

How to respond when someone comes to you with concerns

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1. Who is this document for?

This practice guide is for any professional who has been informed by a third party that a child¹ has said they are being, have been or are at risk of being sexually abused. You may be teaching or early years staff, youth worker, sports coach, social worker or health visitor, for example, who knows (or knows of) the child in your professional role.

If the third party tells you of *concerns* they have that a child may be being sexually abused, but the child *has not told* them anything, please read our practice guide [When you have concerns that a child is being or has been sexually abused](#).

2. The context

Many children find it hard to tell someone that they are being sexually abused, or are ignored if they try to do so. If a child *does* tell, they typically choose to tell a

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.

family member or a friend. That individual may pass this information on to you directly, or via someone else – for example, the child may tell a friend, who then confides in their parent, who then contacts you.

The individual sharing the information with you probably expects you to act on it. If they are an adult, they may be unsure whether the information justifies a call to the police or children's social care or are anxious about the possible consequences if they were to make a call themselves. If this is a child, they will need support. Appendix 1 of our [Communicating with children: A guide for those working with children who have or may have been sexually abused \(second edition\)](#) provides advice about how children and young people should respond if a friend or peer tells them about sexual abuse.

3. How may the child be feeling?

If a child who is being or has been sexually abused has told someone about the abuse, they may be relieved to have done so – as it is no longer a secret that they have to bear alone. If the abuse is ongoing, they are likely to be hoping that some action will be taken to stop it. However, they will probably also feel anxious and worried about the consequences (for themselves and their family) of telling, particularly if the person abusing them has threatened them with repercussions if they tell; for this reason, they may have asked the person they told not to share the information with anyone else.

“My mum finally came up to me ... and she said, like, ‘What’s going on?’ Then she finally asked the question, ‘Is things happening?’ I just nodded. Then one thing led to another and then here I am now.” (1)

“If you tell someone, it’s like relieving – because ... they know that you’ve been through a bad time and that they’re going to help you – because that’s what my friend said – that, she were going to help me and she did. I asked her not to tell anybody and she did actually do that but then – she was a bit worried and ... she said that I needed to tell my mum, so I went and I told my mum.” (1)

“I was at my auntie’s house and then I just started crying, crying, crying ... the tears were just coming.” (2)

“I told my mom. She just about had a heart attack. I decided to tell because my sister was starting to be abused by him too.” (3)

Some children may not consider themselves to be being sexually abused or at risk of abuse: a teenage child may have told a friend that they are in a relationship with an adult, for example, without realising that they are being groomed. Other children – particularly younger ones, those with additional needs and/or learning difficulties, or children who have limited understanding of sexual behaviour and

development – may mention something that has happened to them but not realise that it was abuse. The child's understanding must not override the fact that what is happening (or is at risk of happening) to them is sexual abuse and needs to be responded to. It is important that you tell the child this

The child may have told the third person about recent concerns or about something that happened in the past. Both require a clear response following the guidance below.

4. How can you best help the child and the individual who has spoken to you?

Bear in mind that the individual has contacted you because they have a good relationship with you and think you are in a position to take appropriate action. This section covers:

- recording the information accurately using child's own words
- discussing next steps with the individual, including speaking again to the child
- ensuring protection and support for the child (and, if it is required, the individual who has spoken to you)

Note that your response to the child should take account of the context(s) in which they 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 may have abused them. For example, sexual abuse by a parent,² sexual harm by a sibling, sexual harm by another child at school, sexual exploitation individual or 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. Importantly, every child is different and requires an individual response.

a) Record what you are told

When someone tells you about child sexual abuse concerns, write down what they tell you in **as much detail as possible**, using **their own words** (and, where appropriate, their recollections of the child's own words).

Ask the individual what they said to the child after being told about the abuse. Did they tell the child what they would do with the information?

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.

Bear in mind that the child is unlikely to have given a detailed account of sexual abuse. Children seldom tell everything about their abuse in one go; telling is typically a process that occurs over time.

However incomplete the information may be, you must treat it as a serious concern. If it suggests that the child may be at *immediate* and/or *continuing* risk of harm, you should take action straight away to ensure they are protected.

b) Discuss next steps with the individual who has told you

Speaking to the child

It will be necessary for someone to try to gather more information from the child about what is happening or has happened, and to tell them what will happen next.

If the child has told an **adult**, who in turn has informed you, ask that adult to go back to the child and say that they have shared the information with you. Speak to your organisation's safeguarding lead³ to decide a plan of action, including which professional will speak to the child; this may be you, the safeguarding lead or another professional who knows the child well. This conversation may also involve the adult whom the child has already spoken to, if the child wishes and if that adult is willing to take part.

If the child has told **another child** about the abuse, speak to your safeguarding lead to decide which professional will speak to the child who has been abused.

If you will be speaking to the child, our practice guide [When you have concerns that a child is being or has been sexually abused](#) and our [Communicating with Children Guide](#) contain advice to help you prepare and remain child-centred throughout. If the adult who approached you will be speaking to the child again, it may be useful to go through those chapters with them beforehand.

Whoever speaks to the child should take account of 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. It is never appropriate to ask a

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.

family member to be an interpreter or signer. 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.

Be aware of assumptions about the child based on their characteristics and utilise our [Taking account of diversity](#) practice guide to support you.

Think about how the child may be feeling, reassure them that their concerns are normal, and allow them to discuss those concerns. Reassure that telling someone was the right thing to do, and be careful not to give the impression that the child should have told or recognised what was happening to them sooner.

Bear in mind that the child may not want to talk to you 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.

Establishing the individual's own need for protection and support

When someone tells you that a child may be being or has been sexually abused, it is vital to check whether they are **worried about their own safety**. This is especially important if they too are a child.

They are also likely to require support themselves, so consider how this can best be offered:

- If they are an adult, you may want to tell them about the [Parents Protect website](#), where they can find further advice and guidance.
- If they are a child, [Youth Access](#) provides information about local counselling and advice services for children and young people aged 12–25.

Keeping the individual informed

Tell the individual that you will need to pass on the information they have given you to professionals who can give the child the support they need and (if the abuse is ongoing) can protect the child and others from further harm. Reassure them that you will ensure that appropriate action is taken.

Let them know your availability, be clear that they can come back to you whenever they need to; and tell them whom to approach if you are not available – for example, you may advise them to contact safeguarding authorities themselves.

If it is a child who has told you, think about the best way to ensure that they know you have taken their concerns seriously, you may not be able to share some information due to confidentiality.

c) Help to protect the child

The child's safety and welfare should always be the paramount consideration in all decisions and actions. 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 making alternative arrangements for the child to be collected from school, or making arrangements for 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 any details of the harm or abuse the child has told you about, with the person the child has identified as harming them.

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 a child has told anyone 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 says that the referral should be made **immediately**. You may also need to contact the police if 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 to children's services and possibly speaking to the police, 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.

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 protect and 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 and will happen next. Tell them they will likely have to speak to others, a police officer and/or a social worker.

Make it clear that this is not because they have not been believed but so professionals can safeguard and support them and their family.

d) Support 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, but 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.

Keep in mind that children of any age may need emotional support. Depending on your role, you may be able to ensure that 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.

Helping the child to **continue attending school and engage with their learning** is important and can be a supportive measure for the child. 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](#)
- [Supporting a child and documenting your concerns before the referral / report is made](#)

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:

When someone tells you that a child is being or has been sexually abused

- (1) 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.
- (2) Kanyeredzi, A. (2018) [*Race, Culture, and Gender: Black Female Experiences of Violence and Abuse.*](#) London: Palgrave Macmillan UK.
- (3) Berliner L. and Conte, J. (1990) [*The process of victimization: The victims' perspective.*](#) *Child Abuse and Neglect*, 14(1):29–40.

Procedures to be followed in cases of child abuse are set out in the English 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.