



Child Sexual Abuse: Impact on Social Workers

Jaci Quennell 2026

My history

... A degree in Psychology and a lot of abuse I hadn't yet recovered from

*“The conflict between the will to deny horrible events and the will to proclaim them aloud is the central dialectic of psychological trauma”
(Herman 1992 Trauma and Recovery)*

- 1978 Wandsworth then “No such thing as sexual abuse”. Not a category on the ‘At Risk’ register

+ 1980 MA, Women’s Aid, Rape Crisis, Gay Switchboard

- 1985 Wirral then = The Twilight Zone “Sexual abuse exists, most of it is the work of the devil”

Our own failings

Child protection work exposes us frequently to feelings of helplessness and the desire to rush in to 'do something'. Given that some surveys have indicated (up to 50%) of professionals in this field have themselves suffered some form of childhood abuse this only adds to the personal significance and potential stress of this work. It will be only too easy for us to internalise the emotional effects of this work upon us, as being a result of our own failings. It is one of the reasons why self-care is so difficult for people in professions such as ours.

Tony Morrison The Emotional Effects of Child Protection Work on the Worker

BAPSCAN conference 1990 and Published online 01 May 2008 in Practice: Social Work in Action

Seeing it
everywhere
seeing it
nowhere

- Porges- sympathetic and parasympathetic responses

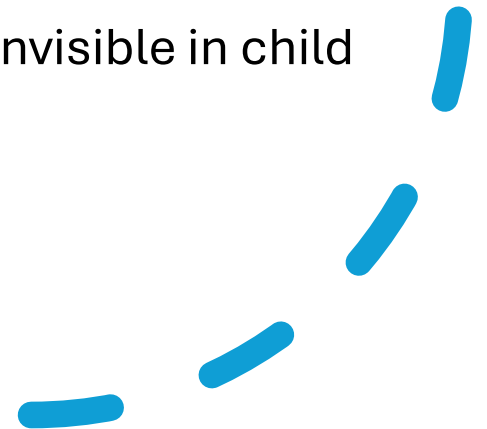
(Stephen Porges 2011 The Polyvagal Theory)

- Morrison Red Cycle – Fight/Flight, Defensiveness, Denial, Disengagement

(Morrison and Wonnacott 2009 Training materials)

- Ferguson – Invisible children

(Harry Ferguson 2017 How children become invisible in child protection work)



Porges: Threat and Overwhelm responses

Threat response set off from primitive parts of the brain = Fight/flight mobilising

Adrenaline and cortisol shut down thinking (esp. pre-frontal cortex), suppress memory formation (hippocampus), slows down speech formation and comprehension (Broca's and Wernicke's areas on left side of brain)

Overwhelm response to life threat = Freeze/Faint immobilising

Endogenous morphine numbs pain and clouds perception, dissociation starts, more primitive part of Vagus nerve puts body into shutdown mode, going cold, slow heart, fainting and feigning death.

Morrison: Red Cycle

- Fight/flight can present in an individual as panicking, not thinking clearly, trying to get away from situations. At an organisational level it presents as high levels of sickness and absenteeism, high employee turnover.
- Defensiveness manifests as professionals blaming each other, organisations blaming each other, failures in sharing expertise and resources, exclusion of other agencies from discussions.
- Denial and avoidance can be as extreme as claiming that there isn't an issue, or 'blanking' evidence. Shared Denial is where managers go along with team members' mistaken or biased accounts of what is happening.
- Disengagement. There is no connection between the child, the family and the worker, or between team members and between agencies. There is little safeguarding going on.



Ferguson: Invisible Children

In the heat of the visit, talking with and other forms of relating to the children became unthinkable and the fact that she had not engaged with them in any way was, at the time it was happening, unknown to the worker. The children had ceased to exist to her, despite being there right in front of her. They were invisible children.

Extract from: How Children Become Invisible in Child Protection Work: Findings from Research into Day-to-Day Social Work Practice - Harry Ferguson

The British Journal of Social Work, Volume 47, Issue 4, 1 June 2017, Pages 1007–1023



Parallel processes

- The accommodation syndrome has five stages: secrecy; helplessness; entrapment and accommodation; delayed and unconvincing disclosure of the abuse; and, finally, a retraction of the complaint in the face of the usual adult disbelief and blame of the victim (Summit 1983)
- Betrayal, Powerlessness, Stigmatization and Traumatic Sexualization (Finkelhor 1986)

Vicarious Trauma

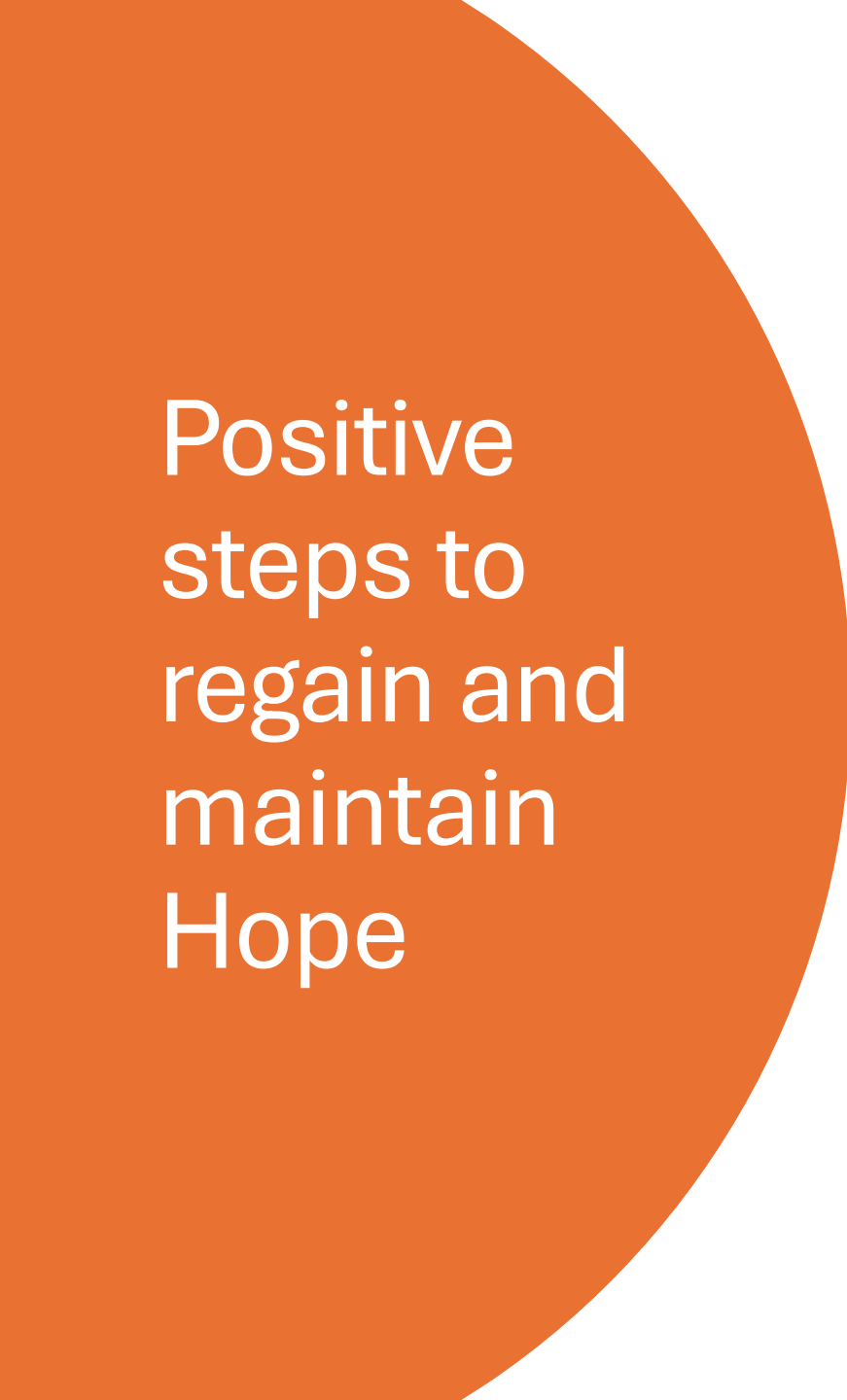
Shifting Worldview: A fundamental change in how the world is perceived, often leading to a loss of meaning, increased fear, or believing the world is dangerous.

Emotional & Physical Impact: Common symptoms include chronic fatigue, intense anxiety, sadness, irritability, feelings of hopelessness, and numbness


Cognitive & Behavioural Signs: Intrusive thoughts, nightmares, reduced concentration, and avoidance of clients or work-related materials.

Similarities to PTSD: Symptoms often mirror those of direct trauma, such as hypervigilance and sleep disturbances.



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Positive steps to regain and maintain Hope

- Mentalizing instead of Empathizing?
 - Link with communities of practice and research innovation
 - Clinical Supervision
 - Complete your supervision and support Bingo Card
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Mentalizing

Workers who can imagine themselves in the shoes of a young person, accurately enough to show they've grasped what it might really be like, allow the young person to feel recognised with respect and compassion. Recent research highlights the strong connection between the child's experience of being understood and their subsequent (in the minutes following their "You've understood me!" experience) openness to learn from the person who has taken their experience seriously.

(Fonagy and Allison 2014 the role of mentalizing and epistemic trust in the therapeutic relationship)

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Communities
of Practice

Centre of Expertise on Child Sexual Abuse



Clinical Supervision

It is of paramount importance that the limits to reflection are fully recognised, so that workers are not misunderstood, or pathologised by expectations that they should be reflecting in action when this is not possible....

This clarifies the vital importance of reflection *on* action. Staff support after practice encounters needs to be rigorously reflective, analytical, and critical, taking fully into account the feelings and sensory experiences that may have been split off in action and not thought about.

Harry Ferguson How social workers reflect in action and when and why they don't: the possibilities and limits to reflective practice in social work; Social Work Education published Feb 2018

Support and Supervision Bingo Card

	Self supervision	Peers	Supervisors/ Managers	Organisation/ Agency
Normative	Transparent and honest reflecting on action	Sharing information Whistle blowing	Monthly Individual supervision Reflective Audit conversations	Workable policies and procedures Manageable numbers of children and families to work with
Formative	Self-directed research and CPD	Co-working Action learning sets	Co-working, letting team shadow you Appraisals	Relevant, accessible internal and external training Clinical Supervision
Restorative	Taking breaks, toil and leave	Having a laugh, showing compassion	Incident debriefs Away days	Employee support sessions Culture of caring for staff supported by Trade Union