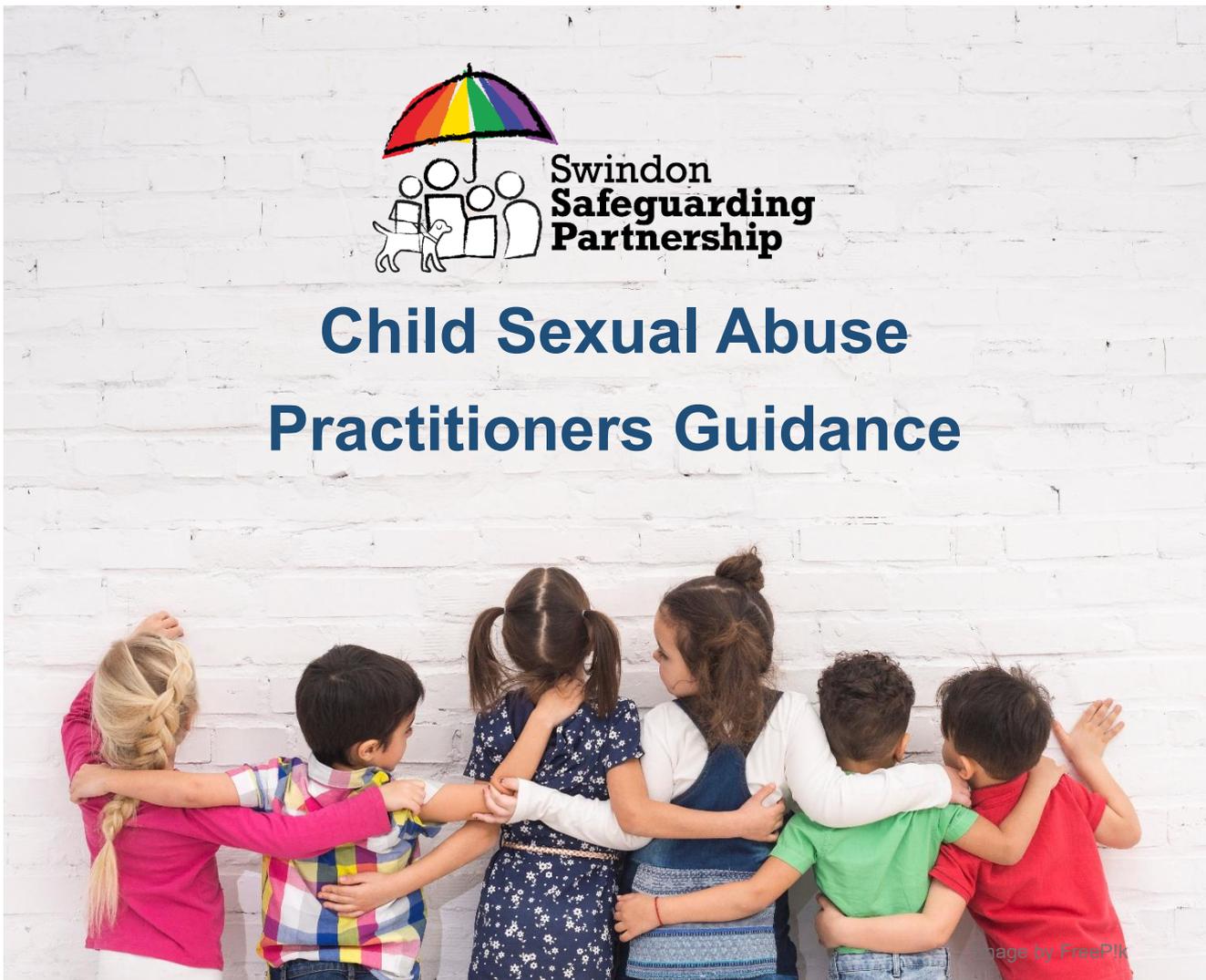




Child Sexual Abuse Practitioners Guidance



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1. Introduction

Child sexual abuse is just as common as other forms of abuse, with an estimated 500,000 children sexually abused every year. Children are disproportionately likely to be victims of sexual offences; they are the victims in 40% of all sexual offences yet make up just 20% of the population (*Centre of Expertise on Child Sexual Abuse*). However, we know that only a small minority of sexually abused children come to professionals' attention at the time of the abuse occurring.

Most children who've been sexually abused are abused by someone they know. Sexual abuse can have both short and long-term effects. The impact of sexual abuse can last a lifetime.

Swindon Safeguarding Partnership has made Child Sexual Abuse a Partnership priority. We want to work together with partners to minimise the impact of sexual abuse on children and in Swindon. We want to reduce the gap between the number of children who experience sexual abuse and the much smaller number identified and supported by professionals.

2. Why Do We Need to Change the Way We Work?

Children today are growing up in an increasingly complex world and living their lives seamlessly on and offline. This presents many positive and exciting opportunities but also challenges and risks. In this environment, children need to know how to be safe and healthy, and how to manage their academic, personal, and social lives in a positive way. Decision makers, parents and the community need to know how to support children's healthy development including sexual development, be knowledgeable and comfortable to talk about all types of child sexual abuse. It is crucial that children, from early help to child in need and child protection, receive support at the earliest opportunity. We need to ensure that the community and the workforce have relevant knowledge and information to get the best support at the earliest point.

This Child Sexual Abuse Practice Guidance aims to improve and develop knowledge and understanding of child sexual abuse and is for everyone who supports children, young people and their families, across the Partnership.

The Child Sexual Abuse Practice Guidance should be read in conjunction with the [Child Sexual Abuse Practitioners Toolkit](#) with practical resources to use in direct work with children and families.

This Child Sexual Abuse Practice Guidance should also be read in conjunction with [The Right Help at the Right Time](#) threshold guidance.

3. What is Child Sexual Abuse?

Working Together to Safeguard Children, 2023, defines child sexual abuse as behaviour which:

'Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening'.

The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse.

Child Sexual Abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Child Sexual Abuse often occurs in conjunction with the other categories of child abuse especially emotional abuse in order to maintain control and secrecy.

There is no single agreed definition of Child Sexual Abuse within the family environment (also known as Intra-familial Child Sexual Abuse), but in addition to abuse by a relative (such as a parent, sibling or uncle), it may also include abuse by someone close to the child in other ways (such as a step-parent, a close family friend or a babysitter).

Children from the age of birth onwards may be subjected to sexual abuse. Sexual abuse can have a long-term impact on emotional, social and educational development and is linked to the development of mental health issues in later life.

This guidance primary focus is on Intra-Familial Child Sexual abuse and peer to peer harmful sexual behaviour; we recognise that this sometimes takes place alongside other forms of extra-familial abuse.

There are two types of sexual abuse, contact and non-contact abuse.

Contact Abuse

Contact abuse is where an abuser makes physical contact with a child or forces the child to make physical contact with someone else. This includes:

- sexual touching of any part of a child's body, whether they're clothed or not
- using a body part or object to rape or penetrate a child
- forcing a child to take part in sexual activities
- making a child undress or touch someone else.

Contact abuse can include touching, kissing and oral sex; sexual abuse isn't just penetrative.

Non-Contact Abuse

Non-contact abuse is where a child is abused without being touched by the abuser. This can be in person or online and includes:

- exposing or flashing
- showing pornography
- exposing a child to sexual acts
- making them masturbate
- forcing a child to make, view or share child abuse images or videos
- making, viewing or distributing child abuse images or videos
- forcing a child to take part in sexual activities or conversations online or through a smartphone.

Find out more about [grooming](#) and [child sexual exploitation](#). Although the definitions are slightly different to sexual abuse, they are all forms of child abuse.

Intrafamilial Sexual Abuse

The Child Sexual Abuse Centre of Expertise states;

'There is no single agreed definition of intra-familial child sexual abuse. However, it is generally recognised that, in addition to abuse by a relative (such as a parent, sibling or grandparent), it may include abuse by others closely linked with or considered to be 'one of the family, such as a foster carer or a parent's partner'.

This understanding is in accordance with Crown Prosecution Service guidelines on the Sexual Offences Act 2003, which state:

'These offences reflect the modern family unit and take account of situations where someone is living within the same household as a child and assuming a position of trust or authority over that child, as well as relationships defined by blood ties, adoption, fostering, marriage or living together as partners'. (Crown Prosecution Service 2022)

Sibling Sexual Abuse

The Child Sexual Abuse Centre of Expertise states that;

'Incidents of sexual behaviour between siblings may be quite common, and where there is no underlying inequality of power, they are not necessarily abusive. However, abusive sexual behaviour by a sibling can have long-term impacts and is potentially as serious as other forms of sexual abuse within the family'.

'Research with adult survivors of abusive sexual behaviour by siblings suggests that such abuse often occurs within a family context where there is domestic violence, physical punishment and parent-child sexual abuse. In the most abusive families there may be multiple abusive relationships: children may be abused by and abuse other siblings, witness

abuse and/or attempt to protect younger siblings’.

[Sibling sexual behaviour: A guide to responding to inappropriate, problematic and abusive behaviour \(csacentre.org.uk\)](https://www.csacentre.org.uk)

Harmful, Problematic, Peer-on-Peer Sexual Behaviour

What is problematic sexual behaviour?

Problematic sexual behaviour is developmentally inappropriate or socially unexpected, sexualised behaviour which doesn't have an overt element of victimisation or abuse.

What is harmful sexual behaviour?

Harmful sexual behaviour is developmentally inappropriate sexual behaviour displayed by children which is harmful or abusive.

What is peer-on-peer sexual abuse?

Peer-on-peer sexual abuse is a form of harmful sexual behaviour where sexual abuse takes place between children of a similar age or stage of development. Child-on-child sexual abuse is a form of harmful sexual behaviour that takes place between children of any age or stage of development.

[Harmful Sexual Behaviour Protocol - Swindon Safeguarding Partnership](#)

Child Sexual Exploitation

Is a form of child sexual abuse. The exploitation usually takes the form of children being given things in exchange for sexual activities; this can include gifts, drugs, or money, but can also include status or perceived affection. Many children who are sexually exploited will not recognise this exploitation or abuse and will see themselves as being in a loving and consensual relationship. Children can be sexually exploited within gangs, individually or online. [Child Exploitation harm outside the home](#)

Gang Sexual Exploitation

Gangs use sexual violence to humiliate and degrade children to gain power and control and for the purpose of initiation. Children may be invited to gatherings with others to use drugs and alcohol and may then experience sexual abuse from one or multiple abusers. It can be extremely difficult for children to escape gangs due to the level of fear and intimidation they experience.

Online Sexual Exploitation and Abuse

Online sexual exploitation and abuse can involve children being persuaded or coerced into sexual conversations, sharing sexually explicit pictures of themselves, or filming sexual acts. Abusers can use this information to further coerce and control the child through feelings of shame, threats of harm or sharing information further online or with people they know. Online sexual exploitation may lead to face-to-face contact and further sexual abuse. If you are

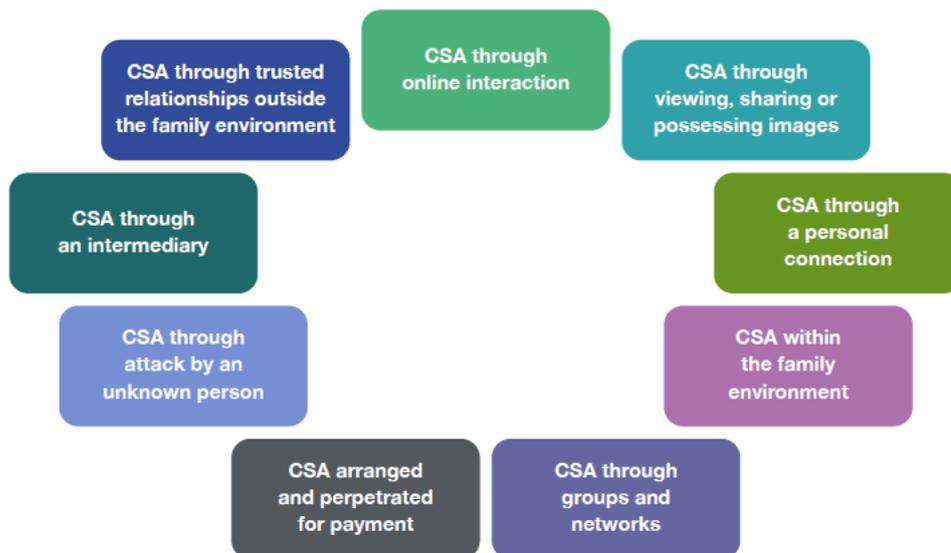
concerned that a child is being sexually exploited online, or you are aware of an adult perpetrating sexual abuse online, please report this to the Child Exploitation and Online Protection Command (CEOP) via [CEOP Safety Centre](#)

Support for children to have images removed from online by contacting Report Remove <https://www.childline.org.uk/info-advice/bullying-abuse-safety/online-mobile-safety/report-remove>

Child to Child Sexual Abuse or Harmful Sexual Behaviour Involving Peers

This involves children that are of similar age and stage of development and can include sexual harassment, sexual assault, and rape. This type of abuse is increasing and police report this now makes up over 50% of reported sexual offences against children. It is important that any reports of sexual harassment or sexual harm between peers are taken seriously, as dismissing this as ‘banter’ or ‘children being children’ can lead to a culture of normalising harmful sexual behaviours. Sibling abuse is a form of child to-child abuse.

4. Understanding Sexual Offending



For information and guidance on sexual abuse perpetrated by adults there is a really useful guide provided by the Centre of Expertise on Child Sexual Abuse [A new typology of child sexual abuse offending \(csacentre.org.uk\)](http://csacentre.org.uk)

5. Understanding the Scale & Nature of Child Sexual Abuse

It is estimated that around 1 in 20 children in the UK have been sexually abused (NSPCC Child Sexual Abuse: Statistics briefing February 2024) the vast majority by someone they knew, and that girls are more likely to experience sexual abuse than boys.

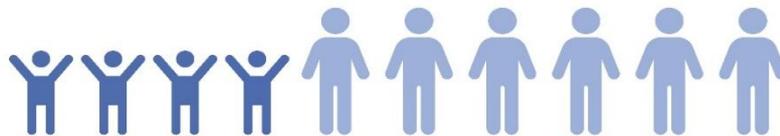
However, sexual abuse is usually hidden from view, it is estimated that only 1 in 8 of these children will come to the attention of police and children's services.

Far more children are sexually abused than services identify

Child sexual abuse in 2023/24: Trends in official data
csacentre.org.uk



Children are disproportionately likely to be victims of sexual offences



They are the victims in 40% of all sexual offences



Yet make up only 20% of the population

Source: Office for National Statistics, 2020: Sexual offences prevalence and victim characteristics, England and Wales.

With that said, children report that they often believe they are communicating the distress of abuse through their behaviour but are not always noticed. A key theme of this guidance and toolkit is that professionals should focus on the signs and indicators of Child Sexual Abuse, not disclosure relying on a child verbally telling them that they have been harmed, as the start of the safeguarding pathway.

Working with children where there are concerns of intra-familial Child Sexual Abuse is particularly complex. There may be times where:

- there is no evidence to support professionals' hypotheses or what is more commonly referred to as "gut instinct", that sexual abuse is occurring
- there may be behaviours alerting professionals that all is not well in a child's world
- a child may tell someone that they have been abused and subsequently say that it did not happen

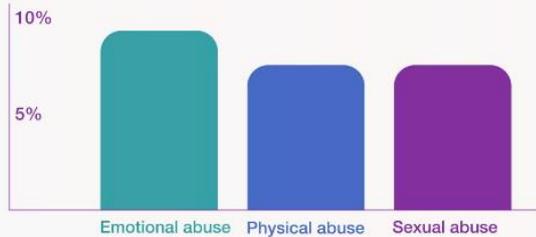
These practice challenges will be addressed through this guidance and supported by the Partnership training offer to consider how we can support children and manage risk effectively when sexual abuse is either confirmed or suspected.

Local Context

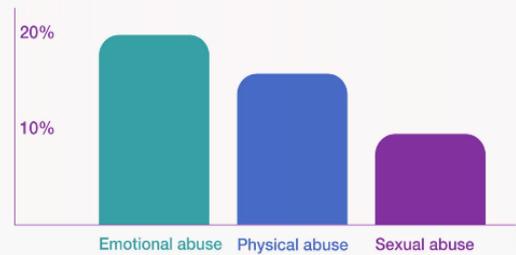
The national picture is reflected in the local picture in Swindon as identified in the "tip of the iceberg" diagram below:



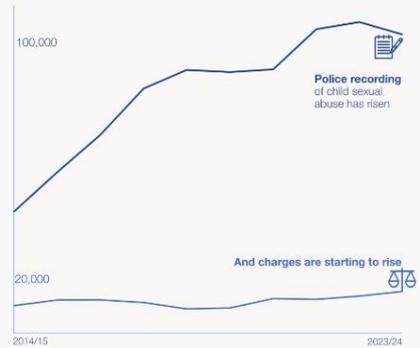
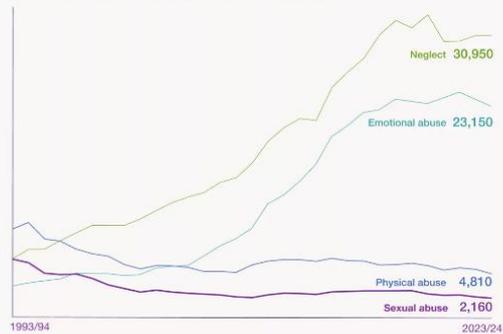
Similar levels of child abuse are identified in surveys



...but lower levels of child sexual abuse are identified in child in need assessments



Number of child protection plans by form of abuse



Children at Increased Risk of Child Sexual Abuse

Children in these groups are not inherently vulnerable due to the following characteristics, but rather the vulnerability lies in how these characteristics are exploited by others and or as a result of the impact of societal views and discrimination (how sexual abuse is recognised, reported and responded to).

Some children are more likely to experience sexual abuse than the wider population, these include children with a disability, children who have been in care and children who have experienced neglect.

Sibling sexual abuse is just as likely as abuse by an adult family member and presents other considerations.

In these situations, the individual who has been harmed and the individual who has harmed are both children.

This brings added complexity and can lead to confused and confusing responses by professionals. Therefore, responding this form of abuse is reliant on understanding the nature and consequences of the abuse.

Sibling sexual abuse can be every bit as harmful as sexual abuse by a parent or family member, with both short and long-term effects on physical and mental health. Professionals should assess the risk rather than make assumptions to ensure this type of abuse is fully understood. Children who have sexually abused a child sibling may often have experienced abuse and trauma themselves and must be given appropriate support, alongside a robust assessment to understand if family disfunction has had an impact.

Professionals should also be mindful not to label children as perpetrators, instead they have or may have demonstrated harmful or sexually harmful behaviours that need to be fully understood.

All sexual behaviour displayed by children falls on a continuum from developmentally typical and expected through to abuse and harmful. There are a number of tools that professionals can use to assist them to understand where the presenting behaviour may fall, these can be found in the [Swindon Safeguarding Partnership Harmful sexual behaviour protocol](#) to help assess behaviour that could be considered as healthy sexual development in comparison to behaviour which could indicate that sibling sexual abuse is occurring.

The NSPCC learning page is quite helpful in discussing this: [Understanding Sexualised Behaviour in Children | NSPCC Learning](#)

Also, a practical research paper on sibling sexual abuse can be found [here](#).

Further learning can be found from this helpful [Summary of risk factors for improved practice around harmful sexual behaviour, learning from case reviews](#).

6. Identifying Child Sexual Abuse, the Signs and Indicators

Children often think that they have already communicated their distress through their behaviour or by 'testing out' a response from a professional by only telling them part of their story. This is part of the help-seeking behaviour that children develop from infancy. It is crucial that professionals respond to this help-seeking behaviour, and especially where it raises safeguarding concerns.

Where children 'test out' the response of professionals, by telling them part of their experiences or something that is concerning them, professionals should follow this up with the child by asking questions that give them agency, such as:

- What would you like help with?
- What would you like to happen now that you have told me this?

Stop and think; analyse the information shared by the child with professionals who know the child and family, and if you believe that the child may be at risk of significant harm, [make a referral to Children and Families Contact Swindon](#). Never say you will keep information that the child has shared confidential but do assure them that you will help them to be safe.

The signs of child abuse are not always obvious, and some signs on their own may not indicate that a child is being sexually abused, and so it is often about professionals being able to build up a cumulative picture of their concerns. Professionals should also build a picture of signs and indicators of a suspected perpetrator of child sexual abuse.

The Centre of Expertise for Child Sexual Abuse [Typology of child sexual abuse offending](#), offers guidance and context on sexual abuse which takes place within family environments.

It acknowledges that this often remains hidden and is the most secretive and difficult type of abuse for children to disclose. It may be particularly difficult to disclose abuse by a sibling.

Many children do not recognise themselves as victims of sexual abuse; a child may not understand what is happening and may not even understand that it is wrong especially as the perpetrator will seek to reduce the risk of disclosure by threatening them, telling them they will not be believed or holding them responsible for their own abuse.

Where sexual abuse is being perpetrated on one or more family members, it may be possible to identify by patterns of referrals or presentations to different agencies in their local community over time. There may be a range of signs, but any one sign doesn't necessarily mean that a child is being sexually abused; however, the presence of number of signs should indicate that you need to consider the potential for abuse and consult with others who know the child to see whether they also have concerns.

Signs of sexual abuse can include:

- Unexplained changes in behaviour, including becoming more fearful, aggressive, withdrawn, clingy;
- Problems in school, difficulty concentrating, appearing distracted and distant or dissociated, drop off in academic performance.
- Becoming uncharacteristically aggressive
- Poor bond or relationship with a parent/care giver
- Running away or going missing
- Always choosing to wear clothes which cover their body
- Refusing to wash and bathe or bathing excessively
- Sleep problems, nightmares or regressed behaviours i.e. bed wetting;
- Frightened of or seeking to avoid spending time with a particular person
- Knowledge of sexual behaviour/language that seems inappropriate for their age
- Physical symptoms, including pregnancy, where the identity of the father is vague or secret, STIs, discharge or unexplained bleeding
- Poor hygiene, which often leads to social isolation in school
- Injuries and bruises on parts of the body where other explanations are not available especially bruises, bite marks or other injuries to breasts, buttocks, lower abdomen or thighs and near genitals
- Injuries to the mouth, which may be noted by dental practitioners.

The Centre of Expertise on Child Sexual Abuse, signs and indicators template can be found [here](#). This can help to support with the identification of sexual abuse.

Other factors may include:

- Frequent house moves
- Attempts to disguise injuries or attribute them to other causes
- Failure to register with a GP
- Frequent absences from school

- Failure to cooperate with agencies or to let police, children's social care or other agencies into the home, or letting children be seen alone by professionals
- Isolation of children (and other members) within the family from practitioners, and the wider community
- A child who self-harms, misuses drugs, alcohol, and/or develops mental health problems
- Domestic abuse within the family heightens the risk and there is growing understanding on links between domestic abuse and children displaying harmful sexual behaviour
- Repeated pregnancies with no evidence of a father
- Genetic abnormalities in pregnancy or in children who are born

These signs do not necessarily mean that a child is being abused, there could be other things happening in their life which are affecting their behaviour, so it is important we provide children with opportunities to talk about their home life. You should obtain a good understanding of relationships the child has with those that are in the home, who visit, or they visit regularly or people who might look after them or they stay with.

Impacts of Child Sexual Abuse

Finkelhor and Browne, (1986) describe four likely impacts of CSA:

- Traumatic sexualization (where sexuality, sexual feelings and attitudes may develop inappropriately)
- A sense of betrayal (because of harm caused by someone the child vitally depended upon)
 - A sense of powerlessness (because the child's will is constantly contravened)
- Stigmatisation (where shame or guilt may be reinforced and become part of the child's self-image)

The Centre of Expertise on Child Sexual Abuse highlights the impact that secrecy (including the fear and isolation this creates) and confusion (because the child is involved in behaviour that feels wrong but has been instigated by trusted adults) has on the child. While these impacts are not unique to child sexual abuse in the family environment, their combination and intensity in the context that they take place makes the experience particularly damaging.

<https://www.csacentre.org.uk/research-resources/key-messages/disclosures-csa/>

In the long-term people who have been sexually abused are more likely to suffer with depression, anxiety, eating disorders and post-traumatic stress disorder (PTSD). They are also more likely to self-harm, become involved in criminal behaviour, misuse drugs and alcohol, and to commit suicide as young adults.

Although as practitioners it might seem obvious to us that it is never the child's fault they were sexually abused, it is important to reiterate this with the child and explain that they are not in trouble. For some children who have been groomed it is likely the perpetrator will have told them that it was because they (the child) wanted the abuse to happen, or that their family/non abusing parent will not believe them, or it is their fault, all of this is often compounded with confusion and shame. All these issues will impact on children telling a

professional or trusted adult about the abuse they are experiencing and will be important to remember when supporting a child who you believe may have been sexually abused or has told you that they have been. There are practice considerations/guidance issued further on in the toolkit for those working with children who tell a professional that they have been abused and then later say that nothing happened, which may be another effect of grooming.

Disabled Children

Many professionals struggle to comprehend that disabled children may be victims of sexual abuse. Too often, signs and indicators of potential sexual abuse in disabled children go unrecognised or are dismissed as being part of their condition, even when there is no relation between the two. It is therefore important to understand what the disability means for the child and their day-to-day functioning, learning style and communication. How does it affect how they respond and make sense of information? Do they have any sensory needs that should be taken into account? What are their usual patterns of responses? They may be exhibiting signs that result from their condition, but this needs to be properly explored rather than being assumed. Anyone working with a disabled child should liaise with the professional i.e. a teacher, who knows them well to support interpreting the child's behaviour.

[Practitioner Forum and Child Sexual Abuse - Swindon Safeguarding Partnership](#)

7. How to Talk to Children who have, or you Suspect may have, been Sexually Abused

Effective support and trusting relationships with professionals are critical for children if they are ever to feel able to begin to tell of intra-familial abuse. It may for example feel safer for the child if they can write about or draw the abuse as opposed to saying things out loud. Children may display certain behaviours to communicate their abuse or show signs that they hope adults will react to, and this may be particularly important for disabled children.

[Top tips to capture the voice of the child](#)

Gender, sexual orientation, disability, or ethnicity may be important factors to consider in developing trusting and effective safeguarding relationships; this fact highlights the need for cultural competence in safeguarding practice, and especially in direct work with children.

It is important for professionals to be open minded and provide opportunities for children to share what is happening to them by engaging them in friendly and supportive discussions that ask them how they are doing and what is going on.

[Achieving Best Evidence in Criminal Proceedings: Guidance on Interviewing Victims and Witnesses, and Guidance on Using Special Measures](#) (Ministry of Justice/National Police Chiefs Council, January 2022) sets out requirements and best practice for interviews with victims and witnesses of child sexual abuse. The ABE guidance is primarily for Police professionals who will be leading the interview with children.

What to do when Speaking to a Child about Sexual Abuse

When you speak to a child, it is important to be clear in what you say and to ask them appropriate questions. Most sexual abuse survivors were never directly asked if they were being abused. Having difficult conversations and knowing the right language to use can be tricky so here are some helpful tips and considerations:

- **Pick your time carefully**

Choose a space where the child is comfortable or ask them where they'd like to talk. Avoid talking in front of someone who may be causing the harm.

- **Be aware of your tone**

If you start the conversation in a serious tone, you may scare the child, and they may be more likely to give you the answers they think you want to hear—rather than the truth. Try to make the conversation more casual. A non-threatening tone will help put the child at ease and ultimately provide you with more accurate information.

- **Open ended/specific closed questions**

Where it is necessary to ask questions, they should, as far as possible in the circumstances, be open ended or specific closed rather than forced choice, leading or multiple, avoiding evidential detail where possible.

- **Listen and follow up**

Allow the child to talk freely. Wait for them to pause and then follow up on points that made you feel concerned. Make sure, where this is possible, that you ask the child to explain their understanding of the terms they are using, and that you understand the context of what they are saying to ascertain if abuse is occurring.

- **Avoid judgement and blame**

Avoid placing blame by beginning your conversation with "You", for example, "You said something that made me worry..." Instead, consider starting your conversation with the word "I." For example: "I am concerned because I heard you say that you are not allowed to sleep in your bed by yourself."

- **Reassure the child**

Make sure that the child knows that they are not in trouble. Let them know you are simply asking questions because you are concerned about them.

- **Be patient**

Remember that this conversation may be very frightening for the child. Many perpetrators make threats about what will happen if someone finds out about the abuse. They may tell a child that they will be put into foster care or threaten them or their loved ones with physical violence. Not every child will be able to share information with you if it's the first time you have met them, sometimes you may have to revisit the same questions if you feel they cannot tell you what may be happening to them.

Children will more often speak to adults they know and trust the most, not always those in designated safeguarding roles, therefore we must equip all professionals to have the knowledge and confidence for that initial conversation.

Practice Tip

Be aware of your own barriers, or prejudices. Is your gender or the child's gender an issue, do you feel able to ask the right questions? If you believe the family member you are working with is an abuser, are you still able to treat them with respect? These are just some of the challenges that professionals need to be honest about and reflect on. If you are worried or need support, your supervisor or line manager who can help you to have those reflective conversations and overcome any challenges with the children and families you are working with. [Stereotyping by practitioners preventing disclosure of child sexual abuse in ethnic minority groups | Community Care](#)

Watch this video and read the resource from the CSA Centre which offers expert guidance on in talking to children [Communicating with children, a guide for those working with children who have or may have been sexually abused](#)

8. Supporting Non-Abusing Parents, Carers & Family Members

Effective work with non-abusing parents and carers of children who have experienced sexual abuse is crucial to achieving good mental health outcomes for those children and the prevention of further harm.

If you have concerns that a child is being sexually abused these should be sensitively raised with their parents/carers (if they are not suspected of involvement).

[“But they must have known!” Effectively working with non-abusing parents](#) by Anna Glinski on the Centre of Expertise on Child Sexual Abuse website highlights the importance of this multi-agency work, noting the depth and complexity of feelings that may arise for parents when they learn that their child has been abused by a family member.

Glinski highlights the fact that social inequality can heighten the impact for the non-abusing parent:

‘For those from Black, Asian and minoritized communities, or with English as a second language, or whose residence in this country is threatened, there may be additional and significant consequences for what has happened.’

The Centre of Expertise on Child Sexual Abuse has also developed a helpful guide for [supporting non-abusing parents and carers](#).

Parents who are disabled, or who have learning disabilities, may encounter disadvantage and discrimination when involved in child protection proceedings. There are protocols for working with parents with a physical or a learning disability to ensure that proceedings are inclusive and fair.

9. A Supportive Response When a Child Changes Their Mind After Telling Someone About Sexual Abuse

Sometimes a child may tell an adult that they have been sexually abused and later say that it didn't happen. This can be confusing and worrying. It is important to understand that this is not unusual and does not mean the child was lying.

Children may change their story because they feel scared, ashamed, worried about their family, pressured by someone else, or frightened about what might happen next. How we respond at this moment is very important.

- Stay calm and supportive
- Reassure the child
- Do not push the child to explain or repeat details
- Remember: the concern does not disappear

Discussing and Recording Concerns About Child Sexual Abuse

Numerous child safeguarding practice reviews have highlighted the importance of professionals recording their concerns about a child possibly experiencing sexual abuse. This is so that a cumulative picture of concerns can be built up. Whilst this is expected practice where there were any concerns about a child, it is particularly important to draw practitioners' attention to this given the many barriers there are to identifying sexual abuse.

Practice Tip

You can use the [Signs and Indicators tool](#) to record your concerns. If you are unsure about what you can record and raise as a concern, please discuss this with your supervisor or line manager in supervision.

As a professional, it is vital that you consider '**what if I am right**' rather than '**what if I am wrong**' and often we must '**think the unthinkable**'. If you have a legitimate concern based on your observations or empirical evidence that a child is being sexually abused, then this **can and should** be recorded. The Data Protection Act (2018) permits for safeguarding concerns to be shared and recorded.

Lawful and effective information sharing lies at the heart of multi-agency safeguarding work. There is helpful guidance on when and how to share safeguarding information at [Information sharing: advice for practitioners \(publishing.service.gov.uk\)](#).

Language Used When Recording Concerns About CSA

We are often reminded as professionals of the importance of language that we use when we are discussing and recording concerns about child sexual abuse. The language we use should be child centred and avoid victim blaming. The majority of victim blaming language is

unintentional and so professionals should always carefully consider the words that they are using to describe concerns relating to suspected or evidenced sexual abuse.

Phrases that could be interpreted as a child being an active agent in the abuse they are experiencing should be avoided. Instead, there should be a focus on the harm the child has experienced, the impact of that harm, as well as a focus on the individual that has caused the harm. In essence, a [Trauma informed approach](#) should be applied. Barnardo's provide a useful guide [Language Matters](#).

10. Managing The Risk, Protection and Action to Be Taken

How as professionals can you ensure risk is managed?

Working with children where there are concerns of intra-familial sexual abuse is complicated. Managing that risk as professionals may even feel daunting and is therefore important that all relevant agencies are included in the safety planning process, whether this be through strategy discussions, professionals' meetings or child protection conferences.

Whenever a child reports that, they have been sexually abused, the initial response from all practitioners should be to listen carefully to what the child says and to observe the child's behaviour and circumstances. Practitioners must:

- Clarify the concerns that were raised
- Offer reassurance about how the child will be kept safe
- Explain what action will be taken and within what timeframe

The child must not be pressed for information, led or cross-examined or given false assurances of absolute confidentiality, as this could prejudice police investigations, especially in cases of sexual abuse.

Where a Strategy Discussion/Meeting takes place the core agencies involved with the child should participate. A clear plan should be agreed and circulated to each agency participant.

Any child protection medical assessment must be planned carefully in order to secure any forensic evidence if it is judged to be appropriate. Children should be offered a specialist medical when they have been reported sexual abuse or when people are worried that they might have been sexually abused. An examination will be undertaken by a doctor and depending on the age of the child they may be seen with a parent/carer or seen on their own.

[The-Bridge-CYP-Guide-10-17-July25.pdf](#)

[The-Bridge-CYP-Guide-2-10-July25.pdf](#)

[Child Sexual Abuse Medical Resource Video](#)

Visually recorded interviews must be planned and conducted jointly by trained police officers and social workers in accordance with the Achieving Best Evidence in Criminal Proceedings: Guidance on interviewing victims and witnesses, and guidance on using special measures (Ministry of Justice). All events up to the time of the video interview must be fully recorded. Consideration of the use of video recorded evidence should consider situations where the child has been subject to abuse using recording equipment.

Where you need to escalate a professional concern to protect a child the [Safeguarding Partnership Resolution Process](#) can be used to support this, particularly if there are concerns about delay. Dealing with and responding to child sexual abuse promptly will be critical to ensure immediate safeguarding and secure forensic evidence. It should never be assumed that any child can keep themselves safe from abuse. Managing the risk of child sexual abuse is the responsibility of all professionals, and never the child.

Children who are held as having some degree of responsibility for keeping themselves safe or not feeling they are believed may experience increased negative outcomes, such as amplified self-blame. Similarly, blaming non-offending parents can impede their ability to support their child once abuse has come to light. Understanding the factors that influence how people perceive the child, caregiver, and adult causing the harm is imperative for the protection and treatment of families who have experienced sexual abuse.

When there are multiple children and/or multiple perpetrators involved in allegations of sexual abuse and child sexual exploitation then a Complex Strategy Discussion should take place to ensure all children that may be involved are considered and all necessary safeguarding plans put into place.

Practice Tip

Historical concerns should inform the current view of risk. You need to be able to see patterns of harm over time and a good multi-agency chronology will support identification of risk to inform how professionals can manage the risk. Given the complexities of intra-familial abuse, it will sometimes be appropriate to undertake joint visits. This will give the second person an opportunity to observe behaviours and interactions and enable reflective discussion and hypothesis.

11. Learning from Case Reviews

Listen to children carefully and offer a non-judgemental approach, especially when retraction is made. “The words you use with us are powerful and stick in our minds. We also try to tell you through some of the things we do”.

Children do not want to re-tell their stories. Children are unlikely to keep wanting to re-tell their story or build new relationships if workers keep changing. It is too difficult to do this, even if you try “really hard”.

The child’s perspective. Some decisions children make need to be seen through their eyes as children. Check out hypotheses with them directly as sometimes the decisions they make

are because of other dilemmas in their lives, such as wanting to stay at the same school where they have friends and feel safe versus where they live.

Explain what choices and options there are in a way that children can understand, as the language and jargon can be confusing, and then check again that they understand this. Support non-abusing parents. Work with the non-abusing parent by listening to their views more and offer support to them. Share the actual reports and information at the time you receive them.

Consider what feels safest. Ask the child and non-abusing parent how meetings should be run and how participation feels safest for them or there is a risk it is more damaging, albeit non-intentionally

Consider social worker allocation. Consider the allocation of social workers, or any professional working with the family, especially in some family situations where misogyny and male power is highly dominant and controlling of situations.

The single and most important consideration is the safety and well-being of the child or children. In reconciling the difference between the standard of evidence required for child protection purposes and the standard required for criminal proceedings, emphasis must be given to the protection of the children as the prime consideration.

The investigation and enquiries must also address the religious, cultural, language, sexual orientation and gender needs of the child, together with any special needs of the child arising from illness or disability.

A victim support strategy and service should be established at the outset. Support will be required in pre-trial, trial and post-trial periods if the case/s proceed to court. Minimum periods for contact should be established. It is clear from experience in research about sexual abuse investigations that many victims and families feel strongly that it is important that they remain in contact with the same practitioners throughout the investigative process.

Where an Initial Child Protection Conference takes place great care should be taken beforehand if the child wishes to participate. The child should not be put in the position of meeting the alleged perpetrator or of attending the meeting at the same time.

12. Barriers to Children Reporting Sexual Abuse

Some children may report sexual abuse directly and verbally while others may attempt to 'tell someone'. Using non-verbal means including changes in their behaviours, requiring those around them not just to focus on the behaviour but why the behaviour may be happening.

However, children say they are trying to report their abuse when they show signs or act in ways that they hope adults will notice and react to. This is particularly important for disabled children.

Children often report abuse while it is still ongoing, there may be a significant delay between the onset of the abuse and any reports. The younger the age of the child when the sexual abuse starts, the longer it usually takes for the child to report this.

Many children experience multiple forms of abuse and may live in households that are not safe, due to this, they are not provided with the emotional support they need.

13. Keep Safe Work and Its Limitations

Numerous safeguarding practice reviews have told us that too much emphasis was placed by professionals on the child to keep themselves safe through undertaking 'keep safe' work. This guidance has been written to ensure that the recommendations from these safeguarding reviews are embedded in our practice.

'Keep safe' work is normally completed by social workers, early help practitioners or education professionals directly with a child. The work typically involves providing young people with general advice that may help them to identify risks and to keep themselves safe in different scenarios. In the context of concerns around child sexual abuse, tools provided by the NSPCC such as the PANTS resources, are often used as part of this 'keep safe' approach [NSPCC – PANTS Resources](#). Such programmes can play a helpful part in a child's life education. However, **they should never be used in a protective context.**

Where there are concerns that a child has experienced, or is at risk of, sexual abuse, it is the responsibility of professionals to agree and implement actions that will keep them safe from harm. Whilst these professionals should seek to engage and include the child as fully as possible in the safeguarding process, the child is not responsible for the plan, nor for its effective implementation.

To introduce a child who has experienced or is at risk of sexual abuse to a keep safe programme is not merely inappropriate; it carries the risks of further harm to them:

- It may imply to the child that they are responsible for any abuse they have experienced; in other words, it is victim-blaming and is likely further to weaken the child's sense of self-worth, and hence their motivation to engage with protective services.
- If the child continues to be at risk of abuse, it sends the message that, ultimately, they face this risk alone; it is up to them to prevent it. Again, this can only undermine their confidence in the work of safeguarding agencies.
- Participation in keep safe programmes is likely to be re-traumatising for those who have experienced, or have an immediate fear of, sexual abuse.

Children may sometimes be signposted to keep safe programmes on account of concerns about their supposedly 'risky' behaviour. Here again, it is essential that we challenge our assumptions and those of others. Unfortunately, professionals often miss many of the signs and indicators that result from the sexual abuse of a child. There are several reasons for this:

They may take the child's behaviour at face value, forgetting to think about what may be causing it, or attributing it to other causes. Because sexual abuse can be so hard to think

about, it can be easier for professionals to attribute concerns to anything but sexual abuse¹.

Our own cultural assumptions, based on a child's age, ethnicity, sexual orientation and presumed values can make us less likely to see the possibility of the experience of abuse behind the young person's actions and behaviours.

Guidance in the Centre of Expertise for Child Sexual Abuse [Managing risk and trauma after online sexual offending](#) (pages 25-26) looks at the principles of safety planning.

Practice Tip

If you are unsure about whether you should be completing 'keep safe' work directly with a child, then please speak to your line manager.

14. Steps Following a Disclosure & Obtaining Evidence of Sexual Abuse

If a child has told someone that they have been sexually abused, a referral should be made to [Children and Families Contact Swindon](#) a Strategy Discussion should be arranged.

A Child Protection medical examination should be considered when sexual abuse is suspected: The timing will depend on the nature of the alleged assault and the timing of the last incident, so it is key that any reports from a child that they have been sexually abused are dealt with immediately. A child protection medical examination is an opportunity for holistic assessment of all aspects of a child's health and wellbeing encompassing both physical and mental health. The assessment has multiple purposes including reassurance to the child about their health, managing any medical issues that need addressing and, in some cases, gathering forensic evidence.

Evidence for the impact of medical examinations in sexual abuse and good practice guidance for conducting them may be found in [The Centre of Expertise Report on the Role and Scope of Medical Examinations](#).

The review states *“Medical examinations have a valuable place in the holistic assessment of abused children's health and wellbeing”*. It gives guidance to professionals about how these examinations should be conducted including the importance of the child having control about what is happening. It states *“All and any part of the examination is optional for the child. They can choose (including on the day) which parts of the examination they want and can change their mind at any time.”*

It also states *“The time of medical examination might be an opportunity to influence discourse within the family and identify carers' support needs. The access to and referral for*

¹ [1] Gliński, A (2018, updated 2023) Child sexual abuse: communicating with and supporting children. Practice Guidance. Community Care Inform [online via https://www.ccinform.co.uk/practice-guidance/childrens-disclosures-of-sexual-abuse/](https://www.ccinform.co.uk/practice-guidance/childrens-disclosures-of-sexual-abuse/)

therapeutic support facilitated at these health assessments should consider the wider family as a matter of routine". This is particularly important as the long-term outcomes for abused children are influenced by many factors but include the support, they receive from their non-abusing close family who may themselves be in need of support in coping with what has happened.

Children who have experienced recent cases of sexual assault (10 days or less ago) in are cared for at the SARC They will be given immediate medical care, a forensic medical assessment, emergency contraception if required, and support and advice about what to do next. The SARC can also arrange for an [Independent Sexual Violence Adviser \(ISVA\)](#) to support with any police investigation.

A professional who has been made aware of concerns that a young person is being abused by an adult who also works with children and young people should refer to **the Swindon Local Authority Designated Officer (LADO)**.

For all LADO enquiries, please email LADO@swindon.gov.uk

For further information on the Management of Allegations procedures, can be found [here](#)

15. The Importance of Being Guided by Lived Experience

Our understanding of child sexual abuse and how better to respond and work together to prevent harm is only achievable through understanding lived experience.

To understand survivors experience and to place their voices at the core of what we do please visit Independent Inquiry into child sexual abuse.

[Independent Inquiry into Child Sexual Abuse Report](#)

16. Appendices

Appendix 1: Child Sexual Abuse Response Pathway

Introducing the Child Sexual Abuse Response Pathway

What does a child or young person who is being, or has been sexually abused need?

Respect children's individual characteristics, experiences and backgrounds when responding to child sexual abuse

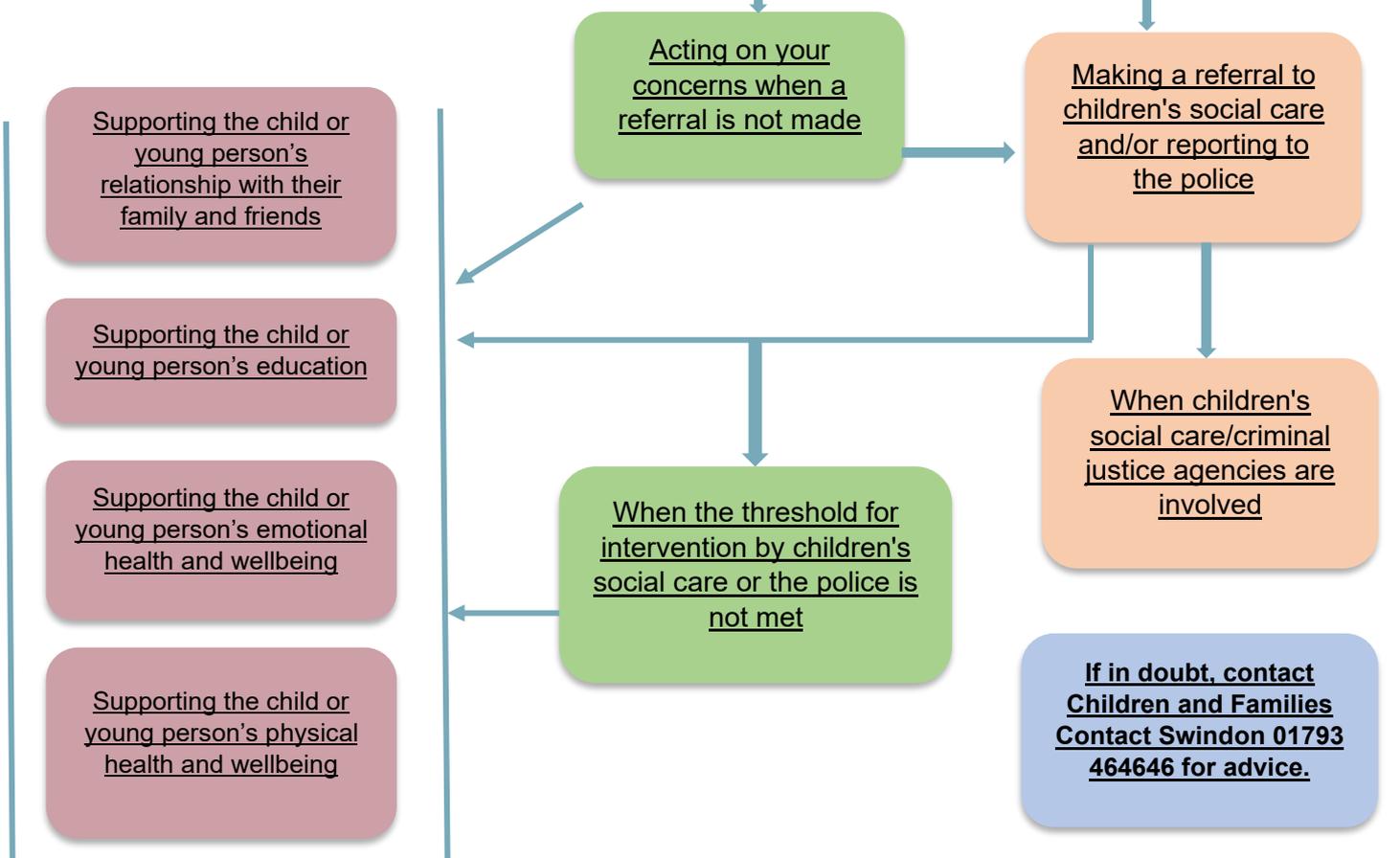
Right Help at the Right Time Threshold Guidance

How to respond when you have concerns that, a child or young person is being/has been sexually abused

How to respond when a child or young person tells you that they are being/have been sexually abused

How to respond when child sexual abuse images have been discovered

How to respond when someone comes to you with information that a child of young person is being/has been sexually abused



Should you disagree with decision-making or the response to safeguard a child or young person, please refer to the formal Safeguarding Partnership Escalation Process

Swindon Safeguarding Partnership Resolution Process

Appendix 2: National Resources

The Centre of Expertise on Child Sexual Abuse

- The Centre of Expertise on Child Sexual Abuse has useful resources and practice guidance [Centre of Expertise on Child Sexual Abuse](#)
- [Signs and indicators of child sexual abuse | CSA Centre](#)
- <https://www.csacentre.org.uk/research-resources/practice-resources/communicating-with-children/>
- [The impacts of child sexual abuse | CSA Centre](#)
- CSA Centre- Free e-learning 90 minutes - consists of three engaging modules, with interactive tasks, video explainers and a final assessment <https://www.csacentre.org.uk/training-events/elearning/>
- The CSA Centre's **Key Messages from Research:** <https://www.csacentre.org.uk/research-resources/key-messages/> series provides succinct, relevant information to help you develop your understanding of these forms and contexts.
- Centre of expertise on Child Sexual Abuse- range of resources from identification, assessment, talking to children [What you need to know about child sexual abuse | CSA Centre](#)

NSPCC

- The NSPCC has useful resources and practice guidance [Protecting children from sexual abuse | NSPCC Learning](#)
- [Why language matters: why professionals need to talk about child sexual abuse | NSPCC Learning](#)
- NSPCC understanding Sexualised Behaviour and identifying when it is a problem [Understanding sexualised behaviour in children | NSPCC Learning](#)
- Sexual development in children [Sexual development and behaviour in children | NSPCC Learning](#)
- NSPCC have provided a Summary of risk factors and learning for improved practice around Child Sexual Abuse in child practice reviews which can be found at
- [Child sexual abuse: learning from case reviews | NSPCC Learning](#)

- [Summary of the National audit on group-based child sexual exploitation and abuse | NSPCC Learning](#)
- Mandatory reporting free 60-minute webinars
<https://learning.nspcc.org.uk/training/mandatory-reporting-webinars>

Barnardos

- Resources to help identify and engage young people at risk of sexual abuse and exploitation.
- <https://www.barnardos.org.uk/resources-help-identify-and-engage-young-people-risk-sexual-abuse-and-exploitation>

Lucy Faithful Foundation

- Lucy Faithful foundation Resources on sexual development / behaviour, support for those concerned about theirs or others sexual behaviour. [Advice - Lucy Faithfull Foundation](#)

The National Crime Agency's CEOP

- The National Crime Agency's CEOP Education team aim to help protect children and young people from online child sexual abuse. They do this through their education programme, providing training, resources and information to professionals working with children, young people and their families <https://www.ceopeducation.co.uk/>

Appendix 3: Local Resources

- Swindon Partnership NSPCC CSA training [Developing an Understanding of Child Sexual Abuse \(CSA\) - Swindon Safeguarding Partnership](#)
- Swindon Safeguarding Partnership CSA resources [Child Sexual Abuse - Swindon Safeguarding Partnership](#)
- [SSP Safeguarding theme October 2025 - Child Sexual Abuse - Swindon Safeguarding Partnership](#)
- Harmful Sexual Behaviour
https://safeguardingpartnership.swindon.gov.uk/info/11/children_and_young_people/43/harmful_sexual_behaviour

Where to Refer Locally

- The Bridge Children's SARC [The Bridge - Help after rape and sexual assault](#)

- Swindon & Wiltshire Phoenix Project [Welcome to Barnardo's Swindon & Wiltshire Phoenix Project | Swindon & Wiltshire Phoenix Project](#)
- FearFree Sexual Violence Therapeutic Service
- NSPCC Letting the Future in [Letting the Future In \(LTFI\) | NSPCC Learning](#)
- Survivor Pathway shows all local services and national helplines [Survivor Pathway](#)
- CAMHS
- BeU Swindon

Appendix 4: Resources for Children

- The Bridge Sexual Assault Referral Centre guides for children and young people [The-Bridge-CYP-Guide-2-10-July25.pdf](#) [The-Bridge-CYP-Guide-10-17-July25.pdf](#)
- Coping techniques after CSA/ Sexual Assault [Coping mechanisms – The Bridge](#)
- Self Help audio book after sexual assault [Self-help after rape and sexual assault – The Bridge](#)
- Teenagers site, for those worried about sexual behaviours [Home - Shore](#)
- How to get online nude images removed (children) [Remove nude images shared online | NSPCC](#)
- [What about us? A new resource for teenagers impacted by the arrest of an adult they know - Lucy Faithfull Foundation](#)

Sexual Health & Consent

- Brook Sexual health topics [Sexual Health & Wellbeing - Brook](#)
- Pause, Play, Stop -Consent Brook Sexual health topics [Sexual Health & Wellbeing - Brook](#)

Appendix 5: Resources for Parents

- Resources to discuss sex and consent, relationships with young people.
- Supporting someone who has been sexually assaulted [Friends & family – The Bridge](#)
- Self Help audio book after sexual assault [Self-help after rape and sexual assault – The Bridge](#)

- How to keep Children safe – online safety, pornography, nudes [How to keep children safe - Lucy Faithfull Foundation](#)
- Talk Pants – resources to support a simple conversation with younger children [Talk PANTS: Conversation to help keep children safe | NSPCC](#)
- <https://www.barnardos.org.uk/get-support/support-for-parents-and-carers/child-sexual-abuse-and-exploitation>
- How to get online nude images removed (children) [Remove nude images shared online | NSPCC](#)
- Six things you should know about child sexual abuse <https://www.barnardos.org.uk/get-support/support-for-parents-and-carers/child-abuse-and-harm/child-sexual-abuse-and-exploitation/6-things-should-know-about-csa>
- Helping you to protect your child online [Parents and carers | CEOP Education](#)
- How should we talk about strangulation with young people? [Bing Videos](#)

Thank you to Plymouth Safeguarding Children Partnership for allowing us to adapt their Child Sexual Abuse Practitioners Guidance for Swindon to use.