

Supporting the child’s emotional wellbeing

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1. Who is this document for?

This practice guide is for *any* professional working with a child¹ who has been, or may have been, sexually abused.

It is vital for all professionals to think about the child’s emotional health and wellbeing, especially if statutory agencies are not involved in the child’s life (because they have deemed a statutory response is not required or no longer needed). Even when other agencies are involved, it is important that everyone involved with the child understands they have a responsibility to ensure the child’s emotional well-being is prioritised.

There are so many things professionals who work directly with children who have been sexually abused can say and do to support them; you don’t need to be a qualified therapist to acknowledge, empathise and support a child.

Our [Communicating with children guide](#) contains useful information and advice on supporting children to communicate with you, including what you can say and ask about (Part C), and having conversations in different contexts (Part D):

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.

- When the child has displayed concerning behaviour or other possible signs of sexual abuse
- When you are concerned about someone in the child's family environment
- When the child's case file suggests they have been sexually abused
- When the child is telling you (or has recently told you or someone else) they are being sexually abused
- When sexual images of the child have been discovered
- When a police investigation into sexual abuse of a child is ongoing
- When a police investigation into sexual abuse of the child has not been pursued or has not resulted in a conviction.

2. How may the child's emotional health and wellbeing be affected by the abuse?

If a child is being or has been sexually abused, possible signs of the abuse's impact on their emotional health and wellbeing include:

- depression and/or anxiety
- symptoms of post-traumatic stress disorder (PTSD), such as flashbacks or panic attacks
- sexualised behaviour towards other children
- low self-esteem and/or lack of confidence
- disordered eating/eating disorders
- sleep disturbance
- obsessive behaviours
- being aggressive, having frequent temper tantrums or displaying other disruptive behaviours
- confusion about the meaning of healthy relationships
- unhealthy coping mechanisms, such as self-harm, excessive alcohol consumption or substance misuse
- suicidal thoughts or attempts.

For a full list of signs and indicators see our [Signs and indicators template](#).

If the child feels unable to tell anyone about the abuse, this can add to their distress:

"I was thinking about cutting myself or jumping out of a window to get any help." (1)

The child is also likely to feel isolated from those around them, especially if they consider that they do not fit the stereotype of a victim of sexual abuse

"You have such a sense of isolation where this did not happen to anyone else, it was just me. [I had the belief that this] does not happen to boys." (2)

Sometimes professionals see the impact of the abuse as the child being deliberately problematic or challenging, rather than remembering the signs they are showing are as a result of their experiences. Children often blame themselves for the abuse they have experienced, and when the impact of abuse is not viewed through a trauma lens, this can intensify children's feelings that there is 'something wrong with them' as opposed to being helped to see that this is because of 'what has happened to them'. It can be very helpful for professionals to help children recognise that the difficulties they are experiencing are as a result of the harm they have experienced and reassure them that with the right support these difficulties will pass.

3. How can you best help the child?

Supporting the child's emotional health and wellbeing can help to address the above issues, and to mitigate further potential impacts of the abuse in the future. This section covers:

- giving the child opportunities to talk with you about how they are feeling
- think about your interactions with the child
- talking to the child's parent(s)
- arranging appropriate support to meet the child's emotional health
- signposting to other resources and support.

Give the child opportunities to talk with you about how they are feeling

Letting a child know that they can talk to you, or someone else you have identified who has a good relationship with the child, is a good first step. Agreeing with a child how they will let you know when they want to talk, or if in school, need a break, is helpful for the child who may find it difficult to ask directly. Ensuring that you check in regularly with them too is important – it can be hard for children to ask for help. Offering a child a space where they can be on their own or with someone they trust if they need a break is also helpful.

When you talk with the child about their emotional health, think about their individual needs; adapt your approach to their age, gender, level of education, and wider understanding, cognitive abilities as well as their cultural background and any disabilities.

Children with communication needs may need specific support and tools to help them communicate their feelings and concerns. Some useful resources are:

- [Easy Health](#) – a website containing hundreds of health resources for people who find written information hard to understand
- [Human Body Parts, Function, Senses and Emotions Symbols and Signs](#) – a book from The Makaton Charity – and the [Sex Education Book of Signs](#) published by The Makaton Charity
- [easy read leaflets on a range of sexual health issues](#), published by NHS Dumfries & Galloway.

Many professionals worry that by talking with a child about how they are feeling, they may inadvertently contaminate a criminal investigation (if the police have decided to investigate). As long as the child has undertaken their Achieving Best Evidence interview as part of the investigation (if it has been decided to undertake one) and you do not talk to them directly about anything they have said within that interview, you can talk openly with them about how they are feeling. This may include speaking with them about how they are sleeping, any worries they are having or any trauma symptoms, for example flashbacks or disassociation. For further advice on what you can talk to a child about in different contexts, see Part D of our [Communicating with children guide](#).

If a child was to tell you any additional information that has not already been reported, talk to the safeguarding lead in your organisation about whether a [referral to children's social care](#) is required or direct contact with the police. It is important that you listen carefully to what they are telling you, show empathy and honesty, and don't give any appearance of being judgmental. It is important to carefully record what the child tells you in their own words. Part C of our [Communicating with children guide](#) can support you. If there is an ongoing police investigation, however, you may have to be careful not to ask them questions about what they say, nor to comment on it – and you should tell the police what they have said. Chapter 17 of our [Communicating with Children Guide](#) has more detail on this.

Children may at times feel overwhelmed with emotions, reassure them that this is a normal response and help them to make a plan about how they can recognise it when it happens, and what they can do. Consider creating an 'emotional first aid

kit' with the child: a set of items that helps them to manage difficult feelings and ground themselves when needed. Depending on the child's age and other characteristics, these could include:

- something tactile to play with like a fidget toy
- colouring books
- strong-smelling oils, such as lavender oil
- calming music
- a set of self-help statements.

Think about your interactions with the child

The way adults interact with a child who has experienced sexual abuse can make a real difference. It's often the small, everyday moments — how we speak, how we listen, how we respond when a child is upset or withdrawn — that shape whether a child feels safe and understood. Children are constantly picking up on cues from the adults around them about whether they are believed, respected and in control of what happens to them. Taking time to think about our interactions helps us avoid unintentionally increasing fear or shame, and instead supports a child to feel safer, steadier and more able to manage. Consistent, calm and respectful responses can be powerful. Some of the ways you can adopt this approach include:

- Keep routines as consistent as possible (who collects them, where they sit, what happens next).
- Offer *real* choices throughout the day: "Would you rather talk here or go for a walk?" / "Do you want the door open or closed?"
- Tell the child in advance about changes, appointments, or new people.
- Adopt a stance of belief in your interactions with the child
- Some children may benefit from support to regulate through ordinary activities such as walking, bouncing, stretching, dancing, cycling, or by drawing, building, cooking, sorting objects.
- Allow the child to be a child and try to avoid over-monitoring or being overly protective. Let the child play, joke, be bored etc and continue to maintain age-appropriate expectations and boundaries.
- Be reliable and follow through on what you say whilst not worrying about the need to be perfect: It is ok to say when you get things wrong.

Talk to the child's parent(s)

Provided they have not been involved in the sexual abuse, the child's parent(s) or carer(s) can and should be a key part of their child's support system. They may have helpful information about the child's emotional health needs and they may need support to address these. Many parents may have needs of their own, which require a response. Our [Supporting Parents and Carers Guide](#) can help you understand the parent(s)' initial response to learning that their child may have been abused, the impact of the abuse on them, and what you can do to support them and their relationship with the child.

Arranging appropriate support to meet the child's emotional health needs

By referring children for additional support where needed and chasing up referrals, you can be a good advocate for the child.

When appropriate therapeutic support is provided at the right time, it can make a great difference to the child's emotional health and wellbeing:

"For the first time in my life I felt like I could actually talk about what happened without feeling judged ... counsellors are used to hearing it so I didn't feel I was telling a stranger some personal detail that they're going to go laugh about ... there's a trust there that I didn't feel with anyone else." (4)

"[Therapeutic intervention] just makes you feel safe and makes you feel like there is nothing to be worried about at all ... [My worker] made me feel I was worth something ... He just made me feel calm." (3)

"[My support worker and I] met up, it was either fortnightly or monthly ... and we just went for like a Costa or a walk in the park or just here, and we just caught up and I asked her any questions ... She was brilliant. She was really good." (5)

"It's nice to talk to someone who's outside the family because they're not in the midst of it – they wouldn't feel it emotionally in the same way – they see it emotionally but they're not having to live it. 'Cause they don't tiptoe around you – but they do go gently – they tell you it straight – such and such is going to happen and it's going to be hard but we're going to help you get through this." (3)

"I mean my counsellor, she's just given me a bit of hope, do you know what I mean? ... If I'd not [received counselling] I honestly know that I would either be in a ditch somewhere or off my head somewhere ... I mean she changed my view on myself, on other people, like, I mean she was straight."

I used to think I was ugly and horrible and she kind of brought the good out in me.” (6)

Refer the child for therapeutic support at the earliest opportunity; referrals should be automatically considered for any child who has been or may have been sexually abused. There is a common misconception that the child cannot receive emotional support or therapy during a police investigation, if there is one, but the Crown Prosecution Service's 2022 legal guidance [Pre-trial Therapy](#) makes clear that they can, and should.

It may be appropriate to refer the child to local **Child and Adolescent Mental Health Services (CAMHS)** – but bear in mind that there can be lengthy waiting times for assessment, and CAMHS prioritise children with particularly severe emotional, behavioural or mental health difficulties. The mental health charity Young Minds has produced a [guide to CAMHS](#) which you can share with the child and/or their non-abusing parent(s).²

Usually you can also refer the child to a local specialist service; find out what support is available in your area on our [Get Support](#) page and ask the child whether they want to be referred for that support. The National Institute for Health and Care Excellence (NICE) has [guidelines on therapeutic interventions for abused and neglected children](#), which may help you to understand what might be most helpful for the child.

Once you know what support is available, you may want to contact the providers to check their referral criteria and length of waiting list, and to find out more about what their support might involve. Make sure that it will meet the child's individual needs (taking account, for example, of their characteristics such as ethnicity, sexual orientation, language spoken or disabilities), and consider any additional barriers that the child may face in accessing support. You can then discuss this with the child and/or their non-abusing parent(s):

- Share information about the specific therapeutic approach on offer so they can decide whether it feels right. Options may include play therapy, cognitive behavioural therapy, psychodynamic work or person-centred counselling.
- Ask whether they have preferences or concerns about who they feel could help them, and establish whether they face any additional barriers in accessing support.

² We use the term 'non-abusing' to mean someone 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.

- Be realistic about how long they may have to wait before the counselling/therapy will start, and help them think about ways to cope with the wait – for example, by keeping themselves occupied with activities they enjoy.
- Give them information, in a format that is accessible to them, about what to expect at a first appointment. The child is likely to be nervous or reluctant to attend if they do not know what it will be like.

“Are they going to ask me what really happened? Are they going to judge me? Are they going to ask me all these questions? What am I going to say next? Because that’s what was going on in my head as well when I first had my session of counselling because I never really knew what counselling was. No one ever gave me any information. I was only 13, I didn’t really know anything.” (3)

If the child does not want to take up the offer of therapeutic support when it is first offered, be sure to leave the offer open and revisit it again later. Remember that their need for emotional health and wellbeing support may develop and change over time, and into adulthood: young children may not need counselling straight away, for example, but they may benefit from specialist support months or even years later.

Signpost to other resources and support

You can also inform the child and/or their parent(s)³ about other useful resources and support organisations – our [Get Support](#) page will help you find local and national services offering specialist support and therapy.

You may want to tell the child and/or their parent(s) about the following resources:

- a series of [self-help guides for victims/survivors \(both male and female\) of rape and sexual abuse, and their friends and families](#), produced by Somerset and Avon Rape and Sexual Abuse Support
- a [rape and sexual assault self-help booklet](#) produced by The Bridge, a sexual assault referral centre in Bristol
- [CalmHarm](#), an award-winning app which suggests tasks to help young people resist or manage the urge to self-harm
- [Doc Ready](#), a digital tool that helps young people prepare to speak to a doctor about their mental health, by explaining what to expect and assisting them to create a checklist of things they may want to talk about

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.

- [MindShift](#), an app to help teenagers and young adults cope with anxiety
- [Stay Alive](#), a suicide prevention app providing information and tools to help people stay safe in crisis.

There are also a number of **helplines and online support services** which they may wish to contact:

- [Childline](#) offers support to anyone under 19 by phone or online.
- [YoungMinds](#) provides support for young people with their mental health, including free, 24/7 text support if they are experiencing a mental health crisis. It also has a helpline for parents.
- [The Mix](#) offers support, counselling and online group support to young people on a range of issues. Its one-to-one support is accessible by phone, text, webchat or email.
- [PAPYRUS UK](#) is a national charity dedicated to preventing young suicide. Its 'hopeline' supports young people who are experiencing thoughts of suicide, as well as people concerned about someone else.
- [You & Co](#), the youth programme run by Victim Support, provides support for children and young people affected by crime.
- [Youth Access](#) provides information about local counselling and advice services for young people aged 12–25.
- [Rape Crisis England & Wales](#) runs a national helpline and live chat support for women and girls aged 16+ affected by rape or sexual abuse.
- [SurvivorsUK](#) offers a helpline (phone, text and online) for boys and non-binary young people who have experienced unwanted sexual activity.
- [Galop](#) supports LGBT+ young people aged 13 – 25 who are experiencing or worried about abuse.
- [Safeline](#) provides a helpline and online support for sexually abused boys and men, plus other trauma-informed services for anyone affected by sexual violence and abuse.

4. Where next?

While you are supporting the child and their family, make sure that *you* are receiving enough support, through supervision and/or peer support. See our practice guide [Taking care of your own wellbeing](#) for more information.

A sexually abused child with emotional health needs is also likely to need support in other areas of their life. The other practice guides in this series can help you to support them with:

- their [physical health](#)
- their [education](#)
- their [relationships with family and friends](#).

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) Fransman, A., Jones, A., Jackson, C., Knight, R. and Gibson, E. (2021) [Engagement with Children and Young People](#). London: Independent Inquiry into Child Sexual Abuse.
- (2) Azzaro, R. (2019). [The Voices of Male Survivors: The Lived Experiences of Adult Male Victims of Child Sexual Abuse](#). Philadelphia: University of Pennsylvania.
- (3) 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.
- (4) Begum, H. (2018). [An Exploration of How British South Asian Male Survivors of Childhood Sexual Abuse Make Sense of Their Experiences](#). Leicester: De Montfort University.
- (5) Marsden, H. (2017) [Journey to Justice: Prioritising the Wellbeing of Children Involved in Criminal Justice Processes Relating to Sexual Exploitation and Abuse](#). Barkingside: Barnardo's.
- (6) 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.

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 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.