



SOPHIE OLSON

Stigma - and the power of lived experience in influencing change

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Sophie Olson is the founder of The Flying Child CIC - leading conversation about child sexual abuse through survivor-led training, campaigning and support. Their core aim is to normalise speaking about child sexual abuse in wider society and the survivor community. Their training, The Flying Child Project began in education, and extends across sectors including social work, maternity, dentistry and the NHS.

Sophie's work challenges the societal culture of silence. With first-hand experience in a system unable to support her with her own abuse, her story was covered by Radio 4 in the documentary "The Last Taboo". As part of her work to improve access to services, she is co-developing The Skylark Project: a pathway of care in the NHS, for survivors of sexual violence. In 2022 she was shortlisted for the Criminal Justice Alliance Awards Saskia Jones Award for Victims Services. Her book, *The Flying Child - A Cautionary Fairy Tale for Adults* is out now.

There is no formal training for survivor activism - first-hand experience of child sexual abuse is our driving force, and it's a journey we embark on for different reasons, prompted in my case by a weary sense of exasperation at the absence of open conversation about child sexual abuse, and frustration at the myths and misconceptions often touted by those with no personal experience. In 2019 I attended safeguarding training and as I looked around the room I wondered how many were survivors like me, and why none of us were talking about it. Afterwards I said to the Headteacher, "I was one of those children".

This was most out of character. Only a few people knew my history because disclosure had not gone well in the past. Responses from professionals have been painful and retraumatising at times. I have lost friends and had difficult reactions from family. Disclosure is the point where conversations falter and shut down. It is the point where we observe stigma in action.

Many people haven't the slightest idea of how to respond to disclosure of child sexual abuse, and, as survivors, we sense the uncomfortable shift in atmosphere. This Headteacher responded differently. She asked me a question.

"What was it like being that child at school?" It was so unexpected that it was my turn to falter. She continued; her expression surprisingly devoid of the discomfort I had become accustomed to. "What indicators do you think you showed?" I had never considered this before, and memories came back.

I remembered how alone I felt. How different I was to the other children. I recalled the flushed embarrassment on my teacher's face when she saw eight-year-old me, hand inside my knickers,

desperately trying to soothe a part of my body I didn't even know the name of, hurting from the sexual assault the night before. I remembered my shame as she looked the other way; how I wished I could disappear.

The conversation continued. She asked if I had disclosed and when I said no, she asked, "Why not? What did you need from staff? How could we have made a difference?" And then she asked the most important question of all: "What barriers do you think stood in the way?"

This conversation was the catalyst for what has become The Flying Child Project, a nationally recognised movement for change in training.

We explore indicators, reasons for silence, disclosure and barriers, but it is not just me and my story. There are many different voices involved and it is constantly evolving - which is important as we must always challenge the idea of a 'victim'. I don't speak for or represent all survivors. Children are different - their experience of sexual abuse will be different, and they will respond in different ways. It's risky for any of us, including activists in my position, to believe 'we know it all' and have all the answers, but as survivors we are certainly experts of our own experience.

Because of The Flying Child Project, widely varied perspectives are reaching those who need to hear them - the ones on the front line, in education, social care and the NHS, and we do it to spark conversation and debate. To normalise speaking about a subject that many people feel is quite simply unspeakable. This extends to professionals because a qualification doesn't make us automatically immune to stigma.

The feedback that we receive suggests that this is very needed.

I once stopped a session to check in with a participant. She told me she was not triggered or upset by content - she was crying, in anger; "How is it?", she said, "how is it I'm getting to the end of my career, and this is the first time I'm hearing this subject being spoken about so openly? Why is there so much I didn't know?"

This is a commonly expressed concern. We are informed there is an absence in training, and practitioners report feeling ill-equipped to have conversations - with children, with each other, with parents and within wider society, and in my opinion, it is not as simple as educating about prevalence, or signs, or how to best support - it is about challenging the societal stigma surrounding child sexual abuse. As professionals we can have all the training in the world but if we can't personally engage with this subject - if we keep it at arm's length because it's more comfortable for us - if we can't respond well to a survivor who discloses, then nothing will change.

I would describe my activism as persuasive and non-combative. I think drum-banging activism has a place, but perhaps less so in this arena. Casting blame or inciting guilt might serve us as survivors, but does it influence change or in fact achieve the opposite? When people feel defensive, they can shut down, which is the last thing we want. We need allies to join us in our quest for a better way forward, and so approach the training with the recognition that overall, people don't intend to cause further harm. We are all governed by systems and policies within our own professions and by society's construct of what is acceptable or not, to talk about. We include a 'call to action' in our training and suggest they keep the conversation going, talk to friends and family about their training, and observe reactions. When people see stigma in action, they have a better understanding of the problem that victims and survivors, both children and adults, face. It can be hard to talk about child sexual abuse, but challenging silence breaks stigma and this is a vital form of prevention. Stigma keeps this subject in the shadows - and the only ones who benefit are the ones who harm children. Child sexual abuse hides (and thrives) in silence. It takes courage, and we need to raise the conversation.

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the Flying Child CIC**