Derby and Derbyshire Safeguarding Children Partnership

Child Sexual Abuse within the Family

Guidance for practitioners and managers

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Date of Publication:	01/05/2021
Approval process:	Approved by DDSCP Policy and Procedures Group 11/02/2021
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Availability:	www.ddscp.org.uk and the Derby and Derbyshire Safeguarding Children Procedures website
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Introduction

Local case reviews have highlighted the trauma and serious long term consequences for children who have experienced sexual abuse from family members. Learning from their experiences highlights the need for comprehensive guidance that addresses the complexities of multi-agency work to protect children from child sexual abuse.

The aim of this guidance is to address these complexities and support practitioners from all agencies to work more effectively together to ensure that children at risk of sexual abuse are protected. In this way we can:

- Help promote better short, medium and longer term outcomes for children
- More effectively support children and their non-abusing parents/carers
- Identify perpetrators and ensure action is taken to prevent further abuse

How to use this guidance

- The guidance has been written for use as a **reference guide** to support best practice
- The content reflects the complexities of child sexual abuse and the guidance is set out in sections to support practitioners and managers with these complexities
- This guidance should be read alongside the Derby and Derbyshire Safeguarding Children Procedures
- The term "**allegation**" is used throughout the guidance rather than the term "**disclosure**". The courts have reminded us that when children and adults make statements these should be critically evaluated, and we shouldn't use language which presumes the truth of any statement. We are mindful that the term "disclosure" may presume the information is correct. The term "allegation" is used to reflect the need to ensure it is evaluated. In some circumstances this is tested in a criminal or family court and a decision is made as to whether there is evidence that substantiates or refutes the allegation. **Critically** in many cases it is not possible to achieve an absolute truth. Research into Child Sexual Abuse has consistently concluded that children infrequently make up allegations of abuse

This guidance will help provide you with background information so you feel confident to take any "allegation" of child sexual abuse seriously and act to keep the child and any siblings safe from abuse.

Survivor feedback

Young people involved in local reviews have provided feedback about their experiences. They have asked that their comments are used to help practitioners and managers understand what it was like for them and how avoiding some of the mistakes from the past can prevent other children and young people experiencing abuse and neglect. Their feedback is included in the guidance.

What is child sexual abuse and intra-familial child sexual abuse?

The statutory guidance Working Together to Safeguard Children (2018)[1] states that sexual abuse:

"Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.

They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children."

The above definition highlights that child sexual abuse may take many different forms, including via technology, can be perpetrated by men, women or children and that the child may not be aware of what is happening to them. In addition, child sexual exploitation is also a form of child sexual abuse.

Measuring the scale and nature of child sexual abuse can be difficult because it is usually hidden from view. Victims often feel unable to report their experiences and adults are not always able to recognise that abuse is taking place. The Crime Survey for England and Wales (CSEW[2]) estimated that 7.5% of adults aged 18 to 74 years experienced sexual abuse before the age of 16 years (3.1 million people); this includes both adult and child perpetrators. The majority of victims did not tell anyone about their sexual abuse at the time, with "embarrassment" being the most common reason.

The NSPCC[3] recently reported that data available about sexual abuse identified that it is estimated that 1 in 20 children in the UK have been sexually abused. This however is likely to be an under estimation of the true extent especially as it does not include non-contact child sexual abuse. In the year ending March 2019, the police in England and Wales recorded 73,260 sexual offences where there is data to identify the victim was a child. In the same reporting period, the Crime Survey for England and Wales estimated that girls were around three times as likely as boys to have experienced sexual abuse before the age of 16 years – for around half of these victims the abuse had started or already occurred by age 11.

1. https://www.gov.uk/government/publications/working-together-to-safeguard-children--2

2. https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/childsexualabuseinenglandandwales/yearendingmarch2019#characteristics-of-victims-of-child-sexual-abuse

3. NSPCC (2019) Statistics Briefing: child sexual abuse

It is not unusual for child sexual abuse to occur in a family where concerns about neglect, domestic abuse and other forms of abuse may exist. Keep an open mind to the possibility that the presenting concern or behavior of a child may be symptomatic of child sexual abuse.

Intra-familial child sexual abuse

The Children's Commissioner for England's inquiry defined child sexual abuse in the family environment as:

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

The definition captures a range of relationships between victim and perpetrator, some of which are more clearly 'familial' than others. Biological family relationships are included, as are foster family members, partners of parents/carers, and adults otherwise involved in the home life and upbringing of the victim on a more informal basis, including family friends and babysitters. Perpetrators may or may not be related to the child.

The Centre for Expertise on Child Sexual Abuse identified that the key consideration about whether the abuse is intrafamilial is "Did this perpetrator feel like family to the child?"

Intra-familial child sexual abuse can involve all kinds of contact and non-contact abuse, including on-line facilitated sexual abuse, although little is known about how or what frequency abusers within the family use technology. Families can also be involved in the organised abuse of children involving one or multiple perpetrators (child sexual exploitation).

Key messages about intra-familial child sexual abuse[4] include;

- Around two thirds of all child sexual abuse reported to the police is perpetrated by a family member or someone close to the child
- Abuse in the family usually starts at a younger age than external familial abuse and is rarely an isolated occurrence and may continue over many years
- Where research has recorded the gender of perpetrators of intra-familial child sexual abuse, the majority have been found to be male, although abuse by women does occur. In around a quarter of cases the perpetrator is under 18
- Much abuse in the family remains undisclosed. Children may fear their abuser, not want their abuser to get into trouble, feel that the abuse was 'their fault', and feel responsible for what will happen to their family if they tell. Disabled children and some black, Asian and minority ethnic children face additional barriers
- Abuse by a family member may be particularly traumatic because it involves high levels of betrayal, stigma and secrecy

4. McNeish, D. and Scott, S. (2018) Key messages from research on intra-familial child sexual abuse, Centre for expertise on child sexual abuse

- Child sexual abuse in the family is linked to a range of negative outcomes over the whole of the life course, including poorer physical and mental health, lower income, relationship difficulties and further violence and abuse
- However, not all survivors experience long-term impacts. Much depends on the nature and duration of the abuse, the individual's coping mechanisms, and the support they receive. Supportive responses from non-abusing carers are particularly important
- Effective support is critical to enable allegation, as well as during investigation and legal proceedings. Therapeutic support for young people can have a positive impact – however it must always be carefully planned with the police if occurring during criminal proceedings
- Both adult survivors and children/young people value services that listen to, believe and respect them; where professionals are trustworthy, authentic, optimistic and encouraging, show care and compassion, facilitate choice, control and safety, and provide advocacy
- It is important to provide support to the whole family, and particularly to non-abusing parents, following abuse

Child sexual abuse is not condoned within any culture, religion or nationality. Child sexual abuse occurs in all kinds of families and across all races and ethnicities, although there are differences in the extent to which abuse gets reported and responded to. Secrecy, shame and stigma are barriers to allegations being shared in most cases. In some Black, Asian and Minority Ethnic groups, high levels of secrecy, shame and stigma combined with cultural assumptions by practitioners can significantly increase barriers to allegations being shared; this may be a reason why children from Black, Asian and Minority Ethnic communities are under-represented in child protection services when it comes to sexual abuse[5].

> A 16 year old girl involved in the Making a Noise research reported;
>
> "If they are a religious family – they're less likely to believe [allegations of sexual abuse] – if it's religious they think your family has a strong bond – and it's quite hard to believe that a person who is strongly religious could do that. In my family we're all quite religious. Cause like mine – my family –I'm a Muslim and – so people think Muslims don't do things like that… They would be confused – it would really get them confused."

Disabled children are more than three times more likely than non-disabled children to be victims of sexual abuse[6]. Often they are more dependent on their caregivers, some children may have multiple caregivers, they may have limited means of communication, they may have limited education about sex and relationships or the ability to understand what is appropriate and less likely to be perceived as potential victims.

There may be a lack of specialised professional knowledge about the vulnerabilities of disabled children or stereotypes about disabled children. These can include that a disabled child will have limited sexual development or alternatively be sexually promiscuous.

5. Brown et al (2011); Gilligan and Akhtar (2006)

6. Sullivan and Knutson (2000)

Preconceptions may exist that they will not be "targeted" by a perpetrator as they are less "sexually attractive". A perpetrator of child sexual abuse may choose a disabled child for these reasons in the belief that low levels of allegations being shared, and ineffective responses will add to their protection against discovery.

Useful resource

Triangle and NSPCC Two Way Street film about communicating with disabled children and young people. Developed in consultation with disabled children and young people.

Within a family environment there are substantial opportunities for perpetrators to carry out abuse. If concerns arise that one child is at risk of child sexual abuse within a family case reviews tell us that all other children, regardless of age, gender, full or step siblings may also be at risk of abuse. We should guard against any preconception that an alleged perpetrator targets their abuse of power and control towards one child.

Most victims of sexual abuse do not go on to abuse others[7], although people who commit sexual offences against children are more likely than other offenders or non-offenders to have been victims of sexual abuse[8]. A history of child maltreatment, rather than sexual abuse specifically, is more strongly associated with later sexual offending[9]. Given the over-representation of girls as victims and the under-representation of women as abusers, it certainly cannot be concluded that being a victim of abuse increases the likelihood that a child will become a perpetrator in adulthood.

Research from work with adult sex offenders has clarified some previously held preconceptions about young people who display harmful sexual behaviour towards other children including their siblings. It is now understood that there are damaging effects of stigmatising young people as 'mini adult sex offender' that may increase the likelihood of reoffending[10].

It is often believed that viewing child sexual abuse imagery leads to other forms of child sexual abuse[11] however there is not enough evidence to support this. Despite this one UK study found that the developmentally inappropriate use of pornography had been a trigger for harmful sexual behaviour by young men towards children in person in more than half of cases[12].

Historical Abuse - It is not uncommon for adults to disclose intra-familial sexual abuse that happened when they were a child or young person. For several reasons, they may have felt unable to disclose the abuse at the time. They may have told someone, but no action was taken, or evidence was not found at the time to substantiate the allegation. In such cases it is

7. Salter et al 2003

8. Jespersen et al, 2009

9. Hackett 2016

10. Hackett, 2014

11. Babchishin et al 2015

12. Hollis and Belton, 2017

important to consider not only the needs and wishes of the adult victim, but the potential risk of child sexual abuse to any children in contact with the alleged perpetrator.

The DDSCP safeguarding children procedures documents library has a Strategy for survivors of non-recent abuse and Practice Guidance for survivors of non-recent abuse in childhood which were developed from learning of historical cases.

Signs and indicators of child sexual abuse

Children who are being sexually abused within the family environment find it extremely difficult to disclose what is happening to them. Practitioners and other adults often miss the signs and indicators of child sexual abuse and should guard against unfairly placing responsibility on children themselves to actively seek help. Being alert to signs and indicators of abuse and neglect, including child sexual abuse is a key responsibility for all practitioners.

Allnock and Miller[1] identified the barriers to children disclosing and seeking help include:

- **Relational** - the perpetrator may threaten or intimidate to try to silence the child; a child may have tried to tell someone previously and received a poor response
- **Related to the individual child** – they may not understand what is happening to them, may not recognise the behaviour as abusive or sensed the abuse was wrong but lacked the vocabulary to describe or confirm their anxiety about it; they felt ashamed, embarrassed or were afraid of being stigmatised or accused of lying
- **Societal and community factors** - the stigma attached to sexual abuse can prevent allegations being shared and seeking help. Children may also not know where to seek help

Children may tell adults about the abuse in many different ways; this may be either directly or indirectly, through verbal or non-verbal communication[2]. This may be:

- Indirectly, for example they may say "I don't want to go to Uncle's house overnight anymore"
- Non-verbal, for example drawing pictures, writing letters, keeping journals
- Behavioural signs and indicators, these may be intentional or unintentional signs to be noticed
- Partially tell others about the abuse, for example report what they perceive as less serious in an attempt to stop the abuse or test the water

The clearest indicator of sexual abuse is when a child tells someone about what has happened to them. When practitioners show that they are taking children seriously, listening to them, respecting what they say, how they say it in all areas of life and demonstrate they are willing to believe, the chance of a child explaining what has been happening to them increases. Having the small conversations improves the possibility that the big conversations will take place.

1. Allnock, D. and Miller, P. (2013) No one noticed, no one heard: a study of disclosures of childhood abuse, NSPCC

2. Allnock, D. and Miller, P. (2013) No one noticed, no one heard: a study of disclosures of childhood abuse, NSPCC

‘After you’ve told the first person, it gets much easier to tell the second and third-so long as the first person- they’re nice and helpful and they’re accepting – accepting that you know that you don’t need to be embarrassed’.

Allnock, D. and Miller, P. (2013) No one noticed, no one heard - A study of disclosures of childhood abuse, NSPCC

Useful resource

NSPCC Helping adults respond to children disclosing abuse animation and resources to help adults ensure children always feel listened to.

While some children who are victims of intra-familial sexual abuse may tell an adult directly, it is more likely that suspicions are raised by behaviour or presentation of a child. Child sexual abuse should always be a consideration if there is a significant change in a child’s behaviour. The extent to which a child’s behaviour may be indicative of child sexual abuse should not be underestimated.

Survivor’s Feedback

“I was so angry about what was happening to me, I just wanted to be out of my family …in a children’s home or locked up”

(The young person described how they showed significant anti-social behaviour leading to placement in a secure children’s home)

Research in Practice[3] identifies indicators associated with intra-familial child sexual abuse:

Physical indicators

- Genital pain/soreness
- Genital rectal bleeding or discharge
- Wetting the bed at night (Enuresis)
- Particular types of sexually transmitted infections, for example Hepatitis B, anogenital warts, gonorrhoea, chlamydia, syphilis, genital herpes, HIV or trichomonas infection
- Pregnancy if the child is 13 and under (this is a statutory offence and abuse)
- Pregnancy, especially when the identity of the father is concealed
- Pregnancy if there is a concern the child has been sexually exploited

3. Intra-familial child sexual abuse: Risk factors, indicators and protective factors (2018) Research in Practice

Evidence shows that between 31 – 58% of children with ano-genital warts have been sexually abused, therefore any possible indicator of child sexual abuse, or concerns about other forms of abuse should prompt referral. Helpful guidance for referral pathways can be found in the DDSCP safeguarding children procedures documents library for anogenital warts and genital herpes in children.

> **Survivor's Feedback**
>
> "We were trained from birth what to say or not say to anyone from outside the family. Just as we children were trained from birth, professionals are trained and yet did not see or hear when all of us were trying to tell you in our own way"

Demeanours and behavioural indicators

- Indirect or non-verbal help seeking. It may not immediately be recognised that a child is trying to tell someone what has happened. A child may say something like 'I don't like going to grandad's house' or 'I know a girl who….'
- Fearfulness, where there are no other evident explanations
- Becoming withdrawn/withdrawing communication, particularly where there is a significant change from prior personality/behaviour
- Low self-esteem
- Internalising behaviours such as anxiety and depression
- Externalising behaviours such as aggression, oppositional behaviour and other 'anti-social behaviours
- Nightmares
- Extreme distress
- Sudden and unexplained behavioural or emotional change
- Sleep problems, in the absence of alternative explanations
- Concentration problems
- Dissociation in the absence of a known traumatic event unrelated to abuse. Dissociation is a transient state in which the child becomes detached from current, conscious interaction and this detachment is not under conscious control. A child may appear disconnected or focused on fantasy worlds
- Non-suicidal self-injury i.e. self-harm which includes cutting, scratching, picking, biting, tearing skin, pulling out hair or eye lashes and taking prescribed medication at higher the prescribed doses
- Suicidal ideation/attempts
- Hypervigilance, which involves being in a constant state of arousal. A child may appear

tense, 'on edge' and may demonstrate hostility, especially if they feel threatened

- School adaptation may be suffering i.e. arriving late at school or leaving early, non-participation in school activities or performance falling
- Poor or deteriorating relationship's with peers
- Substance abuse
- Experiencing child sexual exploitation (CSE) – evidence suggests that prior child sexual abuse may be a risk factor for CSE
- Sexual curiosity and knowledge (outside of developmentally appropriate standards). This might include persistent and inappropriate sexual play with peers, toys, animals or themselves; sexual themes in a child's artwork, stories or play
- Repeated and coercive sexualised behaviours, particularly in boys

Remember it is normal for children to explore and experiment with their body. However, many children who have been sexually abused may show persistent and unusual sexualised behaviour.

Useful resource

The Stop It Now Sexual Behaviours Traffic Light Tool is a useful approach for practitioners to understand whether a particular sexual behaviour is normal, problematic or harmful. By understanding what's healthy and expected behaviour, parents, carers or other protective adults will be better equipped to identify and address behaviour that could be harmful.

Indicators may, on their own, or together raise concerns that a child has experienced or is being abused and these must be taken seriously.

However, many of the indicators do not confirm that child sexual abuse is occurring and may be indicative of other problems. They should be considered in relation to other information about the child and their family. Child sexual abuse is particularly complex, and it rarely happens in isolation from other forms of abuse, victimisation and adversity. Sexually abused children are likely to have experienced physical and emotional abuse as well and they may also have been exposed to domestic violence and neglect. When there are other aspects of abuse or neglect taking place in a household, including domestic abuse, it is important that all practitioners keep an open mind to the possibility of sexual abuse.

Always consider use of the Children at Risk of Exploitation (CRE) Toolkit when undertaking an assessment. This toolkit offers additional guidance where the child may be at risk from other forms of sexual and criminal exploitation. For individual children, and not in all cases, there may be links between abuse that has occurred in the home and sexual and criminal exploitation occurring in the community.

The impact of child sexual abuse on children and young people

Every child is unique and the impact on each child can vary considerably depending on age, gender, cultural issues, cognitive capacity as well as the duration of abuse, relationship to the perpetrator(s), the nature of the abuse and the context in which the child is living.

The impact of sexual abuse can have a devastating impact on all aspects of a child's life including physical, emotional, intellectual, behavioural and social development. It has a huge effect on a child's sense of self, identity and self-esteem, and can interfere with a child's capacity to learn and achieve their potential. Sexual abuse can leave children feeling extremely confused and disempowered making them vulnerable to further abuse and/or exploitation.

Childhood sexual abuse can affect a young adult's capacity to make good choices about relationships and in time may adversely affect their capacity to provide good, safe care for their own children.

Most sexually abused children will have experienced multiple traumas, and many will have unresolved attachment issues as they try and reconcile an understanding of their relationships with the adults who raised them, those they felt should have protected them and those who abused them.

Children are often silenced by their perpetrators, threatened to keep the abuse secret and not to tell anyone. Some children may be coerced into taking part in abusive activities, sometimes with younger siblings, so they fear punishment despite being powerless to do anything. Children are fearful of the consequences of telling even where they have good relationships with their parents or carers. Many children think they will be in trouble, not be believed and that they were to blame for the abuse. Adult survivors of child sexual abuse have reported fear, shame and the belief that they would not be believed prevented them from telling anyone about what was happening to them[1].

Children who have been sexually abused will need help and support to work through the trauma they have experienced to mitigate the potential short, medium and longer term impacts for them as individuals of the abuse they experienced.

The impact of sexual abuse can last a lifetime. Children, young people and adults may live with:

- anxiety and depression
- eating disorders
- post-traumatic stress
- difficulty coping with stress
- self-harm

1. Operation Yew Tree – "Giving Victim's a Voice" - Jimmy Savile inquiry

- suicidal thoughts and suicide
- sexually transmitted infections
- pregnancy
- feelings of shame and guilt
- drug and alcohol problems
- relationship problems with family, friends and partners

An individual child's response to sexual abuse is likely to include distress and behavioural difficulties that are predictable responses to severe trauma rather than as an illness or a psychiatric condition.

Useful resource

NSPCC Making a Noise children's experiences of sexual abuse an animation to show what it can be like for children and young people after sexual abuse. It covers their experiences from making an allegation through giving evidence to receiving counselling and believing in themselves.

Information sharing

There is no ambiguity about sharing information principles in relation to child sexual abuse. If a concern exists that a child may be at risk of or has experienced sexual abuse it is lawful to seek advice about what action to take about the concern and to share information to do so. Practitioners must discuss the concern with a manager or senior designated safeguarding lead in their organisation. If no one is available within an organisation it is lawful to seek advice from Children's Social Care. Sharing information to safeguard a child from sexual abuse is an essential requirement for any practitioner or manager to make sure that the rights of a child to be protected from abuse are upheld[1].

The Derby and Derbyshire Safeguarding Children Procedures set out in detail guidance for sharing information and are kept up to date in line with national guidance and any changes to the law.

The safeguarding children procedures include specific sections on how to respond to allegations of child sexual abuse if the adult works with children or in a care setting, disclosures of historical abuse and an extensive guidance section for practitioners including when to share safeguarding information.

Strategy discussions and meetings provide the essential opportunity for the planning of action that is needed to keep children safe from sexual abuse and are discussed in detail below. It is important to note that part of the function of strategy discussions and meetings is to provide clarity for agencies about information sharing in the individual case and should include confirmation about:

- The detail of the information that should be shared with the parents or carers and at what point
- Information that a school, nursery or other provider should be given to ensure that they know how to manage the safety of the child (and/or siblings) including contact from an alleged perpetrator
- How difficult areas of information sharing can be managed

1. United Nations Convention on the Rights of the Child (UNCRC) is a legally-binding international agreement setting out the civil, political, economic, social and cultural rights of every child, regardless of their race, religion or abilities.

Listening and talking to a child who tells you about child sexual abuse

"If a child reports, following a conversation you have initiated or otherwise, that they are being abused and neglected, you should listen to them, take their allegation seriously, and reassure them that you will take action to keep them safe.[1]" (2015) DfE

Survivor's Feedback

When I told them about my concerns about what was happening to my sister, I was told to stop making up stories. They had spoken to my mother and I think they thought I was acting out because I didn't like him. I had told her a thousand times something was going on.

(The male was subsequently convicted of a series of serious sexual offences against the sister. Many of the offences could have been prevented had procedures been followed at the time of the allegation and relevant checks completed.)

Responding to an allegation

Children identified ten key qualities in the services they receive and the responses from professionals to address sexual abuse in the family environment. These qualities are set out in the diagram below from the Making a Noise: Children's voices for positive change after sexual abuse[2].

1. What to do if you're worried a child is being abused: Advice for practitioners

2. Making Noise: children's voices for positive change after sexual abuse, commissioned by the Children's Commissioner for England and published on 20 April 2017

How to respond to a child who tells you about abuse:

- React calmly, be aware of your responses, it is important that a child doesn't feel worried for you
- Reassure that you are taking this seriously and that because of that, you may need to pass on the information to someone else
- Without appearing rejecting, give the child the option of speaking to someone else who they may feel more comfortable with
- Clarify just as much as you need to so that you have a minimum amount of information to pass on to a designated lead or make a referral, but allow the child to tell their story if they wish
- Be careful to ask open but not leading questions
- If you have difficulty in understanding the child or parent's communication method, reassure them that you will find someone who can help
- As soon as you can, write down what you have heard and how it was said

It is important to remember that where children feel able to tell someone about the trauma they have experienced, it is likely that the detail of the allegation is the first step in describing what has happened. There may be several reasons for this, and practitioners should keep an open mind about the likelihood of further detail being described. There is no prescribed timescale for the detail to come out and it may take days, weeks, months or years.

Key consideration for all child sexual abuse allegations, Section 47 strategy discussions and meetings

All concerns about child sexual abuse whether as a result of an allegation or by other means should be referred to Children's Social Care. There are specific procedures available to help practitioners in making a referral to social care or Section 47 enquiries outlining the process for making a referral, including the information required.

It is also important to consider the key overarching Roles and Responsibilities of Key Partners to support victims/survivors – further information can be found in the DDSCP Strategy for survivors of non-recent abuse in childhood.

The information provided by the referrer is crucial to support effective decision making to keep a child safe. It is important therefore that the referrer is as clear as possible about their concerns of child sexual abuse. Of particular importance are:

- Details of any current allegation/s (what the child said, what is known about when the incident/s took place, are they current or historical, who the alleged perpetrator is and are they still in contact with the child or other children)
- Where the details of the allegation have been written down, a copy may be helpful to share with the Children's Social Care
- In the absence of a specific allegation, the signs and indicators that lead to the professional judgement by the practitioner or their manager that there is concern that a child may be at risk of or has been sexually abused
- Details of the alleged perpetrator/s if known, including their relationship to the child
- Explicit confirmation if the alleged perpetrator of the child sexual abuse works or volunteers with children. In which case additional procedures must be followed: Allegations against staff, carers and volunteers
- Concerns about other forms of abuse i.e. physical, emotional and /or neglect and if there are any other issues within the family such as mental health problems, drugs and/or alcohol misuse, domestic abuse and criminal behaviours
- Details of anyone in the family who may have any knowledge about child sexual abuse concerns and the referral being made, who they are and what their response has been
- Information about any past concerns including those affecting other members of the family, including that adults in the family were themselves victims or perpetrators of child sexual abuse; and
- Specific details if there have been any issues about delayed presentation of pregnancy[1] or concealed[2] pregnancy

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1. A delayed presentation is where a woman books for antenatal care after 18th week of pregnancy.

2. A concealed pregnancy is where a woman has not booked for antenatal care prior to attending in either labour or immediately after the birth of the baby.

When the referral is received and where there is reasonable cause to suspect that a child is suffering, or likely to suffer, significant harm Children's Social Care will initiate a Child Protection Section 47 strategy discussion or meeting to determine the child's welfare and plan any rapid future action.

Where there are concerns that a child has been sexually abused or there is a risk of sexual abuse, and where there might be forensic evidence, the strategy discussion / meeting should be held on the same day as the receipt of the referral; this meeting will include consideration of whether referral for a sexual abuse medical is appropriate. Referral pathways for medical examinations (including sexual abuse) can be found in the Guidance documents section of the DDSCP safeguarding children procedures documents library.

Given the complexity of child sexual abuse initial strategy discussions may be followed up with a strategy meeting to make sure that all relevant agencies are able to participate in plans to safeguard the children in the household as well as understand their role in any action being taken to carry out a criminal investigation.

> **Survivor's Feedback**
>
> "We were under water and unable to breathe when professionals repeatedly failed to see, hear or acknowledge the fear we lived with every day and did not do enough to protect us"

It is important in cases where there are concerns about child sexual abuse that alongside Children's Social Care, the Police and Health that the child's school or nursery are directly involved as they often hold key information about the child and their family. In the case of looked after children this should include the placement provider. The East Midlands Children and Young People's Sexual Assault Service (EMCYPSAS) should also be invited to participate in the strategy discussion or subsequent meeting. Examinations for children who may have been sexually abused now all take place at the East Midlands Children and Young People's Sexual Assault Service (EMCYPSAS) based at Queens Medical Centre Nottingham Tel: 0800 183 0023. EMCYPSAS can also be contacted for consultation and case discussion. Please refer to the DDSCP Child Protection Section 47 Enquiries guidance

You can find out more about strategy discussions and meetings in the DDSCP safeguarding children procedures Child Protection Section 47 Enquiries. There is specific guidance where there are concerns that the alleged perpetrator may be another child Children who present a risk of harm to others. Where there may be one or more abusers and / or a number of related and/ or unrelated children, the Investigating Complex (organised or multiple) abuse procedures should be used. Possible complex child abuse may not always be clear at the outset of a case therefore this procedure should be referred to any stage of the process where there is a suspicion of complex abuse, whether this is current or historical.

The Section 47 strategy discussion or meeting must address the needs and risks for each child in the household separately.

Survivor's Feedback

"I told them about the abuse that my father had done to me. My brothers and sisters were left at home"

(The father was subsequently convicted of serious sexual offences against one of the siblings. Many of the offences could have been prevented had procedures been followed at the time of the allegation and measures taken to safeguard the siblings.)

Section 47 strategy discussion or meeting held on a child where sexual abuse is a concern should specifically consider:

- What is known about the child, their siblings, parents/carers and any other children or adults in the household as well as children in the wider family
- Links to any potential offenders
- Information about the allegation/s made, if any, and if there are any potential witnesses
- What is known about the alleged perpetrator, relationship within the family and wider family i.e. parent/carer, sibling
- Current whereabouts of the child and their siblings, are they currently safe, have they a safe place to stay
- If there are any safeguarding risks to the siblings or any other children
- If any action has already been taken to protect the child/children

The strategy discussion or meeting will agree and plan the next steps. All sexual abuse allegations should be jointly investigated by the Police and Children's Social Care; however it is important that relevant partner agencies contribute to the planning and that appropriate staff are aware of the agreed actions and their roles in order to ensure the effectiveness of safeguarding processes. The main focus of discussions will be the child's well-being and ensuring they are protected.

When a criminal offence is believed to have been committed against a child, the timing and handling of interviews with victim, their family and witnesses are critical for the collection and preservation of evidence. The child protection (Section 47) enquiries should be co-ordinated alongside any criminal investigations.

The strategy meeting or discussion will include planning for any child protection (Section 47) enquiries or single assessment and agree.

- Who should carry out enquiries/assessment
- Involvement of other agencies, is there a role for a practitioner who has a key role with the child already? Should joint tasks be carried out?

- How distress to the child could be minimised and planning their involvement (including dealing with potential difficulties for the child talking in front of a parent, joint interviews that may help if a worker involved is known to the child)
- The support needed for the child – who is best placed to provide ongoing support and reassurance?
- How additional measures will be put in place should the child or family have additional language needs, or the child has additional needs in respect of their disability?
- Is there a potential difficulty for the child having to talk to the same worker who is working with the adults in the family, some of whom may/may not be involved / complicit? If this issue emerges how will it be addressed?
- Planning the role of practitioners in the short, medium and long term
- Coordination of child protection (Section 47) enquiries alongside criminal investigations
- Putting in place arrangements to make sure practitioners with a long term role with the family are aware of the risks and allegations of child sexual abuse?
- Recording detail of action to be taken and timescales

An initial joint visit to the child will be made by a social worker and a police officer. Planning about the approach to be taken prior to the child being seen must take place to ensure that the distress to the child is minimised and a safe environment is created. If the child is to be seen in a school, nursery or other agency environment it may be helpful to have another adult there who the child knows and trusts.

The strategy discussion or meeting will also agree what information will be shared with the family, this must include consideration of whether any information shared may place the child at further risk of harm or jeopardise criminal investigations.

Medical assessment

The strategy discussion or meeting will include identifying the need for and timings of any medical assessments for the child, their siblings or any other children. The decision will be informed by guidance from the health representatives and in the case of forensic medicals, guidance from the East Midlands Children and Young People's Sexual Assault Service (EMCYPSAS) clinicians.

Forensic Medical examination and assessment of children who may have been sexually abused, takes place at the East Midlands Children and Young People's Sexual Assault Service (EMCYPSAS). The assessment may include the gathering of information, samples and other trace evidence from a child for forensic purposes. You can read more about this in the DDSCP safeguarding child procedures Child Protection Section 47 Enquiries, Section 9 Paediatric Assessments. This video from the Centre of Expertise on Child Sexual Abuse provides a useful overview of the processes involved in a paediatric medical examination.

In all cases the child should be given age and developmentally appropriate information about what is going to happen and who will be there. Children's needs must be taken into account in the planning, preparation, throughout and post medical assessment. It is important that the child is given some control in this process.

Useful Resource

The DDSCP "What happens when a child or a young person reports a sexual crime to the police" film has been made to help explain to children and young people what is likely to happen in a medical examination. Instructions on how to access the film can be found here. It aims to give some control back to children so that they understand what will happen. The film also helps practitioners know what will happen so that they can answer questions and can effectively support children.

Most children and young people report that they find a medical examination reassuring. After the medical examination the child or young person is informed of the results in an age and developmentally appropriate way by the paediatrician and social worker.

Key considerations for Child Protection (Section 47) Enquiries

Working with a child

It is essential that it is acknowledged that there is a likelihood that a child will have a significant level of fear and / or anxiety when agencies become involved and start a child protection (Section 47) enquiry. A range of very specific experiences may lead an individual child to think about their experiences in very different ways. They may have experienced threats that they must keep secret any abuse that they have experienced and that they or their siblings will be harmed if they speak up; they may be worried that they will be responsible for breaking up the family; they may have little understanding that what has happened to them is abusive and may have been led to believe that what they have experienced is "normal". These and other influencing factors are likely to have a very real impact on willingness of a child to decide to speak about what they have experienced, what to say and to whom.

It is common for children to speak and then fully or partially retract their statement as they become overwhelmed by the fear of what will happen next. Children need time to talk about difficult things and they need to build trust with the person they are talking to.

Sometimes too much reliance is placed upon a child's capacity to give a free narrative verbal account of child sexual abuse and it is important to understand the anxieties children may have about making an allegation. Over reliance on securing a coherent verbal account may leave many children without the protection they need and deserve.

For children with disabilities, who are at far greater risk of experiencing sexual abuse, making an allegation may be particularly challenging. Consideration of their communication needs and planning for the methods to be used to enable the process to be as calm and reassuring as possible for the child will be essential. The strategy meeting or discussion should be used to plan how best this might be achieved given the individual and specific needs a child with disabilities may have.

Repeated interviews for some children may be needed to understand their individual circumstances. There may be the need to differentiate between action needed to assess the safeguarding arrangements for a child that meet the standards for consideration by the Family Court and those measures for the collection of evidence for the purposes of criminal investigation.

This puts a responsibility on all professionals to allow additional time and to work alongside skilled and knowledgeable professionals when supporting disabled children through a child protection enquiry and a criminal investigation.

Although some children feel a sense of relief at the point of telling someone about what has happened to them, for many the interviews with social workers and police, however sensitively done, represent a crisis and a time when a child loses control over the information and what will happen next. Their feelings of powerlessness are likely to be increased. They may have conflicted feelings of guilt and loyalty and may also be very worried about the safety

of siblings. For many children talking about abuse is like reliving the event with all the physical and emotional feelings associated with the offence(s). It is important to understand the levels of shame that children may feel, so calm reassurance and sensitivity are especially important.

Children's fears about the alleged perpetrator are likely to be heightened. Many children fear reprisals from the perpetrator, and it is important that their fears are taken seriously and addressed. Issues of confidentiality should be addressed with the child and non-abusing carer. Children may have worries about people in the community knowing and may worry about the media.

Achieving safety for a child must be the first consideration, and this is necessary before any meaningful therapeutic work can be undertaken to help them to deal with trauma.

Other children in the family

Wherever there are concerns about sexual abuse of one child in a family it is vital that there is consideration of other children in the family, whatever their age or gender, as they may have been abused or be at risk of abuse in the future.

Consideration should be given to the possibility that the child and/or siblings may have been sexually abused by adults, another child in the family or may have been coerced into taking part in or witnessing abusive activities by parents, carers or visitors to the home.

Preparation for a child protection (Section 47) enquiry should include:

a) Should siblings be interviewed following an allegation of sexual abuse within the family? If yes, how should this be done?

b) What information can be shared with a sibling so that they understand what is happening and do not blame or scapegoat the victim?

c) What support is needed for the other children in the family? Who is best placed to provide ongoing support and reassurance?

Parents and other family members

Where there are concerns or allegations about possible sexual abuse of a child it is important for practitioners to keep an open mind about the possibility of there being more than one perpetrator in the family. Planning a child protection (Section 47) enquiry must be done jointly with the police and other agencies involved with the child and their family. Careful thought must be given as to who can keep the child safe while investigations are taking place.

What is known about family history and what information needs to be gathered will be a key part of making a judgement about which adults in the family may provide protection and safety to children in the family during the child protection (Section 47) enquiry.

Working with a child to understand which adults in the family are protective and have not colluded in the abuse can be complex. It will involve listening to the child and understanding the dynamics within the family beyond the specific concerns linked to the allegation. It may involve assessing how other adults have demonstrated actively ensuring that the needs of the child have been met.

The timing of who should know about the allegations is vital as it is essential that children are not silenced or threatened to keep secrets by parents, relatives or other adults known to the family. Child sexual abuse is difficult for many people to cope with and it can be very painful to acknowledge that children can be harmed in this way. It is not unusual for allegations to be met with feelings of outrage and denial.

Child sexual abuse can involve generations of the same family and abusive activities can also involve family groups and wider networks. If there are relatives who may also pose a risk to children care must be taken to avoid placing children with the extended family even as a short term measure. The family history is important in informing these decisions.

In situations like these careful assessment of the child's fears and state of mind and the family's reaction to the allegation is essential. Is the child able to identify if there is a safe person in the family who can support the child through the investigation?

Allegations of sexual abuse can have a devastating impact on non-abusing parents who will need support themselves and their emotional distress can add considerably to the trauma for the child. It is not unusual for children to retract their allegations in order protect parental distress.

Assessment

A social worker will start a single assessment where child protection (Section 47) enquiry is required. The assessment must be child centred and includes the participation and contribution of the child as well as other agencies working with the child and their family.

Planning and co-ordination of the assessment is key to ensure that all relevant information is gathered so that there can be an effective analysis of strengths, needs and risks for each child. This is particularly the case where there are concerns about sexual abuse in the family environment as they are often very complex with a number of cumulative and interacting risks of harm. There should also be an explicit discussion about if there is a need for more than one worker to co-work or provide additional support into the case. In larger families, or where the alleged perpetrator is a sibling, two workers are likely to beneficial.

Key specific features of an effective assessment where there are concerns about intra-familial child sexual abuse include:

- The use of a comprehensive chronology and genogram (family tree). There should be specific consideration of what is known about the family now, including non-related individuals that may be considered by the child as family, and what is known about them historically, including any previous allegation or concerns about child sexual abuse
- Assessing what life is like for the child (and their siblings) in this family including:
    - *their culture, race, ethnicity, gender, age, disability and sexuality*
    - *any concerns that they are experiencing or at risk of other forms of harm or poor development*
    - *the child and family's online activity*
- Consideration of how the child and their family are viewed in community, by professionals and the implication of this:
    - *Is this affecting the professional approach?*
    - *Are the views of the family and its culture linked to the effectiveness of responses?*
- What is known about sexual boundaries and behaviours in the family?
- What is known about other interacting risks of harm (such as neglect, physical abuse, emotional abuse, domestic abuse, substance misuse (alcohol and / or drug misuse), mental ill-health, all forms of child exploitation)?
- What is known about the alleged perpetrator?
- What is known about adults who are considered to be "protective" or less of a risk?

- Where there is abuse from one sibling to another, are there any protective options that can be put in place? The AIM (Assessment, Intervention and Moving on) model may be used to provide a systematic approach to gathering and analysing information and developing treatment where it is identified that a young person is responsible for sexually harmful behaviour towards a child

Assessing the compliance and capacity of the 'non-abusing' parent to safeguard the child in the future is complex and should be ascertained through direct work with the parent themselves as well as via the multi-agency network. The non-abusing parent may not have had any idea that the sexual abuse was occurring, and this is likely to have a significant impact on them.

Initial responses to the abuse and on-going responses should be taken into account. A useful tool[1] to assess the perspectives and functioning of the non-abusing parent considers where the parent is on a continuum from 'optimum' and 'dismal' both immediately and over time. The continuum identifies the following for consideration and assessment:

- Co-operation with statutory rights
- Relationship history
- Openness regarding sexual abuse in nuclear family, community and support network
- Own abuse history
- Vulnerabilities such as disability
- Position regarding the child
- Feelings towards the child following the allegation
- Position regarding responsibility for abuse
- Perceived options

This tool supports understanding of where the parent is at (e.g. why they believe or don't believe the child) and what input is needed to assist them to move on and their ability to do so, enabling assessment of their capacity to effectively safeguard and protect their child.

Working with the non-abusing parent to help them understand child sexual abuse and the impact on children will help. Generalised discussions exploring 'what does it mean for you to be a parent?', 'how do you show love?' can be useful in supporting the parent focus on the child and what they need.

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1. Marcus Ergooga, Tony Morrison and Richard C. Beckett (1994) Sexual Offending against Children; assessment and treatment of male abusers, chapter 8 Parent, Partner, Protector: conflicting demands for mothers of sexually abused children by Gerrilyn Smith.

On occasion the non-abusing parent may be reluctant for their child or children to receive services. In these situations, it is helpful to work with the parent to focus on their child's needs, consider what might happen if services are accessed or not. Risks are increased when the non-abusing parent is unwilling to accept services for their child, denies the seriousness of what is alleged or blames the child for the abuse.

The appropriate involvement of other agencies to draw together a chronology is an important element to be included in the multi-agency assessment of risk. In some cases, family involvement with services such as schools may extend over a significant period of time and provide an important perspective on family engagement, behaviour and risk.

Planning a criminal investigation alongside a child protection (Section 47) enquiry

Children are defined as vulnerable by reason of their age and all children under 18 years of age, appearing as defence or prosecution witnesses in criminal proceedings, are eligible for special measures to assist them to give their evidence in court. Whenever a decision is made to interview a child about the abuse they have been subject to, a visually recorded interview will be needed. This supports evidence gathering for criminal proceedings and if the case progresses to court the recorded interview can be used, along with other special measures, as evidence. The visually recorded interview should be planned and conducted jointly by police officers and social workers with specialist training and experience in interviewing children in accordance with Achieving Best Evidence in Criminal Proceedings, Guidance on interviewing victims and witnesses, and guidance on using special measures.

It is important that the interview is conducted using ***Achieving Best Evidence*** principals not only to ensure that the trauma to the child is reduced but that the 'best evidence' is obtained so that the potential for a successful prosecution is increased. In addition, the material gathered will help provide relevant information for a child protection (Section 47) enquiry and where needed, proceedings in the Family Court.

Social workers staff and police officers need to be confident and have a clear understanding of their roles and responsibilities as well as a good awareness of roles of others in the ***Achieving Best Evidence*** process.

The individual child's needs should be considered prior to, during and after the interview process. Practitioners should guard against preconceived ideas that young children and children with learning disabilities would not make credible witnesses. Specialist advice may be of great assistance when deciding how to talk to children. This can assist the child by advising the Court about age appropriate language and how to put questions in ways that the child can understand.

The view that children with disabilities are not capable of giving credible evidence is detrimental to their safety and, considering the prevalence figures, can leave many children and young people at risk of serious and long-term sexual abuse, denying them the therapeutic help they need. Research findings suggest that children with learning disabilities and behavioural issues are five and a half times more likely to experience child sexual abuse[1].

The criminal justice process can be very lengthy. The process from allegation to the court stages can take numerous months if not a year and over. Undoubtedly this can be a stressful time for the child and their family. Keeping them up to date with progress and acknowledging their feelings will in part help.

There should be specific discussions and plans about what emotional/therapeutic support can be offered to children waiting to give evidence in court proceeding and if siblings should

1. Sullivan, P.& Knutson (2000), Maltreatment and disabilities: a population based epidemiological study, Child abuse and neglect, (Vol 24,10).

be included in any therapy offered. This should also include what support can be offered to children and families during the court process and post court.

It is important that social workers and police officers consider as part of their joint work to safeguard the child the differing thresholds that apply to criminal proceedings and action taken to safeguard children through the family court. The burden of proof in the criminal court is that an allegation has been proved beyond reasonable doubt. This is a greater burden of proof than is applied in the civil court where the balance of probability is the threshold that must be met.

Cases of alleged child sexual abuse may not reach the threshold applied by the Crown Prosecution Service for a criminal trial to be held or if a trial goes ahead, may not reach the evidential standards whereby a jury convicts an individual of a criminal offence applying the threshold *beyond reasonable doubt*.

In either of these circumstances it is essential that arrangements are put in place to keep the child, and their siblings, safe from any potential ongoing risk of child sexual abuse or other harm.

In some cases, the risks to the child may need to be considered by the Family Court to determine on the balance of probability whether a Court Order is required to safeguard a child.

In all cases explicit multi-agency discussion and agreement about the levels of risk to the child and other children should be confirmed. The decisions about ongoing safeguarding arrangements should be recorded in agency cases notes, chronologies and where systems allow, flagged. On case closure summaries or case transfer, risks regarding child sexual abuse must be highlighted.

Risk to children status

If a perpetrator is identified as presenting a risk to children of child sexual abuse, appropriate recording by relevant agencies should be agreed and in compliance with national and local guidance. This would apply based on the outcome of a criminal trial in the Criminal Court and a *Finding of Fact* in the Family Court.

There is a register containing the details of individuals convicted, cautioned or released from prison for a sexual offence against children or adults since 1997. Where there has been a caution or conviction for a sexual offence against a child (or an adult) it is likely that the perpetrator will be subject to sex offender's notification requirements; this is commonly known as 'the sex offenders' register.

For perpetrators given a prison sentence, there will be an assumption that as a sex offender, they are not permitted contact with children. This includes visits, phone and written contact. If they wish to have contact with a child, they must make an application to the Prison Governor and relevant checks would be undertaken with Probation and Social Care before it is decided that a level of contact will be agreed.

Practitioners should refer to the Data Processing Agreement Probation/CRC/Childrens Social Care, this agreement identifies which information and sensitive personal information is shared between National Probation Service (NPS), Derbyshire, Leicestershire, Nottinghamshire and Rutland Community Rehabilitation Company (DLNR CRC) and Derbyshire and Derby City Childrens' Services.

Practitioners wishing to clarify the arrangements for individual prisoner should contact the National Probation Service. The offender manager can then clarify the level of restriction and / or feedback information to the prison that might alter the level of restriction, including any concerns about phone calls or written contact.

Working with and supporting children

Child sexual abuse has a profound and serious detrimental impact on children and young people's welfare, and it is important to understand and acknowledge their individual needs to deal with the trauma and achieve recovery. As sexual abuse is shrouded in secrecy and denial, it is important to acknowledge the courage of children who speak out, often at great risk to themselves, and take great care to listen and take seriously what they have to say.

Child victims of sexual abuse are likely to be confused, fearful and embarrassed. They almost always assume that they are in some way responsible for what has happened and may even be worrying about having got their alleged perpetrator into trouble. Most sex offenders leave their victims feeling powerless and with a deep sense of shame.

Children need reassurance and information about what will happen to them. At the time of allegation children will benefit from a calm, reassuring approach which will allow and encourage them to be able to speak openly about what has happened. It is important, given the sense of responsibility the children carry, to avoid making judgemental statements about the alleged perpetrator.

The process of recovery for children takes time. Children may block out bad memories and, in some cases, dissociate completely from the trauma. This may mislead observers to think the child is coping well. However, traumatic memories can take children by surprise (flashbacks), and these can be extremely vivid and frightening.

Child sexual abuse is complex and unfortunately there are no quick fixes, no short cuts to recovery. Ideally, children need time to talk and process what has happened to them. In order not to be overwhelmed this needs to be at the child's pace. They may need help to face what has happened but cannot be blamed for not wishing to revisit the trauma.

We can usefully help children to deal with the confusion they feel about what has happened and why it happened to them. They will need help to express feelings of loss and sadness, particularly if they were groomed to think they had a special relationship with the perpetrator. Children in abusive families may have believed that their abuse in some way protected younger children in the family. Sadly, this is often not the reality, but it may leave children feeling that they have failed in their role of protecting siblings.

As well as dealing with the traumatic memories children need help to achieve their potential in education and in other areas of life. The abuse may have prevented them from gaining benefit from school and it will certainly have robbed them of happy childhood experiences.

The most important things that we can offer children are safety, consistency, trust and validation of their experience. We need to help them to have a narrative and help them to move from being a victim to a survivor if they are to avoid major psychological difficulties later in life.

Support for Emotional Welfare

Not every child will require formal therapy following abuse, but many do, and it is important to ensure that those children are offered and referred to the appropriate service in a timely way. Some families benefit more from a first aid approach at the time of crisis to help with the immediate effects of making an allegation and supporting relationships within the family.

For those requiring more formal help the most important aims of therapy are to assist the recovery from trauma by providing a safe space for exploration of feelings and experiences, address any attachment issues that are identified and provide support and consultation for children, parents, carers and those who are working with families.

Communication between the family and practitioners is essential if children are to benefit from therapeutic support. Children will benefit if they know that everyone is working well together to help them.

The nature of the therapeutic model offered will be determined by the child's needs and individual situation. Some children resort to self-harm as a response to abuse and memories of the sexual abuse. For these children a referral to the Child and Adolescent Mental Health Service (CAMHS) is important to assess risk and provide any treatment necessary.

Working with and supporting parents

For non-abusing parents learning that their child or children have been sexually abused is a devastating experience. Many parents report that they struggled to believe what they were being told and when the reality hit, they felt as if their world had fallen in. Parents report feeling ashamed and as if they have failed their children in some way. Many parents feel very hurt that the child(ren) couldn't tell them what was happening even though they had good relationships with their children. Parents need help to understand that they too may have been groomed and their child was told very powerfully that they must not tell parents or else really bad things would happen.

At the time of an allegation and investigation the child(ren) and non-abusing parent may be going through a parallel process. Parents report that they experience shock and confusion as well as the distress of knowing their child has been hurt in this way. Some feel that they have in some way 'lost' their child because the child has been exposed prematurely to adult sexual behaviours. Parents often have feelings of extreme anger at the perpetrator but may also be very angry and disgusted with themselves for having allowed abuse to happen. Occasionally, parents blame children; this is a very worrying sign and should be explored in full when assessing parents' capacity to support and protect their child(ren). This can happen when there is confusion of roles within a family when the parent views the child as a competitor.

Non-abusing parents need a lot of support, their experience will be similar to bereavement and reactions may follow a similar pattern e.g. shock, denial, distress. Throughout this they are expected by practitioners to support their children. Allegations may result in the sudden separation from a partner and the emotional traumas may be compounded by practical and financial issues.

Parents can be helped by having someone to talk to and are given the time and privacy to speak about their feelings and express their grief. Many non-abusing parents fear that they will lose their children because of the abuse. Careful assessment of the parents is crucial to helping them and the children to remain safe. For example, how does the non-abusing carer respond to the child? Do they believe their child or not? Can they appreciate the risk to their children and to themselves if abuse and domestic violence have been a feature of life at home?

For some parents their distress is made worse by the fact that they have their own history of sexual abuse. Their child's allegations may have brought back memories for them and they may need to access counselling for their own needs. The fact that the parent has experienced sexual abuse does not mean that they would automatically know what to do to support their children. It is important though that assessment takes into account who abused the parent. If it was a family member then abuse could possibly still be happening or the abuser may still be having regular contact with the children.

In summary, non-abusing parents are often expected to be at their strongest in supporting their children when they are likely to be experiencing acute distress themselves and feeling traumatised. They need support and someone to talk to at such a difficult time.

Working with children in care

Children who are at risk of sexual abuse and who are unable to remain in their household or move to live with relatives safely may be placed in the care of the local authority.

At the time of coming into care a child may have many conflicting emotions that may include feelings of loss and sadness leaving the family and fear about what is happening for them. Whatever the extent and trauma of the abuse children are likely to still grieve for the family they have left and many remain loyal to their parents even when they have suffered considerable harm. It is not uncommon for child victims to idealise parents and it can be helpful to allow children to talk freely about the positive memories they have of home and family.

Hearing about child abuse is painful and carers will need support for themselves. Sexually abused children may present behaviours that may prove difficult to understand. It is helpful to know if there are particular situations and triggers associated with abuse and what the triggers might be. These can be almost anything - toys, food, words, dates and festivals.

Of particular importance for carers is information about listening to children and responding appropriately to any allegations the children might make. Children should be told what carers know about their family and the sexual abuse. This must be handled very sensitively and many children feel strongly that they do not want everyone to know all of the detail of their history.

It is common for children to want stability and remain in placement. It is not uncommon for them to worry that if the carers know everything about them, they may reject them. These feelings are rooted in children's feelings of shame, guilt and self-disgust arising from their experience of the sexual abuse. They may feel frightened that carers will blame them for what has happened. Care must be taken when making statements about offenders as children may assume any negative comments relate to them as well.

Above all, children need time and patience if they are to deal with child sexual abuse. It is not helpful to focus solely on the sexual abuse when the child is dealing with the trauma of separation. They will need their psychological defences to cope with being in care and expecting children to deal with therapy at too early a stage may leave them less able to cope and may threaten the stability of the placement. They need to settle first but they do need to know who they can talk to when they are ready. A calm, non-judgemental and curious approach is helpful. Persistent direct questioning about sexual abuse is not and may compromise any investigation that is taking place.

Carers may find that children struggle to accept care especially if they have previously assumed some responsibility for protecting and looking after younger siblings. They may try to be the parent in the placement because that is the role they know. Letting go of the control can cause children to feel panic and behaviours can become challenging. However, once this challenge is addressed and roles clarified, many abused children relax, enjoy and benefit from being nurtured and safe.

It is quite common for children in care to show some signs of regression to earlier stages of development and this can enable them to regain missed childhood opportunities. Previously acquired skills may be lost when this happens, and carers need reassurance that regression is temporary and part of recovery. It is not helpful to focus solely on chronological age when children need to do this.

Helping children to recover from child sexual abuse

Children who have been sexually abused are children who are likely to have missed out on normal developmental stages and enjoyable activities associated with being a child. They need safety and understanding and opportunities for processing the abuse. Above all, they are children who need to be valued as children first and not just defined by the abuse they have suffered.

It is likely that the abuse has led to an adverse impact on a child's sense of self and their identity so efforts must be made to help children to grow, learn, and develop their potential. Carers and social workers can support children to learn about their strengths and their unique personalities, help them to achieve and develop a positive identity. Children will also need help to gain an understanding of their family background and their experiences – a narrative about what has happened and why it happened to them. Opportunities to ask questions and make some sense of their experiences.

Children who have suffered early abuse are more likely to be vulnerable to further abuse and exploitation if they do not receive the appropriate care and therapeutic help. If effective and timely care is given there is hope that children will recover and go on to lead very successful lives. Therapy can assist recovery but the quality of day to day care is the crucial factor in achieving successful outcomes for children.

Contact between children in care and family members

Each child should have a care plan that specifically addresses what is the purpose of contact and whose needs are being met through contact arrangements. The child's needs must be paramount and inform the frequency of contact especially if the child's care plan is not for a return home.

The supervision of contact is an essential element that must be explicitly addressed for a child in care who has experienced intra-familial child sexual abuse. Even with vigilant contact a child may experience contact as an anxious and sometimes frightening time. They may be protected from any physical harm but there is still potential for abusive adults to exert psychological pressure on their child.

It is important to remember that sexual abuse of children can take place during contact visits and even during supervised contact. Practitioners need to remain alert to this possibility and contact supervisors must maintain authority over arrangements. Even when contact takes place by indirect means such as by telephone or online face to face social media there remains the potential for a child to be affected by facial expressions, what is said, and the tone of voice used.

When an assessment of contact arrangements takes place, it is important to assess the child's reactions towards contact and to take note of what they say and how they behave both before and afterwards.

An abusive adult will know which words to use to trigger a child into silence. We cannot rely on children to protect themselves in these situations neither can we rely on the children to say they do not wish the contact to continue. Careful observation and talking with the child may lead carers and social workers to believe that contact is emotionally quite difficult for children. Sometimes children need adults to make difficult decisions, possibly to suspend contact, on their behalf.

For a fearful, compliant child it is extremely difficult to go against a parent's wishes. A child who has experienced abuse may believe they must please adults therefore making decisions about contact may be fraught and far too difficult for them to make. They may choose to ignore their own needs, try to please the adults and may even retract allegations to keep adults happy[1].

Many sexually abused children learn that in order to survive they must take care of adults' needs. If parents are distressed or angry during contact it is possible that children may try to look after their parents and, in childlike ways, make things right. They may take on the abuser's view and may even see the abuser as a victim.

Maintaining contact between siblings is seen by most professionals as being extremely important for many good reasons. When children are in care and living apart it is important to be aware that just as with the adults in the family, abusive patterns of behaviour may emerge as the children remember and play out the relationships they were exposed to at home. It is also important to watch for sexualised play that might develop between siblings during contact visits. This might reflect how the children were expected to relate to each other when living together. This emphasises the need for care to be taken to ensure that contact is well planned, safe and enjoyable.

It is important that children are not put under pressure during contact by parents who may wish to rewrite history, involve the children in family arguments or even worse, to press the child(ren) to retract allegations of child sexual abuse.

1. The Child Sexual Abuse Accommodation Syndrome - Roland Summit MD 1983

Supervision and management processes

The Impact on practitioners of working with child sexual abuse cannot be underestimated. This is an extremely stressful area of work that might have personal as well as professional meaning for all practitioners involved in a safeguarding process involving child sexual abuse.

There should be permission to ask for support and the recognition by practitioners, their colleagues and supervisors about the impact of indirect trauma arising as a result of hearing about and supporting a child who has been the victim of intra-familial sexual abuse.

Senior managers should ensure that practitioners are adequately and appropriately supervised and that they have ready access to advice, expertise and management support in all matters relating to safeguarding and child protection.

> **Survivor's Feedback**
>
> "Everyone was frightened of my family and yet we babies were left living there"

Effective supervision should recognise that practitioners will need support to acknowledge and accept when they have been groomed by family members to collude with abusive power dynamics, and how to address this with support.

Practitioners should be provided with reflective supervision to enable them to manage complex cases, particularly large families and/or those with concerns within the extended family to ensure that safeguarding is considered within the wider context.

Managers should ensure that practitioners have completed essential training that is required relevant to their role and work with children who have experienced intra-familial sexual abuse.

Effective supervision should include opportunity to reflect on the progress of a case and enable professional challenge internally and with practitioners from different organisations to ensure child focussed and timely case management occurs to avoid drift and keep children safe.

Recording

As in all cases where there are concerns about a child it is important that there are good record keeping processes which support effective safeguarding practice.

Good record keeping helps to focus work and it is essential to working effectively within an organisation as well as across agency and professional boundaries. While each organisation will have their own processes and systems, overarching principles of effective record keeping should be applied.

Records should be kept securely, written concisely, using plain English and the use of technical or professional terms and abbreviations kept to a minimum; if there is likely to be doubt of their meaning they must be defined or explained.

They must be made in a timely way, kept up to date and include all incidents / events / observations of concern. Records must clearly distinguish between facts, opinions, assessments, judgements and decisions. It must be clear whether information is first-hand or obtained from third parties. All discussions and decisions made and the reasons for those decisions should be recorded.

Any agreed actions should be SMART (specific, measurable, attainable, realistic, and timely). Recording should include when actions have been completed, any conclusions and if any risks are on-going or if new risks identified.

If recording an allegation, the child/young person's own words should be recorded and any questions (such as "Tell me…, explain…., describe…") practitioners may have asked are included. Physical marks and injuries must be recorded with sufficient detail on a body map (which should be dated and signed).

When there has been an investigation where a child is believed to have been sexually abused and a medical has taken place it is important that where needed there is liaison to clarify and agree wording of medical reports so that it accurately reflects the medical opinion in a way that would be clearly understood within safeguarding and judicial processes.

Recording on files following assessment re risk of child sexual abuse and a system in place to record all future contact with the family.

Some agency recording systems have alert systems to draw attention to risks and these should be considered where a child has been sexually abused or is at risk of sexual abuse.

Case closure decisions in cases of child sexual abuse must be clearly recorded (including how the decision has been communicated to partner agencies and how professional opinion about the likelihood of the risk of child sexual abuse to the child and any siblings is recorded for future reference).

Appendix 1: Key local agencies offering support and interventions to children and families affected by child sexual abuse

The Derby and Derbyshire Safeguarding Children Procedures include up to date contact information for Early Help and Children's Social Care services across Derby and Derbyshire. If early advice is needed, you can contact a manager to discuss the case in the area where the child lives.

The Derby Children's Services Professional Consultation Line can be contacted on **07812 300329**.

For referrals to Children's Social Care in Derby, contact the Initial Response Team on **01332 641172** or via the Derby Children's Social Care Online Referral System.

The Derbyshire Consultation and Advice Service for Professionals can be contact on **01629 535353**

For referrals to Children's Social Care in Derbyshire, contact Starting Point on **01629 533190** or via an online referral.

Safespeak - a Derbyshire service run by Relate Derby and Southern Derbyshire offering generic counselling for 5-10 year olds and for 11-18 year olds. Call **0800 093 5264** or **01332 349301** or email info@safespeak.org.uk.

SV2 – supporting victims of sexual violence – provides support for anyone who has experienced sexual abuse or violence. Offers support for all genders from any age and offer counselling to both adults and children. Can support through the reporting process, during the forensic examination if one is needed, through the investigation and when you are at court. Independent Sexual Advisor services for clients 17 and under (ChISVA) and for Adults. SV2 also works with young people to raise their understanding of what "consent" means. Advice Line **01773 746 115**.

Appendix 2: National child sexual abuse services

Families outside - is a national Scottish charity dedicated to supporting families impacted by imprisonment. Have published a booklet Picking up the pieces - Support for Families of People Convicted of a Sexual Offences.

Mosac - is a voluntary organisation supporting non-abusing parents and carers whose children have been sexually abused, providing support, advice, information and counselling following the discovery of sexual abuse. Helpline **0800 980 1958**.

NAPAC (National Association for People Abused in Childhood) - supports adult survivors of all types of childhood abuse, including physical, sexual, emotional abuse or neglect. Helpline 0808 801 0331 Useful resources include a series of booklets; Survivors? Was it really abuse? It wasn't your fault, You are not alone, Untangling the web of confusion, Healing at your own pace and Recovering from childhood abuse.

NHS – spotting the signs of sexual abuse.

NSPCC sexual abuse – information, advice and resources about sexual abuse and healthy sexual behaviour. Helpline for children and young people via Childline on **0800 1111** and help for adults concerned about a child **0808 800 5000** or help@nspcc.org.uk. Useful resources includes

- A guide, Someone to lean on, for professionals who work with children who have been sexually abused.
- Sarah's Story animation about sexual abuse in childhood
- Making a Noise animation to show what it can be like for children and young people after sexual abuse. It covers their experiences from an allegation through to giving evidence to receiving counselling and believing in themselves.
- Let's talk pants – a range of resources for parents and carers and for schools and teachers about staying safe from sexual abuse. Includes guides for people with a disability and for children with autism.

No one noticed, no one heard - A study of disclosures of childhood abuse
This report describes the childhood experiences of abuse of young men and women and how they disclosed this abuse and sought help. Debbie Allnock and Pam Miller (2013) NSPCC

One in Four – supports survivors of sexual violence and abuse, and particularly survivors of child sexual abuse and trauma. Information, advice, resources and services for survivors, schools and professionals.

Parents Protect! - information and resources to raise awareness about child sexual abuse, child sexual exploitation, answer questions and give adults the information, advice, support and facts, they need to help protect children. It is run by child protection charity, The Lucy Faithfull Foundation. Includes helping parents understand the sexual development of children from birth to adolescence, considers the warning signs to look out for in a child that may be being abused and warning signs in potential perpetrators. Offers advice on how parents can

keep their children safe both online and offline and suggestions for creating a Family Safety Plan.

Stop it Now! – for anyone worried about their online behaviour, or someone else's? Helpline **0808 1000 900**.

Stop So – organisation working to prevent Sexual Offending, working with those at risk of turning thought into action.

Stop So Support for Families - an online group that gives the family members of a sexual offender a forum to share their experiences and provide support to one another.

Survivors UK - sexually abused men as well as their friends and family, no matter when the abuse happened, and challenge the silence and attitudes.

The Lucy Faithfull Foundation – a UK-wide child protection charity dedicated solely to preventing child sexual abuse. Provides a range of services for organisations, professionals and the public including: risk assessments and intervention; specialist consultancy; expert training and public education.

The Survivors Trust – a UK-wide national umbrella agency for 130 specialist organisations for support for the impact of rape, sexual violence and childhood sexual abuse throughout the UK and Ireland. Support, Advice and Info telephone **0808 801 0818**.

Appendix 3: Child sexual abuse resources

Sexual Offences Act 2003 - updated guidance Home Office (2018)

The role and scope of medical examinations when there are concerns about child sexual abuse; a scoping review
Child Sexual Abuse Centre (2019). A video is available that supports the review

Guidance Sexual violence and harassment between children in schools and colleges
Department of Education (2018 - due for revision 2021)

Contextual Safeguarding Network

Effective supervision in a variety of settings; SCIE Guide 50 (2017) Social Care institute for Excellence.

Relationships education, relationships and sex education and health education
Department of Education (2020)

PSHE Toolkit (2019)
A set of practical online safety PSHE toolkits to explore online issues, including links to Relationships, Sex and Health Education (RSHE), with pupils aged 11-14 years old produced by Childnet International