Centre of expertise on child sexual abuse

Child sexual abuse response pathway: practice guide

January 2026

Supporting the child's physical health

1. Who is this document for?

This practice guide is for *any* professional working with a child[1] who has been, or may have been, sexually abused.

It is vital that all professionals think about the child's physical health and wellbeing, especially if statutory agencies are not involved in the child's life (because they have declined to pursue a referral or have closed the child's case). Even if those agencies *are* involved, do not assume that the child's physical wellbeing is someone else's responsibility.

2. How might the child's physical health and wellbeing be affected by the abuse?

If a child is being or has been sexually abused, the impact of the abuse may be evident in one or more of the following ways:

- tiredness and exhaustion
- hyperactivity/hypervigilance

[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.

- change in toileting (e.g. soiling, bedwetting)
- intensified symptoms related to chronic conditions such as asthma
- new or worsening eczema or other skin conditions
- 'dizzy spells'
- non-specific symptoms such as headache or stomach ache
- signs of self-harm.

Where the abuse has involved physical contact, there may be physical effects such as genital injuries, infection or, in post-pubescent girls, pregnancy. While infection linked to abuse may result in discharge from the genitals, skin rashes or a sore throat, for example, many infections have no symptoms. Advice can be sought from your local sexual assault referral centre (SARC) or paediatric child sexual abuse specialist.

Bear in mind that the child may not tell you if they experience any of the above physical symptoms; it is important for you to be alert to those symptoms, and to act if you observe them.

> *"Maybe if someone [had asked about tiredness], then I would have … maybe opened up to them about it, but … I was scared about telling people about it because … I always thought I was in trouble. I thought I did something wrong, because I was treated like I'd done something wrong and it was my fault." (1)*

Psychological reactions (such as panic attacks, disordered eating, nightmares and problems with sleeping) are commonly seen in children who have been sexually abused.

> *"I overused alcohol and I had eating disorders, which I still have difficulty with … my understanding of the way my body has seized up is very much related to the fact that I was holding something down that I didn't – couldn't put a name to." (2)*

These need to be addressed though appropriate emotional support and services; see our practice guide *Supporting the child's emotional health and wellbeing*.

3. How can you best help the child?

Supporting the child's physical health and wellbeing can help to address the above issues, and to mitigate further potential impacts of the abuse in the future – but note that the child may not connect physical health concerns with their abuse. This section covers:

- giving the child opportunities to talk to you about their physical wellbeing

- involving other professionals who can support the child's physical health needs
- engaging with the parent(s) to support the child's physical health.

Give the child opportunities to talk to you about their physical wellbeing

By starting a **conversation** with the child about any health worries or symptoms they have, or encouraging their non-abusing parent(s)[2] to do so, you may enable them to talk more about their experiences – and help them to see any link with the abuse they have experienced. Many children feel they can't talk to anyone about their abuse because no one actually asks them about it. Part A of our Communicating with Children Guide contain more information.

When you talk to the child about bodies and physical health, use **language** that is appropriate to their age, level of education and wider understanding, as well as their cultural background, their sex, and any disability or other relevant and specific characteristic or need. Be **responsive** and **encouraging**, so you can build a relationship in which the child feels able to share any physical health concerns – but remember that this may take time.

You may want to seek out **health resources** that you can share with the child, such as leaflets and weblinks, but make sure that these are appropriate to the child's age and needs.

Children with **communication needs** may need specific support and tools to help them communicate their physical symptoms. 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
- *Child Sexual Exploitation and Young People with Learning Disabilities* – an easy read booklet
- easy read leaflets on a range of sexual health issues, published by NHS Dumfries & Galloway.

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[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.

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.

Involve other professionals who can support the child's physical health

If the child has told you that they have physical health problems, or you have concerns about their physical wellbeing, try to help them to **see a doctor** – for example, by arranging a GP appointment for them or encouraging their parent(s) to do so.

In cases where a referral to children's social care has been made or the police have been contacted about the sexual abuse concerns, the child may have been offered a **paediatric medical examination** – also known as a forensic medical examination or assessment. If a medical examination has *not* been offered, it should be considered. The CSA Centre has produced a video explaining what happens in a medical examination; see also our practice guide *The child has a medical examination*.

You can also seek advice from a local **specialist child sexual abuse health provider**, such as a sexual assault referral centre (SARC). SARCs have specially trained NHS doctors, nurses and support workers who can provide medical, practical and emotional support for children. This can be helpful whether or not a forensic medical examination is offered and agreed to. You can locate your nearest SARC on the NHS website.

Discussing the child's physical health with a specialist in your local SARC may help you develop a better understanding of what may be happening to the child. If you have increased concerns about the child's welfare or safety, you can contact children's social care to discuss these.

Before making a referral (or a re-referral) to children's social care based on concerns arising from the child's physical health, ensure that you have all relevant information that could throw light on the situation. Our Signs and Indicators Template can help you identify and record physical signs that may indicate sexual abuse, but bear in mind that some children may show few or no such signs. Other agencies may have relevant information that would support the referral; consider whether all the right professionals and agencies have had an opportunity to share their concerns in a professionals meeting or similar but do not wait before referring the child if you have concerns.

Engage with the parent(s) in supporting the child's physical health

A child's non-abusing parent(s) are a key part of the child's support system, and may have helpful information about the child's health needs – but note that they may have health needs of they own, which require a response. For more information, see our Supporting Parents and Carers Guide.

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; this is particularly important when dealing with concerns about child sexual abuse. See our guide to *Taking care of your own wellbeing* for more information.

A sexually abused child with physical 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 emotional health and wellbeing
- 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) 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) Jay, A., Evans, M., Frank, I. and Sharpling, D. (2018) *Interim Report of the Independent Inquiry into Child Sexual Abuse*. London: HM Government.

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.