

This Guide has been developed to provide those working with children and their families an understanding of what is meant by the term Child Sexual Abuse, the impact that it can have on children and the wider family, how to identify this form of abuse and what to do in response.

What do we mean by 'familial child sexual abuse'?

The Government Statutory Guidance, [Working Together to Safeguard Children, 2023](#), provides the following description of Child Sexual Abuse (CSA) (page 162):

Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts, such as masturbation, kissing, rubbing, and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. CSA is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Specifically, CSA in the familial environment was defined in the [Children's Commissioner Report Protecting children from harm: A critical assessment of child sexual abuse in the family network in England and priorities for action, November 2015](#) (page 6), as:

sexual abuse perpetrated or facilitated in or out of the home, against a child under the age of 18, by a family member, or someone otherwise linked to the family context or environment, whether or not they are a family member. Within this definition, perpetrators may be close to the victim (e.g. father, uncle, stepfather), or less familiar (e.g. family friend, babysitter). We also know that perpetrators can be female, such as a mother, aunt or step-mother.

Any child can be affected by sexual abuse but they may be more at risk if there has been previous sexual abuse, have a physical or learning disability, are socially isolated, a disrupted home life or have experienced other forms of abuse (known as poly-victimisation).

What are the possible indicators?

Professionals should be aware of the warning signs and symptoms of CSA and respond to those indicators so that problems can be addressed as early as possible and that the right support and services for the child and their family provided. Indicators can include:

- Physical symptoms, such as damage to sexual organs, such as bruising, sexually transmitted infections, pregnancy, bed wetting or soiling.
- Emotional and psychological signs, such as anxiety or mental health issues, such as eating disorders, problems with sleeping, self-harm, low self-esteem and withdrawing socially.
- Behaviour signs, including changes in behaviour, avoiding being alone with particular adults, exhibiting [harmful sexual behaviours \(HSBs\)](#), including sexualised ideas, running away or going missing, poor education attainment and attendance, difficulties in concentration and substance misuse.

A child may talk more freely about activities which indicate that they are being 'groomed' for future sexual abuse. Indirect cries for help are common e.g. comments such as "I don't like it when Jo comes to babysit"; keeping a journal of secrets' attention seeking behaviour; reporting less serious experiences e.g. bottom pinching, cuddles that 'hurt', to see if they would be believed, making [professional curiosity](#) a response to establish a clearer picture of what may be happening and to explain the behaviour of the child. The [Centre of Expertise on CSA](#) has produced a [Signs and Indicators Template](#) to support with identification.

Impact of CSA across the life course

CSA is a direct [Adverse Child Experience \(ACE\)](#). Familial CSA can act as a 'push' factor, making children look outside of the home for support, friendship and love, thus putting them at greater risk of other forms of abuse and danger outside of the family environment, such as exploitation. Research has identified the far reaching and fundamental effects that the trauma of CSA can have into adult life including mental ill-health, including self-harm and suicide, impact on brain functioning, such as dissociation, memory impairment and reduced social function, such as issues with sexual relationships. Behavioural problems can include anti-social and criminal behaviour. Adults who were abused as children can go on to struggle with their own parenting and may even go on to abuse themselves. The [Independent Inquiry into CSA \(IICSA\), 2022](#) listened to the experiences of over 6,200 victims and survivors via the [Truth Project](#).

Key Messages

- CSA in the family represents approximately 2/3 of all reported CSA and occurs in families from all socio-economic, educational, ethnic and religious backgrounds.
- Familial CSA is very *unlikely* to be an isolated incident and may go on for years as a 'hidden' issue, starting early when a child is too young to fully understand what is happening, only recognising that they were abused later in life. This means that the true scale of this form of abuse is likely to be significantly higher than official statistics suggest.
- Girls are more likely to suffer from this form of abuse than boys, but again males are likely to be under represented in figures due to low levels of disclosure.
- It is more likely to be perpetrated by a male and around a quarter of cases, the perpetrator might be another child (e.g. a sibling, cousin).
- It may remain undisclosed as the child may not wish to split the family up, get a family member in trouble, feels partially to blame and also recognises the associated stigma. They may also have had a negative experience when trying to speak to someone or simply do not know who to turn to.
- A child sexually abused by a family member is likely to suffer greater turmoil, distress and emotional abuse due the relationship that they have with the perpetrator which would have been based on trust.

How to respond?

Prevention: Support with parenting. Early education provision on sex, relationships and keeping your body safe. Supporting the development of resilience. Ensuring all children have someone outside of the family to speak to such as a mentor, advocate and a safe place to go.

Reporting: As with all child protection and safeguarding issues, any suspicion of familial CSA, or a disclosure, should be reported immediately to the local authority via completion of a [MARE](#), in liaison with the safeguarding lead in your agency. Advice can be provided via **020 8708 3885** (out of hours 020 8708 5897). Where a child is at immediate risk, the Police should also be contacted via 999. For full information on making a referral, see the [RSCP website page Worried About a Child?](#)

Protection: The child will need to be kept safe whilst agencies respond. If a child makes disclosure of familial CSA, it is of course even more important that care is taken not to expose them to further risk if the perpetrator is someone within the family or close social network by reporting back to the family.

Check out the [CSA Centre CSA Response Pathway](#).

Further Reading & Learning

- RSCP website for information on [CSA](#) and [HSB](#).
- [RSCP Multi-Agency Training Programme](#) and [CSA Centre eLearning – Identifying and responding to intra-familial child sexual abuse](#)
- [The Child Safeguarding Practice Review \(CSPR\) Panel “I wanted them all to notice”, Protecting children and responding to CSA within the family environment, November 2024](#)
- [Key messages from research on intra-familial CSA, 2023, Centre of Expertise on CSA](#)
- Child Safeguarding Practice Reviews (CSPRs) – via the [NSPCC on-line repository](#) and [NSPCC Learning Thematic Briefing – CSA: Learning from Case Reviews, 2020](#)
- [JTAI Multi-Agency Response to CSA in the family environment, 2020](#)
- NSPCC stories from children on their experiences of familial CSA. See '[Alice's Story](#)'.
- [Practice Tool: Intra-familial CSA: Risk factors, indicators and protective factors, Research in Practice \(RIP\), 2018](#)
- [Protecting children from harm: A critical assessment of CSA in the family network in England priorities for action, Children's Commissioner, November 2015](#)
- [“It's a lonely journey” – A Rapid Evidence Assessment on intrafamilial CSA, Children's Commissioner, 2014](#)

Resources for direct work with children and families

- [Communicating with children guide, CSA Centre](#)
- [‘What Happened to Elephant’ \(Under 8 Years\) – SL CSA SS](#)
- [‘What Happened to LJ’ \(7 – 13 Years\) – SL CSA SS](#)

Useful Contacts

If you are concerned about a child, call the Child Protection and Assessment Team (CPAT) on 020 8708 3885 (020 8708 5897 after 17:00 and at weekends) or e-mail CPAT.Referrals@redbridge.gov.uk.

In an emergency, call the Police on 999.

Redbridge SCP: 020 8708 5282