment, do you freeze, fight, flee or withdraw?

Robert Pynoos, a staff member at the National Child Traumatic Stress Network (NCTSN), used the term "protective shield" to analyse how trauma affects children. For many children exposed to a threat or traumatic event, the main concern is whether someone is present to protect them, regulate their fear, and soothe them.

If the protective shield fails in the face of a serious threat *(because adult protection was not robust or adults were absent)*, the child is likely to be traumatised. If the adult who was expected to protect the child is also the person who abuses the child, this causes the most severe form of trauma. Children need to be attached, and therefore often blame themselves for what happened.

The child thinks that what is bad is a part of the child itself. This generates a conflict between the attachment system and the stress-response system *(the reaction of fear).* Children who have been abused therefore hide the truth and protect perpetrators because they desperately need attachment. They may develop insecure attachment which is characterised by avoidance or clinging behaviour.

Need to know about Disclosure

Aim. To understand reasons why children don't talk about their abuse.

Children keep such experiences secret for many reasons. In many cases, they do so because the perpetrator threatens to punish them if they tell anyone or threatens to punish or tell their parents. The child may also imagine such threats; or remain silent from shame or guilt, believing that he or she is responsible for what happened, or that the family or society will reject or condemn the child for what has happened. The child may feel confused loyalty; or remain silent out of respect for authority, or because she or he believes that it is wrong to 'rat' or 'tell tales'. The child may have no independent adult to hand who he or she trusts sufficiently. In addition, depending on age and emotional maturity, the child may lack language to describe what has happened; and, if the experience was traumatic, the child's memory of the events may be fragmented or may not be stored as a coherent narrative. In this case, the child may be in no position to tell the story at all. Children will seek to protect others and themselves. Often, for their own security or because they cannot make sense of it or because it is too painful, they will simply try (but in vain) to put the experience out of their mind.

Children express trauma in many ways. Some children will describe directly what happened in words, while others will communicate more indirectly. For example, the abuse can be shown indirectly in play and behaviour. Pieces of the story can be told in drawings, and in writing, often mixed with fantasy and unrealistic elements that may make the facts difficult to understand. Sometimes the play can have a sexual character, and echo what the child experienced. Some will show harmful sexual behaviour that is threatening to other children and grown-ups.
Trauma is often communicated indirectly through reactions such as somatic discomfort, sleep problems, behaviour problems, and anxiety. Some children will show acute trauma symptoms, such as intrusive memories, avoidance, and changes in arousal. Children who continue to keep their abuse secret, and who face being exposed to new assaults, can develop cumulative stress symptoms that may have a serious impact on their development (as explained earlier).

Be open and curious

How can we best assist children to speak freely?
By showing interest, engaging, and demonstrating that we care. Children will usually tell their secrets to someone they trust, someone whom they believe can help.

Advice for communication

- Be open, curious and adopt an exploratory approach.
- Take responsibility for the conversation.
- Make the conversation meaningful, say why you want to talk to the child.
- Give the child agency and make the child feel comfortable.
- Keep several hypotheses in your head at the same time.
- Abuse is usually only one of several possible reasons for a child's behaviour.
- Open-ended questions are better than closed ones.
- Acknowledge what your child is telling you and summarise what you hear.
- Listen more than you talk and endure pauses.
- Show your empathy but try not to become over-involved in what the child says.
- Accept denial and other defensive mechanisms.
- Be clear about confidentiality. Tell the child if you need to report or involve other people. Let the child know before you bring information forward.
- Do not pressure the child to talk.

The obligation to report and the duty to prevent

Child abuse is a serious criminal act. Therefore, be as precise as possible when you do your documentation. You have an obligation to report to and involve child protection services (or other relevant services) in your country. You also have the duty to prevent further criminal acts and report allegations of abuse to the police department. Make yourself aware of the laws in your country and consult your supervisor, leader, or other authorities in your community. Ensure that, when you document allegations, you are as precise and as detailed as possible.

If you do need to report an allegation, make sure that you inform the child and take steps to protect the child's safety. Your role is not to investigate crime. Judicial investigation requires specific skills in working with children.

For a child who has been sexually abused, the main forms of help and support are:

1. To be safe. Safety includes physical, relational and emotional safety.
2. To obtain help to regulate feelings, attention and relations.
3. To have my story validated and confirmed.
4. Help to make clear who is responsible (thereby reducing shame and guilt).
5. Help to process the story of my trauma, and give coherence to the story of my life, in words, drawings or play.
6. Help to (re-)start normal development. This implies help to:
    - Play and symbolise.
    - Acquire body-awareness, balance and boundaries.
    - Socialise, take turns, share, regulate distance and closeness, etc.
7. Help to learn and master skills, emotions and information.

What to know when working with child sexual abuse

Aim. To understand survival and trauma reactions, how to respond, and how trauma affects the brain, development, and attachment and understand how children think and how they survive or be resilient.

'Trauma' means wound. In both medicine and psychology, it refers to major physical or mental injuries, including threats to life or physical integrity. As Judith Herman (1992, p. 33) phrased it, a trauma is "a personal encounter with death and violence". A trigger can be anything that is associated with the trauma. Triggers can be any stimuli coming from outside as a sound, a smell, a sight, a touch or from interaction with others. Or it may come from inside (heartbeats, nausea, or thought and feelings).

Three types of symptoms are typical of severe trauma-related disorders:

- Intrusions: intrusive memories, flashbacks, nightmares.
- Avoidance: shunning situations that recall the catastrophe.
- Changes in arousal (high or low): a person is easily startled, tense and has angry outbursts, or is numb or depressed. Individuals who have been exposed to trauma may therefore experience a great deal of anxiety and sadness, and feelings of hopelessness and worthlessness.

What is a trauma	What trauma reactions follow	What the helper needs to try to do
A threatening external event *Attacks the person's sense of reality.*	The person feels the experience is unreal, is dissociated.	Be a witness; confirm what happened, make it real
The event is sudden, the person cannot control it. *Attacks the person's self-agency.*	The person has a deep feeling of helplessness.	Strengthen the person's sense of autonomy, influence and self-agency.
The event is emotionally overwhelming. *Attacks the person's emotions.*	The person feels overwhelmed and has unregulated emotions.	Co-regulate the person's emotions. Expand the window of tolerance.
The event is hard to understand. *Attacks the person's cognition.*	The person is confused, blames him or herself, feels guilt and shame. Memory is fragmented.	Correct misunderstandings. Give a correct picture of responsibility. Create a coherent narrative.
Loss of relational protection *Attacks the person's trust in personal relations and their attachment system.*	The person becomes mistrustful. Insecure attachment shows clinging or avoidant behaviour.	Build a trustful relationship. Help the person to understand and set appropriate boundaries for himself/herself and others.

Here is a shorter model of how children react to danger according to their developmental level. A more detailed version of the model is on page 42 of the Children's Manual.

In babies and toddlers (0-2 years), trauma reactions take the form of clinging, crying, sleeping difficulties, and eating problems. At this age, trauma may lead to attachment problems (where the child fails to establish a secure relationship with its parents or close family members).
See the case of Sam, who was physically abused when he was less than four years of age.

Pre-school children (2-6) are clinging and experience sleeping, eating and separation difficulties. They may lose acquired skills, such as speech or toilet training (regression), and may be passive or helpless. Their capacity to play and use objects to represent (or symbolise) other objects may decline; their play (if present) can be repetitious, aggressive or fatalistic. Some children exposed to sexual abuse exhibit sexualised behaviour towards other children.
See the reactions of Asma. She had poor self-regulation, poor playing capacity, a poor sense of agency.

Schoolchildren (6-12) who have been traumatised may display repetitious, aggressive and sometimes sexualised play. In addition, they display many somatic complaints (headaches, stomach pain, etc.). They also frequently exhibit learning problems, lack of concentration, and poor memory. Some report flashbacks and nightmares. They are likely to be anxious, restless and aggressive. Such behaviour may be triggered by sights, experiences or sensations that recall the traumatic event.

Teenagers (12-18) display inappropriate sexual behaviour, or impulsivity; they may self-harm, use drugs or show self-destructive behaviour. Nightmares and flashbacks are common, as are self-blame, guilt, shame, depression and lack of hope in the future.
See the case of Rama, who felt guilt, shame and social withdrawal and thought of harming herself.

Developmental trauma disorder

Children exposed to repetitive trauma do not display the symptoms of classic post-traumatic stress disorder (PTSD). They tend to suffer instead from developmental trauma disorders (DTD). This diagnosis has not yet been accepted in diagnostic manuals, but it is widely used by researchers and clinicians. DTD is characterised by the lack of regulatory capacity in three areas:

1. **Lack of capacity to regulate emotions and bodily states**. Children shift rapidly between affective states; have low moods; are excited; are hypersensitive; lack affect awareness; have sleeping problems; have eating disturbances; lack temperature awareness; have delayed motor responses.
2. **Lack of capacity to regulate attention and behaviour.** Children are impulsive, attracted to tension and danger, prone to have misconceptions, and focus on possible threats to them.
3. **Poor capacity to regulate closeness and distance in relationships**. Children have poor socio-emotional functioning; do not trust others; are constantly prepared for rejection; do not trust themselves with changes in cognition and identity.

Due to the pervasive character of these symptoms, clinicians often misinterpret the symptoms of children with DTD and diagnose them as having bi-polar disorder, anxiety disorder, depression, attention deficit and hyperactivity disorder (ADHD), or borderline disorders.

Sexual abuse and trauma

A child who is sexually assaulted by an adult will not easily distinguish between bad things being done to them and bad things being done by them. This affects their view of themselves. “The dirty things done to me make me a dirty person.” Many children will blame themselves for their assault and tell themselves “I am a bad person”, “I am dirty, disgusting”, “I am to blame”.

Their reactions are sometimes difficult to understand for the child. They include having extremely low self-esteem, even self-hate, lack of trust, constant expectation of betrayal, shame and feelings of guilt, a tendency to be re-victimised, self-destructive behavior and sexualised behavior. Sexual abuse is invasive: it involves lack of respect; but it is also about not being protected.

What to do when working with sexually abused children

Aim. Getting a general idea of how you can use the toolbox.

Caring and safety

For a child who has been abused and mistreated, the most important thing is to improve the quality of care so that the child feels protected and loved. Supporting the child’s caregivers is usually the best way to support the child. Reactions to abuse and maltreatment can be complex and difficult to handle both for the child and for caregivers. A child’s survival strategies activate when the child experiences a threat, but its needs are not met. Victims of sexual abuse often feel unsafe in their bodies; they can feel fragile and insecure. They have experienced not being protected, and their boundaries have been violated. Helpers should assist caregivers to be aware of how the child feels, so the caregiver can try to help the child regain a sense of safety and protection. It is important to do exercises on safety and discuss how to increase a child’s sense of safety.

- Physical safety: Make sure the child lives in a protected environment. Discuss how security can be maximised.
- Emotional safety: Be sensitive to the signals the child gives and help the child to recognize what being safe inside feels like.
- Relational safety: A child who has been sexually abused will mistrust others, and it is often difficult to restore trust. Be aware of physical distance, and intimacy. Be particularly sensitive when it comes to physical touch; respect the child’s need for personal space. Some children who have been abused can misinterpret actions as sexual and confuse intimacy with sexuality.

Advice on safe physical contact

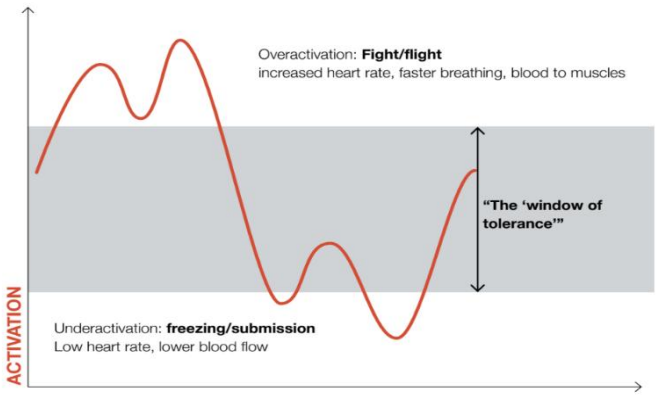
- Make sure that all physical contact is safe.
- Be aware of possible triggers in relation to physical and emotional intimacy.
- Teach the child about boundaries and safe touch. One exercise is to draw a circle around the body and talk about intimacy zones. “This is your space. No-one who you do not want to be close to you can enter this circle.”
- When children are sensitive about physical contact, they teach them about safe touch in non-triggering situations, such as sports and play.
- Test safe touch on less intimate parts of the body, for example by massaging hands and feet.
- Wrap the child in warm or heavy blankets. Give the child a footbath. Resting in a hammock can also feel safe.
- Be alert to the child’s signals. Check regularly whether the child feels comfortable and adjust your distance if the child is not.
- Talk about potentially risky situations. How can the child be protected? What can the child do to feel safer?

Regulation and stabilisation

Children need to be aware how activated they are. Children are born with a sensitive alarm system and an under-developed self-regulation system. They need a close relationship with an adult to build their capacity to self-regulate. A child that is traumatised as a result of sexual abuse needs this assistance even more. Co-regulation occurs when a caregiver uses his or her active and safe presence to help a stressed child to calm down. Through different senses, the adult’s calmness transfers to the child. As in a dance, two people move together in the same rhythm, but the adult leads and gives structure and direction. Through such care experiences, the child gradually develops a capacity to self-regulate and learns to tolerate stress without being overwhelmed. Many abused and mistreated children experience co-dysregulation. Rather than receiving help from its parents to calm down, the child has had to find its own ways to manage emotions and pain. Such children may not believe that adults can be helpful and trustworthy.

The window of tolerance

The “window of tolerance” is a therapeutic metaphor that is used to explain trauma reactions (Daniel Siegel). It focuses on the idea that every person tolerates or is comfortable with a certain level of arousal or energy. The graphic shows the level of activation. All people have a zone (between the two lines) in which they are balanced – where the person is in a state of mind that permits him or her to be present in the situation, able to concentrate and learn. If a person is above the top line, we say that he or she is over-activated (hyper-activated). Their activation is too high. If the person is below the bottom line, we say that he or she is under-activated (hypo-activated). Their energy is too low.



Traumatic memories can trigger a flight/fight response. This is a hyperactive reaction, in which the body is highly activated because it is readying itself to flee or fight threats. When we are frightened by a threat, the body automatically shuts down certain activities and reinforces others. For example, the heart beats faster and we breathe more quickly; more blood flows to the brain, arms and legs; muscles prepare for fight or flight, while the brain shifts its activity from areas that help us think through complex problems to areas that help us respond to danger. If you cannot fight or flee (because, for example, you are a small child), your body will fall back on the most basic survival strategy we have: it will shut down. This mechanism can be observed in many small animals: they become totally inactive when they are attacked. This is a hypoactive reaction: activation falls to a minimum. The child becomes immobilised.

How to regulate the level of activation

For older children, the window of tolerance can work. For younger children, use the tool mentioned in this toolbox called 'My engine'.

Breathing techniques (middle childhood):

- Ask the child or children to raise their arms. Ask them to breathe in as their arms go up and breathe out as their arms come down. See how slowly they can move their arms up and down.
- Ask the child or children to take a deep breath and then blow out an imaginary birthday candle. Ask them to smell flowers. Ask them to puff the seeds from a dandelion.

Rhythm: Rhythm has a particularly calming effect on the stress response system. Rhythm can be found in music, in dance, in touch, and in the regularity of daily activities. Rhythms are predictable; they are calming and give pleasure. Doing rhythmical things with others can help them to relax and feel more confidence in relationships. Examples of rhythmical activities include throwing and catching a ball together, singing together, running together, or dancing.

Sensory stimulation: Sensory stimulation can also regulate the body. Children naturally both seek and avoid sensory stimulation; through movement and play, they obtain what they need for development and learning. However, some children who have been sexually abused lose contact with their bodies; they no longer feel grounded. Physical activities can help them to reconnect to their bodies, learn how their bodies function and feel, and re-experience joy and comfort. For children who have symptoms of dissociation (who are disconnected from themselves), sensory stimulation can return their body to the present.

Regulating down	Regulating up
• Squeeze a stress ball. • Butterfly self-hugs (arms crossed across chest). • Calming music. • Pet animal or soft material. • Safe touch, massage. • Heavy blankets. • Balancing activities. • Grounding stone. • Mild and pleasant smells.	• Squeeze a stress ball. • Focus on things in the environment. • Bike, run, jump. • Music with fast rhythms. • Chew different forms of food. • Play the "taste game", the "smell game" and the "sensory game". • Chew gum, blow bubbles. • Taste ice cream. • Touch ice-cubes.

Tools – Safe place

Aim. To regulate emotions.

Safe place is an exercise that can be a good tool for a child. It can help a child to stay within the child's window of tolerance, able to avoid being overwhelmed by negative emotions such as fear and anger. Sometimes when we are upset, we might imagine a calm place or a time that makes us feel better. Imagine such a place. It might be somewhere real where you have been, somewhere you have read about in a story, or somewhere that you invent. Take several deep steady breaths. Close your eyes and carry on breathing normally. Bring up a picture of your Safe Place and imagine that you are standing or sitting there. Can you see yourself there? In your imagination, look around you. What do you see? What do you see nearby? Take in the detail, see the materials it is made of. The different colours. Imagine reaching out and touching it. How does it feel? Now look further away. See the colours, shapes, and shadows. This is your Safe place, and you can imagine it whenever you like.

When you are there, you feel calm and peaceful. Imagine your bare feet on the ground. What does the ground feel like? Walk around slowly, notice the things around you. Observe how they look and how they feel. What can you hear? Perhaps the gentle sound of the wind, or birds, or nature. Can you feel the warm sun on your face? Can you smell the flowers perhaps, or your favourite meal being cooked? In your Safe Place, you can see the things you want, and imagine touching and smelling them, and hearing pleasant sounds. You feel calm and happy.
Now imagine that someone special is with you in your place. [This might be a fantasy figure or someone that makes you feel strong and calm.] This is someone who is there to be a good friend and to help you, someone strong and kind. Now imagine you are walking around and exploring your Safe Place slowly with this person. You feel happy to be with this person, who is good at solving problems.
In your imagination, look around once more. Have a good look. Remember that this is your Safe Place. It will always be there. You can always imagine being there when you want to feel calm, secure, and happy. Your helper will always be there whenever you want. Now get ready to open your eyes and leave your Safe Place for now. You can come back when you want. As you open your eyes, you feel even more calm and happy.
Well done! What was that like? Would any of you like to describe your Safe Place? How did it make you FEEL being there? You can see that you can choose what to see in your mind and that this makes a difference to how you feel. Your Safe Place can be the first tool in your Toolbox. You can take it out whenever you need to, whenever you feel sad, or scared.

Note. For some children it may be difficult to imagine a quiet place or being immobile. When this happens, suggest to the child that it can think about a favourite sport or an activity it loves, like dancing or playing football. You can end the exercise with the "Butterfly Hug".

Instruction for the Butterfly Hug:
Cross your hands on your chest, as if you are giving yourself a hug. Then clap your chest with your hands rhythmically, left hand then right hand. At the same time, say a comforting sentence to yourself (such as "I will be fine").
How do you feel? Do you feel more or less relaxed?

Tools – Regulation activities for different ages

Aim. To see how regulation differs for young children, school-age children and adolescents.

Young children. Let the child touch and play with physical objects.

To regulate down	To regulate up
• Play with pets (kind and calm animals). • Wrap the child in a blanket. • Sing or read to the child. • Cradle the child, let it sit in your lap (safe touch). • Play calm music. • Play with stuffed animals. • Magic rocks. • Pleasurable smells.	• Play "I spy" (notice things in the environment). • Describe objects in view (name 10 things). • Rub hands with glitter cream. • Play with water and sand. • Throw balls. • Make a box with different things to touch. • Pick flowers, berries, leaves, seeds. • Stand on one foot (like a ballerina). • Jump up and down. Play "popcorn hop": pretend to be heated like popcorn in a pan. • Visual contrasts, strong colours.

Children of school age. School children may enjoy the same activities as preschool children, but they can bring objects with them to play with and will understand simple psychoeducation.

Regulating down	Regulating up
• Squeeze a stress ball. • Butterfly self-hugs (arms crossed across chest). • Calming music. • Pet animal or soft material • Safe touch, massage. • Heavy blankets. • Balancing activities. • Grounding stone. • Mild and pleasant smells.	• Squeeze a stress ball. • Focus on things in the environment. • Bike, run, hop. • Music with fast rhythms. • Chew different forms of food. • Play the "taste game", the "smell game" or the "sensory game". • Chew gum, blow bubbles. • Taste ice cream. • Touch ice-cubes.

Adolescents. Adolescents may enjoy the same activities as younger children but can also manage more complicated activities. They are able to understand more complex psychoeducation explanations.

Regulating down	Regulating up
• Hot shower. • Herbal tea. • Lying in a hammock. • Yoga. • Massage. • Calm music. • Writing/painting.	• Cold room, cold water. • Music with fast rhythms. • Aerobic exercise, brisk walking. • Driving a car/bike on a bumpy road. • Strong smells, strong food. • "Chili challenge" (taste chili). • Light touch. • Describe 3 things you hear, see, touch. • Describe what you feel inside.

Tools – Life history: Creating a coherent narrative

Aim. To create a coherent narrative.

When children are traumatised, their memory may become fragmented. Restoring or creating a coherent narrative can be helpful or essential. This exercise helps a child tell his or her story on a timeline. We have used the case of Maria (Case 4 in the manual) to illustrate this. If you prefer, you can use the story of a child you have met as a helper.

To the helper: Imagine that you are a school counsellor. You have already met Maria (aged 8) several times and now you want to try to let her tell her life story.

The helper: "Hello Maria. I've brought pencils, crayons and paper. Let's do some drawing together. Before you were born, you were a foetus in your mummy´s womb, and when you were born you lived in a house with your mum and dad. Let's draw you in the womb and then the three of you in your house."

You in the womb

You, your mum and dad

You and your mum

"Then, when your dad left, you and your mum moved to another house."

"Let's also draw your school. Do you want to include anyone special in the picture?"

School

Out with friends

"When mum is at work, you go to your granny's house. Let's draw you and granny."

"And sometimes your uncle visits granny's house when she is out."

"You told your mum that uncle touched you in an unpleasant way, but she thought you just made it up. Is that right?"
"Then you made a drawing at your school that made your teacher wonder if someone had touched you where he shouldn't. But you said no. Is that what happened?"
"But the teacher feels you have changed since then and you seem to have trouble sleeping, you get nightmares and wake up. Is that so?"
"You know, when children get nightmares and seem more scared, most of the time it is because they have experienced something unpleasant that has frightened them."
"We can be here together, we can play and talk, and if you like we can find out what might have frightened you and given you nightmares and stop them happening again."
Perhaps Maria may start to tell you about her uncle and the abuse; or perhaps she will not. Drawing the lifeline gives her space to talk, but the aim is also to let her see that you know her story, and to start the process of linking events and reactions.
At the end, bring your discussion to a positive conclusion.

The helper: "We have to finish for today soon. So, let's draw your house of the future."

"What and who should be in your good house in the future."

Note. Sometimes a traumatised child is not able to think about the future. Drawing and playing future scenarios is an important part of the healing process.

Tools – Using a box with a lid

Aim. To make the child feel safer about what was just said.

The helper can use this exercise to end a session and make the child feel safer about what has been said. Always end with some words of praise.
The helper: "I know that this was hard for you. You have been very brave. Well done!"
"Before we finish, let us make a drawing (or a little story) about what happened to you, the things we have talked about that scared you (use the word the child has used for the abuse), and put it in this box and close it with a lid. Then I can keep it in a safe place here."
"We can open it when we want to. But in the meantime, it will stay locked up. Until you feel like talking again. We will know that it is safe here."

Tools – Worry time

Aim. To set a time to worry so the child isn't constantly worried all the time.

A child who has spoken to someone about frightening things is likely to feel worried and anxious afterwards. Say to the child that it is not always possible to forget every worry, but a person can set a worry- time, for example between 5.45 and 6 pm.
The helper: "If you do that, when a worrying thought comes along, you can say to it: 'Hello, I hear you, but you will have to wait until quarter to six. Then I will attend to you.'"

Tools – Role play and symbolisation

Aim. To help the child tolerate their mixed feelings for the perpetrator.

These tools help children to tolerate their mixed feelings regarding the perpetrator.
When a child has told the story of his or her abuse and the story has been recognised by adults, the child may need to explore and distinguish the different feelings he or she has for the perpetrator. This is because the perpetrator is sometimes someone the child is very fond of, someone close. Even though the abuser has betrayed the child's trust, the child may still have warm feelings for him or her.
Role play. In role play, the helper might play the role of the perpetrator in a jail or in a police station, where the child visits him. The child says to the perpetrator what he or she feels. For example, the child might say: "You should not have done what you did. Promise you will never do it again." Or: "What you did wasn't nice. Do you understand? You should be sorry for what you did to me."
Symbolisation. The helper plays a game in which the child becomes things or creatures that represent the child's feelings or events that have happened.

For example, the helper can say to the child: “Imagine you are a bird that can fly away. Imagine you are a tiger that can scratch and roar. Imagine you are a cat that can purr and snuggle up. Which animal do you like to be?”
The child can try all three roles and so rehearse flight and fight and affection.
Let the child understand that mixed feelings are very common. For instance, sometimes we are angry with the people we love most. Discuss this.

Tools – Regain self-agency

Aim. To help the child to recover feelings of influence and self-agency.

At the core of trauma is an intense feeling of helplessness. Abused children may feel they are objects, not subjects in the world and that they wait passively for things to happen to them. Help the child to recover feelings of influence and self-agency. In daily life, it is important to distinguish spaces in which the child can take charge, in which he or she can make plans and have influence, from spaces over which it has no control.
Start by marking a vertical line on a sheet of paper. Discuss with the child something the child might want to happen and decide whether it is inside or outside its control. Make a list.

Outside my control	In my control
The weather	Games I want to play
Where I live	Things I want to learn
My family	People I want to be with
My age, etc.	Management of some of my feelings

When the child has listed what is in the child’s control, make a plan together for doing or achieving one or more of those things.
As a helper you can sometimes assist children to differentiate between what is possible and what is not. Children may have wishes that are unrealistic or may give up all their wishes because they believe they are impossible, and therefore not worth trying for.
Restoring hope and facilitating self-agency are of the utmost importance.
Note. “Remembering goodness is as important to healing as remembering hurt” (Lieberman et al).

Tools – The three houses

Aim. To get children to seek mastery and normality and to long for good things.
Children seek mastery and normality and are longing for good things. Traumatic events and abuse may overshadow what are good things in their lives and block their capacity to hope and dream about the future. At the same time, their worries need to be out in the open.

In this exercise, the child lists what the “houses” below should contain.

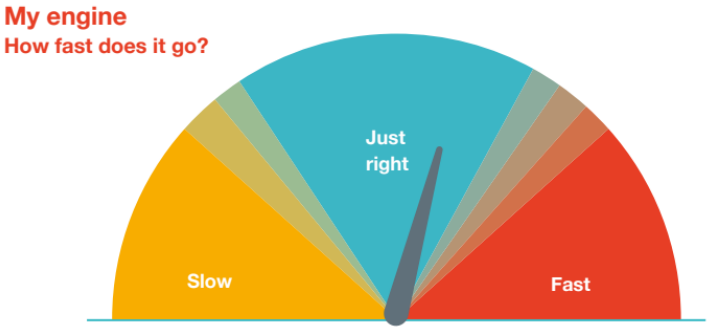
House of worries	House of good things in my life	House of dreams about the future

Discuss all the houses thoroughly.

Tools – My engine

Aim. For younger children's activation.

The helper says to the child:



Imagine you have an engine inside you that drives you along like a car. To stay on the road, cars must adjust their speed. If the road is winding, they must slow down. Also, on steep hills! Our engines do something similar. When they are running slowly, we feel tired, and it can be difficult to focus on tasks. At other times, we have a lot of energy, we race around, and it can be difficult to sit still. When we are learning things, the engine needs to run at the right speed – not too slow and not too fast. Then we can hear what others are saying and take in the information we are given.

We also have an alarm system that activates automatically when something threatens us. It allows us to respond quickly and appropriately to sudden changes in our situation. If we are afraid or feel threatened, our energy immediately surges, making us ready to flee or fight. If we cannot resist or escape, however, our bodies tend to shut down. They slow right down, just as an animal plays dead if it cannot escape a predator. This can be an effective defense. We don't feel as much pain, and immobility may help us to hide. In a way we also hide in our minds. We try not to experience what is happening. Sometimes we escape into fantasy: we let ourselves feel that we can decide what has happened or is going to happen. All of these are ways to protect ourselves.

So, when a child is sexually abused, the engine may go very fast if the child tries to escape but may slow down to the point where the body does not respond at all. Many children who have been assaulted feel that they did not do enough to stop their abuse, and that this means they even wanted it to happen. In fact, their alarm system was trying to protect them. They responded in a normal way to danger. There is nothing wrong with them.
Sometimes our alarm systems go off when there is no danger. False alarms happen for many reasons. We imagine things in the dark or misunderstand someone's behaviour. We even like to awaken our alarm system a little bit by listening to exciting stories or watching frightening films.
Some children who have been sexually abused cannot turn their alarm system off, however. They feel they can never relax, must always be vigilant, prepared for bad things to happen. They often feel restless, angry, unable to concentrate, out of control; or they feel exhausted, even numb.
When the alarm system has been used a lot, it is easily activated. A small incident, even a thought, can set it off. This is frightening and very stressful. You are tired when you need energy, and restless when trying to sleep.Once again, however, there is nothing wrong with children in this situation. Their alarm system is reacting predictably to repeated risk. They need to practice gradually adjusting their engine speed until they can feel comfortable again in ordinary situations.

HELPER ADVICE

Questions to discuss with the child

- When does your engine go fast?
- When does your engine go slow?
- When does your engine go "just right"?
- Can you remember occasions when your alarm system protected you from danger?
- How do you know when your alarm system is on? How do you know when it is off?
- What do you need others to do when your alarm system turns on?

Tools - Naming Feelings

Aim. To help children distinguish their feelings.

Many abused children seem to have little awareness of how to distinguish their feelings. They may also not be aware whether they are cold or warm, hungry or full, tired or not (their somatic state). They may feel overwhelmed by emotions (excited, upset, frustrated, numb) but be unable to judge whether they are hurt, disappointed or frustrated, for example. To help a child become more aware of its feelings, try looking together at pictures of faces that express different feelings, or pictures of different situations. Work with the child to distinguish the intensity of feeling (on a scale of 0-10 for example).

Workshop exercise. Role play – What am I feeling?

Aim. To get in touch with feelings, and experience how to work with feelings.

Duration. 10 minutes.

Materials. A box or basket. Put slips of paper in the basket with a feeling written on each.

Instructions:

- Form pairs or a group. One participant acts a feeling; the others guess what the feeling is.
- The actor picks a note from a basket. (Prepare by trying to feel the feeling inside you.)
- Act the feeling. You cannot use language, but you can use your whole body.
- The other participants guess the feeling.
- Discuss afterwards what the actor did to demonstrate the feeling, and how the other participants recognised it. You can have this discussion with children too.

Drawing exercise to describe feelings and spaces

(You can use Maria's story as an example.)

Instruction. Make a drawing of the places a child visits every week. This can open a conversation about the different feelings the child associates with each area.

Start with drawing a circle for each place: let the child name the places: home, school, out with friends, grandma's house.

Then ask the child about which feeling he or she associates with the places.

Consider: being joyful, sad, frightened, angry, happy, silly, playful… Ask the child if you should add other feelings.

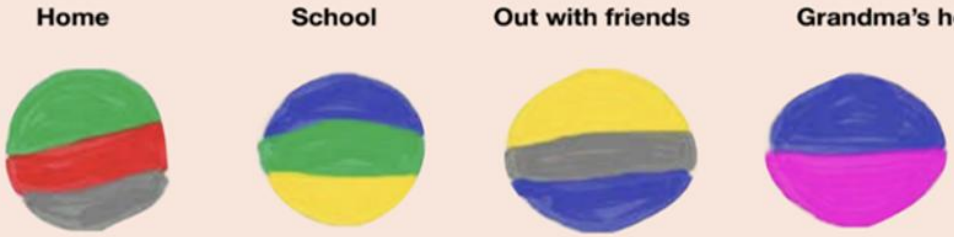
Ask the child to give a colour to each feeling. What is the colour of joy? Of sadness? Let the child choose.

For example:

Then ask the child to colour each of the places it visits during the week.

Say: "Look at the different places you visit. Which colours should we put in which circle? Think of something that makes you happy / angry / frightened / sad… You can use several colours in each circle."

When all the areas have been coloured, ask the child: "Can you tell me what especially makes you have that feeling in, for example, school? When you are at home? When you are out with grandma's friends?"



Remember. This exercise creates an opportunity for the child to tell, but that is not the only purpose. If you work together on different colours and different areas, the child may start to feel that you are interested in the child's whole life, and are not merely an abuse detective. This game can be a good starting point for talking about strategies to seek safety, obtain help and resources, etc.

Tools - Taking care of yourself as a helper

Aim. To understand yourself, secondary trauma, warning signals, prevention and building resilience.

Secondary trauma: Secondary trauma is a specific challenge for helpers: the memories, experiences and ailments of children who have been traumatised by sexual abuse can undermine helpers' own mental health. In this sense, the responses to trauma can be described as contagious. This is called secondary trauma. It can develop in helpers who meet traumatised people and who do not process their own feelings and reactions. It is perhaps particularly likely to occur to helpers who work with traumatised children.
Interpreters are also at risk of secondary trauma. Even experienced interpreters can occasionally be emotionally overwhelmed by difficult stories. If you collaborate with interpreters in your capacity as a helper, take care of their well-being too.

Vicarious traumatisation: As they accumulate experience of human suffering, helpers' attitudes may evolve. They may become cynical or pessimistic about the world. This can cause them to undervalue themselves and others or lose their belief in the possibility of change; they become indifferent. Over time, some helpers may feel that their personality has changed.

Compassion fatigue: Empathy is vital to the work of all helpers; but it is not an inexhaustible resource. If helpers constantly give without replenishing their resources and strength, they start to feel empty and tired. They feel exhausted, demotivated, demoralised, and hopeless. They may start to have sleep problems, somatic difficulties, and drink or take drugs. They may even come to feel that their own problems, needs and well-being are less important and do not deserve attention. If they become less available emotionally to their family or friends, their personal relationships may falter, causing loneliness. In the end, they are no longer able to carry out their role as a helper.

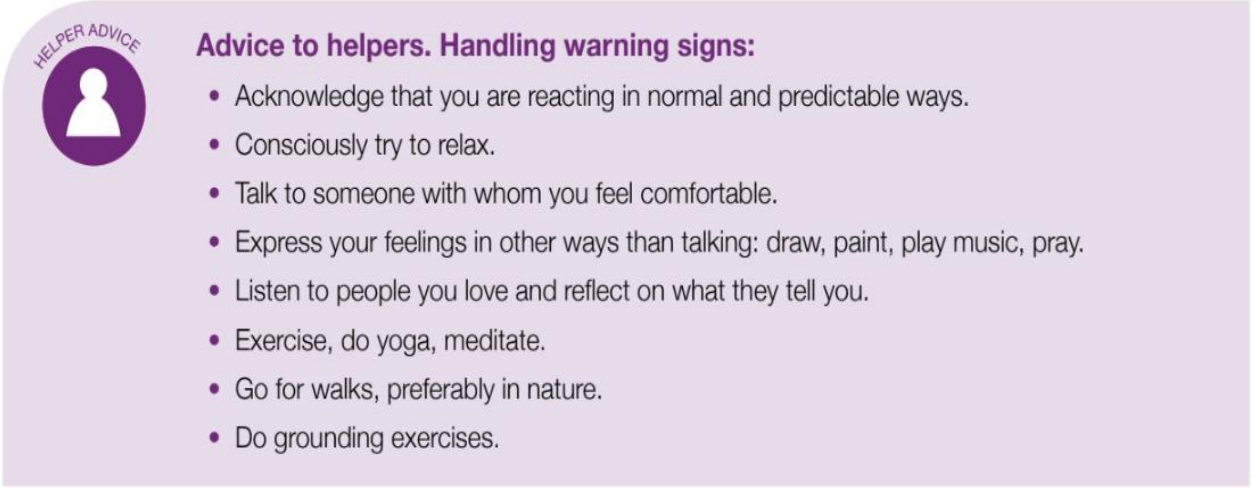
Warning signals that may occur after a long period of being a helper

Here are some warning signals. They may emerge over time, which can make them difficult to detect. Experiencing just one of these signals does not indicate that a helper is at risk of

developing compassion fatigue or secondary traumatisation, but a combination of them might.

Watch out if helpers:

- Lose their ideals and become cynical.
- Feel unvalued or betrayed by their organisation.
- Lack energy.
- Exaggerate their significance or their importance.
- Display heroic but ruthless behaviour.
- Neglect their safety and physical needs (no breaks, no sleep, long hours, etc.).
- Show suspicion of their colleagues and managers.
- Display antisocial behaviour.
- Are excessively tired.
- Lack concentration, they are inefficient.
- Have difficulty sleeping.
- Consume too much alcohol, tobacco or drugs.



Building resilience

Coping skills can be understood as resources that are available, and that the helper is capable of using in challenging situations. In the book 'BASIC-Ph', a team from the Community Stress Prevention Center in Tel Aviv tried to combine studies of coping and resilience in one holistic model. BASIC Ph stands for **B**elief and value systems, **A**ffects, **S**ocial support, **I**magery, **C**ognition, and **Ph**ysical interventions. Below is a brief account of each of these dimensions:

1. **Belief & values systems – this coping strategy is based on the ability to believe.** The theory often refers to Victor Frankl, a psychiatrist who lost his entire family in captivity during World War II and was himself interned in a concentration camp. During the war, he observed that those who had strong political or religious beliefs and a deeply rooted value system survived better. Their "basic assumptions" were not crushed; or they found a new meaning, something to fight for. (Many prisoners of war become ardent human rights defenders.) This is also consistent with Antonovsky's finding (Nielsen, 2014) that meaning and context are decisive factors when people bear a lot of stress.
2. **Affect – this coping strategy focuses on the ability to regulate emotion**. Many trauma survivors have a phobia about feeling; it is part of the avoidance reaction. Affect awareness is not just a matter of talking about emotions, however. One can express

emotion through activities, music, dance, sport and in many other ways. Through psychoeducation and communion with like-minded people, survivors who have been harmed may gradually reawaken their feelings.

3. **Social support and sense of community – this coping strategy is characterized by a tendency to communicate and seek support from family, close people, or qualified professionals.** Many survivors are able to regain self-esteem and trust in others when they encounter help and peer support. Activities and sports, education, colleagues, friendships, neighbours can build resilience by providing an experience of belonging and community.
4. **Imagery – this coping strategy engages our creative and imaginative capacities. Through imagination, we can dream, enhance our intuition, explore and discover solutions within play and fantasy.** Imagery includes all creative expressions. Music, drama, painting, dance and other activities not only interrupt thinking but teach skills and promote symbolisation. Imagery also includes such exercises as fantasy travel, playing, and dreaming about the future.
5. **Cognition – this coping strategy involves drawing on our mental and intellectual capacities to deal with crisis situations.** Cognition is about strengthening cognitive processes. Psychoeducation is an example. C also stands for information, the need to know what has happened and what will happen next; good information feels reassuring. Many cognitive techniques provide tools for dealing with anxiety and can help survivors to restore assumptions that have been thrown into the air by trauma.
6. **Physical – this coping strategy relies on activating the body through movement and physical engagement to manage stress.** It includes grounding exercises, breathing exercises, relaxation exercises, rest, physical therapy, etc. Contact with one's own body and the experience of physical mastery and strength can restore a survivor's feeling of agency, revive energy, and bring self-confidence. Physical activities, such as sport, also make survivors feel they belong in a community.