**Child Sexual Abuse Toolkit**

**for Multi-agency Partners**

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## Introduction

In Spring 2022, a multi-disciplinary team (including representatives from Police, Health and Social Care) came together with the Innovation Unit to explore how we could better support victims of Child Sexual Abuse (CSA). As a result, a CSA survey was produced and completed by 151 multi agency respondents (32% answered social work as their job role) which identified several areas needing change. These included:

* How professionals identify and act on possible signs and symptoms of abuse
* How professionals support suspected victims to disclose

55% of respondents suggested that ‘many’ professionals lack confidence in working with victims of CSA and responses identified that training, supervision and guidance were considered most helpful to support professionals building confidence in this regard.

With these findings in mind, this CSA toolkit has been designed to support professionals who are working with children and families where there are worries about CSA. It has been designed using Chapters to provide bite sized messages and resources which professionals can access easily and use according to their different roles.

However, it must be noted that some resources will require paid membership to access.

## Definitions of Child Sexual Abuse

Child sexual abuse (CSA) can take a variety of forms and it is important to know about and understand some of these differences. This section gives some broad definitions and links to more detailed information about the different forms of sexual abuse.

**Child Sexual Abuse (CSA)**

The statutory guidance for in England ([Working Together to Safeguard Children 2018 (publishing.service.gov.uk)](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/942454/Working_together_to_safeguard_children_inter_agency_guidance.pdf), p 107) defines CSA as:

*‘…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, rap 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 (including via the internet)’.*

## Types of Sexual Abuse

**Child Sexual Abuse within the Family Environment**

There is no single agreed definition ofchild sexual abuse within the family environment. A useful definition is the Children’s Commissioner’s enquiry:

*‘Child sexual abuse in the family environment is defined 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’.* <https://www.childrenscommissioner.gov.uk/publication/protecting-children-from-harm> Page 12.

**Harmful Sexual Behaviour** is defined by the NSPCC on their website as: *‘Developmentally inappropriate sexual behaviour displayed by children and young people which is harmful or abusive’.*

**Problematic Sexual Behaviour** is developmentally inappropriate or socially unexpected, sexualised behaviour which doesn’t have an overt element of victimisation or abuse.

**Child sexual exploitation** is defined by the DfE as occurring when:

‘When an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual’ <https://www.gov.uk/government/publications/child-sexual-exploitation-definition-and-guide-for-practitioners>

**Online Sexual Offending** is where child sexual abuse material, including sexual images of children under 18 are accessed.

**Technology Assisted Abuse (Online Child Sexual Abuse)**

Technology-assisted abuse (online child sexual abuse) is at least as harmful as contact CSA. There are particular dynamics that compound this, for instance, the relative permanence of images and the ability to use images to coerce and threaten children (The Canadian Centre for Child Protection, 2017).

‘Offline’ and ‘online’ abuse are not distinct spheres in children’s lives. Perpetrators of CSA may use technology as part of their abuse (Hamilton-Giachritsis et al, 2017).

## Trauma

Trauma is our body’s response to a significantly stressful or distressing event, which can completely take over our ability to cope in life situations. It shapes the way we live and the way we make sense of the world. Trauma is Trauma is the emotional, psychological, and physiological residue left over from heightened levels of toxic stress.

The term 'trauma' describes a person's psychological response following an emotionally disturbing or life-threatening incident or series of events, that can have a lasting effect on a person’s mental, physical, and social wellbeing.

Traumatic events are common – with many people experiencing at least one traumatic event in their lifetime. **Trauma is experienced in different ways by people so what is traumatic for one person is not necessarily experienced as such by another. However, with the correct support an individual can recover from trauma.**

**The impact of trauma**

When people feel stressed or threatened their bodies release hormones called cortisol and adrenaline. This is the body’s automatic way of preparing to respond to danger, and it cannot be controlled. The effects of trauma on the body are described in the following ways © Mind. This information is published in full at [Effects of trauma - Mind](https://www.mind.org.uk/information-support/types-of-mental-health-problems/trauma/effects-of-trauma/).

This can have a range of effects, which are sometimes called:

* Freeze – feeling paralysed or unable to move.
* Flop – doing what you're told without being able to protest.
* Fight – fighting, struggling or protesting.
* Flight – hiding or moving away.
* Fawn/Friend – trying to please someone who harms you.

Common mental health effects of any trauma include:

* Flashbacks – reliving aspects of a traumatic event or feeling as if it is happening now, which can happen whether or the specific details of the event are remembered.
* Panic attacks – a type of fear response which are an exaggeration of the body's response to danger, stress or excitement.
* Dissociation – where people feel numb, spaced out, detached from their body or as though the world around you is unreal.
* Hyperarousal – feeling very anxious, on edge and unable to relax which may include constantly looking out for threats or danger.
* Sleep problems – finding it hard to fall or stay asleep, feel unsafe at night, or feel anxious or afraid of having nightmares.
* Low self-esteem – trauma can affect the way people value and perceive themselves.
* Grief – experiencing a loss can be traumatic, including someone dying but also other types of loss. Many people experience grief because of how trauma has changed their lives.
* Self-harm – hurting themselves as a way of trying to cope. This could include harming parts of the body that were attacked or injured during the trauma.
* Suicidal feelings – including being preoccupied by thoughts of ending their life, thinking about methods of suicide or making plans to take their own life.
* Alcohol and substance misuse.

Studies have shown that trauma responses can continue long after the trauma is over. This might affect your mind and body, including how you think, feel and behave.

The Body Keeps the Score by Bessal Van De Kolk also describes how individuals are affected by trauma and how they can be helped.

**Window of Tolerance**

Window of tolerance is a term used to describe the zone or window of arousal in which a person is able to function most effectively. When a person is within their window of tolerance it is generally the case that the brain is functioning well and can effectively process stimuli. They are likely to be able to reflect, think rationally, and make decisions calmly without feeling either overwhelmed or withdrawn.

But when someone is triggered by a traumatic event, they may respond with extreme hyper dash or hypo arousal because they may have come to believe that the world is unsafe and therefore the window of tolerance has become more narrow or inflexible as a result.

However, children can be supported to return to their window of tolerance.

**Trauma and sexual abuse**

It is important to work in a trauma informed way with children who have experienced sexual abuse. Knowledge of trauma and its impact and effects will inform understanding of what a child or young person’s behaviour may mean and what they are trying to communicate.

Children often struggle to tell someone about their experiences, and this will inevitably be compounded by the impact of trauma. Understanding this can support conversations about sexual abuse in a sensitive and supportive way. More information can be found at [Child sexual abuse: trauma-informed care - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/child-sexual-abuse-trauma-informed-care)

**Language**

When working with someone who has been through trauma care needs to be taken with the language used. Care needs to be taken and thought given before speaking, there needs to be an awareness of the words chosen, the tone used and how questions are phrased. Language matters and words have power.

When working with someone who has been through trauma, we need to think carefully before speaking, be aware of the words we choose, the tone we use and how we phrase our questions. Because language matters and words have power.

We need to start to shift our language and our thinking from **“What’s wrong with you?”** to ***“What’s happened to you?”.*** By asking “What’s happened to you?” we understand and acknowledge the impact rather than focussing on the behaviour arising from the trauma.

However, it is also important not to sanitise language but say things clearly and unambiguously in order that a shared understanding is reached and agreed.

The Centre of Expertise in CSA reminds us that a child rarely tells everything about their abuse in one go. The may move from unintentional and indirect methods of telling, such as behavioural manifestations, through to more direct means, such as purposefully or accidentally telling someone what is happening ([csacentre.org.uk/documents/communicating-with-children-guide/](https://www.csacentre.org.uk/documents/communicating-with-children-guide/) p18). This is more easily understood in the context of an understanding of the impact of trauma.

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| Resource | Link |
| Practice Bulletin August 2022 on Trauma talks about the principles of working in a trauma informed way and has some practical tools to use with children and families. | [Practice Bulletin August 2022 (office.com)](https://sway.office.com/klWSC3Np5axONPgG?ref=Link) |
| eLearning Introduction to trauma | [Course: Trauma Awareness - KSCMP (delta-learning.com)](https://www.delta-learning.com/course/view.php?id=2986) |
| Trauma informed podcasts | [Training Resources - Kent Safeguarding Children](https://eur01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.kscmp.org.uk%2Ftraining%2Ftraining-resources&data=05%7C01%7CMichelle.Coles%40kent.gov.uk%7C2e0f8e64d55d42f3ac6808da86a06562%7C3253a20dc7354bfea8b73e6ab37f5f90%7C0%7C0%7C637970320695438591%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=1HzVrh%2FgrbTmDQjvag5%2Bcux6TPQ1c4uspnMyFiivSoc%3D&reserved=0" \t "_blank)  [Multi-Agency Partnership (kscmp.org.uk)](https://eur01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.kscmp.org.uk%2Ftraining%2Ftraining-resources&data=05%7C01%7CMichelle.Coles%40kent.gov.uk%7C2e0f8e64d55d42f3ac6808da86a06562%7C3253a20dc7354bfea8b73e6ab37f5f90%7C0%7C0%7C637970320695438591%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=1HzVrh%2FgrbTmDQjvag5%2Bcux6TPQ1c4uspnMyFiivSoc%3D&reserved=0" \t "_blank) |
| NHS Scotland Trauma Informed Practice Toolkit | [Trauma-informed practice: toolkit - gov.scot (www.gov.scot)](https://www.gov.scot/publications/trauma-informed-practice-toolkit-scotland/) |
| MIND- information about the effects of trauma | https://www.mind.org.uk/information-support/types-of-mental-health-problems/trauma/effects-of-trauma/ |
| This book discusses the effect of trauma and form of healing and recovery. | The Body Keeps the Score (2015) by Bessal Van Der Kolk |
| A review of current evidence on trauma informed care for responding to child sexual abuse and exploitation | [Child sexual abuse: trauma-informed care - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/child-sexual-abuse-trauma-informed-care) |
| Children’s Society Guidance for Professionals | [Child\_Exploitation\_Appropriate\_Language\_Guide\_2022.pdf (childrenssociety.org.uk)](https://www.childrenssociety.org.uk/sites/default/files/2022-01/Child_Exploitation_Appropriate_Language_Guide_2022.pdf) |
| SPACE Matters Trauma Informed Bulletins | [Latest Edition](https://www.kent.gov.uk/social-care-and-health/information-for-social-care-professionals/space-matters/trauma-informed-resources) |

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# Identifying signs and symptoms

Identifying and understanding signs and symptoms of sexual abuse is a complex process, this section provides information and links to further resources.

It is not known exactly how many children in the UK experience sexual abuse. However, the NSPCC write that research with 2,275 children aged 11-17 about their experiences of sexual abuse suggest that around 1 in 20 children in the UK have been sexually abused. [Statistics on child sexual abuse | NSPCC Learning](https://learning.nspcc.org.uk/research-resources/statistics-briefings/child-sexual-abuse).

NPSCC state that ‘sexual abuse is usually hidden from view. Adults in the child’s life may not recognise the signs of sexual abuse and the child may be too young, too scared, or too ashamed to tell anyone what is happening to them’.

Knowing the signs of sexual abuse can help give a voice to children. Sometimes children won't understand that what's happening to them is wrong. Or they might be scared to speak out. According to NSPCC ([Preventing Child Sexual Abuse & Keeping Children Safe | NSPCC](https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/child-sexual-abuse/)), some of the signs professionals might notice include:

Emotional and Behavioural Signs

* Avoiding being alone with or frightened of people or a person they know
* Language or sexual behaviour you wouldn't expect them to know
* Having nightmares or bed-wetting
* Alcohol or drug misuse
* Self-harm
* Changes in eating habits or developing an eating problem
* Changes in their mood, feeling irritable and angry, or anything out of the ordinary

Physical Signs

* Bruises
* Bleeding, discharge, pains or soreness in their genital or anal area
* Sexually transmitted infections
* Pregnancy

Physical indicators may require a referral to SARC (Sexual Assault Referral Centre) [Beech House - The Kent and Medway SARC - Home (beechhousesarc.org)](http://www.beechhousesarc.org/)

Children and families can refer directly to the SARC and professionals need to use the pathway.

<https://www.kscmp.org.uk/__data/assets/word_doc/0005/139343/Kent-and-Medway-Pathway-for-child-sexual-abuse-medicals-June-2022-Final.docx>

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| Resource | Link |
| NHS resource | <https://www.nhs.uk/Live-well/spotting-signs-of-child-sexual-abuse/> |
| Research in Practice resource designed to support professionals to use research evidence to structure their thinking in relation to intra-familial child sexual abuse (IFCSA). | Research in practice will require paid membership to access. |
| Community Care Inform reminder information for social workers of the potential risk factors and common signs and indicators of child sexual abuse | Community Care Inform will require paid membership to access.  [Sexual abuse: risk factors, signs and indicators - Childrens (ccinform.co.uk)](https://www.ccinform.co.uk/practice-guidance/signs-and-indicators-of-abuse-and-abusive-behaviours/) |
| CSA Centre’s summary of Key Messages from Research on Technology-assisted Child Sexual Abuse by Adults | [csacentre.org.uk/resources key messages](https://www.csacentre.org.uk/resources/key-messages/) |
| CEOP A resource for children who are worried about online sexual abuse or the way someone has been communicating with them online | <https://www.ceop.police.uk/Safety-Centre/> |
| Help for parents to keep their children safe online | <http://www.internetmatters.org/> |
| Advice for parents on protecting their children from sexual abuse, including an online sexual abuse learning programme of short films | <https://www.parentsprotect.co.uk/> |

# Technology Assisted Abuse (Online Child Sexual Abuse)

If a child is being or has been sexually abused online, they might:

* Spend a lot more or a lot less time than usual online, texting, gaming or using social media.
* See distant, upset or angry after using the internet or texting.
* Be secretive about who they’re talking to and what they’re doing online or on their mobile phone.
* Have lots of new phone numbers, texts or email addresses on their mobile phone, laptop or tablet.

Online Sexual Offending

In 2021 there were over 850 arrests across the UK for accessing child sexual abuse material, including sexual images of children under 18, every month.

The Centre of expertise on child sexual abuse (CSA Centre) has published a guide on Managing risk and trauma after online sexual offending. [Managing risk and trauma after online sexual offending: A whole-family safeguarding guide (csacentre.org.uk)](https://www.csacentre.org.uk/documents/managing-risk-and-trauma-after-online-sexual-offending/)

This resource is for social work practitioners and managers. It has been designed to aid their thinking and decision-making when assessing and supporting a family where a parent is under police investigation for accessing child sexual abuse material.

## Working with Children where CSA is suspected

A study by D. Allnock and P Miller (2013) titled [No one noticed, no one heard | NSPCC Learning](https://learning.nspcc.org.uk/research-resources/2013/no-one-noticed-no-one-heard) found that professionals often miss many of the signs and indicators that result from the sexually abuse of a child and there are a number of different ways that a child may try to let someone know what is happening to them directly or indirectly. The key findings from this report were:

Over 80% of the children tried to tell someone about the abuse.

On average, it took 7 years for the children to disclose sexual abuse. The younger the child was when the sexual abuse started, the longer it took for them to disclose.

There are a number of different ways that a child may try to let someone know what is happening to them. Disclosure – especially at the time of abuse – is rarely a straightforward process of just saying they have been abused.

Many disclosures were either not recognised or understood, or they were dismissed, played down or ignored; this meant that no action was taken to protect or support the child.

The children disclosed for a variety of reasons including not being able to cope with the abuse any longer; abuse getting worse; wanting to protect others from abuse; or seeking justice.

Reasons for not disclosing included: having no one to turn to; not understanding they were being abused; being ashamed or embarrassed; being afraid of the consequences of speaking out.

Disclosing abuse is a difficult journey and 90% of the children had had negative experiences at some point, mostly where the people they told had responded poorly.

Positive experiences of disclosures were when: the child was believed, some action was taken to protect the child, and emotional support was provided.

The children said they wanted: someone to notice that something was wrong; they wanted to be asked direct questions; they wanted professionals to investigate sensitively but thoroughly; and they wanted to be kept informed about what was happening.

Those disclosures that were broadly described as positive had three key features, which were evident in both informal and formal disclosures. These were:

that the recipient of disclosure believed the child

that the recipient of disclosure took some form of action in response

the child received some form of emotional support to help them through the process.

With this NSPCC research in mind, it is important to understand the barriers to disclosing sexual abuse and how conditions to reduce these can be created [Children's disclosures of sexual abuse - Childrens (ccinform.co.uk)](https://www.ccinform.co.uk/practice-guidance/childrens-disclosures-of-sexual-abuse/)

Research suggests disclosures can take place when children are provided with information and opportunity such as the NSPCC Speak Out Stay Safe programme in schools. This resource is designed by NSPCC to help children to understand that they always have a right to feel safe, and that they can speak to a trusted adult or Childline if they ever need help or support : [Speak out Stay safe | NSPCC](https://www.nspcc.org.uk/keeping-children-safe/our-services/working-with-schools/)

What can professionals do when there are worries a child may have suffered sexual abuse?

* Establish the facts. Create succinct, clear chronologies and case notes.
* Understand the different ways (verbal and non-verbal) that children may communicate what is happening to them and may be best understood as a process.
* Children need to choose who tell about abuse and is more likely to be someone they know and trust such as a teacher or a friend.
* Work to create space for the child to share. Confidence and trust need to be built - do not expect children to open up about their experiences immediately. Make it clear that you are ready to listen and to help. Safety, security, and privacy are crucial in establishing trust, as is keeping children informed - in developmentally appropriate ways - about what is happening.
* Think about location i.e., some children find it easier to talk while engaged in an activity such as walking, if the abuse is happening in the family home choose another location and person possibly responsible not present.
* Listen. Do not assume all experiences are the same. Be aware that children may not have the words to describe what has happened to them.
* Be aware of your body language, so it is communicating the same messages as your words i.e., that you have time.
* Keep your support child centred. Build a bond, ask what they like and build in activities. Set out agreements about how you will work together and the boundaries of confidentiality. Include them in the decisions that affect them.
* Understand the child’s support network. Identify early on who they trust - ask the child directly. Quickly implement home and school safety plans.
* It can be useful to use cues such as a child’s behaviour or undisputed facts to start a conversation.
* Note what the child is doing and comment on it, this may be particularly helpful with younger children who rely more on non-verbal communication.
* Let the child know that you will not push, prod, or coerce them into giving information, and that it is ok not to answer your questions.
* Do not repeat the same question more than once, probing for an answer especially if the question requires a yes or no answer as they may assume their response was inaccurate.
* Examples of what you can say are:
* I think I know what you mean, but just help me to understand a bit better.
* I just want to make sure I understand what you are saying.
* Help me to understand that a bit better.
* Tell me about that.
* Show me again.
* If the child does not feel able immediately discuss their experiences it is important to keep giving them opportunities to talk and show they are being listened to
* Use phrases such as ‘I am here for you’, ‘I notice you…’and ‘I see you’ which are all effective ways in which you can show you are attuned to their needs.
* Give children time to answer questions they may need seconds or minutes to process a question.

More hints and tips can be found in Part B of The Centre for Child Expertise Guide on Communicating with Children- How can you give children the confidence to tell you about their sexual abuse? [Communicating with children: A guide for those working with children who have or may have been sexually abused (childhub.org)](https://childhub.org/sites/default/files/library/attachments/Communicating_with_children_english.pdf)

These can be sensitive discussions to have with children and advice and support can be sought, within your organisation and if needed conversations rehearsed prior to meeting with a child. Professionals concerned that a child may be suffering sexual abuse should not continue to seek further information from the child once they have sufficient information to make a referral to Children’s Social Care.

Where risk factors for Intra familial Child Sexual Abuse (IFCSA) are evident but CSA cannot be evidenced, work with children and parents/families might usefully focus on strengthening protective factors and limiting and addressing identified risks:

* Where lack of parental supervision is an issue families could be supported to strengthen parental capacity in this area and/or draw on wider networks of (safe) significant others who can assist.
* Where a child is displaying low self-confidence or self-esteem, work can focus on building their resilience.

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| Resource | Link |
| This Centre of Expertise in Child Sexual Abuse guide explains what may be going on for children when they are being sexually abused; what prevents them from talking about their abuse; and what you can do to help them tell you what is happening. It provides detailed information including questions that a professional can ask and how they can have conversations around sexual abuse.  There is also a separate guide for education professionals | [Communicating with children: A guide for those working with children who have or may have been sexually abused (childhub.org)](https://childhub.org/sites/default/files/library/attachments/Communicating_with_children_english.pdf)  [Helping education settings identify and respond to concerns - CSA Centre](https://www.csacentre.org.uk/knowledge-in-practice/practice-improvement/education-resources/) |
| The importance of a worker’s interpersonal skills are identified by research from the NSPCC | [Let children know you’re listening (nspcc.org.uk)](https://learning.nspcc.org.uk/media/1664/let-children-know-listening-briefing-english.pdf) |
| Community Care inform resource which shares advice on how to respond to a disclosure of sexual abuse | [Children's disclosures of sexual abuse - Childrens (ccinform.co.uk)](https://www.ccinform.co.uk/practice-guidance/childrens-disclosures-of-sexual-abuse/#receivingresponding) |
| Advice for professionals giving therapeutic support to children who have been sexually abuse | [Someone to lean on: advice for professionals giving therapeutic support to children who have been sexually abused (nspcc.org.uk)](https://learning.nspcc.org.uk/media/1365/someone-to-lean-on.pdf) |

## 

## Understanding developmentally appropriate sexual behaviours and sexually harmful behaviour in children

It is helpful to understand developmentally appropriate sexual behaviours in children to inform our assessment and understanding where there may be questions or concerns about individual children’s behaviour and what that may be telling us.

Harmful sexual behaviour (HSB) is developmentally inappropriate sexual behaviour displayed by children which is harmful or abusive1 .

Peer-on-peer sexual abuse is a form of HSB where sexual abuse takes place between children of a similar age or stage of development. Child-on-child sexual abuse is a form of HSB that takes place between children of any age or stage of development.

Problematic sexual behaviour (PSB) is developmentally inappropriate or socially unexpected, sexualised behaviour which doesn’t have an overt element of victimisation or abuse.

Carson (2014) suggests professionals use a checklist to gather information to make a decision about the immediate level of concern about a child who is acting out sexually. The table can be found in KSCMP guidance [2.2.2 Children Who Exhibit Harmful Behaviour including Sexual Harm (Assessing and Providing Interventions) - Kent Only (proceduresonline.com)](https://www.proceduresonline.com/kentandmedway/chapters/p_ch_harmful.html)

Harmful sexual behaviour (HSB) should be explored and addressed comprehensively. If the needs of children who have displayed HSB and have also been victims of abuse or trauma are not addressed, it is unlikely that interventions for HSB will be effective. Evidence suggests that any intervention should be holistic, strengths-based, proportionate, multi-agency and resilience-focused. Interventions can range from direct work, family work or more specialist interventions provided by NELFT, Lucy Faithful or NSPCC National Clinical Assessment and Treatment Service (NCAT’S). Consideration may need to be given to undertaking a specialist AIMs assessment to understand the need for specialist intervention. The purpose of the AIM assessment is to assess the concerns, risks, and strengths of the child across four key domains: sexual and non-sexual behaviours, development, family and environment considering both static and dynamic factors. A scoring system is used based on research that will provide evidence of the risk and resilience presented by the child and therefore the basis for intervention. Aims assessments are undertaken by the Youth Offending Service if they are involved or NELFT if not.

Details of NELFT services and a copy of the referral form can be found at [NELFT Support](https://www.nelft.nhs.uk/kent-cypmhs-support).

This section identifies some other helpful resources to improve understanding of children’s developmentally appropriate sexual behaviours and sexually harmful behaviour.

|  |  |
| --- | --- |
| Resource | Link |
| **The Brook Sexual Behaviours Traffic Light Tool** can help you to make decisions about certain behaviours and whether they are concerning. The tool differentiates between behaviours that may be seen as normal in very young children but in older children may be more concerning, and vice versa. | [www.brook.org.uk/our-work/category/sexual-behaviours-traffic-light-tool](http://www.brook.org.uk/our-work/category/sexual-behaviours-traffic-light-tool) |
| Harmful sexual behaviour includes activities expressed by children that are developmentally inappropriate.  The resources from Research in Practice aim to support professionals to recognise harmful sexual behaviour and with their work with children who are displaying harmful sexual behaviour. | [Recognising harmful sexual behaviour | Research in Practice](https://www.researchinpractice.org.uk/children/news-views/2023/february/recognising-harmful-sexual-behaviour-in-children-and-young-people/) |
| Guidance from the **NSPCC** around sexual development and behaviour in children on their website | [Sexual development and behaviour in children | NSPCC Learning](https://learning.nspcc.org.uk/child-health-development/sexual-behaviour)  [Healthy and unhealthy relationships | NSPCC Learning](https://learning.nspcc.org.uk/safeguarding-child-protection/healthy-and-unhealthy-relationships) |
| NSPCC and Research in Practice have published a framework for responding to HSB | [www.nspcc.org.uk/globalassets/documents/publications/harmful-sexual-behaviour-framework.pdf](https://www.nspcc.org.uk/globalassets/documents/publications/harmful-sexual-behaviour-framework.pdf) |
| Guidance has been issued by the Home Office on child-on-child sexual abuse | [www.gov.uk/government/publications/child sexual exploitation definition and guide for practitioners](https://www.gov.uk/government/publications/child-sexual-exploitation-definition-and-guide-for-practitioners) |
| NSPCC Webinar on Harmful Sexual Behaviours displayed by Children. | [NSPCC Harmful sexual behaviours displayed by children and young people: Webinar | Research in Practice](https://www.researchinpractice.org.uk/children/content-pages/videos/nspcc-harmful-sexual-behaviours-displayed-by-children-and-young-people-webinar/) |
| This video explores technology assisted harmful sexual behaviours. | [Technology assisted harmful sexual behaviour | Research in Practice](https://www.researchinpractice.org.uk/children/content-pages/videos/technology-assisted-harmful-sexual-behaviour/) |
| The Sex Offenders Treatment Services Collaborative (youth sub-group) at the University of Kent offer a collection of resources for use with children with learning difficulties who display HSB | [www.kent.ac.uk/tizard/sotsec/ySOTSEC/Documents/Website resources/RL2015.doc](http://www.kent.ac.uk/tizard/sotsec/ySOTSEC/Documents/Website%20resources/RL2015.doc) |

# 

# Guidance on how to manage the protection of children from any suspected CSA (including s47 enquiries and use of LADO)

This section gives a brief outline of the processes to be followed and actions that need to be taken to ensure children are protected from sexual abuse and where to find further information and resources.

The response that should be made when a child make a disclosure of sexual abuse is outlined in the flowcharts (see appendices).

Strategy discussions

When there is reasonable cause to suspect that a child is suffering, or likely to suffer, significant harm, a **Strategy Discussion** should take place involving social worker(s), police, health services and other relevant agencies (e.g., a referring agency). All participants must be senior enough to make decisions for their employing organisation at the discussion.

The Initial Strategy Discussion/Meeting should usually be held within 24 hours of deciding to a hold a Strategy Discussion. More than one Strategy Discussion may be required to share information and plan any further enquiries required. Further strategy meetings/discussions must be held within 15 working days. If a Child Protection Conference is convened, it must be held within 15 days of the Strategy Meeting which decided that a Section 47 Enquiry should be initiated. Further strategy meetings / discussion/s must be held within 15 working days. If a [**Child Protection Conference**](http://trixresources.proceduresonline.com/nat_key/keywords/child_prot_conf.html)is convened it must be held within 15 days of the Strategy Meeting which decided that a Section 47 Enquiry should be initiated. [2.1.5 Strategy Discussion/Meetings (proceduresonline.com)](https://www.proceduresonline.com/kentandmedway/chapters/p_strat_discus.html)

Section 47 (S47) enquiries

Community Care Inform provides some top tips from Anna Glinski on what to consider when undertaking work with children who have or may have experienced sexual abuse, including:

Intervening as early as possible where there are concerns about sexual abuse is key. By the time signs are being observed in child the abuse has already begun. Looking for signs and indicators of abusive behaviour and contexts where children may be more vulnerable to sexual abuse then prevention is more likely.

Ensuring responsibility is placed with adults. Sexual abuse is never the fault of the child who has been abused.

Ensuring that an open mind is kept in relation to possible victims, as there is no typical victim and abuse may be perpetrated against males, very young children, children from different religious, cultural, and ethnic backgrounds, and those with disabilities.

Take a ‘whole family approach’ when addressing child sexual abuse. If child sexual abuse happens in the family context, then consideration needs to be given to prevention, protection, and support for recovery in the context of the family too. Teaching children ‘protective behaviours’ or ‘how to keep safe’ should not be the only thing done to support a family, but consideration given to building the capacity of the non-abusing adults to protect children and reduce risk for abusive behaviour.

Evidence is broader than verbal disclosure and children are more likely to show us than tell us something is wrong.

Sexual abuse is rarely clear cut and work will often be undertaken with families where abuse is suspected but there is no clear verbal disclosure. In these situations, we need to sit with feelings of uncertainty and ensure that action is taken to reduce risks and vulnerabilities, and build strengths, whether abuse can be ‘proven’ to have taken place.

The legal threshold for social work intervention is ‘the balance of probabilities’ and that enables continued intervention even if the police are unable to take a case forward as they do not have the evidence for an arrest or conviction.

A s47 investigation is the enquiry that Social Workers are obliged to carry out (working closely with the police, health, education, and other relevant professionals) when it is believed that the “significant harm” threshold has been met i.e., when there is reasonable cause to suspect that a child is suffering or is likely to suffer significant harm.

The significant harm threshold is set out in legislation (Children Act 1989) and is the threshold that justifies compulsory intervention into family life namely in the best interests of the child. The purpose of this multi-agency enquiry and assessment is to enable the agencies to decide whether any action should be taken to safeguard and promote the welfare of the child.

Social workers are responsible for deciding how to proceed once section 47 enquiries are concluded. This reflects the fact that section 47 charges a local authority with deciding whether action needs to be taken to protect a child.

**If concerns are not substantiated…**

Where concerns about significant harm are not substantiated (i.e., the duty under section 47 to take further action is not triggered so that an initial child protection conference will not be held), social workers should discuss this with the child, parents and other practitioners, consider whether support services are nevertheless required and whether the child’s health and development should be re-assessed at some point (p.45). If a social worker decides against proceeding to an initial child protection conference, other practitioners still have the right to request a conference if they have serious concerns about a child’s welfare.

If professionals have differences of opinion these should be resolved informally where possible through discussion and if needed using the formal escalation process,<https://www.kscmp.org.uk/__data/assets/word_doc/0010/131869/Kent-Escalation-and-Professional-Challenge-Policy-April-2023-final.docx>

Responsibility for undertaking S47 lies with the Local Authority in whose area the child lives or is found i.e., the physical location where the child has suffered significant harm.

To investigate further following the strategy discussion and gather evidence to decide whether a child is being harmed or at risk of harm a Child and Family Assessment should be initiated following a S47 enquiry.

**If concerns are substantiated**

If the outcome of the S47 enquiry is that the concerns are justified, and it is thought the child is suffering or likely to suffer Significant Harm then an Initial Child Protection Conference should be convened within 15 working days.

An understanding of Significant Harm and an ability to apply this threshold is key to keeping children safe and protected from abuse.

|  |  |
| --- | --- |
| Resource | Link |
| Further guidance | [2.1.5 Strategy Discussion/Meetings (proceduresonline.com)](https://www.proceduresonline.com/kentandmedway/chapters/p_strat_discus.html?zoom_highlight=strategy). |
| Where there are issues relating to worries regarding Harmful Sexual Behaviour | [2.2.2 Children Who Exhibit Harmful Behaviour including Sexual Harm (Assessing and Providing Interventions) - Kent Only (proceduresonline.com)](https://www.proceduresonline.com/kentandmedway/chapters/p_ch_harmful.html?zoom_highlight=harmful) |

## 

## Understanding Police/Social Work role in criminal process

This section outlines the differences in the roles of the Police and Social Worker when allegations of sexual abuse require a criminal investigation alongside a child protection investigation’ and signposts to where further information can be found.

The role of police in criminal cases is investigation of the offence. The investigation includes seizure of articles/documents, questioning witnesses and recording their testimony, arrest of the accused (if necessary), protecting the victim.

**The police should:**

* help other organisations and agencies understand the reasons for concerns about the child’s safety and welfare.
* decide whether or not police investigations reveal grounds for instigating criminal proceedings.
* make available to other practitioners any evidence gathered to inform discussions about the child’s welfare.
* follow the guidance set out in ‘Achieving Best Evidence in Criminal Proceedings: Guidance’ on interviewing victims and witnesses, and guidance on using special measures, where a decision has been made to undertake a joint interview of the child as part of the criminal investigations.
* understand the differences between the criminal (beyond reasonable doubt and safeguarding (on the balance of probability) burdens of proof and how this can affect decision making.

**Social workers should:**

* lead the s47 enquiry and assessment.
* carry out enquiries in a way that minimises distress for the child and family.
* see the child who is the subject of concern to ascertain their wishes and feelings; assess their understanding of their situation; assess their relationships and circumstances more broadly.
* interview parents/carers and determine the wider social and environmental factors that might impact on them and their child.
* systematically gather information about the child’s and family’s history
* analyse the findings of the assessment and evidence about what interventions are likely to be most effective with other relevant practitioners.
* determine the child’s needs and the level of risk of harm faced by the child to inform what help should be provided and act to provide that help.
* understand the differences between the criminal (beyond reasonable doubt and safeguarding (on the balance of probability) burdens of proof and how this can affect decision making.
* follow the guidance set out in ‘Achieving Best Evidence in Criminal Proceedings: Guidance on interviewing victims and witnesses, and guidance on using special measures’, where a decision has been made to undertake a joint interview of the child as part of any criminal investigation.

Achieving Best Evidence (ABE) is guidance for interviewing vulnerable victims, including children. It covers the interview process for child and adult victims and witnesses during a criminal investigation, the pre-trial preparation process, and the support available to witnesses in court. The interview guidance set out in ABE includes video-recorded interviews with vulnerable and intimidated witnesses where the recording is intended to be played as evidence-in-chief in court. ABE promotes a strong victim-centred and trauma-informed approach throughout the guidance.

Anna Glinski from the Centre for Expertise on Child Sexual Abuse discusses the tension between criminal and safeguarding burdens of proof and how this can impact on social work decision making where there are concerns of child sexual abuse.

Outside of formal evidence gathering (the Achieving Best Evidence interview), the child should never be encouraged to extend their account of the abuse which they have suffered. However, you can offer general reassurance and support.

While therapeutic intervention should not be undertaken prior to the Achieving Best Evidence (ABE) interview (if there is to be one), it can be offered afterwards if deemed to be in the best interests of the child.

Therapists must not ask leading questions or explore in detail the disclosures that the child gave in their ABE interview, or any other evidence, during sessions.

If the child makes further, additional disclosures to a therapist (including possible disclosures of their own abusive behaviour), or any material departure from, or inconsistency with, the original allegations, these must be passed on to police immediately. Sessions should be able to continue despite the new disclosures, however it should be discussed with police on a case-by-case basis.

|  |  |
| --- | --- |
| Resource | Link |
| Further guidance on Achieving Best Evidence | [Achieving best evidence in criminal proceedings - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/achieving-best-evidence-in-criminal-proceedings)  the [guide to supporting children](https://www.ccinform.co.uk/practice-guidance/supporting-children-to-speak-about-abuse/) for advice on how this can be done. |
| Application of Thresholds | [The myth of 'absolute knowing': when is the evidence enough? - CSA Centre](https://www.csacentre.org.uk/resources/blog/the-myth-of-absolute-knowing/) |
| Further guidance on managing additional disclosures | [The multi agency response after a sexual abuse disclosure: quick guide](https://www.ccinform.co.uk/practice-guidance/working-with-the-child-family-police-health-and-therapeutic-services-after-a-sexual-abuse-disclosure/) |

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## Medical Examinations

Although specialist Doctors with training around sexual abuse undertake and approach these in a sensitive manner medical examinations are by their nature intimate and invasive, and in and of themselves could be experienced as traumatic. Therefore, consideration must be given to the balance between the benefits of undertaking a medical examination against the challenges of undergoing this for the child or young person.

The doctor undertaking the examination could provide additional advice about the benefits of undertaking medicals for individual children if needed and can be invited to strategy discussions so this could be explored further with the professional network.

Considering when a medical examination is needed and the timing for this is important in ensuring the wellbeing of a child and gathering important forensic evidence. Consideration is given to, and further information signposted in this section.

A child sexual abuse (CSA) medical examination may be considered whenever there is an allegation of sexual abuse, sexual abuse has been witnessed, or when there is a suspicion by the referring agency that sexual abuse, including exploitation, has occurred (RCPH/FFLM 2015), whether this be recent or non-recent.

The role of the medical examination is not only to identify any physical findings which may support a disclosure and may be considered evidential but, just as importantly, to consider the overall physical and emotional health and wellbeing of the child and the wider family.

Some aspects of a medical examination are greatly influenced by timing. After a recent sexual assault, forensic findings like DNA or physical injuries are much more likely to be found in the first 24 to 72 hours following last contact, although there is a benefit to an examination at any time (Christian et al 2000, Giardet et al, 2011).

There are also important health considerations early on and especially in the first 72 hours including, but not limited to, emergency contraception in older girls and considering whether medication could be provided to minimise the risk of HIV transmission, following abuse that carries this risk.

In non-recent abuse there is also a benefit to a timely assessment. This may vary according to clinical need and the child’s or carers’ wishes but it is usually expected that such children would be seen within two weeks of a decision being made that such an examination is required (RCPH/FFLM, 2015). This is usually following achieving best evidence (ABE) interviews but should not be delayed significantly if an ABE is not done or takes time to arrange.

Even if the last abusive contact was several months or years earlier there is still a benefit to a medical examination. Some supportive physical findings may persist, and some sexually transmitted infections can be entirely without symptoms and persist for many months. In addition, children often feel reassured by being checked and being told by a health professional that they are physically ‘normal’ or ‘ok’ (Marks et el, 2009).

If a medical is deemed necessary, a referral to SARC (Sexual Assault Referral Centre) will need to take place.

|  |  |
| --- | --- |
| Resource | Link |
| SARC guidance | [Beech House - The Kent and Medway SARC - Home (beechhousesarc.org)](http://www.beechhousesarc.org/) |
| Further guidance on medical examinations | [Paediatrician Michelle Cutland from the Centre of expertise on child sexual abuse explains here what is involved in the medical examination to answer questions that the child or family may have](https://www.ccinform.co.uk/practice-guidance/medical-examinations-for-child-sexual-abuse-what-social-workers-need-to-know/).[Medical examinations for child sexual abuse: what social workers need to know - Childrens (ccinform.co.uk)](https://www.ccinform.co.uk/practice-guidance/medical-examinations-for-child-sexual-abuse-what-social-workers-need-to-know/) |

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## Risk Assessments and identifying protective adults

Effective multi-agency working with non-abusing parents is key to the future welfare and safety of the child.

A parent/caregiver who provides safe care will need to play a central role in protecting their children from the person of concern, implementing safety plans and managing risks; and they will need to support their child with the immediate and longer-term impacts of their abuse.

It may be that a parent who is providing self-care will also be impacted by concerns about or a disclosure that they have been sexually abused. They will also require support in their own right to understand what has happened and what they need to do to ensure their child is kept safe and cared for.

There needs to be appropriate use of family plans, which would cover safety and written agreements whereby there are not unrealistic expectations placed on the non-abusive parent to keep the child safe. This includes when a parent is in a domestic abuse relationship. (See section below for information related to safety plans). A risk assessment of a person of concern and protective parenting work are separate but complimentary pieces of work that may need to be undertaken to gain assurance around the safety needs of a child.

This will involve careful planning including who should undertake the work (considering if an additional worker would be better), the number of sessions required venue for the sessions, with consideration as to the safety and wellbeing of the worker as the work will involve covering sensitive and personal topic areas and what debrief, or supervision will be required to support the work.

Consideration should be given to the tools that will be used including genogram, timeline (including relationships, sexual experience, and sexual identity) and exploring the person of concerns version of allegations.

|  |  |
| --- | --- |
| Resource | Link |
| Further guidance on risk assessments- Appendix 1-2 | [Stop It Now! UK and Ireland | Preventing child sexual abuse](https://www.stopitnow.org.uk/)  [The Lucy Faithfull Foundation - Stop It Now](https://www.stopitnow.org.uk/how-we-prevent-child-sexual-abuse/the-lucy-faithfull-foundation/)  [Finkelhor model | Recovery from Child Sexual Abuse (recovery-from-child-sexual-abuse.org.uk)](https://www.recovery-from-child-sexual-abuse.org.uk/the-finkelhor-model/)  [Understanding motivations - Stop It Now](https://www.stopitnow.org.uk/concerned-about-your-own-thoughts-or-behaviour/help-with-inappropriate-thoughts-or-behaviour/self-help/understanding-the-behaviour/understanding-motivations/) |

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## Understanding support for parents and family led approaches.

Parents and families also need access to support, help and guidance when caring for a child who has been sexually abused, this section provides some brief information and explores where support for families can be found.

For parents and carers, discovering that their child may have been sexually abused is one of the most devastating events they can experience. The guides from the Centre for Expertise on Child Sexual Abuse, and other resources helps professionals provide a confident, supportive response when concerns about the sexual abuse of a parent or carer’s child have been raised or identified.

|  |  |
| --- | --- |
| Resource | Link |
| Further guidance on support for parents | [Supporting Parents and Carers: A guide for those working with families affected by child sexual abuse](https://www.csacentre.org.uk/documents/supporting-parents-and-carers-a-guide-for-those-working-with-families-affected-by-child-sexual-abuse/)  [Supporting Parents Infographic](https://www.csacentre.org.uk/documents/supporting-parents-infographic/)  https://www.csacentre.org.uk/our-research/responding-to-csa/understanding-parents-needs/  [Survivors' and families' perspective on the impact of sexual abuse on them - Childrens (ccinform.co.uk)](https://www.ccinform.co.uk/learning-tools/survivors-and-families-perspective-on-the-impact-of-sexual-abuse-on-them/?learning_tools=survivors-and-families-perspective-on-the-impact-of-sexual-abuse-on-them#038;post_type=learning_tools&#038;name=survivors-and-families-perspective-on-the-impact-of-sexual-abuse-on-them) |
| This podcast is about intra-familial child sexual abuse and how approaches from family therapy can help a family in crisis after an abuse disclosure.  It is about intrafamilial child sexual abuse and how social workers can support a family after abuse has been disclosed. It considers cases where the perpetrator is an adult and also where the sexual abuse is by a sibling. | [Child sexual abuse - using family work approaches: podcast transcript - Childrens (ccinform.co.uk)](https://www.ccinform.co.uk/practice-guidance/child-sexual-abuse-using-family-work-approaches-podcast-transcript/) |
| Safe, non-judgemental support for the non-abusing parents and carers of children who have been sexually abused. | <http://www.mosac.org.uk/> |
| Fact sheet advising parents and carers on coping with the shock of intrafamilial sexual abuse | <https://www.nctsn.org/>  <http://www.nctsn.org/resources/coping-shock-intrafamilial-sexual-abuse-information-parents-and-caregivers> |
| Support for parents and carers whose children have been sexually abused or exploited , and partners of individuals who have accessed sexual images of children. | <http://www.actsfast.org.uk/> |

# Exploring emotions and risk in supervision

In order to provide the best support to a child who has suffered sexual abuse a social worker will require their own emotional supp, and a safe space to reflect on and explore feelings and risk and this section considers where further information can be found.

Anna Glinksi at the Centre for Expertise in Child Sexual Abuse talks in a podcast about the importance of exploring difficult and painful emotions arising from practice with Social Workers when working with child sexual abuse. Professionals may find their experiences resonate strongly with those they work with and need skilled guidance to manage their unique responses, which could be informed by experiences of difference and diversity, while remaining attuned to the children, young people and families they work with.

Some professionals may not have access to supervision, it is important for those professionals to still be able to have a safe space to explore their feelings and emotions with a colleague/ manager.

Research in Practice has also developed a resource for promoting defensible decision making that could support decision making around families where sexual abuse has been identified as a risk.

The Spark Self Care Tool aims to prevent excessive stress and burnout by encouraging professionals to reflect on distinct areas in their personal and professional lives. is a self-reflective evaluation tool for professionals working across the service, supporting them to develop a tailored self-care plan.

|  |  |
| --- | --- |
| Resource | Link |
| Further guidance and information about exploring emotions and risk in supervision. | [Exploring emotions in supervision - Anna Glinski by Research in Practice (soundcloud.com)](https://soundcloud.com/rip-ripfa/exploring-emotions-in-supervision-anna-glinski)  [Supervision: how to talk about emotions (ccinform.co.uk)](https://www.ccinform.co.uk/practice-guidance/how-to-talk-about-emotions-in-supervision/)  [Compassion fatigue and secondary trauma in human services (ccinform.co.uk)](https://www.ccinform.co.uk/practice-guidance/guide-to-compassion-fatigue-and-secondary-trauma-in-human-services/)  [Developing emotional resilience in social work | Community Care Inform (ccinform.co.uk)](https://www.ccinform.co.uk/practice-guidance/guide-to-developing-social-workers-emotional-resilience/)  [Asking questions in supervision - Childrens (ccinform.co.uk)](https://www.ccinform.co.uk/practice-guidance/asking-questions-in-supervision/)  [Video commentary: support and advice after a challenging visit - supervision approach 1 - Childrens (ccinform.co.uk)](https://www.ccinform.co.uk/learning-tools/supervision-video-commentary-support-and-advice-after-a-challenging-visit-approach-1/)  [Managing risk in social work (ccinform.co.uk)](https://www.ccinform.co.uk/practice-guidance/guide-to-managing-risk-in-social-work/)  https://www.communitycare.co.uk/2016/03/30/supervision-can-help-tackle-emotional-demands-social-work/  Containing-difficult-emotions-in-supervision.pdf (rip.org.uk  [Helping social workers - Practice Supervisor Development Programme Repository (rip.org.uk)](https://practice-supervisors.rip.org.uk/emotions-relationships-and-resilience/helping-social-workers/)  [Supporting defensible decision-making | Research in Practice](https://www.researchinpractice.org.uk/children/news-views/2022/june/supporting-defensible-decision-making-in-childrens-social-care-organisations/)  [A self-care tool for professionals: The SPARK tool - Free Social Work Tools and Resources: SocialWorkersToolbox.com](http://www.socialworkerstoolbox.com/a-self-care-tool-for-professionals-the-spark-tool/) |

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## Tools for intervention

This section considers what tools are available to use in interventions and work with children where there are worries about them having been sexually abused.

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| Resource | Link |
| 12 videos to support professionals where there are worries about CSA, to accompany the videos there are 3 guides that can be used to support practice, from the Centre for Expertise in Child Sexual Abuse. | **Intro video** [Introduction to our videos (01/12) - YouTube](https://www.youtube.com/watch?v=3K6TIM2if9Y&list=PLgE8smYzAGVRYbOuzpOdSvFRLwyUlvt4q&index=1)  **Identifying concerns of CSA**  [The scale and nature of child sexual abuse in England and Wales (02/12) - YouTube](https://www.youtube.com/watch?v=EDGIDgvF1Nc&list=PLgE8smYzAGVRYbOuzpOdSvFRLwyUlvt4q&index=2)  [Understanding why it's difficult for children to talk about sexual abuse (3/12) - YouTube](https://www.youtube.com/watch?v=z0Bl5wTbJpo)  [Building a picture of your concerns to shape the response (04/12) - YouTube](https://www.youtube.com/watch?v=DnRq0DFYbYw)  **Responding to concerns**  [Working with children who may have experienced sexual abuse (05/12) - YouTube](https://www.youtube.com/watch?v=_o_1DC7bhvs&list=PLgE8smYzAGVRYbOuzpOdSvFRLwyUlvt4q&index=5)  [Recognising the barriers to conversations about sexual abuse (06/12) - YouTube](https://www.youtube.com/watch?v=BEZ4MbuvYFE&list=PLgE8smYzAGVRYbOuzpOdSvFRLwyUlvt4q&index=6)  [Being confident in responding to concerns of child sexual abuse (07/12) - YouTube](https://www.youtube.com/watch?v=QS8OnQqASY8&list=PLgE8smYzAGVRYbOuzpOdSvFRLwyUlvt4q&index=7)  [Using our ‘Communicating with children’ resource to help when you have concerns (08/12) - YouTube](https://www.youtube.com/watch?v=loGnY5QMA5s&list=PLgE8smYzAGVRYbOuzpOdSvFRLwyUlvt4q&index=8)  **Supporting families when there are concerns of CSA**  [Understanding the context and impact of child sexual abuse (09/12) - YouTube](https://www.youtube.com/watch?v=fDC7c6tbOUM&list=PLgE8smYzAGVRYbOuzpOdSvFRLwyUlvt4q&index=9)  [A whole family approach – supporting parents and carers (10/12) - YouTube](https://www.youtube.com/watch?v=gdBTSJ-n3gw&list=PLgE8smYzAGVRYbOuzpOdSvFRLwyUlvt4q&index=10)  [A whole family approach – supporting parents and carers to support the child (11/12) - YouTube](https://www.youtube.com/watch?v=Y4vTLfEpb4A&list=PLgE8smYzAGVRYbOuzpOdSvFRLwyUlvt4q&index=11)  [The importance of your role (12/12) - YouTube](https://www.youtube.com/watch?v=-XeoB98_dwU&list=PLgE8smYzAGVRYbOuzpOdSvFRLwyUlvt4q&index=12) |
| Centre for Action on Rape and Abuse (CARA), a charity working in Essex, has produced five videos in collaboration with children in Essex who have experienced sexual violence. The animated videos aim to support professionals working with children to understand the impacts of sexual violence. The videos present experiences of the support provided after sexual violence, responses to disclosure, and the impact of sexual violence on peer groups. | [Understanding young people’s experiences of sexual harm: supporting students](https://eur01.safelinks.protection.outlook.com/?url=http%3A%2F%2Femail.nspcc.org.uk%2Fc%2F11GI2yrFHiqC3wQUb72Fj8JDlj&data=05%7C01%7Cjane.caldwell%40kent.gov.uk%7Cc8a0353ec0f5474a81c008da94ba688e%7C3253a20dc7354bfea8b73e6ab37f5f90%7C0%7C0%7C637985825588719880%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=4cEstilmOYOJH32qGe0MT%2BuMqwRKfltAT2dAu1p%2BxHQ%3D&reserved=0) |
| Further resources | <https://learning.nspcc.org.uk/news/2020/january/podcast-harmful-sexual-behaviour-in-schools/>  <https://learning.nspcc.org.uk/child-abuse-and-neglect/child-sexual-exploitation#direct-work>  <https://learning.nspcc.org.uk/child-abuse-and-neglect/child-sexual-abuse#direct-work>  <https://learning.nspcc.org.uk/research-resources/leaflets/home-or-out-alone-guide/>  <https://learning.nspcc.org.uk/research-resources/2015/solution-focused-practice-toolkit/> |

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## Understanding vulnerable children (preverbal, children with disabilities or communication difficulties)

Research consistently highlights that there are additional complexities where communication may need to be given particular consideration, and this section will cover some helpful sources of information and support.

Research has highlighted that children with disabilities are at substantially greater risk of, sexual abuse than non-disabled children and are more likely to experience multiple types and occurrences of abuse.

Sex offenders may target children with disabilities in the belief that they are less likely to be detected. There may be more opportunities to groom children with disabilities and a belief that any subsequent behaviour will not be seen as an indicator of abuse but linked to their disability.

The signs and symptoms of sexual abuse for children with disabilities are the same as for any child. The difference is that they may not be noticed. The symptoms may be assumed to be related to the disability or they may remain unexplained. A reluctance to consider the possibility of sexual abuse or denial of sexual abuse of children with disabilities is a major cause of non-recognition.

Stereo-typed behaviour such as self-injury or 'public masturbation' should not be assumed to be the result of a disability. The possibility of sexual abuse should not be ruled out.

Many children depend on a variety of adults for their basic care needs, i.e., toileting, bathing, dressing. This increases accessibility and opportunity for care givers to be alone and in abusive situations to 'justify' inappropriate touching.

Some of the same factors that make children with disabilities more vulnerable to abuse (and those with very complex needs even more so) mean they are less likely to disclose abuse and delay disclosure more often compared to typically developing children. The barriers to seeking help include:

* a lack of awareness and understanding about abuse
* communication barriers including less developed vocabulary or using a method of communication that others are not familiar with
* isolation from community and support services.

The basic principles of communication are the same for any child. Communication can be direct, e.g. through speech, signing, writing, pointing or indirect through play, drawings, behaviour or expressions.

Where a child with disabilities has communication impairments or learning disabilities, special attention should be paid to communication needs, to ascertaining the child's perception of events, his or her wishes and feelings. Every effort should be taken to enable a child to communicate to their fullest ability including the need for an interpreter or someone skilled in using the child's preferred method of communication. Sometimes this will require someone who knows the child and their individual style of communication well.

|  |  |
| --- | --- |
| Resource | Link |
| The resource hub on Community Care Inform has articles, tools and resources Working with children with disabilities knowledge and practice hub. | [Working with disabled children knowledge and practice hub - Childrens (ccinform.co.uk)](https://www.ccinform.co.uk/knowledge-hubs/working-disabled-children/) |
| A resource that supports professionals to create the best environment to encourage engagement. | [Hearing the voices of children with disabilities](https://eur01.safelinks.protection.outlook.com/?url=http%3A%2F%2Femail.ccinform.co.uk%2Fc%2F137LljrDjcMjJGzimPJSKndoDgFI&data=05%7C01%7CJane.Caldwell%40kent.gov.uk%7C2d92d037d1934c6bb17608da957f9780%7C3253a20dc7354bfea8b73e6ab37f5f90%7C0%7C0%7C637986672479904500%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=liif%2FSyXuGQFtiKkzpyngzxBnDUJXYFlkIlS5dHIOlg%3D&reserved=0) |
| Guidance around recognising behaviour as a form of communication in pre-verbal children. | [Why language matters: in need of attention, not ‘attention seeking’ | NSPCC Learning](https://learning.nspcc.org.uk/news/why-language-matters/in-need-of-attention-not-attention-seeking?utm_campaign=20230227_KIS_CASPAR_February27&utm_content=Why%20language%20matters:%20in%20need%20of%20attention%2C%20not%20%E2%80%98attention%20seeking%E2%80%99&utm_medium=email&utm_source=Adestra) |
| If you have concerns that a baby or toddler may be being sexually abused, it is vital to be aware of non-verbal signs of sexual abuse.  Chapter 7 within this guide shares information related to how professionals can adapt to the needs of the individual child. | [\*Communicating with children: A guide for those working with children who have or may have been sexually abused (childhub.org)](https://childhub.org/sites/default/files/library/attachments/Communicating_with_children_english.pdf) |
| Videos to support preschool children feel safe | <http://www.socialworkerstoolbox.com/feeling-happy-feeling-safe-videos-pre-school-children/> |
| In the UK, the NSPCC introduced the PANTS Campaign (the ‘underwear rule’) to help encourage and support parents to talk to children aged four to 11 about staying safe from sexual abuse. The promotion also includes teaching resources for schools and early years settings | .<https://learning.nspcc.org.uk/research-resources/schools/pants-teaching/> |

## 

## Understanding Children health and wellbeing

This section considers information to support understanding a child’s health and wellbeing needs.

Healthy relationships are inherently positive and children should always feel respected, valued, supported and encouraged. They should also be free to make choices about how they act and what they say; they should not be controlled, coerced or manipulated into anything.

Benefits of healthy relationships include having a positive sense of wellbeing and experiencing less stress. You might also have more purpose to your life and increase your social development.

|  |  |
| --- | --- |
| Resource | Link |
| Additional information and guidance | [Promoting healthy relationships in schools | NSPCC Learning](https://learning.nspcc.org.uk/safeguarding-child-protection-schools/promoting-healthy-relationships)  <https://learning.nspcc.org.uk/research-resources/schools/resources-sexual-abuse-education-healthy-relationships/>  <https://www.thinkuknow.co.uk/professionals/our-views/teaching-healthy-relationships-6-resources-to-help/>  [Sex and Relationships Education (SRE) for the 21st Century](https://www.sexeducationforum.org.uk/resources/advice-guidance/sre-21st-century-supplementary-advice), Brook, PSHE Association and Sex Education Forum, 2014 |

## 

## Understanding professional roles and how best to work together where there are worries around CSA

Preventing and protecting those from child sexual abuse in the family environment requires a multi – agency response, this section considers how working in partnership can be promoted.

Children are unlikely to tell someone that they are being sexually abused, particularly when the perpetrator is known to them. Therefore, parents, professionals and the public must understand and know how to respond to the signs and symptoms of child sexual abuse.

Child sexual abuse in the family environment often comes to the attention of statutory and non-statutory agencies as a result of a secondary presenting factor, for example self-harm, which becomes the focus of the intervention. In many cases, the underlying issue of sexual abuse may not be identified until much later.

Significant number of professionals lack confidence in talking about sexual abuse within the family environment and do not have the skills and knowledge they need for this. One of the consequences of this is that sexual abuse is not identified as the main risk for the child. Instead, the focus is steered towards other abuse, such as emotional harm or neglect. This can then be recorded in child protection and children in need plans and multi-agency planning therefore does not always focus enough on reducing the risk of sexual abuse and planning for the future.

Clear pathways and thorough training should also mean that professionals are clear about the balance between intervention and intrusion into family life. Professionals need help to understand what they can do in the absence of police action to make the situation safer and to meet the therapeutic needs of the child and family.

Professionals can face significant challenges in working with families in which there is a continued risk of sexual abuse that the family is reluctant to accept. In some cases, Police investigations have ended with no further action. It is important that children’s Services professionals understand their role and are confident in challenging the Police: just because there is not enough evidence to secure a conviction does not mean that agencies should retreat, support needs to continue in a way that is in the best interests of the child.

|  |  |
| --- | --- |
| Resource | Link |
| This guide looks at a multi-agency response and ensuring the needs of the child are kept at the centre of any work. | [The multi-agency response after a sexual abuse disclosure: quick guide - Childrens (ccinform.co.uk)](https://www.ccinform.co.uk/practice-guidance/working-with-the-child-family-police-health-and-therapeutic-services-after-a-sexual-abuse-disclosure/) |

## 

## Effective safety plans

This section considers the role of robust planning in safeguarding children.

The safety planning process involves professionals working collaboratively with parents, children, and an informed family network to develop and implement a detailed safety plan, that leaves everyone confident that children will be safe in the parents’ care in the future. It involves monitoring and reviewing the safety plan over time as part of the child’s regular planning processes, so that everyone is satisfied that the safety plan is working and will continue to work and provide ongoing safety for the children.

It is important to ensure that all safety planning where possible is incorporated into the plan for the child whether this is Early Help plans, Child in Need, Child Protection or Child in Care plans.

It is acknowledged that some safety planning cannot wait for the outcome of an assessment or review of the current plan and will need to stand alone until the appropriate time at conclusion of assessment or review to be incorporated. But until that time clear signposting to the recording and sharing with children and families must be in place to ensure that these remain clear, understood and effective.

**Sibling sexual abuse safety plans**

Following an apparent incident or allegation of harmful sexual behaviour, we need to think about the support parents /carers can give children. An immediate risk management plan should be implemented.

Any other children in the family should be made aware of the concerns, asked about their possible knowledge of the alleged matters and whether they have experienced any behaviour of concern. All children should be told what they should do if they are concerned by the alleged perpetrator’s behaviour (past or future) and be clear about who they feel able to share their worries with.

In almost all cases, it is safer in the immediate term for the alleged perpetrator to reside elsewhere. This will help the parents manage the risks, ensure the victim feels able to fully disclose what has happened without fear of reprisals from the perpetrator, allow the parents space to come to terms with what has happened, convey to the victim their right/need to have their safety prioritised and convey to the perpetrator the unacceptability of his or her behaviour. It is also important for establishing the conditions for future safety in the family; during this period you can work with the parents to develop a longer term safety plan.

In the first instance, are there any other family members or family friends the alleged perpetrator can initially stay with to minimise and manage the risks?

If there is no appropriate family/friends’ option available, local authority accommodation must be considered. In weighing this up, we need to consider the potential consequences – how is the situation likely to develop if the alleged perpetrator remains at home, and if they don’t? If they do stay at home during this period, how effectively can we intervene to address the harm caused by the alleged abuse, keep children safe and address/reduce the risk posed by the alleged perpetrator.

Circumstances to consider when considering if it can be appropriate and safe enough include:

* The meaning for the victim (and other family members) of the perpetrator remaining in the home after the abuse had been disclosed. The meaning will be influenced by the next consideration.
* Whether the disclosure is believed in the family, and whether the abuse is, at least to some extent, acknowledged by the perpetrator. The victim may be at increased risk if the abuse is not believed or held in mind by the family and the perpetrator is allowed to continue residing at the family home.
* Whether the family are able to manage the risks to the victim and any other children with the perpetrator residing in the home. What are the arrangements for bedrooms, bathrooms, supervision, rules around nudity and so on?
* Whether the victim would feel able to share any concerns with a parent/carer if the alleged perpetrator is at home – this also links to the point about being believed. How safe does the victim feel around the alleged perpetrator? what factors may hinder the parents/carers’ ability to keep the children safe from sexual harm?
* The likelihood of the alleged perpetrator complying with a safety plan.

When the alleged perpetrator returns to the home (or if they must remain in the home in the immediate period after allegations are made) a safety plan should be in place. Safety planning should be undertaken with the parents/carers, considering the following factors:

1. **Supervision:** How will the children be effectively supervised at all times to reduce possible opportunities for harmful sexual behaviour to occur?
2. **Bathroom/toilet arrangements:** Family rules around the use of bathrooms/toilets should be devised, which consider the need for privacy. Rules could include only one person at a time allowed in the bathroom or that everyone needs to knock and ask permission to enter.
3. **Rules around nudity/appropriate dress in the home:** There should be rules to ensure that no nudity or near nudity of either adults or children is allowed. For example: “Everyone should be fully clothed before leaving their bedroom”. Children should not walk around with just towels around them or scantily dressed. If needed, they should be provided with nightdresses, pyjamas and dressing gowns. The aim of rules on nudity and near nudity is partly about desexualising the environment as this can be quite stimulating for the child exhibiting harmful behaviour. It also helps with setting boundaries around privacy with regard to bodies and modelling healthy behaviours.
4. **Play fighting:** Play fighting should not be allowed because of the following concerns:

* It can be used as a grooming technique – one child can prove they are stronger than another and that if they do try to sexually harm, the weaker child will not be able to stop them.
* It can be a method for being able to touch another’s genitals or breasts in the guise of play or an accident.
* It might be used a way of becoming sexually stimulated. The child can become sexually aroused by the physical contact.

Parents can support their children’s understanding of sexual development and healthy relationships. By speaking to their children about their bodies and healthy touches and relationships, parents can help reduce their children’s vulnerability to displaying harmful sexual behaviour or being targeted by harmful sexual behaviour.

Parents and professionals can teach children non-sexualised ways to offer and receive affection and assist them to change their behaviour. Children need to learn about good touches – comforting, soothing touches and caring for someone else’s needs in a non-sexual way. These might include combing hair, hugs, ‘well done’ pats on the back, sitting next to an adult reading a book or watching television. They need to have these modelled for them and clear guidance given about what behaviours are acceptable and not acceptable.

**Safety planning when a person of concern is an adult living in the child’s home**

It is possible to safety plan with the suspected offender in the home. This work will be led by Social Workers and the Police, with support from the multi-agency network However, a safety plan is not recommended when:

The child is:

* telling services or other people that they have been sexually abused by the suspected offender
* fearful of the suspected offender
* fearful of the parent and unable to identify any other protective adults in the home
* exhibiting overtly sexual behaviour towards the suspected offender.

The parent is:

* unable or unwilling to supervise the suspected offender
* fearful of the suspected offender.

The suspected offender is:

* charged with creating child pornography (including videoing children, eliciting pornographic images / videos from children, or altering images of children to make them pornographic)
* charged with child sexual abuse offences
* convicted of child sexual abuse offences
* on the Child Protection Register
* unable or unwilling to adhere to the safety plan.

These circumstances significantly impact the likelihood that the suspected offender can remain safely in the home. It is important to review these points each time you consider safety planning in the context of sexual abuse.

There is a strong correlation between perpetrating intimate partner violence and perpetrating child sexual abuse. Controlling and violent behaviour by the suspected offender (including physical abuse, verbal abuse, financial control, isolation from support) can also impact significantly on the capacity of the parent to implement a safety plan.

The safety plan must have rules that address particular stressors, triggers or issues. These might include parents and network identifying rules for:

* how a couple will deal with conflict to avoid violence
* how a parent will deal with depression or high-level anxiety or other mental distress/ illness and still make sure the children are well cared for, whatever their mental state

As a general principle, it is best for professionals to avoid stipulating specific rules for the safety plan, since the idea is for the parents and their support people to come up with the safety plan rules. But in some cases, the statutory agency will have bottom line requirements for the rules.

Two that are often necessary are:

* identifying a particular parent or person, usually an alleged or convicted perpetrator, who will be required to never be alone with a child or children
* identifying a certain parent or person who is required to be the primary carer of the children

When developing the details of any given safety plan, it is important to give parents and everyone else involved a vision of the sort of detailed plan that will satisfy the statutory authorities.

With this done, the professionals’ role is then to ask the parents and network to come up with their best thinking about how to show everybody, including Children’s Services, that the children will be safe and well looked after.

This is an evolving conversation as the professionals continually deepen the parents’ and network’s thinking about all the issues the professionals see, while simultaneously exploring the challenges the parents and network foresee.

The trick here is for professionals to break the habit of trying to solve issues themselves and instead explain their concerns openly and see what the parents and the network can suggest. Working with parents and a network of support people to create a safety plan the family will live by requires professionals to guide the process with intersecting measures of coercion, vision and conversation.

Once the concerns are commonly understood and the professionals have laid out their safety goals and bottom lines, and the family and network have a clear of vision of what a meaningful safety plan might look like, it is time to focus firmly on conversation, with a professional leading and asking increasingly detailed questions.

The central organising question is: ‘What do you think needs to be in place to show everybody, that the children will be safe and well looked after when they are (back) with you?’

The role of professionals is to constantly deepen the parents’ and network’s thinking, using questions that bring forward all the issues the professionals see might be in play, while at the same time exploring the challenges the parents and network foresee.

Throughout this process, the parents and their network should be asked for their ideas about how these issues can be addressed and what rules need to be in place to achieve this.

Again, the key here is for professionals not to try solving issues amongst themselves, but instead to explain their concerns openly to the parents and the network and see what they can suggest.

Here are issues and elements that typically need to be addressed in creating an effective safety plan.

Sexual abuse cases

* Alleged perpetrator not to be alone with any children at any time.
* Identify the primary carer.
* Privacy.
* Who assists with clothing the children at night and after bathing?
* Who is responsible for intimate care?
* Appropriate physical contact for the alleged abuser.
* Who is where in the rooms and spaces (house, garden, garage, etc.) when the children are home during the typical patterns of everyday family life?
* Transport arrangements for the children.
* Arrangements at school, clubs and other activities.
* Care arrangements when problems or difficulties arise, such as an illness or hospitalisation of the primary caregiver, or if safety network people are unable to fulfil their roles.

All safety plans will typically incorporate rules regarding the following:

* Key safety people who the children can contact if they have any concerns.
* People to assist the parents and who will monitor the children’s safety.
* People who will help, particularly if/when the primary carer is ill, under stress or unavailable.
* People the family or parents need to avoid.
* If professionals are to have ongoing involvement (e.g. in situations where parents have a developmental delay or suffer from ongoing mental illness), what their specific role will be and how that is directly connected to maintaining the safety and wellbeing of the children.
* Signs that parents/carers are not coping and what the safety network people and others will do in these circumstances.
* Arrangements for stressful situations such as anniversaries, parties, celebrations or when parents wish to use alcohol and/or drugs.
* Arrangements regarding other children visiting or baby-sitting, whether relatives or friends.
* The age at which young children/infants will have the Words and Pictures and the safety plan explained to them (for the first time or as a regular refresher) and who will take responsibility for the task.
* Child development and how the plan needs to change as children grow
* Plans for deepening the explanation each child is given about the past abuse/neglect and the subsequent events (such as child having lived elsewhere for a time) as a child grows older. Often a particular individual is assigned to take responsibility to see this happens.
* Incorporate one or even two-family safety objects chosen by each child so they can communicate their anxieties without having to put their worries into words. The plan should detail how a child’s safety people will respond if the safety object is moved. It should be clear to everyone that if the child moves the safety object, that is all they have to do. It is then the adults’ responsibility to sort out the child’s worries.
* Specifying how long the safety plan must be in place for.

Given that safety plans are about the children and about setting up family living arrangements so everyone knows the children will be safe and cared for, it is important to involve the children in the safety planning and make the process understandable to them.

A Safety Plan is a journey not a product, the most important aspect of safety planning is that the plan is co-created with the family and an informed safety network. That plan will be operationalised, monitored, and refined carefully over time and the commitments of the plan are to be made and owned by the parents in front of their own children, family and friends.

This is not something that can be done in one or two meetings, and a safety plan that will last, most certainly cannot be created by professionals deciding on the rules and then trying to impose them on the family.

Above all, meaningful safety plans are created out of a sustained and often challenging journey undertaken by the family together with the professionals. That journey is focused on the most challenging question that can be asked in child protection: ‘What specifically do we need to see to be satisfied this child is safe?’

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| Resource | Link |
| Further guidance on creating a family safety plan | <https://www.parentsprotect.co.uk/create-a-family-safety-plan.htm> |

# Support for victims/survivors

This section looks at some resources to support victims and survivors of sexual abuse.

The help lines below are confidential and anonymous, offering support to victims/ survivors:

Rape Crisis 0808 802 9999

NSPCC 0808 800 5000

Victim Support 0808 168 9111

The Survivors Trust Helpline 0808 801 0818

Men’s Advice Line 0808 801 0327

Mankind 01823 334244

GALOP 0800 999 5428

MIND Helpline 0300 304 7000

|  |  |
| --- | --- |
| Resource | Link |
| This free access E-learning course entitled 'Caring for yourself after sexual violence'. This course is written and presented by Dr Jessica Taylor and is available to anyone who has been subjected to sexual violence in childhood or adulthood. On this page you will find modules of information and videos to watch as you work through the materials at your own pace. | [Victim Focus | Free Course Caring For Yourself After Sexual Violence](https://www.victimfocus.org.uk/free-caring-for-yourself-after-sexual-violence) |

# Support for People of Concern

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| --- | --- |
| Resource | Link |
| Advice risk assessments and intervention for male and female adults who have, or who are alleged to have committed a sexual offence against a child | [www.lucyfaithfull.org.uk/files/LFF\_Clinical%20Services%20Brochure\_2021\_Final.pdf](https://www.lucyfaithfull.org.uk/files/LFF_Clinical%20Services%20Brochure_2021_Final.pdf) |
| Independent network of suitably qualified and experienced professionals trained to work with people who have committed a sexual offence or may be at risk of doing so. | <https://stopso.org.uk/> |
| Lucy Faithful Foundation https://www.stopitnow.org.uk/ | [www.stopitnow.org.ukconcerned-about-your-own-thoughts-or-behaviour](http://www.stopitnow.org.uk/concerned-about-your-own-thoughts-or-behaviour/)  The Inform Plus programme offers support to people who have been arrested, cautioned or convicted for internet offences involving child sexual abuse material, to help them stop their behaviour. (The Engage Plus programme does the same for those arrested, cautioned or convicted for sexual communication with children. |
| Specialist and confidential support during an investigation into online sexual offences | http://www.saferlives.com/ |

# What children say is good practice? Messages from research

Many children who are sexually abused don't tell anyone about it and many keep their secret all their lives. People who sexually abuse children are more likely to be people we know and could well be people we care about; more than 8 out of 10 children who are sexually abused know the person who abused them.

As professionals we need to ensure we respond with care and believe the child. If a child trusts you enough to tell you about abuse, you must remember that they rarely lie about such things.

The pressures on the child to keep silent are enormous. It takes tremendous courage to talk about abuse. A child's claim that sexual abuse did not happen (when it actually did) or taking back a disclosure of abuse are common. Sometimes the child's account of what happened changes or evolves over time. This is a common pattern for disclosure and should not invalidate their story.

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| --- | --- |
| Resource | Link |
| Key messages from research on identifying and responding to disclosures | <https://www.csacentre.org.uk/resources/key-messages/disclosures-csa/> |
| Guides that share information from children on their experiences and how they thought professionals could make it easier for them to verbally disclose as well as understanding different ways disclosures might be made. | [Survivors' perspectives on disclosures of sexual abuse - Childrens (ccinform.co.uk)](https://www.ccinform.co.uk/learning-tools/survivors-perspectives-on-disclosures-of-sexual-abuse/)  [Survivor and family perspectives on professional involvement - Childrens (ccinform.co.uk)](https://www.ccinform.co.uk/learning-tools/survivor-and-family-perspectives-on-professional-involvement/) |
| A video interview with two independent sexual violence advisors (ISVAs) who support children and through the criminal justice process. Anna Glinski, a social worker and deputy director for knowledge and practice development at the Centre of expertise on child sexual abuse, carried out the interview to identify learning from their roles that would be useful for social workers. | [Video: the perspective from children and young people’s independent sexual violence advisors - Childrens (ccinform.co.uk)](https://www.ccinform.co.uk/learning-tools/video-the-perspective-from-children-and-young-peoples-independent-sexual-violence-advisors/) |
| A blog that focuses on research into children’s experiences of services response to concerns around CSA | [Sexual abuse of Black, Asian and minority ethnic children and young people: 'People don't talk about it' - CSA Centre](https://www.csacentre.org.uk/resources/blog/sexual-abuse-of-black-asian-and-minority-ethnic-children-and-young-people-people-dont-talk-about-it/) |

## 

## Culture, faith, and race

Abuse of children of all ethnicities and backgrounds may remain hidden. Children can be silenced into not telling and adults may not recognise disclosures.

It is important for all workers to consider and understand the impact of culture, faith and race, the resources below offer practical tips for professionals to support their confidence and ensure children remain the focus of interventions at all times.

|  |  |
| --- | --- |
| Resource | Link |
| Messages from research | [Safeguarding Black girls from child sexual abuse: messages from research - Childrens (ccinform.co.uk)](https://www.ccinform.co.uk/research/child-sexual-abuse-and-safeguarding-black-girls-messages-from-research/) |
| Published case reviews highlight that professionals sometimes lack the knowledge and confidence to work with families from different cultures and religions. A lack of understanding of the religions and cultural context of families can lead to professionals overlooking situations that may put family members at risk; whilst the desire to be culturally sensitive can result in professionals accepting lower standards of care.  The learning from these reviews highlights that professionals need to take into account families’ cultural and religious context when undertaking assessments and offering support. The rights and needs of the child need to remain the focus of interventions at all times, regardless of this context. | [Culture and faith: learning from case reviews | NSPCC Learning](https://learning.nspcc.org.uk/research-resources/learning-from-case-reviews/culture-faith) |
| In this NSPCC podcast episode from 2021, the research study covered in this article is discussed in more depth, including participant experiences, the learning for practice and the experiences of Black women working and researching in the sector. | [Podcast: Black girls’ experiences of sexual abuse | NSPCC Learning](https://learning.nspcc.org.uk/news/2021/september/podcast-black-girls-experiences-of-sexual-abuse) |
| A useful case study drawing on a serious case review. | Bernard C. (2020) ‘[Using an intersectional lens to examine the child sexual exploitation of Black adolescents](https://research.gold.ac.uk/id/eprint/25235/1/Intersectionality%20Revised%20copy%2018%20October%202018.pdf)‘. In J. Pearce (Ed) Child Sexual Exploitation: Why Theory Matters. Bristol. Policy Press: pp 193-209. |
| Paper aimed at raising awareness of adultification bias. | Davis, J. (2022) [Adultification and child protection](https://www.justiceinspectorates.gov.uk/hmiprobation/wp-content/uploads/sites/5/2022/06/Academic-Insights-Adultification-bias-within-child-protection-and-safeguarding.pdf" \t "_blank). Academic Insights series, HM Inspectorate of Probation |

## 

## Summary

Working with children who have been sexually abused is complex and emotive.

There remain many areas where more knowledge and understanding are needed, and greater support and resources made available.

It is hoped that this toolkit is a small start, that by providing resources that encompass a wide range of topics in one place but with signposting to further information it will result in professionals feeling more confident.

However, it is acknowledged that this will be an evolving area and process that will require on-going development.

# Appendices

## CSA Flowchart (Pre-children's social care involvement)

