Centre of expertise on child sexual abuse

Royal College of General Practitioners

Talking about child sexual abuse: tackling professional concerns

Talking to patients about child sexual abuse, whether they are children, young people, adults, parents or carers, can seem daunting, but being ready to have that conversation can make a huge difference. As professionals, we can have lots of concerns such as feeling we don't have enough experience, we haven't had any specialised training, we might say something wrong or we might upset a child or their parents unnecessarily. It is important to remember that in general practice, we are not expected to be specialists in child or adult abuse. Rather we use the skills we already have to help us identify abuse and respond effectively as part of our holistic patient care. This guide aims to tackle some of the professional concerns around talking about child sexual abuse.

"Sexual abuse is not an act or an incident but the corruption of a relationship. (1)"

Professional concern	Reality
I can't talk about child sexual abuse as I haven't had training and I might get it wrong	As a GP or general practice clinician, you are already trained, and have experience, in having difficult conversations. You already have the skills required to talk about child sexual abuse: • Relationship-building • Empathy

	• Honesty • Responsiveness • Reassurance • Clarity • Self-awareness • Cultural competency. Noticing the signs and indicators that a child is being sexually abused, and giving the child the opportunity to talk to you, are therefore key to ensuring their safety and wellbeing. Children have identified that their experience of talking to someone about child sexual abuse was positive when: • they were believed • some action was taken to protect them • emotional support was provided.

Professional concern	Reality
Child sexual abuse isn't that common	Child sexual abuse is a hidden crime. • At least one in 10 children (15% of girls and 5% of boys) will be sexually abused before they are 16 years old and many will not report their experiences at the time. • It is thought that only one in eight cases of child sexual abuse reach the attention of statutory services.

Professional concern	Reality
Children will tell someone if they are being abused, I don't need to ask	Research shows that children need 'help to tell' about their experience of child sexual abuse. Some children face additional barriers to telling such as boys, children with disabilities, minority ethnic children or those who are LGBTQIA. Family difficulties can affect children's ability, opportunity and confidence to talk to adults about their experiences of child sexual abuse, such as: • Domestic abuse • Parental mental health difficulties • Parental alcohol or substance misuse • Parent with a learning disability • Children with caring responsibilities • Where there are existing concerns about child neglect, emotional or physical abuse. Children can face multiple barriers to telling such as: • Embarrassment or shame • Feeling responsible for the abuse • Fearing they won't be believed • Threats or manipulation from the person abusing them • Fearing other consequences such as impact on their family, removal from family • Not having the language, or not knowing how, to tell • Not recognising their experience as abusive.

Professional concern	Reality

Asking questions about child sexual abuse will interfere with a criminal investigation	In general practice, it is our role to notice the signs of child sexual abuse, provide opportunities for children to share any worries they might have and gather further information on any concerns we as professionals might have. This is to enable us to take necessary safeguarding actions and also provide appropriate care and support.
	
	• It is not our role to investigate possible child sexual abuse – that responsibility lies with children's social care and the Police.
	• Ask questions about what you have seen and observed.
	• Use open questions such as
	  ○ "Tell me about…."
	  ○ "You said ……. Tell me more about that"
	  ○ "What else happened?"
	• 'Who', 'what', 'when', 'where' and 'how' questions can be used when paired with open-ended questions.
	• Use 'I have noticed…' statements.
	• Avoid 'why' questions as they can sound blaming to the child.
	• Ask as few questions as possible and make any questions as short and open-ended as possible.
	• Avoid leading or suggestive questions. Keep an open mind and avoid bias.

Professional concern	Reality
	How we respond to children who tell about their experiences of child sexual abuse is so important: • Take a 'believing stance' in your body language. • Accept what the child says.

I'm not sure how to respond to children who tell about sexual abuse	• Give the child space to say more and avoid jumping to conclusions. • Establish from the outset that the child is the expert on their abuse (and you are not). • Remain unbiased but not indifferent. • Adapt your language to the child's developmental level. • Adapt to the needs of the individual child including their age, communication needs, understanding of child sexual abuse, specific barriers preventing them from telling about their abuse. • It is vital to be aware of non-verbal signs of child sexual abuse, especially for very young children who may not yet be communicating verbally or older children who are unable to communicate verbally. **If you suspect that a child may be experiencing child sexual abuse, regardless of whether they have told you or not, you must make a child safeguarding referral following your local multi-agency safeguarding processes.**

Professional concern	Reality
Medical examinations for child sexual abuse are harmful to children	This view is not well supported by the available evidence of children's experiences, albeit limited. It is important to remember that medical examinations can have multiple benefits to children when sexual abuse is disclosed or suspected, including identifying forensic and evidential findings and providing a holistic assessment of the health and wellbeing of children who have experienced sexual abuse. Most children will show apprehension in line with that felt about other types of medical examination, and this diminishes over the course of the examination. Most children report on reflection that the medical

	examination was a positive experience and most report feeling better after an examination. Of course, the child's experience depends on the clarity of information and advice they receive before the examination, how supportive and sensitive practitioners are perceived to be, the examiner's skill, and the involvement of carers in the process. **NOTE: Medical examinations for child sexual abuse should ONLY be carried out by appropriately forensically trained clinicians (usually a paediatrician) and in alignment with local multi-agency safeguarding processes, not in general practice.**

References

1. Still, J. 2016. Assessment and Intervention with Mothers and Partners following Child Sexual Abuse: Empowering to protect.
2. Centre of expertise on child sexual abuse. Communicating with children. A guide for those working with children who have or may have been sexually abused. February 2022. View online: https://www.csacentre.org.uk/app/uploads/2023/09/Communicating-with-children-guide.pdf
3. Centre of expertise on child sexual abuse. The role and scope of medical examinations when there are concerns about child sexual abuse. A scoping review. April 2019. View online: https://www.csacentre.org.uk/app/uploads/2023/09/Medical-exainations-scoping-review.pdf

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