

When a child tells you they are being or have been sexually abused

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1. Who is this document for?¹

This practice guide is for all professionals who work with children: youth workers, teachers, nursery and play workers, medical professionals, sports coaches, health visitors, social workers and others. It explains what to do if a child tells you something which indicates that they may be being or have been sexually abused.

2. The context

Children rarely tell anyone that they are being or have been sexually abused. There are many reasons for this: the child may be frightened, ashamed or embarrassed to tell, or may think they won't be believed. There may also be cultural taboos, familial loyalties or communication difficulties that prevent them from telling.

¹ In this document we use the term 'child' to refer to anyone under the age of 18. See [An introduction to the child sexual abuse response pathway](#) for more about terminology.

Where a child *does* find the courage to tell someone about their sexual abuse, it is unusual for them to tell everything about it in one go. (Furthermore, what they say in an initial conversation may be confused or vague, or they may use unclear vocabulary.) Telling is more likely to be a **process** that occurs over time, and is dependent on the initial responses they receive. It is therefore crucial that these responses are **reassuring** and **empathetic**.

When responding to a child who is telling you they are being or have been sexually abused, your primary concern is to ensure their safety. Your approach and actions can make a crucial difference to the child, both immediately and in the future. However, the initial conversation with the child is unlikely to take place at a time of your choosing; this practice guide aims to help you be ready in case a child ever starts talking to you about child sexual abuse, and to plan next steps once they have spoken to you.

3. How may the child be feeling?

If the child talks to you spontaneously (i.e. unprompted) about being sexually abused, this may be because they have come to recognise that they have been abused and they trust you to act on the information, or their need or wish to tell has built until they cannot contain the secret any longer; alternatively, they may have told you accidentally. Telling may be triggered by a lesson in school, a TV programme, an escalation of the abuse, or a desire to protect their siblings or other children.

“She was nice so I told her what had happened.” (1)

Whether they have told you accidentally or deliberately, the child may afterwards worry what the consequences will be for them and their family. This will be particularly likely if the person who has harmed them still has access to them and has threatened them with consequences if they tell – but any child may feel anxious about the uncertainty of what will happen next and the prospect of social workers and/or the police getting involved. They may also be unsure whether you have believed them. Nevertheless, the child may be relieved to have told someone, and will feel that perhaps something will be done to stop the abuse.

“After you’ve told the first person it gets much easier to tell the second and third – so long as the first person – they’re nice and helpful and they’re accepting – so that you know that you don’t need to be embarrassed.” (2)

“In high school [when] I tried meeting someone and telling them there’s something wrong at home, my mum would give me a certain look and that was the look to say ‘if you say anything...that’ll be the last of you’. Cos when I told school something I shouldn’t have done she used to go for me.

‘Look what you’ve caused, it’s your fault you’re going to get us into trouble with the social.’” (3)

“It’s really hard to tell somebody that will believe you if you have a past of lying about stuff. Might think you’re just doing it for attention.” (2)

4. How can you best help the child?

If a child has hinted at or told you that they are being sexually abused, in most cases it is because they want you to know and want you to help them stop it. And by choosing to tell *you* about the abuse, they are likely to think they have a trusting and reliable relationship with you.

At all times, your response to the child should take account of their individual situation and characteristics. What is their **family background**? Do they have any **disabilities or learning difficulties**? Consider too their **age** and **stage of development**; their **sex**; their **ethnicity, religion** and **culture**; their **social class**; and their **sexual orientation** and **gender identity**. Be careful **not to make assumptions** about the child based on their characteristics, though. Our [Taking account of diversity](#) practice guide contains more information.

Think too about the **context(s)** in which the child may have been sexually abused. The protection and support that they are likely to require will depend on factors including whether the abuse has taken place inside and/or outside the family environment, and who the person(s) who abused them are. For example, sexual abuse by a parent,² sexual harm by a sibling, sexual harm by another child at school, sexual exploitation by a group, and a parent’s viewing of sexual images of children (including videos or livestreams) will all require different approaches to safeguarding and support. Additionally, every child is different and requires an individual response.

Keeping the child (and other children) safe from harm will be paramount. You will need to discuss the situation with your safeguarding lead,³ and a referral to children’s social care and/or contacting the police is likely to be appropriate.

This section covers:

- your initial response to what the child tells you

² By ‘parent’ we mean someone in a parental or principal care-giving role to a child; this may be their biological parent, step-parent, adoptive parent, foster parent or other relative fulfilling that role.

³ If your organisation works with children, this is the individual who takes the lead on safeguarding and child protection. They may also be known as, for example, the child protection lead or officer, the designated safeguarding officer, or the named person for child protection or safeguarding.

- issues to think about in a follow-up conversation with the child
- actions you can take to protect and support the child

a) Responding to the child when they first talk to you

If a child tells you that they are being sexually abused, or hints at this, the first thing to do is to tell the child that you have **heard them** and you will **take action**.

The child's feelings (see section 3) are likely to affect what they say to you – for example, they may be vague and appear unsure of what they are telling you. They are likely to be worried that they **won't be believed** – especially if the person abusing them has told them so, the abuse began a long time ago and they have not spoken about it before, and/or they have previously faced disbelief or been ignored when trying to talk about things that have happened in their life.

You can address these worries by **accepting** what the child tells you, and communicating in your words and body language that you are open to hearing them:

- **Stay calm**, as an overly emotional reaction may reinforce a child's reluctance to communicate with you.
- Give a clear message that **what has happened to them is not OK**. You may want to add that it was not their fault – but bear in mind that they may believe it was their fault, so be prepared to explain to them *why* they are not to blame.
- Be careful not to give the impression that you are **making a judgement** about what they are telling you, as they may interpret this as disbelief.

This will help to create a supportive atmosphere in which the child feels comfortable talking to you; see our [Communicating with Children Guide](#) for more information.

Responses to *avoid* include:

- asking them why they didn't tell someone sooner
- offering an alternative explanation to the abuse
- making statements that suggest the sexual abuse 'explains' something about them, such as, "I understand now why you were behaving this way".

To ensure the child's safety, however, you may need to ask them specific questions, particularly 'who', 'what', 'where' and 'when' questions such as "Who will be at home when you go home later?", "Who is picking you up from school today?" and "Tell me when that last happened." And if the child has told you they have been hurt by someone but hasn't given you enough detail about them, you may ask, "Can you tell me who that is?" Avoid 'why' questions, which may feel

accusatory for the child: ask “What is it you are afraid will happen if you go home?”, not “Why are you afraid to go home?”

Don't push for more information than the child is willing to give you – let them tell you what they are comfortable with telling you on this occasion, and ‘leave the door open’ for them to talk to you again in the future. You can ask them questions such as “Can you tell me more about that?”, but it is important not to expect a response.

Don't presume to know what is important to the child or causing them worry. Something that seems insignificant to you may make a big difference to them.

If the child uses ambiguous language (e.g., referring to “my flower”) you may need to clarify their meaning – for example, by saying, “Children often use different words to describe things; can you tell me what you mean when you say ‘flower’?”

Try not to ask the child to repeat anything they have told you, as this may leave them feeling unheard or add to their trauma.

Finish the conversation by talking about the next steps:

- You will not be able to maintain confidentiality with the child, as the information they have given you will need to be shared appropriately with safeguarding professionals. Be open, honest and transparent with the child, so they know from the outset who else will be told and what will happen next.
- Ask the child what *they* want to happen next, and what their hopes and fears are around this – but bear in mind that you may have to take actions or make decisions that are contrary to what the child wants. It is important to talk to them about this and help them understand it. Be careful not to promise anything that you cannot deliver or is outside your control.
- Ask the child if there is an adult in their family whom they trust and feel comfortable to talk to. Explain that, with their permission, you will make sure that adult understands what is happening so that they can support the child; see our [Supporting Parents and Carers Guide](#) for more information.
- Make sure that the child knows they can still speak to you if they need to. Give them as much information as possible about when you will and will not be available, and to whom they can go if you are not available.

After the initial conversation

When you have spoken with the child, write down in as much detail as possible:

- what they have told you, **using their own words**
- anything you observed about them during the conversation.

Don't try to make any assessment of what is happening if this is outside your role. Discuss the conversation with your safeguarding lead.

b) Considering the need for another conversation with the child

You may feel you need to talk to the child again, to get more clarity about their situation; talk to your safeguarding lead about this. Remember that it is the police's role, not yours, to carry out any investigation: your follow-up conversation should focus on getting the information that you need to ensure the child's safety and protect their wellbeing.

Note that there are likely to be actions you can take to protect the child *without waiting* until you had had a second conversation – see below. These actions may include making a referral to children's social care and/or calling the police, if the initial conversation leads you to think that the child is being sexually abused.

Plan where the conversation will take place so that you can provide a **private, safe and appropriate space** for it. Try to avoid talking to them in a place where they may feel exposed (e.g. in a communal area at school) or in front of other people such as their parent(s) or friends.

Think too about when the conversation should happen, being mindful of the importance of confidentiality. For example, taking the child out of a lesson in school to have a conversation may be noticed by other children.

Ask yourself whether there is anything you can do to **facilitate communication**. What language(s) does the child speak at home? (Some children speak English fluently but prefer to use their first language when talking about sensitive issues.) Do they have a hearing impairment or other communication need related to a disability or learning difficulty? You may need to arrange for a professional interpreter or signer to be present at the conversation, but think carefully whether this raises any confidentiality issues.

For a young child, you may want to have toys, fidget tools or playdoh to hand; children often find it easier to talk if their hands are 'busy'.

Think in advance about what you will say: be clear about what you will ask the child and how you will respond, remaining calm and listening to what the child is telling you. It may be helpful for this conversation to include:

- talking with the child about other things they are interested in, as this can provide a safe space and some respite from the situation
- reassuring the child that any worries they may be feeling (see section 3) are quite normal, and exploring those worries empathetically.

You will need to *ask* the child whether they want another conversation, and be prepared for them to say they don't. Even if they do, bear in mind that they may

not say much more in the second conversation than they have told you already – remember that telling is a process, and further conversations may be necessary to obtain a fuller picture of what has happened to the child. Furthermore, **it is not the child's responsibility** to talk to you about the abuse before you take action; it is *your* responsibility to act on your concerns.

c) Protecting the child

What you can do to protect the child may depend on your role and your connection to them.

For example, you may be able to help limit contact between the child and a person they say has harmed them. (If you work in a school, this may include acting to prevent a parent from collecting the child from school, or keeping the child separate from another child; our guide to [Safety Planning in Education](#) contains more information on actions that can be taken in the school environment.) It is important not to share with that person any information that the child has given you.

Think about other members of the child's family, particularly siblings, and whether action is needed to protect their safety or wellbeing. Consider what your role in this might be, or who you need to talk to.

Be mindful of the need to maintain confidentiality: for example, taking the child out of a lesson in school to have a conversation may be noticed by other children.

Making a referral to children's social care

If the child has told you that they are being or have been sexually abused, a referral to children's social care must be made; the procedure for doing so will be set out in local arrangements. You may feel that you have only a partial idea of what is happening or has happened to the child, but other professionals may also have made referrals, enabling children's social care to build a detailed picture.

Where there is a concern that the child is suffering **significant harm** or is likely to do so, statutory guidance states that an **immediate** referral should be made. You may also need to contact the police if you feel the child is in immediate danger.

It is good practice to tell the child's parent(s) as well as the child that you will be making a referral, provided the parent(s) are not suspected of the abuse and there are no concerns that they will not effectively safeguard the child. If a delay might compromise the child's safety, however, you must contact children's social care/the police without informing them and their parent(s) first.

Our practice guide [Making a referral to children's social care and/or contacting the police](#) contains detailed information about what to do.

Sharing information

Make sure that the only people who are aware of the situation are those who need to know about it in order to safeguard the child.

Let the child know what you have done, whom you have told (and not told), what you have told them, and what is happening now.

d) Supporting the child

Consider how you can ensure that the child receives appropriate **emotional support**. Despite popular misconceptions, you and their non-abusing parent(s) can talk to the child about how they are feeling, but be careful not to talk to them about the specifics of the abuse itself. Make sure the child also knows that they can get specialist support and therapy, and how – e.g. by calling [Childline](#), contacting the [NSPCC](#), [Barnardo's](#) or [The Children's Society](#), or looking for [specialist services in your local area](#).

Bear in mind that even a very young child will need emotional support. Depending on your role, you may be in a position to ensure they have quiet time when they need it, with someone present to look after them.

See our practice guide on [supporting the child's emotional health and wellbeing](#) for more information.

Think too about the child's support needs in relation to **their family**:

- If the child has told you they are being sexually abused but has not already told their non-abusing parent(s), consider whether you have a role in enabling that to happen. Ask the child if they want you to help tell their parent(s), or offer to be with them when they do.
- Consider what the impact of learning about the abuse might be on the child's family members. It is imperative to help their non-abusing parent(s) understand what may have happened. What support might they need, and can you help them access it? If you are familiar with the family, you can try to refer the parent(s) to appropriate support services. Note that by helping the parent(s) get support, you can help them support their child in turn.

Our [Supporting Parents and Carers Guide](#) contains more information, as does our practice guide on [supporting the child's relationships with family and friends](#).

If the child displays physical or emotional symptoms that raise concerns about their **health**, consider seeking additional health advice – for example, by contacting your local sexual assault referral centre (SARC) or the child's GP, or advising the parent(s) to do so. You can find more information in our practice guide on [supporting the child's physical health and wellbeing](#).

Helping the child to **continue attending school and engage with their learning** is very important. Our practice guide on [supporting the child's education](#) explains how professionals around the child can contribute to this.

5. Where next?

- [Making a referral to children's social care and/or contacting the police](#)

Or [return to the response pathway](#).

Sources of quotations

The quotations in this practice guide, from children who have been sexually abused, illustrate how the child may be feeling at this point:

- (1) Buckley, H., Carr, N. and Whelan, S. (2011) [‘Like walking on eggshells’: service user views and expectations of the child protection system](#). *Child & Family Social Work*, 16(1):101–110.
- (2) Warrington, C., Beckett, H., Ackerley, E., Walker, M. and Allnock, D. (2017) [Making Noise: Children's Voices for Positive Change after Sexual Abuse. Children's Experiences of Help-seeking and Support after Sexual Abuse in the Family Environment](#). Luton: University of Bedfordshire.
- (3) Gasper, L., Noblet, E. and Kennedy, K. (2016) [Alternatives to High-cost and Secure Accommodation for Victims of Child Sexual Exploitation in Greater Manchester: The Child's Voice](#). London: The Children's Society.

Procedures to be followed in cases of child abuse are set out in the UK Government's statutory guidance for England, [Working Together to Safeguard Children](#) (2018), and in the [Wales Safeguarding Procedures](#) (2020).

*This practice guide outlines specific considerations for professionals working with children when there are concerns of child **sexual** abuse. It is underpinned by the above documents, and is not intended to repeat or replace them. It should be read alongside your local child protection procedures.*

This guide is part of our [child sexual abuse response pathway](#), designed to ensure that professional responses to concerns about child sexual abuse meet the needs of children and their families. It aims to bring clarity to key response points, helping you keep the child's needs and perspectives central.