

## 01 Purpose of Briefing

Child sexual abuse within the family environment includes abuse by a relative (such as a parent, step-parent, sibling or extended family member) and abuse by someone close to the child in other ways (such as a foster carer, pre-adoptive or adoptive parent, a close family friend or a babysitter). This briefing includes national and local learning.

## 02 Signs and Indicators

The [Centre of Expertise on Child Sexual Abuse](#) highlights the need to consider behaviour that indicates emotional distress, changes in usual behaviour and sexualised behaviour, as well as physical signs of abuse. Potential signs of sexual abuse may 'hide' behind other factors, such as neglect. Practitioners should explore behavioural signs that are giving them cause for concern. Where sexual abuse is being perpetrated on one or more family members, it may be possible to identify by patterns of referrals or presentations to different agencies in the local community over time. The presence of a number of signs should indicate the need to consider the potential for abuse and consulting with others who know the child to see whether they also have concerns. Rates of verbal disclosure are low at the time that abuse occurs in childhood. Children say they are trying to disclose their abuse when they show signs or act in ways that they hope adults will notice. Sexual abuse which takes place within family environments often remains hidden and is the most secretive and difficult type of abuse for children to disclose. Care experienced children may have additional challenges to disclosure of abuse by foster carers, care workers or kinship carers due to their history of abuse or neglect.

## 03 Disclosure

To aid disclosure, a child needs to feel safe and have a strong relationship with a practitioner. They should be seen alone and, if a child in care, outside of their placement. A child will be more inclined to disclose if they know how their disclosure is likely to be handled and the likely outcome.

Some young people will have additional challenges in disclosing due to communication, religious, language, cultural, gender or sexuality issues. Practitioners cannot rely on/wait for disclosure; they need to respond to signs, indicators and risk factors.

## 07 Resources to support practice

[Sexual Abuse procedure](#) and [Child Sexual Abuse in the Family Environment procedure](#)

[East Midlands Children and Young People Sexual Assault Service – Referral Flowchart](#)

[The Centre of Expertise on Child Sexual Abuse](#) – a multi-disciplinary team, funded by the Home Office and hosted by Barnardo's, which have produced a range of resources to support professionals, including [Signs and Indicators](#) and [Communicating with Children](#)

[NSPCC Child sexual abuse: learning from case reviews](#)



## 04 Identifying disclosures

Children may disclose sexual abuse verbally, either directly or indirectly (for example, talking about 'secrets'), while others may attempt to disclose by non-verbal means including changes in their behaviours, letter writing, drawing pictures or playing with dolls. This requires not just a focus on the behaviour but why the behaviour may be happening.

Care experienced children may present their distress in different ways to other children. There could be an increase in dysregulation in some children and it should not be assumed this is due to past trauma alone. Disabled children may be more likely than others to exhibit behaviours as signs; it is important that these are not simply attributed to the child's disability.

## 06 Reviewing practice

- Have you spoken to the child alone? Have you recorded and reported if a child has declined the opportunity to talk or be seen without a carer?
- When working with a child who has experienced past trauma, have you considered if current experiences are contributing to presenting behaviours? Are you prepared to "think the unthinkable"?
- Have you shared information effectively between agencies? Without information sharing, events/behaviour could be viewed in isolation.
- Have you acknowledged the challenges of balancing confidentiality with safeguarding responsibilities? Have you been open, honest and transparent if maintaining confidentiality is not possible following disclosure or protective action needs to be taken against the child's wishes?
- Have you reviewed the impact of the sexual abuse and of any investigations on the child? Have you considered the impact on yourself?

## 05 Responding to disclosures

The initial response to disclosure should be to listen carefully to what the child says / to observe their behaviour. Practitioners must clarify the concerns; offer reassurance about how the child will be kept safe; and explain what action will be taken and within what timeframe, in a way suitable for the child's age and stage of development. The most important consideration is the safety and well-being of the child and other children that may be at risk. Once a practitioner is aware of concerns, [a referral to Children's Social Care must be made immediately](#). Children's Social Care refer reports of sexual abuse to the Police.

There are cases where it will not be appropriate to discuss concerns with parents/carers before referral. In such situations, the timing of contact with parents/carers will be agreed with Children's Social Care and/or the Police once the referral has been made. Situations where it would not be appropriate to inform family members prior to referral are set out in the [local procedure](#).

The child must not be pressed for information, led, or cross-examined or given false assurances of absolute confidentiality. It is important practitioners record what the child has said in their own words; they should avoid interpreting what a child has said. It should be emphasised that the abuse is not the child's fault, and that responsibility for the abuse sits with the abuser. Emotional support and a support strategy should be established at the outset. There will be situations where the threshold for criminal proceedings is not met. It is important that this is not interpreted as practitioners disbelieving the child's disclosure.