

# Lancashire Multi Agency Guidance

## Child Sexual Abuse in the Family Environment

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### 1. Definition

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Working Together to Safeguard Children defines **sexual abuse** as follows:

*'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 (including via the internet).*

*Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.'*

Sexual abuse often occurs in conjunction with the other categories of child abuse especially emotional abuse in order to maintain control and secrecy.

Children from the age of birth onwards may be subjected to sexual abuse. Sexual abuse can have a long-term impact on emotional, social and educational development and is linked to the development of mental health issues in later life.

See also the procedures for [Safeguarding Children and Young People Abused Through Sexual Exploitation](#), [Safeguarding Children and Young People Online](#), [Harmful Sexual Behaviours Presented by Children and Young People](#) and [Working with Sexually Active Young People Under the Age of 18](#).

## 2. Risks and Indicators

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Sexual abuse which takes place within family environments often remains hidden and is the most secretive and difficult type of abuse for children and young people to disclose. It may be particularly difficult to disclose abuse by a sibling.

Many children and young people do not recognise themselves as victims of sexual abuse - a child may not understand what is happening and may not even understand that it is wrong especially as the perpetrator will seek to reduce the risk of disclosure by threatening them, telling them they will not be believed or holding them responsible for their own abuse.

Where sexual abuse is being perpetrated on one or more family members, it may be possible to identify by patterns of referrals or presentations to different agencies in their local community over time. There may be a range of signs but any one sign doesn't necessarily mean that a child is being sexually abused, however the presence of number of signs should indicate that you need to consider the potential for abuse and consult with others who know the child to see whether they also have concerns.

Signs include:

- Changes in behaviour, including becoming more aggressive, withdrawn, clingy;
- Problems in school, difficulty concentrating, drop off in academic performance;
- Sleep problems or regressed behaviours i.e. bed wetting;
- Frightened of or seeking to avoid spending time with a particular person;
- Knowledge of sexual behaviour/language that seems inappropriate for their age;
- Physical symptoms including pregnancy in adolescents where the identity of the father is vague or secret, STIs, discharge or unexplained bleeding;
- Poor hygiene, which often leads to social isolation in school;
- Injuries and bruises on parts of the body where other explanations are not available especially bruises, bite marks or other injuries to breasts, buttocks, lower abdomen or thighs;
- Injuries to the mouth, which may be noted by dental practitioners.

### Other Factors

- Frequent house moves;
- Isolation of children (and other members) within the family from practitioners, and the wider community;
- Failure to register with a GP;
- Frequent absences from school;

- Failure to cooperate with agencies or to let police, children's social care or other agencies into the home, or letting children be seen alone by professionals;
- Attempts to disguise injuries or attribute them to other causes;
- A child or young person who self-harms, misuses drugs, alcohol or solvents, and / or develops mental health problems;
- Domestic abuse within the family heightens the risk;
- Repeated pregnancies with no evidence of a father;
- Genetic abnormalities in pregnancy or in children who are born.

In the long term people who have been sexually abused are more likely to suffer with depression, anxiety, eating disorders and post-traumatic stress disorder (PTSD). They are also more likely to self-harm, become involved in criminal behaviour, misuse drugs and alcohol, and to commit suicide as young adults.

### 3. Protection and Action to be Taken

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Whenever a child reports that they are suffering or have suffered significant harm through sexual abuse the initial response from all practitioners should be to listen carefully to what the child says and to observe the child's behaviour and circumstances. Practitioners must:

- Clarify the concerns;
- Offer reassurance about how the child will be kept safe;
- Explain what action will be taken and within what timeframe.

The child must not be pressed for information, led or cross-examined or given false assurances of absolute confidentiality, as this could prejudice police investigations, especially in cases of sexual abuse.

See [Making Referrals to Children's Social Care Procedure](#) and [Section 47 Enquiries Procedure](#).

Where a **Strategy Discussion / Meeting** takes place the core agencies involved with the child should participate. A clear plan should be agreed and circulated to each agency participant. Wherever possible these should be face to face meetings rather than telephone discussions to allow better analysis of the available information.

At the conclusion of the investigation, if the case does not proceed to an Initial Child Protection Conference a second de-briefing strategy meeting should be held to ensure that any ongoing risks are understood and protective action can be undertaken.

Any **child protection medical assessment** must be planned carefully in order to secure any forensic evidence, if it is judged to be appropriate.

Visually recorded interviews must be planned and conducted jointly by trained police officers and social workers in accordance with the [Achieving Best Evidence in Criminal Proceedings: Guidance on interviewing victims and witnesses, and guidance on using special measures \(Home Office 2011\)](#). All events up to the time of the video interview must be fully recorded. Consideration of the use of video recorded evidence should take in to account situations where the child has been subject to abuse using recording equipment.

Visually recorded interviews serve two primary purposes:

- Evidence gathering for criminal proceedings;
- Examination in chief of a child witness.

Relevant information from this process can also be used to inform Section 47 Enquiries, subsequent civil childcare proceedings or disciplinary proceedings against adults, where allegations have been made.

## 4. Issues

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The single and most important consideration is the safety and well-being of the child or children. A referral to CAMHS or counselling service for emotional support may be required. Think Family – does everyone affected have access to appropriate support?

In reconciling the difference between the standard of evidence required for child protection purposes and the standard required for criminal proceedings, emphasis must be given to the protection of the children as the prime consideration.

The investigation and enquiries must also address the religious, cultural, language, sexual orientation and gender needs of the child, together with any special needs of the child arising from illness or disability.

A victim support strategy and service should be established at the outset. Support will be required in pre-trial, trial and post-trial periods if the case/s proceed to court. Minimum periods for contact should be established. It is clear from experience in research about sexual abuse investigations that many victims and families feel strongly that it is important that they remain in contact with the same practitioners throughout the investigative process.

Where an Initial Child Protection Conference takes place great care should be taken beforehand if the child / young person wishes to participate. The child should not be put in the position of meeting the alleged perpetrator or of attending the meeting at the same time.

### Barriers to Disclosure

Children may disclose sexual abuse directly and verbally while others may attempt to disclose by non-verbal means including changes in their behaviours, requiring those around them not just to focus on the behaviour but why the behaviour may be happening.

Children and young people often disclose abuse while it is still ongoing, there may be a significant delay between the onset of the abuse and any disclosure. The younger the age of the child when the sexual abuse starts, the longer it usually takes to disclose.

Many children are experiencing multiple forms of abuse and may live in households that are not safe and in which emotional support is not available to them.

Disclosures are more likely to come in adolescence as they learn about healthy relationships and how to recognise abusive behaviour. Schools have a very important role to play in aiding the disclosure process in providing developmentally appropriate education and a safe space within which to disclose.

Children may disclose for a number of reasons possibly because they are not able to cope with the abuse any longer or because the abuse is getting worse. They may disclose in order to protect others from abuse or because they are seeking justice.

Barriers to disclosure include fear of not being believed, embarrassment and shame and fear of the consequences of telling. Some groups of young people will have additional challenges in disclosing due to communication, religious, language, cultural or sexuality issues.

Disabled children are at increased risk of experiencing sexual abuse especially due to communication and developmental issues.

Whenever they choose to disclose, it is important that they are believed, that they are told what will happen next and kept informed and that they are provided with emotional support.

Research into young people's experience showed that they wanted someone to notice that something was wrong and to be asked direct questions.

Practitioners must be mindful of managing information to minimise the risks to the child when responding to any concerns or disclosures.

There will be situations where due to lack of forensic evidence or corroborating witnesses the threshold for criminal proceedings is not met. It is important in these cases that the lack of police action is not interpreted as disbelieving the child's disclosure.

## 5. Learning from Serious Case Reviews and Points of Good Practice

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**'Pathways to Harm, Pathways to Protection: A Triennial Analysis of Serious Case Reviews 2011 to 2014'** made the following findings about child sexual abuse in the family environment:

"There were 23 serious case reviews undertaken which related to sexual abuse or sexual exploitation, of which just one review related to a young man, who was in his mid-teens at the time. While the median age was 14 when the incident(s) occurred, or came to light, there were four victims aged five or younger.

The 13 children who were subjected to intra-familial abuse had a median age of 10 years, and four were aged five or under. All were female. The perpetrator, where known from the final report, was the mother's partner (38% of cases), the father (25%), a male relative (one instance), the mother (one instance) or both parents (one instance). Two of the children were on a child protection plan at the time, and five had been previously. In the eight instances where the detailed child's social care history was available, all had been known to children's social care; three were open cases at the time of the incident, four were closed cases at the time, and one had not reached the level for assessment at the time of referral."

There are lessons for local safeguarding practitioners to consider in how the work with children and young people is carried out when assessing concerns about sexual abuse in the family.

Points for good practice:

- 'Hearing the voice of the child' requires safe and trusting environments for children to be seen individually, speak freely, and be listened to;
- Practitioners must consider how to enable children to express their views while taking account of the child's age, development, and language. This will be compounded if the child is in any way threatened or coerced by an abusive parent, or if the child has other underlying developmental or communication needs;
- Previous research emphasises how children have extreme difficulty in expressing their concerns and that practitioners should not expect children to disclose abuse;
- The onus falls to the practitioners and requires an interest in how children express themselves through their behaviour and what they say rather than seeing them as 'difficult' or 'demanding';
- An active effort must be made to actually see and assess children in their families. This is a lesson 'so important that it must be re-emphasised and potentially re-learned as people, organisations and cultures change';
- Considerations must be made for children who do not communicate in English.

## 6. Further Information

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**Protecting Children from Harm** - A critical assessment of child sexual abuse in the family network in England and priorities for action.

**Child Neglect and its Relationship to Sexual Harm and Abuse: Responding Effectively to Children's Needs** - open access resource considering the potential relationship between neglect and forms of sexual harm and abuse.

**'Making Noise: Children's Voices for Positive Change after Sexual Abuse'** - Children's experiences of help-seeking and support after sexual abuse in the family environment.

**Preventing Child Sexual Abuse: The Role of Schools** - examines the important role schools can play in enabling children to recognise abuse.

**Measuring the Scale and Changing Nature of Child Sexual Abuse and Child Sexual Exploitation - Scoping Report July 2017**, Professor Liz Kelly and Kairika Karsna (Centre of Expertise on Child Sexual Abuse)

**Investigating Child Sexual Abuse** - examines timescales for sexual abuse prosecutions and makes recommendations.

**Therapeutic Services for Sexually Abused Children and Young People Scoping the Evidence Base**, Prepared by Debra Allnock and Patricia Hynes **Summary Report December 2011**.

