

Supporting parents and carers

A guide for those working
with families affected by
child sexual abuse





About the Centre of expertise on child sexual abuse (CSA Centre)

Our overall aim is to reduce the impact of child sexual abuse through improved prevention and better response, so that children can live free from the threat and harm of sexual abuse.

Who we are

We are a multi-disciplinary team, funded by the Home Office, hosted by Barnardo's and working closely with key partners from academic institutions, local authorities, health, education, police and the voluntary sector.

Our aims

Our aims are to:

- increase the priority given to child sexual abuse, by improving understanding of its scale and nature
- improve identification of and response to all children and young people who have experienced sexual abuse
- enable more effective disruption and prevention of child sexual abuse, through better understanding of sexually abusive behaviour/perpetration.

What we do

We seek to bring about these changes by:

- producing and sharing information about the scale and nature of, and response to, child sexual abuse
- addressing gaps in knowledge through sharing research and evidence
- developing a multi-agency Child Sexual Abuse Response Pathway and associated resources
- providing training and support for professionals and researchers working in the field
- engaging with and influencing policy.

For more information on our work, please visit our website: [**www.csacentre.org.uk**](http://www.csacentre.org.uk) 

This guide was written by Diana Parkinson of the CSA Centre.

Contents

Introduction	5
Part A: Parents are victims of the abuse too	7
1. Why parents need support.....	8
2. Understanding parents' and children's reactions when sexual abuse is suspected or identified	10
3. The impact of child sexual abuse on parents and children.....	15
Part B: What you can do to support parents	23
4. Key elements of a supportive approach	24
5. Supportive actions you can take with parents	28
6. Supporting parents' relationship with their child.....	37
Part C: Tailoring your approach	41
7. What you can do in your professional role.....	42
8. Support relating to child sexual abuse in different contexts.....	47
9. Support for parents in specific situations	54
Part D. Meeting your own needs.....	59
10.Looking after your own wellbeing	60
11.Resources and sources of information for professionals.....	62
12.Resources and sources of information for parents	64
References	70
Acknowledgements.....	76

Introduction

Who is this guide for?

This guide is for anyone whose role brings them into contact with the parents and carers of children under 18 years old. For example, you may be a social worker, teacher, police officer, health professional, voluntary-sector worker or faith leader/worker.

What is this guide about?

The guide aims to help you provide a supportive response to parents when concerns about the sexual abuse of their child have been raised, or when such abuse has been identified. This includes situations where the child may have been sexually abused by an adult or adults, or experienced another child's harmful sexual behaviour; the abuse or harmful behaviour may have taken place inside or outside their family environment.

It will help you understand more about how child sexual abuse affects parents and their children, so that you can support them effectively. It explores the impact of child sexual abuse carried out in different contexts, and how such abuse can affect families differently. It explains why parents need to receive a supportive response from professionals, and what this involves. At the end are lists of resources and sources of support which may be helpful to you and the parents you work with.

This guide relates to your work with parents where sexual abuse has already been reported or concerns have already been raised. **It does *not* cover safeguarding actions.**

If someone comes to you to report potential child sexual abuse, you should always:

- consider whether any actions are needed *immediately* to protect the child/young person from the person(s) who may have abused them
- think carefully, and with appropriate advice (e.g. from a safeguarding lead), about the conversations you should be having with family members – if the person who may have abused the child is a family member, do not include them in a way that maintains their power in relation to the child
- contact the person responsible for safeguarding in your organisation, or children's social care, or the police.

This guide brings together research, good practice guidance and expert input from professionals and parents. To keep the text easy to read, sources are not cited in the text but are listed at the end of the guide.

Definitions and language used in this guide

What is child sexual abuse?

The UK Government defines child sexual abuse as:

“forcing or enticing a child or young person [under the age of 18] 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 noncontact 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. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can

You can find out more about the guide's development in the **Acknowledgements** section.

also commit acts of sexual abuse, as can other children.” (Department for Education, 2018)¹

As this definition makes clear, a child may be sexually abused in different ways; some children experience multiple and overlapping types of abuse.

In this guide we do not use the term ‘child sexual exploitation’, preferring to refer to **child sexual abuse** throughout. All such abuse may be considered exploitative, and the overlaps between the different types of child sexual abuse (and between child sexual abuse and other violence and abuse) make definitional distinctions problematic.

To find out more about different types of abuse, see the CSA Centre’s [*A New Typology of Child Sexual Abuse Offending*](#) .

Other terminology

This guide is about working with ‘non-abusing’ parents and carers. By this we mean parents and carers – including biological parents, step-parents, adoptive parents, foster parents and other relatives who may be the child’s main care-giver, such as grandparents – who have not been involved in the sexual abuse of their child, although they may previously have come to agencies’ attention for other reasons. For the sake of simplicity, we will refer to this group as ‘**parents**’ and will specify otherwise when we mean anything different. We use the term **co-parent** when referring to a parent who is separated or divorced from the other parent.

For the same reason, we generally use the term ‘**child**’ to mean anyone under the age of 18. It is important, however, to remember that teenagers as well as younger children can be sexually abused.

We have chosen to avoid some terms that are sometimes understood differently or that feel uncomfortable for some people:

- Instead of ‘perpetrator’, ‘abuser’ or ‘sex offender’, we talk (in relation to adults) about **the person who has sexually abused the child**, either online or through contact abuse.
- Instead of ‘peer-perpetrated abuse’ or ‘peer-on-peer abuse’, we talk about **harmful sexual behaviour displayed by another child**.
- Instead of ‘disclosing abuse’, we refer to **telling someone** or reporting abuse.

Structure of the guide

The guide is designed so that you can read through it chapter by chapter, or jump to parts that are of most interest to you. It is divided into four parts:

- **Part A** explains why parents of abused children need support, outlines the impact of sexual abuse on children and the wider family, and explores parents’ and children’s reactions when abuse is discovered or suspected.
- **Part B** sets out how you can support parents effectively, including in relation to their relationship with the child.
- **Part C** contains more detailed advice on the support you can provide based on your professional role, the context in which the sexual abuse took place, and the parents’ circumstances and background.
- **Part D** describes how you can look after your own wellbeing when working with families affected by child sexual abuse, and lists useful resources for you and for parents.

1. This definition is used in England; the Welsh Government (2018) has a different but similar definition.

Part A: Parents are victims of the abuse too

Recognising how parents are affected by the sexual abuse of their child will help you understand their own need for support, which is vital in enabling them to support and protect the child.

Why parents need support

Discovering that their child may have been sexually abused is one of the most devastating events a parent can experience. They are likely to be overwhelmed by shock, anger, confusion and disbelief, and may find it particularly difficult to come to terms with what has happened if the abuse was carried out by their partner or another of their children. If they have existing vulnerabilities (resulting from domestic abuse, disabilities, mental ill health or substance misuse, for example), their health and wellbeing may suffer further.

In this sense, **parents too should be seen as victims of the abuse**. However, they often feel judged by professionals who assume that they knew about the abuse, who appear to condemn them for failing to protect their child, or who focus on pinpointing parental failings to 'explain' the abuse at the expense of providing information and support.

It is therefore vital that you and other professionals act supportively towards parents at this point – not just to meet the parents' own needs, but also to help them protect and support their child (and any other children in the family) at the same time as coming to terms with the abuse. Professional support can help parents to:

- understand what their child needs from them
- manage their own feelings
- recognise symptoms of trauma in their child
- cope with the practicalities of parenting, especially if their partner/co-parent is suspected of the abuse.

This in turn has a number of benefits for the child.

Support helps parents to mitigate the abuse's impact on their child

Professional support can help parents understand what their child needs from them, so they themselves can support the child through the immediate and longer-term impacts of the abuse.

Feeling believed by their parent(s) is one of the strongest mediators of the mental health issues that a child can experience following sexual abuse. In fact, sexually abused children whose parent(s) support and believe them have the potential to lead as healthy a life as those who have never experienced abuse.

Support helps parents and their children engage with services

Support from their parents is crucial in enabling abused children to access services and receive professional support. For example, a parent may need to bring the child to appointments and help them talk to professionals, particularly if they are very young.

Parents can also encourage and help their children to engage with professionals. Children may be anxious about attending appointments for interviews or counselling, and may need reassurance to help them deal with their fears.

Sometimes a child does not understand that they have been sexually abused, because of their age or an inability to perceive the situation/relationship as abusive. In these situations, the parent(s) can do much to help statutory agencies protect the child from further abuse.

In addition, parents can support their children to corroborate the abuse, by showing that they believe them and do not blame them for the abuse or its consequences; children are then less likely to retract what they have said or hold back from saying more.

Support helps parents to protect their child from further abuse

Parents can play a central role in creating a protective environment which is appropriate to their child's needs and stage of development. However, parenting while trying to cope with the turmoil caused by the discovery/suspicion of abuse is an immense challenge.

Parents who feel supported are more able to manage their own feelings and provide the support their child needs. They are also more likely to engage effectively with professionals seeking to address the abuse and protect the child.

The next chapter outlines the factors that can influence the reactions of both abused children and their parents when concerns about sexual abuse are raised.



2

Section 6.2 lists and addresses some common misconceptions about child sexual abuse.

2.1 What emotions are the parents likely to be feeling?

Understanding parents' and children's reactions when sexual abuse is suspected or identified

Child sexual abuse is a complex issue, and that complexity needs to be recognised if sexually abused children and their families are to get the professional support they need. If these children and their parents do not react to the identification or suspicion of abuse in the way that professionals expect, this may be wrongly interpreted as a sign that they do not need support – or even that they were complicit in the abuse.

This chapter will help you to understand how both parents and children may react when concerns about child sexual abuse are raised or such abuse is identified, and the reasons for their reactions.

Parents may experience a wide range of initial emotions after concerns have been raised or the sexual abuse of their child has been identified. These include:

- shock and confusion
- disbelief
- shame, guilt, self-blame and/or blaming their child
- intense anger and a desire for revenge (particularly among fathers)
- fear that children's services and criminal justice agencies will get involved, and their child may be taken into care
- anxiety around the response from friends and family, and what other people will think of them
- grief around the loss of their previous life and relationships
- feelings of betrayal and/or fear of retribution by the person suspected of the abuse
- loyalty towards the person suspected of the abuse
- painful memories of their own experiences, if they are themselves survivors of child sexual abuse.

A parent's response will be greatly affected by the way in which they learn about the abuse, particularly when it is suspected to have been committed by their partner or another family member. If a parent is told about suspicions of the abuse while they are in that person's presence, they are far more likely to react with disbelief.

From the outside, professionals can often believe that parents must have known something about the abuse, but it's not always as clear cut as simply 'knowing' or 'not knowing'; parents may have had suspicions that something was going on but did nothing to confirm it, or convinced themselves that their suspicions were unfounded.

2.2 Why might parents try to deny that the abuse has happened?

Parents may find it hard to accept that their child has been sexually abused, particularly if they initially reacted with disbelief on learning about the abuse; this can make it more difficult for them to move to a different perception of the situation.

Professionals sometimes view such a reaction as an indication that the parent(s) already knew about the abuse and failed to take action to protect their child. However, **denial is a normal and functional defence** offering protection against a painful and distressing reality. A parent may feel that their whole world has been shattered, and denying what they have learnt may be an attempt to hold on to some sense of security.

Denial of the abuse may also occur because of parents' fear, confusion or misguided beliefs. For example:

- Sometimes a parent will believe that they can deal with the situation on their own or that the person suspected of the abuse won't do it again.
- They might feel that they won't be able to manage the practicalities or financial responsibility of looking after their family.
- They might be afraid that the person suspected of the abuse will be violent or abusive towards them or others they care about.

Sometimes, parents may seek to deny the abuse because they are afraid they may be judged by statutory agencies as complicit, or blamed for not protecting their child.

Parents' own life experiences and circumstances can increase the likelihood that they will try to deny that the abuse has taken place:

Existing vulnerabilities

- A **parent who was themselves sexually abused as a child** may have resulting difficulties which were exploited by the person suspected of abusing their child, and so may find it particularly distressing to recognise that the abuse has occurred.
- A parent who is **a victim of domestic abuse** may be afraid of their partner/co-parent. They may be unable to acknowledge the abuse, as the partner/co-parent may still hold power over them and control their interactions with services.
- Where a child is being or has been **sexually abused by a gang or group**, the whole family may have been intimidated by the people who were carrying out the abuse, leading the parent(s) to deny the abuse.
- A parent with a **learning disability** (which may have been exploited by the person suspected of the abuse) may struggle to come to terms with what has happened.
- Parents with **mental ill health** and/or **substance misuse issues** may have negative experiences of statutory services and resist engaging with them.

Social/cultural attitudes

Child sexual abuse carries a stigma which may prevent it from being discussed or acknowledged, or may provoke judgemental reactions when it is known about. This stigma may be particularly strong in some cultures and communities, although it is likely to exist to an extent in all communities.

If parents fear that knowledge of the abuse will attract negative responses or have consequences (such as damaging their daughter's marriage prospects), they may

seek to deny that the abuse has happened. Parents may also deny the abuse out of fear that their child will be taken away from them, bringing shame on them within their community.

Experiences of prejudice and stereotyping

If parents have had negative experiences of statutory agencies in the past, or heard negative things about them from people they trust, they may be less willing to engage with these agencies and other services responding to their child's sexual abuse. In some cases, this may lead them to deny that the abuse has taken place.

Such negative experiences may have occurred for a number of reasons. Parents may already be known to statutory services because of previous issues in the family, for example, which they feel were not handled well. Furthermore, statutory agencies are widely perceived to be staffed mainly by White British people, and the wider context of institutional racism in some agencies may affect how parents from minority ethnic backgrounds – whether or not they have direct experience of agencies' racial stereotyping and discrimination – respond to being contacted by them.

2.3 What does it mean if parents' response to the abuse changes?

Coming to terms with the abuse or concerns of abuse is usually a process, not a single event – so while denying that their child has been abused is a common initial reaction, parents may gradually come to acknowledge that the abuse did take place. In cases of child sexual abuse in the family environment, for example, the parent may need time to alter their view of the person who committed the abuse, and their own assumptions about their family.

As parents move through this process, signs of changes in their understanding are sometimes wrongly seen as 'disguised compliance' (where the parent is *pretending* to accept that the abuse has taken place). It is important to understand that, while parents' acceptance of what has happened is crucial to their ability to support their child, they may need time and support to get to this point.

2.4 How might the child react, and why?

Some children show little reaction when their sexual abuse is identified or suspected; they may have internalised their feelings because the abuse made them feel powerless, or they may be unable to acknowledge the abuse.

Others may show an immediate emotional response, becoming extremely anxious and fearful or clingy, reverting to a much younger behaviour, having mood swings or displaying aggressive behaviour.

For some, the identification of the abuse may bring a sense of immense relief that the abuse is no longer secret and that they will get help.

The child may deny the abuse or, if they have told someone about it, may later retract what they have said – but you should not assume this is because of pressure from their parent(s).

To understand how the child may react to their abuse being identified or suspected, it is important that both you and their parent(s) understand the stages of behaviour and feelings that children commonly go through before, during and after their abuse is identified (see Figure 1 on the next page).

Figure 1. Stages of behaviour and feelings experienced by sexually abused children

Secrecy	Most children never tell anyone about the abuse. They may be afraid of being blamed or disbelieved, or the person who abused them may have threatened them or made them believe that bad things would happen if they told anyone.
▼	
Helplessness	The child may have felt that there was no way out of the situation, and there was nothing they could do to make the abuse stop.
▼	
Entrapment and accommodation	If they have been sexually abused over a long period, the child is likely to have learnt to accommodate that reality into their life. To make some sense of this, they may have started to believe that they provoked or deserved the abuse.
▼	
Delayed and unconvincing disclosure	If the child does tell someone, they generally don't do so straight away, and what they say may seem conflicting and even unconvincing. Their behaviour may have been affected by the abuse, making others less willing or able to accept what they are saying. For example, a teenager who has kept quiet about their abuse for several years may have become increasingly 'difficult', and may be thought to have invented the abuse.
▼	
Retraction	The child may retract what they have said or deny that the abuse occurred, perhaps because they have been overwhelmed by the immediate impact – on themselves, their parents and other family members – of its becoming known. They may feel responsible for destroying their 'normal' family, and want to save the family.

Adapted from Summit (1983).



2.5 Why didn't the child tell anyone about the abuse before?

After child sexual abuse has come to light, it can be difficult for professionals – and parents – to understand why the child had not previously told anyone about it. There are a number of possible reasons:

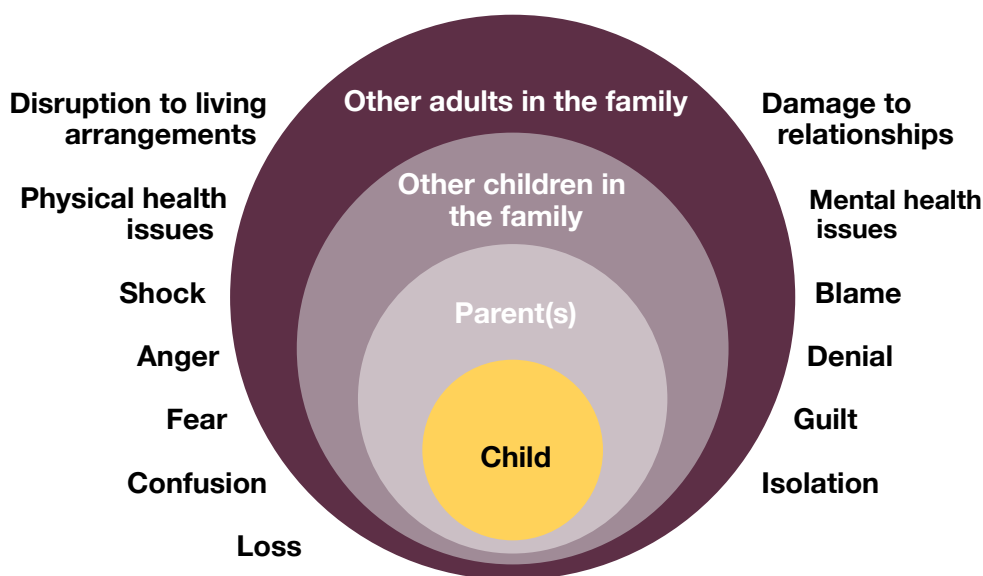
- The child may have **feared the consequences** of telling, thinking they would get themselves or others into trouble. For example, if the person who abused them was someone close to them or their family, they may have worried about the impacts on the family of reporting the abuse, such as that person going to prison or having to leave the family.
- The person who abused them may have **coercively rewarded** them for not telling, or have **threatened** them and/or have made threats about their family.
- The person who abused them may have told them that others **already knew about and accepted** the abuse, and would therefore not listen to them.
- They may have been coerced into believing that they were **willingly participating** in the abuse or that the abuse was **their fault**, leaving them feeling embarrassed or ashamed.
- Depending on their age and stage of development, they may **not have understood** or had the language to describe clearly what had happened to them. A young child may not have realised that the actions of the person who abused them were wrong, particularly if the abuse was made into a game.
- They may have thought that they **would not be believed**, or feared that they would be **blamed** for the abuse. If their culture has a strong tradition of secrecy around the topics of sexuality and sexual behaviour, it may have been difficult for them to find a way of expressing what happened to them.
- They may not have felt that they were being abused. They may have been **groomed** and coerced by the person who abused them to feel that they were special. They may also have experienced '**trauma bonding**', reacting to the abuse by developing an intense emotional bond with the person who abused them – or they may have moved into a 'freeze and endure' state in which they could no longer react to the abuse.
- They may have experienced a **sexual response** to the abuse, and feared that anyone they told would judge them for this. Children need to understand that the body is designed to respond to external stimuli, and that this has nothing to do with consent.
- They may have felt that the abuse was **obvious**, and have come to the conclusion that their parent(s) knew about it and allowed it to continue.
- They may have believed that they had **already told someone** about the abuse. For example, they may have given a little information, but not enough for someone to understand the full picture; or they may have thought that they had communicated about the abuse in other ways, but nobody had recognised these non-verbal cues.

The next chapter looks at the impact of child sexual abuse on parents, children and other family members, to help you understand the support that they need.

The impact of child sexual abuse on parents and children

3.

Child sexual abuse can have an immense immediate impact on the child, on their parent(s) and on those around them. If left unsupported, it is likely to have a lasting effect on the child into adulthood.



Understanding more about how children, parents and other family members are affected by child sexual abuse will help you to know the key areas in which parents are likely to need support after learning that their child may have been abused.

The impact of sexual abuse is not the same for every child who experiences it, and there are a number of factors that can increase a child's resilience, both at the time and later in life. These include high self-esteem or self-reliance, positive coping strategies, and the informal support a child receives from adults at home or through school, sport/religious groups or social networks.

The same is true for parents: if they have support networks and positive coping strategies, and are not confronting other challenges in their lives, they too are more likely to be able to cope with the impact of the abuse.

3.1 The impact on parents

The parent of a child who has been sexually abused should be viewed as a victim of the abuse. The impact of learning about the abuse is immense and complex, particularly if it is their partner, co-parent or another family member who has carried out the abuse (or, in the case of children in the family, displayed harmful sexual behaviour).

This section looks at the impact of the identification of the abuse on parents, in terms of their health **and** relationships.

Parents' mental and physical health

Finding out about the sexual abuse of their child can have a considerable impact on parents' physical and mental health. Parents describe experiencing frequent headaches, feeling disconnected from everyday life and activities, insomnia, intrusive thoughts, loss of appetite/over-eating, and anxiety-related symptoms such as panic attacks. Some may self-harm or consider suicide. Others may later suffer from long-term health conditions (such as auto-immune conditions) related to the stress of the abuse's identification.

Unsurprisingly, many parents are diagnosed as suffering from post-traumatic stress disorder, depression and/or extreme anxiety. Some have to take time off work, and/or need to be prescribed medication. Adverse health behaviours such as smoking, drinking or misusing substances may be used as coping mechanisms.

Parents' relationships

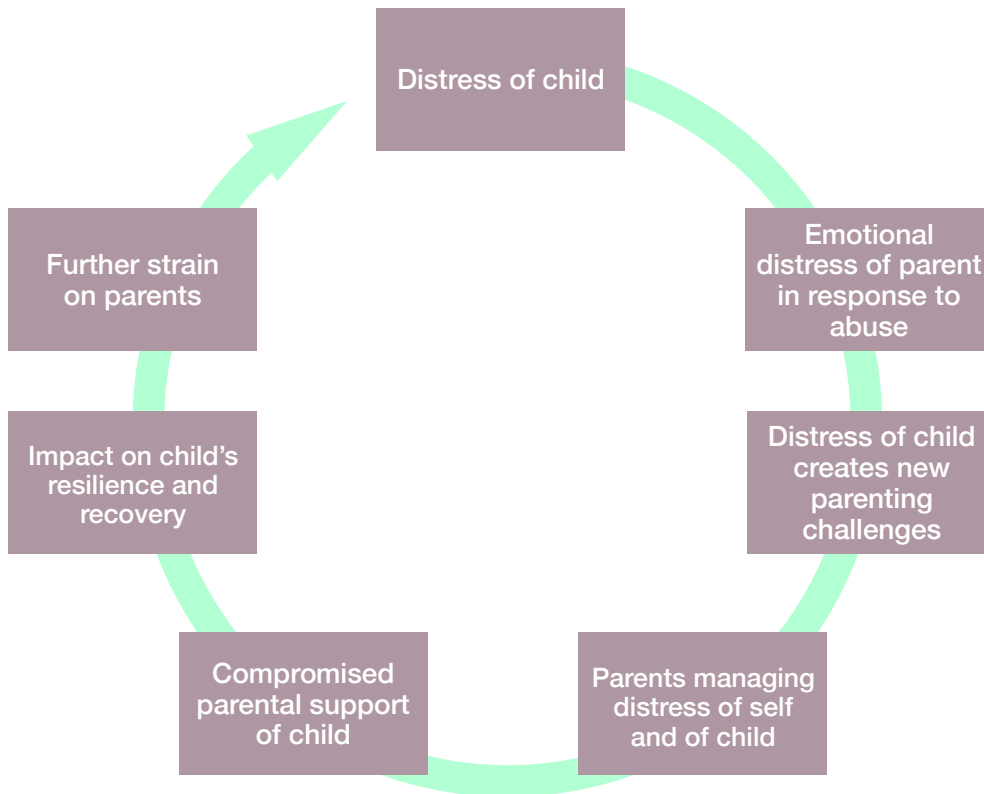
a) Relationship with the abused child

While most parents will seek to support their child after the abuse is identified or suspected, their ability to provide this support may be challenged by the child's feelings or behaviour, or undermined by their own feelings and behaviour (see Figure 2 on the next page). Some parents may reject their child as a result of learning about the abuse, refusing to believe the child over an abusive partner/co-parent.

The relationship between the parent(s) and their child may have been damaged by the abuse:

- The child may feel that their parent(s) **failed to protect them** from the abuse, and may have been told by the person who abused them that their parent(s) knew about it. As a result, the child may no longer trust their parent(s) to keep them safe.
- The reaction of their parent(s) to the discovery of the abuse may leave the child feeling **angry or alienated**, particularly if the parent(s) express anger themselves, blame the child or deny that the abuse happened. Additionally, the parent(s) are an easier target for the anger that the child feels towards the person who abused them.
- The parent(s) may become **overprotective**, which risks exacerbating tensions in their relationship with their child, or they may seek to **distance themselves emotionally** from the child by avoiding or limiting contact with them in an attempt to cope with feelings of guilt or distress.
- Parental **exhaustion, insecurity and loss of confidence** after learning about the abuse can create a vicious circle in which the support that parents are able to provide are compromised, reducing the child's chances of developing resilience or recovery, which in turn places further strain on the parent(s):

Figure 2. Challenges involved in parenting a distressed child following child sexual abuse



Taken from Fisher et al (2017), p.148.

b) Relationship with their partner

When concerns about the sexual abuse of their child involve the parent's co-parent or partner, the impact on their relationship is likely to be huge.

Even where neither parent was involved in the abuse, there is often a considerable impact on the parents' relationship with each other. They may react very differently to learning about the abuse, leading to tensions and conflict – which in some cases can lead couples to separate. Those who stay together may find that the knowledge of the abuse affects their sexual relationship.

c) Relationships with their other children

The relationships between the parent(s) and their other children are likely to be affected too. These children may find it difficult to come to terms with the abuse. They may feel **jealous** of the attention given to their abused sibling, or experience **guilt** if they had suspected or even known about the abuse and said nothing about it. They may also feel **angry** at their sibling for causing distress in the family.

Even if children are not aware of the abuse, they may feel the impact of what has happened. For example, they may pick up on the dynamics or behaviours of their parent(s) or sibling, and feel confused about what is happening.

Additionally, the parent(s) are likely to have less time to devote to their other children, or may be emotionally overwhelmed by the abuse's impact. As a result, those children may feel left out and seek to gain their parent(s)' attention in other ways – for example, by being challenging. Alternatively, they may withhold their own fears and emotions, feeling that they should not add to their parent(s)' stress.

Section 8.1 outlines support you can provide to a parent whose partner or co-parent has sexually abused their child.

Section 5.2 includes advice on whether and how parents should tell their other children about the abuse.

3.2 The impact on the child

All these factors may put the relationships between the parent(s) and the abused child's siblings under strain, adding to the distress and disruption within the family. In some cases, this has even led to siblings asking, or being asked, to live elsewhere.

d) Relationships with other people

The parent(s) of a sexually abused child may experience negative attitudes from those around them. They may be **judged** by friends and family members, as well as people in their local community who blame them for the abuse or believe they must have known about it. If the abuse was carried out by a family member, the non-abusing parent(s) may experience **rejection** from others in the family who disbelieve the allegations or resent the involvement of outsiders.

Some parents may become **socially isolated**, as a result of withdrawing from their social networks (because they feel less able to trust other people or to cope with the pressure of social connections) or moving area to escape the abuse.

Other people's reactions to the abuse may cause changes in relationships, and even lead to family ruptures and/or breakdowns in relationships. For example, family celebrations and holidays may change if some parts of the family are no longer willing to come together.

.....

The impact of the abuse on the child is likely to be influenced by a number of factors, including:

- how long the abuse has been going on, its frequency and invasiveness, the amount of violence involved, and whether they were subjected to other maltreatment
- the child's relationship with the person(s) who abused them, and the methods used to gain their compliance and/or maintain secrecy
- the support they have and their coping mechanisms/outlook
- their age and any disabilities they had prior to the sexual abuse, or any injuries or disabilities resulting from the abuse
- co-existing forms of abuse and vulnerabilities in their household, such as domestic abuse, substance misuse and mental ill health.

This section covers the impact of the abuse on the child's health, relationships and education.

The child's mental and physical health

Children often experience a huge range of emotions as a result of the abuse they have experienced:

- They may feel **confused** about their body and their relationships, and may fear closeness with others.
- They may feel **afraid** – for example, having phobias about places, sounds or smells which trigger memories of the abuse. They may also fear for the safety of those close to them, such as their siblings or (non-abusing) parents.
- They may be **angry** about what has happened or how people are behaving towards them.
- They may feel **betrayed** by people they thought would protect them, and **suspicious** of others' intentions.

- They may feel **ashamed** or **embarrassed**, particularly if they were coerced into thinking that they were participating willingly in the abuse, or if other people are seeing images of the abuse.
- If they have been abused by someone of the same sex, they may struggle with a commonly held misconception that this makes them **gay/lesbian**.

Where the abuse has involved physical contact, there may be **physical effects** such as genital injuries, infections and, in older girls, pregnancy. Other physical effects can include tiredness and exhaustion, dizzy spells, hyperactivity/hypervigilance, diarrhoea/constipation, muscle tension, constant colds, increased asthma/eczema or other skin conditions. However, physical effects are not always seen at the point when the abuse is identified, and there may be no obvious physical signs of the abuse.

Psychosomatic effects are far more commonly seen as a result of all types of child sexual abuse. They include stomach aches, headaches, nightmares, problems sleeping, panic attacks, changes in appetite (e.g. under- or over-eating), and bed-wetting.

Long-term impacts

In the longer term, the child may experience:

- depression, anxiety, or self-harming/suicidal thoughts or attempts
- symptoms of post-traumatic stress disorder (such as flashbacks and panic attacks)
- difficulty in concentrating (attention deficit)
- low self-esteem and/or lack of confidence
- eating disorders or obsessive behaviours
- feelings of aggression or other marked changes in personality or behaviour
- confusion about the meaning of healthy relationships, or what are appropriate sexual behaviours.

They may display developmentally inappropriate sexual behaviours, be cruel to other children or animals, refuse to go to the toilet or take a bath, and/or withdraw and become isolated.

Some older children may also misuse drugs or alcohol. This may be a way to numb the pain or fear they are experiencing, but it may also be the result of a grooming process in which drugs/alcohol have been used to lure and trap them in the abusive relationship.

The child's feelings about the abuse may change over time as they become more able to reflect on or understand what has happened to them, and some children have delayed reactions that manifest many months or even years after the abuse. They may not fully realise the nature and extent of the abuse until they are adults.

It is important that professionals support parents to recognise trauma symptoms, and to help their child see that these are signs of the impact of the abuse rather than indications that there is something inherently wrong with them. You can also emphasise to parents that child sexual abuse does not determine a child's future; there may be no longer-term impact on some children, despite the harm they have experienced.

3.3 The impact on the whole family

The child's relationships

Being sexually abused is likely to affect a child's relationships with their family, friends and others.

Often, their trust in adults will have been betrayed, and they may no longer feel they can trust those around them. They may also feel let down by others – particularly their parent(s) – for not protecting them (see [section 3.1](#) above).

Some people who sexually abuse children will deliberately seek to undermine intra-familial relationships, particularly between adolescent children and their parent(s). The child's relationships with their parent(s) may be undermined if they have been groomed to believe that:

- they have to protect their parent(s), whom they fear will be harmed by the person abusing them
- they have to protect the person abusing them from any harm that could occur if they speak out
- they have to sacrifice themselves to protect other children in the family
- they are special and loved by the person abusing them.

The child may also become aggressive or emotionally detached, resulting in poorer relationships with their family, peers and teachers.

The child's education

The identification of child sexual abuse, or concerns about such abuse, may affect the child's attendance and/or behaviour at school/college. They may be unwilling or refuse to go to school/college, or may start truanting. They may find it difficult to concentrate or learn, and may start underachieving. Alternatively, they may see school/college as a safe space and immerse themselves in their academic work and activities.

The child's concentration span can be affected, and they may become fidgety. Sometimes they may display problematic behaviour, such as inappropriate touching (of themselves or others), exposure, outbursts, lack of cooperation, or falling out with peers.

Living arrangements

The identification of child sexual abuse or concerns about abuse may disrupt the family's living arrangements, particularly if the abuse took place within the family environment.

For example, an adult family member may be taken into custody or told to leave the family home, and it may be decided that the child should continue to have contact with that adult through supervised or unsupervised visits. This can be particularly difficult for both the non-abusing parent(s) and the child. Some children may want to continue seeing the adult who abused them, or is suspected of abusing them; it has been known for children to withdraw what they have said about the abuse so they can do so. Alternatively, the child may not want to see that adult, but may have to if contact has been ordered by the court.

The child may be removed from the home as a temporary measure until the home is deemed a safe environment. This removal, however short-lived, may lead the child to feel more responsible for the abuse and fearful of losing their family, or to lose trust in adults in general.

If the child has experienced a sibling's harmful sexual behaviour, that sibling may have been taken into care or sent to live with other family members.

In some situations, the threat posed by the person(s) who abused the child may mean that the whole family has to leave the home, either temporarily or permanently; families are sometimes forced to relocate to another part of the country.

Day-to-day life

The identification of child sexual abuse may also disrupt the family's day-to-day life. If a parent's partner/co-parent has been taken into custody or told to leave the family home, that parent may have to assume sole financial responsibility for the family. Furthermore, their own income may be reduced – for example, if they have to take time off work because learning about the abuse has affected their health, or if they have to pay for legal representation or the costs associated with self-representation in the family court.

Some parents may fear that the abuse will be reported in the media. This can cause ongoing stress, as they constantly fear that people around them will find out what has happened. In such situations, the parent(s) are likely to feel particularly isolated and unsupported, and peer support networks like those offered through organisations working with non-abusing parents can be particularly important.

Section 12.1 provides details of a wide range of organisations supporting the parents of sexually abused children.

It may be possible for the parent(s) to apply for anonymity in media reporting. An organisation called [MediaWise](#)  provides free, confidential advice for members of the public affected by inaccurate or intrusive media coverage.

Safeguarding and investigative processes

After abuse has been identified or suspected, the family must cope with the impact of safeguarding and investigative processes. The parent(s) may need to attend meetings or accompany their child to interviews, at which they may hear details of the abuse; this has the potential to cause them significant psychological distress.

The family's computers, phones and even photographs may be removed by the police, bringing considerable distress as well as practical challenges.

The parent(s) are likely to undergo assessments to ensure that their child is safe with them. They may feel that they are being treated with unfair scrutiny and suspicion, or that their parenting is being judged and their ability to provide a safe and loving home called into question. Parents who are themselves survivors of sexual abuse sometimes feel stigmatised by professionals and judged unable to care for their children.

At the same time, the child will need support to get through the safeguarding and investigative processes. They may resent having to take time out of school or social activities to see a social worker, for example, or may become distressed at being interviewed or medically examined.

This first part of the guide has sought to build an understanding of the support that parents of sexually abused children need from professionals.

Part B describes how you can provide a supportive response to those parents.



Part B: What you can do to support parents

Whether it's being sensitive to parents' trauma or telling them what will happen next, understanding what parents need from you will give you more confidence in working with them.

4

Key elements of a supportive approach

Many parents appreciate having someone outside the family to turn to for guidance and support after sexual abuse of their child has been identified or suspected. This chapter will help you understand how to take a supportive approach with parents, so they feel they can ask for your help when they need it.

Remember, it's essential that you **don't**:

- assume that the parents knew about the abuse
- give them the impression that you think they failed to protect their child
- focus on 'explaining' the abuse at the expense of providing information and support.

4.1 Initial considerations

To be sure of providing effective support, there are some factors that you need to consider when parents first learn about the sexual abuse of their child.

Safety

Parents need a safe space, away from their child, to process what they have learnt and to work through some of the shock, guilt and/or anger they may feel. They also need time, support and information to help them do this. You should be aware that, while denial is a common response, it can be hard for parents to act protectively towards their child while they are denying that the abuse happened.

Note that parents will be additionally vulnerable if they are experiencing domestic and/or sexual abuse themselves. They may also be subject to ongoing threats and violence from the person(s) who have abused their child.

It is important to ask the parent(s) whether they have any fears or concerns about:

- what their partner/co-parent might think or do
- what other members of their family might think or do
- what members of their wider family/community might think or do.

If they do have any fears or concerns, **take action**:

- Identify who their concerns relate to and what they are concerned about.
- If their fears relate to forced marriage, 'honour'-based abuse or the risk of the child (and possibly the parent themselves) being sent abroad, seek advice from specialist organisations and initiate safeguarding procedures.
- Support them to identify how their fears or concerns may affect their relationship with their child.
- Work with them to ensure they are supported in addressing these concerns and the impact on themselves and their child – and seek support from organisations that can help them to engage fully with this process.

Section 5.6 describes actions you can take to support parents facing ongoing threats and violence from the person(s) abusing their child.

Section 9.2 explains what you can do to keep a parent and their child(ren) safe if they are experiencing domestic abuse.

Section 12.1 contains details of support services for women and girls from minority ethnic backgrounds.

Some parents may also need support to move to safe accommodation. Solace Women's Aid and the London Survivors Gateway have produced a guide called *Sexual Violence and Housing* .

Your existing relationships with family members

You may sometimes struggle to make sense of concerns about child sexual abuse within a family, particularly if the person suspected of abusing the child has always presented to you as caring and pleasant. This is reportedly common when the person who carried out the abuse is the child's parent and is going through family court proceedings: rather than accepting that the parent has abused their own child, professionals are sometimes led to believe that the other parent has fabricated a story to prevent access to the child.

You may already be working with a family for other reasons – because their children are already in the care system, for example – when concerns of sexual abuse emerge. In this situation, it is important to put aside your previous interactions with the parent(s) and focus on responding to and supporting them around the abuse.

Chapter 2 has shown that it is important not to make assumptions about parents' knowledge of their child's sexual abuse. It is essential, of course, to establish that the parent(s) did not carry out the abuse or collude with the person(s) who carried it out – but when this has been done, they should be treated as **key partners** in the response to the abuse. While they may require support, they know their child best and can talk to them about how they are feeling and the support they may need, such as in attending an interview with the police.

Keep in touch with parents regularly, even if it's only to tell them that there have been no recent developments. And remember that they may not be familiar with the terms you use to talk about their situation – for example, parents have said that they had not previously come across concepts like 'grooming' and had to look these up.

Involving parents does not simply mean keeping them informed or presenting them with options to choose from, however. True involvement means having a **two-way discussion** where you are open to ideas that you may not have considered before. This is particularly important to bear in mind when formulating a safety plan for the family – this will work only if it is co-created with the parent(s).

In providing a supportive response to parents, it is essential not to make judgements about them. Parents sometimes feel that they are being blamed for the abuse; this is particularly common for parents who were themselves sexually abused as children, and those who are stigmatised because of their ethnic background, disability, age or sexual orientation.

It may help to adopt a '**teach me**' attitude, by asking questions such as "What do you need help with?" or "What are you most worried about at the moment?" to build a better understanding of each parent's individual needs. Parents need to be allowed to work through the multitude of shifting emotions that they may be going through without feeling they are being judged for their feelings. Take care not to make assumptions about the parent, child or family.

4.2 Including and involving parents

4.3 Being non-judgemental

4.4 Being sensitive to parents' trauma

Section 3.1 describes how the sexual abuse of their child can affect parents' health and their relationships with people inside and outside the family.

Section 12.1 provides details of a wide range of organisations supporting the parents of sexually abused children.

Chapter 9 highlights the specific needs of some groups of parents, and explains how you can provide support to meet those needs.

Parents are often in a traumatised state after learning that their child has been sexually abused. In addition, they themselves may have been sexually abused as children, but have never told anyone about it. They may have experienced other forms of trauma (either as children or as adults) including physical violence, death of a loved one, severe illness or injury, or traumatic childbirth.

You may want to consider asking them directly about this, as understanding their experiences can help inform the way you work with them. In any case, it is best to assume that they have experienced trauma and will be affected by this.

Being aware of the impact of their trauma can help you to understand why some parents respond the way they do, and can suggest modifications to the way you engage with them. Bear in mind some key principles in providing trauma-informed support:

- **Safety** – think about how you can create a space where parents feel culturally, emotionally and physically safe, and be sensitive to any discomfort or unease. This may include, where feasible, giving the parent an option of working with a professional of the same gender.
- **Transparency and trustworthiness** – ensure that, as far as possible, parents are informed and involved in decision-making, and uphold commitments that you have made to them. This includes keeping in regular contact, whether or not there is anything of relevance to update them on.
- **Peer support** – encourage and help parents to seek support from others who have similar experiences.
- **Empowerment** – recognise parents' strengths and experience, and involve them in decision-making and planning.
- **Taking account of and actively moving past cultural stereotypes and biases** (based on race, ethnicity, sexual orientation, age, religion, gender-reassignment, disability etc) – be sensitive to each parent's individual needs.

4.5 Showing compassion and humanity

While the child is the primary victim of the abuse, their parents are also victims and need professionals to recognise this through a compassionate and humane response. This means acknowledging their pain, offering emotional support and showing empathy in your interactions with them. A compassionate and empathetic manner will also help you to build a more effective working relationship in responding to the abuse.

4.6 Recognising parents' strengths

Try to focus on the parents' strengths/assets, and avoid assumptions of deficit or blame. Their strengths may include their existing social support networks and their own personal resilience (although the extent to which parents have these will vary, of course). Additionally, the parents are the people who know their child best and can help you understand the child's strengths.

Be aware, however, that the person who abused their child may have sought to undermine the strengths of the parent(s) and destroy their sense of self-worth.

4.7 Being direct and open

Parents value being communicated with clearly and directly by professionals, so make clear from the outset what your role is and how you will be involved. Sexual abuse thrives in secrecy; not talking directly and openly about it may increase parents' feelings of guilt, responsibility, anger, distress and confusion, as well as decreasing their own and their child's safety. Above all, parents appreciate it when professionals say what they are going to do and demonstrate that they have done what they said.

Parents can sometimes be upset by the way in which professionals talk to them. Referring to the mother as “mum” can feel trivialising, for example, as it is an overly familiar term which devalues women when used by anyone other than their children. Parents prefer to be addressed as individuals in their own right, and with appropriate language (checking, for example, whether they would like to be called by their first name or not), even in their absence.

It is also important to take care in the language you use to talk about their child – avoiding, for example, talking about the child’s “lifestyle choices”.

Finally, we know that parents value continuity – having a stable relationship with a professional who understands their situation and keeps in touch with them. Although meeting this need may be outside any one professional’s control, being mindful of it and seeking to promote continuity whenever possible is extremely helpful for parents.

In situations where one professional takes over from another, it is important to have a full handover between them so the parent(s) do not have to repeat everything to a new person. Give parents as much notice as possible of changes to the people working with them, and tell them how the case will be handed over.

4.8 Using respectful language

4.9 Providing continuity

This chapter covered the fundamentals of a supportive response to parents affected by the sexual abuse of their child. The next chapter looks at specific actions you can take to provide effective support.



5.

5.1 Share information about the abuse

Supportive actions you can take with parents

This chapter sets out some of the ways in which you can actively support parents who have learnt that their child has been, or may have been, sexually abused.

Parents need to understand what has happened, although the information you have about the abuse and the extent to which you can share it will depend on your professional role. If you are a police officer, you may be unable to share some information with parents because of the potential impact on a criminal trial. If you are a social worker, however, you may feel it is important to give them information (depending on any current police investigations) so they can appropriately safeguard their child.

There are other considerations to bear in mind in deciding what information to share with parents. The Lucy Faithfull Foundation, an organisation working with families affected by sexual abuse, suggests that these should include:

- **their right to know** as a parent, so they can better understand what has happened to their child and how to support the child. However, a parent wanting to know about the abuse may not be prepared for the impact of what they will learn, so think carefully about how much information they need and when.
- **their need to know** so they can protect their child. They may feel that knowing about the abuse will answer the questions they have, or help them to understand how they too may have been groomed by the person who abused their child. You may need to explain how grooming works, including how adults are also groomed, so that they can understand how they did not see what was happening.
- **their right not to be abused** – hearing details about their child's abuse may be very traumatic for a parent, especially if they have their own history of child sexual abuse. Some parents will not be able to absorb the information that they are given, and may need to be sensitively re-told the information over time so they can digest it.

Involving the child

When considering sharing information about the abuse with their parent(s), you should always be aware of the impact this may have on the child. Keep the child informed wherever possible about the information that must be shared, and involve them in deciding how much additional information will be shared.

Encourage the parent(s) to allow their child time to decide when and how much they want the parent(s) to be told. If the child knows that their parent(s) will wait for them to be ready, they may feel safer and more respected.

Sharing information more widely

There may be times when you or other professionals will advise parents *not* to share information about the abuse or concerns of abuse with anyone else around them, for fear of the impact on the person who may have carried out the abuse (e.g. suicide risk), the community response (e.g. condemnation by friends or even vigilante attacks on the home) and/or the impact on children (e.g. being ostracised at school).

Parents struggling with feelings of shame and guilt may need help in working out who they can safely talk to among their family and friends, without fear of being judged or having what they say passed on to others.

When they learn about the sexual abuse of their child, parents may have many questions about it. Think through how you will answer the questions they may ask; this will help you to provide the support they need.

Parents' questions may be specific to their individual situation, such as:

- “What happened to my child?”
- “How will my child be affected?”
- “Why didn’t my child tell me (or tell me sooner)?”
- “Is my child telling the truth?”

Other questions commonly asked by parents relate to talking to their children about the abuse.

“Should I tell my child/other children?”

In some cases (if they were very young when it happened, for example), a child may be unaware that they have been abused – and other children in the family may not have known about the abuse of their sibling. When advising a parent whether and when to tell their child(ren), you should take account of:

- the child’s age and developmental stage, including any significant recent or upcoming events in their life (e.g. exams)
- the amount of contact the child may have with the person suspected of the abuse
- the child’s relationship with the person suspected of the abuse
- the child’s capacity to manage such information
- the capacity of the parent(s) to support the child in managing the information, and to understand the child’s needs as they develop
- whether it would be helpful for the child to understand the abuse’s impact (if any) on their daily life.



Advantages of telling the child	Disadvantages of telling the child
Open communication significantly reduces the risk of further sexual abuse, as it breaks the culture of secrecy that typically surrounds the abuse. Children who are aware of the risk posed by family members can play an active part in creating a family safety plan – so that, for example, they know who to tell if someone breaks the rules in the family. Children may learn about the abuse from someone else or in the media. Being proactive in informing them about the abuse means this can be done safely and supportively, ensuring that the child has an accurate understanding of what has happened and knows they can ask more questions over time. Children may lose trust if they later discover that they have been lied to (by being told that the person who abused them is away working rather than in prison, for example). If they are not given a clear message about what has happened, children may imagine the situation to be much worse or much better than it actually is. This can cause unnecessary worry about what has happened or about what someone they love has done, or an underestimation of the risks present. If one child in a family has been abused and others haven't, the non-abused child(ren) may feel angry or resentful of the victim (e.g. because they can no longer see a loved family member) and therefore need to know what happened to understand the victim's perspective.	The child may have other important things going on for them; hearing this information may exacerbate an already difficult situation during exam periods or at times of poor mental health, for example. Young children and those with certain disabilities may find it difficult to keep the information they are told relatively private, when they are also being encouraged to be open and honest. Very young children or those with certain disabilities may lack the capacity to make sound judgements about sharing information. Some children may not have the support in place to help them process the information. Consideration of who they can talk to, not just in the moment but on an ongoing basis as required, is important. If there is an ongoing dispute or a lack of agreement about what happened, all parties will need to agree at the outset what information is going to be given to the child; this will need to be consistent for all children living in the household.

“How should I tell my child/other children?”

If parents decide to talk to their abused child or other children in the family about the abuse, they may find the advice on the next page helpful.

Above all, parents should trust their own knowledge of their child and keep the information age-appropriate and honest. Parents may also find it help to practise with you what they are going to say to their child.

The Lucy Faithfull Foundation has produced a guide for parents on [talking to children](#)  in situations where one parent has been convicted of an offence involving child abuse imagery online.

Sharing information with your child

- Give your child the space and time to process the information, and opportunities to speak to you about it – not just at the time but on an ongoing basis.
- Share information in a way that is appropriate to your child's stage of development. Children do not need unnecessary detail – they just need to be told enough to help them understand what has happened. For example, telling a child that Daddy 'touched' them or a sibling is not clear enough, as adults often touch children in an appropriate way; telling them that Daddy touched them or a sibling *on their private parts* is much clearer. Going into more detail about the 'touching' is likely to be both unnecessary and inappropriate.
- Let your child know which other people know about the abuse, and what they know about it.
- Think about the language you use. Telling your child that someone was naughty and has gone to prison may leave them worrying that they will be sent to prison if they are naughty.
- Where the person suspected of the abuse is a parent or relative, try to help your child to separate the person from their behaviour: it was what they did that was wrong, not the whole person.
- Regularly check with your child whether they have more questions or want to talk more about how they are feeling.



"Should I tell my child's school?"

It can be helpful for the child, and their parent(s), to know that they can get support while they are at school if they become distressed. It may also be helpful for a limited number of people at the school to be told about the abuse, as this may be useful in understanding the child's behaviour; it will also mean that the school can support the child's engagement in meetings with other professionals (e.g. police or social workers) and attendance at appointments. Some children will want or need time off school or a reduced timetable, for example, while others may want things to remain as normal as possible.

Schools have policies in place to ensure that extremely sensitive information is kept confidential and shared only with those who need to know. Other staff can simply be told (at a morning briefing, for example) that the child needs a little more observation/care, without being told the reason for this, and be made aware of any agreed strategies so that they can be sensitive to these (e.g. not questioning the child if they ask to leave the room).

Consideration may need to be given to the needs of other children in the family if they attend different schools from the one attended by the abused child.

You should ensure that the parent(s) know which professionals have been told about the situation in relation to each child in their family.

"The police have told me not to talk to my child about the abuse, but my child keeps asking me questions. What do I do?"

Police officers and other professionals may tell the parent(s) not to talk about the sexual abuse with their child, out of concern that they might compromise a criminal case by trying to interrogate or coach the child. Parents often take this statement literally, however, which is neither practical nor emotionally healthy within the home.

Children need to have the support of their parent(s), and to know that they can come to their parent(s) for the love and support that they need following the abuse. They need to know that their parent(s) will do whatever they can to protect them. This kind of support does not compromise the case, but rather strengthens the child. Above all, the parent(s) need to know that they should be ready to listen to their child and not shut down the conversation or attempt to change the subject.

“My child is acting as if they are fine, but I know this is bothering them. Do I talk about it, or ignore it?”

Pretending that everything is fine is usually an attempt to keep emotions at bay and forget about things that cause pain. It is important for the parent(s) to create an atmosphere that makes talking more comfortable for their child. The child needs to know that, when they are ready to talk, their parent(s) are ready to listen. By talking about other things going on in their child's life, the parent(s) can give the child an opportunity to talk about how they are feeling.

“I've been told it's better not to talk about the sexual abuse so that my child will forget about it. Is that true?”

Sexual abuse is a trauma that will often remain in a child's memory. Even when the child does not remember specific details, the psychological abuse that is always experienced with sexual abuse often has life-long consequences if the child is not believed or supported. One expert in working with parents of sexually abused children has offered further explanation:

“Sometimes people believe that talking about the abuse is re-traumatizing. That is generally not accurate. Talking may bring about strong emotions, but when those emotions are met with love and support, the outcome is positive. The child will learn that they can talk about the abuse, feel strong emotions, receive positive support, and feel a sense of relief. On the other hand, remaining silent about the sexual abuse may send an unintended message to the child. Kids may think that the parent doesn't believe them, or that they are afraid to talk about the abuse, or even worse, that the parent blames them. Children will fill in the blank pieces of information if accurate information is not present. Kids need a parent who can be open to talking about the abuse whenever the child wants. It is not necessary to keep bringing it up in conversation, but take the opportunity when there are some naturally occurring circumstances to do so. For instance, if the television is on and a story about child sexual abuse come on, use that as an opportunity to say something like, ‘I am so sorry that child was sexually assaulted. I hope she has a mommy and daddy who love her and help her. I hope you know I love you and always want to help you.’” (Yamamoto, 2015)

5.3 Explain what may happen next

Parents will value having some sense of what is going to happen next and what they may need to do.

Ensuring that their child is safe from further harm, and investigating what has taken place, generally involves a series of actions led by children's social care (social services) and/or the police. There may be a multi-agency strategy meeting, for example, the outcomes of which could include a child protection enquiry, a medical examination and/or a formal police interview with the child. These may in turn result in the child being placed on a Child in Need Plan or a Child Protection Plan. The police may also interview the person suspected of harming the child and may then proceed with a criminal investigation.

It's important to be aware, though, that the vast majority of cases do not result in a prosecution, as the police or the Crown Prosecution Service often decide that there is not enough evidence to build a strong case. Even if the case does reach court, this may take many years.

Note too that, while some families receive many interventions from children's social care, others feel that they do not receive enough support.

Parents should be kept informed by children's social care and police, and invited to take part in assessments and meetings such as Child Protection Conferences. They may find it helpful to have some common terms/actions explained to them:

What's happening to support your child?

- **A strategy meeting** brings together police, social workers and other agencies with knowledge of the child and their family, to share information and agree a plan to address risk and/or need.
- **The formal police interview** (sometimes known as the Achieving Best Evidence or ABE interview) is carried out by the police, often with a social worker. It is generally carried out in a special interview room where it can be video-recorded. Parents can accompany their child to the interview suite, but are not allowed to be present during the interview.
- **A medical examination** can be organised to check whether there has been any physical harm to the child resulting from the abuse, and to gather evidence to support the investigation. The medical examination is likely to be carried out by a paediatrician or specially trained police surgeon. For more information, see the CSA Centre's [video guide to medical examinations](#) .
- **A multi-agency assessment** is organised to identify the child's needs and ensure that the family have the appropriate support to be able to safeguard and promote the child's welfare. As a result of the assessment, the child may be put on an Early Help Plan, a Child in Need Plan or, following further assessment, a Child Protection Plan.
- **An Early Help Plan** is put in place if the assessment concludes that the child is not at risk of significant harm. The plan is drawn up by children's social care with the family, and with input from different agencies involved in the child's life (e.g. their school); it seeks to support the family to identify their needs and to plan, implement and sustain the changes they need.
- **A Child in Need Plan** (sometimes referred to as a 'Section 17') is implemented if children's social care decide that the child needs support to "achieve or maintain a reasonable standard of health or development, or prevent significant or further harm to their health or development". It states which agencies will provide which services to the child and family, and should set clear outcomes for the child and expectations for the parents.
- **A Child Protection Conference** (sometimes referred to as a 'Section 47') brings together the child's parent(s), social workers, the police, the child's school, healthcare professionals and any other professionals who are involved. Its purpose is to share information between all the professionals working with the child and their family, and to decide what action should be taken to keep the child safe and whether a child protection plan should be drawn up. Parents usually attend the conference or participate in some way.
- **A Child Protection Plan** is drawn up if a child is deemed to be suffering or at risk of significant harm and needs safeguarding. It sets out the steps needed to safeguard the child and the services needed for the child's wellbeing to be protected; these could include, for example, regular visits by social workers to the family home to offer practical or emotional support, and other services such as a place in a nursery or a home help. Specialist assessments and support may also be recommended, to better understand and address any identified difficulties for the family.



5.4 Help parents access support

It may be helpful for you to suggest places where the parent(s) can turn to for emotional support; see [section 12.1](#) for a list of organisations supporting parents affected by child sexual abuse.

There are times when it may be useful to advise parents to seek legal representation – for example, if children's social care apply to court for an order to take the child into care. It is important that the parents get appropriate representation from someone specialising in childcare law.

Parents may find advice and support from the [Family Rights Group](#), which has produced a range of [guides to child protection procedures](#) including an [A–Z of terms](#). [Mosac](#) provides an advocacy service which can support parents in navigating the systems around Family and Criminal courts.

Parents may need both practical and emotional support. They may be worried about how they will continue to pay the rent/mortgage if their partner has been taken into custody. They may also have to take overpaying household bills or buying food for the family.

[Citizens Advice](#) can provide information and support with a whole range of practical issues.



It is worth bearing in mind that the parent(s) are unlikely to have ever been in this position before and may not know what your professional role is. Spending a little time explaining who you are and what your role is can help reduce their confusion and fear.

It can also be helpful to send a written record to the parent(s) after you have met with them, setting out what you have told them and reminding them of things that they need to do. They may be in a state of shock during meetings and unable to take on board much of what is said, particularly when they are first learning of the abuse.

Sometimes child sexual abuse is not brought to an end when it is identified. This is common in cases where a child is being abused by a group, gang or network. Unable to escape from the people abusing them (who may use threats of violence against other family members to keep the child in their control), the child may go missing, stay out overnight, take drugs or drink, or be aggressive within the home.

Parenting a child in this situation is extremely challenging and draining, and the parents may neglect their own needs, welfare and self-care. They need to know that by looking after themselves they can better maintain the level of resilience that they will need to support their child during the abuse and afterwards.

The organisation Parents Against Child Exploitation (Pace) advises that the most important things are for parents not to give up; to keep telling their child that they love them; and to trust that, despite appearances, this is making a difference to their child. It suggests that parents try creating **opportunities to connect** with their child, based on the child's interests (such as watching TV programmes together, cooking, going to the gym or having beauty treatments together), which provide opportunities to strengthen the parent/child relationship.

If verbal communication or shared activities are challenging or lead to heightened conflict, or if the child has been relocated because of the risks posed, actions that **reiterate the parents' care for the child** – such as placing post-it notes or sending loving messages to the child – are important.

If their child is going missing, parents' additional anxiety can lead them to be frustrated or angry with the child. It may be helpful to remind the parents that, when the child does return home, they may have been through traumatic experiences and **need to feel reassured and supported**. Pace gives examples of parents welcoming their children home by putting a hot water bottle in their bed, offering warm food or drinks, or leaving messages or flowers in their bedroom.

If the abuse is taking place online, parents may find it helpful to:

- prioritise maintaining a connection with their child
- reiterate messages that the child is not to blame
- implement an internet curfew in the home and disconnect their router after a certain hour
- remove all mobile phones and tablets and place them in a locked box for safekeeping between certain hours
- make clear that their child must not take their phone or any handheld device into the bathroom at any time
- talk openly about the risks of social networking, and ensure the child understands privacy settings and how virtual identities are not the same as real life.

Above all, parents should be encouraged **not to give up**. They may need to be persistent and determined to make all the professionals who come into contact with their child – their GP, sexual health services, school, police and social care – aware of their concerns, while reiterating the need for the child's information

5.5 Clarify roles, responsibilities and actions

5.6 Help parents cope if the abuse is ongoing

Section 8.4 contains more information about supporting the parents of children sexually abused by groups of adults.

Section 8.5 outlines the further support needs of parents whose children have been sexually abused online.

to be treated confidentially. The parents may need to **advocate** on their child's behalf to ensure that agencies are aware of the high risks posed to the child and the safeguarding needed. It's also useful for them to keep **diaries and notes** of all potential incidences of abuse; these will be invaluable in any future court proceedings, as the impact of stress and frequency of events may make events difficult to remember. Even if their child seems a long way away from acknowledging the abuse, 'victimless' trials can now take place in which the person or people who abused them can be brought to trial without the child having to give a statement or attend court.

Further practical information can be found on the Pace website, both in its advice centre  and in articles written by affected parents for affected parents .

5.7 Offer hope

See Chapter 12 for details of organisations supporting parents and resources for parents.

It's important to give parents some reassurance that, with the right support, the distress that they and their family are experiencing will lessen over time – and that, while the abuse can never be undone, they will be able to move forward with their lives. Children are resilient and, with enough support, will not necessarily suffer from significant long-term consequences. In addition, parents can enhance their child's resilience by:

- providing a calm home environment
- boosting their child's self-esteem by giving them lots of positive, loving messages
- giving their child coping strategies
- getting support for themselves.

This chapter looked at ways in which you can actively support parents of children who have been sexually abused. The next chapter focuses on supporting these parents' relationships with their children.

Supporting parents' relationship with their child

6.

Many parents are unsure how they should respond to their child after sexual abuse has been identified or suspected. This chapter looks at how you can support parents' relationship with their child.

In addition to the advice listed here, you may find it helpful to talk with parents about their child's reaction to the abuse being identified, and the reasons why the child may not have talked about the abuse before – see [Chapter 2](#).

Many parents feel unsure how to support their child. Here are some key messages you can give them:

6.1 Key messages for parents

Supporting your child

- **Believe your child/your own instincts.** Let your child know that you believe them and take them seriously – or, in situations where they do not acknowledge the abuse, keep telling them that you are concerned for them, that they can talk to you, and that you won't blame them.
- **Help them understand it wasn't their fault.** It's likely that your child will feel responsible for what has happened to them, so it's important for you to help them realise that it wasn't their fault and that they are not to blame. You may need to explain this to them in detail, to counteract what the person who abused them may have made them believe.
- **Let them know you are on their side.** Tell them that you are going to help them, and that you will get through this together.
- **Stay calm.** Becoming upset, angry or out of control will make it harder for your child to feel they can talk to you about what has happened or how they are feeling. You may feel strong emotions yourself: try to have someone safe, other than your child, with whom you can explore your feelings.
- **Be ready to listen to them.** Give them time to talk to you at their own pace, and avoid asking intrusive questions.
- **Get support for yourself.** Your child will need to feel you are calm and in control. Seeking support will help you to support your child.



Parents need to know that, when they react calmly and show that they believe their child, the child may feel able to tell them about further abuse. Remind them that, if this happens, they should resist questioning the child or putting words in the child's mouth – they should just listen and prompt by asking: "Is there anything else you want to tell me?" They should let the child know that they will need to pass on the information, and then afterwards write down what the child has said so that they can remember it accurately if they need to provide formal evidence. They should also give the child positive reinforcement – for example, by telling them they are brave and/or have done the right thing.

Hearing what has happened to their child is likely to be extremely distressing for parents, and you should try to ensure they can talk to someone safely and confidentially afterwards.

6.2 Common misconceptions about child sexual abuse

The parents of abused children, and the children themselves, may hold erroneous beliefs about child sexual abuse. You may need to confront their misconceptions such as the following:

Misconception	Fact
<i>Most sexual abuse of children is committed by strangers</i>	Sexual abuse involving physical contact is more likely to be committed by someone known to the child. Family members are more commonly involved in the abuse of girls, and authority figures outside the home in the abuse of boys
<i>It is rare for boys to be sexually abused</i>	The latest data suggests that 5% of boys in England and Wales are sexually abused, and 15% of girls
<i>Children or their parents cause the abuse to happen</i>	Neither (non-abusing) parents nor children cause abuse to happen; children are groomed, manipulated, intimidated and deceived by those who abuse them
<i>Sexually abused children will always tell someone immediately</i>	Most children do not tell anyone at the time that the abuse is taking place, and many wait to speak about it until they are adults
<i>Sexually abused children won't remember the abuse</i>	The trauma of sexual abuse will often remain in a child's memory, even if they do not remember specific details of the abuse itself
<i>Sexually abused children will become emotionally disturbed</i>	Child sexual abuse does not determine a child's future; there may be no impact on some children, despite the harm they have experienced. And with support, children can overcome and recover from the impact of the abuse to live full and healthy lives.
<i>Sexually abused children become adults who abuse</i>	Victims of child sexual abuse rarely go on to perpetrate such abuse themselves

You can find out more in the CSA Centre's 2021 report [*The Scale and Nature of Child Sexual Abuse: Review of Evidence*](#) .

Parents may also look to you for practical advice about caring for their child. You could advise them to do the following:

Caring for your child

- Help your child to **identify safe adults and peers** – at home, at school and in any other environments that they visit regularly – with whom they can speak about the abuse. This will help them to get support if they need it, and increase their sense of safety.
- Give your child ways to **express their feelings** (e.g. through play, creative activities, running and physical exercise, or listening to or making music).
- Set **firm, consistent and realistic boundaries** – this will help your child feel safe and secure, so they do not need to operate in ‘survival mode’ all the time.
- Give your child **positive affirmations** even if their behaviour is challenging, to remind them that you love them no matter what.
- Spend time **playing with your child**, or doing something they enjoy, as often as you can.
- Find ways to **help your child relax** (e.g. having a bath or a bedtime story).
- Try to maintain a sense of **routine and normality**, so your child gets the message that you can cope with the situation. You may need to make some concessions initially, such as extra attention at bedtime or lower expectations around homework, but you should seek to maintain your normal family values and expectations.
- Recognise that your child is understandably **angry and confused**, and may exhibit challenging behaviour towards you because you are the only person or people they feel safe enough with to do so.
- If your child has a **flashback or panic attack**, focus on the present (what they can see, hear, feel and smell) and encourage them to take slow, deep breaths, with the out-breath being longer than the in-breath.
- **Don’t make promises** to your child about what will happen to the person who abused them, or that they will never have to see that person again – these may be promises that you can’t keep. It’s better to say that you don’t know.



A child who has been sexually abused may find it difficult to set their own personal boundaries and/or to respect others’ boundaries. For example, they may become:

- overly **quick to trust**, building intense relationships with new people and believing whatever those people tell them
- **mistrusting**, which prevents them from making friends
- excessively **accommodating**, so that they will do whatever others want to do without thinking about their own limits or comfort level
- unable to respect their own or others’ **privacy**
- **resistant to limits** placed on their behaviour or others’ suggestions regarding how they should behave.

6.3 Practical advice on caring for the child

6.4 Protecting the child from further abuse

Parents need to know that the abuse may have impaired their child's understanding of personal boundaries, potentially making them more vulnerable to further abuse. Parents can be supported to establish a protective environment, which needs to be appropriate to the child's stage of development and needs.

You may find it helpful to direct parents to specific resources such as:

- *Safeguarding Your Child: A Guide for Parents/Guardians Whose Child Was or May Have Been Sexually Abused* , produced by the **Canadian Centre for Child Protection**
- *Family Safety: A Guide for Parents to Keep Children and Young People Safe from Sexual Abuse* , produced by **Parents Protect!**

This part of the guide has outlined the support you can provide to parents of children who have been sexually abused.

Part C explains how your response may vary depending on your professional role and the details of the individual case.



Part C: Tailoring your approach

By taking account of your professional role, the context in which the sexual abuse took place, and the parents' circumstances and backgrounds, you can shape the support you provide so that it meets parents' needs.

7

When working with cases of child sexual abuse, it is important to ensure that you have enough support yourself (through supervision, for example). You can find advice on taking care of your own wellbeing in [Chapter 10](#).

7.1 Police

[Chapter 2](#) explores the emotions that parents are likely to be feeling, both initially and later, and explains why they may deny that the abuse has happened.

[Section 3.1](#) describes how the sexual abuse of their child can affect parents' health and their relationships with people inside and outside the family.

See [Chapter 12](#) for details of organisations supporting parents and resources for parents.

What you can do in your professional role

Your professional role will, of course, affect the way in which you engage with the parents of sexually abused children. This chapter offers guidance specific to:

- [police](#)
- [social workers](#)
- [teachers and school staff](#)
- [health practitioners \(e.g. GPs, practice nurses\)](#)
- [mental health practitioners](#)
- [faith leaders/workers](#).

Please note that the guidance here relates to your contact or relationship with parents where abuse has been already been reported or concerns raised – it does not cover safeguarding actions.

- Be aware of the complexity of the situation that the parent(s) may be facing when learning that their child may have been abused. The parent(s) are victims of the abuse too, and may be in shock or traumatised by what they have learnt.
- Be prepared for them to act in an angry or hostile manner, and remember that this behaviour is probably caused by how they are feeling rather than being aimed at you.
- Remember that there are many different reasons why parents may deny that abuse has occurred, and they may take time to come to terms with the abuse.
- Be careful not to approach the parent(s) in an accusatory way. Treat them as individuals who are on the same side as you.
- Be sensitive to the fact that some parents will have very mixed feelings about the involvement of the criminal justice system. They may have had previous experiences which have left them distrustful or antagonistic.
- In your initial contact with the parent(s), it is particularly important to signpost them to sources of support and information.

You might like to have copies of [Stop It Now's](#) leaflet *Child Sexual Abuse Investigations: A Guide for Parents and Carers*  (also available in Welsh ) to leave with parents.

- Try to be in plain clothes, and use an unmarked vehicle whenever possible, if visiting parents at home.
- Above all, ensure that parents are kept informed and involved as far as you are able as the case progresses.

- Be aware that the parent(s) are victims of the abuse too, and may be in shock or traumatised by what they have learnt.
- Be prepared for them to act in an angry or hostile manner, and remember that this behaviour is probably caused by how they are feeling rather than being aimed at you.
- Remember that there are many different reasons why they may initially deny that abuse has occurred. While parental denial may initially impair their capacity to keep their child safe, it should not be seen as evidence of 'failure to protect'.
- Similarly, a parent moving from a position of denial to one of acceptance is not showing disguised compliance; they are likely to be demonstrating genuine change. Parents may take time to come to terms with the abuse.
- Keep in mind that the turmoil they are experiencing because of the child sexual abuse concerns may add to that caused by other challenges in their lives, which also need to be understood and addressed.
- At the same time, think about the psychological impact of the abuse on the parent(s), and ensure that you thoroughly and regularly assess their response and ability to protect their child.
- Be sensitive to the fact that some parents will have very mixed feelings about the involvement of social services. They may have had previous experiences which have left them distrustful or antagonistic.
- In your initial contact with the parent(s), it is particularly important to signpost them to sources of support and information. Consider any practical needs they may have – for safe accommodation, legal assistance etc – and help them find appropriate support.
- In most situations where safeguarding concerns exist, children will remain at home with the non-abusing parent(s) – but the parent(s) may fear that their child or children will be removed from their care. This needs to be acknowledged and discussed with them.
- Encourage the parent(s) to access counselling services for themselves, the abused child and/or their other children – and to maintain social networks so they do not become isolated.
- Ensure that a full handover takes place if another social worker takes over the case, so the parent(s) do not have to repeat everything to a new person. Give the parent(s) as much notice as possible of changes to the people working with them, and tell them how the case will be handed over.
- Above all, work in partnership with the parent(s), ensuring that they are kept informed and involved as far as you are able.

.....

If a parent informs you that sexual abuse of their child has been identified or suspected, you should:

- reassure them that you will only share this information with a limited number of people (and tell them which ones)
- explain to them how the school can support their child(ren)
- agree how you will keep in contact with them – for example, it may be helpful to agree communication times and methods so they do not worry that they will have to talk about this at difficult times
- offer to signpost them to other sources of support and information.

7.2 Social workers

Chapter 2 explores the emotions that parents are likely to be feeling, both initially and later, and explains why they may deny that the abuse has happened.

Section 3.1 describes how the sexual abuse of their child can affect parents' health and their relationships with people inside and outside the family.

See Chapter 12 for details of organisations supporting parents and resources for parents.

7.3 Teachers and school staff

See Chapter 12 for details of organisations supporting parents and resources for parents.

Ideally, your school will then form a core group of those who need to be closely involved, including the staff member that the child feels most able to talk to; they will be the main person with whom the child has regular contact. Initially, this contact may need to be on a daily basis, serving both to 'check in' with the child but also to help them work through specific issues and build their resilience. For example, the child may:

- need support in deciding which of their peers (if any) to talk to, what to tell them and when
- need reassurance that only staff who need to know about their situation are aware of it (and be told which staff members these are)
- need help identifying potential trigger points (such as an upcoming lesson on sex and relationships) and a safe person to whom they can come if they are feeling upset.
- find it helpful (depending on their age) to have a 'calm box' – for example, items they can keep in their pocket and take out for comfort)
- want to know that they can ring home if they are feeling anxious or upset.

The child's concentration span may be affected and they may become fidgety – so tasks should be 'chunked' and frequent breaks built in, with gentle reminders used to encourage the child to refocus if they drift off and appear to be day-dreaming.

It may also be helpful to give the child a sign (e.g. a card they can hold up to a teacher) which they can use to signal that they need time out or that they need to find a 'safe' person or place.

School staff should be mindful of the child's need for privacy – for example, by not reminding them that they have an appointment if other students may overhear.

You should plan how to support the child and develop a **learning recovery plan**, incorporating a safety plan, for them. Where the child's behaviour is problematic, it is important that an adult (whom the child trusts) explains why this is – they need to be clear and factual. Children whose attainment or attendance levels decrease should not have disciplinary measures placed on them: your school has a legal duty to safeguard its students, and staff should understand that the child's behaviour is a symptom of the abuse and requires a safeguarding response rather than a disciplinary response. (For example, they should not be given more work to catch up on, nor be kept back at lunch break or playtimes to recover lost learning; support should be offered through the school's pastoral systems.) It should also be recognised that the trauma of abuse can damage a child's working memory, and previously embedded learning may be significantly compromised.

Additional support may be needed in less structured times of the day: instead of finding their own things to do at breaks and lunchtimes, the child may benefit from being directed to more structured activities or allocated a buddy.

If the child overachieves as a response to being sexually abused, staff should be careful to ensure that they do not receive less support than those whose behaviour is considered more challenging.

Parents will appreciate being kept in touch with how their child is coping at school, and being given positive news (e.g. the child participated well in a music lesson), as well as being told when the child was distressed and how this was managed.

The Schools Charter on Ending Harmful Practices  promotes a preventative approach to tackling all forms of harmful practice, both through PHSE, RSE and Citizenship lesson plans and in in schools' and colleges' responses when harmful practices come to light.

If a patient comes to you after the sexual abuse of their child has been identified or suspected, they are likely to need considerable support to cope with the abuse's potential impact on their health.

You may want to prepare yourself for this, if you can, by giving yourself time to read their notes and familiarise yourself with their situation before you talk to them. Being asked to recount repeatedly what has happened can be extremely painful for the parents of abused children. You should also check which other agencies are involved and what support, if any, is already in place for the parent and their child.

Above all, the parent is likely to value being given time to talk and be listened to – you might want to schedule longer appointments to allow for this and, if providing most consultations virtually, invite them in for a face-to-face consultation.

You may find that you can support the parent by simply being 'on their side', helping them navigate systems and communicate with other professionals. Additionally, you can give them your unconditional positive regard so they know that, whatever happens, there is one person who will not judge them and can provide a voice for them if they are not being listened to by other agencies.

Ask the parent what they need, and signpost them to other sources of information and support.

Be particularly alert to their mental health: they may be self-harming, feeling suicidal, over/undereating, and/or drinking or misusing substances. They may need help with their sleep and with referrals for counselling/therapy, for themselves or their child.

You may also want to think about other members of the family, particularly other children, and what impact the abuse may have had on them; this may need to be sensitively explored with the parent.

If you are also caring for their child, the parent's presence during appointments and medical examinations may provide the child with reassurance and a sense of safety – and they may be able to ask questions or relay information that the child feels unable to express. If the appointment is for the parent, however, they may wish to talk about issues to do with the abuse which would be distressing for the child, so it may be worth suggesting that the parent comes alone if childcare can be arranged.

You may find it helpful to seek support from colleagues and/or a line manager, as caring for a parent in this situation is likely to be a complex and lengthy process.

.....

If you are working with a parent of a child who has been sexually abused, you can support them in a number of ways:

- Help them to recognise and build on their strengths, at the same time acknowledging that they too are victims of the abuse (with the consequent potential impact on their mental health).
- Support them to process the feelings they are experiencing and to recognise their own needs.
- If they are in denial, work with this and give them time to come to terms with the situation at their own pace.
- Be calm, and reassure them that you will help them get through this.
- If the abuse was carried out by their partner, they may be facing the breakdown of a long-term relationship, with consequent impacts on their financial situation, accommodation, employment etc. These things will have to take precedence, so help the parent to think through how they will manage them. Avoid making any judgements about their decision to leave or stay with their partner.

7.4 Health practitioners (e.g. GPs, practice nurses)

Section 3.1 describes how the sexual abuse of their child can affect parents' physical and mental health.

See Chapter 12 for details of organisations supporting parents and resources for parents.

7.5 Mental health practitioners

Section 3.1 describes how the sexual abuse of their child can affect parents' physical and mental health.

Section 3.3 explores the many ways in which child sexual abuse can affect the child's family, including their living arrangements.

7.6 Faith leaders/workers

- Move slowly and gently; they may need support for many years to come to terms with the abuse.
- Explain clearly to them whether/how they can contact you if a crisis arises, or tell them what else they should do.
- Even if you haven't encountered this situation before, your training/professional experience will have given you the skills you need – allow the parent to lead you towards what they need from you.
- Make sure that you have enough support yourself (through supervision, for example), as this is especially important and helpful when working with child sexual abuse.

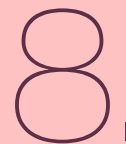
If a parent or parents come to you following identification of abuse or potential abuse, it is important to listen to them and be patient with their distress. People who are emotionally hurt need spiritual support.

You may find the following points useful:

- Above all, do not make judgements or statements or voice your own opinion about the abuse.
- Let the parent(s) talk at their own pace and give them space to express their emotions, including anger against their faith.
- Help them to understand that they do not have to forgive the person who has harmed their child/family. They may need time to reflect on this, and should never be made to feel that their religion judges them if they cannot find this forgiveness.
- They also need to know that their faith will not condemn them if they decide to separate from their partner.
- Try to maintain a consistent relationship with them. Keep in contact with them and ensure that you have other appropriate interaction which does not relate to the abuse. It is all too easy for someone affected by child sexual abuse to feel they have lost friendships as a result of what has happened.
- Be clear with them about who else within your organisation needs to know about the abuse.

The next chapter explains how the context in which child sexual abuse has taken place can affect the support that parents need.

Support relating to child sexual abuse in different contexts



This section looks at how child sexual abuse in different contexts may affect children and their parents, and how you can support parents in these situations. It covers situations where:

- the child was sexually abused by an adult in the family environment
- the child was sexually harmed by another child in the family environment
- the child was sexually abused by a trusted adult outside the family environment
- the child was sexually abused by a group of adults
- the child was sexually abused online
- the child was sexually harmed by another child or children outside the family environment
- the child was subjected to ritual abuse.

Abuse by an adult family member or an adult close to the family (such as a family friend or a neighbour) may have a particularly traumatic effect, because it involves high levels of betrayal, stigma and secrecy. Its impact on the non-abusing parent(s), in terms of guilt and self-blame, can therefore be pronounced.

A parent may have to come to terms with the loss from their life of the person who committed the abuse, and may have feelings of grief or loss as a result. They may also become separated from other family members, such as close relatives of the family member(s) who abused the child.

Some parents struggle to come to terms with the fact that their partner or someone close to them has abused their child. Believing their child means facing the fact that a person they trusted and loved has betrayed, lied to and used them and their child.

Parents may also find it helpful if they can:

- redirect any anger they feel, away from their child and towards the person who carried out the abuse
- recognise the real source of the betrayal – the person who abused their child. To move forward, they need to accept that much of what they believed about this person was not true. By letting go of old beliefs, they can help their child – who has also been betrayed – to heal more fully.

The child will need reassurance that their non-abusing parent(s) now have the power to protect them. You can help restore the parents' confidence in their own ability to safeguard their children, by keeping them up to date on what is happening and what is expected of them. This in turn will help to restore the child's confidence in them.

Even parents who believe their child from the start may struggle with guilt at not having been able to prevent the abuse, or not having realised that something was wrong before the abuse was identified. It may be helpful to remind them that many of the 'clues' that seem clear in hindsight are non-specific behaviours (such as increased irritability and poor sleep) that even a mental health professional might not have recognised as signs of sexual abuse.

In situations where the child was abused by a parent or step-parent, the other parent may need support in deciding how to manage their relationship with that

8.1 Child sexual abuse by an adult or adults in the family environment

8.2 Harmful sexual behaviour by a child within the family

person. It is important for you to maintain a non-judgemental approach: continuing to support their partner does not mean that the parent approves of the offending behaviour. It is best for you to avoid sharing personal opinions unless asked; instead, focus on listening and showing genuine concern for the parent's wellbeing.

Nottingham Trent University and the University of Huddersfield have published [recommendations for practitioners and stakeholders](#) in relation to supporting the non-offending partners of individuals who have committed sexual offences.

Parents who learn about harmful sexual behaviour between siblings in their family may struggle with:

- conflicting feelings towards their children
- feeling responsible for the harmful sexual behaviour
- feeling ashamed and afraid of being stigmatised, wanting to hide what has happened from others around them.

The child who has experienced their sibling's harmful sexual behaviour may also struggle with feelings of guilt and shame.

Other children in the family are likely to be affected too. Some may feel jealous of or angry towards the child who was harmed, because of the attention being given to that child; they may also feel guilty if they were aware of what was going on and did not report it, or were asked to act as 'lookout'.

Tensions may arise within the family as some members support and others reject the child who has displayed the harmful sexual behaviour. Some may view the child as a sex offender, or may fear that they will be put on the sex offender register or even sent to prison. There may also be conflict between the parents, as well as feelings of loss and grief if one of the children is taken into care or removed from the family home.

The sooner the child who has displayed harmful sexual behaviour receives help, the lower is the probability that the behaviour will become entrenched. It may help the parents to know this; even more importantly, they should be reassured that the child is not destined to become an adult 'sex offender'.

The parents should be aware that the child who has harmed may feel rejected and angry, and may blame their sibling for reporting the abuse, especially if they are removed from the family home. Removing them from the family home can, however, protect them from other family members' reactions to their behaviour and relay an important message that the behaviour was wrong. Their sense of isolation can be minimised if extended family (without young or particularly vulnerable children) can provide accommodation and support.

The parents may seem to focus on the needs of the child who has harmed rather than the needs of the child who has been harmed; this may happen, for example, if the child who has harmed has to leave the family home and be subject to uncertain and frightening legal processes, while the child who has been harmed is ostensibly safe at home and seemingly less in need of parental attention. If the child who has been harmed subsequently has behavioural problems, their parents may struggle to support them.

Supporting parents in this situation is, therefore, particularly complex. You can help by providing a safe space in which the parents can express their feelings so they can begin to come to terms with what has happened. You can also encourage them to continue to support the needs of *all* their children.

You can find out more about harmful sexual behaviour by siblings in the CSA Centre's paper [Sibling Sexual Abuse: A Knowledge and Practice Overview](#)

Where a child is abused by a trusted adult outside the family (such as a sports coach, a faith worker or a teacher), a number of factors may complicate the abuse's impact on the parents:

- People around them may disbelieve them, blame their child and show support for the person who abused the child.
- Their core beliefs may be fundamentally challenged, particularly if the person who abused their child was a leader in their religion.
- They may have to move their child to a different school if the person who abused the child is a teacher or other member of school staff.
- They may feel responsible if the abuse happened after the child had been removed from their care.

For a child who has been abused by a trusted adult outside the family environment, the trauma of the abuse may be exacerbated by:

- the **setting** in which it took place – if this affected the child's ability to tell someone about the abuse, and the likelihood of their being believed, supported and protected, they may have felt trapped in the abusive situation
- the **context** in which it occurred – for example, the reasons the child was in the institutional setting, and the character of that institution
- a sense of '**institutional betrayal**', where the child feels betrayed not only by those who abused them but also by the institution itself – this is associated with increased levels of anxiety, trauma symptoms and dissociation, especially when the child has trusted and been dependent on their abusers. For example, the abuse of children by priests and others in churches has been described as 'a unique betrayal' which harms the victims' spiritual wellbeing by undermining their previously deeply held beliefs.

The trusted adult abusing the child may have groomed the child's parents to see them as a reliable adult with whom they could trust the child. Others may have been unable to act or report the abuse, as a result of the power that the individual or the institution they belonged to held over them, their families and their community. To support the parents in this situation, you may need to help them challenge their own and others' perceptions of the person who abused their child. In some instances, they may need help moving to a new area.

For more information about abuse in institutional settings, see the CSA Centre's *Key Messages from Research on Institutional Child Sexual Abuse* .

The Independent Inquiry into Institutional Child Sexual Abuse is working on a set of recommendations for professionals in institutional settings – see its [website](#)  for more information.

8.4 Child sexual abuse by a group of adults

When the abuse of their child was carried out by a group of adults, parents may:

- face intimidation and abuse from people who abuse(d) their child or their associates
- feel unsafe in the community, and so become isolated from the community, as they do not know the identity of the people abusing their child
- experience sleep deprivation as a result of stress and anxiety (for example, staying awake when their child is missing during the night)
- feel stressed, fearful and powerless through trying to parent a child who is manifesting extreme distress through volatile and sometimes violent behaviour and/or self-harm
- find their social networks reduced, as they feel stigmatised by their experience or unable to talk about it to friends (who they think will not be able to understand or relate to what they are going through).

The experience of group-based abuse may also have specific impacts on the child, because of the way it happened. In some cases, the child may have been groomed to believe they were in a romantic relationship with one of the people who abused them, and may be unable to accept that the relationship was abusive. They may present the people who are abusing them as their 'friends'.

They may have been trapped in the abusive situation by the use of threats or actual violence, or by being promised or given money, drugs or alcohol; this may result in ongoing substance misuse issues, fractured relationships with their parent(s) – perhaps resulting in their going missing or becoming homeless – and mental health issues such as depression and anxiety, post-traumatic stress disorder, panic attacks, flashbacks, nightmares and intrusive thoughts.

Parents whose child was abused by a group of adults may need support in addressing the subject of the abuse with the child, and helping the child to see their situation as abusive. The charity Parents Against Child Exploitation (Pace) advises that parents raise the subject directly but gently, avoiding conflict at all costs, and respond to signals that the child can no longer discuss the subject. It suggests that parents speak to their child in language they understand, rather than in terms of abuse or exploitation: for example, it may be helpful to say that the child does not look 'happy' after being with their 'friends', but instead looks tired, upset, injured or angry.

It may also be helpful for the parents to co-create strategies with their child to try to minimise harm, such as pre-agreeing a number or an emoji that the child can text to the parents if they feel unsafe and need help in getting away from a dangerous situation.

People who abuse children often seek to estrange the child from their parents, placing family relationships under strain. The child's distress may manifest in angry, threatening or self-harming behaviours which the parents feel ill-equipped to handle. Parents should understand that the child may not be able to process or communicate their distress except through these behaviours, and that they as parents may be verbally abused simply because they are the only people with whom the child feels safe enough to communicate that distress. Unless parents understand the methods used by the people abusing their child, they are unlikely to understand – and may become frustrated with – their child's continued contact with the people who are abusing them.

The most important thing is to ensure that the child knows that they can always come and talk to their parents, no matter what they have to say, and that their parents will always love and be there for them.

Section 5.6 contains more advice relating to situations where child sexual abuse is ongoing.

8.5 Child sexual abuse carried out online

In situations where children have been sexually abused online, parents may feel a range of emotions from confusion to horror and grief. They may also feel angry with their child. Some parents can become very distressed by imagining or seeing abusive images of their child. On the other hand, some parents have said that seeing the images helped them to accept the abusive nature of what took place and better support their child.

Feelings commonly experienced by children whose abuse was perpetrated online include:

- shame, embarrassment, humiliation
- depression
- hopelessness
- feeling guilty/responsible for the abuse.

These feelings may lead to self-harm and suicide ideation, eating disorders, relationship avoidance/difficulties.

Children who have experienced online sexual abuse need to be told that they were not to blame for the abuse, even if they participated voluntarily. In some cases, they may need help exploring the dynamics of the abuse in order to understand that they were not to blame.

Parents are likely to support their children most effectively if they themselves also receive support in processing their feelings. The abuse may not stop even after it has been reported, so proactive steps must be taken to prevent further abuse, whilst not overly restricting the child's online contact. If images of the abuse have been circulated, children may also benefit from support from someone external to explore their fears, form a plan for coping (including how to respond to people who have seen the images) and help them to separate their sense of self from the images.

Parents may also find it useful to be given information about protecting their child from further online abuse. The organisation [Parents Protect!](#)  has provided specific information that may be helpful. [Thinkuknow](#) , an education programme from the National Crime Agency, contains advice and resources for parents on supporting children who have been abused online and understanding how the abuse has happened.

Parents who learn that their child has been sexually harmed by a child or children outside the family may need support in responding to a range of different emotions. Their child may be feeling angry, upset, stressed, worried, scared and confused – and the parents may need to manage their own feelings of distress, anger and confusion.

There may be confusion around what happened and whether this constituted harmful sexual behaviour. For example, their child may not know whether they gave consent, or they may have been under the influence of alcohol or substances when the behaviour took place. It may be that the sexual activity was initially consensual and later was not, which can add to the confusion.

Sometimes the child may not recognise their experiences as harmful, either because the behaviour was displayed by a friend or a partner or because they are confused about what constitutes a healthy relationship. They may feel love for the person who has sexually harmed them, and feel confused about what has happened.

Relationships generally develop much more quickly online, and the child may have initially consented to sexual activity which became harmful. The parents may struggle to understand why their child continued to communicate online with

8.6 Harmful sexual behaviour by a child or children outside the family

8.7 Children subjected to ritual abuse

someone whose behaviour was becoming harmful, when from their perspective it may have seemed easy to just stop the communication. They too will need help to understand the dynamics of online abuse. The child may feel particularly ashamed of the communication they were engaging in, since it is often available as a transcript for others to read once the police become involved.

The child may blame themselves, and/or be blamed by their parent(s), for getting into the situation in which the harmful behaviour took place, or for not being able to stop things. This can be a particular issue when the abuse happened online.

The child may also feel humiliated, ashamed or even degraded (if, for example, images of them have been shared among their peers). They may be worried about what the other child/children will do to them, and/or that they will face bullying from other children; they may also worry about how their parents and the staff at their school will respond.

Parents may find that their child becomes distracted and isolated, particularly in settings (such as school) where they are with their peers. As with other forms of abuse, the impact on the child's mental health may lead to self-harm, suicidal thoughts or attempts, eating disorders, and/or misuse of alcohol or substances.

Professionals can help parents in this situation to understand that their child is not to blame for what has happened, even if the child initially consented to sexual activity or willingly shared images with someone else. Children may not want to speak to their parents, or to their friends, about what happened. However, parents can help their child find support, whether from a teacher they trust, a school counsellor, a local specialist service responding to child sexual abuse, or from a helpline such as [Childline](#) . Many children find it helpful to have contact with others who have gone through a similar experience, such as through Childline's peer support message boards.

If the abuse happened in a school setting, or a connected setting (e.g. at a party with school friends, or within a social media group), the parents should ask the child's school to put a plan in place to support the child. Even if the abuse happened in a different setting, it may still be helpful for the child's school to be

More information is available in the CSA Centre's [Key Messages from Research on Children and Young People Who Display Harmful Sexual Behaviour](#) .

You can find other ideas of ways that parents can help their child on the [Toolbox](#)  section of Childline's website.

In some situations, the sexual abuse of a child is linked to beliefs in witchcraft, spirit or demonic possession. These beliefs may have been exploited as a form of control over the child and/or their family.

The child may have been sexually abused for an extended period, and may also have been physically and psychologically abused. The sexual abuse is likely to have been painful, sadistic and humiliating, intended as a means of gaining dominance over the child.

As a result, the child is likely to experience considerable trauma following the abuse. The range of psychological symptoms and emotional effects may include:

- trauma-related symptoms such as flashbacks, dissociation, amnesia and triggered flight-or-fight reactions to circumstances which in some way remind them of abusive experiences
- complex post-traumatic stress disorder or dissociative identity disorder

- self-harm, eating issues, suicidal thoughts and attempts
- confusion about the concepts of good and evil
- memories of and phobias associated with the rituals (e.g. blood, certain colours, drugs, incense, candles and being confined in small spaces)
- shame, guilt and self-blame
- addictions.

Their parents may have been forced to allow the abuse to happen, and may also be in a traumatised state.

The [National FGM Centre](#)  provides information on child abuse linked to faith or belief.

Afruca's booklet [What Is Witchcraft Abuse?](#)  includes information about child sexual abuse in this context.

The [Victoria Climbié Foundation](#)  campaigns to improve child protection policies and practices, and provides information about relevant research.

The next chapter explores how you need to consider individual parents' particular circumstances and backgrounds in order to give them effective support.



9.

9.1 Parents from different ethnic backgrounds, religions and cultures

Support for parents in specific situations

This chapter looks at how you can provide effective support to parents whose circumstances and/or backgrounds mean they may have particular needs. It covers:

- **parents from different ethnic backgrounds, religions and cultures** – including those whose first language is not English
- **parents experiencing domestic abuse**
- **fathers**
- **parents with learning disabilities/difficulties**
- **parents experiencing other forms of stigma and discrimination.**

Parents who have had negative experiences of racial and cultural stereotyping and discrimination by statutory agencies – or who have heard about others in their community having such experiences – may be less willing to trust and engage with statutory agencies and other services responding to their child's abuse.

It is important to be aware of how both your organisation and you yourself may be perceived by parents whose ethnic and cultural backgrounds differ from your own; this includes members of Gypsy, Roma and Traveller communities. Despite your best intentions, they may not trust you right away. If you are White, and White British in particular, you may be perceived by parents from other ethnic backgrounds as being part of an oppressive system.

Building trust and rapport is an essential first step when working with anyone, and especially those who identify with populations traditionally marginalised and at times mistreated by agencies and services.

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

- understand the individual 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.

You can find more information in the Independent Inquiry Into Child Sexual Abuse (IICSA) report *People Don't Talk about It": Child Sexual Abuse in Ethnic Minority Communities* .

Talking about religious or cultural beliefs

Many professionals do not feel confident exploring religious/cultural beliefs and practices with families, and little guidance has been published to support them in doing so. However, it is important to consider the importance of such beliefs when working with parents and families.

Above all, **consider how your own beliefs and views might affect how you engage** with parents who may have strong religious/cultural beliefs, or who are from communities where such beliefs are common. It's important to show **respect** towards their cultural identities by being keenly attentive to each parent's values and beliefs. **Culture is as unique as each person**, and requires individualised attention.

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 and culture will affect their child-rearing and family relationships. Again, you should consider how to take this into account – for example, by finding out how their culture's beliefs, which they themselves may or may not share, may affect them and their child. Some families do not have any words for 'rape' or 'sexual assault' in their language.

Some parents may fear they will be at risk of harm from others in their community if they take action to protect their child from child sexual abuse, as this will be seen as bringing shame and dishonour to the family. Such fears need to be identified and worked through, with support provided to the family. You may need advice or support from specialist organisations to do this.

There may also be times when a parent's culture clashes with the cultural identity of their own child: for example, a parent may practice a religion which the child has rejected. You may need to help the parent see that their child's needs at this time are more important than their own personal beliefs.

Section 12.1 contains details of support services for women and girls from minority ethnic backgrounds.

For more information on working with parents with strong faith or cultural beliefs, see the NSPCC's *Summary of Risk Factors and Learning for Improved Practice around Culture and Faith* .

Overcoming language barriers

Learning from case reviews has shown that language barriers can prevent professionals from effectively assessing, supporting and protecting families:

- In situations where some family members speak English and others do not, you may find it difficult to engage with the latter group. Furthermore, there may be an imbalance of power between the child's parents if only one speaks English, as that parent can effectively act as a filter through which all their partner's contact with the outside world takes place.
- If the parents' first languages are not the same, this can reduce their ability to discuss and resolve issues together.
- Using neighbours, friends, children or partners as informal interpreters removes the individual's ability to speak to professionals in confidence.
- Families living in areas where their language is not widely spoken can feel isolated from their local community.

Establishing good communication is key to working effectively with parents whose first language is not English:

- Always ask whether what you are saying has been understood. Remember that someone may say 'yes' to this and still not understand what is being said, because they don't want to look stupid or they fear negative consequences.
- As early as possible, establish what language they prefer to speak in, and arrange interpretation services accordingly. If parents are reluctant to use interpreters, try to establish the reason for this; women may be uncomfortable speaking through a male interpreter, and people (especially those from smaller communities) may have concerns around confidentiality.
- Talk to the interpreter about the fact that some families may not have words for sexual abuse, meaning that they cannot provide a full picture.
- Do not allow family members, neighbours or friends to translate or speak on another person's behalf.

9.2 Parents experiencing domestic abuse

Other tips for communicating informally with parents include:

- using technology – Google Translate isn't perfect, but it works fairly well
- using standard English – some parents may speak broken English, but they will be able to understand the gist of the message if you speak slowly and avoid slang, idioms and analogies
- asking the parent to say back to you what they think you have said, as 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*](#). 

If the parent of a sexually abused child is a victim of domestic abuse, supporting them to be safe from that abuse may also enhance their child's safety and wellbeing:

- If the family's circumstances are clear and it is appropriate, every effort should be made to keep the child in their non-abusing parent's care.
- Try to establish the level of threat to the parent and whether protective measures are needed, and make a plan to ensure these measures are put in place.
- Be sure that any communications with the parent and/or their child do not compromise their safety – for example, do not leave voicemail messages containing sensitive information. When possible, and again without putting the parent at risk, try to talk to them on their own. You may need to be proactive in making this happen, as their abusive partner will often try to control all communications with them.
- Do not seek to persuade the parent to leave the abusive relationship. This can increase the risk to them and their children, as their departure or attempted departure may lead the abusive partner to become more violent. Furthermore, leaving the family home can create additional problems such as homelessness or loss of income.
- Keep in mind whether the parent is at risk of being manipulated by the person who has abused their child, and might allow that person unsupervised contact with the child.

You may also want to refer the parent to appropriate support and/or consult professionals who specialise in working with people affected by domestic abuse – for example, you can contact the [National Domestic Abuse Helpline](#) 

9.3 Fathers

Because of traditional gendered attitudes towards childcare and male–female roles, professionals often fail to engage effectively with non-abusing fathers. In addition, much of the available guidance on working with parents of sexually abused children focuses on situations where the father has been involved in abusing the child.

Where this is not the case, take care to:

- make contact with the father, particularly if the parents are separated (including where the mother has a new partner)
- be explicit with the mother about the importance of speaking to the father and including him in the process
- speak separately to the father rather than gathering information solely through the mother

- arrange separate home visits if necessary to explain the relevance of the father's involvement with the child, and communicate your willingness to include him in decisions
- include the father in all discussions and interventions where parental involvement is appropriate.

Where the parent of a sexually abused child has a learning disability/difficulty, professionals have historically considered the impact of this in a deficit-focused way, assuming that the parent lacks ability. It is important instead to understand the level of the learning disability/difficulty and its impact on the parent, so that you can work positively with their strengths and skills.

Having a learning disability/difficulty doesn't mean that the parent can't understand, but explanation may be more difficult and take longer. **Clear communication is key:**

- **Listen** to the parent and **take time** to understand how they communicate.
- Use ordinary words, avoid ambiguity and jargon, and **check their understanding**.
- Break information down into **manageable chunks**, and break complex tasks down into simpler parts.
- **Give the parent 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.
- **Use large text** – write everything in at least 16-point type and use 'sans serif' fonts.

Take time to **build trust** – remember that the parent may have had bad experiences before, and may be reluctant to engage because they don't want to be judged and are afraid of having their children removed.

Prepare the 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.

Mencap's Learning Disability Helpline  **may be able to put you in touch with someone who can provide an advocacy service.**

Other parents – such as young parents and gay, lesbian or bisexual parents – are also likely to face stigma and discrimination. They will typically have come across professionals who make assumptions about their parenting and may be suspicious of them – and, because of those experiences, they may find it harder to trust professionals.

It is therefore important to be sensitive to every parent's individual needs and circumstances, and to avoid stereotyping them, in order to support them following concerns or identification of child sexual abuse. Try to understand more about their needs and how best you can support them by seeking out specialist organisations for advice and information.

Part D of this guide considers how you can take care of your own wellbeing, and provides information on other resources and sources of support/information – both for you and for the parents of sexually abused children.

9.4 Parents with learning disabilities/difficulties

Section 12.2 contains some useful easy-read resources for parents with learning disabilities/difficulties.

9.5 Parents experiencing other forms of stigma and discrimination

Section 11.2 lists some organisations providing support to professionals, which may be able to help you find relevant advice and information.



Part D. Meeting your own needs

It's important to take care of yourself when working with families affected by child sexual abuse. This may include obtaining professional support and/or training, and accessing further resources to support you in your work or to share with the parents.

10.

10.1 The impact on you

Looking after your own wellbeing

Supporting parents to help their child and other family members to cope with and recover from the impact of sexual abuse can have a psychological and emotional impact on you as a professional. The effects can include:

- feeling overprotective towards children in your life
- having trouble sleeping
- feeling angry, frustrated or disillusioned
- finding it difficult to empathise.

Maintaining your energy levels, and your feelings of self-worth and self-esteem, is essential to ensure that you can work effectively and preserve your own emotional wellbeing.

Vicarious trauma

If you don't look after yourself when working with distressing and disturbing material, your own wellbeing may deteriorate, leading in some situations to vicarious (or secondary) trauma.

There are three important things to know about vicarious trauma:

- It manifests differently in each individual.
- It can occur as a result of exposure to one case, or may be cumulative (with the effect intensifying over time and with multiple clients).
- It is pervasive, affecting all areas of your life including your emotions, relationships and view of the world.

While you may be unlikely to experience vicarious trauma, you may experience 'burnout'. This is a state of emotional, physical and mental exhaustion, and can develop if a person has been under stress for a prolonged period. They feel powerless, and may think that there is nothing they can do about their situation or there is no point.

Acknowledging that working with sexually abused children can affect your health and wellbeing is the most important first step in preventing it from occurring.

The *Vicarious Trauma & Self-care Toolkit*  produced by the Toronto Youth Equity Strategy provides useful information about preventing vicarious trauma.

10.2 Actions you can take

To look after yourself when working with the parents of children who have been sexually abused, make time to switch off and relax by:

- going for a walk or doing other physical exercise
- talking to a friend
- going to the gym
- taking a long bath
- cooking a nice meal
- listening to music.

You may also find it useful to access therapy or counselling.

At work, it's important to:

- seek support with the issues and challenges you are facing
- avoid taking on additional pressures or responsibilities.

Your employer may be able to provide you with some support, perhaps through supervision or support from peers. Some employers have employee welfare schemes that can provide access to counselling.

You can find information for professionals working with abuse on the Upstream Project's [Looking after yourself](#)  webpage. You can also get help and support from the mental health charity [Mind](#) .

If you have personal experience of being sexually abused, you can:

- find help, support and advice in your area using the [Survivors Trust online map of services](#) 
- call the [Rape Crisis](#)  helpline on 0808 802 9999, which can also tell you where your nearest services are located if you would like face-to-face support or counselling
- call the [National Association for People Abused in Childhood](#)  on 0808 801 0331
- find online help for male survivors of sexual abuse and rape from [Survivors UK](#) 

11.

11.1 Training

Resources and sources of information for professionals

You may find it useful to undertake additional training around working with the parents of abused children:

- The CSA Centre offers [a course on working with non-abusing parents and carers in cases of child sexual abuse](#) .
- Mosac provides [training for professionals to further their understanding of child sexual abuse and how it affects families](#) .
- Parents Against Child Exploitation (Pace) offers [a range of courses, including supporting families through the court process](#) .

11.2 Organisations supporting professionals

Name	Remit	Details
Marie Collins Foundation 	National	Provides mentoring and practice supervision services designed for frontline workers and managers in children's social care, health services, education, criminal justice, Cafcass and the voluntary sector.
NWG Network 	National	A network of professionals working in the area of child sexual exploitation. It has resources to assist professionals working with parents affected by child sexual exploitation, and provides training to help professionals work with families as safeguarding partners.
Parents Against Child Exploitation (Pace) 	National	Provides guidance and training to professionals on how child sexual exploitation, modern slavery, human trafficking and the criminalisation of exploited children affect the whole family.
Somerset Phoenix Project 	Somerset	Provides support, training, consultation and signposting to professionals supporting children and families affected by child sexual abuse.

The following resources, including some produced outside the UK, provide particularly useful information for professionals.

11.3 Resources for professionals

Resources available online

Title	Produced by	Details
<i>Supporting Parents and Carers of Children and Young People Affected by Sexual Exploitation: A Toolkit for Professionals</i> 	The Children's Society (2018)	A guidance document covering the impact of child sexual exploitation on parents; professional responses to young people and their parents; barriers to parents accessing support; considerations around support for parents; and practical tips for supporting parents.
<i>Supporting Parents with a Learning Disability through the Child Protection System</i> 	Mencap Cymru (2017)	A toolkit to help professionals and parents understand the key responsibilities of adult social care and children's services in Wales, explaining how parents with a learning disability should be supported through the child protection process.
<i>The Advocate's Guide: Working with Parents of Children Who Have Been Sexually Assaulted</i> 	National Sexual Violence Resource Center: USA (2015)	A guide for professionals in specialist roles working with the parents of sexually abused children aged under 13.

Books

Title	Author/publisher	Details
<i>Reflective Journal for Practitioners Working in Abuse and Trauma</i>	Dr Jessica Eaton/ VictimFocus (2019)	A book for anyone volunteering or working with children or adults who have been abused, traumatised or harmed. It aims to support reflection and critical thinking as well as covering wellbeing, vicarious trauma and self-development.
<i>The Protectors' Handbook: Reducing the Risk of Child Sexual Abuse and Helping Children Recover</i>	Gerrilyn Smith/ British Association for Adoption and Fostering (2008)	Practical and accessible guidance for professionals in recognising, reducing the risks of, and overcoming the effects of child sexual abuse.
<i>Hope for Children and Families: Working with Child Sexual Abuse. Intervention Guide for Practitioners</i>	Hilary Eldridge (ed.)/ Child and Family Training	A guide to empowering protective parents with knowledge and tools to plan an active part in their children's recovery and future protection

12.

12.1 Organisations supporting parents

Resources and sources of information for parents

Name	Remit	Details
<u>Acts Fast</u> 	National	Provides ongoing emotional and practical support to parents and family members of children affected by sexual abuse.
<u>Barnardo's</u>  <u>Services in locations nationwide</u> 		Provides support for parents in some areas, e.g. through the <u>Somerset Phoenix Project</u> 
<u>Family Action: Post Sexual Abuse Service</u> 	Leicestershire	Provides therapeutic support for under-18s who have experienced sexual abuse; this includes group work for parents to help them support their child and manage their own needs.
<u>Family Rights Group</u> 	National	Works with parents and other family members in England and Wales whose children are in need, at risk or in the care system. Advises on rights and options when social workers or courts make decisions about children's welfare. Also runs the <u>Young Parents Advice</u>  website.
<u>Lucy Faithfull Foundation</u> 	National	Provides information and advice for partners, parents, relatives and friends of people suspected or known to be accessing sexual images of children or engaging in other sexual behaviour involving children. Runs the <u>Stop It Now!</u>  helpline.
<u>Marie Collins Foundation</u> 	National	Provides support for parents, families and children abused online.
<u>Mosac</u> 	National	Provides practical and emotional support to non-abusing parents and families of sexually abused children, including through a confidential helpline.
<u>NSPCC: Letting the Future In</u> 	Various locations nationwide	Offers joint sessions with sexually abused children and their parents and siblings, where safe and appropriate.
<u>Parents Against Child Exploitation (Pace)</u> 	National	Provides support for parents of children who are, or are at risk of, being exploited by individuals outside the family.
<u>Safer London</u> 	London	Provides support to parents of children who have experienced or are at risk of sexual violence or exploitation.
<u>Safeline</u> 	Warwickshire	Offers services for the families of sexually abused children, including counselling, practical and emotional support, advocacy, advice and information (including on navigating the criminal justice system), and training.

Organisations supporting women and girls from minority ethnic groups

Name	Remit	Details
<u>African Women's Voices</u> 	North East	Supports African women affected by gender-based violence in Sunderland.
<u>Angelou Centre</u> 	North East	Provides holistic services for Black and minoritised women and children across the North East.
<u>Apna Ghar Women's Centre</u> 	North East	Supports women from minority ethnic communities in South Tyneside.
<u>Apna Haq</u> 	Yorkshire	Supports women and girls from Black and minoritised communities, living in Rotherham, who are experiencing any form of violence.
<u>Asha Projects</u> 	London	Supports South Asian women and girls experiencing violence.
<u>Ashiana Network</u> 	London	Supports South Asian, Turkish and Middle Eastern women and girls experiencing domestic violence and sexual violence.
<u>Asian Women's Resource Centre</u> 	London	Provides services for Asian women affected by domestic abuse, forced marriages, 'honour'-based and faith-based abuse.
<u>BAWSO</u> 	Wales	Provides advice, services and support to people from minority ethnic communities in Wales who are affected by abuse, violence and exploitation.
<u>Claudia Jones Organisation</u> 	London	Supports women and families of African Caribbean heritage.
<u>Halo Project</u> 	National	Supports victims of 'honour'-based violence, forced marriages and female genital mutilation from minority ethnic communities.
<u>Humraaz</u> 	North West	Supports Black and minoritised women in Lancashire who are affected by domestic abuse, sexual abuse and violence.
<u>IMECE Women's Centre</u> 	London	Provides guidance, information, advice and advocacy for Turkish, Kurdish, Turkish Cypriot and any other Turkish-speaking women.
<u>IKWRO</u> 	London	Provides support, advocacy and counselling for Middle Eastern and Afghan women and girls at risk of 'honour'-based violence, forced marriage, child marriage, female genital mutilation and domestic violence.
<u>Jewish Women's Aid</u> 	London	Supports Jewish women and children affected by domestic abuse and sexual violence.
<u>Karma Nirvana</u> 	National	Supports victims and survivors of 'honour'-based abuse in the UK, through services including a national helpline.

12.2 Resources for parents

Name	Remit	Details
<u>Kurdish and Middle Eastern Women's Organisation</u> 	London	Provides advocacy and support to women and girls from Kurdish, Middle Eastern and North African communities who are experiencing any form of violence.
<u>London Black Women's Project</u> 	London	Works to protect, promote and develop the rights and resources of women and children from visible minority ethnic communities.
<u>Latin American Women's Aid</u> 	National	Operates refuges for Latin American women and children fleeing gender-based violence, and supports women to recover from abuse and live empowered lives.
<u>Muslim Women's Network</u> 	National	Runs a national helpline providing information, support, guidance and referrals for Muslim women and girls experiencing different forms of abuse.
<u>Panahghar</u> 	East/West Midlands	Provides multi lingual support, advice, advocacy and access to safe refuge for victims of domestic abuse, sexual abuse or gendered abuse, and their families, from minority ethnic communities in Coventry and Leicester.
<u>PHOEBE Centre</u> 	East Anglia	Offers specialist advice, information, casework, advocacy and support and counselling services to minority ethnic women and children in Suffolk.
<u>Roshni</u> 	East/West Midlands	Supports minority ethnic communities affected by domestic abuse, forced marriage and 'honour'-based abuse in Birmingham.

Resources available online

Some of these resources cover similar ground, so we advise you to look through them and choose those that most seem most suited to the individual parents you are working with.

Title	Produced by	Details
<i><u>Family Safety: A Guide for Parents to Keep Children and Young People Safe from Sexual Abuse</u></i> 	Parents Protect! (2016)	Advice on drawing up a family safety plan, including tips on internet safety.
<i><u>Information Guide for Parents and Carers</u></i> 	Somerset Phoenix Project	Includes advice on understanding the behaviour and emotions of children who have been sexually abused, practical ideas to help them recover, and the effect on the victim's family and friends.

Title	Produced by	Details
<u>Why My Child? A Guide for Parents of Children Who Have Been Sexually Abused</u> 	Kidscape (2012)	A guide for parents covering topics such as dealing with the police, how parents can help their child and how parents can take care of themselves.
<u>Parent & Carers Information Booklet</u> 	Family Action (2017)	Includes information about the impact on the child of disclosing abuse, advice on supporting them, and an explanation of different professionals' roles.
<u>Still We Rise: A Guide for Parents and Carers Supporting Young Women around the Issue of Gender-based Violence</u> 	Women & Girls Network (2020)	A guide to identifying the signs of gender-based violence, understanding the trauma it causes, supporting girls and young women to talk about difficult things, accessing support (e.g. through school or children's social care) and staying safe online.
<u>Child Sexual Abuse Investigations: A Guide for Parents and Carers</u> 	Stop It Now! (2021)	Practical information about what will happen if there is an investigation into the sexual abuse of a child. Also available in Welsh 
<u>Understanding Child Sexual Abuse: A Guide for Protective Parents/Guardians</u> 	Canadian Centre for Child Protection (2018)	A booklet explaining what child sexual abuse is, how it happens, and its impact. Includes information about the role of technology and the internet.
<u>Child Sexual Abuse: Picking up the Pieces. A Guide for Parents/Guardians after Abuse Is Discovered</u> 	Canadian Centre for Child Protection (2018)	A follow-up booklet addressing how parents may feel when abuse comes to light, and the emotions their child may be experiencing, with practical steps to support the child and get support for themselves. Topics include dealing with the child's feelings toward the offender, managing the child's day-to-day healing process, and added complexity when images of the abuse are shared online.
<u>Safeguarding Your Child: A Guide for Parents/Guardians Whose Child Was or May Have Been Sexually Abused</u> 	Canadian Centre for Child Protection (2018)	Building on the above, this booklet covers issues that may present as an abused child gets older. Topics covered include personal boundaries, concerns around supervision, the child's digital presence, and appropriate sexual behaviour in children of different ages.

Title	Produced by	Details
<u><i>Coping with the Shock of Intrafamilial Sexual Abuse</i></u> 	National Child Traumatic Stress Network, USA (2009)	Information for parents whose children have been abused by people connected to their family, including advice on coping with the parents' own reactions.
<u>Pace Information and Advice Centre</u> 	Parents Against Child Exploitation	Webpages for parents in relation to child sexual exploitation, covering the role of children's social care and the processes involved after a referral has been made; working with the police and understanding current legislation; living and coping with child exploitation; understanding online risks; harassment by offenders; options if it is deemed unsafe for the child to stay at the family home; supporting the child in court; and how to complain about the response from police or other agencies.
<u><i>Sexual Abuse Online: How Can I Help My Child?</i></u> 	Marie Collins Foundation/NWG (2017)	Information for parents about what online harm is, when to be worried, why children don't tell, how to respond, and where to get help.
<u><i>Sexual Abuse Online: Helping My Autistic Child</i></u> 	Marie Collins Foundation/Ann Craft Trust (2021)	A guide to the risks that autistic children may face online, and the ways being online can benefit them, with advice on how to respond if abuse happens.
<u><i>What's the Problem? A Guide for Parents of Children and Young People Who Have Got into Trouble Online</i></u> 	Lucy Faithfull Foundation (2017)	A guide to help parents cope when something happens in their child's online life (e.g. they have sent a naked picture of themselves to someone else or posted it online and are struggling with the consequences).

Easy-read booklets for parents with learning difficulties/ disabilities

Title	Produced by	Details
<u><i>What Happens if Children's Services Feel Your Child Is at Risk of Harm</i></u> 	VoiceAbility (2011)	Explains to parents when and how children's social care may get involved with their child.

Title	Produced by	Details
<u><i>The Court and Your Child: When Social Workers Get Involved</i></u> 	CHANGE (2006)	Explains what happens when children's social care apply to a court for a care order or a supervision order.
<u><i>Meanings of Different Social Services Meetings</i></u> 	Person To Person Citizen Advocacy	Explains what happens at strategy meetings, child protection case conferences, core group meetings, Looked-After Child reviews and Child In Need reviews.
<u><i>When Children, Young People and Families Services Are Involved</i></u> 	Plymouth Parent Advocacy Project	Explains what will happen, what parents need to do, who can support them and who else will be involved when children's social care are worried about their child.
<u><i>Information for Adults Who Were Abused as Children</i></u> 	Cumbria, Northumberland, Tyne and Weir NHS Foundation Trust (2018)	Information for adult survivors of child sexual abuse, explaining how they may feel and where they can get support.

Books

Title	Author(s)/publisher	Details
<i>Caring for a Child Who Has Been Sexually Exploited</i>	Eileen Fursland/ BAAF (2017)	A book to help parents learn more about what child sexual exploitation involves (e.g. how victims are groomed); the response from agencies; how to support children through court; and ways to help children recover and keep them safe.
<i>Facing the Future – A Guide for Parents of Young People Who Have Sexually Abused</i>	Simon Hackett/ Russell House (2001)	Practical information and advice, stories of what has happened in other families, and therapeutic exercises giving parents an opportunity to consider their own responses to the issues raised.
<i>Reflective Journal for Parents and Carers: Supporting Your Child after Sexual Abuse</i>	Dr Jessica Taylor/ VictimFocus (2021)	Information, advice and reflective writing exercises to support parents and carers as they process their own thoughts, feelings and experiences.
<i>Strong Mothers A Resource for Mothers and Carers of Children Who Have Been Sexually Assaulted</i>	Anne Peake and Marion Fletcher/ Russell House (1997)	Explains what child sexual abuse is, why abused children don't tell their mothers, what will happen when a child tells, and how to help the child and prevent abuse from happening.

References

- Ali, N., Butt, J. and Phillips, M. (2021) *Improving Responses to the Sexual Abuse of Black, Asian and Minority Ethnic Children*. Barking: Centre of expertise on child sexual abuse. www.csacentre.org.uk/documents/improving-responses-csa-of-black-asian-minority-ethnic-children/
- Ashurst, L. and McAlinden, A. (2015) Young people, peer-to-peer grooming and sexual offending: Understanding and responding to harmful sexual behaviour within a social media society. *Probation Journal*, 62(4):374–388. <https://doi.org/10.1177/0264550515619572>
- Bentovim, A. (ed.) (2013) *Hope for Children and Families: Targeting Abusive and Neglectful Parenting and the Associated Impairments of Children's Health and Development. Modular Systemic Interventions: Building on Strengths, Modifying Difficulties. A Resource Pack for Practitioners*. York: Child and Family Training.
- Blake, J. and Epstein, R. (2019) *Listening to Black Women and Girls: Lived Experiences of Adulthood Bias*. Washington, DC: Georgetown Law Center on Poverty and Inequality. www.law.georgetown.edu/poverty-inequality-center/wp-content/uploads/sites/14/2019/05/Listening-to-Black-Women-and-Girls.pdf
- Blakemore, T., Herbert, J., Arney, F. and Parkinson, S. (2017) The impacts of institutional child sexual abuse: A rapid review of the evidence. *Child Abuse & Neglect*, 74:35–48. <https://doi.org/10.1016/j.chiabu.2017.08.006>
- Boyd, C. and Bromfield, L. (2006) *Young People Who Sexually Abuse: Key Issues (NCPC Practice Brief No. 1)*. Melbourne, Australia: Australian Institute of Family Studies. <https://aifs.gov.au/cfca/publications/young-people-who-sexually-abuse-key-issues>. <https://aifs.gov.au/cfca/publications/young-people-who-sexually-abuse-key-issues>
- Bragg, H. (2003) *Child Protection in Families Experiencing Domestic Violence*. Washington, DC: Office on Child Abuse and Neglect, US Department of Health and Human Services. www.childwelfare.gov/pubPDFs/domesticviolence.pdf
- Brown, S. (2020) *Key Messages from Research on Child Sexual Abuse Perpetrated by Adults*. Barking: Centre of expertise on child sexual abuse. www.csacentre.org.uk/resources/key-messages/csa-perpetrated-by-adults/
- Centre of expertise on child sexual abuse with the Centre for Abuse and Trauma Studies (2020) *A New Typology of Child Sexual Abuse Offending*. Barking: Centre of expertise on child sexual abuse. www.csacentre.org.uk/documents/new-typology-of-child-sexual-abuse-offending/
- Children 1st (2016) *Getting It Right for Sexually Abused and Exploited Children and Young People: Long-term Effects of Child Sexual Abuse*. Edinburgh: Children 1st. www.pkc.gov.uk/media/40671/Leaflet-3-Stop-To-Listen-STL-Long-Term-Effects-of-CSA-CSE/pdf/Stop_to_Listen_Practitioner_Leaflet_3-Nov-2016
- Children's Workforce Development Council (2009) *The Common Assessment Framework for Children and Young People: A Guide for Practitioners*. Leeds: CWDC. http://greatermanchesterscb.proceduresonline.com/pdfs/caf_guidance_practitioners.pdf
- Citizens Advice (2021) If there's a child protection conference for your child. (Webpage.) Accessed on 28 September 2021. www.citizensadvice.org.uk/family/children-and-young-people/protecting-children/local-authority-involvement/if-theres-a-child-protection-conference-for-your-child/
- Crocetto, J. (2018) Non-offending fathers as caregivers in the aftermath of child sexual abuse disclosure: Applying a historical, attachment and case study lens. *Doctorate in Social Work (DSW) Dissertations*, 107. https://repository.upenn.edu/edissertations_sp2/107/
- Daignault, I., Cyr, M. and Hébert, M. (2017) Working with non-offending parents in cases of child sexual abuse. In Dixon, L., Perkins, D. Hamilton-Giachritsis, C. and Craig, L. (eds.) *The Wiley Handbook of What Works in Child Maltreatment: An Evidence-based Approach to Assessment and Intervention in Child Protection*. Chichester: Wiley-Blackwell. <https://doi.org/10.1002/9781118976111.ch25>

Department for Education (2018) *Working Together to Safeguard Children: A Guide to Inter-agency Working to Safeguard and Promote the Welfare of Children*. London: DfE. www.gov.uk/government/publications/working-together-to-safeguard-children--2

Elliott, A. and Carnes, C. (2001) Reactions of nonoffending parents to the sexual abuse of their child: A review of the literature. *Child Maltreatment*, 6(4):314–331. <https://doi.org/10.1177/1077559501006004005>

Family Action (2017) *Parent and Carers Information Booklet*. Leicester: Family Action. www.family-action.org.uk/content/uploads/2020/03/Parent-and-Carers-Booklet-Web-Version.pdf.

Finkelhor, D. (2009) The prevention of childhood sexual abuse. *The Future of Children*, 19(2):169–194. www.jstor.org/stable/27795052

Fisher, C., Goldsmith, A., Hurcombe, R. and Soares, C. (2017) *The Impacts of Child Sexual Abuse: A Rapid Evidence Assessment*. London: Independent Inquiry into Child Sexual Abuse. www.iicsa.org.uk/reports-recommendations/publications/research/impacts-csa

Fuller, G. (2016) *Non-offending Parents as Secondary Victims of Child Sexual Assault (Trends and Issues in Crime and Criminal Justice, No.500)*. Canberra, Australia: Australian Institute of Criminology. www.aic.gov.au/publications/tandi/tandi500

Gannon, T., Beech, A. and Ward, T. (2008) Does the polygraph lead to better risk prediction for sexual offenders? *Aggression and Violent Behavior*, 13(1):29–44. <https://doi.org/10.1016/j.avb.2007.08.001>

Glinski, A. (2020) “But they must have known!” Effectively working with non-abusing parents. [Webpage.] Accessed: 28 September 2021. Available at: www.csacentre.org.uk/resources/blog/but-they-must-have-known-effectively-working-with-non-abusing-parents/

Godbout, N., Briere, J., Sabourin, S. and Lussier, Y. (2014) Child sexual abuse and subsequent relational and personal functioning: The role of parental support. *Child Abuse & Neglect*, 38(2):317–325. <https://doi.org/10.1016/j.chiabu.2013.10.001>

Gonzalez, A. (2015) Tips for connecting with non-English-speaking parents. *Education Week Teacher*. www.edweek.org/tm/articles/2015/12/01/tips-for-connecting-with-non-english-speaking-parents.html

Hackett, S. (2001) *Facing the Future: A Guide for Parents of Young People Who Have Sexually Abused*. Lyme Regis: Russell House Publishing.

Hanson, E. (2017) The impact of online sexual abuse on children and young people. In Brown, J. (ed.) *Online Risk to Children: Impact, Protection and Prevention*. Chichester: Wiley-Blackwell. <https://doi.org/10.1002/9781118977545.ch6>

Hardy, R. (2018) Working with fathers: key advice from research. [Webpage.] Accessed 28 September 2021. Available at: www.communitycare.co.uk/2018/02/19/working-fathers-key-advice-research/

Health Service Executive (2011) *Child Protection and Welfare Practice Handbook*. Dublin: HSE. www.hse.ie/eng/services/publications/children/childprotectionandwelfarepracticehandbook.html

Hill, M., Stafford, P., Seaman, P., Ross, N. and Daniel, B. (2007) *Parenting and Resilience*. York: Joseph Rowntree Foundation. www.jrf.org.uk/sites/default/files/jrf/migrated/files/parenting-resilience-children.pdf

Horwath, J. and Lees, J. (2010) Assessing the influence of religious beliefs and practices on parenting capacity: The challenges for social work practitioners. *The British Journal of Social Work*, 40(1):82–99. <https://doi.org/10.1093/bjsw/bcn116>

Humphreys, C. and Mullender, A. (2000) *Children and Domestic Violence: A Research Overview of the Impact on Children*. Dartington: Research in Practice.

- Hurcombe, R., Darling, A., Mooney, B., Ablett, G., Soares, C., King, S. and Brähler, V. (2019) *Truth Project Thematic Report: Child Sexual Abuse in the Context of Religious Institutions*. London: Independent Inquiry into Child Sexual Abuse. www.iicsa.org.uk/reports-recommendations/publications/research/csa-religious-institutions
- Kendall-Tackett, K., Williams, L. and Finkelhor, D. (1993) Impact of sexual abuse on children: A review and synthesis of recent empirical studies. *Psychological Bulletin*, 113(1):164–180. <https://doi.org/10.1037/0033-2909.113.1.164>
- Kilroy, S., Egan, J., Maliszewska, A. and Sarma, K. (2014) “Systemic Trauma”: The impact on parents whose children have experienced sexual abuse. *Journal of Child Sexual Abuse*, 23(5):481–503. <https://doi.org/10.1080/10538712.2014.920458>
- Laming, D. (2003) *The Victoria Climbié Inquiry. Report of an Inquiry by Lord Laming*. London: Department of Health/Home Office. www.gov.uk/government/publications/the-victoria-climbié-inquiry-report-of-an-inquiry-by-lord-laming
- Liddell, M. and Taylor, S. (2015) *Women’s Experiences of Learning about the Involvement of a Partner Possessing Child Abuse Material in Australia*. Victoria, Australia: RMIT University. https://uploads-ssl.webflow.com/526b7ac56d0c50607100026b/5ed72e92432bf5519e0866b2_2015%20RMIT%20and%20PartnerSPEAK%20Research%20Report.pdf
- Lipton, M. (1997) The effect of the primary caretaker’s distress on the sexually abused child: A comparison of biological and foster parents. *Child and Adolescent Social Work Journal*, 14(2):115–127. <https://doi.org/10.1023/A:1024505216535>
- McCaffrey, Y., Riordan, C. and Malee, M. (2015) *A Stone Unturned: A Guide for Families of Children Who Have Experienced Sexual Abuse*. Dublin: Health Service Executive/TUSLA. www.hse.ie/eng/services/publications/children/astoneuntuned.pdf
- McDermott, D. (2008) Understanding culturally diverse parents and teachers. In McDermott, D. *Developing Caring Relationships among Parents, Children, Schools, and Communities*. Thousand Oaks, CA: Sage Publications. <http://dx.doi.org/10.4135/9781483329437.n5>
- MacFarlane, K., Waterman, J., Conerly, S., Damon, L., Durfee, M. and Long, S. (eds.) (1986) *Sexual Abuse of Young Children: Evaluation and Treatment*. New York: Guilford Press.
- McGaw, S., Shaw, T. and Beckley, K. (2007) Prevalence of psychopathology across a service population of parents with intellectual disabilities and their children. *Journal of Policy and Practice in Intellectual Disabilities*, 4(1):11–22. <https://doi.org/10.1111/j.1741-1130.2006.00093.x>
- McNeish, D. and Scott, S. (2018) *Key Messages from Research on Intra-familial Child Sexual Abuse*. Barkingside: Centre of expertise on child sexual abuse. www.csacentre.org.uk/resources/key-messages/intra-familial-csa/
- McNeish, D. and Scott, S. (2018) *Key Messages from Research on Children and Young People Who Display Harmful Sexual Behaviour*. Barkingside: Centre of expertise on child sexual abuse. www.csacentre.org.uk/resources/key-messages/harmful-sexual-behaviour/
- Masilo, G. and Davhana-Maselesele, M. (2017) Guidelines for support to mothers of sexually abused children in North-West province. *Curationis*, 40(1):a1689. <https://doi.org/10.4102/curationis.v40i1.1689>
- National Child Traumatic Stress Network (2010) *It’s Never Your Fault: The Truth about Sexual Abuse*. Los Angeles, CA: National Center for Child Traumatic Stress. www.nctsn.org/resources/its-never-your-fault-truth-about-sexual-abuse
- National Child Traumatic Stress Network (2009) *Caring for Kids: What Parents Need to Know about Child Sexual Abuse*. Los Angeles, CA: National Center for Child Traumatic Stress. www.nctsn.org/resources/caring-kids-what-parents-need-know-about-sexual-abuse
- NSPCC (2018) *“Is This Sexual Abuse?” NSPCC Helplines Report: Peer Sexual Abuse*. London: NSPCC. <https://learning.nspcc.org.uk/research-resources/2018/is-this-sexual-abuse>

NSPCC (2014) *People Whose First Language Is Not English: Learning from Case Reviews*. London: NSPCC. Retrieved from: <https://learning.nspcc.org.uk/research-resources/learning-from-case-reviews/first-language-not-english>

Palfrey N. and Harris, A. (2014) *Information for Professionals on Supporting Children and Families after a Child Has Been Abused*. Garran, Australia: Australian Child & Adolescent Trauma, Loss & Grief Network. <https://earlytraumagrief.anu.edu.au/files/profresponddchildabusetip.pdf>.

Palmer, E. and Jenkins, P. (2014) *Parents as Partners in Safeguarding Children: An Evaluation of PACE's Work in Four Lancashire Child Sexual Exploitation Teams October 2010 – October 2012*. Leeds: Parents Against Child Exploitation. www.paceuk.info/wp-content/uploads/2013/11/1116_parents_as_partners_white_paper_V2_sgls.pdf

Panther-Brick, C., Burgess, A., Eggerman, M., McAllister, F., Pruett, K. and Leckman, J. (2014) Practitioner review: Engaging fathers – recommendations for a game change in parenting interventions based on a systematic review of the global evidence. *Journal of Child Psychology and Psychiatry, and Allied Disciplines*, 55(11):1187–1212. <https://dx.doi.org/10.1111%2Fjcpp.12280>

Parents Against Child Exploitation (n.d.) Living and coping with child sexual exploitation. [Webpage.] Accessed 28 September 2021. Available at: <https://paceuk.info/infoadvice/living-and-coping-with-child-sexual-exploitation/>

Parents Protect! (2020) Harmful behaviour in young people and children. [Webpage.] Accessed 28 September 2021. Available at: www.parentsprotect.co.uk/harmful-behaviour-in-young-people-and-children.htm

Pike, N., Langham, M. and Lloyd, S. (2019) *Parents' Experiences of the Children's Social Care System when a Child Is Sexually Exploited*. Leeds: Parents Against Child Exploitation. <http://paceuk.info/wp-content/uploads/2020/01/Parents%E2%80%99-experiences-of-Children%E2%80%99s-Social-Care-Report-digital.pdf>

Plummer, C. and Eastin, J. (2007) System intervention problems in child sexual abuse investigations: The mothers' perspectives. *Journal of Interpersonal Violence*, 22(6):775–787. <https://doi.org/10.1177%2F0886260507300753>

Pyburn, S. (2017) *Why Don't Children Tell Us If They're Being Sexually Abused: Practice Essentials (CareKnowledge Special Report)*. Hove: Pavilion Publishing and Media. <https://beamproject.co.uk/wp-content/uploads/2019/06/CKWhyDontChildrenTellUs.pdf>

Rivera, A. (n.d.) *Working with Mothers of Sexually Abused Children*. Glasgow: Women's Support Project. www.womenssupportproject.org.uk

Rodger, H., Hurcombe, R., Redmond, T. and George, R. (2020) *"People Don't Talk about It": Child Sexual Abuse in Ethnic Minority Communities*. London: Independent Inquiry into Child Sexual Abuse. www.iicsa.org.uk/publications/research/child-sexual-abuse-ethnic-minority-communities

Scott, S. and McNeish, D. (2017) *Supporting Parents of Sexually Exploited Young People: An Evidence Review*. Barkingside: Centre of expertise on child sexual abuse. www.csacentre.org.uk/our-research/responding-to-csa/supporting-parents/

Simon, A., Hauari, H., Hollingworth, K. and Vorhaus, J. (2011) *A Rapid Literature Review of Evidence on Child Abuse Linked to Faith or Belief*. London: Childhood Wellbeing Research Centre. www.gov.uk/government/publications/a-rapid-literature-review-of-evidence-on-child-abuse-linked-to-faith-or-belief

Smith, G. (2008) *The Protectors' Handbook: Reducing the Risk of Child Sexual Abuse and Helping Children Recover*. London: British Association for Adoption and Fostering.

Somerset Phoenix Project (n.d.) *Information Guide for Parents and Carers*. Taunton: SPP. www.somersetphoenixproject.org.uk/userfiles/files/Guide%20for%20parents%20-%20V9%20FINAL.pdf

- Somerset Phoenix Project (2018) *Information Guide for Professionals*. Taunton: SPP. www.somersetphoenixproject.org.uk/userfiles/files/Guide%20for%20Professionals%20V9_1%20FINAL.pdf
- Still, J. (2016) *Assessment and Intervention with Mothers and Partners following Child Sexual Abuse: Empowering to Protect*. London: Jessica Kingsley Publishers.
- Stolow, K., Einhorn, L. and Snyder, S. (2011) *Working with Non-offending Parents of Sexually-abused Children*. New Brunswick, NJ: Dorothy B. Hersch Regional Child Protection Center.
- Substance Abuse and Mental Health Services Administration (2014) *SAMHSA's Concept of Trauma and Guidance for a Trauma-informed Approach*. Rockville, NJ: SAMSHA. <https://store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-a-Trauma-Informed-Approach/SMA14-4884>
- Summit, R. (1983) The child sexual abuse accommodation syndrome. *Child Abuse & Neglect*, 7(2):177–193. [https://doi.org/10.1016/0145-2134\(83\)90070-4](https://doi.org/10.1016/0145-2134(83)90070-4)
- Tarleton, B., Ward, L. and Howarth, J. (2006) *Finding the Right Support? A Review of Issues and Positive Practice in Supporting Parents with Learning Difficulties and Their Children*. London: The Baring Foundation. <https://baringfoundation.org.uk/wp-content/uploads/2014/10/Findingrightsupport.pdf>
- The Children's Society (2018) *Children and Young People Presenting with Harmful Sexual Behaviours: A Toolkit for Professionals*. London: The Children's Society. www.csepoliceandprevention.org.uk/sites/default/files/Harm%20Behaviours%20Toolkit.pdf
- ThinkuKnow (2020.) Online sexual abuse: webcam and images. [Webpage.] Accessed 28 September 2021. Available at: www.thinkuknow.co.uk/parents/articles/Online-sexual-abuse/.
- Unwin, P. and Stephens-Lewis, D. (2016) *Evaluating the Health Implications of Child Sexual Exploitation on Parents*. Leeds: Parents Against Child Exploitation. <http://paceuk.info/wp-content/uploads/Health-Implications-of-CSE-on-Parents-2016.pdf>
- von Weiler, J., Haardt-Becker, A. and Schulte, S. (2010) Care and treatment of child victims of child pornographic exploitation (CPE) in Germany. *Journal of Sexual Aggression* 16(2):211–222. <https://doi.org/10.1080/13552601003759990>
- Warrington, C., Beckett, H., Ackerley, E., Walker M. and Allnock, D. (2017) *Making Noise: Children's Voices for Positive Change after Sexual Abuse. Children's Experiences of Help-seeking and Support after Sexual Abuse in the Family Environment*. Luton: University of Bedfordshire. www.beds.ac.uk/sylrc/recently-completed-projects/making-noise/
- Welsh Government (2019) *National Action Plan: Preventing and Responding to Child Sexual Abuse*. Cardiff: Welsh Government. <https://gov.wales/sites/default/files/publications/2019-07/national-action-plan-preventing-and-responding-to-child-sexual-abuse.pdf>
- Willingham, E. (2007) *Maternal Perceptions and Responses to Child Sexual Abuse (Counseling and Psychological Services Dissertations)*. Atlanta: Georgia State University. https://scholarworks.gsu.edu/cps_diss/12/
- Winder, B., Blagden, N., Armitage, R., Duncan, K., Wakeham, A., Roberts, L. and Berti, C. (2020) *The Experiences of Non-offending Partners of Individuals Who Have Committed Sexual Offences. Recommendations for Practitioners and Stakeholders*. Nottingham: Sexual Offences, Crime and Misconduct Research Unit, Nottingham Trent University. <http://irep.ntu.ac.uk/id/eprint/41769/>
- Working Together with Parents Network (2007) *Top Tips – If You Think a Parent Has a Learning Difficulty or Learning Disability...* Bristol: University of Bristol, School for Policy Studies. www.bristol.ac.uk/media-library/sites/sps/documents/wtpn_top_tips_for_workers.pdf
- Working Together with Parents Network (2014) *Parents with Learning Disabilities – An Introduction*. Bristol: University of Bristol, School for Policy Studies. www.bristol.ac.uk/sps/media/WTWPN_documents/intro-to-parents-with-learning-diffs-july-2014.pdf

Yates, P. and Allardyce, S. (2020) *Sibling Sexual Abuse: Knowledge and Practice*. Barkingside: Centre of expertise on child sexual abuse. www.csacentre.org.uk/knowledge-in-practice/practice-improvement/sibling-sexual-abuse/

Yamamoto, D. (2015) *The Advocate's Guide: Working with Parents of Children Who Have Been Sexually Assaulted*. Enola, PA: National Sexual Violence Resource Center. www.nsvrc.org/publications/nsvrc-publications-guides/advocates-working-parents-children-who-have-been-sexually-assaulted.

Acknowledgements

Developing this guide involved three stages of work, with input from many people:

1. A first draft was produced by reviewing existing research and guidance for professionals and parents, and drawing on expert advice from within the CSA Centre team.
2. A second draft was developed through consulting professionals and other individuals with experience/insight into this area and holding focus groups, organised by Parents Against Child Exploitation (Pace), with parents who have lived experience.
3. A final draft was sent out for detailed review by professionals and others with relevant knowledge/expertise.

We would like to thank all those who have contributed to this guide, and in particular:

- the parents with lived experience who took part in the focus group organised by Pace, and those who completed a short survey sent out on our behalf by Acts Fast
- staff at Acts Fast, the Lucy Faithfull Foundation, MOSAC and Pace
- Annemarie Walker, Tom Saunders, Shelley Ball, Suzanne Coyne, Katie Regan and Rachel Culverwell, Practice Development Managers at Lancashire County Council
- Janet High, retired GP and former Clinical Commissioning Group Vice Chair, Enfield
- Julie Cross, Development Manager at Lancashire Constabulary
- Lorraine Myles, Head of School, and Jane Read, Special Educational Needs Co-ordinator, at Cuckmere House School
- May Baxter-Thornton and Kelly Verity, advising the CSA Centre as experts by experience
- Susan Scher, psychotherapist at Spectrum Therapy
- Verity Wilde, Senior Practitioner at SWIFT Sexual Risk
- Zlakha Ahmed, Executive Director of Apna Haq.





The CSA Centre
Tanners Lane,
Barkingside,
Ilford, Essex,
IG6 1QG.

The photographs in this publication were
taken using actors and do not depict actual
situations.