Sexual Abuse

Contents

1. **Definition**
2. **Risks and Indicators**
   2.1 **Sexual Abuse in the Family Environment**
   2.2 **Learning from Serious Case Reviews and Points of Good Practice**
3. **Protection and Action to be Taken**
4. **Issues**
5. **Further Information**

1. Definition

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.

2. Risks and Indicators

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, 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.

2.1 Sexual Abuse in the Family Environment

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.

Some victims may be abused by several perpetrators, and in some cases, these perpetrators will be known to each other. The disclosure of sexual abuse within a family is likely to have an enormous impact on the victim and their relationship with other family members. Fear, coercion, loyalty to the perpetrator and/or a desire to protect other family members may prevent a victim of child sexual abuse in the family environment from telling anyone.

Sexual abuse in the family environment where the victims has a learning/physical disabilitiy may be less likely to be identified as they may face additional communication barriers to disclosure, and the signs of abuse may be misattributed to the disability or behavioural responses attributed to the disability.

The Children's Commissioner's report - Protecting children from harm: A critical assessment of child sexual abuse in the family network in England estimated on the evidence submitted to the inquiry, that child sexual abuse un the family environment comprises around two thirds of all child sexual abuse.

2.2 Learning from Serious Case Reviews and Points of Good Practice

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 relearnt as people, organisations and cultures change';
- Considerations must be made for children who do not communicate in English.

3. Protection and Action to be Taken

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.

Once a practitioner is aware of these concerns, a referral must be made immediately. The suspicion or allegation may relate to a parent, professional, volunteer or anyone caring for or working with the child - if so, see also **Allegations against Persons who Work with Children Procedure**.

There are cases where it **will not** be appropriate to discuss concerns with parents/carers before referral. In such situations, the timing of contact with parents/carers will be agreed with Children's Social Care and/or the Police once the referral has been made.

Situations where it **would not** be appropriate to inform family members prior to referral include where:

- Discussion would put a child at additional risk of Significant Harm;
- There is evidence to suggest that involving the parents/carers would impede the Police investigation and/or Section 47 Enquiry;
- Sexual abuse is suspected or it is suspected that a parent is involved in the sexual exploitation of a child – for more information see Safeguarding Children and Young People from Sexual Exploitation Procedure;
- Organised or multiple abuse is suspected – for more information see Complex (Organised or Multiple) Abuse Procedure;
- Fabricated or induced illness is suspected – for more information see Fabricated or Induced Procedure;
- To contact parents/carers would place them or others at risk;
- Discussion would place one parent at risk of harm e.g. in cases of domestic abuse;

- If it is not possible to contact parents/carers without causing undue delay in making the referral.

See **Responding to Abuse and Neglect Procedure, Making a Referral** and **Child Protection Enquiries - Section 47 Children Act 1989 Procedure**.

Where a Strategy Discussion / Meeting (see **Strategy Discussions Procedure**) 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 paediatric safeguarding medicals (child protection medical assessment) must be planned carefully in order to secure any forensic evidence, if it is judged to be appropriate - see **Paediatric Safeguarding Medicals Procedure**.

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**. 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

The single and most important consideration is the safety and well-being of the child or children.

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.

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.

The **Allegations Against Persons who Work with Children Procedure** which includes information on the MAPPA process and identifying, recognising and responding to a person posing risk to a child should be also be considered.

5. Further Information

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.