

Before The Disclosure

A Pocket Guide for All Professionals
Working to Prevent Child Sexual Abuse

**Insights,
Tools and
more Inside!**



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Dear Professional,

This pocket guide was created by **Aleksandra E. Slenter** and **Anna Papalexiou** as part of the 'Design to Empower' module in the **International Social Work** bachelor's program at **HAN University of Applied Sciences**, The Netherlands.

It **supports early prevention of child sexual abuse (CSA)** by helping professionals spot signs of vulnerability, reduce risk factors, and build safer environments for children. The guide introduces key topics as **prompts for further**

exploration, aiming to distil complex information into accessible insights that support ongoing learning and ethical practice.

The project was commissioned by **Dr. Michael C. Seto**, Professor of Psychiatry and Director of the Forensic Research Unit at the **University of Ottawa's** Institute of Mental Health Research in Canada.

Graphic design and layout by **Aleksandra E. Slenter**.

Disclaimer

Every child and family is unique. Professionals must **consider a range of factors** such as cultural background, socio-economic conditions, family dynamics, trauma history, language, and impairments **before making decisions**.

This guide is a supportive tool to inform practice. It is not legally binding, and the authors are not responsible for how the content is interpreted or applied. **Final decisions should always rely on professional judgment and context.**



Contents

Informing the Professional

- 4-6 Age (In)Appropriate Sexual Development
- 6 Hidden Risks
- 7 Hackett's Continuum
- 8 Grooming Stages
- 9 Concerning Factors and Behaviour
- 10 Individuals at Risk of Abusing
- 11 Signs & Signals

Supporting the Professional

- 12 Safety Tips
- 13 Boundaries
- 14 Working with Blended Families
- 15 Starting Conversations
- 16 Did you use these tools?
- 17 Why do I want to help people?

Sources & Acknowledgements

- 18-19 Sources
- 20 Acknowledgements

Age (In)Appropriate Sexual Development

Understanding how children develop sexually is key to keeping them **safe**. Knowing what's typical at each stage helps us recognise when behaviour might be inappropriate or harmful. **Development varies**; some children mature earlier, others later. Understanding

what's healthy helps us respond appropriately and support children's well-being. The next pages outline **typical behaviours and warning signs** to watch for if something feels wrong. Context matters: What's appropriate in one situation may be harmful in another.

4

Common Behaviour:

- Is comfortable being nude
- Refers to bodily functions with words like 'pee' and 'poo'
- Touches their own private parts
- Is curious about private parts and bodies of others
- Partakes in consensual role-play with peers like mummy/daddy or doctor/patient
- Experiences spontaneous erections (possibly already from birth)

Age
0-5

Uncommon Behaviour:

- Discusses sexually explicit acts and/or vocalises explicit sexual language
- Has adult-like sexual contact with others

Common Behaviour:

- Increased modesty and seeks privacy
- Is curious about sex and relationships by asking questions such as; 'what is sex?' or 'where are babies from?' etc.'
- Curious about sexualised content
- Explores relationships consensually with peers
- Tests boundaries and uses "naughty" language they've heard before

Age
5-9

Uncommon Behaviour:

- Shows adult-like sexualised interactions
- Discusses specific sexual acts with others
- Self stimulates in public or looks at pornography

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5

Common Behaviour:

- Shows interest in and desires romantic relationships with peers (same or different gender)
- Uses sexual language and/or makes jokes about these subjects with peers
- Desire more privacy
- Seeks sexualised content (e.g. lingerie models)
- Masturbates privately

Age
9-13

Uncommon Behaviour:

- Displays sexual behavior in public
- Adult-like sexual behavior is normalised
- Seeks pornography or sexually explicit content

Common Behaviour:

- Experiments sexually with same age group
- Seeks pornography or sexually explicit content
- Seeks information about sex and sexual relationships
- Masturbates privately

Age
13-17

Uncommon Behaviour:

- Masturbates in public
- Displays sexual attraction towards children of a younger age group

6

Hidden Risks

Children can also be put at risk by other children, not just adults. Harmful sexual behaviour may occur intentionally or unintentionally between children, especially when there is a significant age gap, a power imbalance, or they are at different stages of (sexual) development. Being **aware** of these dynamics is essential when working with children and assessing what is healthy or potentially harmful.

Therefore, **having the ability to recognise risk factors early is key to preventing harm before it occurs.**

The next pages of this booklet offer **guidance** on setting your own professional boundaries, respecting those of others, and opening up conversations around these topics, along with other practical tips and tools.

Hackett's Continuum

Hackett's Continuum is a helpful tool for **assessing if and when to respond** to sexualised behaviour.

Normal:

Sexual behaviour that is age-appropriate, consensual, playful, and reciprocal.

Have **concerns** about a child? Contact the free **Stop It Now** helplines online for support.



Inappropriate:

Sometimes behaviour is developmentally off or inappropriate but generally consensual.

7

Problematic:

Behaviour may be unusual, repetitive, with unclear consent and power imbalance.



Reminder:

Children with **disabilities** may show different signs due to their individual needs. **Take time to research these differences** when working with them.

Abusive:

Behaviour is intrusive, coercive, misuses power, and lacks consent.

Violent:

Behaviour is physically aggressive, intrusive, and may involve sadism.

Grooming Stages

According to [ECPAT](#), “grooming” refers to how an **adult (or significantly older child) builds a relationship with a child** over time, **in person or online**, with the intent to sexually abuse and exploit them. This often involves gaining the trust of the child or of other adults in their life to gain access. Grooming is also known as the solicitation of children for sexual purposes. **Adults may also be groomed**, as children often learn to trust others through trusted adults.

Targeting

The perpetrator identifies and selects a vulnerable child to manipulate, eg. posing as a peer.

8



Gaining Access

They create an emotional connection to lower the child's guard through attention etc.



Trust Development

They deepen the bond to make the child dependent and compliant through gifts etc.



Desensitisation

They gradually introduce sexual content or touch to distort healthy boundaries.



Maintaining Control

They use guilt, threats, or secrecy to silence the child and continue the abuse.



Think:

How would grooming affect children with disabilities?

Concerning Factors & Behaviour

Did you know?

[Research](#) suggests that **50 to 75 percent** of child sex abusers are **not sexually attracted to children**.

Child Vulnerability Factors

- ❑ Limited parental supervision or overuse of babysitters
- ❑ Poor communication or unclear family boundaries
- ❑ Lack of accurate sexual education
- ❑ Isolation, emotional neglect, or exposure to violence at home
- ❑ Substance or alcohol misuse in the household

Tool:

[The Risk and Desistance Hexagon](#)

Adult & Youth Concerns

- ❑ Insisting on physical affection like hugging or wrestling with a child
- ❑ Frequently seeking to be alone with a child in private spaces
- ❑ Giving excessive gifts or attention to a particular child
- ❑ Talking about sex or making sexual jokes around children
- ❑ Taking photos or keeping mementos of children who aren't their own

Individuals at Risk of Abusing

In protecting children and preventing abuse, we must be willing to face our deepest discomforts. That includes setting aside personal bias and **showing empathy**, even toward those who may be at risk of harming others. This is not about excusing behavior. It is about recognizing that **early support can prevent abuse** before it happens.

Abuse rarely occurs without warning signs. There are often moments of doubt,

Path to Abuse:

Ever wondered how people **progress towards sexually abusing**? Take a look at Sullivan's Spiral Theory

10

Disclaimer:

Child abuse is a **crime**. If you suspect harm, act immediately. In doubt? Contact the free **Stop It Now** helplines online.

internal conflict, and opportunities to intervene. If we, as professionals, can create spaces where individuals feel safe enough to ask questions, reflect, and seek help, we can **redirect harmful paths before they cause damage**.

Empathy is not approval. It is a necessary approach to **challenge stigma** and protect the most vulnerable among us.

Did you know?

Abuse can hide in plain sight, especially online. Trust your instincts and **investigate the full picture**, both online and offline.

Signs & Signals

Trust your instincts!

Children tend to **show us** when something is **wrong** through their behavior. If you notice **several** of the following, it may be time to **investigate and seek help**. Here are some signs to look out for:

Behavioural Changes

- ☐ Anger outbursts
- ☐ Withdrawn or clingy
- ☐ Behavioral regression
- ☐ Sudden personality changes or insecurity
- ☐ Sleeping problems or nightmares
- ☐ Showing sexualised behaviour (page 4-6)

Physical & Social

- ☐ Fear of certain places/people
- ☐ Changes in eating habits
- ☐ A new older friend
- ☐ Unexplained money and/or gifts
- ☐ Physical signs such as soreness, bruises, STDs, pregnancy etc.

Why Children Don't Tell?

Children often keep abuse a **secret** due to fear, shame, lack of support or ability to verbally express experiences, or being taught to obey adults.

Traumatic events could **trigger** these changes, or suddenly bring them to light.

11

Safety Tips

Child sexual abuse is often imagined as something caused by strangers or only happens to families 'at risk', however in reality, it more commonly involves familiar and trusted adults and can happen to anyone.

That's why creating a '**Family Safety Plan**' can be a valuable step in helping to protect children and reduce potential risks. Below are a few **key prompts** adapted from the 'Family Safety Plan' to **support your observations**:

Rules and Boundaries:

- ❑ **Touch and play?** Are there rules about physical touch or rough play?
- ❑ **Privacy norms?** How does the family handle nudity, alone time, or dress at home?
- ❑ **Tone of communication?** Is the way they speak respectful and consistent across members?

Physical Environment:

- ❑ **Private spaces?** Do family members have their own room or a place to retreat?
- ❑ **Sleeping arrangements?** Who shares a bed or room? Is it age-appropriate?
- ❑ **Bathroom use?** Can family members use it privately? Is there a lock?

Need tips on having tough conversations?

Take a look at page 15



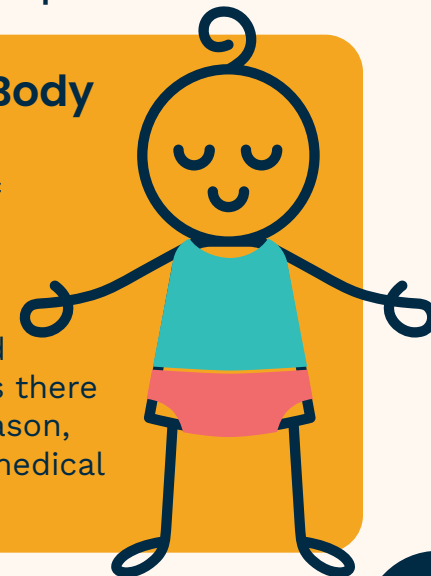
Boundaries

How to teach boundaries:
"**PANTOSAURUS**"

As social workers, it's our role to model clear, respectful interactions. To **reduce harm** and **avoid mixed signals**, here are some tips and points to consider for **ethical, professional practice**:

What are Children's Body Boundaries?

Private parts are the areas of the body that are covered by underwear. **No one** should ask to see or touch a child's private parts, or ask the child to see or touch theirs, unless there is a clear and appropriate reason, such as during bathing or a medical examination.



A Safe Adult...

1. **Takes Action:** Helps when a child is hurt or unsafe.
2. **Respects Boundaries:** Never pressures or treats a child inappropriately.
3. **Is Easy to Talk To:** Children feel safe opening up to them.
4. **Creates Safety:** Provides emotional and physical safety.
5. **Respects Choices:** Lets children choose their Safe Adults.

Is this you?

Working with Blended Families



Each family has its own dynamics. While supporting children often follows similar principles, blended families may involve **unique factors**, such as shifts in caregiving and adult role models. These events **shape** a child's daily life: therefore it is important to consider these factors.

To guide your assessment, here are some **prompts** to consider when working with children and their blended families.

14

- ❑ How **frequently** do new partners enter/leave the family unit?
- ❑ What level of **supervision** is needed for the children/young people and who is responsible for this?
- ❑ Are there particular times of day/locations where supervision needs to be **increased**?
- ❑ Are there any **barriers** to supervision i.e. parental work schedule?
- ❑ What are the current **routines** at home?
- ❑ Consider the times each family member gets up and goes to bed, are there times when the children are **unsupervised**?
- ❑ Can you think of any more?

Starting the Conversation

Think:

Is your use of language respectful and inclusive?

Sexual abuse has many stages and forms. Children might **not recognise** their experiences as abusive, and may find it difficult to disclose them to a safe adult. Here are some **tips and insights** on carefully approaching this area:



Home Observations

Spending time in the home can reveal discrepancies between reported and observed behaviours, offering insight into family dynamics and potential abuse.

15

Power Dynamics

Power imbalances in parent-parent and parent-child relationships can increase the risk of CSA. This risk is higher when there is also intimate partner violence, physical abuse or neglect, even if CSA is not suspected.

Upskilling Parents

Supporting parents to recognise risks (especially when trauma affects judgment) enhances their capacity to identify and respond to unsafe behaviours, including when a partner's actions raise concern.

Did You Use These Tools?

Think:

Do you have any creative skills you could utilise in starting dialogue?

* A Day in the Life...

Use picture cards to discuss daily routines. Let the child lead to identify safe or unsafe moments in their day.

* Timelines:

Uncover life events and trauma that may explain current struggles. However, make sure this is also clearly documented.

* Ecomaps and Genograms:

Map out who's in the child's life, their involvement, and who their safe adults are. Use colours and symbols, do this together.

* Direct vs Indirect Questioning:

Indirect questions like "Where do you learn about your body?" can gently open conversations, while more direct ones, such as "Where does [name] touch you?" may be needed when a child shows signs of discomfort or avoidance.

16

"Why do I want to help people?"

As **professionals** in this field, it's essential to regularly ask ourselves reflective questions like this. Each of us brings our own experiences and biases, which can shape how we engage with children and families. By examining our **motives** and **intentions**, we can better uphold healthy boundaries and avoid re-traumatization, ensuring our actions truly serve the **best interests of the child**.

When did you last talk to a **psychologist** or **support group** about your work? We all need help challenging our thoughts and biases.

17

Set Emotional Boundaries

Be mindful of emotional bonds and potential re-traumatization when working with children, especially with ones who have past trauma.

Code of Conduct?

Familiarize yourself with professional guidelines and legal procedures. Follow ethical standards to prevent harm.

Cultural Sensitivity

Be aware of cultural and religious influences on physical contact, gender, and sexuality. **Always prioritize the child's safety and dignity.**

Physical Touch?

Is the contact for the child's comfort, or your own? Avoid teaching children that touch with strangers is acceptable.

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All of them have contributed meaningfully to the creation of this project.

Together for Child Safety

This pocket guide was created to support **you**, whether you are a social worker, educator, healthcare provider, or any other professional committed to **protecting children and preventing child sexual abuse**. Aleksandra E. Slenter and Anna Papalexiou designed this compact guide as part of the Design to Empower module in the International Social Work bachelor's program at HAN University of Applied Sciences in Arnhem, The Netherlands.

Inside, you will find **tools, knowledge, and voices from the field to help you navigate complex situations with confidence and care**. This guide brings together practical insights and lived experience to support your work in protecting children and building safer environments.

