Child sexual abuse: a new approach to professional education


Summary
Child sexual abuse is a highly emotive subject and nurses have a key role to play in caring for survivors. Educating students about this role is difficult because a conventional classroom approach does not prepare students adequately or give them sufficient insight into the experiences of victims. The Stilwell virtual simulation model is a radical new approach which aims to assist learning by immersing students in a realistic multimedia simulation of a typical community. This model allows insightful learning about difficult areas such as child sexual abuse. Its use and contribution to learning in this area are discussed.

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Reliable statistics on child sexual abuse are difficult to obtain, but the number of names on the sex offenders register has increased from 24,572 in 2003/04 to 34,939 in March 2010 (Hansard 2011). The number of calls received by the charity ChildLine from children seeking counselling about sexual abuse rose from 8,637 in 2004/05 to 12,268 in 2008/09 (NSPCC 2009). Townsend and Syal (2009) quoted authoritative police sources that estimate there may be more than 100,000 paedophiles in the UK, of whom 20% could be female, a largely invisible subgroup (Cawson et al 2000, Bunting 2005). The true incidence of child sexual abuse may be complicated by delayed or non-disclosed abuse. Hébert et al (2009) found that 20% of adults who had been sexually abused as children had never disclosed this abuse, while 57.5% reported delaying disclosure for at least five years. Urgent work is required to help educate practitioners about this complex area.
The Department of Health report on the effects of domestic violence recognised the valuable role of healthcare professionals in helping individuals to disclose abuse and deal with the damaging long-term effects (Itzin 2006). In particular, Krieger (2008) highlighted the ways in which nurses can assist in detecting abuse and caring for those who experience any form of domestic abuse, including child sexual abuse. While the justice system seeks to deal with the perpetrators of abuse, this approach may be of limited value (Finkelhor 2009). Finkelhor (2009) has argued for a major schools initiative, where staff such as school nurses improve children’s awareness of child sexual abuse and help them to develop protective strategies.

In view of the distressing nature of child sexual abuse, educators need to create a therapeutic learning environment for students. Rogers and Freiberg (1994) recognised the need for educationalists to promote an environment in which students are able to challenge their own views and deal with difficult learning experiences to enable them to take risks to learn. Students need to learn about safe practice and develop good decision-making skills (Kohn et al 2000). Simulation is used to mimic reality and creates a safe environment in which students can learn critical thinking and decision-making skills (Rubenfeld and Scheffer 2006, Jeffries 2007). Role play is one form of simulation (Nestel and Tierney 2007), but would be inappropriate in teaching about child sexual abuse. Similarly, problem-based learning may be too focused on specific problems and might lose sight of the individual and his or her family context (Smith et al 2007). However, virtual simulation has been used effectively by Giddens (2007) in creating a multimedia environment in which students learn to work with patients and family members to resolve problems. According to Giddens (2007), the result is a close engagement with reality in which students demonstrate new ways of learning and knowing.

Giddens’s (2007) work embraces the tradition of narrative pedagogy (Moon and Fowler 2008), which focuses on the power of narrative rather than the traditional classroom model to enable learning. Storytelling, provided it is based on real situations, enables learning because it makes students engage with reality in a different way. The teacher using narrative pedagogy moves away from being the expert on learning to become a facilitator of learning (Diekelmann 2003). This approach is supported by Ironside (2006), Chan (2008) and McCallister et al (2009), who found that, when narrative pedagogy is used in schools of nursing, students more readily challenge their assumptions and interpret events from different perspectives, for example those of the perpetrator and the victim in the case of child sexual abuse. Learning in this way as a communal experience was found to challenge students’ preconceptions, generate new possibilities for providing care and lead to a more patient-centred, safety-orientated approach (Rogers and Freiberg 1994).

Stilwell: a virtual simulation model

Stilwell is a British virtual simulation model based on Giddens’s (2007) work. It is an innovative solution to the problem of engaging students with the complex, challenging and unpleasant realities of life. Stilwell is an online virtual neighbourhood located in the fictional town of Brigstow, which acts as a virtual practicum (Walsh and Crumbie 2011). There are 60 individuals in the story, from infants to octogenarians, and their lives are the focus of student learning. Stilwell explores the health and social problems of these residents, demonstrating the effect of the environment and family on their health and social wellbeing.

The narrative model used in Stilwell allows the multiple perspectives of users and carers to be acknowledged and understood, as the stories draw heavily on real life experiences. Stilwell creates a safe environment in which students can familiarise themselves with many of the difficult situations they may encounter in practice. This multimedia virtual simulation ensures safety while preparing students more effectively for practice (Jeffries 2007).

To bring the virtual community of Stilwell to life a number of materials are required:

- Electronic personal records containing a social or medical history of the characters.
- The front page of the local newspaper, the Brigstow Herald.
- A video tour of Stilwell and photographic gallery of the area.
- Professionally produced and acted videos of critical incidents in people’s lives.
- Audio podcasts of characters telling their stories – real patients and actors.
- Radio plays about events.
- Blogs kept by professional staff, including a paramedic and a nurse practitioner, and by local residents.

Debbie Ryan: a survivor’s tale

Stilwell supports a multidisciplinary range of classroom and online courses. Students learn about
child sexual abuse by following Debbie Ryan’s story. This addresses the reality of the topic in an uncompromising manner based on the testimony of real survivors. Debbie’s story is used to teach practitioners to recognise and help children who have been sexually abused.

Debbie is a young woman in her early twenties. She is a survivor of child sexual abuse whose life is blighted by alcohol and drug misuse, a series of failed relationships and episodes of self-harm. Students are introduced to Debbie by reading her social background and medical notes. They can use the photographic gallery and video tour to view the area where she lives. Students read a copy of the Brigstow Herald newspaper where the front page story features the conviction of a paedophile called Brian White. The story highlights some of the features of paedophile activity such as grooming and the sharing of victims. Students consider the effect of media coverage on survivors, possibly triggering memories of a painful past. The Brigstow Herald story provides students with a forum in which to debate how the media covers child sexual abuse. Media coverage can raise awareness, but because child sexual abuse is a taboo subject, it may quickly slip from public consciousness.

Students are directed to the critical incident section of Stilwell where they can listen to a podcast of Brian White, made while awaiting sentence, in which he defends his actions. This is challenging and difficult for students to hear. It highlights the perpetrator’s perspective and the criminal justice approach to such crimes.

Discussion now takes place about this case and, in particular, about the perpetrator. Students are invited to discuss how they feel about Brian White and how, as nurses or paramedics for example, they might feel about caring for him. The criminal justice perspective on rape and child sexual abuse, for example gathering forensic evidence, can now be discussed. The realism of this podcast was brought home to teaching staff when they realised that some students thought this was a real recording of a convicted paedophile. The blurring of fact and fiction is a recurring theme in Stilwell and reflects the realism of the virtual experience.

Sanderson (2006) indicated that perpetrators of child sexual abuse often believe they are doing nothing wrong and frequently blame the child in an attempt to rationalise their actions. Brian White’s narrative reflects this as he attempts to justify his actions while blaming children as willing partners. This podcast is a challenge to many and students’ personal views and prejudices have often emerged when discussing this material. It is important that nurse educators enable students to confront these emotions and recognise the effect they may have on their practice, as they find themselves working with offenders. It may be that the perpetrator has also been abused, thus creating a cycle of abuse and making him or her a victim (Glasser et al 2001). The dilemma for students is whether they perceive the individual to be a victim or a perpetrator of abuse.

It is important that students who are studying the effects of abuse understand the role of perpetrators and the power they have over those they abuse (Niederberger 2002), and that abuse can remain secret for years or even generations. This is demonstrated in Debbie’s critical incident videos. Gorey et al (2001) identified alcohol and drug misuse and self-harm as common features in the lives of some survivors of child sexual abuse. This is reflected in the first video as paramedics are called to Debbie, who has been drinking heavily, has taken an overdose and has cut herself. The video explores Debbie’s feelings of despair and helplessness, and shows her self-harming. It also shows how skilled paramedics intervene in a crisis and get Debbie to hospital. Discussion focuses on the way in which paramedics and emergency department staff respond to self-harming patients like Debbie and allows an exploration of Debbie’s emerging health and social needs.

The next video shows Debbie at her mother’s house after being discharged from hospital. She has nowhere else to go. The confrontation scene that follows reveals Debbie’s mother’s collusion in her abuse, mainly through fear of Debbie’s father, but it also reveals that her mother was abused by her father. Alcohol use is prevalent in this family, and Debbie freely admits to using illegal drugs to try to numb the pain of her memories. The video ends with Debbie saying ‘You blamed me for everything, why? I bet you even blame me for being raped by him.’

This disturbing video serves as a trigger for discussion about Debbie’s perspective and how her life has been affected by what happened to her as a child. The video introduces the subjects of family collusion, inter-generational abuse, victim blaming, family shame, culture and the role of alcohol in abusive situations. Debbie’s mother is dependent on alcohol and her father, who is now dead, was a violent man with drink problems. Seeing the reality of these issues played out in a professionally acted story engages the students.

Students watch a video of Debbie attending Hillside Health Centre to have her wound dressing changed. The practice nurse remarks on Debbie’s teddy bear, which results in Debbie
talking about this being the only friend she has ever had that she could trust, emphasising the isolation of those who have been sexually abused. The video includes flashbacks, focusing on the teddy bear, to convey the nature of the abuse carried out by her father and his paedophile associates. Debbie finally decides she is taking her teddy bear where no one can ever harm them again. Health centre staff try to dissuade her from suicide, having assessed that the threat is real.

Video is a powerful medium. The power of the audiovisual medium has been harnessed by Stilwell, but students have to be supported carefully in working with this material, especially because it may raise personal issues for some. Students are forewarned about the explicit nature of the material and offered private tutorial support if they feel they need it. Teachers need to allow students to react fully to the video, and then guide them to make the relevant links to contemporary evidence, guidelines and policy.

This challenging material leads to discussion of key areas such as:

- The details of child sexual abuse, for example, perpetrators, methods and practices used.
- The ethics of revealing confidential information that was entrusted to the nurse.
- Dealing with one’s own emotions as a professional.
- Recognising clues of abuse in survivors of child sexual abuse.
- Guidelines for helping those who have been abused.

Students need to be guided in a sensitive, confident and compassionate manner so that they can approach future patients in this way. Allnock et al (2009) identified that disclosure is a powerful act for the survivor of child sexual abuse. The reaction of the individual to whom the victim discloses abuse can have a significant effect on the way that individual copes. If the nurse educator can demonstrate sensitively how to handle such disclosure in a learning environment, it may enable students to transfer this knowledge to practice. The nurse educator therefore needs to act as a role model when discussing such sensitive issues with students.

The importance of therapeutic understanding in helping those who have been sexually abused is illustrated when the nurse practitioner, Bernadette, at the health centre takes up Debbie’s story. In her blog, Bernadette writes about referring Debbie to a community psychiatric nurse. Bernadette then comments on her anger at the unsympathetic and dismissive attitude of the psychiatric nurse, who offers to prescribe antidepressants because he would rather not deal with the issue of child sexual abuse. The story challenges the stereotype of the ‘caring nurse’ and explores some of the negative stereotypes that exist about patients who self-harm. Debbie experiences an uncaring dismissal from one member of the nursing profession as a consequence of her disclosure to another. This in itself is a powerful discussion point underlining the importance of team working.

Bernadette’s blog continues with a more positive passage in which she discusses Debbie’s case with a GP, who suggests helpful contacts and websites for Bernadette to explore with Debbie. Students learn that asking for advice demonstrates good inter-professional practice. They are directed in the blog to websites where they can learn more about recognising and helping survivors of child sexual abuse.

The websites that the GP has provided demonstrate important lessons concerning the prevalence of child sexual abuse and the reliability of data in this area. A link to the NSPCC (2011b) website in the blog reveals statistics such as:

- In England and Wales (2009/10) there were 4,889 offences of rape of a female child under 16 years and 802 offences of rape of a male child under 16 years. In addition there were a further 4,160 offences of sexual assault on a female child under 13 years and 1,058 offences of sexual assault on a male child under 13 years (Faltley et al 2010).
- One in nine young adults (11.3%) had experienced contact sexual abuse during childhood. These data are based on a survey of 1,761 young adults aged between 18 and 24 years (NSPCC 2011c).
- 70% of perpetrators of child sexual abuse had between one and nine victims. However, the number of victims of sexual abuse per perpetrator is occasionally very high, with reports of up to 450 children per perpetrator in some cases (Elliott et al 1995).
- 72% of sexually abused children did not tell anyone about the abuse at the time. 27% told someone later but 31% had not told anyone about their experience(s) by early adulthood (Cawson et al 2000).

When students are directed to the detailed references from which these statistics are drawn,
they find the data are often out of date (Elliott et al 1995). This is therefore a key learning point as it is misleading to cite such references as being up to date when some of the statistics are 15 years old.

Bernadette introduces a podcast made by Jill about her real-life experiences of child sexual abuse. Capturing her story in a Stilwell podcast makes it readily available to students and contextualising it in this way enhances its potential as a learning tool. Jill explores the devastating effect of abuse from a uniquely personal perspective and also talks frankly about the way she was treated by healthcare professionals, especially nurses and doctors. Healthcare professionals find this account uncomfortable to listen to because they may reflect on their own attitudes towards patients who are sometimes labelled ‘time wasters’.

The topic of child sexual abuse may trigger personal issues for a student. It is therefore vital that the importance of confidentiality is emphasised and students are informed about support groups they may wish to contact outside the university. Group work can be a trigger for disclosure and in some cases individuals may discuss personal issues for the first time. When reflecting on this, it would seem that creating a climate for debate, risk taking and personal sharing assists in creating the right opportunity for individuals to disclose and for others to learn.

In a final summary session the crucial role of inter-professional working in safeguarding children is highlighted. The hidden survivors are also discussed, those who were abused as children, but did not disclose the abuse and have lived with the secret. Krieger (2008) highlighted the lifelong effect of abuse on a child, for example, low self-esteem and difficulties forming relationships. It is therefore imperative that practitioners are sensitive to the needs of patients and are aware of the possibility of abuse and its consequences, at all times.

**Student evaluation**

The effect of the Stilwell approach on learning has been evaluated by means of four focus groups comprising students involved in the virtual simulation exercise. Students commented favourably on the ability of Stilwell to expose them to different perspectives of the NHS as opposed to their own experiences; this was particularly true of hospital-based students.

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**References**


All students appreciated the opportunity to encounter difficult and unfamiliar situations, which they may not have experienced in clinical practice. Students commented that the scenarios in Stilwell are realistic and that they found themselves using their clinical decision-making skills. This was described as a ‘more interesting way of learning’ compared to other methods. Students reported that material such as the Brigstow Herald and the blogs encouraged them to explore further and expand their learning. The child sexual abuse resources they were directed to made an impact. Some students forgot that this was a virtual simulation, becoming immersed in the developing stories to the extent that they believed some aspects were actually real, such as the paedophile’s podcast.

The critical incident videos were disturbing for some students who suggested that they needed debriefing and support to work through some of the problems they were exposed to. This was particularly evident when the subject matter was closely linked to personal experiences and for one student, Debbie’s story led to personal disclosure of an abusive childhood. This was a tribute to her courage, the group dynamic developed by the theory-practice gap and stimulates new ways of learning about sensitive subjects such as child sexual abuse.

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The focus groups revealed that Stilwell provided an opportunity to engage with a new style of learning. It was described as ‘a really good learning tool’, which allowed students to apply theory to practice in a safe environment. Students referred to pictures reinforcing learning and stated that this style of education made them think and use their decision-making skills.

Students have enjoyed working with Stilwell and they have been able to articulate the added value that it brought to their education. Students revealed the need for appropriate support when working with the sensitive and difficult material of child sexual abuse. That challenge accompanies their description of Stilwell as an innovative approach to education that addresses the theory-practice gap and stimulates new ways of learning.

**Conclusion**

This article described the development of a multimedia virtual community for teaching and learning purposes. A wide range of difficult health and social care problems can be explored using this medium, including perhaps the most challenging of all, child sexual abuse. Stilwell provides a safe, yet realistic environment to explore a wide range of issues relating to complex areas of care.

Student evaluation of Stilwell has been positive and suggests that the model contributes to new ways of learning about sensitive subjects such as child sexual abuse.


