

# HILLINGDON SAFEGUARDING PARTNERSHIP

## 7-MINUTE BRIEFING

### CHILD SEXUAL ABUSE

#### 1. What is Child Sexual Abuse?

"...**forcing or enticing a child or young person** to take part in **sexual activities**, not necessarily involving a high level of violence, **whether or not the child is aware of what is happening**. The activities may involve **physical contact**, including **assault by penetration** (for example, rape or oral sex) or **non-penetrative acts** such as masturbation, kissing, rubbing and touching outside of clothing.

They may also include **non-contact activities**, such as **involving children** in looking at, or in the production of, **sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways**, or **grooming a child** in preparation for abuse [including via the internet]."

Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children."

[Taken from Working Together to Safeguard Children 2018.](#)

#### 3. Signs and Indicators

Most child victims of sexual abuse don't tell anyone what is happening. Practitioners need to know signs and indicators of CSA.

##### Behavioural and emotional signs:

- change in eating habits
- bed wetting
- frightened of people
- nightmares
- avoiding being alone with people
- self harming

##### Physical signs:

- bleeding, discharge, pains or soreness of genital or anal area
- trouble swallowing
- recurring sexually transmitted infections
- abdominal pain

##### Online sexual abuse signs:

- marked changes in online activity, including communication on any device
- secrecy about online contacts and activity

**The Centre of Expertise on Child Sexual Abuse** has designed a **Signs and Indicators Template** for identifying and recording concerns of child sexual abuse.

#### 5. Intersectional Vulnerabilities

- CSA can affect any child, however experience of another form of abuse is known to increase risk.
- Both girls and boys (or non-binary) can be sexually abused. Statistically girls are more likely to be identified but boys find it more difficult to disclose.
- Children with suspected or diagnosed disabilities or learning difficulties are more likely to be victims of sexual abuse. Preventative intervention should be adapted to meet any additional needs.
- Children that want to discuss or explore their sexual orientation are at higher risk of sexual abuse.
- Children from Black, Asian and Minority Ethnic groups face additional barriers to disclosure. Research shows that they are more likely to be treated as adults and are perceived to be more resilient by professionals and perpetrators.
- Children in care are more vulnerable to sexual abuse, they may lack a relationship with a trusted adult, they may frequently move, and they may have experienced other traumas that increase their vulnerability to re-victimisation.

#### 7. Practice Implications

- CSA can be perpetrated against very young children, children with disabilities and children from different cultural, religious and ethnic backgrounds.
- Your role is critical to identifying, recognising and responding to CSA. The CSA Toolkit will help you to recognise signs and indicators.
- Consider contexts that children may be more vulnerable to sexual abuse. This can help with preventing abuse before it occurs.
- Have you noticed a significant change in a child's actions and behaviours?
- Keep an open mind, listen to what the child is communicating and seek advice if you need it.

#### 2. Key Information

- Prevalence is difficult to ascertain. The NSPCC reports that 1 in 20 children experience some form of child sexual abuse.
- Perpetrators are usually someone known to the child - a family member, friend or professional.
- Research estimates that in England, only 1 in 8 child victims of sexual abuse come to the attention of statutory services at the time of the abuse.
- 80% of children who have been victims of sexual abuse reported that they previously tried to tell someone about the abuse, however they did not get the help they required.
- Many victims wait until adulthood before making disclosures. Reasons include fear of the sexual abuse increasing if they were not believed, fear of going into care, or separation from their loved ones.

#### 4. Impact on Children

**Child Sexual Abuse can have a severe and lasting impact on physical and mental health** and all aspects of a child's **wellbeing and development**. Children can be impacted in many different ways:

- feelings of shame and guilt
- substance misuse
- post traumatic stress
- suicidal thoughts and behaviours
- lower educational attainment
- mental illness
- displaying 'risky' and inappropriate sexual behaviours
- increased risk of criminality

##### Ways to reduce harm:

- **Positive responses and consistent support** from friends, family and professionals are important to **reduce the harm of CSA**.
- Therapeutic support for the victim.
- Restrictions from suspected perpetrators are important to reduce further risk of harm.
- Repeating information to a number of professionals can further traumatise the victim. Sharing correct information between all involved agencies is key.

#### 6. Reducing Barriers to Disclosure

It is difficult for children to disclose CSA. They may not recognise that they have been abused and may feel embarrassed, guilty, or afraid of the consequences of telling someone. If a child talks to you about sexual abuse:

- **Listen** carefully to what the child is saying and **keep calm**
- Ask **open questions** eg. 'and then what happened?'
- Use **language or communication** that the child can understand.
- Be aware of your **body language** - consider eye contact, sitting on the same level as the child, leaning forward slightly and uncrossing your arms.
- Let the child know that the abuse is **not their fault** and reassure them they have done the right thing by telling you.
- Be **patient**, allow them to tell their story and do not worry about silences.
- **Repeat back** the information and show them that you were listening. You can also use their words, but ensure you have the correct meaning.
- **Explain** that you will need to talk to someone that can help them.
- **Speak** to your Agency Safeguarding Lead immediately.

The NSPCC have developed a short [video](#) around managing difficult conversations.

- Would you feel confident if a child made a disclosure to you?
- Who could you speak to for help, advice or support if you had questions regarding Child Sexual Abuse?
- What additional resources or training might help you?
- Are you familiar with your agency's safeguarding policy?
- Think about the child and family's support network, how can we build on the positives and reduce the areas of concern?