Centre of expertise on child sexual abuse

Signs and indicators

A template for identifying and recording concerns of child sexual abuse

November 2021

About the Centre of expertise on child sexual abuse

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

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Introduction

Who is this template for?

This template has been designed to support professionals across a range of organisations and agencies in systematically observing, recording and communicating their concerns about possible child sexual abuse.

What can the template help you to do?

Most children who are being sexually abused do not tell anyone about it at the time; instead, they may show other emotional, behavioural and physical signs and indicators of their abuse. If professionals wait for children to tell them what is going on before taking any action, there is a risk that children will not being protected and supported in a timely manner.

It is rarely possible to 'diagnose' sexual abuse from individual signs and indicators: a child's behaviours may be indicative of sexual abuse (and some behaviours may be stronger indicators than others), for example, but they may in fact be the result of other factors in the child's life. And children who are sexually abused may also be experiencing other forms of maltreatment. As a result, signs of sexual abuse are often missed or dismissed, and children who have been unable to verbally tell anyone about their abuse continue to be at risk.

To intervene effectively with sexually abused children, you need to be able to 'build a picture' of your concerns – not only the signs and indicators associated with the child themselves, but also the potential indicators of sexually abusive behaviour in those who may be abusing them. Additionally, some factors within the child's family or environment may increase opportunities for abuse to occur; understanding these will enable you to reduce risks and build strengths when you are concerned.

This template aims to create a common language among professionals to discuss, record and share concerns that a child is being, or has been, sexually abused. It aims to help you:

- consider, identify and clearly record signs which may indicate that sexual abuse is or has been taking place
- discuss and explore concerns that a child is being or has been sexually abused, and communicate those concerns to other organisations and agencies.

You can read about the template's rigorous development and review process at the end of this document.

How to use the template

This is not a diagnostic tool, nor is it intended for use as a 'risk assessment' or a 'box-ticking exercise': a child may show no signs or many that they are being sexually abused, and the signs they show may indicate sexual abuse or something else that is happening in their lives.

The template is not a substitute for further observation or for directly communicating with children and their families, but it can act as a prompt to help you decide when to talk to children, their parents/carers or other agencies – and what to talk to them about. It should be used to inform, rather than determine, professional decision-making.

Remember that children's behaviour and emotional responses are different at different ages – what is worrying in a three-year-old may be considered 'normal' in a 13-year-old. In interpreting signs and

indicators of possible abuse, you will need to use your understanding of child development and your knowledge of the individual child about whom you have concerns.

Some parts of the template link to explanatory notes which set out why specific signs/indicators have been included and how they relate to different groups of children. When completing the template, please refer to these explanatory notes. (Please note that, in order to keep the text easy to read, sources are not cited in the notes but are listed at the end of the guide.)

When to complete the template

This template provides a starting point to prompt further exploration, and should be used dynamically rather than as a one-off – more information may emerge over time, so we advise you to revisit the template periodically.

If you are worried about a child with whom you have contact in your professional role, we recommend that you complete the template with the information you and your agency currently have about them. Safeguarding children requires a multi-agency approach, and it is unlikely that any one agency holds all the information needed to build the picture. If there is already multi-agency involvement with the child, consider whether there is further information available within the multi-agency group which could be added.

For each sign and indicator that you have observed, note down what you have seen and when, including the context of the observation Remember also to list signs and indicators that you have been told about, stating who told you about them and when. Once you have worked through each of the sections, all your concerns will be in one document, providing a picture of your concerns.

Depending on the picture you have built, consider whether:

- your organisation/agency holds further information which could be added
- the picture indicates that further exploration with the child or their parents/carers is needed
- the picture indicates a level of concern that warrants a prompt safeguarding referral
- the picture indicates a level of concern that should be shared with other key professionals in your agency
- further monitoring of the situation is needed.

Child sexual abuse: Signs and indicators of potential concern

Please note: for the sake of simplicity, in this template 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.

The child's details*

Bear in mind that the child's individual characteristics, and the way that those characteristics interact, may present barriers for them to tell about any abuse they have experienced.

Name:	
Date of birth:	
Age:	
Gender:	
Ethnicity:	
Religion:	
Disability:	
Sexual orientation:	
Communication needs/ preferred method of communication:	

Details of the person completing the template

Name:	
Role:	
Date started:	
Date(s) of review:	

* When recording, storing and sharing this information, please ensure that you comply with your organisation's data protection and data security policies and procedures.

Behaviour of the child

Behaviours in children which can indicate sexual abuse

Behaviours potentially indicating that a child wants to report they are being sexually abused

Full or partial reports from a child that they are being or have been sexually abused	
Dropping hints/leaving clues to provoke discussion of sexual issues	

Clearly sexualised behaviours which, particularly in young children, are highly indicative of abuse

Asking another child to behave sexually, or playing sexualised games	
Behaving in a sexually uninhibited/ inappropriate way with adults	
Dressing in a highly sexualised manner	
Mimicking sexual behaviour with animals or toys	
Inserting objects in their vagina or anus	
Masturbating or sexually self-soothing excessively	
Writing about or drawing sexual or frightening images	
Using new words for sex or genitals	
Teenagers having sex with lots of people	
Excessive use of pornography	

Behaviours in children which can indicate sexual abuse

Behaviours indicating emotional distress which may be linked to sexual abuse and/or other issues
(See the note on disabled children displaying these behaviours)

Having nightmares or sleeping difficulties without explanation	
Displaying changes in mood or demeanour (e.g. becoming fearful, withdrawing or 'clamming up' or demonstrating insecurity)	
Developing new or unusual fears of certain people or places	
Appearing distracted and distant or dissociated	
Rejecting/avoiding intimacy or closeness	
Appearing anxious/hyper-vigilant	
Regressing to younger behaviour (e.g. bedwetting or thumb sucking)	
Appearing depressed	
Expressing negative feelings about self or body as repulsive or bad	
Developing eating issues (e.g. refusing to eat or overeating)	
Misusing substances or alcohol	
Self-harming	
Expressing suicidal thoughts/ attempts	
Expressing angry, aggressive or violent behaviour	
Being very fearful of dental/medical treatments	

Behaviours in children which can indicate sexual abuse

Changes in previous usual behaviours and relationships

Unusual changes in personal hygiene (e.g. none or excessive)	
Resisting or becoming distressed with intimate care (e.g. nappy changing) or undressing at bath/ bedtime, for swimming etc	
Change in dress, either becoming highly sexual or excessively covering up	
Running away from home and/or school	
Talking about a new, older friend	
Rejecting or falling out with former friendship group	
Sudden reduced interest or application in schoolwork or sporting and leisure activities	
Spending a lot more or a lot less time online, texting, using social media or gaming	
Being secretive about online/ mobile phone use, or upset/angry afterwards	
Has money, toys or gifts without explanation	

Other behavioural signs you have observed that are giving you cause for concern

Physical signs

Physical signs in a child which may indicate sexual abuse

Physical harms which may be a direct consequence of abuse, particularly in young children

Bruising or marks in unusual places	
Persistent or recurring pain during urination or bowel movements	
Urinary tract infections (could be indicated by a child frequently asking to go to the toilet, fidgeting in their seat or holding themselves in a way that indicates discomfort)	
Genital (penile, vaginal or anal) bleeding, discharge or other unexplained genital and/or oral symptoms	
Injuries to the penis, vagina or anus	
Sexually transmitted infections, including genital warts	
Pregnancy	

Physical signs in a child which may indicate sexual abuse

Other physical signs which may be linked to the emotional impact of abuse

Evidence of self-harm	
Significant weight gain or loss	
Difficulties swallowing when eating	
Wetting or soiling unrelated to toilet training	
Persistent or recurring ailments (e.g. tummy aches) without organic cause	

Other physical signs you have observed that have given you cause for concern

Behaviour of those around the child

When building a picture of concerns, it is useful to consider not only the signs and indicators of sexual abuse in the individual child, but also the signs and indicators of abusive behaviour (including grooming behaviour) in the people around the child. This could be an older sibling, cousin or adult in the family home; another child in their school or care setting; or an adult in a position of trust or authority (e.g. in an institutional setting such as a young offender institution).

Depending on your role, you may or may not have access to all this information, but others in your multi-agency network may have information which could be added. This section may also alert you to areas of the child's life about which you need to enquire further.

Behaviours that can suggest an adult or older child is grooming or sexually abusing the child

Normalising inappropriate and sexual behaviours

Encouraging the child to engage in 'grown up' activities	
Encouraging the child to dress in a way considered sexualised by adults	
Leaving bedroom and bathroom doors open	
Play-fighting/tickling/'touching accidentally on purpose'	
Encouraging nudity in the home or care setting	
Wearing inappropriate (e.g. revealing) clothing around the house	
Talking about sex, making sexual jokes or using aggressive sexual language towards the child	
Exposing the child to pornography	
Engaging in sexual communication with the child (e.g. via telephone calls, texting or social media)	

Taking the child to ‘secret’ places or playing ‘special’ games with them (e.g. doctor and patient, removing clothing), especially games unusual for their age	
Exposing genitals to younger children	

Developing an overly exclusive relationship with the child

Frequently buying the child gifts	
Singling the child out, either to favour or to bully them	
Spending unusual amounts of time alone with the child (e.g. taking them to activities, babysitting)	
Seeking out the child’s company and/or spending unusual amounts of time in their company	
Wanting to share a bed with the child	
Insisting on hugging or kissing the child when the child does not want to	
Sharing alcohol or drugs with the child	
Interrupting the relationship between the child and a parent/ carer (e.g. by undermining the latter, putting them down or ‘taking over’ the parental role)	

Behaviours that can suggest an adult or older child is grooming or sexually abusing the child

Controlling both children and adults in the family and their relationships with others

Being overly involved in the intimate care of the child	
Not allowing children to spend time with friends/have sleepovers	
Limiting contact with the wider family	
Gatekeeping contact with professionals (e.g. always being present at school/medical appointments, even when the professional suggests spending time alone with the child)	
Using new technology with the child while excluding adults	

Other behavioural signs that have given you cause for concern

Environmental signs

When building a picture of concerns, it is useful to understand the family or environmental context in which the child is living, as some factors increase vulnerability to sexual harm. In identifying these factors, you can consider how they may be preventing the child from telling someone what is happening to them; explore your concerns; and think about where your interventions with the child and their family should be focused in order to reduce any risks.

Depending on your role, you may or may not have access to all this information, but others in your multi-agency network may have information which could be added. This section may also alert you to areas of the child's life about which you need to enquire further.

Signs and indicators within the child's environment which may make them more vulnerable to sexual abuse	
Factors which increase the opportunities for abuse to occur	
The child is in residential care	
The child is disabled	
The child is associated with gangs	
The child's family is socially isolated with limited external support	
Parents/carers are frequently absent (e.g. due to working hours or health issues)	
Poor relationship between the child and their parent(s)/carer(s)	
Evidence of child neglect	
Lack of supervision inside and/or outside the home (including unregulated internet use by children)	
No parental boundaries, or inconsistent boundaries, regarding privacy	
An adult in the household or family/friendship circle has a history of sexual offending	

Signs and indicators within the child's environment which may make them more vulnerable to sexual abuse

Factors which increase the pressure on families and can undermine their ability to protect children

Domestic abuse	
Parental mental ill-health	
Parental alcohol/substance misuse	
Parental disabilities, including learning disabilities	
A history of sexual abuse/ victimisation (e.g. a parent's experience of abuse in childhood)	

Other family or environmental indicators that give you cause for concern

What to do next

Now you have worked through all the sections, you should have gained a picture of your concerns about the child. Depending on the picture you have built, consider whether:

- your organisation/agency holds further information which could be added
- the picture indicates that further exploration with the child or their parents/carers is needed
- the picture indicates a level of concern that warrants a prompt safeguarding referral
- the picture indicates a level of concern that should be shared with other key professionals in your agency
- further monitoring of the situation is needed.

Explanatory notes

These notes aim to help you understand the significance of the signs and indicators included in the template. They are provided to prompt further reflection on what might be happening for and around the child.

The child's details

As well as considering how each of the individual factors below may present a barrier for a child to tell about their abuse, you should seek to understand the interconnected nature of social categorisations such as race, class and gender, and the interdependent systems of discrimination that exist between them.

Example

Tia is a 15-year-old girl with a learning disability, living in a Traveller community. Tia is lesbian. She has been sexually abused by her uncle for three years.

Traveller communities are often 'closed communities' (i.e. insulated from wider mainstream society, with strong social ties based on culture, heritage, religion and language). Research has found that groups such as the Romany, Irish Traveller, Ultra-Orthodox Jewish and some South Asian diaspora communities experience additional barriers to telling about child sexual abuse, particularly in relation to their separate religious and internal support and justice systems – and that community leaders sometimes restrict access to external support services in order to protect the community and culture from outside influence or harm..

Members of Traveller communities may prefer to home-educate their children and opt out of sending their children to school; those children who do attend school may not attend regularly, and/or may be removed from school at a young age. Consequently, these children may have limited opportunity to learn about sexual development and healthy relationships within a school environment.

As a child with a **learning disability** in a 'closed community', Tia may have less access to services, which often fail to reach out to disabled children in marginalised groups, compounding a sense of isolation.

Professionals from outside the Traveller community may have preconceived ideas about how children will behave and present. For example, if Tia is behaving in a highly sexualised manner towards adults, which is a potential indicator of sexual abuse, professionals may assume that she is doing this because of the community she is from rather than because she is being sexually abused.

Research suggests that **girls** from Traveller communities rarely talk about sexual abuse, as sexual activity outside marriage can be considered to make them 'impure' and no longer suitable for marriage. This creates an additional barrier to Tia telling professionals what is going on for her.

Tia is **lesbian.** According to research, many people in Traveller communities hide their sexuality for fear of rejection by their family and/or the community.

As you can see, Tia faces a number of connected barriers to talking about sexual abuse.

Age

It is important to remember that children's behaviour and emotional responses are different at different ages – what is worrying in a three-year-old may be 'normal' in a 13-year-old. In interpreting signs and indicators of possible abuse, you should use your understanding of child development and your knowledge of the individual child about whom you are concerned.

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Gender

While data indicates that girls are more likely to experience sexual abuse than boys, there are additional barriers for boys which may make it harder for them to disclose abuse. Societal values regarding masculinity and perceptions of males as perpetrators are seen to mask the fact that boys and young men can be victims too. There is often an assumption that boys are highly sexualised and are engaging in sex of their own accord, not because they are being abused. Boys may also worry that talking about sexual abuse will risk others assuming they are gay, this is particularly concerning for boys who live in communities where there is homophobia. See Sexual orientation and gender identity.

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Ethnicity

Children from minority ethnic communities are under-represented in prevalence data, and there has been limited research into the specific signs and indicators of abuse that these children may display. It is important to think about how a child's ethnic and cultural background may affect their capacity to report abuse – and affect professionals' capacity to identify such abuse.

Shame and stigma surround child sexual abuse across all communities, but research has highlighted this as a specific factor influencing how such abuse is responded to within some minority ethnic communities. Racism can make it harder for children in these communities to speak up about child sexual abuse, out of concern for reinforcing negative stereotypes. Children in South Asian communities, for example, may not tell anyone that they have been sexually abused, out of fear that people in their community will be considered 'child abusers'; they may also worry about facing Islamophobia.

Children whose first language is not English may face additional barriers in communicating abuse. In some languages, there are no direct translations for English words about child sexual abuse and genitalia, and interpreters may struggle to describe the meaning. (In Urdu, for example. the word 'rape' is translated as 'burglarising honour'.) Often the words needed to describe sexual abuse are considered 'taboo' or 'obscene'; this can be particularly challenging for children who are trying to tell someone what is going on, and for interpreters.

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Religion

Children from conservative religious backgrounds may not be told about sex and relationships, and religious teachings may forbid any sexual relationships or contact before marriage. This can lead sexually abused children to feel a deep sense of shame, preventing them from talking to anyone about their experiences.

The importance of certain beliefs held by particular religions can be

difficult to explain to professionals who do not hold such beliefs. For example, the belief in black magic held by some diasporic African communities in the UK – which may lead children to worry that they or their family may be cursed if they tell anyone that they have been abused – is not widely understood by professionals. Children in these circumstances may struggle to share their experiences with people from outside their own faith, who would not understand the context in which they hold these beliefs and fears of reprisals.

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Disability

Many professionals struggle to comprehend that disabled children may be victims of sexual abuse. Too often, signs and indicators of potential sexual abuse in disabled children go unrecognised or are dismissed as being part of their condition, even when there is no relation between the two.

It is therefore important to understand what the disability means for the child and their day-to-day functioning, learning style and communication. How does it affect how they respond and make sense of information? Do they have any sensory needs that should be taken into account? What are their usual patterns of responses? They may be exhibiting signs that result from their condition, but this needs to be properly explored rather than being assumed.

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Sexual orientation and gender identity

Young people in LGBTQIA+ (lesbian, gay, bisexual, transgender, queer or questioning, intersex, and asexual) communities may be reluctant to talk about sexual abuse for fear of exacerbating homo/bi/transphobia.

Additionally, there is little in the way of educational resources or general information that provides advice to LGBTQIA+ young people about what a healthy relationship is. Societal attitudes towards sexual relationships among lesbian, gay, bisexual and transgender people can result in unhealthy or unsafe sexual relationships being accepted as ‘normal’.

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Communication needs/preferred method of communication

A key determinant of how a child communicates is their age and developmental trajectory: younger children naturally use far less verbal communication than teenagers, for example. However, children in the same age group will communicate in a range of different ways – some due to preference, others due to language or cultural context or a difficulty/disability. Whatever the reason, it is important to understand how the child communicates and what their individual communication needs and preferences are. When preparing to speak to a child, ask yourself:

- Does the child use spoken language?
- Is the child's first language English? If not, what is their first language? Do they use any other languages? Do they prefer to communicate about personal or complex issues in their first language? Does that language have the words to communicate about child sexual abuse? And will the child feel comfortable using these words?
- If their first language is not English, who else in their life uses this language? Anyone outside the family? Is an interpreter required?
- If the child does not use spoken language, what is the reason for this, and have they ever used spoken language? What form of communication do they use? Do they use any form of sign language or technology-assisted communication processes – and, if so, is this widely used (e.g., BSL or Makaton) or has it been developed by the child or their family? Who around the child can understand their method of communication, and what form of facilitation is available?
- Does the child have a speech and language therapist who can support them/you with understanding communication?

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Details of the person completing the template

Your role

We advise you to complete the template according to the information that you or your organisation currently have about the child. Depending on your role, you may or may not have access to all the information required – in order to build a fuller picture of any concerns, you should consider sharing the template (provided you do so in accordance with your organisation's data protection and information sharing policies) with other professionals who may be involved with the child. This is particularly important for d/Deaf and disabled children, who may have a number of professionals involved in their care.

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Date(s) of review

This template aims to support professionals to build a picture of concerns. It should be used dynamically rather than as a one-off – more information may emerge over time, so we recommend that you revisit it when new concerns arise, or after further conversations with the child, their family/carers and/or other professionals have elicited new information.

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Behaviours in children which can indicate sexual abuse

Behaviours potentially indicating that a child wants to report they are being sexually abused

Full or partial reports from a child that they are being or have been sexually abused

Sexual abuse is a hidden crime; many of those who experience it do not report their experiences for a number of years, if at all. When a child does tell that they are being sexually abused, it is important to take this seriously.

When a child first talks to you about sexual abuse, this can happen 'spontaneously' (i.e. unprompted by you). It may be triggered by a lesson in school, a TV programme or an escalation of the abuse Sometimes a child may tell about their abuse accidentally, or their need or wish to talk to you may build over time until they cannot contain the secret any longer. Alternatively, they may tell because they believe that other children, such as their siblings, are at risk of abuse.

For other children, talking about their abuse may not be spontaneous at all, occuring only when prompted. This may happen during a medical examination, a child protection inquiry or assessment of their needs, an interview or a therapeutic session – or simply when a teacher or health professional notices something may be wrong and asks about it.

A child rarely tells everything about their abuse in one go; instead, it is a process that occurs over time. It may move from unintentional and indirect methods (such as behavioural manifestations) through to more direct means (such as purposefully or accidentally telling someone what is happening).

The detail provided by the child may be vague or absent, as they may not be able to recall specific information. There may be only partial information, with details that may or may not change over time – and detail will be entirely missing when a child communicates through behaviours or other signals.

Having told someone that they are being sexually abused, some children will retract their allegation. This is particularly common in young children, those who are not believed by their main caregiver, and those who have received a negative response to what they have said. A retracted allegation is not an indication that the child has not been abused, and should therefore be included when completing this template.

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Clearly sexualised behaviours which, particularly in young children, are highly indicative of abuse

Children's sexual development is shaped by their environment, their experiences and what they see; this is why precocious and/or atypical sexual behaviour and sexual preoccupations in childhood may indicate traumatic sexualisation through sexual abuse. Around one-third of children who have experienced sexual abuse display sexual behaviours that sit outside typical norms for children of that age, or show higher levels of sexualised play or preoccupation.

However, most children are involved with some form of sexual curiosity and play in childhood, while expressions of sexual feelings in adolescence are an important part of our growth towards adulthood. Sexualised behaviour, by itself, should not be the basis for a conclusion of sexual abuse, but needs to be considered within the context of developmental norms (including any disabilities) and the influence

of other environmental factors as well as other forms of possible victimisation. Because of this, safeguarding professionals need to be able to be able to distinguish expected, normative sexual development and exploration from behaviours that may be more concerning.

Guidance for parents on what constitutes developmentally expected sexual behaviour at different ages and stages of childhood, and information about the Brook Sexual Behaviours Traffic Light Tool for professionals, can be found at www.parentsprotect.co.uk/traffic-light-tools.htm

Professionals should be concerned if any of the following criteria are met:

- The behaviour indicates sexual knowledge that is unusual for a child of this age and stage of development.
- The behaviour sits outside developmental norms for the child's age.
- The behaviour is between children of different ages or developmental abilities, or with other power differences between them.
- The behaviour occurs at a frequency greater than would be developmentally expected.
- The behaviour interferes with the child's development.
- The behaviour occurs with coercion, intimidation or force.
- The behaviour is associated with emotional distress (when the child is feeling anxious, for example).
- The behaviour repeatedly recurs in secrecy after intervention by caregiving adults.

Disabled children may not have had the same access to sex and relationships education as their non-disabled peers, may have less awareness of social norms, or may not have been able to take on messages about appropriate boundaries and touch. Some may have sensory issues, or particular patterns of seeking stimuli/comfort. If a disabled child displays sexualised behaviours, it is crucial to discuss these behaviours and the possible reasons for them with people who know the child well in different settings where the child spends their time. It is equally important not to assume that their behaviours are solely a result of their disability.

For information about the legal position on sexual activity involving children, see Sexual activity and consent in under-18s.

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Behaving in a sexually uninhibited/inappropriate way with adults, or dressing in a highly sexualised manner

Behaving in a sexually uninhibited or inappropriate way with adults should be seen as a concern in any child.

However, some groups of children are widely perceived to be less innocent or more adult-like than their peers – this is known as 'adultification bias' and it is a form of racial prejudice. Adultification bias can influence how others view the sexual development and behaviour of some young people: for example, sexually uninhibited

behaviour by Black girls or girls from Traveller communities, or dressing in a sexualised manner, may be perceived as 'natural' rather than an indicator of concern. Be sure that you do not display this bias.

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Using new words for sex or genitals

If a child starts using new words for sex or genitals, this may indicate that they are being sexually abused. You should also be aware that, in some languages, there are no direct translations for English words about sex and genitalia, or the words needed to describe them are considered 'taboo' or 'obscene'; see Ethnicity.

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Teenagers having sex with lots of people

Professionals should be concerned about any teenager who is having sex with a number of different people, but additional concern may be raised if the teenager is from a culture in which sex before marriage is strongly frowned upon. See also Behaving in a sexually uninhibited/ inappropriate way with adults.

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Behaviours indicating emotional distress which may be linked to sexual abuse and/or other issues

Behaviours indicating emotional distress may be displayed by any child who has been sexually abused, including disabled children – but many professionals struggle to comprehend that disabled children may be victims of sexual abuse, so signs and indicators that these children may be being sexually abused often go unrecognised or are dismissed.

If a disabled child is displaying any of these behaviours, it is essential not to assume that the behaviours are solely a result of their disability. Think about the information you have already recorded about the disability and what it means for the child (see above), and talk to people who know them well in different settings where they spend their time.

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Misusing substances or alcohol

Misusing substances or alcohol is a concern for any young person, but additional concern may be raised if they are from a culture in which substances and alcohol are considered against their faith.

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Changes in previous usual behaviours and relationships

Resisting or becoming distressed with intimate care (e.g. nappy changing) or undressing at bath/bedtime, for swimming etc

Many disabled children who require intimate care are exposed to a number of different carers throughout the day, and so at increased risk of sexual abuse. Where there are new or increased anxiety-related presentations, it is important to consider whether the child is communicating distress, rather than assuming that this is related to their disability or 'challenging behaviour'.

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Change in dress, either becoming highly sexual or excessively covering up

See Behaving in a sexually uninhibited/inappropriate way with adults.

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Physical signs in a child which may indicate sexual abuse

Children may display physical signs indicating possible sexual abuse, including clear indicators that they have been engaging in sexual activity (e.g. pregnancy, sexually transmitted infections). While sexual activity in teenagers may not be abusive, you should be aware of the legal position.

Sexual activity and consent in under-18s

In each nation of the UK, the age of consent (the legal age at which people can engage in sexual activity) is 16 years old, regardless of whether the sexual activity is between people of the same gender or different genders – and regardless of a person's cultural, ethnic or religious background.

The law is not used to prosecute young people aged 13–15 who participate in mutually consenting sexual activity with one another – but, because of the possibility that it is not mutually consenting, underage sexual activity should always be seen as a possible indicator of child sexual abuse.

Furthermore, the law says that under-13s cannot give consent under any circumstances – so any sexual activity with a child under 13 should always result in a child protection referral. And it is illegal for an adult aged over 18 to engage in sexual activity with a young person aged under 16 – or under 18, if the adult is in a position of trust (such as the young person's teacher, social worker, car worker or doctor).

Even where young people are considered old enough to give their consent to sexual activity, their consent must always be valid. They need to make a choice, and have the freedom and capacity to make that choice. As UK Government guidance on child sexual exploitation notes, "If a child feels they have no other meaningful choice, are under the influence of harmful substances or fearful of what might happen if they don't comply … consent cannot legally be given."

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Bruising or marks in unusual places

Bruises and other physical marks should be considered as a possible sign of sexual abuse in any child. While some disabled children may be particularly likely to incur them (as a result of uncontrolled movements, for example, or falls resulting from epilepsy), you should never assume that such marks are solely the rest of the child's disability.

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Physical harms which may be a direct consequence of abuse,particularly in young children

Other physical signs which may be linked to the emotional impact of abuse

Wetting or soiling unrelated to toilet training

Wetting or soiling could be an indicator of possible sexual abuse in any child. Some disabled children and children with specific conditions may be more likely than other children to wet or soil themselves, but you should not assume that any wetting/soiling is solely the result of their disability or a specific condition – it may indicate that they are being sexually abused.

Go back to the template

Behaviours that can suggest an adult or older child is grooming or sexually abusing the child

Grooming

Grooming is a process used to sexually abuse, exploit or traffic children. It can happen in online spaces as well as in person, by a stranger, a family member, a friend or someone else who is known to them – such as a teacher, faith group leader or sports coach. The person who wants to abuse a child builds a relationship with the child and often with the significant people around them, gaining their trust and a position of power over the child, in preparation for abuse.

The process of grooming can take place in a matter of minutes over one conversation online, or over long periods of time – in some cases, years.

It is important to be aware that professionals can also be groomed by someone who is abusing or intending to abuse a child. This person may be perceived by professionals as helpful, trustworthy and having the best interests of the child in mind. However, they may at the same time be undermining the child or their parent(s)/carer(s) – for example, by highlighting the parents' difficulties to professionals and presenting themselves as the person best placed to help the child. This can lead professionals to trust someone who in fact presents a risk to children.

Go back to the template

Normalising inappropriate and sexual behaviours

Exposing the child to pornography

Exposing children to pornography is against the law, and it is often used in the grooming process in order to lower children's sexual inhibitions. Children who see others, including their peers, engaging in sex and apparently enjoying it may be more likely to comply with the demands of the person abusing them. (See also Grooming.)

Go back to the template

Engaging in sexual communication with the child (e.g. via telephone calls, texting or social media)

Sexual communication by an adult (18 and over) with a child (16 and under) for the purposes of obtaining sexual gratification is an offence in UK law. This communication may be online or offline, oral or written,

and a crime is committed whether or not the child communicated with the adult.

Go back to the template

Developing an overly exclusive relationship with the child

Wanting to share a bed with the child

It is important to note that families living in poverty and/or overcrowded housing may need to share beds with one another out of necessity. You also need to understand cultural norms in relation to this indicator: for example, in some families it may be considered good parenting for parents to sleep with their children until they are older than the expected norm. Even in cultures where this is the case, however, it would be unusual for fathers to sleep with daughters, and mothers with sons, past the age of around four years old.

Go back to the template

Controlling both children and adults in the family and their relationships with others

Be aware that you as well as the child and their parents/carers have the potential to be groomed by someone who is abusing or intending to abuse the child. See Grooming.

Some d/Deaf and disabled children, especially those living away from home in residential settings, may be at increased risk of sexual grooming and abuse; this is because of their dependence on others for personal care and communication, and their exposure to a number of different professionals involved in their care. Other people in the residential setting may notice a member of staff developing a new or increased interest in a particular child, having an increased presence with them, and talking over them or answering for them.

Go back to the template

Being overly involved in the intimate care of the child

Disabled children may require higher levels of personal care than their non-disabled peers, and this can make them more vulnerable to sexual abuse.

Go back to the template

Not allowing children to spend time with friends/have sleepovers

It is important to understand cultural norms in relation to this indicator: for example, in some Muslim families it would be considered poor parenting to permit children to have sleepovers with friends.

Go back to the template

Signs and indicators within the child's environment which may make children more vulnerable to sexual abuse

Factors which increase the opportunities for abuse to occur

The child is in residential care

There is strong evidence that living in residential care puts children at increased risk of sexual abuse. D/deaf and disabled children may spend longer periods of time in institutions than their non-disabled peers, and may be exposed to multiple professional carers, increasing their risk of exposure to sexual abuse. Many disabled children are taught not to question people in authority, leading to an unwillingness to challenge potentially abusive situations.

Institutions with a strong, hierarchical and masculine culture have been found to be unwilling to address their cultural environment, thus increasing the risk of sexual abuse or harmful sexual behaviour. Large power imbalances between children and staff, as well as strict behavioural codes (in custodial institutions, for example), make children overly compliant and reporting abuse more difficult.

Go back to the template

The child is disabled

Disabled children have been found to be three times more likely than non-disabled children to experience sexual abuse. A review of risk indicators and protective factors found strong evidence of this increased risk.

Remember that signs and indicators of potential sexual abuse in disabled children often go unrecognised or are dismissed as being part of their condition, because professionals struggle to comprehend that disabled children may be victims of sexual abuse; see Disability.

Go back to the template

The child is associated with gangs

Sexual violence and exploitation between young people in gang-affected neighbourhoods largely reflects what we know about sexual violence and sexual exploitation in general: Those who abuse children are predominantly male and the victims are predominantly female (although there are some incidents of sexual violence against young men); it invariably takes place between people who are known to each other; and it is used to exert power and control.

There are, however, certain features of gang-associated sexual violence and exploitation that are unique to, or exacerbated by, the gang environment. These include:

- using sex as a means of initiating young people into a gang
- sexual activity in return for (perceived) status or protection
- young women 'setting up' people in other gangs – establishing a relationship with, or feigning sexual interest in, them as a means of entrapment
- sexual assault as a weapon in conflict.

Incidents of gang-associated sexual violence and exploitation are rarely reported, for a variety of reasons: being resigned to such experiences; fear of retribution or retaliation (linked to a lack of trust in police and other services to be able to offer adequate protection); and low levels of reporting of sexual violence among young people in general.

Go back to the template

The child's family is socially isolated with limited external support

Being socially isolated reduces opportunities for children to engage with others and seek support. Social isolation may come from being home-schooled, being a refugee or asylum seeker, or not having English or Welsh as a first language. Children who are being sexually abused may not have access to education about healthy sexual relationships, and may not be able to identify what is happening to them as wrong. Furthermore, they may not have the opportunity to build trusting relationships with safe adults in whom to confide and seek support.

Go back to the template

Parents/carers are frequently absent (e.g. due to working hours or health issues)

Sexual abuse is most often perpetrated in secret. Where a safe parent is absent from the home, there is increased opportunity for abuse to occur.

Go back to the template

Poor relationship between the child and their parent(s)/carer(s)

Children may be at increased risk of harm from others if they have a poor relationship with their parent(s)/carer(s). The parent(s)/carer(s) may be less aware of what is going on for the child; as a result, those who wish to harm the child will feel more confident to groom and abuse them.

Children are unlikely to confide in a parent with whom they have a poor relationship. Those who want to harm the child will manipulate relationship difficulties: for example, they may offer the child a 'trusting' relationship or emotional warmth where this is missing in the child's relationship with their parent(s)/carer(s).

Go back to the template

Evidence of child neglect

Adults who were neglected as children have been found (in the Crime Survey for England and Wales) to be five times as likely to have been sexually abused before the age of 16 as those who did not experience childhood neglect.

The neglect of children is associated with parents who experience a range of co-existing vulnerabilities such as poverty, social isolation, poor mental health, problematic substance misuse, domestic abuse and ill-health/disability. An adult who wants to sexually abuse a child can exploit this, either by offering help or support or by behaving in ways that exacerbate the vulnerabilities, calling the capacity and ability of the parent(s)/carer(s) further into question.

Children who have been neglected experience material and emotional deprivation, isolation, poor supervision and impaired development. This can lead to low self-esteem, poor parent-child relationships, impaired problem-solving skills, a lack of confidence, impaired relationships and difficulties in seeking help from others. These impacts are likely to be exacerbated if a child is also experiencing discrimination because of their ethnicity, religion, sexuality or disability. An adult who wants to sexually abuse a child may exploit these impacts.

Where there are existing concerns about child neglect, professionals may find it harder to focus on other concerns that may exist. Additionally, neglected children are less likely to come into regular and routine contact with professionals (because of missed health appointments, not attending school/nursery and not being part of extra-curricular activities). They may therefore miss out on opportunities to seek help from those professionals, so the signs and indicators of child sexual abuse are less likely to be picked up.

Go back to the template

Lack of supervision inside and/or outside the home, including unregulated internet use by children

Children who are left unsupervised by their parent(s)/carer(s) are at increased risk of being sexually abused, both within and outside the home environment. Having unregulated access to the internet, being unsupervised with siblings or other children in the home, and being allowed to stay outside the home for long periods are all known to place children at greater risk of sexual abuse.

Go back to the template

No parental boundaries, or inconsistent boundaries, regarding privacy

Children have a right to appropriate levels of privacy according to their age. For them to feel safe, it is important to have doors on bedrooms and bathrooms in the home, as well as rules about who can go in and out of bedrooms and bathrooms.

Go back to the template

A combination of these factors may increase the chances of a family being 'targeted' by someone who wishes to abuse children and/or compromise the protective capacities of parents/carers.

Go back to the template

Domestic abuse

Where there is domestic abuse within the family, children may be living in fear of one or both parents, and may be scared to tell anyone about their abuse for fear of what may happen to them or their parent. They may try to maintain secrecy about their situation, becoming isolated as a result. This can be exploited by those who want to harm them.

Go back to the template

Parental mental ill-health

When a parent is mentally unwell, their capacity to recognise their children's emotional needs may be impaired. In addition, children may not want to tell their parents what is worrying them, for fear of exacerbating their parents' mental health difficulties.

Go back to the template

Parental alcohol or substance misuse

If a child's parent(s) are misusing alcohol or drugs, the child may be exposed to inappropriate adults and behaviour; lack physical or emotional care; and be isolated from their friends because of shame, embarrassment or poor school attendance. As with mental health difficulties, parents may struggle to recognise their children's emotional needs, and children may not feel able to tell their parents what is worrying them for fear of exacerbating difficulties. The Crime Survey for England and Wales has found child sexual abuse to be three times as likely among adults who grew up with a member of their household misusing alcohol or drugs, compared with those who did not.

Go back to the template

Parental disabilities, including learning disabilities

A parent with a learning disability may have an impaired ability to understand what is happening to their child; additionally, the family may experience harassment and abuse, which can increase the risk of child sexual abuse, and the children may not feel able to talk to the parent for fear that this will put pressure on them. Parents with a learning disability may be more vulnerable to being targeted by people who want to sexually abuse their child/ren.

Go back to the template

A history of sexual abuse/victimisation (e.g. a parent's experience of abuse in childhood)

While any parent who has experienced child sexual abuse is likely to feel determined not to let their own child experience it too, their own experiences can leave them vulnerable to future abusive relationships, lacking in confidence about appropriate sexual behaviour and boundaries, over-confident about their ability to recognise abuse, or with a distorted understanding of sex and relationships. Difficulties arising from their abuse, such as substance misuse or poor mental health, may further jeopardise their protective capacity.

Go back to the template

Factors which increase the pressure on families and can undermine their ability to protect children

How this template was developed

In developing this template, the Centre of expertise on child sexual abuse (CSA Centre) reviewed the signs and indicators of child sexual abuse identified by key organisations including the NSPCC, the Lucy Faithfull Foundation and the Royal College of Paediatrics and Child Health. (See page 36 for a full list.)

We found a high level of consensus about the signs that professionals working with children should be alert to in identifying possible sexual abuse. While there is some variation in how indicators are worded, there is considerable commonality between the lists and guidance produced by these organisations, and the indicators included in our template feature in most or all of these sources.

Despite this consensus, understanding the underlying evidence base is not straightforward. Research evidence specifically on signs and indicators of child sexual abuse is limited, and there is rarely a direct connection between a particular indicator and a robust study of its incidence or prevalence in cases of sexual abuse. In large part this is because such studies are methodologically and ethically difficult to carry out. The evidence for the relevance of this set of signs and indicators therefore comes from a variety of sources. These include some 'landmark' research studies in the child sexual abuse field; recent overviews of research; survivor testimony; and clinical and professional practice with abused children and adults over the last four decades.

Forensic evidence specifically supports a number of the physical indicators included, while research and practice with those who sexually abuse children, and with young people displaying harmful sexual behaviours, has identified indicators of grooming and abuse.

There is a particularly strong evidence base on the impacts of child sexual abuse (both short-term and long-term), and our template draws on this by suggesting how these impacts are likely to manifest themselves in the non-verbal, but nevertheless observable, emotional responses and behaviour of children. However, it should be noted that some groups of children – including boys, children from minority ethnic backgrounds and disabled children – are less likely to be identified than others, and therefore indicators of abuse which may pertain to particular groups may not be well represented in existing research.

The development of this template has been through a robust reviewing process, involving feedback from:

- experts in UK organisations who work in the field of child sexual abuse
- experts by experience:
    - a focus group with adults with lived experience of sexual abuse
    - a focus group with young people with learning disabilities who deliver training to other young people on sexual exploitation
- frontline professionals working across health, education, social care and criminal justice

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Key specialist organisations

A range of specialist organisations have produced similar lists of signs and indicators of child sexual abuse. This tool has been informed by the following:

HM Government
What to Do if You're Worried a Child is Being Abused: Advice for Practitioners
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/419604/What_to_do_if_you_re_worried_a_child_is_being_abused.pdf

NHS
Spotting Signs of Child Sexual Abuse
www.nhs.uk/live-well/healthy-body/spotting-signs-of-child-sexual-abuse/

NSPCC
Sexual Abuse
www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/child-sexual-abuse/

Parents Protect
Warning Signs in Children and Adults
www.parentsprotect.co.uk/warning-signs-in-children-and-adults.htm

Stop It Now!
Signs a Child Might Be Abusing
www.stopitnow.org.uk/concerned-about-a-child-or-young-persons-sexual-behaviour/signs-a-child-might-be-abusing/

Upstream
Warning Signs That a Child Is Being Sexually Abused or Exploited
www.theupstreamproject.org.uk/identify/warning-signs

Research in Practice
Intra-familial Child Sexual Abuse: Risk Factors, Indicators and Protective Factors
www.researchinpractice.org.uk/children/publications/2018/april/intra-familial-child-sexual-abuse-risk-factors-indicators-and-protective-factors-practice-tool-2018/

Welsh Government
Keeping Children and Young People Safe: Safeguarding Guidance for Practitioners Working with Children (up to the Age of 18)
https://gov.wales/keeping-children-and-young-people-safe-html

National Institute for Health and Care Excellence
Child Abuse and Neglect (NG76)
www.nice.org.uk/guidance/ng76

Royal College of Paediatrics and Child Health
The Physical Signs of Child Sexual Abuse: An Evidence-based Review and Guidance for Best Practice
www.rcpch.ac.uk/shop-publications/physical-signs-child-sexual-abuse-evidence-based-review

National Autistic Society
Safeguarding Young People on the Autism Spectrum
www.wkrs.co.uk/_site/data/files/documents/safeguarding/45DEC84F7C813B24AC23B0C1B9106EE1.pdf