

# Child Sexual Abuse Practitioner Briefing

**What is child sexual abuse (CSA)?** 'Involves forcing or enticing a child/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 'Home Office Tackling CSA strategy 2021' uses this definition taken from 'Working Together to Safeguard Children 2023 guidance.) They might not understand that what is happening is abuse or that it is wrong for the abuser to do this to them. They might be afraid to tell someone or behave as though this is normal for them to experience, both are valid for the child/young person to be displaying. CSA can happen anywhere – and it can happen in person or online. It is a criminal offence under the Sexual Offences Act 2003 that for anyone to be involved in any sexual act (sexual intercourse, sexual touching, kissing etc) with anyone under the age of 13 whether the young person agrees or not, on the basis that anyone under 13 lacks the capacity to give valid consent to any sexual act."

**It is never a child or young person's fault they were sexually abused, and it is important to make sure they know this.**

**Types of CSA** – there are two types: contact and non-contact sexual abuse. The following is not an exhaustive list.

**Contact abuse** involves physical sexual contact with a child/young person's body, including:

- Sexual touching of any part of the child/young person's body with or without clothing.
- Rape or penetration of an object in child/young person's mouth, vagina, or anus-
- Forcing a child/young person to take part in sexual activity-
- Making a child/young person take their clothes off, touch someone else or masturbate.

**Non-contact abuse** is sexual activity that does not involve physical sexual contact and can happen in person or online. Non-contact abuse includes:

- Encouraging a child/young person to watch or hear sexual acts.
- Not taking measures to prevent a child being exposed to sexual activity
- Meeting a child/young person following sexual grooming with intent of abusing them.
- Online abuse: making, viewing, or distributing child abuse images or videos.
- Showing pornography to a child/young person.
- Exposing or flashing
- Tricking or forcing a child/young person to make, view, or share child abuse images or videos or taking part in sexual activities or conversations.

**Child on Child Abuse** – some examples are bullying (including online), sexual violence, such as rape and sexual assault, sexual harassment sharing naked or semi-naked photos or videos without permission and upskirting. Peer sexual abuse can happen in a range of settings e.g. school, home, public places, parties, friend's houses and online.

**Disclosure** – to support a disclosure children/young people need to feel safe and have a strong relationship with a practitioner. They should be seen alone and, if in care, outside of their placement. They will be more inclined to disclose if they know how their disclosure is likely to be managed and the likely outcome. Some will have additional challenges in disclosing due to communication, religious, language, cultural, gender or sexuality issues.

**Responding to disclosures** - listen carefully to what the child/young person says and observe their behaviour. Practitioners must clarify the concerns; offer reassurance about how the child/young person will be kept safe; and explain what action will be taken and within what timeframe, as appropriate to the child/young person's age/stage of development. The most important consideration is the safety/well-being of the child/young person and other children/young people who may be at risk. A practitioner must refer the concerns immediately to Children's Social Care (CSC) who will refer on 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 CSC and/or the Police once the referral has been made. The child/young person **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/young person has said in their own words; they should avoid interpreting what they have 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.

**For more information, tools, training, and guidance please access the following.**

[Centre of Expertise on Child Sexual Abuse - NSPCC Child sexual abuse: learning from case reviews](#) - [NSPCC Protecting children from sexual abuse - Barnardo's Child sexual abuse and exploitation](#) - [The Independent Inquiry into Child Sexual Abuse – Brook Sexual Behaviours Traffic Light Tool](#) – [Brook free resources](#) – [Lucy Faithfull Organisation](#) – [Stop it Now](#) - [Pan Bedfordshire Interagency Child protection guidance and procedures](#) - [Safeguarding Bedfordshire website](#) and [Safeguarding Training across Bedfordshire](#)

**Some signs of CSA**

- Frightened when with someone they know.
- Language or sexual behaviour you would not expect children/young people to know.
- Nightmares or bedwetting, or soiling, constipated, bleeding, discharge, pain around genital area.
- Sexually transmitted infections or pregnancy.
- Becoming withdrawn, emotionally flat, disinterested, isolated, hyperactive, aggressive, and/or self-harming.
- School problems: poor attendance and/or poor school behaviour and work.
- Alcohol and/or drug use

**Intra-familial child sexual abuse** refers to child sexual abuse (CSA) that occurs within a family environment. Perpetrators may or may not be related to the child/young person. The key consideration is whether the abuser feels like family from the child's point of view. CSA in the family is rarely an isolated occurrence and may occur for many years. Abuse can remain undisclosed as children/young people may fear their abuser or not want to get them in trouble. Intra-familial CSA occurs across all families however there are differences in the extent to which abuse gets reported and responded to. Children with a disability may be at higher risk of CSA due to their limited ability to communicate effectively with others. Higher levels of shame and stigma in Black, Asian and Minority groups, combined with cultural assumptions by practitioners can increase barriers to disclosures. Research indicates disabled children/young people are three times more likely to be victims of CSA ([Centre of Expertise on CSA, 2018](#)).

**Sibling sexual abuse** involving child siblings is thought to be the most common form of intra-familial CSA, perhaps up to three times as common as CSA by a parent. The complexity of sibling CSA and the challenges it raises can often lead to confused and confusing responses by the team around the child and the family, with practitioners under or overestimating its seriousness, or vacillating between minimal and punitive responses.

**Speaking out about CSA** – children/young people may be confused about whether they have experienced CSA or not. This could be because they are unsure what is 'normal' sexual activity, the abuse happened by a friend or partner, they blame themselves or the abuse took place online. This may be because:

- They worry they will not be taken seriously or blamed.
- They are frightened of consequences of speaking out.
- They are unsure if it is serious enough to report.
- This is why it is important for practitioners to recognise the signs and types of CSA.

**Reviewing practice.**

- Have you spoken to the child/young person alone?
- Have you recorded and reported if a child/young person has declined the opportunity to talk or be seen without a carer?
- When working with a child/young person 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/young person's wishes?
- Have you reviewed the impact of the sexual abuse and of any investigations on the child/young person.
- Have you used an advocate where appropriate or any communication aid the child/young person may need to make a full disclosure?
- Have you used the appropriate language level according to the child's developmental needs?