

# How to respond when images or online harms are discovered

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## 1. Who is this document for?

This practice guide is for any professional who has discovered or learnt about sexually abusive images of a child.<sup>1</sup> You may be teaching or early years staff, a youth worker, sports coach, social worker, youth justice worker, mental health worker, family support worker or health visitor.

If you are told about sexually abusive images by the child depicted in those images, please refer to our practice guide [When a child tells you they are being or have been sexually abused](#).

## 2. The context

Images relating to child sexual abuse (including videos or livestreams, and AI manipulated or generated images) can come to light in different ways. For example, the National Crime Agency’s Child Exploitation and Online Protection command (CEOP) may trace a child from an image and contact the local police, or someone may come across images on a child’s or adult’s phone or computer

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<sup>1</sup> 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.

(or on a device in the institution where you work). In some situations, you may be approached by someone who has seen or been sent images of which the child in the images is unaware.

The child may have been deceived, groomed or coerced to send sexual images or videos of themselves to someone they know, including family members, or someone they have met online. Or they may have consensually sent images to someone believing that the images would remain confidential and then discovered that the images have been shared more widely and without their consent.

This practice guide looks at how you should respond in these situations. Providing a supportive response when sexual abuse images come to light can make a crucial difference to the child, both immediately and in the future.

This practice guide does not cover the scenario where you learn that young people have shared images consensually in the context of an equitable relationship, and those images have not been shared more widely. However, it is important to explore the issue of consent with the child, as a situation that appears 'consensual' often is not.

The UK Council for Internet Safety's *Sharing Nudes and Semi-nudes: Responding to Incidents and Safeguarding Children and Young People* is a guide for education providers when images have been shared among young people; there are separate versions for use [in England](#) and [in Wales](#).

Note that, while the age of consent in England and Wales is 16, it is an offence under section 1 of the Protection of Children Act 1978 to make, distribute, possess or show any indecent images of anyone aged under 18, even if the content was created with their consent.

### 3. How may the child be feeling?

A child who is aware that sexually explicit or abusive images of them are available and/or being shared online is likely to be horrified and embarrassed, feel helpless, ashamed and worry about who will see the images and what they will think. If the child is being threatened and blackmailed to continue to co-operate with the person abusing them, they may get increasingly distressed as the situation escalates.

If a child had initially shared images of themselves whilst being groomed, believing that they could trust and were in a 'relationship' with the person grooming them, they may blame themselves or think they were foolish to allow the images to be taken. It is important to help them understand the grooming process in these situations and reassure they are not to blame.

The child may also blame themselves if they have shared images consensually, (as part of an intimate relationship) but discover their image has been shared and/or manipulated using AI, without their knowledge or consent.

Many children will not feel able to tell anyone what is going on, fearing how adults will respond, and may be left isolated and without support.

*“I just wanted to go up to their face and be like, ‘Look stop it now, delete things off your phone, I won’t tell anyone, just stop’, but I couldn’t because every time I tried to send a message it was, ‘shut up, you have no say in this’ ... So I had no way that I could get power over them, like, no way I could get some control.” (1)*

*“He started to get quite ‘I want you to do this, I want you to do this’ and then, he’d threaten me – ‘If you don’t do this, the footage that I do have, I’m going to post all over Facebook and everything and I’m going to show it to your friends.’ ... I was, like, terrified. I thought, ‘oh my God, that’s horrible’ ... because, like, I’d emailed it over to him ... I thought, ‘oh my God, I need to do it then or else that will happen.’” (1)*

*“I felt disgusted with myself. I ran the shower as hot as I could and I sat in the shower, under the boiling water, hoping that it would make me feel a bit better, but I just felt dirty.” (1)*

*“I don’t know what’s out there and I don’t know who’s watching and I don’t know what people are doing regarding to me and whether anyone’s planning anything, that’s what makes me feel bad.” (1)*

*“I am embarrassed and humiliated and it’s horrible because now my mum and dad know what happened.” (2)*

*“I really thought it was my fault and I still think it’s my fault.” (3)*

*“I wish that there’d been some sort of support or someone there when I was going through it all in the very beginning to tell me that it wasn’t my fault.” (1)*

These quotes highlight the need for professionals to take this form of abuse seriously – which children say does not always happen – and to reassure the child that what has happened is not their fault.

## 4. How can you best help the child?

If you find out about images or videos showing a child being sexually abused, you will need to talk to your organisation's safeguarding lead;<sup>2</sup> they will take the next steps, including considering how the child should be spoken to, how to include their parent(s)<sup>3</sup> (provided it is safe to do so) and whether making a referral to children's social care and/or contacting the police is appropriate.

**Don't copy, save or forward the images** – not only can this add to the child's distress, but **it is an offence to do so**. The only people that should be shown the images are the police; they can retrieve the device to do this.

Think too about the **context** in which the images may have been produced – was grooming involved, for example, or was the child unaware of images being taken? Did members of the child's family/parent create these images?

The approach to safeguarding and support for the child will need to be tailored accordingly. Every child is different and requires an individual response.

Remember that children cannot consent to their own abuse. Even if images suggest that the child is 'consenting', you should assume that there was some coercion, grooming or deceit involved. Those who want these images will often use threats or manipulation to acquire them: if an image shows a child smiling, it is probably because they were told to or were too scared not to. You may find it helpful to look at [the NSPCC's advice for professionals around sexting](#).

Worrying that you don't know enough about technology and social media, can affect your response – remember that **the skills required to support and safeguard sexually abused children are the same**, whether or not the abuse has been assisted by technology and relates to imagery. If you express your lack of confidence to the child or their parents, *their* confidence in your ability to keep them safe may be undermined.

This section explores key actions you can take to:

- [communicate with the child – talking to and reassuring them](#)
- [protect the child – making a referral and managing online safety](#)
- [support the child in different areas of their life.](#)

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<sup>2</sup> 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.

<sup>3</sup> 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.

### a) *Communicating with the child*

If you are in a position to talk to the child, be sure to take account of what you know about the child's 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**, as well as language needs. Consider if interpreters are needed for children who have English as a second language or who might help for children who use sign language or other alternative communication approaches. Our [Communicating with children: A guide for those working with children who have or may have been sexually abused \(second edition\)](#) has advice about how best to work with interpreters and in supporting children's individual communication needs. It is not appropriate to ask a family member to be an interpreter or signer if a child needs additional support to communicate what has happened to them.

Be careful **not to make assumptions** about the child based on their characteristics, though. Our [Taking account of diversity](#) practice guide contains more information.

Your response will also depend on whether **the child already knows** of the images and if they are in circulation. If they do not, it is advisable to consult someone who knows the child, to agree how and when to talk to them and the key messages to give them. The child needs to know that the images have been discovered – or, if the child is very young and would not understand this information, their non-abusing parent(s)<sup>4</sup> will need to be informed on their behalf. Once they do know, it is important that professionals find out what has happened to them, because the images may only be part of the what's happened.

It's important to try to find out more about what has happened to the child, as the images are only part what's happened to them – but do not be surprised if the child is too ashamed or embarrassed to talk to you at this point (see section 3). Recognise their reluctance and reassure them that their feelings are normal; where possible, explore their worries with them empathetically. Focus on making sure they are safe and giving them an opportunity to talk to you if they want to, now or in the future.

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<sup>4</sup> We use the term 'non-abusing' to mean a parent who is *not considered to have been involved in sexually abusing the child*, even if they may have previously come to agencies' attention for other reasons.

Remember that the child may be horrified to think that you may have seen the images, and will need to know who will see them or be told about them.

When you talk to the child:

- think about where you will meet them – it should be somewhere that takes account of their need for privacy
- reassure them that they have nothing to be ashamed of
- tell them that they are not to blame while acknowledging that they may believe they are – explain, in whatever way is appropriate to their age and understanding, that they are likely to have been groomed, coerced, cajoled or deceived by someone who presented to them as a friend or someone they could trust, and they are not to blame for someone else's behaviour
- reassure them that *only* the police officers directly investigating the case will need to see the images – but avoid making promises about deleting the images altogether, as there may be no way of doing so
- ask them whether anything is currently making them feel unsafe, and what would help them feel safer
- ask them whether there is anything else that you can do to help
- try to reassure them that, however difficult things may feel, it will get easier now that someone else knows and they have support
- understand how they use technology and why it is important to them, so you can consider how to keep them safe while not undermining their everyday use of technology – the child may be worried that restrictions will be placed on them (including through the removal of devices), and this may deter them from talking about what has happened to them. Remember how important access to technology as a form of everyday communication is to the child. Removing access may feel like they are being blamed and punished and leaving them isolated.

The focus of the conversation should be on getting the information you need to **ensure the child's safety** and **protect their wellbeing**; it will be the police and social worker's roles to carry out any investigation.

Try to help the child to understand the grooming process, and take care not to use victim-blaming language – see [Barnardo's Language Matters.pdf](#) or [The Children's Society's guide to appropriate language](#) for more information. Be careful too that you do not inadvertently express victim-blaming views (about the child having been unwise to share images, for example) or take actions that blame the child such as removal of access to technology.

Give the child space to talk, and don't presume that you know what may be important to them or causing them worry: something that seems insignificant to you might make a big difference to them.

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.

Where appropriate, consider sharing [ChildLine's advice on online safety and sexting](#) with the child. You may also want to tell them about the NSPCC's [Report Remove](#) tool, which anyone aged under 18 can use to report nude images or videos of themselves that have appeared online from the internet – the report is reviewed by the Internet Watch Foundation, which can work to have the content removed if it breaks the law.

It's also important to talk about the **next steps**:

- Be open with the child that you will need to share information about what has happened with other professionals – explain to them who else will be told and what you understand will happen next, assuring them that action will be taken to protect them from further harm.
- 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 or social network 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.

More detailed information about conducting the conversation is available in our [Communicating with Children Guide](#), and particularly Chapter 16.

### After the conversation

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

- what images have been seen and where
- what the child has said to you, **using their own words**
- anything else that you have observed about them.

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

The child may not have wanted to talk to you at all about what has happened to them. Remember that **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, whether or not the child has confirmed them to you.

### ***b) Helping to protect the child***

The child's safety and welfare should always be paramount. What you can do to protect the child may depend on your role and your connection to them.

For example, if you work in a school and the child has alleged that it is another child at the school who is harming them, you can arrange to limit contact between them. (Our guide to [Safety Planning in Education](#) contains more information on actions that can be taken in the school environment.) If the person alleged or thought to have abused the child is known to you, it is important not to share with them any information about what the child has said.

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: it is important that your organisation's safeguarding lead puts in place a plan setting out who needs to know about the child's situation and why. Consider confidentiality too when taking actions to support the child: other children may notice if you take the child out of a school lesson for a conversation, for example.

### **Making a referral to children's social care**

If child sexual abuse images have been discovered or you have been told about them, a referral should be made to children's social care. The procedure for doing so will be set out in local arrangements.

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. If you have any concerns at all that telling the parent(s) may jeopardise the child's safety or an investigation, seek advice from children's social care first.

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

### Managing online safety

When there are concerns about sexual abuse in an online context, or facilitated by technology protective adults often remove the child's access to devices, with no plan in place for reintroducing access. This can have a negative effect:

- The child thinks they are being told the abuse was their fault and they are being punished.
- They become isolated from their friends and social life, and even from school or college.
- They may be at greater risk as they look for ways to get online in secret.

It is better to advise and support the child's parent(s) to learn more about online safety, so they can better supervise and manage their child's online activity and/or help the child understand how to stay safe online. They may find it useful to read the Internet Watch Foundation's [guide to online safety for parents and carers](#), and watch a [learning video](#) from Parents Protect.

If the person who has shared the images is another pupil in the child's school, or another child in a club or activity group that they belong to, discuss with your safeguarding lead what action needs to be taken. Consider whether the images were shared within the context of a consensual relationship:

- The sharing of sexual images may be part of a developing relationship. If it is between the two children involved, with no wider sharing of the images, and it does not demonstrate any coercion, control, power difference or harmful sexual behaviour, the appropriate action may just be to advise the children about potential risks and ways to minimise the likelihood of harm. In many cases, the school may respond to incidents without involving the police or children's social care.
- If this is not the case and there is thought to have been abusive behaviour, discuss this with the police and children's social care. The police may need to be involved in some cases to ensure thorough investigation, including the collection of all evidence. Investigation by police of an incident of youth-generated sexual imagery does not automatically mean that the child involved will have a criminal record.
- Depending on the age of the child, you may need to speak to them about how to respond to any negative comments, misinformation or rumours they become aware of through social media.

To find out more about responding to online abuse, see the Marie Collins Foundation/NWG's [Online Sexual Harm Reduction Guide](#) for professionals.

### 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, what is happening now and who they can come to with any concerns.

### c) 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 and should talk to the child about how they are feeling. At this stage it will be important not to go into detail of the abuse itself, or to ask lots of questions. This is primarily for the well-being of the child, as they will need to talk to others more formally about this. However, be led by the child, and be open to hearing what they want to tell you. It is not appropriate to stop a child talking about something that is important to them.

Make sure the child also knows that they can get specialist support and therapy, and how – the CSA Centre [Get Support](#) page gives details of local and national services. Be mindful of factors that might get in the way of support being provided like parental vulnerabilities and poverty/disadvantage and think about what support you can provide. This is a difficult time for the child and family – and too much emphasis on self-directed support may not be helpful or appropriate. The main issue is that the child gets the help they need.

The [Marie Collins Foundation](#) have trained staff who have specialist knowledge in responding to the needs of victims and survivors of technology-assisted child sexual abuse. They have useful resources for children and young people, parents and carers and professionals.

Bear in mind that children of all ages may need emotional support. Depending on your role, you may be in a position to ensure they have quiet time when they need it, for example, 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 not already told their non-abusing parent(s) about what has happened, 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 and to not blame the child. 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](#). It is important to reassure the child that what they are experiencing is likely to be the impact of child sexual abuse and to ensure that other professionals do not lose sight of this.

Helping the child to **continue attending school and other activities 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) Hamilton-Giachritsis, C., Hanson, E., Whittle, H. and Beech, A. (2017) ["Everyone Deserves to Be Happy and Safe": A Mixed Methods Study Exploring How Online and Offline Child Sexual Abuse Impact Young People and How Professionals Respond to It](#). London: NSPCC.
- (2) Whittle, H., Hamilton-Giachritsis, C. and Beech, T. (2013) [Victims' voices: The impact of online grooming and sexual abuse](#). *Universal Journal of Psychology*, 1(2):59–71.
- (3) Quayle, E., Jonsson, L. and Lööf, L. (2012) [Online Behaviour Related to Child Sexual Abuse: Interviews with Affected Young People](#). Stockholm: Council of the Baltic Sea States.

*Procedures to be followed in cases of child abuse are set out in the Government's statutory guidance for England [Working together to safeguard children 2026: statutory guidance](#) 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.*