

Centre of
expertise
on child
sexual abuse

Specialist support for parents and carers of sexually abused children

A guide for funders
and commissioners of
support services



May 2026

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

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

We aim 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.

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

The Centre of expertise on child sexual abuse (CSA Centre) is committed to improving the support available to the parents and carers of sexually abused children.

Learning that their child has been sexually abused is one of the most devastating experiences that parents and carers can go through. It has been described as both a “multi-dimensional, dynamic process” (Alaggia, 2002) and a “systemic trauma” (Kilroy et al, 2014), involving a complex web of emotional, cognitive, relational, social and practical impacts. These combined effects can impair parents’ and carers’ ability to provide essential responses to their child, such as believing them, protecting them and supporting their recovery and healing (McGookin, 2023).

Members of the CSA Centre’s Parents with Lived Experience Group have told us how lost they felt at this time:

“Following your child’s disclosure you are in a very lonely, isolating, dark time. If I had known where to go for help, I would have tried to find it, get the support I needed. I felt no one knew how I was feeling.”

“I never thought my children would have been victims of child sexual abuse. It is vital there is support available for the families affected to reduce further trauma and provide ongoing support to give them the best possibility of a fulfilling future.”

Parents and carers have a vital role to play in enabling the whole family to heal from the impacts of child sexual abuse, and in protecting their child from further abuse – but they are likely to be experiencing major trauma themselves once the abuse has been discovered (Fassler et al, 2005; Kilroy et al, 2014). Again, members of our Parents with Lived Experience Group have emphasised the importance of support for parents and carers in enabling them to care for their child:

“For the non-abusive parent to care, love and support their child following a disclosure of child sexual abuse, they too need that support provided to them. You can’t give from an empty cup.”

“Victims of child sexual abuse need to have a loving family to support them and help them heal. That is why it is so important to support the non-abusive parent and families in any way possible.”

1.1 Who is this guide for?

This guide is aimed primarily at anyone responsible for funding and commissioning services in England and Wales relating to child sexual abuse. This includes, but is not limited to, local authorities, NHS England and NHS Wales, Integrated Care Boards and Police and Crime Commissioners.¹ It is also likely to be useful to the providers of specialist child sexual abuse support services.

It sets out a framework of the specific types of support that should be available for non-abusing parents and carers of children who have been sexually abused, and the particular support needs of different groups of parents and carers, so that you can:

- better understand why parents and carers need a wide range of support, and the forms that this support may take
- map and assess the provision of different types of support for parents and carers in your local area or region, identifying gaps which funding or commissioning decisions can address.

Assessing the provision of support can also:

- help service providers to collaborate and avoid duplication of their support offers
- facilitate parents' and carers' access to appropriate support, as services will be able to refer them to the support that will best meet their needs.

1.2 Why have we developed this guide?

The CSA Centre has previously carried out some work in relation to support for parents and carers:

- Two early knowledge reviews (Scott and McNeish, 2017; McNeish et al, 2019) identified a need for parents and carers to receive targeted support – and for practitioners to understand better how to respond to them.
- Our [Supporting Parents and Carers Guide](#) (Parkinson, 2022) helps professionals understand more about how child sexual abuse affects parents, carers and their children. Exploring the impacts of child sexual abuse carried out in different contexts, and how such abuse can affect families differently, the guide explains why parents and carers need a supportive response, and what this involves – as well as providing lists of organisations and resources which can support professionals in their work and be shared with the parents and carers they are working with.

More recently, [our guide to funding and commissioning child sexual abuse services](#) (Kewley and Breen, 2025) set out the types of intervention needed to ensure that comprehensive support is available for victims/survivors of abuse and their family members. It included a '[child sexual abuse support matrix](#)' – an audit tool for use by funders and commissioners in mapping and assessing the existing provision of support for different people affected by child sexual abuse.

We began to develop this new guide in response to a request to produce a version of the support matrix that is specific to the support needs of sexually abused children's parents and carers. For details of the work conducted to gather evidence for the guide's development, see [Appendix A](#).

1. In 2025 the UK Government announced the abolition of NHS England, with its functions to be transferred to direct control by the Department of Health and Social Care; the process is ongoing, with full transition targeted for 2026/2027. Police and Crime Commissioners are set to be abolished by the UK Government, with the role ceasing to exist in 2028,

Recent developments in UK Government policy and legislation (see box) have stressed the importance of appropriate and holistic support for victims of child sexual abuse and their families. But there is a danger that the specific support needs of parents and carers will be overlooked; we hope that this guide will help prevent that from happening, by highlighting why that specific support is needed, what it should look like, and how funders and commissioners can ensure it is available.

Recent policy and legislative developments

Victims and Prisoners Act 2024

The [Victims and Prisoners Act 2024](#) strengthens the statutory framework for the provision of support to victims of crime in England and Wales. It requires criminal justice bodies to promote and monitor compliance with the Victims' Code, and introduces (in sections 13–15) a joint duty on Police and Crime Commissioners, Integrated Care Boards and local authorities to collaborate when commissioning community support for victims of sexual abuse, domestic abuse and serious violence.

The joint duty includes a requirement to prepare and publish a local needs assessment and strategy, which must consider the particular needs of children and of people with protected characteristics; it must also take account of victims' and service providers' views, supporting consistent referrals and access to specialist help for child victims and their non-abusing parents and carers.

The Violence Against Women and Girls Strategy

Under its Violence Against Women and Girls (VAWG) Strategy 2025–2030 (Home Office, 2025), the UK Government has committed to a national rollout of 'Child Houses', with £50 million invested to expand the Child House model across all NHS regions in England.

Child Houses, based on the Scandinavian Barnahus model, provide multi-agency, child-centred wraparound services for children who have been sexually abused, along with their non-abusing parents, carers and other family members. They integrate medical, therapeutic, advocacy and investigative support under one roof, minimising re-traumatisation by reducing the need for multiple interviews or appointments across different agencies.

Wraparound services in Child Houses typically include:

- forensic medical examinations and evidence collection in a child-friendly environment
- therapeutic interventions for children and families, including trauma-focused therapy
- advocacy and legal guidance for parents and carers to navigate justice processes
- emotional and practical assistance, such as safety planning and referrals to specialist programmes
- emotional and practical assistance, such as safety planning and referrals to specialist programmes
- family-inclusive sessions to rebuild relationships and address systemic trauma.

The lack of available support for parents and carers

It is also important to acknowledge the scarcity of support for parents and carers of sexually abused children. The widening gap between parental need and available help was highlighted by the CSA Centre's report *Support Matters for Parents* (Steele and Parkinson, 2026), which reported the findings of an online survey completed in late 2024 by 84 services supporting non-abusing parents and carers:

- Two-thirds (n=57) of these services said they faced uncertainty about their future funding, and almost three-quarters (n=59) identified funding and commissioning as one of their greatest challenges.
- Almost half (n=38) were operating waiting lists for parents and carers or not accepting new referrals; waiting times were typically between one to six months, but could be up to two years.
- Some services were facing closure because of uncertainty over future funding.

By comparing the number of services with the estimated number of child victims of sexual abuse, the report showed that there were around 8,500 child victims for every service supporting parents and carers across England and Wales, with huge disparities across regions (see Figure 1 overleaf).

It concluded that, unless there is coordinated and sustained long-term investment to support a more diverse and flexible range of interventions reflecting parents' and carers' varied and complex situations, the gap between parental need and available support will continue to widen – leaving many families without help at a critical time.

1.3 Definitions

Child sexual abuse involves many different, often overlapping types of abuse in a range of contexts; our [Typology of child sexual abuse offending](#) (CSA Centre with CATS, 2020) contains more information. Examples (which may overlap) include child sexual abuse within the family, group-based child sexual abuse, child sexual exploitation, harmful sexual behaviour by other children (including siblings); and child sexual abuse in an institutional context; most child sexual abuse has an online element, and some takes place solely in online contexts.

By '**support intervention**', we mean some kind of specialist provision which focuses on the needs of non-abusing parents and carers of sexually abused children. This includes therapeutic or wellbeing interventions, as well as practical measures such as information provision, access to services, and legal responses.

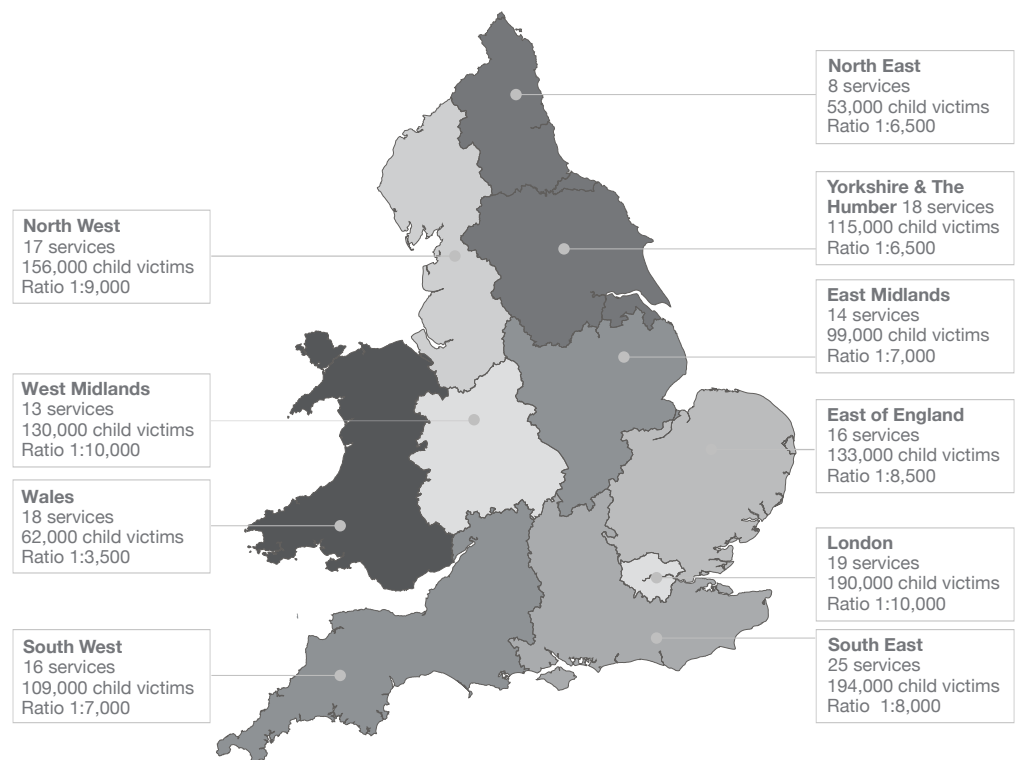
We use the term '**non-abusing parent or carer**' to encompass any 'safe' parent or carer in a parental or principal care-giving role to a child – they may be, for example, the child's biological parent, step-parent, adoptive parent or other relative in that role – who has not been involved in the sexual abuse of the child. (This should not be taken to imply that another parent or carer is involved in sexually abusing the child; in many situations, there is no parental/carer involvement in the abuse.) We have chosen this term for its clarity and widespread use in child safeguarding literature and policy. We recognise, however, that it is not unproblematic as it risks oversimplifying complex family dynamics and overlooks the ways in which fear, coercive control, limited information or systemic barriers may constrain a parent's or carer's ability to recognise and respond to abuse.

1.4 Using this guide

The rest of this guide sets out:

- the key principles underpinning the need for the parents and carers of sexually abused children to receive a wide range of support (see [Chapter 2](#))
- the range of different support interventions that should be available for parents and carers (see [Chapter 3](#))
- how the diversity of parents' and carers' backgrounds, characteristics and needs should be taken into account when funding and commissioning support services (see [Chapter 4](#))
- how funders and commissioners can assess the level of need for specialist support targeted at parents and carers in their local area, and the current availability and nature of that support – including through the use of our audit tool (see [Chapter 5](#)).

Figure 1. Distribution of services supporting parents and carers of sexually abused children, relative to the estimated number of child victims, in each region of England and Wales



n=145 local, regional and multi-regional services supporting parents and carers; services working across England (n=4) or across England and Wales (n=28) are not shown. Darker shading represents a higher number of services relative to the estimated number of child victims in the region, calculated as 10% of the Census 2021 population figures for under-18s per region (Office for National Statistics, 2024). Population figures are rounded to the nearest thousand; ratios are rounded to the nearest 500. Multi-regional services are listed in all of the regions where they were operating.

Key principles underpinning effective support for parents and carers

2

Our framework of support interventions for parents and carers is grounded in the following eight principles, which explain why this support is vital, what happens when it is not provided and the different aspects of parenting that require support. The principles have been developed with parents, carers, and services supporting them, and are grounded in evidence from published research.

When their non-abusing parent(s) or carer(s) believe and support them, sexually abused children have the best chance to lead a happy and healthy life	Blaming and shaming non-abusing parents and carers exacerbates the impact of their trauma and causes long-term harm to them and their children
Non-abusing parents and carers are too often harmed by a system that is supposed to be supporting them	Children hold back from reporting sexual abuse to protect those they love; they need to know that support is available for their families too
Non-abusing parents and carers need to be treated with compassion, respect and dignity, and offered support that addresses their individual needs	Non-abusing parents and carers should always be recognised and supported as victims in their own right
Non-abusing parents and carers are key safeguarding partners, and should be engaged and supported as such	Non-abusing parents and carers need appropriate support so their child does not feel the burden of healing the family and has the chance to move forward from the abuse

This chapter explains *why* these principles underpin effective support for parents and carers. Quotations from parents, taken from published research or from interviews conducted by the CSA Centre as part of its 'Improving Support for Parents and Carers' programme, highlight the importance of each principle.

2.1 When their non-abusing parent(s) or carer(s) believe and support them, sexually abused children have the best chance to lead a happy and healthy life

“I’m just so proud of her and where she’s at now. And I would lay my life down in a heartbeat if it meant that she didn’t have to go through what she’s been through. But we can’t change that. So, what we can do, and very early on when she made the disclosures, all my energy and focus went into ‘This will not define her life in a negative way.’” (CSA Centre interview with parent, 2026)

- Support from non-abusing parents and carers is consistently associated with children’s longer-term recovery following sexual abuse. The **caregiving environment profoundly shapes the trajectory of healing**, with stable, supportive parental care linked to improved psychological outcomes and resilience (Fassler et al, 2005; Kilroy et al, 2014).
- Following sexual abuse, children tend to show better long-term adjustment if they have at least one non-abusing parent or carer who **believes, protects and supports** them, compared with those whose parents or carers respond with disbelief, minimisation, or inaction (Elliott and Carnes, 2001).
- **Maternal support** is strongly correlated with positive child adjustment: Zajac et al (2015) reported that supportive maternal responses were associated with fewer symptoms of post-traumatic stress disorder (PTSD), depression and anxiety, whereas blame and doubt were linked to greater behavioural difficulties. Nevertheless, support from both fathers and mothers influences children’s healing pathway (Cyr et al, 2014).
- Importantly, **these benefits are not limited to childhood**. Among adult survivors of child sexual abuse who recalled parental support when the abuse had been identified, Godbout et al (2014) observed that levels of attachment security, psychological health and relationship quality were comparable to those among non-abused adults; a lack of parental support was associated with poorer outcomes. Lind et al (2018) further showed that perceived parental warmth during childhood predicted greater resilience in child sexual abuse survivors decades later, underscoring the enduring influence of supportive caregiving.
- A **stable family environment** also plays a significant role. Fassler et al (2005) found family cohesion, expressiveness and low conflict added substantially to predictions of sexually abused children’s wellbeing in adulthood, although this varied depending on the characteristics of the abuse.

2.2 Blaming and shaming non-abusing parents and carers exacerbates the impact of their trauma and causes long-term harm to them and their children

“As a mother you’re supposed to be a protector, and you’ve failed haven’t you ... I went through every negative thought. I still do to some degree. No matter how much knowledge you have I still feel partly responsible.” (Parent cited in Hill, 2001:388)

- Parents and carers often report being treated as **“inadequate”** or perceived as **partly responsible** for their children’s abuse (Pike et al, 2019).
- Professional responses and interactions within the child protection, social care and legal systems can impose systemic harms on non-abusing parents and carers. Many feel **blamed, judged or unfairly scrutinised** by child protection agencies and social workers (McGookin, 2023; Stitt, 2007).

- Parents also describe being **caught in a paradox** where they face suspicion and judgement from the same agencies/systems that are expecting them to support their child (Masilo and Davhana-Maselesele, 2016).
- McGookin (2023) emphasised that such blaming attitudes from professionals compound parents' existing isolation and distress, **damaging working relationships that are crucial for supporting the child and family effectively**.
- Such responses reinforce self-blame and intensify feelings of guilt and shame, which can **impair parents' and carers' ability to provide crucial emotional support to their children** (Stitt, 2007; Hernandez et al, 2009). This dynamic creates a harmful cycle in which distressed parents and carers become less emotionally available precisely when their children most need support (Stitt, 2007; Fuller, 2016).
- Gendered and heteronormative discourses intensify this pattern. **Mothers are disproportionately held responsible** and portrayed as neglectful or failing to protect, regardless of their actions (McLaren, 2012; Toews et al, 2019). Many internalise this blame, believing they could have prevented the abuse (Pretorius et al, 2011; Pike et al, 2019). Some report being offered generic parenting interventions, which heightened their feelings of shame and isolation (Pike et al, 2019).

2.3 Non-abusing parents and carers are too often harmed by a system that is supposed to be supporting them

"I think it's because [police] spend all day, every day with really unpleasant people. They treated us like offenders. They showed no compassion." (CSA Centre interview with parent, 2026)

- Procedural complexities within child protection investigations and legal proceedings add further strain. Harrison (2024) and Kay et al (2022) described families navigating **confusing bureaucratic systems, unclear agency roles and prolonged timeframes**, all of which create ongoing emotional stress.
- Dyb et al (2002) and McElvaney and Nixon (2020) highlighted how legal and investigative processes can intensify trauma, **particularly when families lack clear guidance or advocacy**. Extended court proceedings can retraumatise both children and parents, with support often diminishing when it is most needed (Kay et al, 2022).
- **Inconsistent communication and fragmented services** leave parents feeling excluded from decision-making and unsupported in understanding their child's needs or legal options (McElvaney and Nixon, 2020). Poor inter-agency coordination further reduces access to timely, integrated support (Hill, 2012; Forbes et al, 2002).
- As a result, many parents experience a breakdown of trust and report **feeling "alone" and overwhelmed by the very systems designed to safeguard their family** (McGookin, 2023).

2.4 Children hold back from reporting sexual abuse to protect those they love; they need to know that support is available for their families too

“Once our daughter had emptied out all of the stuff, it then becomes, ‘Well, what happens next?’ and then the guilt comes in and the shame comes in. And you know, she’s then feeling like she’s destroyed the family.” (CSA Centre interview with parent, 2026)

- Many children hesitate to tell anyone about their sexual abuse because they want to protect their loved ones from emotional harm and family disruption; **they worry that telling will trigger family breakdown, parental distress, or legal action that might separate them from family members or cause wider upheaval.** Warrington et al (2023) found that this protective instinct contributes to underreporting and delayed reporting of abuse.
- Sexually abused children want support systems that help not only them but their families. They recognise that their parents and siblings experience trauma too, and want **accessible services for the whole family to promote collective recovery.**
- This has **additional benefits** for the child, as it reduces their own sense of responsibility for managing the aftermath (Warrington et al, 2023).

2.5 Non-abusing parents and carers need to be treated with compassion, respect and dignity, and offered support that addresses their individual needs

“I’d been married for 25 years so it was a real bombshell. It blew my world apart. Everything I thought was okay just seemed as if it was a sham.” (Parent cited in Hill, 2001:388)

- Following the identification of their child’s sexual abuse, the distress that parents and carers experience is often profound and multifaceted. **A practitioner response that acknowledges this distress is critical for promoting family resilience** and enabling parents to protect and nurture their child (Masilo and Davhana-Maselesele, 2020; McGookin, 2023; Stitt, 2007).
- **Parents’ and carers’ needs vary widely** according to their personal histories, including their own experiences of abuse, cultural context, family dynamics and socio-economic circumstances (McGookin, 2023; van Toledo and Seymour, 2016); this is explored in detail in Chapter 4. Effective interventions typically combine emotional support, skills-building and practical assistance, tailored to the parent’s context and readiness (Hernandez et al, 2009; McGookin, 2023).
- Group support can reduce stigma and isolation, while individualised mental health care strengthens parental confidence and wellbeing (Hernandez et al, 2009; McGookin, 2023). **A strengths-based, non-judgemental approach** which respects parents’ and carers’ dignity has been found to foster collaborative relationships between families and professionals (McGookin, 2023; Hill, 2012; Stitt, 2007).

2.6 Non-abusing parents and carers should always be recognised and supported as victims in their own right

“The main support starts with the people who are always the support, which is the parents or guardians. And if they’re broken, what’s going to happen?” (CSA Centre interview with parent, 2026)

- Non-abusing parents and carers should be recognised as victims in their own right, as **they too experience significant trauma**. Kilroy et al (2014) introduced the concept of “systemic trauma” to describe the multi-layered impact on parents and carers, encompassing emotional and relational disruption and practical challenges within family systems.
- Parents often report intense and enduring emotional reactions – including shock, grief, anger, guilt, shame, anxiety, and powerlessness – which fluctuate over time and persist well beyond the initial disclosure (Fuller, 2016). Fuller also how parents’ and carers’ emotional state substantially influences family recovery.
- Hernandez et al (2009) noted that non-abusing parents frequently experience **post-traumatic distress and family dysfunction** as a result of the abuse, underscoring the need for trauma-focused interventions that address parents’ needs alongside those of their child.
- Non-abusing parents and carers face particular mental health challenges when the sexual abuse of their children has taken place **within the family environment** (Scott, 2024).

The CSA Centre’s [*Key Messages from Research on Intra-familial Child Sexual Abuse*](#) details the impacts of this abuse on the wider family, and highlights the effectiveness of specialised support to meet parents’ diverse and evolving needs.

2.7 Non-abusing parents and carers are key safeguarding partners, and should be engaged and supported as such

“Do you know what, when she made these disclosures, I said, ‘Right, darling, you’re going to have a safe word and it’s your choice what word we use.’ And I said what that safe word means is: ‘It doesn’t matter what time of day or night it is, where you’ve been, what’s happened, what you’ve been up to, whatever. You phone me or message me. You say this one word. You tell me where you are, and I will come and get you, and I will bring you home.’” (CSA Centre interview with parent, 2026)

- Non-abusing parents and carers are critical in the safeguarding and recovery of children who have experienced sexual abuse. They are often **the primary source of emotional support and physical protection for the child**, playing a unique role in facilitating recovery and resilience (Fuller, 2016; McGillivray et al, 2018).
- Non-offending parents frequently **take proactive steps** to protect their child, including implementing safety plans, monitoring behaviours, and advocating within social care and legal systems (McGillivray et al, 2018; Hill, 2012).
- Collaborative approaches that position parents and carers as **equal partners within the safeguarding response** foster trust, improve communication, and enhance protective capacities (McGillivray et al, 2018).
- Practitioners should therefore create **meaningful opportunities for parental input in decision-making processes** to support effective intervention and family engagement (Carpenter et al, 2016).

2.8 Non-abusing parents and carers need appropriate support so their child does not feel the burden of healing the family and has the chance to move forward from the abuse

“You gotta find a way to stay strong because at the end of the day, you have an obligation to support and be there for your child.” (Harrison, 2024:60)

- Without appropriate support, the trauma that parents and carers experience following the identification of child sexual abuse can undermine their ability to provide consistent care and protection, and **may place undue emotional pressure on their child** (Hill, 2012; van Toledo and Seymour, 2016).
- Effective support includes (but is not limited to) **therapeutic interventions** tailored to parents’ emotional and practical needs. Group-based programmes that integrate trauma-focused cognitive behavioural therapy with educational and supportive components have demonstrated reductions in parental PTSD symptoms and improvements in family functioning (Hernandez et al, 2009).
- Comprehensive approaches that offer guidance in **navigating child protection systems, managing challenging child behaviours and coping with social stigma** can help parents regain confidence and sustain a safe, nurturing environment (van Toledo and Seymour, 2016; Hill, 2012).
- The need to recognise and address the distinct experiences of non-abusing mothers and fathers is increasingly acknowledged. Research shows that **fathers also experience psychological distress** yet are often overlooked in support interventions (Harrison, 2024; Vladimir and Robertson, 2019). Providing gender-sensitive services enables both mothers and fathers to fulfil their protective roles effectively (Harrison, 2024).
- Engagement of parents in their children’s therapy further strengthens recovery; Carpenter et al (2016) reported that **joint parent–child interventions foster a stronger therapeutic alliance**, enabling parents to reinforce coping strategies and create a safer, more regulated home environment.
- **Recognising parents’ expertise regarding their child and family system is essential.** Hill (2012) emphasised constructive inclusion of non-offending parents in interventions to facilitate recovery. McGookin (2023) added that supportive, non-judgemental engagement enhances parents’ understanding of abuse dynamics and strengthens their capacity to safeguard their children.
- Findings from McElvaney and Nixon (2020) reveal how **partnership with services helps parents navigate complex emotional responses and restore family relationships.** Together, these perspectives affirm that empowering parents transforms caregiving into a source of resilience and positions healing as a shared family journey.
- The CSA Centre’s [Supporting Parents and Carers Guide](#) (Parkinson, 2022) emphasises that parents and carers require holistic, needs-led interventions that account for their **trauma, family dynamics, cultural stigma and diverse roles** (e.g. mothers, fathers, kinship carers and adoptive parents).

Framework of types of support for parents and carers

By analysing the support that services across England and Wales are providing directly to parents and carers, we have identified the following eight types of intervention which focus specifically on meeting parents' and carers' support needs.

Specific online information and guidance	Immediate and ongoing one-to-one emotional support
Immediate and ongoing one-to-one practical support	Bespoke advocacy and legal advice, information and guidance
One-to-one therapeutic interventions	Group-based peer support
Tools and strategies for caring for a child who has been sexually abused	Long-term, responsive, one-to-one emotional support

Together, these eight intervention types constitute an effective framework of support for the parents and carers of children who have been sexually abused.

This chapter explains why these different interventions are important and what is involved in delivering them. Feedback from parents, provided by the services taking part in the research which informed the framework's development (see [Appendix A](#)) or quoted in previously published research, illustrates how important each of these interventions is.

These interventions may be delivered as a specific service for parents and carers or as part of a package of support for the whole family, sometimes referred to as a 'whole family approach' (see [Appendix B](#)). What is important is that:

- parents and carers can access the interventions, whether their child is also receiving support or not
- the interventions are focused on meeting the specific issues faced by parents and carers of sexually abused children.

Any service may provide one or more of these interventions, but it is important that there is a range of provision within a local area.

3.1 Online information and guidance specifically for parents and carers of sexually abused children

What does this involve?

- **Websites and digital resources which offer practical advice on safeguarding, recognising trauma responses, supporting recovery and healing, and managing the effects of abuse on family life.**
- Content is delivered via web pages, downloadable guides, email newsletters, and signposts to additional specialist help.
- Content is written in accessible, non-judgemental language.
- Newsletters may contain articles by parents and carers who have lived through similar situations, sharing tips, hope and encouragement.
- Resources may contain links to helplines or other interventions, enabling parents to move from self-help towards more personalised, direct support when ready.
- Some resources, such as website information, are available to anyone, including professionals; others are shared only with parents and carers already connected to the service.
- Access does not require an eligibility assessment, meaning that parents and carers can engage with material discreetly and at their own pace.

Why is this important?

- Parents and carers need to be able to access vital information, reassurance and guidance at any time, without needing to engage with formal services first.
- Well-informed and assisted parents and carers are better equipped to respond calmly, advocate for their child, and navigate complex processes such as safeguarding, therapy and the criminal justice system.
- The effects of child sexual abuse are complex, affecting practical daily life, emotional regulation, family relationships and the ability to trust professionals. Accessible online resources can provide information and advice across all these areas, from trauma management to coping with court proceedings.
- Parents and carers often receive conflicting or incomplete advice from friends, online forums or social media. Curated, credible and trauma-informed content helps to dispel myths, reduce self-blame, and offer routes to specialist help.
- Many parents and carers face time constraints, geographical barriers or emergencies outside office hours; online access means they can get help when they most need it.

What parents and carers have said

“I spent ages looking at the website before I contacted the service. The information is written FOR and BY parents and carers, so it made sense to me and meant I could get an idea of the values and the type of people I’d be likely to encounter when I did decide to contact them.”

“How can a parent know how to support their child if they don’t have access to support themselves? To support a child after they’ve suffered sexual abuse takes a lot of understanding and patience at a time when the parent is dealing with a huge amount of trauma themselves.”

3.2 Immediate and ongoing one-to-one, emotional support for parents and carers of sexually abused children

This support is distinct from formal therapy or counselling (see section 3.5) and is focused on emotional holding, information and practical guidance rather than clinical treatment.

What does this involve?

- **Quick connection to a trained professional or volunteer by telephone, email or virtual meeting, often on the same day that the parent(s) or carer(s) seek help.**
- **Ongoing emotional care, based on a safe, confidential relationship where parents and carers can share feelings, receive validation, and build resilience.**
- The professional or volunteer can listen, guide and support parents and carers, and reduce their sense of isolation, distress and fear.
- The duration of the intervention is flexible, from a single contact to regular interaction.
- Parents can self-refer or be signposted by other agencies.

Why is this important?

- When parents or carers first learn their child has been sexually abused, they are often in shock, immensely distressed, and unsure what to do next. By stabilising the parent(s) or carer(s) emotionally, immediate one to one help strengthens their capacity to comfort the child, communicate clearly, and make decisions that prioritise their child's safety and healing.
- Some parents and carers fear judgement from professionals or communities; confidential, direct support from a non judgemental individual encourages them to engage earlier and more openly.
- When other services are not available, immediate, one-to-one emotional support ensures parents and carers are not left without help in the most vulnerable period following the discovery of the abuse.

What parents and carers have said

“The [service] has been the one guiding light through what happened to our family, and the only professionals that really understood the complex situation.”

“It has been a lifeline to me in the last year or so and [my support worker] has been a brilliant, kind, and very much needed support.”

“Thank you for this comprehensive response and the options, resources, and time you have given us... It has been invaluable to support our darkest days.”

“I don't know what to say because you have been so important to our journey through this terrible time.”

“This has been so supportive... I'm really glad I can reach out if I'm struggling or update you when we have good news... That's meaningful care and a real safety net.”

3.3 Immediate and ongoing, one-to-one practical support for parents and carers of sexually abused children

What does this involve?

- **Person-centred support that focuses on parents' and carers' practical needs, such as accessing benefits and other financial entitlements and managing household tasks, particularly if they have become a lone parent.**
- This support may also involve providing access to items or grants to pay for essential items such as Christmas hampers, white goods in emergency situations, referrals to food banks, video doorbells, and vouchers or gift cards.

Why is this important?

- Practical assistance with tasks like household management, financial challenges, transport and securing basic necessities helps families regain stability after the abuse has been identified, allowing them to focus on emotional recovery.
- By addressing immediate practical needs, practitioners help alleviate additional stressors that can intensify trauma, such as worries over finances, housing or caring responsibilities.
- Direct support with practical issues often improves parents' and carers' confidence and sense of agency, enabling them to better meet the needs of their child and the wider family.
- Timely, practical interventions can prevent families from becoming isolated or reaching crisis points, making it easier for them to engage with specialist services.
- When families' practical needs are met, they are more able to participate in other interventions, improving overall outcomes for both the child and their non-abusing parent(s) or carer(s).

What parents and carers have said

"We were in absolute turmoil – [the service] sent us diaries – they also sent a weekly planner for the family that we put on the fridge so that we could put what everybody was doing and at what points, and we still use that now."

"In the very initial stages, what was really helpful was practical support with things – making sure we had the car insured."

"It sounds silly, but they sent a hamper, and it had various different things in from pasta to colouring books for the kids – there was chocolate. And it was just... even now, it makes me emotional because it was just so helpful and the fact that someone had your back that always stood out and it – yeah, it was, it was just absolutely lovely."

3.4 Bespoke advocacy and legal advice, information and guidance for parents and carers of sexually abused children

What does this involve?

- **One-to-one advocacy and casework delivered by professionals or trained volunteers.** (In some cases, this support is delivered to parents/carers and their children together.)
- **Ongoing advice and guidance tailored to the family's circumstances, including safety planning and help with navigating social care, police and legal systems.**
- **Assistance in preparing for and attending meetings or court appearances as an advocate or support person for the child.**
- **Guidance on statutory processes, including child protection investigations and court proceedings.**
- Support is generally available for the duration of the safeguarding or criminal justice process and as long as needed by the family.
- While Independent Sexual Violence Advisers (ISVAs) and Child Independent Sexual Violence Advisers (ChISVAs) frequently provide this kind of intervention, it is important to note that their support for parents and carers forms part of their work focused on the child rather than being a parent-specific intervention (see [Appendix C](#)).

Why is this important?

- This type of intervention helps parents and carers feel heard, understood and empowered during challenging processes such as police investigations, child protection hearings and court proceedings.
- Parents' and carers' stress and confusion is reduced when they receive expert guidance on statutory processes, evidence collection, and communication with professionals.
- Advocacy on behalf of parents and carers ensures that their rights and concerns are respected, which in turn strengthens their capacity to protect and support their child.
- The open-ended nature of the intervention means that it can adapt over time to meet changing needs as the situation progresses or new challenges arise.

What parents and carers have said

"I felt like I had someone fighting in my corner."

"My support worker was fantastic, with her listening, advice, lived experience and support. I would not have got through the court case for my daughter without her words of support within my mind. She offered a full rundown of what I could expect, how things may be and how I might be feeling, all things I had not thought of before she pointed them out. This was especially helpful for the day I attended court to give my witness statement."

"The advocacy service gave me support with getting information from the police."

3.5 One-to-one therapeutic interventions for parents and carers

What does this involve?

- **Structured, trauma-informed therapy delivered one to one by a trained professional or volunteer – it may involve counselling, cognitive behavioural therapy (CBT), eye movement desensitisation and reprocessing (EMDR), art therapy and/or integrative psychotherapy, for example.**
- This intervention is typically time-limited, ranging from around six to 24 weeks of weekly sessions – often with extensions based on need.
- It focuses on emotional stabilisation, trauma processing and practical strategies for managing stress and building resilience.
- Delivery is flexible – it may be in person, online or by phone, to ensure accessibility and match parents' and carers' preferences.
- Often, therapy is made available to parents and carers who are already engaging with a support service; this ensures that it is offered at the right time in the recovery journey.
- It may be complemented by referrals to group-based peer support, family interventions, or longer-term therapeutic services.

Why is this important?

- Parents and carers of sexually abused children often experience significant trauma including shock, anxiety, guilt and other complex emotional challenges which affect their mental health and ability to support their child effectively.
- Timely, focused therapeutic interventions help parents and carers process and manage their own trauma symptoms, which is crucial for their wellbeing and for sustaining the care and advocacy needed by their child.
- Therapeutic interventions provide a safe space where parents and carers can express difficult feelings, rebuild confidence, reduce isolation, and develop coping skills tailored to the unique challenges associated with caring for a child who has been sexually abused.
- Addressing parents' and carers' emotional needs can prevent mental health problems from escalating, strengthen family relationships, and enhance engagement with safeguarding and justice processes.

What parents and carers have said

“My trauma support worker brought me back down to earth. She checked that I was OK, sending me emails, checking I had crisis numbers. She helped me to separate my experience from my child’s... I gave up drugs because of the support she gave me.”

“The counselling provided by [the service] helped me process what had happened. It provided an outlet to my confusion, upset and anger.”

“This service has been invaluable for me to work through the difficulties I have experienced and to have a safe and positive place to share my thoughts and emotions.”

Trauma therapy for non-abusing parents and carers should always be delivered by appropriately qualified or trained professionals, with referrals to specialist therapists where complex needs are identified.

3.6 Group-based peer support for parents and carers of sexually abused children

What does this involve?

- **Facilitated or peer-led group sessions, available in-person or virtually, with varying formats including ongoing groups, one-off workshops or time-limited series.)**
- Topics often include trauma education, parenting strategies, emotional regulation, and managing difficult conversations with children and professionals.
- Groups may have open or fixed membership and sometimes target specific groups (e.g. parents of young children or teenagers, or those whose sexually abused children are now adult).
- Sessions provide opportunities for shared learning, emotional validation and building peer networks that can continue beyond the formal group.
- Availability varies from regular weekly meetings to occasional events, depending on participant needs and organisational resources.
- Groups emphasise safety, respect and a non-judgemental atmosphere to encourage honest sharing and trust.
- Group interventions can complement individual therapies or other specialised interventions.

Why is this important?

- Groups provide a safe, supportive environment where parents and carers can share experiences, reduce isolation and build connections with others facing similar challenges.
- They encourage mutual learning, validation and emotional healing through peer interaction, which helps participants feel understood and less alone.
- They also help parents and carers to develop practical coping strategies for managing the impact of child sexual abuse on family life and parenting.
- Group-based support enhances resilience and wellbeing by fostering a sense of community and collective empowerment.

What parents and carers have said

“At the Parent Residential Weekend, to be able to have that engagement with other parents, to meet others who are in similar situations to yourself, so you don’t feel so alone and isolated and going insane by yourself, it’s been an unbelievable support. I’ve kept in touch with [another parent], and we still connect and talk. It is very isolating to have this stuff going on.”

“The group allowed me to connect with others who DID understand, DID know how hard the struggles are, and for that I am truly grateful.”

“This has been a wonderful experience, and I feel very privileged to have been able to participate. It has provided me with comfort and companionship with others with a similar understanding of my situation.”

“This group gave me hope and was the first time I felt someone understands.”

It is important that all group work is properly facilitated by qualified professionals with expertise in evidential matters, to prevent risks to ongoing criminal and family court proceedings. Unsupervised or poorly facilitated groups carry significant risks: parents and carers might (intentionally or inadvertently) discuss case-specific details, evidence, disclosures or their child’s statements in a setting where confidentiality cannot be fully guaranteed. This could be used by the defence in court to allege coaching, transference, contamination of testimony, inconsistency in accounts or prejudice.

3.7 Tools and strategies for caring for a child who has been sexually abused

What does this involve?

- **Facilitated sessions or workshops, often in groups but sometimes one-to-one, with structured curricula on topics such as trauma awareness, the impact of child sexual abuse on child development, sexually reactive behaviours, emotional coping, communication skills, and managing difficult conversations.**
- Sessions may be delivered in person or virtually.
- The number of sessions may be time-limited, typically spanning several weeks, with weekly meetings to provide focused learning and peer support.
- Sessions provide information along with discussion, activities and opportunities to share experiences among participants.
- The emphasis is on creating a safe, respectful environment to encourage participation and trust.
- Sessions may be open to all parents and carers, or may be targeted to specific groups (e.g. parents of young children or teenagers, or those whose sexually abused children are now adult).
- They can complement one-to-one therapeutic or other interventions, by addressing common challenges and strengthening parental capacity in a group setting.

Why is this important?

- This type of intervention helps parents and carers make sense of the effects of abuse and find ways to respond with confidence and care.
- Parents and carers are given the knowledge and skills they need to understand the impact of sexual abuse on children and how best to support their child's recovery and healing.
- Clear delivery of information about trauma, child behaviour and effective parenting strategies helps to reduce participants' feelings of confusion, fear and helplessness.
- Through peer learning and shared understanding, parents and carers are helped to see that they are not alone and build resilience.
- Sessions encourage informed parenting and emotional regulation, which enhances children's wellbeing and safety.

What parents and carers have said

"The facilitator also provided us with practical tips and support on coping in everyday life, e.g. mindfulness techniques/sleep advice etc."

"This group gave me space where I felt connected and heard. The content was very helpful in moving forward in our journey."

"I was worried about my emotions, but this group has set me up to cope, manage and move forward supporting my child."

"I didn't expect to take away much from this course as I have done so many in the past... 'What more can I get that I don't already know?' How wrong I was. I am taking away many coping tools that are making a difference."

3.8 Long-term, responsive, one-to-one emotional support for parents and carers of sexually abused children

What does this involve?

- **One-to-one emotional support from a trained worker, available on an ad hoc basis over months or years, according to parents' and carers' needs.**
- Contact may be in person, by phone or online, with support sessions initiated by either the parent/carer or the service when concerns arise.
- This type of intervention provides parents and carers with a safe space for talking through feelings, processing new developments, or planning practical steps during emotionally testing periods.
- It often follows on from earlier, more intensive engagement, maintaining the connection without the pressure of regular appointments.
- Frequency of sessions is flexible, from occasional check-ins to more regular contact during high-stress periods.
- Typically there is no complex re-referral process – parents and carers can re-engage quickly if their circumstances change.

Why is this important?

- Long-term, flexible support ensures that parents are not left to cope alone once formal interventions end, especially when they are facing re-triggering events such as the release of the person who abused their child, or significant changes within the family.
- Ongoing availability of a trusted, familiar support worker helps parents and carers to maintain resilience, reduces their isolation, and provides timely reassurance during stressful moments.
- Continuity of care strengthens parental capacity to support the child's ongoing recovery and healing and remain engaged with safeguarding or legal processes over the long term.

What parents and carers have said

"[My support worker's] support and encouragement has been invaluable and has helped me cope with so many challenges whilst trying to support my daughter who has complex PTSD."

"I am ready and confident that I am able to support my daughter now. Compared to 12 months ago, things are very different. Knowing I can bounce back for advice or support if I need it means that I don't feel alone and I know I won't be in the future."

4

Understanding and responding to the diversity of parents' and carers' needs

An effective response to parents and carers should include all the interventions set out in Chapter 3. This will ensure that parents and carers have choice in what they access and when, as their needs vary and change over time. It is also important to recognise that parents come from diverse backgrounds and have different experiences – and that these have a strong influence on their needs and the barriers they face in accessing support services.

4.1 Ethnicity and culture

Cultural factors influence and shape:

- families' understanding of and response to abuse
- their attitudes towards accessing services
- their communication styles and trust in services.

For some communities, cultural taboos or fears around shame, honour, or family reputation may inhibit parents from accessing services or openly discussing abuse (Rodger et al, 2020). Different cultures have different parenting styles, family roles, communication practices, and expectations around caregiving and support. Interventions that do not align with these cultural frameworks risk being misunderstood or rejected, or may not resonate with parents' and carers' lived realities. Taking account of culture therefore entails recognising and valuing diverse family structures and caregiving arrangements common in different cultural groups – including extended families, kinship carers, and community-based care – which may differ from Western nuclear family models.

In 2024, the CSA Centre published a [knowledge review](#) (Dhaliwal, 2024) of published research in relation to the sexual abuse of children of African, Asian and Caribbean heritage. This report sets out what the research says about the nature of that abuse, its impacts, the barriers that prevent children talking about it, and how concerns about it are identified and responded to – both within communities and by services. Additionally, the report highlights a disinvestment in specialist services which has left a very small number of voluntary organisations focusing on providing support for families from minority ethnic backgrounds, and how those services are overwhelmed by referrals.

4.2 Disability

A lack of accessible information and services means that disabled parents and carers often face particular challenges in caring for their children after sexual abuse has been discovered. Those with physical disabilities frequently face physical and environmental barriers to accessing services; this exacerbates their isolation and hinders their access to support (Dockerty et al, 2011). Parents and carers with learning disabilities encounter attitudinal, organisational and political barriers which can make the support environment hostile to their needs, while neurodiverse parents may be even less able to access interventions (Spencer et al, 2024).

4.3 Sexual orientation and gender reassignment

Other parents and carers – such as those who are gay, lesbian or bisexual, or are transgender – are also likely to face stigma and discrimination. They will typically have come across professionals who make assumptions about their parenting – and, because of those experiences, they may find it harder to trust professionals (Brown, 2024; Hudson-Sharp, 2018).

4.4 Different forms of child sexual abuse

The CSA Centre's [Supporting Parents and Carers Guide](#) (Parkinson, 2022) explains how different forms of child sexual abuse pose specific challenges to parents and carers in caring for their children. Abuse by an adult family member or an adult close to the family, for example, may have a particularly traumatic effect, because it involves high levels of betrayal, stigma and secrecy. And when the abuse of the child was carried out by a group of adults, parents and carers may face intimidation and abuse from those people or their associates and become isolated in their community. Parents and carers therefore have specific needs related to the context in which the sexual abuse took place, and these needs should be understood and addressed.

4.5 Socio-economic issues

In addition, challenges such as low income, unstable housing, limited transport or digital exclusion can create significant obstacles for parents and carers in accessing services, engaging consistently with interventions, and benefiting fully from those interventions (NSPCC, 2024).

Funders and commissioners of support services need to ensure that there is support *available to, accessible by and appropriate for* all parents and carers of sexually abused children in their area; this may include services designed solely to meet specific groups' unique needs. Interventions need to be tailored to meet individual need, and delivered by trained and qualified staff taking an intersectional approach which recognises that experiences are shaped by cross-cutting factors - none of which should pose a barrier to accessing support [Section 5.3](#) contains more information.

5.

Funding and commissioning specialist support for parents and carers

This final chapter is written for those with responsibility for funding and commissioning services responding to child sexual abuse; it shows how the framework of different specialist interventions needed for parents and carers of sexually abused children can guide your funding and commissioning decisions.

You should recognise that delivering these interventions demands significant capacity and resources: individual services need not offer the full spectrum, and should be valued for what they can sustainably provide – even if this is limited to a single intervention. What's important is that, within a local area, there is a range of provision.

5.1 Assessing the availability of support for parents and carers in your area

We have developed an audit tool which you can use to assess the likely level of need for support among parents and carers in your area, and the extent to which specialist interventions are available to meet that need. You can [download a copy in Microsoft Excel format](#) to fill in, and there is a worked example of the audit tool at the end of this section.

To complete the audit tool, work through the questions below.

Answering these questions – and particularly questions 3 and 5 – can help you comply with the Public Sector Equality Duty under the [Equality Act 2010](#), as they support evidence-based decisions about services for and accessible to people with protected characteristics.



(1) What is the likely level of need for support for parents and carers in your area?

The CSA Centre's [Data Insights Hub](#) provides an up-to-date indication of how many sexually abused children come to statutory agencies' attention in every area of England and Wales. It uses interactive maps and charts to display the disparity between the numbers identified by different agencies and the number of children who are estimated to be sexually abused every year. At a national level, the figures for 2023/24 look like this:



You can use the Data Insights Hub to see what the figures look like in your local area, and then enter them into part 1 of the audit tool.

(2) What specialist services are currently available for parents and carers of children who have been sexually abused?

You can use the CSA Centre's [online directory of support services in England and Wales](#) to locate services supporting parents and carers in your area. The directory includes all the services we know of that have a therapeutic or wellbeing focus, provide interventions free of charge, and directly address child sexual abuse. It provides an accessible way to search for services in your area, with a filter that enables you to search specifically for services providing support for parents and carers.

When using the directory to find services supporting parents and carers in your area, you will need to exclude national services and then work out which of the services shown are providing specialist support to parents and carers in their own right (i.e. providing one or more of the intervention types listed in [Chapter 3](#)). The services you identify may operate in other geographical areas in addition to your own, but should still be included if parents and carers in your area can access them.

Note that support for parents and carers may be provided alongside or separately from support for their child, including within a 'whole family approach' (see [Appendix B](#)).

In part 2 of the audit tool, enter the name of each service you identify at the top of a separate column, and indicate below its geographical coverage.

If you are aware of any support services in your area which have a therapeutic or wellbeing focus, provide interventions free of charge, and directly address child sexual abuse but are not in the online directory – or if there is a service listed in the directory which you know has closed – please let the CSA Centre know by emailing ssvs@csacentre.org.uk

(3) Are services providing support specifically for parents and carers locally? If yes, what different types of intervention are provided, and how well do they reflect the range of types in the framework?

The online directory will help you to identify services providing some support to parents and carers, but it is important that parents and carers can access specialist support that addresses their own needs, independently of their child, even if the child is also receiving support. You will need to look at each service's website or speak to the service provider directly in order to understand what their provision actually looks like for parents and carers in your area.

Part 3 of the audit tool lists the eight intervention types in our framework. For every service you have identified as supporting parents and carers in your area, record whether it offers each intervention.

(4) How accessible are services for parents and carers? Are there any restrictions on who can get support, or when? Are parents being held on waiting lists?

Some interventions may be available only to certain groups of parents and carers, or only at certain times – or parents and carers may be held on waiting lists before they can access interventions. Again, contacting services directly will be the best way to find out this information.

For each service operating in your area, provide details of availability and restrictions (including the length of waiting times where applicable and known) in part 4 of the audit tool.

(5) Does existing provision meet the specific needs of different groups of parents?

When looking at existing services' websites or contacting them directly, check whether their interventions are available to, and responsive to the specific needs of, parents and carers who:

- are from minority ethnic backgrounds (including Gypsies, Travellers and Eastern European people), and particularly those whose first language is not English
- are physically disabled
- have learning disabilities
- are lesbian, gay or bisexual, or are transgender.

Explore too whether there is current provision that responds to the different needs of mothers, fathers, kinship carers, foster carers and adoptive parents.

It is also important to find out whether interventions are available which provide appropriate support relating to different forms of child sexual abuse. For example, are there interventions appropriate to child sexual abuse in the family environment, abuse in online contexts, abuse in institutional contexts, harmful sexual behaviour, and child sexual exploitation?

Record any information you obtain in part 5 of the audit tool.

On the next page you can find a worked example of the audit tool, showing how it can be used to assess the need for and availability of specialist support for parents and carers.

Audit tool: worked example

Your local area's name: **EXAMPLE AREA**

1. What is the level of need for support in your area?	No. of children placed on a child protection plan last year because of sexual abuse	10			
	No. of children assessed as at risk of sexual abuse last year	96			
	No. of child sexual abuse offences recorded by the police last year	n/a			
	Estimated no. of children who are sexually abused each year in your area	1,700			
2.1 What services are currently available for parents and carers of children who have been sexually abused in your area?	Service Provider A	Service Provider B	Service Provider C	Service Provider D	
2.2 Which geographical area does each service cover?	All of county	5 neighbouring local authorities	2 neighbouring counties	All of the county	
3.1 Is each of these services providing specific support for parents and carers?	Yes	Yes	Yes	Not sure	
3.2 If yes, what type(s) of support does the service provide?	Online information and guidance specifically for parents and carers	No	No	Yes	No
	Immediate and ongoing, one-to-one emotional support	No	No	No	No
	Immediate and ongoing, one-to-one practical support	No	No	No	No
	Bespoke advocacy and legal advice, information and guidance	No	No	Yes	No
	One-to-one therapeutic interventions	Yes	Yes	Yes	No
	Group-based peer support	No	No	Yes	No
	Tools and strategies to support caring for a sexually abused child	No	Yes	Yes	No
	Long-term, responsive, one-to-one emotional support	No	No	Yes	No
4. Does the service have a waiting list or restrictions on the availability of support for parents/carers?	12-month waiting list for therapy	8-month waiting list for coun-selling	6-month waiting list for all services except online resources	N/A	
5. Does it support all parents/carers, or is it focused on those with specific characteristics/experiences/needs?		Service is specifically for Black and minority ethnic women		Not clear from website what support is provided to parents and carers	

5.2 Ensuring the active involvement of parents and carers in service design and delivery

Engaging non-abusing parents and carers as active partners in service design and delivery is increasingly recognised as essential for effective child protection and family recovery.

The CSA Centre's [Supporting Parents and Carers Guide](#) (Parkinson, 2022) highlights how professionals' engagement with parents and carers must be respectful, open and collaborative, recognising that the sexual abuse of a child impacts the whole family and that parents' and carers' perspectives are critical for effective intervention.

Listening to parents' and carers' experiences and priorities helps practitioners tailor responses that meet diverse needs and avoid compounding trauma through blame or exclusion (McGookin, 2023). Active listening by practitioners builds supportive relationships and avoids replicating patterns of blame and exclusion.

Evidence also suggests that co-designing interventions with parents and carers improves service relevance and accessibility. Russell et al (2024) found that parental involvement in child sexual abuse prevention programmes enhances engagement and reinforces learning, while reducing barriers linked to fear and stigma. Participatory action research models demonstrate that when parents are treated as partners rather than passive recipients, interventions are more culturally competent and better tailored to diverse family contexts (Pushor, 2018). These findings underscore the need for systemic commitment to embedding parent voice in policy, service development, and frontline practice.

When you are funding or commissioning specialist support for parents and carers, make sure that its development is underpinned by parental voice; services providing this support must recognise that the full diversity and complexity of families' experiences is an essential foundation for effective service delivery. As this guide has highlighted, the cultural, socio-economic and familial contexts in which parents and carers live influence the impacts of child sexual abuse and should shape how interventions are designed and offered.



5.3 Ensuring that interventions are accessible and reflect the diversity of parents and carers

It is important to ensure that the services you fund or commission to deliver interventions:

- take account of community or cultural stigma around sexual abuse, which may affect how parents and carers engage, and design interventions accordingly
- offer multilingual and interpretive assistance, by providing resources and/or direct interventions in multiple languages or offering translation/interpretation to overcome language barriers
- recognise diverse family structures by acknowledging and respecting extended families, kinship carers, foster carers, and other non-traditional caregiving arrangements
- offer varied delivery modes (in-person, online, phone) and times to accommodate parents' and carers' work schedules, childcare needs, transport challenges and other constraints
- are tailored to respond to parents' and carers' different accessibility needs (such as easy-read materials or visual aids) and address the physical, communication and systemic barriers faced by disabled parents and carers
- have staff/volunteers trained in trauma-informed care which respects cultural differences and socio-economic contexts
- demonstrate quality, safety and effectiveness in promoting coping and recovery, through independent evaluations, trauma-informed practice standards, client outcome measures and/or recognised sector kite marks.

It may be appropriate for some services to be focused solely on specific groups of parents and carers, and on meeting their particular needs and overcoming the particular barriers they face.

Additionally, interventions must be accessible to parents and carers facing socio-economic barriers –they must be affordable or free, and services providing online resources must acknowledge and address disparities in access to technology. Services delivering interventions need to be aware of and ready to signpost or provide assistance for parents and carers affected by financial instability, housing challenges and employment pressures.

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Appendix A. How did we develop this guide?

As explained in the Introduction, the CSA Centre was asked to produce a version of its matrix of child sexual abuse support interventions (contained in Kewley and Breen, 2025) that was specific to the needs of the non-abusing parents and carers of sexually abused children. We began this work by bringing together the four organisations in England and Wales whose support around child sexual abuse is focused on the parents and carers of sexually abused children:

- [ACTS FAST](#) – a charity supporting parents, carers and other adult family members who have been affected by child sexual abuse, through a range of specialist support services.
- [The Ivison Trust](#), formerly Parents Against Child Exploitation (PACE) – a charity supporting parents and carers whose child has been affected by child exploitation, including child sexual exploitation.
- [Restitute](#) – a community interest company providing advocacy for people who support victims/survivors of sexual or violent crimes, including parents and carers, close friends, partners and other family members affected by child sexual abuse.
- [We Stand](#) – a charity providing a range of specialist support services, including emotional counselling support and legal advocacy, for parents, carers and wider family members affected by child sexual abuse.

Background research

Before our first meeting with these organisations, we carried out some initial research into how support for parents and carers had been categorised in previous studies.

We looked first at a meta-analysis of the effectiveness of support provided to parents and carers (St-Amand et al, 2022), which had reviewed 18 studies documenting the effects of 24 types of support.² Our analysis of the studies included in that review found that 12 programmes involved individual support for parents and carers, 11 involved group-based support, and seven involved joint sessions for parents and children. (Some programmes involved more than one type of support). In addition:

- all 24 programmes targeted parents' and carers' need for information
- 20 targeted their need for parenting assistance
- 19 targeted their need for emotional support
- six targeted their need for support with parent–child communication
- two targeted parents' and carers' need for support with their own victimisation.

All were time-bound programmes, lasting between four and 20 weeks.

Nine programmes were described as having cognitive behavioural therapy as the predominant orientation of the intervention; the remainder were categorised as 'other' without any further detail, except three which were described as peri- and post-traumatic.

²St-Amand et al (2022) categorised support programmes using the conceptualisation of the needs of parents of child sexual abuse victims proposed by van Toledo and Seymour (2013) as the initial model, but adding the need for support with parent–child communication.

We also looked at an evaluation commissioned by Restitute (Finch and McCulloch, 2025), which had described caseworkers utilising a range of the following intervention models and approaches to support parents and carers:

- crisis intervention (often at the time of the disclosure when the parents(s) or carer(s) dealing with pressing practical concerns, or at a time when they were experiencing mental ill health)
- solution-focused/task-centred - working on issues or concerns that were parent/carer-led
- provision of a safe, containing and non-judgemental space which, while not therapy as such, nonetheless had a therapeutic effect
- strengths-based - using the pre-existing skills and strengths of the parent(s) or carer(s)
- empowering - encouraging the parents(s) or carer(s) to undertake tasks
- appropriate use of lived experience
- provision of hope and reinforcement that things will get better.

Research carried out in the field of child bereavement support (Rolls and Payne, 2004) also provided useful learning in terms of categorising service provision. It had categorised the support in terms of:

- the context of the intervention (e.g. parent-focused, family-focused, child-focused)
- how the intervention was delivered (e.g. one-to-one, group-based, face-to-face/online)
- the timing of the intervention (e.g. immediate response, ongoing support)
- the length of the intervention (e.g. one-off, programme, open-ended)
- the purpose of the intervention (e.g. advocacy, trauma-management).

Individual work had been further categorised as:

- part of assessment
- a one-off session
- pre- or post-group
- a programme of time limited work (usually between six and 10 sessions)
- ongoing long-term work.

Group-based interventions had been categorised as:

- closed' groups arranged over a period of time, either as a residential weekend or as a weekly meeting (after school or later in the evening)
- 'open' groups held three or four times a year, usually on a Saturday, which any parent or child could attend as frequently as they wished for as long after the bereavement as they wanted
- annual 'Remembrance' events or 'Reunion' fun-type days.

Development of principles and initial mapping of interventions

At an initial meeting with the four organisations, a set of principles was formulated to underpin the framework. Existing research literature was then searched to provide evidence for each of these principles.

Our literature scoping informed the development of a questionnaire which was sent to all four organisations to map their support interventions. Between them, they provided information on 25 different interventions, as Table 1 shows.

Table 1. Number of interventions provided for parents and carers by services that took part in the initial development and ongoing consultation

Name of service	No. of interventions
ACTS FAST	4
Restitute	7
The Ivison Trust	8
We Stand	6
Total	25

Once their responses had been collated and analysed, we looked for common elements in terms of the function, timing and delivery mode of the interventions they described. This enabled us to develop a provisional set of intervention categories that would become part of the framework.

Researching other services' interventions for parents and carers

The next stage of the work involved consulting other services providing support to parents and carers, to map their interventions for parents and carers.

We reviewed our questionnaire against the Template for Intervention Description and Replication (TIDieR) checklist (Hoffmann et al, 2014), which provides a clear, structured framework to support researchers in describing interventions in research publications:³

³The TIDieR checklist was developed through literature review and a Delphi survey with international experts (Hoffmann et al, 2014), was endorsed by the British Medical Journal and is widely used, particularly in health contexts.

	TIDieR checklist	CSA Centre interventions mapping survey
WHY	Describe any rationale, theory, or goal of the elements essential to the intervention.	<p>What is the primary function of this support/intervention?</p> <p>Does the support/intervention have other functions?</p> <p>What do you see as the outcomes/benefits for parents/carers of receiving this intervention?</p>
WHAT	<p>Materials: Describe any physical or informational materials used in the intervention, including those provided to participants or used in intervention delivery or in training of intervention providers. Provide information on where the materials can be accessed (e.g. online appendix, URL).</p> <p>Procedures: Describe each of the procedures, activities, and/or processes used in the intervention, including any enabling or support activities.</p>	<p>Please describe this intervention/ type of support in one sentence. This will help us to check we have correctly understood the data you provide in the rest of the questionnaire.</p> <p>Is this intervention based on any specific model or approach? Please tell us more if so.</p> <p>What does the support involve?</p>
WHO PROVIDED	For each category of intervention provider (e.g. psychologist, nursing assistant), describe their expertise, background and any specific training given.	<p>Who delivers this intervention?</p> <p>And is the group facilitated by a professional?</p>
HOW	Describe the modes of delivery (e.g. face-to-face or by some other mechanism, such as internet or telephone) of the intervention and whether it was provided individually or in a group.	Is the support one-to-one or group-based?
WHERE	Describe the type(s) of location(s) where the intervention occurred, including any necessary infrastructure or relevant features.	How is this support/intervention delivered? In-person/Virtual/ Telephone/Email/Website/App
WHEN and HOW MUCH	Describe the number of times the intervention was delivered and over what period of time including the number of sessions, their schedule, and their duration, intensity or dose.	<p>When can parents/carers access this support/intervention?</p> <p>How long is this support/intervention provided for?</p> <p>How long can parents/carers receive this support for?</p> <p>And how frequently is this support/ intervention provided?</p>

	TIDieR checklist	CSA Centre interventions mapping survey
TAILORING	If the intervention was planned to be personalised, titrated or adapted, then describe what, why, when, and how.	How would you describe the focus of the support/intervention?
HOW WELL	<p>Planned: If intervention adherence or fidelity was assessed, describe how and by whom, and if any strategies were used to maintain or improve fidelity, describe them.</p> <p>Actual: If intervention adherence or fidelity was assessed, describe the extent to which the intervention was delivered as planned.</p>	<p>Planned: If intervention adherence or fidelity was assessed, describe how and by whom, and if any strategies were used to maintain or improve fidelity, describe them.</p> <p>Actual: If intervention adherence or fidelity was assessed, describe the extent to which the intervention was delivered as planned.</p>

Services listed on the CSA Centre’s database of child sexual abuse support services were invited by email to be part of this research. In addition, an invitation to complete the questionnaire online was promoted in the CSA Centre newsletter.

We received responses from 15 services, five of which submitted multiple responses as they provided more than one intervention for parents and carers. In all, as Table 2 overleaf shows, they told us about 26 different interventions provided to parents and carers. We would like to thank all these services for their participation.

Responses to the questionnaire were analysed to assess their alignment with the draft framework. This analysis largely validated the framework, as 24 of the 26 interventions described could be allocated to the provisional categories we had developed. Minor amendments to the wording of some categories were identified and one intervention was excluded because it focused on prevention of child sexual abuse rather than support for parents and carers.

Consultation

The revised draft framework was then discussed with the CSA Centre’s Parents with Lived Experience Group and the advisory group for its ‘Improving Support for Parents and Carers’ programme, as well as the four organisations we had worked with throughout the project. Revisions were made as a result, particularly around simplifying terms – moving, for example, from naming one intervention as “psychoeducation” to calling it “tools and strategies”.

Final review

The framework was then sent out for final review by CSA Centre staff who had not been involved in its development, to bring fresh eyes to the work; following further revisions, it was circulated to a review panel of academics, service providers and parents with lived experience. The final framework was produced taking on board feedback from both these processes.

Table 2. Number of interventions provided for parents and carers by services that who took part in the second phase of the research

Name of service	No. of interventions
Arch Teeside	1
Barnsley Sexual Abuse and Rape Crisis Service	2
Centre for Action on Rape and Abuse	1
Children North East	3
Circles South East	1
Coventry Rape & Sexual Abuse Centre	3
East Sussex Children's Services Swift Sexual Risk	1
Lincolnshire Rape Crisis	1
New Pathways	1
Projectsnowball.org	1
Rape and Sexual Abuse Counselling Centre, Darlington and County Durham	2
Rape and Sexual Abuse Support Centre, North Wales	1
Safeline	4
SERICC (Rape & Abuse specialist service)	1
The Green House	3
TOTAL	26

Appendix B. Supporting parents and carers in the context of a whole family approach

Some services take a ‘whole family approach’ to supporting sexually abused children, their non-abusing parents and carers, and their siblings, by delivering tailored, needs-led programmes which work with the entire family unit to address the impacts of abuse holistically.

These programmes support families to strengthen positive relationships through a better understanding of trauma and parenting skills. They may integrate therapeutic, educational and practical components, delivered in a trauma-informed manner.

Delivery typically involves an initial assessment to create a bespoke plan, focusing on raising awareness of sexual abuse, understanding victim/survivor responses, exploring impacts on parenting and family relationships, and enabling informed choices for children’s care. The plan is adaptable to the individual family’s needs, so collaborative work can be conducted with the child(ren) and their parent(s) or carer(s) together where appropriate.

Adopting a whole-family approach has a number of benefits:

- As child sexual abuse affects the whole family, it is helpful to provide integrated assistance that builds family resilience, prevents further harm, and promotes coping and recovery.
- With the flexibility to address issues such as trauma responses, parenting challenges and safeguarding, these needs-led programmes can empower families to make confident decisions and foster positive relationships.
- Safety planning is strengthened through collaborative family involvement; this enables clear identification of risks and protective measures, and ongoing monitoring to ensure child wellbeing and prevent re-traumatisation.

Keeping parents’ and carers’ needs in mind

An effective whole family approach will address the needs of parents and carers both within and separately from the family unit. Interventions should:

- recognise and respond to the ongoing trauma that parents and carers experience, and how this may also trigger distress due to their own past experiences
- help them to negotiate the emotional and practical challenges they face as parents or carers of a sexually abused child
- challenge the shame and stigma that they commonly feel
- provide opportunities for them to build new support networks, mitigating the isolation that often results from trauma and stigma.

All the intervention types within the framework set out in [Chapter 3](#) can be delivered within a whole-family approach as well as separately.

Appendix C. The role of Independent Sexual Violence Advisers and Child and Young Person’s Sexual Violence Advisers

The legal and policy framework underpinning the roles of Independent Sexual Violence Advisers (ISVAs) and Child and Young Person’s Sexual Violence Advisers (ChISVAs) in the UK is primarily based on legislation such as the [Victims and Prisoners Act 2024](#) and the associated statutory guidance on ISVAs (Ministry of Justice, 2025). These set out the duties of ISVAs and ChISVAs to provide independent, specialist advocacy and support to victims of sexual violence, including child victims, with a focus on safeguarding, promoting the victim’s welfare, enabling access to justice, and supporting recovery while maintaining victim confidentiality and autonomy.


The role is further framed by child protection legislation including the [Children Act 1989](#) and [Children Act 2004](#), which mandate prioritising the child’s best interests and involving them appropriately in decisions affecting their safety and wellbeing. The UN Convention on the Rights of the Child (United Nations, 1989) also guides the child-centred and rights-based approach that ISVAs and ChISVAs must uphold.

With specialist knowledge of sexual violence/abuse dynamics, criminal justice processes and trauma-informed practice, ISVAs and ChISVAs focus their primary support on the needs of the victim, whether an adult or a child – they ensure that the victim’s welfare, wishes and rights remain central throughout the justice process and recovery journey. Their accredited training and the 2025 statutory guidance emphasise that all support, risk assessment and safety planning must be tailored to the individual vulnerabilities and best interests of the victim.

For child victims, ChISVAs adopt a child-centred advocacy approach which recognises the influence and importance of non-abusing parents and carers while prioritising the child’s voice, choices and confidentiality. ChISVAs’ training includes focused sections on supporting non-abusing parents and carers; these sections acknowledge that parental/carer involvement is often crucial for the child’s recovery, emotional wellbeing and ability to engage with services. Many ISVA and ChISVA services provide parents and carers with direct support such as information, guidance, practical help (e.g. safety planning, understanding the child’s needs, and navigating systems), emotional validation, and referrals to additional family services. In practice, services frequently allocate a separate ChISVA or ISVA to work specifically with the parent(s)/carer(s) where appropriate, particularly when the child is very young or too young to engage directly with the service. In such cases, ISVA/ChISVA support is routinely provided to the parent(s)/carer(s) to ensure the child’s safety, promote recovery and strengthen the caregiving environment.

While the primary duty remains to empower and protect the child as the direct victim – providing a confidential space for the child to make informed choices – ISVAs and ChISVAs work collaboratively with families and professionals to strengthen support networks around the child. This work includes assessing family dynamics and potential risks, while maintaining clear boundaries to protect the child’s confidentiality and autonomy. Parental involvement is encouraged where it positively contributes to the child’s recovery and safety, without compromising the child’s rights.

The statutory guidance and accredited training for ISVAs and ChISVAs clearly enable and encourage direct work with non-abusing parents and carers as part of supporting child victims effectively. However, independent, parent-focused advocacy and legal support remain essential in their own right, as some parental needs (such as dedicated emotional processing of secondary trauma, or separate casework) may require complementary specialist services beyond the core ISVA/ChISVA role.



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