

Centre of
expertise
on child
sexual abuse

Communicating with children

A guide for those working with
children who have or may have
been sexually abused



February 2022

SUPERSEDED

About the Centre of expertise on child sexual abuse (CSA Centre)

Our overall aim is to reduce the impact of child sexual abuse through improved prevention and better response, so that children can live free from the threat and harm of sexual abuse.

Who we are

We are a multi-disciplinary team, funded by the Home Office, hosted by Barnardo's and working closely with key partners from academic institutions, local authorities, health, education, police and the voluntary sector.

Our aims


Our aims are to:

- increase the priority given to child sexual abuse, by improving understanding of its scale and nature
- improve identification of and response to all children and young people who have experienced sexual abuse
- enable more effective disruption and prevention of child sexual abuse, through better understanding of sexually abusive behaviour/perpetration.

What we do

We seek to bring about these changes by:

- producing and sharing information about the scale and nature of, and response to, child sexual abuse
- addressing gaps in knowledge through sharing research and evidence
- providing training and support for professionals and researchers working in the field
- engaging with and influencing policy.

For more information on our work, please visit our website: www.csacentre.org.uk 

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Introduction

Who is this guide for?

This guide is for anyone whose role brings them into contact with children. For example, you may be a social worker, teacher, police officer, health professional, voluntary-sector worker or faith leader/worker.

What is this guide about?

Sexual abuse can be difficult to think about and to talk about: it can feel complex, emotional and even scary. You might worry about 'getting it wrong', having to have difficult conversations, 'opening a can of worms', and not knowing what to say or how to respond. You might also worry about 'contaminating evidence' – saying the wrong thing to a child by asking a leading question which may jeopardise a criminal trial.

However, it is important to recognise that you can talk to a child in many ways without fear of affecting a criminal trial – and to remember that the child's welfare should be the paramount consideration. Fear of getting it wrong can prevent you from asking children anything at all, yet research shows that they need 'help to tell'.

This guide aims to help you communicate with children in relation to child sexual abuse, including when you have concerns that such abuse is happening.

"When abuse is happening to you, you feel very isolated. You know that you need to tell someone, or you may even feel this urge to tell someone, but you know you can't because that fear will overrun your whole body and your mind." (1)

How can this guide help you?

Prevalence studies for England and Wales suggest that 15% of girls and 5% of boys experience some form of sexual abuse before the age of 16. However, sexual abuse is a hidden crime and many who experience it do not report their experiences for years, if at all. In fact, it is thought that only around one in eight cases of child sexual abuse reach statutory services' attention, meaning that far more children are being sexually abused than are identified or safeguarded.

Often, the professional response to child sexual abuse is to wait for a child to tell a professional what is happening to them; many professionals feel there is nothing that can be done until the child talks. This places the onus to stop sexual abuse on the child.

While there are many obstacles that get in the way of children telling others about their sexual abuse, it is clear that many professionals who work with children lack the knowledge, skills and confidence they need to identify possible indicators of child sexual abuse and respond effectively to them.

Existing guidance on communicating with children who may have been sexually abused can be confusing, with mixed messages about what you can and cannot say to them. This guide explains what may be going on for children when they are being sexually abused; what prevents them from telling about their abuse; and what you can do to help them tell you what is happening. Dispelling some of the myths surrounding what can and should happen when children talk to professionals about sexual abuse, it will help you to:

- respond when you are concerned that a child is being sexually abused (because, for example, you have noticed a change in their behaviour)

- know what you should and should not do or say in your conversations with children
- consider the situation that each individual child is in, so you can plan your conversations with them
- understand the professional behaviours that can give children the confidence to tell
- make a record of your communication with the child

The guide brings together research, good practice guidance, and expert input from professionals and survivors of abuse. To keep the text easy to read, sources are not cited in the text but are listed at the end of the guide.

Language used

For the sake of simplicity, we generally use the term ‘child’ to mean anyone under the age of 18. It is important, however, to remember that teenagers as well as younger children can experience child sexual abuse.

We use the term ‘parents’ to encompass all parents/carers of a child – including biological parents, step-parents, adoptive parents, foster parents and other relatives who may be the child’s main care-giver, such as grandparents.

We have chosen to avoid some terms that are sometimes understood differently or that feel uncomfortable for some people:

- Instead of ‘perpetrator’, ‘abuser’ or ‘sex offender’, we talk (in relation to adults) about the person who has sexually abused the child or similar.
- Instead of ‘peer-perpetrated abuse’ or ‘peer-on-peer abuse’ by under-18s, we talk about harmful sexual behaviour.
- Instead of ‘disclosure’, we refer to telling a professional or similar. Telling may involve verbal and/or non-verbal communication.

We use the term ‘conversation’ when referring to professionals’ communication with children, including in cases where the communication is non-verbal.

Structure of the guide

This guide is divided into three parts:

- **Part A** explores why it is difficult for sexually abused children to tell anyone about their abuse. After describing the impact of sexual abuse on the child, it covers barriers to telling and how telling can be understood as a gradual process.
- **Part B** details the actions, skills and knowledge – including in relation to the questions that you can ask – that may support children to tell you about their sexual abuse.
- **Part C** contains advice on communicating with children in different contexts – such as when you have concerns about their behaviour, and when you are supporting a child during a police investigation – and features example conversations.

Part A. Why is it difficult for sexually abused children to tell anyone?

Few victims of child sexual abuse tell about it at the time it is taking place. To be able to communicate effectively with a child who is or may be experiencing sexual abuse, you need to understand the many barriers to telling – relating to embarrassment, shame, guilt, fear, distrust and other emotions – so that you can help the child overcome them.

1

Child sexual abuse: impact and indicators

This opening chapter describes how children can be affected by sexual abuse, and the value of early intervention in mitigating the abuse's impact. It also outlines some common behaviours and emotions in sexually abused children, and explains why professionals can struggle to identify potential signs of such abuse.

1.1 The impact of child sexual abuse

Sexual abuse can affect every area of a child's development – cognitive, social, emotional, behavioural, physical and sexual. It can:

- lead to depression, anxiety and trauma
- have long-term effects on emotional health and wellbeing – for example, by prompting anger, aggression and antisocial behaviour; substance misuse; and age-inappropriate sexualised behaviour.
- lead to difficulties in interpersonal relationships; increase withdrawal from certain groups or situations, and increase vulnerability to re-victimisation both as a child and as an adult
- have socio-economic impacts including lower levels of education and income.

The sooner that you can intervene in cases of potential child sexual abuse, the better: timely access to support services can keep an abused child safe, mitigate the harm to their mental and physical health and wellbeing, and protect other children. As a frontline professional, you therefore need to be able to spot the signs that may indicate child sexual abuse and take appropriate action.

1.2 How does the impact of child sexual abuse present in children?

Rosaleen McElvaney, a clinical psychologist and psychotherapist with extensive experience in the field of child sexual abuse as both a practitioner and a researcher, has identified ways in which the experience of sexual abuse can affect children and so influence their emotional and behavioural presentation. These are outlined in simplified form below.

a) Internalising of bad feelings

This can occur when the child has low self-worth, thinking negatively and believing nothing positive about themselves. Their abuse can make them feel damaged or dirty, and lead to feelings of shame or guilt.

They may feel lonely and isolated, but also wary of other people (worrying that those people will find out about the abuse and reject them).

b) Grief

If the abuse has been perpetrated by someone the child loves or likes, the child may experience a grief reaction in relation to a loss of trust.

c) Disrupted relationships with others

If the child loses trust in one person, they may become less able to trust others – including those they can rely on. They may express fear, anger or hostility towards their peers as well as adults.

At the other end of the spectrum, they may not want to be separated from others, and may appear dependent on adults around them.

d) Fear

The child may be scared of the person who has abused them, and consequently reluctant to have contact with that person. This reluctance may extend to others whom they would otherwise trust.

e) Anxiety

The child may feel anxious about the abuse, and have been threatened by the person abusing them. Their anxiety can manifest as worries about going to school, playing with friends or being alone, for example, or as difficulties in sleeping.

f) Low mood

The child may become quiet or withdraw from friendships, and may appear sad or reluctant to talk. They may display psychosomatic symptoms such as pain or headaches, and their immune system may be affected.

g) Difficulty regulating emotions

The child may struggle to regulate themselves, appearing more irritable, hostile, impatient or angry.

h) Confusion with roles

The child may oscillate between appearing 'grown-up' and wanting to look after others, and appearing more 'childlike' in their inability to complete tasks that would be expected at their developmental stage.

i) Sexual preoccupation

The child may display sexualised behaviour which is incongruent with their developmental stage, or may appear to have sexual knowledge (e.g. knowledge of oral or anal sex) that would not be expected in a child of their age. They may appear preoccupied with sexuality, engaging in repetitive sexual behaviour, masturbating or being fascinated with body parts.

j) Aggression

The child may act aggressively with other children of the same age or younger.

k) Discomfort or confusion about sex and their body

A younger child may appear confused about boundaries, and interpret comfort in a sexual way. An older child may appear overly interested in sex.

The child may appear more conscious of their body; they may find it difficult to get undressed in front of others (e.g. when changing for PE at school). Puberty may be a particularly challenging time, as their body changes and sexual feelings become confusing or remind them of the abuse they have experienced.

l) Sense of powerlessness

The child may feel – especially if they have been abused over a long period – that abuse is inevitable in their life, and that they lack any power over what happens to them. This can affect their view of themselves as a competent human being.

m) Becoming abusive to others

The child may wish to have control over others, in response to a feeling that they have lost control of their own lives. This may manifest in bullying behaviour.

1.3 Why do professionals miss the possible signs of child sexual abuse?

Chapter 5 explains how you can develop your **self-awareness and cultural competency skills**, so that you can better identify and respond to child sexual abuse.

Unfortunately, professionals often miss many of the signs and indicators that result from the sexually abuse of a child. There are a number of reasons for this:

- They may take the child's presenting behaviour at face value, forgetting to think about what may be causing it or attributing it to other causes (e.g. the child's disability; worries about exams; changes in the home environment; or other forms of abuse, such as neglect). Because sexual abuse can be so hard to think about, it can be easier for professionals to attribute concerns to anything but sexual abuse.
- They may lack confidence in their ability to identify signs of sexual abuse and talk to potential victims, and may be concerned about the repercussions if they voice or record concerns that prove to be unfounded. Professionals are more likely to ask themselves, "What if I'm wrong?" rather than "What if I'm right?"
- They may be affected by stereotypes (in the media and elsewhere) around sexual abuse, leading them not to consider the possibility that certain children can be sexually abused, or that certain adults can sexually abuse children.

Reflection point

It is important to consider how your own stereotypes and assumptions can lead you to interpret behaviours and reach erroneous conclusions. Continue to challenge your own judgements and assumptions about race, culture, ethnicity, gender and sexuality, so you can recognise and respond to child sexual abuse. Good-quality analytical assessments and reflective supervision can help.

Identifying child sexual abuse is not an exact science. Sexually abused children may show no outward signs of the abuse, a few signs, or many. Furthermore, different children may display very different behavioural signs: some may struggle to engage with their schoolwork, but educational engagement appears to function as a coping mechanism for others. And while some signs strongly indicate sexual abuse, other signs may tell us that the child is distressed or being harmed in some way(s) but are not specific to sexual abuse.

Nevertheless, systematically recording causes of concern can enable you to build a picture which may lead child sexual abuse to be identified.

The CSA Centre's Signs and Indicators Template [📄](#) provides a framework for you to record your concerns, considering all the potential signs and indicators of sexual abuse so that you can formulate a plan.



What prevents children from telling about their experience of sexual abuse?

This chapter highlights the barriers – including those relating to the characteristics of the individual child and their family – that may prevent children from telling anyone that they are being or have been sexually abused.

There are many reasons why children may not communicate with anyone else about their experiences of sexual abuse. Some are based on the child's belief that they need to keep the abuse secret, including as a way of coping with the experience.

Every sexually abused child has their own reasons for not wanting to tell, but common reasons include:

- feeling **embarrassed** or **ashamed** by the abuse
- feeling **responsible** for the abuse
- fearing that they will **not be believed** if they tell, because –
 - the person who abused them has told them they won't be believed (especially if the child sees that person interacting with professionals and being involved in decisions and plans about the child's life)
 - the person who abused them has told them that the abuse did not happen, and they must have imagined it or dreamt it
 - they observe the person who abused them 'carrying on as normal'
 - they have not been believed previously when trying to tell about the abuse, or about other things that have happened to them
 - they themselves are struggling to believe what is happening to them, as it feels so 'unreal' and 'unbelievable'
 - they didn't tell someone immediately and feel it is now too late to be believed
- being **threatened** or **manipulated** by the person who abused them
- fearing other **consequences** of speaking out, such as –
 - the impact on their non-abusing parent(s) or wider family, particularly if the family is facing multiple adversities
 - removal from the family, and/or having to move home or school
 - the person who abused them getting into trouble, harming themselves or leaving the family
- not having the **language** or the **capacity** to communicate verbally, or not knowing how to tell
- not **recognising** their experience as abusive.

These barriers are likely to be influenced by:

- the child's age when the abuse started
- their relationship with the person who abused them

2.1 Barriers to telling based on the child's background or characteristics

Section 1.3 explores how professionals may sometimes miss signs of child sexual abuse.

- the type of abuse – for example, it may take longer for the child to talk to someone if they have experienced penetrative and sustained abuse
- the cultural context and community in which they live – for example, some children may have limited opportunities to talk to others outside their own community
- their experience of racism, disablism, sexism, homophobia and/or transphobia.

Some children – such as boys, d/Deaf or disabled children, minority ethnic children and those who are lesbian, gay, bisexual, trans, questioning, intersex or asexual (LGBTQIA) – may face additional barriers based on their background or characteristics.

Additionally, some professionals may make assumptions about children in some of these groups, overlooking the possibility that they may be being sexually abused.

a) Sexual orientation or gender identity

LGBTQIA young people may feel isolated and believe that other people will not accept their sexual orientation and/or gender identity.

There is little in the way of educational resources or general information that provides advice to LGBTQIA young people about what a healthy relationship is. Societal attitudes towards sexual relationships among young people in these communities can result in unhealthy or unsafe sexual relationships being accepted as 'normal'.

LGBTQIA communities may be reluctant to talk about or acknowledge child sexual abuse for fear of exacerbating homo/bi/transphobia.

b) Ethnicity

Victims of child sexual abuse from minority ethnic backgrounds may be reluctant to talk about their experiences if they or people they know have experienced racism or unconscious bias. People from South Asian communities, for example, may not tell about their experience of child sexual abuse because they fear that their community may be targeted as child abusers; they may also worry about facing Islamophobia.

Where support services are part of the victim's own ethnic community, or use interpreters from that community, fears around confidentiality can also deter telling.

In patriarchal and male-dominated communities with an emphasis on maintaining the 'purity' of girls, female victims of child sexual abuse are often reluctant to tell anyone about their experiences for fear of being considered 'impure'; if the reputation of the whole family is affected by the behaviour of its girls and women, telling may damage the marriage prospects of the victim's female relatives too. Talking or even knowing about sex is considered 'nasty' in many diasporic African-Caribbean communities – and that there can be significant reprisals in many minority ethnic communities for breaking taboos (by talking about sex, for example).

c) Community

Communities which remain outside mainstream society – such as Romany, Irish Traveller, Ultra-Orthodox Jewish and some South Asian diaspora communities – are often referred to as 'closed communities'. They typically provide their own integrated, non-statutory support services, in some cases including parallel religious councils or courts. And they may have their own 'gatekeepers' who restrict access to external support services so the community and culture is 'protected' from outside influence or harm.

In some closed communities, some children do not attend school regularly, are

removed from school at a young age, or receive home schooling. Their knowledge about sexual development and healthy relationships may therefore be limited, leading to a lack of understanding about sexual abuse.

d) Religion

Children from conservative religious backgrounds may not be told about sex and relationships.

Sexually abused children in some South Asian communities report that their deep sense of shame is compounded by community leaders and religious teachings forbidding sex before marriage.

It can be challenging to explain the importance of religious beliefs, some of which may deter victims from telling about their sexual abuse, to non-religious people. In some diasporic African communities, a belief in black magic may lead victims to fear that others in the community may 'curse' them or their family members if they tell – but research has indicated that professionals may not take these beliefs seriously.

e) Disability and special educational needs

Disabled children are often over-protected and not informed about sex and relationships (although this can leave them under-protected, because of a mistaken belief that sexual abuse won't happen to children with a learning disability).

Sex education in school is often delivered to a group using a 'one size fits all' approach. If children's learning styles are not accounted for, it may not be accessible to all children, leaving some with a limited knowledge of sex.

Additionally, disabled children and those with special educational needs may have memory issues, and may encounter professionals who lack understanding of non-verbal communication and/or who misunderstand behavioural indicators of sexual abuse as being the result of the child's condition.

f) Gender

Societal values regarding masculinity and perceptions of males as perpetrators may mask the fact that boys and young men can be victims too.

Fear of being labelled gay, particularly in communities where there is homophobia, can prevent boys from telling that they have been abused.

There is too little recognition of the fact that a male can be both a victim and a perpetrator of sexual abuse. Boys can be sexually exploited by peers, particularly in gang situations, but young men engaging in sex are typically assumed to be doing so because they are highly sexualised, gay or bisexual, and not because they are being abused.

Intersectionality

As well as considering how each of the individual factors above may deter children from telling about their abuse, it is essential to understand the connections between social categorisations such as race, class and gender, and the systems of discrimination that co-exist between them.

“Religious people including priests often seemed disgusted by any talk of sexuality and would dismiss, ignore or actively shut down conversations about it.” (2)

“I am on the Autism spectrum and was undiagnosed (this is common in females who tend to get diagnosed later in life) – I feel that due to being vulnerable in this way and not understanding social ‘norms’ predators could sense this and felt able to manipulate me easily.” (2)

“Jehovah’s Witnesses discouraged engaging with ‘worldly’ authorities (i.e. the police). They foster distrust.” (2)

“I’m from an Arab Muslim family and the abuse took place at home (my biological father). The stigma, taboo and shame involved in exposing my family was unbearable due to my upbringing. In my home country, if a girl has any sexual contact prior to marriage it is considered acceptable to kill her to avoid bringing shame on the family.” (2)

“As a girl, I was told to speak only when I was spoken to. To do as I was told. Not to complain. Not to say ‘no’. I was not to say ‘no’ to anyone in authority.” (2)

Example

Tia is a 15-year-old girl with a learning disability, living in a Traveller community. Tia is lesbian. She has been sexually abused by her uncle for three years.

What barriers may Tia face in talking about her abuse?

Tia is **15 years old**; we know that children rarely talk about their sexual abuse.

Traveller communities are often ‘closed communities’; members of these communities experience additional barriers to disclosure, particularly around separate support and justice systems, restricted access to external support services, and children’s limited opportunities to learn about sexual development and healthy relationships (see above).

As a child with a **learning disability** in a closed community, Tia may have less access to services, which often fail to reach out to disabled children in marginalised groups, compounding a sense of isolation.

Professionals from outside the Traveller community may have preconceived ideas about how Tia will behave and present. For example, if she behaves in a highly sexualised manner towards adults, which is a potential indicator of sexual abuse, she may be assumed to be doing this because of the community she is from, and/or because of her disability, rather than because she is being sexually abused.

Research suggests that **girls** from Traveller communities rarely talk about sexual abuse, as sexual activity outside marriage can be considered to make them ‘impure’ and no longer suitable for marriage.

Tia is **lesbian**; many people in Traveller communities hide their sexuality for fear of rejection by their family and/or the community.

As you can see, Tia faces a number of connected barriers to talking about sexual abuse

For more information about the Traveller community, see the [Traveller Movement](#) website.

Family difficulties can make children particularly vulnerable and affect their ability, opportunity and confidence to talk to adults about their experiences of sexual abuse.

Where there is **domestic abuse** within the family, children may be living in fear of one or both parents, and may be scared to tell anyone about their abuse for fear of what may happen to them or their parent. They may try to maintain secrecy about their situation, becoming isolated as a result.

If a **parent has mental health difficulties**, their capacity to recognise their children's emotional needs may be impaired. In addition, children may not want to tell the parent what is worrying them for fear of exacerbating the parent's difficulties.

Parental alcohol or substance misuse may leave children exposed to inappropriate adults and behaviour, deprived of physical or emotional care, and isolated from their friends through shame, embarrassment or poor school attendance. Parents may struggle to recognise their children's emotional needs, and children may not want to tell the parent anything that may exacerbate their difficulties.

A parent with a learning disability may have an impaired ability to understand what is happening to their child; additionally, the family may be experiencing harassment and abuse, and the child may not feel able to talk to their parents for fear that this will put pressure on them.

Children who have caring responsibilities for adults in their family may find it hard to tell the parent they care for about their abuse, because of concerns about who will provide care in the future and not wanting to further burden the parent.

Where there are **existing concerns about child neglect, emotional or physical abuse** in the family, professionals may find it harder to focus on other concerns that may exist. Additionally, neglected children are less likely to come into regular and routine contact with professionals (because of missed health appointments, not attending school/nursery and not being part of extra-curricular activities). They may therefore miss out on opportunities to seek help from those professionals, so the signs and indicators of child sexual abuse are less likely to be picked up.

2.2 Barriers to telling based on family characteristics



3.

The process of telling

To help children communicate what is happening to them, you need to understand the different ways (verbal and non-verbal) in which they may do so – and the people they may choose to tell. This chapter will help you do so.

When a child first communicates about their experience of sexual abuse, this may be **spontaneous** (i.e. unprompted) following their recognition over time that they have been abused. It may be triggered by a lesson in school, a TV programme or an escalation of the abuse. A child's need or wish to tell may build over time until they cannot contain the secret any longer, and they may tell because they believe that their siblings or other children are also at risk of abuse. In other situations, a child may tell accidentally.

If a child wants to tell about their abuse, they need to choose who they will tell. The likelihood of telling a particular person will depend on:

- how that person behaves towards them generally
- whether they have a trusting and reliable relationship with that person
- whether they have the opportunity to tell, or are asked
- whether they feel they will be believed.

Alternatively, a child's communication about their abuse **may not be spontaneous** at all. It may occur only when prompted during a medical examination, a child protection inquiry or assessment of their needs, an interview or a therapeutic session, for example – or when a teacher or health professional notices that something may be wrong and asks about it.

Noticing the signs and indicators that a child is being sexually abused, and giving the child the opportunity to talk to you, are therefore key to ensuring their safety and wellbeing.

The detail provided in the child's account may be vague or absent, as they may not be able to recall specific information or have the language to verbalise their experience. There may be only partial information, details may or may not change over time, and some details may be entirely missing when a child communicates through behaviours or other signals.

3.1 Who do children tell?

If children decide to communicate about the child sexual abuse they have experienced, they most commonly turn to family or friends before telling professionals.

Younger children are more likely to confide in a parent or family member, while adolescents are more likely to talk to a friend or peer; friends play a significant role in recognising when children and young people are struggling, and in listening to them talk about sexual abuse. Among adolescents who experience child sexual abuse and tell anyone about it, some research studies have found, up to a third tell only their peers.

"They were really good, the friends that stuck by me. There was one girl – I don't know how she put up with me, one day I could scream at her, shout at her, cry at her, laugh at her and she'd still be there. She wouldn't say much but she'd sit there and she'd listen to me." (1)

Research has found that adolescents speak to their peers about sexual abuse while talking about their respective psychological difficulties.

While a child telling a peer about their sexual abuse may ask for it to be kept a

secret, the peer may of course recognise the need for that child to be protected – so may decide to inform a professional of what they have been told.

Telling professionals

If children want to tell someone outside their friends and family about their abuse, they may do so by showing signs or acting in ways that they hope will be noticed and reacted to by a friendly, approachable and caring professional with whom they have built a trusting and trusted relationship. If you are that professional, they want you to ask them how they are doing and tell them you are listening, so they have an opportunity to have an open dialogue.

- **Teachers** are the professionals to whom children most commonly talk, but the process can be helped or hindered by the way in which the teacher engages with the child. It may take a long time for the child to build the trusted relationship in which they feel comfortable talking about sexual abuse to a teacher, particularly if they have had previous negative experiences of authority figures. Research has shown that children who prefer trying to tell through behaviour rather than verbally want their teachers to notice signs such as self-harm, eating disorders, acting out in class, school attendance, and being alone and withdrawn at school.
- It is highly unlikely that a child will first tell a **police officer** about sexual abuse. This may be because the child does not believe the abuse is a crime; does not believe the police will keep them safe; feels they will not be believed; or fears being blamed, getting in trouble or getting the perpetrator in trouble.
- Similarly, children are unlikely to talk to **social workers** because they fear what will happen when social workers become involved, and worry that they will be judged. Nevertheless, they want social workers to show an active interest in them, even when visiting their home for other reasons; to understand the nature of their problems and behaviours; to be impartial when assessing the home environment; to talk to them separately from other family members; and to ask the right questions, providing a pathway for them to talk about their abuse.
- It may take a long time for a child to build the trusted relationship in which they feel comfortable talking about sexual abuse to a **healthcare professional**. As many of the interactions children have with healthcare workers are likely to involve one-off contact, they may be unlikely to confide in these workers.

Whatever your profession, the way in which you respond to children throughout the process of telling – from the very first signals they may give out (such as changes in mood or behaviour) through to their active attempts to tell you their concerns – will determine whether they feel you will listen to them and can be trusted.

There are, however, barriers that can prevent professionals from identifying the signs of sexual abuse. Across society there is a hesitancy to talk about child sexual abuse, and this is true in many professional groups too: barriers to identification may result from a lack of knowledge or understanding of sexual abuse, or the complexities of talking to children about the subject.

Even if you have the knowledge and understanding, however, your ability to identify and respond to what is going on for a child may be affected by how busy you are and what support and supervision you get in the workplace.

Appendix 1 contains advice on educating children about what to do if a friend or peer says they are being sexually abused.

Section 1.3 contains more information about barriers to identifying possible signs of child sexual abuse.

Chapter 5 describes skills – such as **self-awareness** and **cultural competency** – that can help you identify when a child may be being sexually abused, and respond effectively to the abuse.

3.2 Understanding telling as a process

A child's communication about their experience of sexual abuse is best understood as a 'process', influenced by the characteristics and qualities of relationships in the child's life, which may evolve over an extended period of time.

An ongoing process

A child rarely tells everything about their abuse in one go. They may move from unintentional and indirect methods of telling, such as behavioural manifestations, through to more direct means, such as purposefully or accidentally telling someone what is happening.

'Containing the secret'

A framework of disclosure, developed by clinical psychologist and psychotherapist Rosaleen McElvaney, has conceptualised this process as 'containing the secret'. The process involves three key dynamics, whereby children:

- actively withhold the secret (for fear of the consequences of telling)
- are torn between needing to tell (to make the abuse stop and to get support) and wanting to keep the secret (for fear of the consequences of telling) – the 'pressure cooker effect' .
- confide in the context of a trusting relationship.

To be able to support children empathically, respectfully and patiently through their journey, you need to understand the emotional struggle of the second dynamic, while recognising that these three dynamics are not universal to all children; additionally, you should remember that some children may not recognise their experiences as abuse, have the language to communicate what is happening to them, or be able to communicate verbally with others.

A two-way process

"There were so many times when I thought about telling someone, but it was just like, how do you bring it up? How do you just walk into a room and go to someone, 'oh by the way this happened'?" (1)

Some professionals think that a child's communication with them is a one-way process, in which it is the child's responsibility to tell them what is going on and there is nothing that can be done unless there is a verbal disclosure.

A child's decision to tell someone is best understood as a process influenced by their relationships and interactions with others: children need help to communicate, and you are as integral to the process as the child themselves.

Remember, it is not a child's responsibility to safeguard themselves; if you have any concerns about a child, it is your duty to act on them.

Children have identified that their experience of talking to someone about sexual abuse was positive when:

- they were believed
- some action was taken to protect them
- emotional support was provided.

Part B of this guide explains what you can do to create that positive experience.

Part B. How can you give children the confidence to tell you about their sexual abuse?

Whether a child is spontaneously confiding in you for the first time or you are following up on concerns you have, initial conversations with a child about sexual abuse are a challenge – you need to put the child at ease and demonstrate that you are worthy of their trust, while at the same time asking appropriate questions, being attentive to their behaviour and keeping an accurate record.

4

Key actions in initial conversations with the child

Sometimes you will have the opportunity to prepare for a conversation with a child who may be being or have been sexually abused; at other times, a child may approach you without warning. It is essential to know the key actions you will need to take, in relation to:

- deciding who will speak to the child
- selecting the location and time
- being aware of your body language
- starting the conversation
- being attuned to the child's needs and giving them time
- accepting and validating what the child says
- knowing when to stop asking questions
- balancing confidentiality and safeguarding responsibilities
- ending the conversation
- making a record
- talking to the child's parent(s).

4.1 Decide who will speak to the child

The choice of professional to communicate with a child will depend on the context of the communication.

If a child **spontaneously tells** a professional that they are being or have been sexually abused, they will choose the professional they feel safest with; regardless of any organisational policies or procedures, there should be no attempt to get the child to speak to anyone else but that trusted adult initially. While it may be necessary for other professionals to speak to the child later (when a social worker or police officer needs to talk to the child as part of an investigation, for example), every attempt should be made to limit the number of people the child is asked to talk to.

If a child **has told someone else** (such as a friend) that they are being abused, and that person has informed you of this, you need to decide who will talk to the child and what they will say. This will depend on the information you have been given. If you already have enough information to make a referral to children's social care, you may not need to speak to the child yourself – but if you need more information to be able to ensure the child's safety and wellbeing (because all you know is that they have told their friend someone is making them do sexual things, for example), a professional with whom the child has a trusting relationship will need to go back to them to find out whether they are currently safe and what actions may need to be taken. You will need to identify who is best placed to talk to the child – this is likely to be you (as the first professional to have been informed) or your designated safeguarding lead.

If **you have concerns** about a child, you are probably the professional best placed to speak to them about these concerns. There may be times when concerns need to be shared, and your organisation's safeguarding policy will outline what happens in these situations. However, if you have noticed changes in the child's behaviour or

anything else that has given you cause for concern, it is important that you speak with the child – this will show them that it is you who has noticed things, and enable them to feel they have a shared experience with you.

Professionals who do not have an existing relationship with the child

If you are a police officer, social worker or health worker, you may be communicating with a child who has not met you before. In that case, you should bear in mind the following:

- However the **police** come into contact with a child, the initial contact is central in building the child's confidence to talk about their experiences. Children want the police to act with sensitivity and respect, not judge them, positively engage them in making decisions, and keep them informed.
- Some children have no concept of what a **social worker** is, and may be distressed if someone outside their family asks to speak to them alone. Before speaking to a child, take as much time as you can to understand the context in which the child's family lives.

While you may not have much time to prepare for your conversation with the child, it should always take place with as much privacy as possible for the child. Consider the following:

- Think about what you know about the child – do they prefer to talk while engaged in an activity such as walking? Some children find it easier to talk when they are not expected to look at an adult.
- If meeting indoors, try to choose a room that is familiar to the child. If the abuse has been carried out in the family home, consider using an alternative venue. Ensure the room is warm, comfortable and quiet.
- Think about who else will be present, and speak to the child alone if possible. It is important that the person suspected of abusing them is not present or close by.
- Try to ensure that you will be physically on the same level as the child – for example, by squatting or sitting down on the floor or a low table.
- Have a drink and a snack available where possible.
- Think about positioning in the room. For example, can the child leave easily if they want to?

It is also important to think about when you intend to speak to the child. When will you next see them after your conversation? If you will not be likely to see them again for a few days (because it is coming up to the weekend or you are going on leave, for example), you may want to consider a delay in opening up a discussion with them until you will be available more consistently.

Much of your communication takes place through your body language, so during the conversation it is important to ensure that your body is communicating the same messages as your words: that you have time for the child, and that you are comfortable. Take a few deep breaths...

4.2 Select the location and time for the conversation

4.3 Be aware of your body language

4.4 Use cues to start the conversation – or let the child take the lead

If the conversation has been arranged by you because of concerns about the child's behaviour, think about the following when conducting the conversation:

- It can be useful to use cues (such as the child's behaviour, or undisputed facts) as a starting point.
- Notice what the child is doing and **comment** on it: "I notice that..." This is particularly helpful with younger children, who rely heavily on non-verbal communication ("You are pointing...").
- While it is important to communicate to the child that you have noticed any changes in their behaviour or signs of distress, take care not to **assume** what these may mean in terms of the child's thoughts or feelings (by saying, "You seem sad," for example). Making assumptions is problematic, not least because they may be incorrect.

If the child has initiated the conversation or you are talking to a child who has previously begun telling (you or someone else) that they have been abused, it's important to take the following actions:

- Establish the child as the expert from the outset of the conversation, and ensure that your verbal and non-verbal communication conveys that. Don't use complex language in their presence (even if it is not directed at them), and avoid interrupting or correcting them.
- Let the child know that you will not push, prod or coerce them into giving information, and that it is acceptable for them not to answer your questions.

4.5 Be attuned to the child's needs

The child may not talk to you about how they are feeling during this conversation, or indeed during any subsequent conversations. Nonetheless, it is important to give them opportunities to talk to you, and continue to show that you are listening.

Using phrases such as "I am here for you", "I notice you" and "I see you" are all effective ways in which you can show you are attuned to their needs.

Remember that, for some children, you will need to adapt your communication style to include other approaches – such as the use of symbol boards or other communication aids – beyond speaking to them. Ensure that the child has access to communication aids that can reflect experiences of sexual abuse (by including symbols for words that describe abuse, for example).

It is especially important to be clear in your language when talking to children who are disabled or have special education needs. Avoid using figurative language, rhetorical questions, idioms or exaggeration, as autistic people can take these literally. If you do use them, explain what you have said and be clear about what you really mean. You may find it useful to:

- use the child's name when you want to speak to them
- speak slowly, and limit the number of words you use
- pause between words and phrases – this gives the child time to process what you've said, and gives them an opportunity to think of a response
- rely less on non-verbal communication (e.g. eye contact, facial expressions, gestures, body language)
- use visual supports such as symbols, timetables and Social Stories, if appropriate
- be aware of the environment that you are in – for example, is it noisy or crowded? Sensory differences may affect how much information a child can process.

Children may need a few seconds, or even minutes, to process questions; this is particularly true for young children, those with learning difficulties (see above) and those whose first language is not the language you are speaking.

If you interrupt the child or ask another question before they have had time to answer your original question, they will feel they are not being listened to.

.....
Many studies have identified that, for a variety of reasons, children worry they will not be believed if they tell about their sexual abuse (see Chapter 2).

As children rarely lie about being sexually abused, you should accept what the child says if they communicate that they are being or have been sexually abused, reflecting this in your body language. However, it is also important for you to reserve judgement about the 'truth' or otherwise of what they say, to avoid biasing how you speak to the child during the conversation.

Do not suggest to them that you want a particular answer, or that the answer they give is right or wrong. Avoid responding with "Right" or "Yes", as these words can imply that the child is giving you the correct answer. Instead, saying "Uh-huh" or "Mmm" or "Go on" shows that you are listening and encourages the child to continue, without making a judgement on their answer.

Take the following approach:

- Stay calm. An overly emotive reaction may reinforce a child's reluctance to communicate with you.
- Accept what the child tells you. This may involve telling the child, "I believe you," although that will depend on your role to some extent. For example, an investigating police officer should not make such an explicit statement.
- Focus on what the child is telling you, and do not make any judgement on their account or their feelings. If they feel that you are judging what they are saying, they may interpret this as disbelief.
- Communicate a clear message that what has happened to the child is not OK and should not have happened. You may want to tell them that what has happened is not their fault, but bear in mind that some children will believe they are to blame (having probably been told this by the person who harmed them); if you say they are not to blame, there is a risk that they will think you do not understand them or their experiences, and may stop talking to you. Rather than simply saying, "It is not your fault," be prepared to have a discussion with them about why they are not to blame.

If a child says they have been sexually abused, **do not**:

- ask them why they didn't tell someone sooner
- offer an alternative explanation to the abuse
- suggest that the abuse 'explains' something about them – for example, by saying, "Oh, that explains a lot."

4.6 Give the child time

4.7 Accept and validate what the child says

For more advice on responding to a child who is telling you that they have been sexually abused, including example conversations, see [Chapter 10](#).

Example

Samera is 12 and has just told you her father has been sexually abusing her since she was eight years old.

Samera: Yes...it's been happening since I was in little school, in Mrs Higgins' class.

You: Samera, what you have told me your father has done is not OK. This should not have happened to you.

Samera: [Shrugs shoulders and looks down.]

You: Sometimes people who hurt children tell them all kinds of things to make the child think they shouldn't tell anyone.

Samera: Mmm.

You: What you have told me your father did to you is wrong. This should not have happened to you and was not your fault. Adults should never do these things to children.

4.8 Know when to stop asking questions

During the first conversation with a child, your primary concern is to **ensure their safety** and wellbeing. Consequently, you should ask enough questions to ascertain whether the child is currently safe. Once you have done this, you can move carefully towards the end of your conversation – but be careful not to shut the child down when they are speaking. And check that they do not want to continue:

- “Is there anything else you want to tell me?”
- “Is there anything about what you have told me that you don't think I have understood?”

4.9 Seek the child's wishes, and let them know your next steps

While there will be things you may need to do following this conversation (such as reporting to your safeguarding lead or children's social care), it is important to ask the child what they hope/fear will happen next. This will enable you to address these expectations.

You may not be able to fulfil the child's wishes, and you must be honest about that, but this should not stop you from asking. Some questions that may be useful are:

- “What is it like for us to talk about this?”
- “Is there anything else you are worried about?”
- “Is there anything making you feel unsafe at the moment?”
- “How can I help you feel safe?”
- “Is there anyone else you are worried about?”

It is important that you then tell the child what you are going to do next, and explain the process to them as much as you are able.

You should ensure that the child knows what is happening at every step, and is kept involved and informed. This is critical in ensuring they feel listened to.

Confidentiality and safeguarding

It can be difficult to navigate the fine line between respecting the child's confidentiality and meeting your safeguarding responsibilities: how do you ensure the child is safe while protecting the trust they have in you?

While this can present a challenge, it is important to remain open, honest and transparent about the actions you will need to take, while acknowledging the child's worries and finding ways of addressing these. By involving the child in conversations about your actions, you can mitigate against jeopardising their trust.

In situations where you need to use an interpreter, be mindful that the child and their family may be concerned that the interpreter will not maintain their confidentiality. You may need to spend some time exploring this with the child, their family and the interpreter. It may be useful to be very explicit about the interpreter's professional responsibility, and possibly to give the child and their family a contract detailing this.

Ending a conversation can be difficult, especially when a child is talking about sexual abuse. It is important to end it in a way that lets them know they can come back to you, such as by saying:

- "I am now going to do X, we will talk again, and you can come back to me whenever I am around. If I am not around, you can talk to Y."
- "It is right that you have spoken to me about your worries – I will do what I can to help you."

Communicating an invitation to the child, and allowing them to come to you another time if they wish, is valuable. You can follow this invitation up later, which will help the child to see that you have kept them in mind and may encourage them to communicate further with you.

Depending on your profession, there may be a professional body which provides specific guidance on how written recordings of the conversation should be made.

It is important that you clearly record any concerns you have in as much detail as possible, including anything you have observed the child doing or saying. This should not be limited to the conversation you have just had: it is important that your record builds a picture of the context surrounding your concerns as well as the specific details. It may include factual information, observation, pattern-mapping, and referencing from professional guidance/legislation/training, and you can use your professional judgement to draw links between these.

The CSA Centre's [Signs and Indicators Template](#)  provides a framework for you to record your concerns.

Professionals often worry that they shouldn't name their concerns about child sexual abuse in written records unless they have clear evidence. However, while you should distinguish established facts from opinions, your professional judgement is extremely important in building the picture of what may be happening in the child's life.

4.10 Keep the door open for further conversation

4.11 Make a record

Accurate recording of the child's words

If the child has spoken to you, it is important that you record, as soon as possible, what the child has said in their own words. There can be a tendency for professionals to interpret what a child has said, but this should be avoided.

If the child has used ambiguous words or phrases, it is important to record exactly what they have said. It may be that you know the child well and know what they mean by a particular word; in that case, you may record what you understand the word to be but you must always be clear about what the child actually said.

As well as making a record of the exact words the child has used, it is helpful to note how the child presented, the non-verbal communication they used, and their body language.

4.12 Talk to the child's parent(s)

In addition to communicating with the child, you are likely (especially in the case of very young children) to be communicating with their parent(s) too. You should bear in mind the possibility that one or both parents are involved in abusing the child, so remember to continue liaising with your safeguarding officer throughout any communication you are having – but be careful not to assume that the parents are involved or complicit in the abuse. If parents do not react to the identification or suspicion of abuse in an 'expected' way, for example, some professionals wrongly interpret this as a sign that they knew of or were involved in the abuse.

For more information about talking to parents, see the CSA Centre's guide [Supporting Parents and Carers](#). The guide also describes the different ways in which parents may react when concerns are raised about the sexual abuse of their child, and explains why they may react in those ways.

Core professional skills for communicating with children

5

When communicating with a child who may have been sexually abused, it is essential to put them at ease and ensure that you respond effectively to anything they say or do. Children are likely to be encouraged by actions indicating that you have noticed them and have heard what they are telling you.

This chapter outlines some of the skills required to do this, focusing on:

- **relationship-building**
- **empathy**
- **honesty**
- **responsiveness**
- **reassurance**
- **clarity**
- **self-awareness**
- **cultural competency**

The ability to establish a rapport with a child is one of the most critical skills for effective communication by professionals, and is often underrated. Taking the time for this cannot be underestimated, as it is where the basis of trust is formed.

Get to know the child as much as possible in the time you have, even if this is limited, and try to understand their lived experiences. You need to demonstrate that you are reliable, consistent and warm, and that you care about them.

How you try to develop a rapport will depend on the child's age and developmental stage, but you might ask them what they enjoy (e.g. favourite food, TV programme, pizza topping) or take a toy or game to introduce to them. It is important that this interaction is as reciprocal as possible, so you may want to tell the child a little about yourself too – but remember to share only information you are comfortable sharing, and nothing of a personal nature. Think about the child's religion, culture, gender, disability and sexual orientation, and how to acknowledge and value these aspects of their identity. And if they have experienced discrimination in the recent past, consider how this will affect their response to you.

Empathy is a way of connecting with others and shows them you know they're experiencing something—even if you don't know exactly how it feels to them. Empathy says: "I want you to know you're not alone. And I want to understand how this feels to you." This is a really useful message to convey to a child when you are talking about sexual abuse, as it tells them you are not making assumptions about them.

To demonstrate empathy to a child, it is important that you listen to them without judgement. You may think you know how they are feeling, but let them tell you. Some useful questions to ask yourself are:

- "What more do I need to know about what's going on here?"
- "What else do I need to learn about how the child is seeing or reacting to what's going on here?"
- "How am I reacting in the moment? What do I need to do to let the child know I'm listening?"

5.1 Relationship-building

5.2 Empathy

5.3 Honesty

Many children are skilled at picking up on dishonesty or disingenuity, so it is important to be as honest and genuine as possible. Tell them what you are going to do with any information they share with you – and if you are not able to do this, tell them why. Small steps can reassure them that you have understood their circumstances.

5.4 Responsiveness

All children are different and will communicate in different ways (depending on their personality, experiences, age and stage of development), so it is important that you remain responsive to this. They may prefer to draw, play, move around when talking, communicate through puppets, write letters, talk in the car, use sign language, use their computer or mobile phone and a great many other things.

Try to allow the child to communicate in whatever way they feel most comfortable, and don't make assumptions about this; sometimes older children like to communicate through play as much as younger children do.

5.5 Reassurance

If the child talks to you, provide them with reassurance both verbally and through your body language. Try to ensure that your verbal reassurance does not suggest to the child that they are giving you the 'right' answer, though: utterances such as "Uh-huh" and "Mmm" are preferable to statements such as "Yes" or "That's good".

5.6 Clarity

Misunderstandings in communication may not be corrected by children, especially younger children, so it is helpful to use phrases such as "If I get something wrong, you tell me," or "Sometimes I get muddled up, so please tell me if I do."

Avoid guessing or supposing what the child might have said. If their words are unintelligible or ambiguous, ask the child to repeat the words and make a note to clarify them later.

5.7 Self-awareness

When working with children who may have been sexually abused, it is important to explore how your own thoughts and feelings will affect your response to the abuse. Self-awareness is important so that you can offer unconditional support to the child, and remain as unbiased as possible when talking to them.

As a professional, you will bring your own history, experiences and values to your work. For example, you may have personal values around what constitutes normal sexual behaviour and what are appropriate boundaries within the home. You should accept that your experiences of working with child sexual abuse may challenge your core beliefs.

Reflection point

Think for a minute about the messages you received about sex – from your family, community, religious institutions and peers – when you were growing up. Was it talked about openly? Something to be ashamed of? Never discussed?

What do those sexual scripts mean to you now? How might they affect how you talk to a child who is experiencing sexual abuse?

What is your own attitude to sex? Do you hold certain views that will make it difficult for you to engage with this child and their family?

What are your community, cultural and religious beliefs and values about children? Families? Abuse? Sexual abuse? These will influence your response to child sexual abuse.

Do you hold any prejudice or stereotypical views against those who commit sexual offences against children – and, if so, will they affect your professional response?

You should also try to be aware of other influences on your thinking. It is hard not to be affected by media stereotypes of sexual abuse, such as what people who sexually abuse children look like (in terms of gender, ethnicity and age), their socioeconomic status and how they behave. You may also have formed an impression of who the victims of child sexual abuse are and how they may behave. It is important to challenge your own preconceptions and remember that any child can be a victim of sexual abuse.

Reflection point

Think for a minute or two about the image that comes into your head when asked to think about a person who sexually abuses children – who do you see? What do they look like? This image may be based on your own experiences, or it may be based on a stereotype of what such people look like.

Now think about a victim – who do you see?

How might your perception of who abuses children affect your practice and your ability to recognise sexual abuse in a range of environments?

Culturally competent professionals are able to understand, communicate with and effectively interact with people from different cultures – and to challenge cultural attitudes and behaviours, where appropriate, from a position of understanding. Cultural competency requires empathy with cultural differences including values, beliefs and feelings, as well as knowledge of different cultural practices and worldviews.

Professionals who lack cultural competency may tend to treat people from different cultures and communities as part of a homogenous group instead of as individuals. They may feel they lack the knowledge to challenge what may be seen as 'traditional' attitudes and behaviour – and in cases where there is conflict between the law and a culture that is unfamiliar to them, they may wrongly prioritise cultural norms.

Reflection point

How do you respond when working with someone from a cultural background which is unfamiliar to you?

How are you going to learn about this culture? Who are you going to speak to? What else do you need from your employer?

5.8 Cultural competency

6

As suggestive questions risk leading to a distortion in the child's memory, it is important to understand how memory works. [Appendix 2](#) contains information about children's memory and the implications for questioning techniques.

6.1 Questions to avoid

What questions can you ask?

The questions that you can ask during a conversation will depend to some extent on your professional role, the child's age and the context in which the conversation takes place. When opening up a conversation with a child who is known or suspected to have been sexually abused, it is natural to worry that you might ask leading questions. This chapter guides you through the different categories of question types, and presents findings from research to help you ensure that your questions are appropriate and effective.

A leading (or suggestive) question is one that implies the answer or assumes facts that are likely to be in dispute. 'Suggestive questioning' refers to a situation where an adult provides a persistent suggestion or uses their authority (status) inappropriately when asking questions. This can affect the child's interpretation of the event, and lead to distortion of memory.

Local safeguarding policies and procedures – along with statutory guidance such as [Working Together to Safeguard Children](#) (on inter-agency working) and the [Achieving Best Evidence in Criminal Proceedings](#) (for those interviewing victims and witnesses, and those supporting them in court) – advise against asking leading or suggestive questions.

Professionals' concerns about this can lead them to avoid exploring concerns about a child's abuse altogether.

As Table 1 on the next page shows, there is a continuum of question types ranging from very open 'general invitations' ("Tell me...") to biased or suggestive questions where the answer is presupposed by the adult ("He hurt you, didn't he?"); these are colour-coded from green to red in the table. Research suggests that, as a general principle, we should ask as few questions as possible and make any questions as short and open-ended as we can, so that the child can decide what to focus on. It is also important to avoid topic-hopping (i.e. moving rapidly from one topic to another and back again).



Table 1. Continuum of question types

| Open-ended questions (open invitations and directive questions) allow the child to provide a spontaneous response using free recall memory. | | |
|---|--|--|
| General invitations | Open questions inviting the child to tell in their own words unprompted, encouraging longer answers. <i>Example:</i> “Tell me about...” | General invitations are thought to give the most accurate responses. Younger children (particularly under-5s) may struggle with general invitations and need cues or more directive questions to be able to tell. |
| Cued invitations | Open questions using a cue from the child or undisputed facts. <i>Example:</i> “You said [...] Tell me more about that.” | The cues need to be undisputed facts or what the child has said (in their own words). Younger children in particular may need this form of scaffolding to be able to tell. |
| Open-ended directive questions | ‘Who’, ‘what’, ‘when’, ‘where’, ‘how’ questions which invite a narrative. <i>Example:</i> “What else happened?” | These questions can help younger children (particularly 3–5-year-olds) to tell. Ensure that the child can understand the complexity of the question. Exercise care with ‘why’ questions, as they may induce guilt. |
| Close-ended questions (closed directive and option-posing questions) aim to find specific information using recognition memory. | | |
| Close-ended directive questions | ‘Who’, ‘what’, ‘when’, ‘where’, ‘how’ questions which can be answered in one word or a few words. <i>Example:</i> “Where did he touch you?” | It is suggested that these questions are paired with open-ended questions. These questions can become leading – for example, asking “Who else was there?” <i>assumes</i> that another person was present |
| Option-posing questions | Questions that can be answered “yes” or “no”, or that prompt the child to select from given choices. <i>Example:</i> “Has anyone touched you on your private parts and made you feel uncomfortable?” | These questions need to be carefully worded. Offering choices that close down a range of other options can be leading, as can asking complex questions that require a yes/no answer. These can cause particular difficulty for younger children. |
| Suggestively worded questions | Questions that force the response in a specific direction, or use false or unknown information. <i>Example:</i> “He forced you, didn’t he?” | These questions should be avoided, particularly in situations where concerns are not strong. Suggestions by an adult involving maximum use of authority are particularly troublesome. |

Below are examples of the types of question which have been found to lead children, suggestions on how to avoid this, and examples that you can use when talking to a child.

a) Questioning that presupposes the answer

Do not ask questions (e.g. “Mummy hurt you, didn’t she?”) that presuppose the answer when the child has not indicated or told you anything. Children often think that adults know what has happened, and such questioning can reinforce that idea.

Do observe the child and their behaviour, so they can see that you have seen them, and ask questions about what you have seen/understood.

Open-ended questions, such as general invitations to talk, work well. Asking the child about their distress is giving them an opportunity to tell.

Use cues (e.g. what the child is doing, undisputed facts) as a starting point – commenting on the child’s behaviour is particularly helpful with younger children, who rely heavily on non-verbal communication.

Examples of things you might say are:

- “Is there anything that you feel unhappy about?”
- “Tell me more about that.”
- “I notice that...”
- “You are pointing...”
- “I can see that you are putting your hand on your private area.”

b) Questioning that is biased towards a particular answer

Do not ask questions (e.g. “Did daddy hurt you?”) containing bias towards one particular response, or ask questions in a biased manner, to prove a hypothesis.

Do keep an open mind and avoid bias, even when your suspicions are strong. Use open questions. You do not want to imply that there is a right answer, especially as children may not feel able to correct you.

Take a ‘believing stance’ in your body language and accept what the child says, as this will encourage them to talk more about it. You can reserve judgement about the ‘truth’ or otherwise until you have gathered more information, but during the conversation you should remain supportive of what the child wants to tell you.

Examples of things you might say are:

- “Help me understand...”
- “Can you tell me more about that?”
- “I have noticed X and I wonder what might be going on for you at the moment.”
- “I have noticed X and would like to understand more about that.”

c) Feedback that favours a particular answer

Do not react to the child’s answer to a question in a way that gives them the impression that you wanted a particular answer, or that the answer they have given is right or wrong.

Do give the child space to say more, and avoid jumping to conclusions.

Examples of things you might say are “Uh-huh,” “Mmm,” or “Go on.” These show you are listening, and encourage the child to continue.

d) Inappropriate use of the professional’s authority

Do not behave (verbally and/or non-verbally) in a way that causes the child to respond to your authority rather than to the question. This includes interrupting, correcting or speaking over the child, and using complex language in their presence (even if it is not directed at them).

Children – especially younger or disabled children – are generally deferential to adults, and may feel that they must accept any implied knowledge that you convey. Maltreated children may be particularly alert to the clues and expectations of adults.

Do establish from the outset, through your verbal and non-verbal communication, that the child is the expert on their abuse (and you are not).

Examples of things you might say are:

- “I am here for you.”
- “If I get something wrong, you tell me.”

e) Repeated probing for an answer or repeating a question

Do not repeat the same question more than once, probing for an answer. This is particularly problematic when the question requires a ‘yes’ or ‘no’ answer. The child – especially if they are young or have learning disabilities – may come to assume that their first response was inaccurate, and may change their response in an attempt to please you.

Do let the child know that you will not push, prod or coerce them into giving information. Make clear that it is acceptable for them not to give an answer.

Examples of things you might say are:

- “I think I know what you mean, but just help me understand a bit better.”
- “I just want to make sure I understand what you are saying.”
- “Help me understand that a bit better.”
- “Tell me about that.”
- “Show me again.”

f) Expression of the professional’s own moral judgement

Do not express your own moral judgement – for example, by implying that someone has done “bad” or “wrong” things. This can particularly affect younger children who may be more ‘keen to please’ and susceptible to taking on the views of adults around them.

Do remain unbiased but not indifferent.

For examples of lines of questioning and communication that you can adopt when talking to children in different situations, see [Part C](#).

g) Questioning that is inappropriate for the child's developmental level

Do not ask inappropriately long or complex questions (e.g. "I wonder if you can remember where you were when this happened?").

Children who do not know the meaning of a question or a particular word may arbitrarily answer "yes" or "no" if they think that they should, or that this is what you expect. Children have less developed and less effective methods of coping with misunderstandings.

Do adapt your language to the child's developmental level, and continually check their understanding if you are unsure. Children, and especially younger children, are unlikely to correct misunderstandings. Explain that it is fine for them to say they do not know or do not understand.

Avoid guessing or supposing what the child might have said. If a word is unintelligible, ask the child to repeat it and make a note to clarify it later.

Try to use active forms of verbs, e.g. "Did he hurt her?"

Examples of things you might say are:

- "If I get something wrong, you tell me."
- "Sometimes I get muddled up, so you must tell me if I do."

Adapting to the needs of the individual child

This chapter explores how you should vary your approach to communicating with a child who may be experiencing or have experienced sexual abuse, according to:

- **the child's age**
- **their communication needs** (including the needs of children whose first language is not English)
- **their understanding of child sexual abuse**
- **specific barriers preventing them from telling you about their abuse**
- **your reasons for communicating with them.**

0–2 years

If you have concerns that a baby or toddler may be being sexually abused, it is vital to be aware of non-verbal signs of sexual abuse. Ensure that you record all concerning non-verbal and behavioural features – including those that may indicate types of harm other than sexual abuse. (Remember that many children experience more than one type of harm.) And if the child does communicate with you verbally, be sure to record carefully the exact words they use.

While you may say very little to the child at this age, it is important to remember that they may understand words or phrases that you may not expect them to – so you need to be aware of the language you use when around them.

The CSA Centre's [Signs and Indicators Template](#)  contains advice on recognising non-verbal signs of abuse.

If the child has learnt to communicate their thoughts and feelings through words, gestures or basic sign language, try to understand how they communicate, and the meaning of the words, gestures or signs they use – remembering that these may have different meanings for different children. Developing a catalogue of communication used by the child will help you (and anyone else) to communicate with them as effectively as possible. Ask people who know them, most likely their parents, how they communicate. Some questions that may be useful to ask are:

- How does the child communicate distress?
- How do they communicate happiness?
- How do they make a request (for a drink, food etc)?
- Are there any particular words they understand?
- Do they use any spoken words yet?
- If they are using spoken words, is the meaning clear?
- Do they use any form of sign language?
- Do they use any other strategies for communicating?

7.1 The child's age

You can find out more about child development in [Appendix 3](#).

In communicating with such a young child, you are particularly likely to be talking to their parents too. Section 4.12 contains advice about this.

By the age of two, a child may be able to string some words together. At this age, any loss of acquired language should be noted as a potential cause for concern, as it may indicate that the child has experienced a trauma. While other hypotheses should be borne in mind, it is important to consider whether the child may be experiencing sexual abuse, especially if there are any other signs or indicators too.

3–5 years

You may be communicating verbally with children of this age, typically alongside non-verbal communication such as drawing and game-playing. You may want to consider:

- using toy telephones, puppets, dolls, dolls houses etc – this can help you to gain an understanding of the child’s lived experiences, including their life at home and their key relationships
- using play dough to mould shapes, build scenes etc – this can help set the scene for the child to talk to you
- using puppets to explain professional roles – this may help the child to identify a person they can talk to about their worries, and help to dispel any beliefs they may have about particular roles (e.g. that the police will come only if you have done something bad).

It is important to show the child that you are listening: this may involve making eye contact, tilting your head, positioning yourself beside them or saying things such as “Uh-huh” in response to what they tell you. But remember that some children may struggle with eye contact; they may prefer you to talk to them while playing a game, for example. We often think children looking away is a sign of disengagement or lack of interest, but this is very often not the case.

Most children in this age group can recall experiences from several months earlier relatively freely, but they need questions from an adult to be able to do so. They perform better with specific questions such as ‘who’, ‘what’ and ‘where’ (which are typically understood first, by approximately three years of age) than with open-ended questions – and are more likely to respond inaccurately to suggestive questions (“Was it Daddy who touched you?”), multiple-choice questions (“Was the car red or blue?”) and yes/no questions. They tend to provide briefer answers than older children do, and may guess when asked developmentally inappropriate questions (e.g. “How many times did this happen?” “Maybe twice?”).

You may not get an answer to a question from a child of this age, and they should not feel that you expect them to give an answer. Furthermore, be prepared for them to answer in a way you don’t expect: if they do not understand the question, they may answer with a single word, or unintelligibly, or by showing rather than telling.

Above all, remember that children’s ability to understand and use language is at an early stage of development at this age, and that children develop this ability at different speeds. Many children in this age group are more able to communicate if they show as well as tell – for example, by:

- nodding or shaking their head
- pointing and gesturing
- drawing, or using drawings provided
- indicating and demonstrating with their hands, mouths or whole bodies.

6–9 years

Working with children of this age, you may use play to initiate discussions. As with younger children (see above), you may want to consider using toys such as telephones, play-dough and puppets

It is usually helpful to start with more open questions – but if these become confusing for the child, you might want to ask more direct questions.

As with younger children (see above), you should take care to show the child that you are listening (e.g. by making eye contact, tilting your head, positioning yourself beside them or saying, “Uh-huh”), while remembering that some children may struggle with eye contact.

10–15 years

As young people develop into and through adolescence, their understanding of language naturally develops. It is important to remember, however, that teenagers may often appear more knowledgeable or aware than they are. It is important not to assume knowledge or to forget about the techniques you would use when engaging with a younger child. Teenagers often respond well to the opportunity to play a game or do a drawing at the same time as talking to an adult – but, again, don't assume this. Talk to them and find out what they want and how they want to talk to you.

Talking to children in this age group, you may have cause to ask them direct questions about specific concerns such as self-harm or drug and alcohol use. It is usefully helpful to start with more open questions, but there are occasions when you might want to ask more direct questions.

When talking to older children and teenagers about child sexual abuse, it is important to consider that the abuse may have been going on for a long time, and they may have been led to believe that they were in a relationship with the person who abused them. This is possible for younger children too, but as children grow up their exposure to different influences increases.

Some teenagers may assume that you know everything that has happened, and that you will make judgements about this. You should remind them that you will listen to them and that you want to help. Be honest and offer reassurance.

16–18 years

The same communication principles should apply with these young people as with younger teenagers (see above) – but as they approach adulthood, their sense of independence is developing and honesty from professionals may feel even more important to them. If you are concerned about their behaviour, you may choose to use questions such as:

- “I have noticed you seem upset at the moment, tell me about that.”
- “Has anything been happening to you which you did not like and is hard to talk about?”
- “I have noticed you doing X, I am worried about that and wonder what it is about?”
- “I have noticed you drinking more recently. I wonder how that feels for you?”
- “Is there anyone you can talk to about how you are feeling?”

Chapter 8 contains advice on asking about self-harm and harmful sexual behaviour.

Chapter 8 contains advice on asking about self-harm and harmful sexual behaviour.

7.2 The child's communication needs

How a child communicates is determined largely by their age and developmental trajectory; younger children naturally use far less verbal communication than teenagers, for example. However, children within the same age group still communicate in a range of different ways – some out of preference, others because of language, cultural context, or a learning difficulty/disability.

When you are preparing to speak to a child, it is vital that you understand how they communicate and what their individual communication needs and preferences are. Ask yourself the following questions:

- Does the child use spoken language?
- Is the child's first language English? If not, what is their first language? Do they use any other languages? Do they prefer to communicate about personal or complex issues in their first language?
- If the child's first language is not English, does their first language have the words to communicate about child sexual abuse? And will the child feel comfortable using these words? Who else in their life uses this language? Anyone outside the family?
- If the child does not use spoken language, what is the reason for this and have they ever used spoken language? What form of communication do they use? If they use any form of sign language or technology-assisted communication process, is this widely used (e.g. BSL or Makaton) or has it been developed by the child or their family? Who around the child can understand their method of communication, and what form of facilitation is available?
- Is an interpreter required?
- Does the child have a speech and language therapist who can support them and/or you with understanding communication?

A note on language

Sometimes there are no direct translations for English words about child sexual abuse and genitalia. In Urdu, for example, the word 'rape' is translated as 'burglarising honour'.

Interpreters may not interpret effectively or honestly, owing to their personally held beliefs of cultural respect or feelings of shame or discomfort; in some cultures it is disrespectful to speak about sex and genitalia..

Families from some minority ethnic communities may mistrust interpreters and fear that they will not keep the information confidential, especially if the interpreter is from the local community.

In many communities, the words needed to describe sexual abuse are 'obscene' and closely linked to concepts of shame and honour. In cultures where these words are 'taboo', they can be so abhorrent that they can't be said out loud for fear of the shame attached. This can make it almost impossible for children to talk about what has happened to them.

Taken from Kaiser et al (2021).

For a child to tell someone that something wrong is happening to them, they first need to understand that this is the case. Young children, or those who have received limited information from adults and peers about sexual behaviour and development, may not know that what they are experiencing is abusive. Older children who are being sexually exploited outside the family may also struggle to identify that what is happening to them is abusive.

It is therefore important to understand what the child already knows about sex, healthy sexual relationships, sexual development, abuse, boundaries etc. This is not to imply that the abuse is the child's fault or their responsibility, but to recognise the grooming process and the lack of education around sex that some children receive. Do you know whether there has been any opportunity for the child to learn about this in other settings (e.g. in school)? If you believe there hasn't, consider whether you can provide some education, perhaps as a precursor to exploring any concerns you have.

Reflection point

What does your agency do to educate the children who use your service or attend your setting about child sexual abuse?

If you work in an education setting, is there a whole-school approach? Is information about sexuality and sexual development taught in classrooms, in the school environment, in the ethos of the school and in the school's engagement with the community?

What could you introduce?



7.4 Specific barriers preventing the child from telling

We know there are many reasons why children don't talk about sexual abuse, including concerns about what will happen if they tell someone.

These barriers are detailed in **Chapter 2**.

Ask yourself:

- “What might be stopping this child telling me what is going on?”
- “What might they be worried about telling me?”
- “What else do I need to learn in order to fully understand these barriers?”
- “Can I help the child overcome these barriers – and if so, how?”
- “What additional support might the child need?”
- “Who can I seek advice from?”

7.5 Your reasons for communicating with the child

The exact method of communication you use when talking to a child will also depend on the context in which you are having the conversation. This is explored in Part C.

Part C. Conversations in different contexts

If you are communicating with a child about sexual abuse, this may be because:

- you have concerns that they are being or have been sexually abused – these concerns may be prompted by their behaviour, something in their history, something they have said, or the discovery of evidence of abuse
- you are supporting them during or following a police investigation into concerns of sexual abuse, or following a police decision not to investigate such concerns.

See the next page for details of the contexts covered in this part of the guide.



This final part of the guide covers conversations aimed at gathering information from a child:

- **who displays concerning behaviour or other signs of potential sexual abuse**
- **whose case file suggests they have been sexually abused**
- **who is telling you (or has recently told you or someone else) that they have been sexually abused**
- **if evidence (e.g. images) of the child having been sexually abused has been discovered.**

Example conversations are provided for each of these scenarios, based on the advice provided in **Part B** of this guide.

Also covered here are conversations aimed at providing ongoing support to a child where:

- **a police investigation into sexual abuse of the child is ongoing**
- **a police investigation has not been pursued or has not resulted in a conviction.**

When the child has displayed concerning behaviour or other signs of potential sexual abuse

This chapter contains advice on communicating with a child about whom you have a concern, perhaps as a result of a change in their behaviour or presentation.

The child has not told you that they are being or have been abused, but they may recently have become unusually quiet and withdrawn, bullied other children, displayed sexualised behaviour, or showed signs of distress or other signs which could indicate sexual abuse.

“I was at college at the time and I actually eventually told my college tutor and he was absolutely amazing. He noticed something was wrong, I don’t know how because he didn’t really know me [...] he just took me to one side one day and just said, ‘Is everything okay?’ I just remember thinking, ‘Oh my gosh how does he know?’” (1)

It is important to note that these signs may indicate a number of problems other than or in addition to sexual abuse.

At this stage you may have already looked at our ‘signs and indicators’ template to help you make sense of your concerns. Whatever the reason for your concerns, you are likely to want to talk to the child – ‘opening a door’ for them to talk to you about how they are feeling, whether they have any worries (whether related to sexual abuse or not), and how you can best support them.

The CSA Centre’s [Signs and Indicators Template](#) provides a framework for you to record your concerns about the child.

Children who have been sexually abused for some time may have learned to keep things to themselves, so it becomes harder and harder for them to tell. Consequently, the child needs to understand the purpose of talking to you. What will happen if they do talk to you will depend on their situation, but you need to make clear (while respecting that they may not want to tell you anything) that they can talk to you if they want to.

The words you use will be guided by the conversation, but at this stage you may not need to ask any direct questions; you are instead looking to open a door for further communication. For example, you may say:

- “I have noticed you don’t seem yourself at the moment.”
- “I have noticed you crying.”
- “I notice you are very quiet at the moment.”

“I have noticed...” statements are useful in demonstrating to the child that you are thinking about them and holding them in mind. They may or may not respond to you at this point, and you should not expect a response. However, you may want to say more to open up a conversation, by saying things like:

- “Help me understand.”
- “Can you tell me more about that?”

How you approach the conversation will depend on the child’s age, their communication needs, their understanding of sexual abuse, and other factors – see [Chapter 7](#).

8.1 What is the purpose of your conversation?

8.2 What can you say to the child?

- “I have noticed X and I wonder what might be going on for you at the moment.”
- “I have noticed X and would like to understand more about that.”

A graduated approach

Using slightly more directive statements or questions as the conversation develops is known as a graduated approach. For example, you may say:

- “I have noticed X and I wonder what might be going on for you.”

If the child does not say anything in response, it may be helpful to notice another behaviour you may have seen:

- “I’ve also noticed that you don’t seem to want to go home very much.”

Again, if the child doesn’t respond, it may be helpful for you to show you are aware of some of the challenges faced by children:

- “Sometimes, things happen to children in families that make it very hard for children to talk.”

The child may still not respond to you. That is OK, as children rarely tell adults what is happening for them during one conversation; their decision to tell an adult is likely to occur over time as they feel no longer able to contain their feelings. Consequently, it is important to end the conversation by communicating an invitation to talk again, through statements such as:

- “I am around on Monday and Tuesday next week, if you want to talk to me about anything, I will be available then.”
- “I’ll come and visit you again next week and we can talk again.”

Avoiding the ‘why’ question

‘Why’ questions are problematic because they can sound blaming to the child, who may interpret them as accusatory. If you want to understand why they don’t want to go home or why they seem scared of their father, you can instead ask them what it is that worries them about that. For example:

- “What worries you most about going home?”
- “What worries you most about your mum finding out we have spoken?”

Figure 1 illustrates how taking a graduated approach and avoiding the ‘why?’ question can prevent a conversation with a child from being shut down.

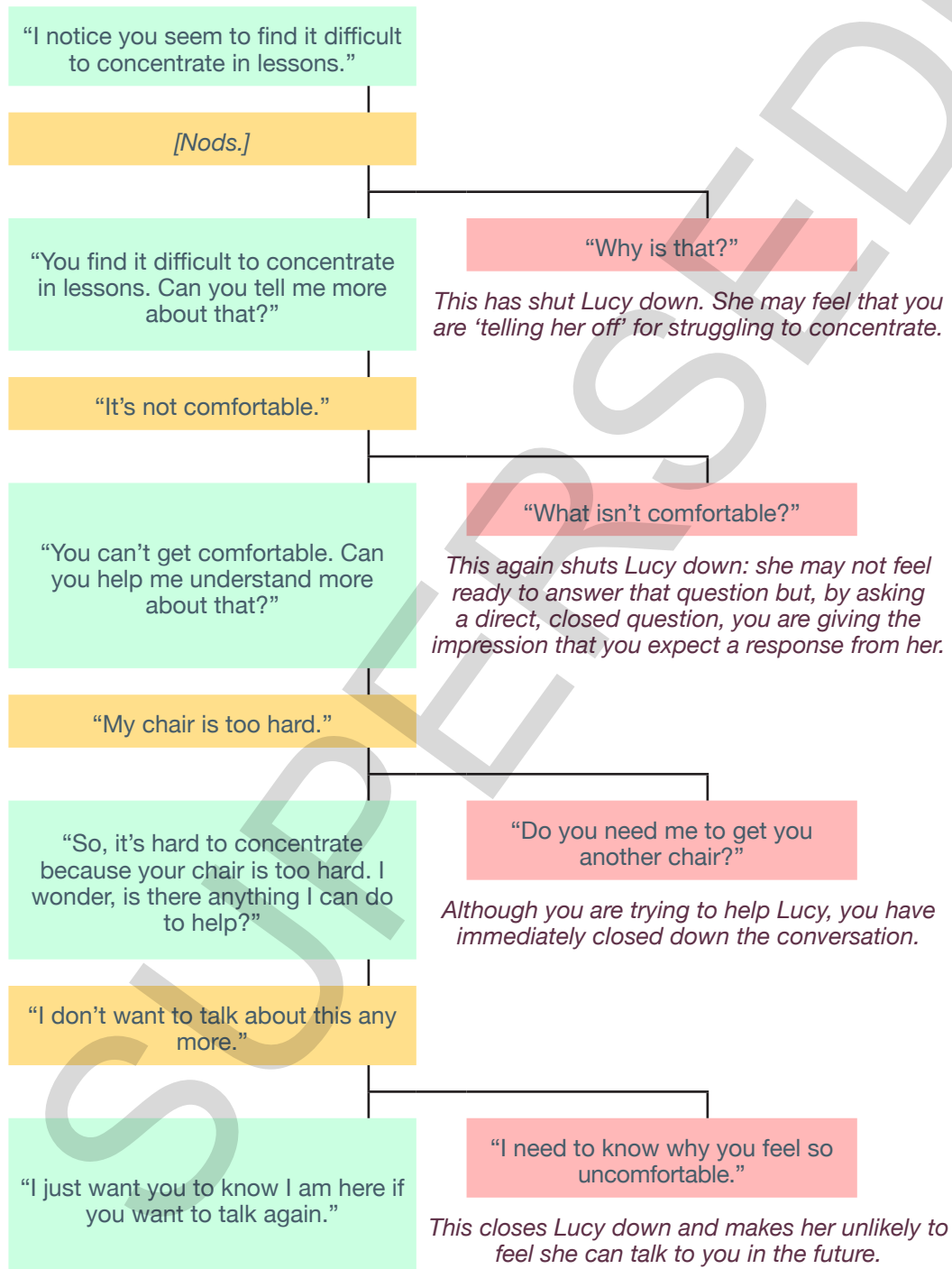
Chapter 6 contains more information about problematic questioning approaches, and effective alternatives.

Figure 1. Different approaches to a conversation, and their effects

Lucy, a seven-year-old girl in your class, is unusually quiet at the moment; she seems distracted in lessons, and recently you have noticed her moving around a lot in her chair during lessons. You are worried about Lucy. You want to speak to her to let her know you are worried and give her the opportunity to talk to you.

You have invited Lucy into your office and ensured that no other children are around. You have a glass of water, some paper and some pencils on the table.

You start off by saying, "I have noticed you seem quiet at the moment, Lucy." Lucy doesn't say anything; she looks down at the table. You say, "Those pencils are there for you if you would like to do some drawing."



Example

You have spoken to James before as you have been worried about him bullying other children.

James: You said I could talk to you...

You: I did say you could talk to me, you can, anytime.

James: I don't like it.

You: You don't like it? Tell me what it is you don't like.

James: What he does to me.

You: You don't like what he does to you. Can you tell me who he is?

James: [Stays quiet for a while.] He does things.

You: Someone does things to you that you don't like?

James: [Nods head.]

You: Tell me more about that.

James: Uncle Brian.

You: Uncle Brian does things to you that you don't like?

James: [Nods head.]

You: Tell me more about that.

James: No, you will tell him I told you.

You: What are you most worried will happen if you tell me more about Uncle Brian?

James: He will tell my mum.

You: So you're telling me Uncle Brian does things to you that you don't like. You are worried that if you tell me more about that, Uncle Brian might tell your mum.

James: Mmm.

You: Tell me more about what Uncle Brian does.

James: He touches me.

You: He touches you.

James: Yes. Down there.

You: So you're telling me Uncle Brian touches you down there. Sometimes when we say 'down there' we might mean different things. What do you mean when you say 'down there'?

James: In my privates.

You: Uncle Brian touches you in your private area. This is not OK, and I need to make sure you are safe. I am going to go and talk to a lady I work with; her name is Samera. Samera works here helping me to make sure children are safe. Do you want to do some drawing here while I go and talk to Samera? I will be back very soon.

When the child has displayed problematic behaviour

If the child you are concerned about has displayed **harmful sexual behaviour**, you may want to ask them questions such as:

- “I’ve noticed you doing X. Some people have different words for this – I wonder what you call it?”
- “I’ve noticed you doing X. I am interested in whether you have seen this somewhere?”
- “I noticed you doing X. Do you want to tell me about that?”
- “I have noticed you doing X. I am interested to know if you have heard about this anywhere?”

If you have noticed that the child is **self-harming**, you are likely to want to ask them about the reasons for this. How you do so will depend on the context, but you may want to use comments or questions such as:

- “I notice you hurting yourself...”
- “I notice you hurting yourself, I don’t want you to be hurt. Is there anything you would like to talk to me about?”
- “I notice you have hurt yourself. Do you want to tell me about that?”
- “How does it feel to you?”
- “Have you seen anyone else do this?”
- “Has anything happened that has made you feel that you want to hurt yourself?”
- “I notice you have hurt yourself. Some people do this if they have been hurt by other people. Is there anything you want to talk to me about?”

Reflection point

After your conversation with the child, think about what they have just told you and how that may or may not have changed your level of concern. Remember:

- If the child has told you something that you think clearly indicates sexual abuse, you will need to follow your safeguarding procedures. **Chapter 10** contains advice on conducting a conversation in which a child is telling about their abuse.
- Clearly and accurately record your conversations with the child (see **section 4.11**). Use their own language and record your professional view.
- Think about what you will say to the child’s parents (see **section 4.12**).
- Think about what support you need in order to support the child.
- If the child hasn’t told you anything which clearly indicates sexual abuse, but you have opened the door to communication, think about what you may need to consider next time you speak to them.

Think about whether you have given the child enough opportunities to communicate with you. Remember, it is not the child’s responsibility to talk to you; it is *your* responsibility to give the child an *opportunity* to communicate with you, either verbally or through their behaviour, and to help them feel safe enough to do so.

9

When the child's case file suggests they have been sexually abused

This chapter is about communicating with children who are adopted, and those in local authority care or receiving support from children's social care (on a child protection plan or child in need plan, or possibly in an early help capacity), if there is information in their file that is highly indicative of child sexual abuse but may have never been spoken about.

How you approach the conversation will depend on the child's age, their communication needs, their understanding of sexual abuse, and other factors – see [Chapter 7](#).

Example

Hassan is 16. He has been in foster care since the age of eight, and has had a number of different placements during this time.

Hassan's file refers to concerns that his father was a known Person Posing a Risk to Children (PPRC). It says that Hassan became very withdrawn when he was approximately four years old, and staff at his school noticed he would often sit in the corner of the room in silence. Hassan's first foster carer noticed that he was reluctant to go to sleep and was very afraid of the dark.

When Hassan started senior school, he often got into fights with other children. When he was 12, he locked another boy in the toilet at school and touched the boy's genital area over his clothing. Hassan did not receive any support around this at the time, and nobody has spoken to him about it since.

9.1 What is the purpose of your conversation?

The purpose of talking to the child in this situation is to ensure they have the opportunity to talk about anything they may have experienced, including sexual abuse.

There may be an assumption that they have been given the opportunity to talk about this before – and as more and more professionals are involved in a child's life, it becomes increasingly likely that each one assumes that someone else must have spoken to the child. However, this is rarely the case: all too often, nobody has ever given them the opportunity to tell that they have been sexually abused.

Children who have been sexually abused for some time may have learned to keep things to themselves, so it becomes harder and harder for them to tell. Consequently, the child needs to understand the purpose of talking to you. What will happen if they do talk to you will depend on their situation, but you need to make clear (while respecting that they may not want to tell you anything) that they can talk to you if they want to.

9.2 What can you say to the child?

It is useful to talk to the child about the things in their file that have caused you concern, as this demonstrates that you are thinking about the child and holding them in mind. They may or may not respond to you at this point, and you should not expect a response.

As the conversation develops, consider including more directive statements or questions (a 'graduated approach') – for example, by showing that you are aware of the challenges that may be facing them.

[Chapter 8](#) contains more information about 'opening a door' for communication and taking a graduated approach.

Example

This is how your conversation with Hassan (see above) could go.

You: I wondered if we could have a chat about something I read in your file.

Hassan: Why? What have you seen?

You: Mrs Johnson from your primary school was quite worried that you sometimes seemed quiet when you were in school. And Jo, your foster carer, noticed you didn't always like to go to sleep.

Hassan: Mmm.

You: Sometimes children go through difficult things but adults don't always ask them about it.

Hassan: Mmm.

You: Sometimes when children have difficulty sleeping at night, it's because something is bothering them. I am wondering whether something was bothering you?

Hassan: Dunno, might have been.

You: Mr Lin wrote about a time when you touched another boy in the toilets at school. Often children do things because something is bothering them – it might be good to talk about that sometime.

Hassan: Dunno.

You: If you ever want to talk about anything, I am here to listen and I will listen to you.

Hassan may not want to talk to you about anything more at the moment, but that is fine – you have opened a door to communication.

Reflection point

After your conversation with the child, think about what they have just told you and how that may or may not have changed your level of concern. Remember:

- If the child has told you something that you think clearly indicates sexual abuse, you will need to follow your safeguarding procedures. **Chapter 10** contains advice on conducting a conversation in which a child is telling about their abuse.
- Clearly and accurately record your conversations with the child (see **section 4.11**). Use their own language and record your professional view.
- Think about what you will say to the child's parents (see **section 4.12**).
- Think about what support you need in order to support the child.
- If the child hasn't told you anything which clearly indicates sexual abuse, but you have opened the door to communication, think about what you may need to consider next time you speak to them.

Think about whether you have given the child enough opportunities to communicate with you. Remember, it is not the child's responsibility to talk to you; it is your responsibility to give the child an opportunity to communicate with you, either verbally or through their behaviour, and to help them feel safe enough to do so.

10.

When the child is telling you (or has recently told you or someone else) that they are being sexually abused

This section applies to those children who have told you something that indicates sexual abuse, whether spontaneously or in response to your concerns and questions.

When a child tells someone they have experienced sexual abuse, they can experience heightened feelings of shame and guilt, often further compounded by the negative reactions of others. However, this should not stop you from giving them opportunities to tell (provided you ensure that they and their family receive the necessary support thereafter.)

Confidentiality is important to children but can be difficult to balance with your safeguarding responsibilities; you may experience a tension around this in your relationship with the child. As it is not possible to maintain confidentiality after they have told you they are being sexually abused, it is important to be honest with them and to explain what information you are going to share with whom.

10.1 What is the purpose of your conversation?

When supporting a child who has told you they have been or are being sexually abused, your primary concern is to ensure the child's safety.

The types of questions you ask are likely to depend on your role. For example, if you are the first person the child has spoken to (the child's 'trusted adult'), you will need to ask enough questions to establish that the child is safe (or what needs to be done to make them safe) and be able to hand over sufficient detail to your safeguarding lead. If you are the safeguarding lead, you may be speaking to the child after someone else has already spoken to them.

Children should not be expected to have multiple conversations with different people; while it is sometimes necessary for more than one person to speak to the child at this stage, this should be carefully considered.

10.2 What questions can you ask?

Sometimes children choose to tell someone they don't know about their abuse once the opportunity arises (during a health appointment, for example); other children choose to speak to someone they know well.

If the child is talking to you, it is important not to shut them down: they have chosen you to talk to and trust. This can sometimes feel daunting, as you may worry about what else they will say or how you will respond.

Bear in mind that the child may not provide much detail about the abuse during your conversation. You can ask questions such as "Can you tell me more about that?", but it is important not to expect a response.

To ensure the child's safety, you may need to ask them specific questions, particularly questions beginning with 'who', 'what', 'where' and 'when':

- Typical questions might be "Who will be at home when you go home later?" or "Who is picking you up from school today?" – and "Tell me when Simon last came into your bedroom," or "Tell me when that last happened."
- If the child uses ambiguous language (e.g., referring to "my flower") you may need to clarify their meaning. You may say, "Children often use different words to describe things; can you tell me what you mean when you say 'flower'?"

- If the child has told you they have been hurt by someone but hasn't given you enough detail to know who the person is, you may ask, "Can you tell me who that is?"

Avoiding the 'why' question

Questions beginning with 'why' should be avoided: they can sound blaming to the child and can be interpreted as accusatory. If you want to understand more about the reasons for a child's fear of going home, for example, ask instead: "What is it you are afraid will happen if you go home?"

Example 1

You: Is there anything else you would like me to do?

Child: I don't want to go home, he comes into my bedroom when I'm sleeping.

You: You don't want to go home. He comes into your bedroom when you are sleeping? Tell me more about that.

Child: I don't like it.

You: You don't like it. Can you tell me who comes into your bedroom?

Child: Simon.

You: Simon comes into your bedroom when you are sleeping?

Child: [Nods head.]

You: Tell me more about that.

Child: He does things.

You: Simon comes into your bedroom while you are sleeping and does things. Tell me more about that.

Child: He plays with his willy and touches my bottom.

You: Simon plays with his willy and touches your bottom.

Child: [Nods head.]

You: When was the last time Simon touched your bottom?

Child: Last night.

You: You have told me that you don't want to go home because Simon comes into your room while you are sleeping and touches your bottom. I need to go and talk to someone about that so we can make sure we keep you safe. Why don't you do some colouring here and I will be back very soon.

Example 2

Child: If I ask you something, will you promise not to tell anyone?

You: I'm really pleased you feel you can talk to me. I would only talk to someone else about what you say to me if I really needed to, and I would always tell you I was going to do that.

Child: OK.

You: Are you feeling OK?

Child: [Shrugs shoulders.]

You: Is there anything you would like to talk to me about?

Child: He says he loves me but I don't know if that's right.

You: He says he loves you but you don't know if that's right.

Child: Yeah. He says he cares about me but I don't know. He has sex with me all the time. I don't like it.

You: He has sex with you all the time and you don't like it.

Child: I hate it. He hurts me when he does it. He is rough and I don't like it. I hate him.

You: So someone has sex with you, they hurt you and they are rough with you.

Child: [Nods head.]

You: Can you tell me any more about who it is that has sex with you and hurts you?

Child: Nigel.

You: Nigel.

Child: Yeah.

You: Talk to me about Nigel.

Child: He lives with us, he's my mum's boyfriend.

You: Nigel is your mum's boyfriend.

Child: Yes. I hate him. He says he loves me but I hate him.

You: When did Nigel last have sex with you?

Child: Last night.

You: When we first started speaking, you asked if I would tell anyone if you told me something. I said I would only do that if I really needed to. I need to make sure you are safe, so this is one of those times when I really need to talk to someone. I am going to talk to my colleague, her name is Leigh. She works here with me and will help me to make sure you are safe. Is there anything you would like Leigh or me to do now?

Example 3

Child: He hurts me.

You: He hurts you? Tell me more about that.

Child: Daddy hurts me.

You: Daddy hurts you. Tell me more about that.

Child: He puts his finger in my fairy

You: He puts his finger in your fairy?

Child: Yes, it hurts.

You: You say Daddy puts his finger in your fairy. Where is your fairy?

Child: Down there.

You: Down there?

Child: Uh-huh.

You: You have told me that Daddy hurts you when he puts his finger down there. I need to go and talk to someone else who works here/with me so that we can talk about what you have told me.

Reflection point

After the conversation, clearly and accurately record your conversations with the child (see [section 4.11](#)). Use their own language and record your professional view.

If the child has told you something that you think clearly indicates sexual abuse, you will need to follow your safeguarding procedures.

Think about what you will say to the child's parents (see [section 4.12](#)).

Think about what support you need in order to support the child.

Talking to children about sexual abuse can be challenging. Think about how you are feeling now. Where can you go to access support? How will you manage your emotional wellbeing, both in and out of work? [Appendix 4](#) contains advice on understanding the impact of working with sexually abused children, and looking after your own wellbeing.

11

When images of the child being sexually abused have been discovered

If you discover or are shown sexual images (including self-generated images) of a child you know (e.g. as their teacher or sports coach), you will need to talk to your safeguarding lead and discuss making a referral to children's social care and/or the police. Do not copy, save or forward the images – not only can this add to the child's distress, but it is an offence to do so. The only people who should be shown the images are the police, and they can retrieve the device in order to do this.

11.1 What is the purpose of your conversation?


In some situations, the child will not know that images of them have been taken, or that these images have been shared online. In these situations, it is advisable to talk with someone who knows the child, to agree how and when to talk to them and the key messages to give them.

The child needs to know that the images have been discovered; if the child is very young and would not understand this information, their parent/carer will need to be informed on their behalf. Once they do know, it is important that professionals find out what has happened to them, because the image may only be part of the story. Providing a supportive response when sexual abuse images come to light can make a crucial difference to the child, both immediately and in the future.

11.2 What can you say to the child?

Once images have been discovered, it is important to let the child know that only those directly investigating the case (e.g. the police) will see the images, and to tell them who else will be told what has happened.

You should be open with the child and explain to them what will happen next:

- Reassure them that they are not in trouble.
- Tell them that they are not to blame – explain, in whatever way is appropriate to their age and understanding, that they may have been/are being groomed (e.g. lured into producing or sharing images by someone who presented to them as a friend or someone they could trust).
- They may be concerned about who may see these images now – tell them all that you know, and assure them of the care that will be taken to protect them. Avoid making false promises, as there may be no way to retrieve the images.
- Ask if there is anything that is currently making them feel unsafe, and what would help them feel safer.
- Ask if there is anything else that you can do to help. Don't presume that you know what may be causing them worry, or what may be important to them. Remember that everyone is an individual – something that seems insignificant to you might make a big difference to the child.
- Ask them what they want to happen next. Make sure they have as much control as possible of what happens next, but do not promise anything that is outside your control. Take time to explain what you understand will happen next, and ensure they are kept fully informed of any actions you take.
- If relevant, tell them about the NSPCC's [Report Remove](#)  tool, which can help young people to remove nude images of themselves from the internet.

How you approach the conversation will depend on the child's age, their communication needs, their understanding of sexual abuse, and other factors – see [Chapter 7](#).

The things you say to the child are likely to be similar to those in situations where a child is starting to tell you about the abuse they have experienced – see [Chapter 10](#).

When a police investigation into sexual abuse of the child is ongoing

This chapter provides guidance on talking with children in cases where there is an ongoing police investigation in relation to child sexual abuse. It is aimed at professionals supporting the child in any capacity (as a teacher of the child, for example, or a community worker supporting the child or their family) while the investigation is ongoing; it does not contain guidance for police officers conducting the investigation.

The purpose of your conversation at this stage is to ensure the child's wellbeing at what is likely to be a very challenging time for them and their family. The child may want to talk to you about everything that has happened to them, and everything about the investigation – or they may want to talk to you about some things or not want to talk about it at all. They may want to talk to you about some things, or need your support, at particular times.

It is important for you to follow the child's lead but also to be aware of ways in which you can help them, even if they don't approach you to talk to you.

A criminal investigation can take a long time to conclude, and many professionals think that children cannot be engaged in therapeutic support while an investigation is ongoing. This is not the case, however, and putting things 'on hold' is not in the child's best interests: they should be offered any support that is useful to them, at the time they need it.

Think about what is happening for the child while the police investigation is ongoing, and how you can best offer them support. Here are some examples of things to consider.

- Can adjustments be made to the day-to-day expectations placed on the child? For example, if the child has attended an Achieving Best Evidence (ABE) interview recently, what adjustments might need to be made at school?
- Is the person suspected of having sexually abused the child able to make contact with the child (including online)?
- How is the child managing on a day-to-day basis? Do they need any additional support?
- Who can the child talk to about their worries? Think about having a named person in each of the settings they attend, e.g. school and youth club.

Regardless of how far the investigation has progressed, you should adopt the following approach when talking with the child.

Provide reassurance

The child will benefit if you reassure them of their safety, as they may fear that the person who abused them will come after them. That person may have created that fear as part of the abuse. It is important that professionals with a safeguarding responsibility ensure that adequate safety plans are in place, and communicate these clearly to the child.

The child may want to talk about what happened constantly or not at all; you should give them the opportunity to do whatever is helpful to them.

12.

12.1 What is the purpose of your conversation?

12.2 How can you best support the child?

12.3 What questions can you ask?

Be attuned to the child's needs

Using phrases such as “I am here for you”, “I notice you” and “I see you” is a very effective way of showing the child that you are attuned to their needs.

Keep the child informed

The child may worry about who knows their information, so will appreciate having this explained to them. It will also be helpful for you to know how the investigation is progressing, so that you can inform them of this in a way they will understand.

You may worry about how much to say to the child or what you can or can't say while the investigation is ongoing. With regard to the sexual abuse itself:

- If the child chooses to talk to you about aspects of the abuse that they have already reported, you should let them speak, record what they say and pass the record on to the investigating police officer – but do not ask them questions about what they tell you, or comment on it.
- If the child is talking to you about any aspect of the abuse that they have not already reported, you can talk to them about it, following the advice in **Chapter 6**.
- If you're unsure whether the child is telling you information that they have not previously reported, try to ask the child whether they have already told it to someone else.


It's important to let the child know that you know about the ongoing investigation. And there are lots of things you definitely can and should talk to them about, such as asking them:

- “How are you?”
- “How are you feeling?”
- “How are you sleeping?”
- “How are you eating?”
- “Is there anything I can do to help?”
- “Is there anything you need?”
- “Would you like to talk to someone about how you are feeling?”

Parents whose child is going through any form of investigation are likely to be experiencing a number of challenges. An investigation carried out by children's social care will consider the whole family, and the parents may feel blamed by the professionals around them; similarly, a criminal investigation can be extremely challenging for families to manage. Some things to think about are:

- Are there any expectations placed on the parent(s) which they may be struggling to meet – and if so, can you offer them any support? This may be as simple as helping them to think about accessing support with daily living tasks. (If the child has been abused by a parent or a parent's partner, the non-abusing parent may be having to take on additional roles – such as household chores or the school run – which the other parent/partner previously performed.)
- Would the parent(s) like support in knowing how to talk to their friends and family about what has happened? In situations where a child has been abused by a parent or a parent's partner, the non-abusing parent is often advised not to talk about what their partner has done; this can lead to feelings of isolation and loneliness. Ask the parent who they would usually turn to for support, and whether they would like any help to talk about what has happened.

Ask the parent(s) the same basic questions (“How are you?” etc – see section 12.3 above) as you ask the child.

For further advice, see the CSA Centre's guide [Supporting Parents and Carers](#) .

Reflection point

Criminal investigations can also be challenging for professionals to navigate; regardless of your role, you are likely to feel an emotional investment in the process. Think about how you can access support and how you can look after your own emotional wellbeing (see [Appendix 4](#)).



13.

When a police investigation into sexual abuse of the child has not been pursued or has not resulted in a conviction

This chapter is for professionals whose role is to support children outside the criminal justice system. It provides guidance to any professional involved in supporting a child whose case has not been pursued down the criminal justice route or where there has not been a conviction.

Remember that protective action should continue even if there is no criminal prosecution or conviction. The two arms of the law work separately.

13.1 What is the purpose of your conversation?

Most criminal investigations into child sexual abuse do not progress to a conviction. Under these circumstances, the child will need to be reassured that this is not their fault. They may feel that they haven't been believed, and may doubt that the adults around them can be trusted to keep them safe. This is a time when they need consistency, reliability and reassurance.

Your conversations with the child should therefore offer this reassurance and continued support. In the absence of a conviction, prosecution or even investigation, there can be a tendency for professionals to believe that the child was not sexually abused – but this is very rarely the case, and it is important to maintain your stance of belief throughout your work with the child.

The investigation and any legal proceedings are just one part of the child's experience, and should not influence the support offered to the child.

It is likely that you will also need to reassure the child that they are safe, particularly if there has been a court case and the person accused of harming them has been found not guilty.

Reflection point

We know that there is often a tendency for professionals to think that, if there has not been a conviction, the abuse may not have occurred. If that has just happened in a case you are working on, is this something you are thinking? It might help to talk about it in supervision, so you can think through any thoughts or concerns you may have.

Messages that are important to share with the child are:

- “The result does not mean we don’t think the abuse happened.”
- “It is not your fault this outcome happened – you did everything you could.”
- “I will do everything I can to help you and keep you safe.”
- “I will help you get access to any support you need.”

Remember the questions you can ask the child to establish and ensure their physical and emotional wellbeing:

- “How are you?”
- “How are you feeling?”
- “How are you sleeping?”
- “How are you eating?”
- “Is there anything I can do to help?”
- “Is there anything you need?”
- “Would you like to talk to someone about how you are feeling?”

It is important for you to think about the child’s support needs at this time. Ask yourself:

- whether you need to make a referral for therapy or counselling
- what the support needs of the child’s family are
- whether any arrangements can be put in place in school to help the child feel safe
- whether you need to make any referrals in relation to the child’s physical health (if they are experiencing persistent headaches, stomach aches etc)
- how the child is feeling, and what you can do to help them
- whether the child needs any support in talking to their friends about their experiences.

13.2 What can you say to the child?

13.3 How can you best support the child?

13.4 Talking to the child's parents

If the case has not progressed to prosecution or resulted in conviction, the child's parents are likely to experience a range of emotions including relief, guilt, anger, sadness and confusion. Under these circumstances, the parent(s) may question what the child has said, and it is important that you share very similar messages with the parent(s) as you do with their child.

- “The result does not mean the abuse didn't happen.”
- “It is not your (or your child's) fault this outcome happened – you both did everything you could.”
- “I will do everything I can to help your child safe.”
- “I will help you and your child get access to any support you need.”
- “Please remember that most child sexual abuse investigations do not result in a conviction. It is really important that you keep sharing the message that you believe your child”

The parent(s) may be scared that the person who abused the child will try to make contact with them or their child. You can speak with the police officer who investigated the case to find out whether any other restrictions have been placed on the person who abused the child. For example, a court may have granted a civil order such as a Sexual Risk Order, which puts particular restrictions on a person who may pose a sexual risk but has no convictions for sexual offences. If this has not happened, remind the parent that they can contact the police if they have any worries about their or their child's safety.

Remember how challenging these situations may be for parents, and ask them the same questions about their physical and emotional wellbeing as you ask their child (see section 13.2 above).

For further advice, see the CSA Centre's guide [Supporting Parents and Carers](#) .

SUPERSEDED

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appendices

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Appendix 1. How should young people respond if a friend or peer tells them about sexual abuse?

It is important to educate young people on how to respond if a friend or peer says they have experienced sexual abuse. This should help them to feel more confident in hearing this information and know how to respond – which, in turn, should mean that children experiencing sexual abuse are better supported.

As part of this education, you can give young people the following messages:

What can I say if my friend tells me they have been sexually abused?

- Listen to them and give them a chance to speak without judgement.
- Ask them how you might be able to help.
- Show that you believe them and support their decisions.
- Remind them that no one has the right to hurt them and that, no matter what, it's not their fault that this happened.
- Encourage them to tell a trusted adult

What if they ask me to keep it a secret?

If a friend asks you to keep something secret, it's normal to not want to break their trust, or worry they might fall out with you if you tell someone.


But if you don't feel comfortable with what they've told you, or you think they or someone else could be in danger, you could:

- ask them to tell an adult they trust
- tell them you need to tell someone because you are worried about them, but ask them whether there's a particular person they would like you to talk to.

It might feel like you're breaking their trust, but it's important to tell a trusted adult what your friend has said, to make sure you're both safe.

Adapted from Mind (2020).



For more information on how young people can help friends in distress, see Childline's [Helping a friend](#)  webpage.

Appendix 2: Memory and questions

Memory contains three stages: encoding (registering an experience), storage (committing memory to storage) and retrieval (recalling the past and remembering one's experiences). A memory of an experience is stored not as a single memory trace, but as a series of fragments that we piece together when asked to recall and relate that experience.

When children are asked questions, they retrieve and recount their memories to us. Responding to open questions ('Tell me...' questions that call for a narrative response, e.g. "What else happened?"), they are remembering past experiences actively by using recall. In response to closed questions (closed 'wh' questions, option-posing or yes/no questions, including those worded suggestively), they 'remember' by recognising whether the information provided is true or not. Recall is more accurate than recognition. If they are asked misleading questions, their memories can be distorted – and they then tend to persist with their distorted memory, making further clarification difficult.

Memory and child sexual abuse

Sexual abuse can affect a child's capacity to encode and register experiences, store them in memory, and recall and retrieve them later. There are three reasons for this:

- Children may struggle to attribute meaning to their experiences of sexual abuse, resulting in less elaborate and more disorganised narratives than narratives about other stressful experiences. Stress can affect memory in several ways: the release of high levels of stress hormones can disrupt child's memory storage and retrieval processes, and a psychological tendency to disassociate or 'switch off' during trauma will affect observation and recall.
- Research on memory has shown that events that are unspoken and remain secret (such as experiences of child sexual abuse) can be less organised and structured, and thus harder to retrieve.
- It may be months before a child can relate a traumatic event that they experienced, simply because the fear causes them to suppress their memory.

Memory and child development

Children cannot usually remember experiences from their first year of life. Late in the second year, children start remembering some experiences. For a long time, it was thought that the ability to remember was closely related to the development of language, but we now know that infants can remember some of their experiences well before they acquire language.

At around 20 months, children start to be able to talk about their experiences, but they may struggle to convey their memories to others while at the same time relating their memories to themselves. Children below the age of three have significant difficulties in retrieval of memory, and of producing a narrative account of an experience, even if they are capable of recalling it.

During the third year of life, children can relatively freely recall experiences from several months earlier, but they need questions from an adult to be able to do this. They perform better with open-ended directive questions rather than invitations; 'what', 'who' and 'where' questions are generally understood first. They may not understand why they need to tell what happened; in fact, they may assume you already know.

Preschool children are more likely than older children to be confused about the exact source of their memories (when and where things happened, and whether they were imagined or directly experienced); consequently source errors can

happen, particularly when responding to suggestive questions or when recalling weaker memories.

In practical terms, young children may not comply with adult expectations when answering questions: they may attempt to answer questions they do not understand with a single word, or unintelligibly, or by showing rather than telling.

By approximately eight years of age, children's capacity to encode, store and retrieve information is on a par with adults'. They are better able than younger children to communicate their memories, because their knowledge of the world is greater and they know what to expect from situations. By middle childhood, most have the ability to distinguish accurately the source of memories (when, where, with whom).

By the age of 10–12, children can become as adept as adults at remembering prior experiences, and at telling about them to adults.

Reducing suggestibility

Experimental studies have demonstrated that, when children are asked questions about their experiences, the type of question and how it is asked affect the accuracy of their answers. If the questions are leading or introduce new or false information, children can be misled about what has actually occurred. There are three ways in which this may occur:

- The new, suggested information overwrites or distorts the child's original memory, either by supplanting it or by creating a blended new memory of both original and suggested information.
- The original information may not have entered the child's memory in the first place, and the suggested information is new.
- The original and suggested information exist side by side in memory – but when the child recalls the information, they report the most recent, suggested information.

Question types that have been shown to increase suggestibility are outlined in **Chapter 6**, along with advice on alternatives that reduce the chances of misleading the child.

Younger children are more suggestible than older ones. However, research has shown that events of central importance to the child are more robust and difficult to distort. Children with intellectual disabilities tend to be as suggestible as typically developing children of the same mental age. Autistic children are not more suggestible than neurotypical children.

Appendix 3. Child development

Section 7.1 explains how you should vary your approach to communicating with a child according to their age. This appendix gives an overview of child development from birth to the age of 18.

0–2 years

Babies as young as nine months may begin to use single words such as “mama” or “dada”, and by the age of two a child may be able to string some words together.

By the time a child reaches 18 months, they may be able to communicate how they are thinking and feeling through the use of gestures or basic sign language.

Receptive language (the ability to understand words) appears to develop sooner than expressive language (how the child uses words); this suggests that children can understand what is said to them before they can verbally communicate themselves.

3–5 years

From the age of two to five years, children’s use of language can develop significantly. Their vocabulary may increase from 50 to 3,000 words, but some children’s language develops much more slowly or not at all.

At around three or four years old, many children can identify and label their emotions and are developing the capacity to self-soothe when distressed. However, this will very much depend on the environment they are living in: self-soothing is learnt from the child’s primary caregivers, and may be delayed if the parent(s) struggle to manage their own emotions or behave neglectfully or abusively towards the child.

Compared with older children, they are less able to work out what others know or need to know, and find it difficult to identify how they have acquired their own knowledge. Both these abilities are linked to theory of mind: the understanding that others have beliefs, knowledge and intentions that are different from one’s own. Theory of mind typically develops between the ages of three and five. Children who do not yet have a robust theory of mind will need help with understanding that others do not know what they know.

6–9 years

A number of developmental changes are happening for children in this age group:

- The child’s sense of their place in the family is developing and may feel somewhat contradictory, in that they may feel a strong need to be part of a family while simultaneously developing their independence.
- Their sense of morality is also developing, and they are beginning to develop empathy (although empathy is not fully developed for many more years).
- They are starting to develop their social conscience and are likely to be navigating their way around making decisions. For example, they may be having thoughts such as “I want to take that, but my parents will be unhappy with me if I do.”
- They are beginning to strengthen their relationships with peers, and these relationships are becoming increasingly meaningful.

10–13 years

Children at this age are beginning to reason in more logical ways, and their capacity for complex problem-solving is developing. They may be using language in more complex ways, including to tell detailed stories, engage in arguments or debates, and differentiate between fantasy and reality.

Their sexual awareness is growing, and they may experience embarrassment, shame, guilt and excitement in relation to these developing feelings. Some may reach puberty, a time bringing a number of emotional as well as physical changes.

They may prefer to communicate using technology – for example, regularly using online gaming and social media to communicate with peers. This may bring them some confusion as they are exposed to potentially new information and material (e.g. pornography).

14–15 years

At this age, young people may appear less communicative as they try to navigate the complexities of managing emotions, solving problems and developing relationships. They may prefer to communicate via technology as this gains increasing prominence in their world. The world may seem very complex for them as they become exposed to a wide range of different material and messages. This is also a time where they may begin to develop sexual relationships.

As young people become exposed to different messages, you should be mindful of the impact this can have on their mental health. At this age they are particularly vulnerable to engaging in self-injurious behaviours, experimenting with drugs and alcohol, developing eating disorders, and other mental health concerns. It is important to note, however, that these difficulties may be present at any age.

16–18 years

By the age of 16, many young people are developing the ability to think abstractly, deal with several concepts at the same time, and imagine the future consequences of their actions. This type of thinking in a logical sequence continues to develop into adulthood.

Young people in this age group are learning to process more complex problems, understand analogies and develop and test theories. Their written and spoken language is becoming more and more sophisticated, and they may be developing their knowledge and grasp of moral, social or philosophical concepts.

Appendix 4. Looking after your own wellbeing

The impact on you

People who work closely with children deal with the day-to-day tasks of helping the child and their family live with the secondary physical, psychological and social consequences of child sexual abuse.

It is therefore critical that you understand the psychological and emotional impact of working with children who have been sexually abused, if you are to stay healthy and effective in your role. Maintaining your energy levels, and your feelings of self-worth and self-esteem, is essential to ensure that you can support children effectively and preserve your own emotional wellbeing.

Supporting children who have experienced child sexual abuse can be emotionally draining, and can trigger responses if you have your own experiences and history of sexual abuse. The effects can include:

- feeling overprotective towards children in your life
- having trouble sleeping
- feeling angry, frustrated or disillusioned
- finding it difficult to empathise.

Vicarious trauma

If you don't look after yourself when working with distressing and disturbing material, your own wellbeing may deteriorate, leading in some situations to vicarious (or secondary) trauma. This is the trauma you may experience when you are exposed to a traumatic event such as supporting a child who has been sexually abused.

There are three important things to know about vicarious trauma:

- It manifests differently in each individual.
- It can occur as a result of exposure to one case, or may be cumulative (with the effect intensifying over time and with multiple clients).
- It is pervasive, affecting all areas of your life including your emotions, relationships and view of the world.

While you may be unlikely to experience vicarious trauma, you may experience 'burnout'. This is a state of emotional, physical and mental exhaustion, and can develop if a person has been under stress for a prolonged period. They feel powerless, and may think that there is nothing they can do about their situation or that there is no point.

Acknowledging that working with sexually abused children can affect your health and wellbeing is the most important first step in preventing it from occurring.

The *Vicarious Trauma & Self-care Toolkit* [📄](#) produced by the Toronto Youth Equity Strategy provides useful information about preventing vicarious trauma.

What can you do?

To look after yourself when working with children who have been sexually abused, make time to switch off and relax by:

- going for a walk or doing other physical exercise
- talking to a friend
- going to the gym
- taking a long bath
- cooking a nice meal
- listening to music.

You may also find it useful to access therapy or counselling.

At work, it's important to:

- seek support with the issues and challenges you are facing
- avoid taking on additional pressures or responsibilities.

Your employer may be able to provide you with some support, perhaps through supervision or support from peers. Some employers have employee welfare schemes that can provide access to counselling.

You can find information for professionals working with abuse on the Upstream Project's [Looking after yourself](#) webpage. You can also get help and support from the mental health charity [Mind](#).

If you are personally affected, you can:

- find help, support and advice in your area through the [Survivors Trust directory of services](#)
- call the [Rape Crisis](#) helpline on 0808 802 9999, which can also tell you where your nearest services are located if you would like face-to-face support or counselling
- call the [National Association for People Abused in Childhood](#) on 0808 801 0331
- find online help for male survivors of sexual abuse and rape from [Survivors UK](#).

Appendix 5: Resources and sources of information

Resources for professionals

The following resources are included here as they provide particularly helpful information. They include resources produced outside the UK which we consider relevant.

Resources available online

| Title | Produced by | What is this? |
|---|---|---|
| <u><i>Child Development and Trauma Guide</i></u> | Government of Western Australia (2010) | A guide to the needs of children at different ages, and their parents and carers, when trauma has occurred. |
| <u><i>Children and Young People Presenting with Harmful Sexual Behaviours: a Toolkit for Professionals</i></u> | The Children's Society (2018) | Guidance for those working with children who have sexually harmed. |
| <u><i>Information Guide for Professionals</i></u> | Somerset Phoenix Project | A guide to working with children and families affected by child sexual abuse. |
| <u><i>Recognising and Responding to Harmful Sexual Behaviour Displayed by Young People in Sport</i></u> | NSPCC Child Protection in Sport Unit (2022) | Advice to help professionals address harmful sexual behaviour in this context. |

Books

Calder, M. (ed.) (2009) *Sexual Abuse Assessments: Using and Developing Frameworks for Practice*. Lyme Regis: Russell House.

Smith, G. (2008) *The Protectors' Handbook: Reducing the Risk of Child Sexual Abuse and Helping Children Recover*. London: BAAF.

Still, J. (2016) *Assessment and Intervention with Mothers and Partners following Child Sexual Abuse*. London: Jessica Kingsley.

Resources for sexually abused children and their families and friends

| Title | Produced by | What is this? |
|--|----------------------------------|--|
| <u>Still We Rise: A Guide for Parents and Carers Supporting Young Women around the Issue of Gender-based Violence</u> | Women & Girls Network (2020) | A guide to identifying the signs of gender-based violence, understanding the trauma it causes, and offering effective support. |
| <u>What's the Problem? A Guide for Parents of Children and Young People Who Have Got into Trouble Online</u> | Lucy Faithfull Foundation (2017) | A resource for the parents and carers of children found to have been engaging in concerning activity online. |
| <u>Living and Coping with Child Exploitation</u> | PACE | Guidance for parents in relation to group-based abuse. |
| <u>How can I help someone else seek help and How do I support my friend?</u> | Mind | Advice for the family and friends of young people experiencing mental health problems. |
| <u>Helping a friend</u> | Childline | Advice for young people. |
| <u>Going to court</u> | Victim Support | Advice for young people. |

Organisations providing information for people concerned or affected by child sexual abuse

| Organisation | Details |
|--|---|
| <u>Parents Protect</u> | Information and resources for parents concerned about child sexual abuse. |
| <u>Stop It Now!</u> | Information and a confidential helpline, live chat and secure messaging service for anyone with concerns about child sexual abuse prevention. |
| <u>The Upstream Project</u> | Online resources for adults (including parents and professionals) concerned about child sexual abuse; includes information about preventing abuse, particularly in relation to noticing the signs of abusive behaviour. |
| <u>Family Rights Group</u> | Advice for parents, grandparents, other relatives and friends of children who are in need, at risk or in the care system in England and Wales, explaining their rights and options when social workers or courts make decisions about these children's welfare. |
| <u>The Marie Collins Foundation</u> | Support for children and young people who experience sexual abuse facilitated by the internet, and for their families. |
| <u>NSPCC</u> | Charity specialising in child protection and dedicated to protecting children from abuse. |
| <u>Equally Safe at School</u> | Tools and resources developed to help secondary schools take a whole-school approach to preventing gender-based violence; some of the resources are also relevant to young people and their parents. |

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The photographs in this publication were taken using actors and do not depict actual situations.