

How to respond when you have concerns about a child

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1. Who is this document for?

This practice guide is for any professional who has observed or learned of something which leads them to suspect that a child¹ is being sexually abused, in a situation where the child has not verbally reported being abused.

You may be in any position or role that offers some contact with the child – for example, as a youth worker, teaching and early years staff or playworker, medical professional, sports coach, social worker, or health visitor.

2. The context

Many children who are sexually abused do not tell anyone about it at the time, but there may be other reasons for you to suspect that a child is being or has been sexually abused. Although the child has not told you anything directly, they may have hinted at something or shown other signs and indicators of child sexual abuse such as become unusually quiet and withdrawn, displayed sexualised behaviour, appeared anxious or frightened, or shown other signs (including

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.

physical signs) – or you may have observed something concerning in the behaviour of someone around the child. Alternatively, you may have read something in a report or case notes about the child which raises concerns, or someone else may have told you they are concerned by something *they* have observed.

Many cases of child sexual abuse come to light only because a professional raises concerns. You may not be the first person to have concerns about the child, but you can be the first to act on them.

This practice guide aims to help you understand how the child may be feeling in this situation and explains how you can help them.

3. How may the child be feeling?

If you have concerns about child sexual abuse, you may wonder why the child hasn't told anyone about it, but children face many barriers to telling. Additionally, it may be that the child *has* told someone, such as a friend, but has asked them to keep it a secret; it may specifically be *people in authority* that the child feels unable to tell).

The child may be **frightened** to verbally tell about the abuse, because of what this might mean and how it might affect them and their family – especially if the person abusing them has threatened repercussions. They may feel **ashamed** or **embarrassed**, and there may be **cultural taboos**, **familial loyalties** or **communication difficulties** that prevent them from telling. It may also be harder for a child to tell anyone if they are being sexually harmed by **another child**, especially a sibling.

Additionally, it is common for children to think they **won't be believed** if they tell about the abuse. The person who has abused them may have told them this, or told them that the abuse did not actually happen; they themselves may be struggling to believe that it happened; they may think they are less credible because they did not tell about the abuse immediately; or they may previously have been disbelieved or ignored when trying to talk about things that happened to them.

Generally, though, when something is wrong, a child will want someone to notice it and ask them about it directly.

“My college tutor ... was absolutely amazing. He noticed something was wrong, I don't know how because he didn't really know me.” (1)

“What I needed at that particular time was somebody who was sensitive enough to see that this was a vulnerable person here. The issue was

actually not about the anger and the aggression, or the violence, it's actually about somebody who was actually crying out for help.” (2)

“The thought of telling anyone was just ... It just didn't even dawn on me. I mean I don't even know what happened to me, I didn't know this happened to boys – who would believe me?” (3)

“I think that sometimes people slip through the net, because they are very good at hiding, and they don't always show what they really feel about things so I think, sometimes too many people get missed ... Sometimes it's right under people's noses and they just don't recognise it.” (4)

“I never went and asked for help, but no one ever asked me if I needed help.” (5)

“I didn't want to talk to anyone. I didn't want my grandad to go to prison because I felt bad because of how old he was and I was going to take it to the grave anyway.” (1)

“I think sometimes the Asian community, people can be too judgy, that's why [young people] are too scared to come out [and tell someone about their abuse].” (1)

“When I did try and tell the teacher she said she was too busy.” (6)

Some sexually abused children – those being sexually exploited or groomed for abuse online, for example – may have been groomed to think, at least initially, that they are in a 'relationship' with the person abusing them and will consequently resent any interference in their private life. This must not override the fact that what is happening (or is at risk of happening) to them is sexual abuse, which requires action.

Other children may not realise that what has happened or is happening to them is wrong, particularly if they are young, have additional needs and/or learning difficulties, have learned little from adults and peers about sexual behaviour and development or as they have been groomed.

“I didn't realise it was abuse until he'd made me do too much, by then I was so ashamed I didn't have the words or the confidence in myself ... I thought I would be in trouble and that I would hurt my family.” (7)

4. How can you best help the child?

If you or others have observed possible signs or indicators of sexual abuse, but the child feels unable to tell anyone what is happening, they may continue to be at risk. Whatever the reason for your concerns, the child's safety and welfare are paramount. This section covers:

- recording the reasons for your concerns
- talking with the child about what is happening
- considering making a referral, contacting the police or taking other protective action.
- ensuring the child receives appropriate support.

a) Record your concerns and consider what they might indicate

If you have concerns that a child may be being sexually abused, it can be helpful to set out *why* you have those concerns. You can use our [Signs and Indicators Template](#) to record observations of:

- any behavioural or physical signs displayed by the child
- any potential signs of sexually abusive behaviour in those around them
- any factors in the child's family or environment which may increase opportunities for sexual abuse to occur.

This will help you to build a picture of your concerns, which will support any action taken to protect the child, and you and other professionals can add further observations in the future.

It is important to recognise that many of these signs may also be potential indicators of other forms of maltreatment. Equally, however, you should be aware that it is common for abused children to experience multiple forms of abuse and neglect, and that professionals can focus on these issues rather than consider sexual abuse. Sometimes professionals assume that other known problems are the reasons for what they have observed; **as a result, signs of sexual abuse are missed, concerns dismissed, and children left unheard and unprotected.** This can be particularly common when a child has a diagnosed condition or disability.

Discuss your concerns with your organisation's safeguarding lead,² and/or with other professionals to see whether they too have concerns. It is often when information is brought together across the multi-agency safeguarding network that a fuller picture emerges.

² 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.

b) Talk with the child about your concerns

There must be a conversation with the child as soon as possible, to try to understand more about what is happening. An adult who knows the child well – such as you, or your safeguarding lead – is likely to be best placed to speak with the child. Discuss this with your safeguarding lead.

More detailed information about conducting an initial conversation is available in our [Communicating with Children Guide](#).

Before the conversation

If it is decided that you will talk with the child, plan where the conversation will take place so that you can provide a **private, safe and appropriate space**. Make sure you 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)³ or friends.

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**; their communication needs and their **sexual orientation** and **gender identity**. However, be careful not to make assumptions about the child based on their characteristics. Our [Taking account of diversity](#) practice guide contains more information.

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 about how you will manage any issues that this raises regarding confidentiality. Our [Communicating with Children Guide](#) has a section on working with interpreters and thinking about children's diverse communication needs, including considering their age. It is never appropriate to ask a family member to be an interpreter or signer.

Think also 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

³ 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.

family environment, and who the person(s) who abused them are. For example, sexual abuse by a parent, 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.

Remember that 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 primarily be the police and social worker's roles to carry out any investigation or child protection enquiry, though they will depend on all those who know a child to provide information and contribute to an understanding of the family and the concerns. Be clear about **what you need to ask** the child, and **how you will respond** to what they say. It is important not to ask too many questions, to allow the child to tell you what they want to tell you. It is important never to shut a child down if they want to talk to you. If talking to 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'.

Starting the conversation

When you first talk with the child, you can help them feel comfortable by:

- listening carefully, with positive body language and an empathetic approach
- focusing on what they are telling you
- not showing surprise or shock at anything they say.

In this conversation, it is generally best **not to ask direct questions** but rather to 'open a door' for them to talk to you about any concerns or worries they have, whether or not these relate to child sexual abuse. (Direct questions may be helpful, however, when talking to children who are very young or have additional needs.)

"I have noticed..." statements can be helpful in showing the child that you are thinking about them and holding them in mind. For example:

- "I have noticed you don't seem yourself at the moment."
- "I have noticed you crying."
- "I notice you are very quiet at the moment."

The child may or may not respond to you at this point and it's important that you don't expect to receive a response. However, you may want to try **opening up a conversation** by saying things like:

- "Help me understand..."

- “Can you tell me more about that?”
- “I have noticed X and I wonder what might be going on for you at the moment.”
- “I have noticed X and would like to understand more about that.”
- “If you want to talk to me, I am here to listen.”

You may also want to ask questions that will help you **safeguard and support** the child. For example:

- “Is there anything currently making you feel unsafe? Is there anything that would help you feel safer?”
- “Do you have any physical or emotional worries?”, “Are you in any pain?”, “Do you have difficulty sleeping, have tummy upsets or headaches, or feel sad or anxious?” If so, “Do you want any help with this?”
- “Is there anything else that I can do to help?”

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.

Responding to what the child tells you

If the child says something that confirms your concerns of sexual abuse, first tell them that:

- you have heard them and taken seriously what they have told you.
- you will take action and will need to share what they have told you, but only with people who have to know to keep you safe
- they can talk to you again when they need to.

Accept what the child tells you, and communicate 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 or others.
- 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.

Remember that there are many possible reasons why the child may not have previously told anyone that they are being sexually abused (see section 3 above). These are likely to affect how they tell you what is happening to them; for example, they may be vague and appear unsure of what they are saying. This is

to be expected, telling about child sexual abuse is a process that happens over time.

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".

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.

Ending the conversation

Don't expect the child to tell you everything in the first conversation. You may realise that you will need to talk with them again to get more clarity about the situation, so let them know that the door is open for them to talk to you in the future. 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.

You may also want to reassure them that they are **not in trouble**. Above all, let them know that **you are there for them** and will do all you can to help them.

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

- Even if the child has not told you anything, you may still need to seek advice, make a referral to children's social care, and/or contact the police. This means that you will need to share your concerns, so it is important to be open with the child and explain to them who else will be told and what you understand 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. Our practice guide on [supporting the child's relationships with family and friends](#) gives more information as does our [Supporting Parents and Carers Guide](#).

After the 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. 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. As professionals we do not have to rely on children to verbally tell us what is happening to them, it is our responsibility to build the picture of concern and act upon it.

c) Take action to protect 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 who may be harming them. If you work in a school, this may include acting to prevent a parent from collecting the child from school, or where this involves another child in school, this may include arrangements for the children to be educated away from one another. See our [Safety planning in education](#) resource for more detailed information.

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 or contacting the police

If your observations and/or your conversation with the child lead you and your safeguarding lead to think the child *is* being sexually abused, a referral should be made to children's social care; 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. This should happen even if the child has not told you directly that they are being

harm; you do not need to wait for children to tell you what is happening. 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.

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.

If someone – whether an adult or another child – has told you of *their* concerns about a child, tell them 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.

It is vital to check whether they are **worried about their own safety** as well as the safety of the child who may be being abused.

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.

d) Take action to 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)

should talk to the child about how they are feeling, but for the wellbeing of the child, asking too many questions and probing the details of the abuse is not helpful. Let the child tell you what they are comfortable with. It is important to remind them that they will need to talk to others, not because they have not been believed or they were not clear, but to ensure appropriate action is taken.

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.

Bear in mind that a child of any age need emotional support. Depending on your role, you may for example 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 there are indications that the sexual abuse has impacted on the child's physical or emotional wellbeing, consider seeking additional 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](#)
- [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:

- (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) Rodger, H., Hurcombe, R., Redmond, T. and George, R. (2020) ["People Don't Talk about It": Child Sexual Abuse in Ethnic Minority Communities](#). London: Independent Inquiry into Child Sexual Abuse.
- (3) Azzaro, R. (2019) [The Voices of Male Survivors: The Lived Experiences of Adult Male Victims of Child Sexual Abuse](#). Philadelphia: University of Pennsylvania.
- (4) Hallett, S. (2013) [Child Sexual Exploitation in South-East Wales: Problems and Solutions from the Perspectives of Young People and Professionals](#). Cardiff: University of Cardiff.
- (5) Allnock, D. and Miller, P. (2013) [No One Noticed, No One Heard: A Study of Disclosures of Childhood Abuse](#). London: NSPCC.
- (6) Coffey, A. (2014) [Real Voices: Child Sexual Exploitation in Greater Manchester](#). Manchester: Greater Manchester Police and Crime Commissioner.
- (7) Children's Commissioner (2015) [Protecting Children from Harm: Children's Commissioner's Enquiry into Sexual Abuse in the Family](#). London: Office of the Children's Commissioner.

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.