

## Taking account of diversity

### Respecting children's individual characteristics, experiences and backgrounds when responding to child sexual abuse

In developing the child sexual abuse response pathway, we were aware that far more children are sexually abused than are being identified and safeguarded. We also know that children<sup>1</sup> who face disadvantage, discrimination and/or social exclusion because of characteristics such as their sex, ethnic/religious/cultural background, sexual orientation, gender identity or disability come less frequently to the attention of statutory services.

This under-identification may occur partly because professionals lack confidence in responding when concerns of sexual abuse relate to children with different backgrounds/identities from their own. Another reason may be that many services are not designed to understand or meet the needs of those who typically face disadvantage, discrimination and/or social exclusion. However, it is also likely that previous negative experiences of statutory agencies may make some children and families feel that they cannot turn to statutory services for help, nor trust that help will be provided.

Social and structural exclusion, often caused by poverty or class, also reduces opportunities for children to engage with others and seek support. For example, children who are socially excluded may not have access to education about healthy sexual relationships, and may not have been taught how to recognise someone's behaviour as abusive. They may also not have had opportunities to build trusting relationships with safe adults in whom they can confide, and from whom they can get support.

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<sup>1</sup> Throughout the pathway, 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.

At the same time, adults who seek to sexually abuse children can exploit vulnerabilities in the child's or family's circumstances in order to groom and abuse, and to reduce the likelihood of the child telling anyone about the abuse.

Wherever possible, our child sexual abuse response pathway seeks to highlight ways in which professionals can take account of a child's individual characteristics, experiences and background by:

- **challenging** their own thinking
- **taking active steps** to identify and overcome barriers to identifying child sexual abuse
- **being sensitive** to the specific needs of the child and their family.

While other decision points reference the importance of recognising and responding to diversity, we hope this document is helpful in providing a more in-depth understanding of diversity in the context of child sexual abuse. It looks at how professionals can think about the following characteristics when responding to children who may have been sexually abused:

- [Ethnicity and culture](#)
- [Religion, faith and spirituality](#)
- [Language and communication needs](#)
- [Disability](#)
- [Sex and gender identity](#)
- [Sexual orientation](#)
- [Intersectionality](#).

## Ethnicity and culture

Children from minority ethnic backgrounds are under-represented in the data collected by agencies on incidents of child sexual abuse (Karsna and Kelly, 2021). There has been limited research into any specific signs and indicators of sexual abuse that these groups of children may display; it is therefore important to think about how a child's ethnic or cultural background may affect their ability to report abuse, and affect professionals' capacity and confidence to identify and respond to such abuse.

Shame and stigma surround child sexual abuse across all communities, but research (Rodger et al, 2020) has highlighted that they are specific factors influencing how child sexual abuse is responded to within some ethnic minority communities. Some parents may fear they will be at risk of harm from others in

their own community if they act to protect their child from sexual abuse, as it will be seen as bringing dishonour to the family.

Racism in society and in professional institutions can make it harder for children from minority ethnic communities to speak up about child sexual abuse, out of lack of trust in those institutions or concern that they will reinforce negative stereotypes. For example, children in South Asian communities may fear that telling someone about sexual abuse will lead their wider community to be targeted as 'child abusers'. Victims and survivors, and also their families, do not want to feed into any racist narrative, and so may not feel able to tell anyone about the abuse.

Behaving in a sexually uninhibited/inappropriate way with adults should be seen as a concern in any child. Black children are, however, sometimes perceived as less innocent or more adult-like than their White peers – this is known as 'adultification bias' and is a form of racial prejudice. Adultification bias can influence perceptions of older children's sexual development and behaviour: for example, professionals may think Black girls need less support and protection, are more independent, and know more about adult topics including sex (Goff et al, 2014; Ocen, 2015). This can result in potential signs and indicators of abuse being downplayed or overlooked by professionals.

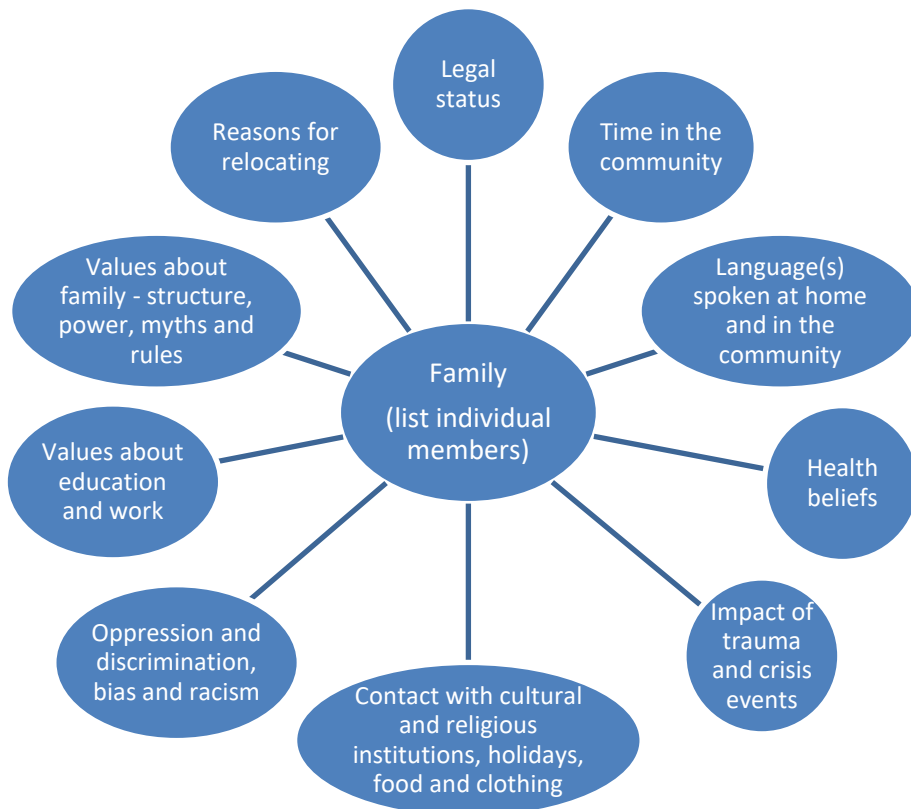
### Reflection points

Building trust and rapport is an essential first step when working with anyone affected by child sexual abuse, and especially those from populations traditionally marginalised and potentially subject to poor treatment by agencies and services.

It is important to be aware how you and your organisation may be perceived by children and parents from ethnic and cultural backgrounds different from your own; despite your best intentions, you may not be trusted right away.

- If you are White, and White British in particular, you may be perceived by children and parents from other ethnic backgrounds as being part of an oppressive system.
- If you are from a different minority ethnic community, you may be perceived as, for example, acting in collusion with White organisations; being likely to share information with others in the community; or having less power than other professionals.

Consider too how sex and sexual abuse may be seen in the cultural context of the child or their family. What implications could this have for the child and family? You might like to use a CultureGram (see below) to build a better understanding.



Bear in mind that you may need to challenge your own assumptions and viewpoints when providing support to children and parents from marginalised groups. Above all, you should try to:

- understand the individual child and/or parent(s)' situation within their home and community
- be led by their needs, asking them what they need from you rather than telling them what you will do
- make sure that you are seeing the child and the parent(s) as individuals with their own unique needs and characteristics, and that your responses and actions are tailored to them as individuals rather than as representatives of a broader and potentially stereotypical community.

At the same time, fears of being accused as racist can prevent professionals from effectively safeguarding children; it is important to keep the child's needs and safety paramount at all times when responding to concerns of child sexual abuse.

This all requires reflection and discussion. The Child Safeguarding National Panel's report [\*"It's Silent": Race, racism and safeguarding children\*](#) suggests useful reflective questions for safeguarding partnerships to explore.

## Religion, faith and spirituality

Many professionals lack confidence in exploring religious/faith/spiritual beliefs and practices with families. However, it remains important to consider the context and role of such beliefs when working with a child and their family.

For example, children from some religious backgrounds may not be taught about sex and relationships – and even when they are, religious teachings may forbid any sexual relationships or contact before marriage, or forbid same-sex relationships, for example. If a child is then sexually abused, they may have a deep sense of shame and feel that they cannot talk to anyone about their experience. Some religious beliefs may also result in victims and survivors of sexual abuse being criticised or vilified; people may avoid contact with girls who have been sexually abused, and view them as having poor character.

The importance placed on certain beliefs can be difficult for professionals without such beliefs to understand. For example, people in some diasporic communities in the UK may believe in spirit possession and witchcraft, and children may have been taught that they or their family will be harmed if they tell anyone about their abuse. They may also believe that a child who has sexually harmed another child was possessed by a spirit, impacting on their understanding of what that child needs to support them moving forward. If professionals do not understand the context of these beliefs and the fear of reprisals, children and families in these circumstances may struggle to share their experiences with professionals or other people outside their own faith or belief system.

Some children are sexually abused by individuals within religious institutions, which may seek to protect these individuals from prosecution (Jay et al, 2021). Identifying and responding to abuse in these settings can be particularly challenging, because:

- children may have been taught to show deference and respect to religious figures, who are typically regarded as innately trustworthy; this trust can be exploited to perpetrate abuse
- children may have been pressured to show forgiveness towards those who abused them, and to not report the abuse
- men occupy positions of spiritual and religious leadership, as well as senior lay positions, within many religious organisations; this may allow those who have abused to keep the abuse hidden.

### Reflection points

Above all, consider how your own beliefs and views on religion/faith/spirituality may affect how you engage with children and parents from communities where

strong religious beliefs are common. It's important to be keenly attentive to each individual's values and beliefs.

Take care not to make assumptions: for example, parents who say they do not attend a place of worship may still adhere to religious beliefs and observances.

Parents' faith may affect their child-rearing and family relationships, so you should find out about this and consider how to take it into account.

For more information on working with parents who have strong faith or cultural beliefs, see the NSPCC's [Summary of risk factors and learning for improved practice around culture and faith](#).

NCFE has produced a [webinar](#) on child abuse linked to faith and belief.

## Language and communication needs

Not being able to communicate with children and families who speak another language can prevent professionals from effectively assessing, supporting and protecting them. The use of professional interpreters/translators is essential to enable accurate and unbiased communication. See Appendix 3 of our [Communicating with children guide](#) for further advice.

There may be a particular need to address communication issues when:

- some family members speak English and others do not, making it harder to engage with the latter group – if only one of the child's parents speaks English, there may be an imbalance of power, with that parent effectively acting as a filter through which all their partner's contact with the outside world takes place
- a neighbour, friend or family member is asked to interpret, making it impossible for a child or their parent(s) to speak to professionals in confidence
- the child/family is living in an area where their language is not widely spoken, potentially leaving them feeling isolated from their own community.

In some languages, there are no direct translations of English words about child sexual abuse and genitalia, and interpreters may struggle to convey their meaning. In Urdu, for example, the word 'rape' is translated as 'burglarising honour'. The words needed to describe sexual abuse may be considered taboo or obscene, which can make it particularly challenging for children trying to tell someone what is going on – and for interpreters, who may themselves hold beliefs around cultural respect.

### Reflection points

Establishing good communication is key to working effectively with children and families whose first spoken language is not English:

- Always ask whether what you are saying has been understood – but be aware that someone may reply ‘Yes’ without understanding, because they don’t want to look stupid or they fear negative consequences.
- As early as possible, establish what language the child and/or their parent(s) prefer to communicate in, and arrange interpretation/translation services accordingly. If they are reluctant to use interpreters, try to find out why. Girls/women may be uncomfortable speaking through a male interpreter; boys who have been sexually abused by a male may also feel uncomfortable with this. The family may also have concerns around confidentiality, especially if they are from a smaller community.
- Talk to the interpreter to establish the potential need for support to provide a full picture where the child/family may not have words for sexual abuse. Multiple open questions or communication aids may be helpful. Prepare the interpreter for the sensitive nature of the conversation to be had.
- Avoid having family members, neighbours or friends translating or speaking on behalf of the child or their parent(s).

Other tips for communicating informally include:

- making use of technology –Google Translate isn't perfect, but it works fairly well
- using simple English – some parents who speak limited English may be able to understand the gist of the message if you speak slowly and avoid slang, idioms and analogies
- asking the child or parent to say back to you what they think you have said; this will show whether they have really understood what you were trying to tell them.

For more information on language barriers, see the NSPCC's [Summary of risk factors and learning for improved practice around people whose first language is not English](#).

## Disability

Research has shown that disabled children are at least twice as likely to be sexually abused as children who are not disabled (Karsna and Kelly, 2021), yet professionals often struggle to conceive that disabled children may be victims of sexual abuse.

Professionals may fail to identify that a disabled child is being sexually abused because:

- they do not have a real understanding of how the child's disability affects their day-to-day life, or what their diagnosis means
- they are confused about the child's impairment and their age/developmental stage
- they find it hard to believe that anyone would feel able, or want, to sexually abuse a disabled child.

Too often, potential signs and indicators of sexual abuse in disabled children are not recognised, or are dismissed as being a result of their condition, even when there is no relation between the two.

It is important, therefore, to understand what the disability means for the child and their day-to-day functioning, learning style and communication. For example, how does their disability affect how they respond to and make sense of information? Do they have any communication needs that should be taken into account? What are their usual patterns of responses? Their presentation or behaviours may be attributable to their condition, but it's important to explore this properly rather than to make assumptions.

Disabled children may not have had the same access to sex and relationship education as their non-disabled peers, and may not have been given information on topics such as safe touch and appropriate boundaries. Some may have sensory issues, or particular patterns of seeking stimuli/comfort. It is crucial to discuss these issues with those who know the child well.

Many disabled children spend long periods of time in institutions, or are exposed to multiple professional carers; as a result, their risk of exposure to sexual abuse is increased. Where a child displays new or increased signs of anxiety, it's important to consider whether they are communicating distress, rather than assuming that it is 'challenging behaviour' or related to their disability.

Where the *parent* of a sexually abused child has a disability, it has been known for professionals to consider this in a deficit-focused way, assuming that the parent lacks ability. It is important instead to understand what the disability means for the parent and their communication needs, so that – working positively with their strengths and skills – reasonable adjustments can be made (as required under the Equality Act 2010). For example, having a learning disability does not mean that the parent cannot understand, but it may mean that explanation is more difficult and takes longer.

Chapter 9 of our [Supporting Parents and Carers Guide](#) provides more information on working with parents who have learning disabilities.

## Reflection points

Clear communication is key:

- Listen to the disabled child/parent, and take time to understand how they communicate and what will help them engage/access support. Do they need someone who can sign to them? Are there other communication approaches that can be helpful, such as Makaton?
- Ask people who know the child well how they communicate, and use tools and aids familiar to the child to facilitate communication where possible.
- Think about the environment you are in. If the child/parent lip reads, for example, consider the position of the light in the room; if they have a visual impairment or reduced mobility, where you position yourself will be important.
- Use ordinary words, avoid ambiguity and jargon, and check the child/parent's understanding.
- Break down information into manageable chunks, and split complex tasks into simpler parts.
- Give the child/parent(s) a note of any advice or the details of the next meeting; even if they cannot read, they can ask someone they trust to read it for them.
- For some children/parents, it may help to use large text – at least 16 point – and 'sans serif' fonts.

Take time to build trust. Remember that the child/parent may have had bad experiences before; they may be reluctant to engage because they don't want to be judged, and are afraid of being taken into care or having their child removed.

Chapter 7.3 of our [Communicating with children guide](#) gives further advice on addressing communication needs with disabled children, those who are neurodivergent or with other health conditions/needs.

## Sex and gender identity

Although sexual abuse of girls is considerably more common, an estimated 5% of boys are sexually abused before the age of 16 (Karsna and Kelly, 2021) – but societal values regarding masculinity and male-as-perpetrator perceptions mean that boys may not be recognised as victims and survivors of sexual abuse. Their abuse may be readily identified in some contexts (such as where boys are sexually abused by peers in group situations), but not in others: male teenagers

having sex with older men are typically assumed to be doing so because they are highly sexualised and gay/bisexual, not because they are being abused.

Considering how attitudes to the sexes may prevent child sexual abuse being identified requires thinking beyond typical barriers, such as the way in which children are coerced into secrecy and professionals' fear of getting it wrong.

For example, girls/young women may:

- be conditioned to keep quiet and not speak up
- be led to believe that they were to blame for being sexually abused.

Boys/young men may:

- feel shame or self-doubt, believing that they should have been 'strong enough' to fight off the perpetrator
- have experienced sexual arousal during the abuse, and feel confused by this or wonder what it means
- fear being labelled gay, particularly in communities where there is particularly intense homophobia
- have been told by others that they are 'lucky' when abuse is by an older woman, undermining their feelings about what has happened.

Research has found that children who are gender questioning or identify as transgender are at higher risk of abuse (Tobin and Delaney, 2019). However, they may be reluctant to talk about this for many reasons, including fear of transphobia on the part of their families, their communities and professionals.

### Reflection points

Keep an open mind and provide opportunities for children to talk safely, so that child sexual abuse can be identified and responded to; our [Communicating with Children Guide](#) has more information on this. Where possible, it may be helpful to allow the child to talk to a professional of the same sex.

## Sexual orientation

Children growing up to be lesbian, gay, bisexual or asexual are often isolated. They may have to cope with feelings of shame and potential rejection from their family and friends, as well as being at increased risk of bullying and social isolation at school and online (Marsh, 2022).

A child's worries or confusion about their own sexual orientation may be heightened if they are being or have been sexually abused. A child who does not

feel safe to 'come out' is vulnerable to being blackmailed into sexual abuse within intimate relationships that they may have originally wanted.

Additionally, school-based sexual health and relationship education often does not discuss these issues, so there are few educational resources providing advice on healthy relationships to lesbian, gay, bisexual or asexual children.

There may be additional risk of online harm for those who are exploring their sexual orientation. For example, they may use adult websites with content unsuitable for their age. In addition, professionals may make assumptions that these behaviours are the 'norm' for a child with that sexual orientation, and not explore the risk involved.

### Reflection points

You can help children to feel safe to talk to you by routinely acknowledging the existence of lesbian, gay, bisexual and asexual people – for example, by displaying relevant materials – which may build their confidence that they will be accepted without judgement.

## Intersectionality

Children and their parents may face inequality and discrimination as a result of any of the individual characteristics described above – but many are subject to overlapping, concurrent forms of oppression which compound their experiences of discrimination. It is important to consider how some people are subject to many different forms of discrimination and oppression, and that this experience is more than the sum of its parts, causing cumulative impact.

### Reflection points

Children and families from marginalised communities want to be seen by professionals as their whole selves (IICSA, 2021). Make sure you see the whole person rather than just their ethnicity, disability, sexual orientation etc:

- **Consider what stereotypes and assumptions** you hold about the child's or family's background, and how this may affect how you communicate and engage with them. Be ready to challenge your own – and others' – assumptions and viewpoints. Working through biases (which are a natural way for the brain to process and simplify information) is a continual process rather than a one-off exercise and can be supported by reflective supervision.
- **Think about how you can create a safe space** where children/parents feel culturally, emotionally and physically safe, as well as being sensitive to

any discomfort or unease. Where it's feasible, this might also include giving the child/parent a choice about the sex and ethnic background of the person they work with.

- **Building trust and rapport** is an essential first step when working with anyone, but especially with children and families who may previously have been poorly treated by services owing to aspects of their identities. A child may need a significant period of time to build a trusting relationship with someone, and more so if their previous experiences with professionals have been negative. Think about how you acknowledge and value all aspects of their identity and see these from the point of strength (and capacity) rather than disadvantage. You need to demonstrate that you are reliable, respectful and you care about them.
- **Get to know the child and the family** as much as you can – even if time is limited – and try to learn about their lived experiences. The more you build your understanding of someone's individual experiences, the less you'll rely on preconceived ideas. Be led by what they need from you rather than telling them what you will do.
- **Prepare the child/parent as much as possible for important meetings** such as case conferences, reviews and court hearings. Try to ensure they have someone of their choice – preferably an independent advocate – to accompany and support them.

## References

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