

Supporting the child and documenting your concerns before the referral / report is made

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1. Who is this document for?

This document is for professionals working with children and families (such as teachers, nursery workers, sports coaches, general practitioners, community or voluntary sector workers, youth workers, CAMHS professionals and other health professionals) who have concerns that a child¹ may have been sexually abused or be at risk of sexual abuse. It explains what you can do to protect and support the child if it is felt that there is insufficient evidence to make a referral to children's social care or contact the police.

Please note that the UK is moving towards mandatory reporting for child sexual abuse with legislation proposed in the current Crime and Policing Bill (2024-25): This bill, introduced in Parliament, aims to implement a mandatory reporting

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.

duty for those in regulated activity with children (e.g., teachers, healthcare staff, social workers, volunteers) when they witness child sexual abuse or receive direct reports from a child.

2. The context

At this point, you have concerns that a child may have been sexually abused or be at risk of sexual abuse. If you have not already done so, please read our practice guide [When you have concerns that a child is being or has been sexually abused](#) before reading further.

If you have these concerns, the appropriate response in most cases is to refer the child to children's social care and/or contact the police. (This will *always* be the case if the child has said they are being or have been sexually abused, or if there is other evidence of sexual abuse.) Our practice guide [Making a referral to children's social care and/or contacting the police](#) explains what to do.

There may be situations where, usually following discussion with their organisation's safeguarding lead,² professionals' concerns do not lead to a referral because sufficient information is not yet available. This does not mean that the child hasn't been abused or isn't at risk of abuse; it means that *currently* the safeguarding lead feels there is not enough information available to support a referral to children's social care or a call to the police.

In such a situation, it is very important that professionals continue to be alert to further possible [signs or indicators of sexual abuse](#). Remember, that practitioners **can and should talk directly to children, and families, about concerns of sexual abuse**. Furthermore, **safeguarding decisions must be based on all indicators of sexual abuse and should not rely solely on verbal statements from children**.

3. How may the child be feeling?

If you think a child is being or has been sexually abused but they have not told you about this, remember that they may face many barriers to telling.

For example, they may be frightened to tell anyone about the abuse, because they fear how this will affect them and their family, especially if the person abusing them has threatened repercussions. They may also feel ashamed or embarrassed, and cultural taboos, familial loyalties or communication difficulties

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.

may prevent them from telling. And it may be harder for a child to tell anyone if they are being sexually harmed by another child, especially a sibling. A concern that they won't be believed may be an additional deterrent.

Generally, though, when something is wrong a child will want someone to notice.

"I couldn't talk about the sexual abuse. It was too difficult. I wanted them all to notice and to ask me what was going on." (3)

"Nobody came and said, 'Are you happy? Are you well?'" (1)

"I hated everyone, nobody cared and I was abusing solvents and truanting ... I was screaming out for help and attention." (1)

"I just kept shut up about it. It was funny; it's in your head, it's there all that time in your head." (2)

Conversely, the child may not consider or realise that what is or was happening to them is wrong, and may consequently resent any interference in their private life – but that must not override the fact that what is happening (or is at risk of happening) to them is sexual abuse.

4. How can you best help the child?

Remember at all times 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**. Ensure you challenge your own assumptions and biases about the child which may be 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 they need 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,³ 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.

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.

a) Talking to the child and gathering information

Be sure to keep communication lines open – let the child know that you are there for them and that they can talk to you. Remember that you don't need to have received specialist training to talk to a child who may have been sexually abused. What matters is that they can talk to someone they **trust**, who will **listen** to them and provide a **supportive response**.

Be proactive, ensuring you regularly check in with the child rather than waiting for them to ask for help.

Our practice guide [When you have concerns that a child is being or has been sexually abused](#) contains advice on enabling the child to talk about what has happened to them. You can find information about supportive approaches to communication in our [Communicating with Children Guide](#) including scripts to support these conversations

Focus on the child's **safety** and **wellbeing**:

- Ask the child if there is anything or anyone that is currently making them feel unsafe, and what could help them to feel safer.
- Check if they have any worries or physical concerns. For example, are they in pain? Do they have difficulty sleeping, have tummy upsets, headaches, feel sad or anxious? If so, do they want help with these?
- Offer them space to talk about how they are feeling.
- Ask them whether there is anything they would like to happen now. Be careful not to promise anything that you cannot guarantee or that is outside your control – you may need to take actions that go against what the child says they want, and it is important that they are helped to understand this.

In line with what is appropriate to your professional role, let the child know:

- that they can always come and talk to you
- who they can go to when you're not available
- what they should do if they believe that they are at risk of being abused.

Ask the child if there is a parent or other adult in their family whom they trust and feel comfortable to talk to, so you have a point of contact in the family – see 'Supporting the child' below.

When talking to the child and at other times, continue to look for **signs in the child's behaviour and mood** that they may be being sexually abused – for example, they may be unusually quiet and withdrawn, hint at something, display sexualised behaviour, or show signs of distress. Our [Signs and Indicators Template](#) will help you to build a picture of your concerns, by considering:

- physical or behavioural signs displayed by the child
- potential indicators of sexually abusive behaviour in those who may be abusing the child
- factors in the child's family or environment which may increase opportunities for abuse to occur.

Keep a **detailed written record** of your concerns and actions (or ensure that your safeguarding lead is doing so) and share any new observations, or information that concerns you. And remember, safeguarding decisions must be based on all indicators of sexual abuse and should not rely solely on verbal statements from children.

b) Helping to protect the child

If you still have concerns about the child or you have new concerns (especially if the child starts to tell you or give you hints that they are being abused), talk to your safeguarding lead about making a referral to children's social care or the police. Typically, the safeguarding lead will be best placed to make a referral and/or contact the police. If they decide not to do so and you disagree with their decision, check their understanding and whether you have made your concerns clear; if necessary, you may wish to pursue this via your organisation's escalation procedures for resolving professional disagreements.

Separately from making a referral or report about the child, there are actions you can take to help protect the child.

If your organisation has any interaction with the person(s) thought to be abusing the child, you and your safeguarding lead can discuss how you may be able to take protective action such as limiting contact between them. If you work in a school, for example, this may include 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.

If you have any further concerns about the safety of the child, or information that indicates they may be at risk, this must be shared with the relevant agencies, such as social care, police and probation. Some police forces invite professionals, victims and members of the public to share anonymously information that may feed into wider disruption activity and build local pictures around suspected offenders, locations of concern and vulnerable young people. And if you are aware of child sexual abuse images and videos online, you can [report them to the Internet Watch Foundation](#).

c) Supporting the child

By letting the child know that you are available and are looking out for them, you can build their trust. Be proactive, ensuring that you regularly check in with the child rather than waiting for them to ask for help.

Ensure that the child is kept fully informed of any actions you take; feed back to their non-abusing parent(s)⁴ too, unless this would put the child at risk of harm.

Consider how you can ensure that the child receives appropriate **emotional support**. Despite popular misconceptions, you and the child's non-abusing parent(s) can and should talk to the child about how they are feeling.

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, 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 told you that there is a parent or other adult in their family whom they trust, talk to this adult (with the child's permission) to:

- make sure they understand the situation – they may need help with this, and learning about possible sexual abuse may have a major impact on the family
- make clear to them that there may be ongoing sexual abuse, although a referral cannot be made at this time, and encourage them to be attentive to any possible signs of it
- establish whether they need support in order to support the child, and whether you are in a position to refer them to appropriate services. If you are not, who is?

In some cases, it may be helpful for the child's non-abusing parent(s) to get advice from the [Family Rights Group](#) or local advocacy organisations.

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

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.

⁴ 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.

Supporting yourself

To be able to provide effective ongoing support for the child, you need to look after your own wellbeing. Allow yourself time to reflect on the referral and discuss it with your line manager or in supervision. And read our [Looking after your own wellbeing](#) practice guide if you are finding it difficult to manage the ongoing impact of your work.

5. Where next?

- [Making a referral to children's social care and/or reporting to 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 and how your actions can make a difference:

- (1) Independent Inquiry into Child Sexual Abuse (2018) [Truth Project Experiences Shared: Victims and Survivors Speak Out](#). London: IICSA.
- (2) Bond, E., Ellis, F. and McCusker, J. (2018) [I'll Be a Survivor for the Rest of My Life: Adult Survivors of Child Sexual Abuse and Their Experience of Support Services](#). Ipswich: University of Suffolk.
- (3) The Child Safeguarding Practice Review Panel (2024) ["I wanted them all to notice": Protecting children and responding to child sexual abuse within the family environment](#). www.gov.uk/government/publications.

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