St Helens
**Safeguarding Children**
Partnership

# Child Sexual Abuse Strategy 2023- 2025

## “Thinking the Unthinkable”

*"We owe our children, the most vulnerable citizens in our society, a life free of violence and fear"*

Nelson Mandela

# Contents

# Section One: Introduction

*"There were so many times when I thought about telling someone but it was just like, how do you bring it up? How do you just walk into a room and go to someone, 'oh by the way this happened'?"*
*(IV29, Female 18 years)*

The last four decades have been witness to a changing landscape of language and framings for Child Sexual Abuse (CSA) – from incest in the 1970s, through a number of other terms, to the current distinction of Child Sexual Exploitation (CSE) and Female Genital Mutilation (FGM) being a category within CSA. Each shift has meant that different forms and/or contexts of abuse have been recognised, which has opened up space for survivors to speak and for agencies to listen and hear.

The shift in language and perceptions should not be seen as a pendulum effect. It is more of a clock face on which some parts are highlighted and others in shadow: holding all forms and contexts for CSA in view at the same time has been elusive for research, policy and practice.

The St Helens Safeguarding Children Partnership (SSCP) acknowledges the need for cases of CSA to be recognised and addressed effectively. The SSCP has the following aim –

> *"To ensure that there is recognition of child sexual abuse cases in St Helens and that from early help to statutory intervention, there should be appropriate, consistent and timely responses across all agencies"*

To achieve its aim the SSCP, will seek to ensure that all partner agencies work together so that anyone who comes into contact with children and young people is able to recognise, understand and know how to respond to cases where a child or young person may be at risk of harm from CSA.

This strategy seeks to explain;

- What is child sexual abuse and the different forms that it can take
- How agencies in St Helens recognise and respond to child sexual abuse
- What this means for people and organisations and how they exercise their duties and responsibilities to protect children and young people

The SSCP recognises that this task is particularly difficult when signs and indicators of CSA are not always easy to spot and the consequences of action or inaction may have great significance for the child, young person, their family and those involved with them.

This strategy has been created to help improve the ways in which need and risks are understood, recognised and responded to at all stages of the "child's journey". It is not a "stand alone" document and should be considered alongside a number of other strategies, including the CSE Strategy and Harmful Sexual Behaviour Protocol, Online safeguarding strategy and information regarding FGM. Together these reflect the many different aspects of CSA and priority concerns of organisations and professionals.

Over time those responsible for ensuring the safety and protection will be supported to evidence how they are implementing this strategy through the SSCP Section 11 (Children Act 2004) and Section 175 self-assessments and their own governance and accountability structures and processes.

This strategy has been developed with the support of Cambridgeshire and Peterborough Safeguarding Partnership Board who have given permission for St Helens SCP to utilise the Cambridgeshire and Peterborough Safeguarding Partnership Boards Child Sexual Abuse Strategy as the basis for this strategy.

# Definition of Child Sexual Abuse

Working Together 2018 defines child sexual abuse as;

*"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 also commit acts of sexual abuse, as can other children."*

Whilst it is recognised that there are many definitions of CSA, the Working Together definition will be used for the purposes of this Strategy.

CSA includes many areas, the following discusses some of these areas but this is not an exhaustive list.

## *Intra-familial Sexual Abuse*

**What is intra-familial CSA?**

There is no single agreed definition of intra-familial CSA. However, it is generally recognised that, in addition to abuse by a relative (such as a parent, sibling or uncle), it may include abuse by someone close to the child in other ways (such as a step-parent, a close family friend or a babysitter). This understanding is in accordance with Crown Prosecution Service guidelines on the Sexual Offences Act 2003, which state:

***"These offences reflect the modern family unit and take account of situations where someone is living within the same household as a child and assuming a position of trust or authority over that child, as well as relationships defined by blood ties, adoption, fostering, marriage or living together as partners."***

In thinking about whether abuse is intra-familial, perhaps the most important question for professionals to consider is: 'Did this perpetrator feel like family to the child?'

Intra-familial child sexual abuse refers to child sexual abuse (CSA) that occurs within a family environment. Perpetrators may or may not be related to the child. The key consideration is whether the abuser feels like family from the child's point of view.

Around two-thirds of all CSA reported to the police is perpetrated by a family member or someone close to the child.

Where research has recorded the gender of perpetrators of intra-familial CSA, the vast majority have been found to be male: however, this does not mean practitioners can discount females as perpetrators. Numerous women have been convicted of offences against children. In some cases, these women have been the mothers of the children who were subjected to CSA, as such practitioners must **"*think the unthinkable*"** when considering those who pose a potential risk to children. In around a quarter of cases, the perpetrator is under 18.

CSA in the family is rarely an isolated occurrence and may go on for many years.

Abuse by a family member may be particularly traumatic because it involves high levels of betrayal, stigma and secrecy.

Effective support is critical to enable disclosure, as well as being a key element during any investigation and legal proceedings. Therapeutic support for young people can have a positive impact but the availability of services remains piecemeal.

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.

**The prevalence of intra-familial CSA**

The majority of known CSA is perpetrated by people known to the child, and the most serious forms of abuse are more likely to involve abusers who are family, friends or acquaintances.

Intra-familial CSA can involve all kinds of contact and non-contact abuse, including online-facilitated CSA. However, there is limited research into how or with what frequency abusers use technology within the family.

Abuse in the family generally starts at a younger age than extra-familial CSA and may continue over many years.

CSA 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. High levels of secrecy, shame and stigma within some black, Asian and minority ethnic (BAME) groups, combined with cultural assumptions by professionals can increase barriers to disclosure. BAME children are under-represented in child protection services when it comes to sexual abuse.

Research indicates that disabled children are more than three times more likely than non-disabled children to be victims of CSA. Disabled children are often more dependent on their caregivers, may have more limited means of communication and may be less likely to be perceived as potential victims. These factors, combined with a lack of specialised professional knowledge, can lead to low levels of disclosure and inadequate responses.

Although most research relates to sexual abuse perpetrated by individual family members, ***families can also be involved in the organised abuse of children involving multiple perpetrators or child sexual exploitation***.

**The impacts of CSA by family members**

The complex relationship between sexual abuse and other aspects of a person's life means it is not usually possible to say that an outcome has been caused by their experience of CSA. Factors which may influence the impact of abuse include its severity and duration, the age at which it occurred, the relationship between victim and perpetrator and other difficulties and supports in a child's life. There is currently no research that differentiates impact of intra-familial abuse by gender of abuser or victim.

An influential model proposed four likely impacts of CSA:

1. Traumatic sexualisation (where sexuality, sexual feelings and attitudes develop inappropriately).
2. A sense of betrayal (because of harm caused by someone the child vitally depended upon).
3. A sense of powerlessness (because the child's will is constantly contravened).
4. Stigmatisation (where shame or guilt are reinforced and become part of the child's self-image).

To these can be added secrecy (including the fear and isolation this creates) and confusion (because the child is involved in behaviour that feels wrong but has been instigated by trusted adults). While these impacts are not unique to intra-familial CSA, their combination and intensity in this context makes the experience particularly damaging.

CSA is strongly associated with the following adverse outcomes across the life course:

- physical health problems, including immediate impacts and long-term illness and disability

- poor mental health and wellbeing
- externalising behaviours such as substance misuse, 'risky' sexual behaviours, and offending
- difficulties in interpersonal relationships
- socio-economic impacts, including lower levels of education and income
- vulnerability to re-victimisation, both as a child and as an adult.

## *Child Sexual Exploitation (CSE)*

### *(also consider and explore intra-familial sexual abuse)*

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity in exchange for (a) something the victim wants, and/or (b) the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if sexual activity appears consensual. Child sexual exploitation does not always include physical contact; it can also occur through use of technology'.

## *Online Abuse*

### *(also consider and explore intra-familial sexual abuse)*

Online Safeguarding', 'eSafeguarding', 'Internet Safety', 'eSafety', 'Digital Safeguarding' and 'Online Safety' are all interchangeable terms used to varying extents. However, regardless of the term used, all should relate to ensuring children and adults using technologies both now, and in the future, do so safely and responsibly.

Individuals often associate online safeguarding with online grooming, cyberbullying or inappropriate images or videos. However, there is also a much broader and developing agenda particularly in relation to the growth of social media including information privacy, sexting, gambling, radicalisation, self-generated content, revenge porn and numerous other risk areas. In line with this, online safeguarding is an increasingly common thread running across a number of related and already embedded areas, such as child exploitation including Child Sexual Exploitation (CSE) and Child Criminal Exploitation (CCE), anti-bullying, anti-social behaviour and the radicalisation of young people amongst others. If we are to be effective in our approach, it is essential that colleagues across all related agendas work together cohesively to ensure a common and collaborative approach and ensure the online aspects are appropriately reflected in related risk areas.

The prevalence of online communication, social networking and mobile technology effectively means that children can always be 'online'. Their social lives, and therefore their emotional development, are bound up in the use of these technologies. We can no longer adequately consider the safeguarding or wellbeing of our children and young people without considering their relationship to technology - we can no longer seek to support and protect them without addressing the potential risks which the use of these technologies poses. One of these risks revolves around sexual offending and sexual abuse.

## *Harmful Sexual Behaviour (HSB)*

### *(also consider and explore intra-familial sexual abuse)*

Harmful Sexual Behaviour (HSB) is developmentally inappropriate sexual behaviour which is displayed by children and young people and which may be harmful or abusive. It can be displayed towards younger children, peers, older children or adults. It is harmful to the children and young people who display it, as well as those it is directed towards.

HSB can be displayed by a child or young person of any age. Understandably, these behaviours can cause concern for parents, carers, family members and professionals working with the child.

Harmful Sexual Behaviour can take place over the internet or in contact forms. The Hackett Sexual Behaviour Continuum (2010) provides an overview of sexual behaviours across a range which supports professionals to consider whether the behaviour can be identified as normal, inappropriate, problematic, abusive and violent (Aim Assessment Models for Children under 12 years old with Problematic or Harmful Sexual Behaviours 3rd Edition 2019).

It is important to apply an understanding of the cognitive ability of the child when assessing sexual behaviours as this will impact on their capacity to understand their own sexual behaviour. Developmentally appropriate responses need to be applied whilst using a trauma informed approach. This supports professionals to consider adverse childhood experiences defined as highly stressful events or situations that occur during childhood and adolescence. These events and experiences can be traumatic and cause lifelong impact on the child's development including their physical and mental health.

A study by Hackett et al (2013) of children and young people with HSB suggested that two thirds had experienced some type of abuse, trauma or neglect themselves. This included physical abuse, emotional abuse, sexual abuse, severe neglect, parental rejection, family breakdown, domestic violence, and parental drug and alcohol abuse. Around half of them had experienced sexual abuse.

It is therefore important that professionals safeguard not only the victim, but also the child or young person displaying the harmful behaviour. Professionals should aim not to stigmatise or unnecessarily criminalise children and young people who display Harmful Sexual Behaviour.

## *Female Genital Mutilation (FGM)*

Female Genital Mutilation (FGM) involves the partial or total removal of external female genitalia for non-medical reasons and is a form of CSA and violence against women and girls, as well as being a violation of their human rights.

The term FGM covers all harmful procedures to the female genitalia for non-medical purposes. There are 4 types – all are illegal and have serious health risks.

FGM is also known as female circumcision, cutting or sunna and is practiced by families and communities for a variety of complex reasons including religious or cultural beliefs but often it is thought that it is beneficial for the girl or woman. However, FGM has no health benefits, it is dangerous, a criminal offence and causes harm to girls and women in many ways.

The age at which girls undergo FGM varies enormously according to different communities. The procedure may be carried out when a girl is newborn, during childhood or adolescence, just before marriage or during the first pregnancy. However, the majority of cases of FGM are thought to take place between the ages of 5 and 8 and therefore girls within that age bracket are at a higher risk.

Recent epidemiological study by British Paediatric Surveillance Unit on cases from Nov 2015- Nov 2017 showed much lower number of children presenting with FGM then were estimated- 103 reported cases only. The possibility of abandonment of the practice after migration needs to be considered.

## *Prevention of CSA*

As with other forms of abuse, preventing Child Sexual Abuse is vital and can be the most impactful form of intervention. All agencies working with children and young people should take every opportunity to offer advice, guidance and education around healthy relationships and keeping safe.

The following information, guidance and tools should be considered when developing a preventative approach to Child Sexual Abuse:

- **Relationships** - All practitioners should strive to build an authentic and meaningful relationship with the children or young people they work with. We know that significant

relationships are essential in child protection, as children and young people will be more likely to share their concerns.

- **Education** – schools and education settings are in a privileged position in that they see children and young people daily. Schools should utilise their curriculum, specifically Relationships and Sex Education (RSE) and Personal, Social, Health Education (PSHE), to teach all children and young people across age groups, about healthy relationships and keeping safe. Schools can also deliver lessons on specific, more targeted topics such as consent and child exploitation.
- **NSPCC P.A.N.T.S Rule** – the NSPCC has developed this campaign with 5 easy rules to keep children safe. Parents and practitioners can access a variety of resources online to help deliver this important message.

  Talk PANTS & Join Pantosaurus - The Underwear Rule | NSPCC
- **Confidence, mental health and self-esteem** – young people who experience difficulties with their mental health and emotional wellbeing, can be more vulnerable to Child Sexual Abuse. Practitioners working with children should promptly identify any concerns around an individual's emotional health and put in place the appropriate intervention or treatment to address the issue.

**Wider Reading:**

Child Protection Resources and Leaflets - Stop It Now

*"Children should learn about abuse in schools. I remember one time the NSPCC came in and talked about stuff in year three, that was good. Children should learn about what abuse is because when you are a child you are naïve. They should also be told everything will be ok and be taught how to get help."*
*(IV14, Female 15 years)*

# Section Two: Identification of Child Sexual Abuse

## *Why is child sexual abuse difficult to identify?*

There may be times where children or young people disclose the abuse that they are experiencing. Young people disclose for a variety of reasons including:

- Not being able to cope with the abuse any longer
- The abuse is getting worse
- They want to protect others from the abuse
- They are seeking justice against the abuser

However, it is important to remember that disclosures around Child Sexual Abuse are **rare**, and professionals should not rely on this to act on concerns. There are many reasons as to why children and young people cannot disclose the abuse. Reasons include:

- Having no one to turn to
- Not understanding they were being abused
- Being ashamed or embarrassed
- Concerns around how adults will react
- Being afraid of the consequences of speaking out

- Being ostracised by peers or fear of getting peers into trouble
- The feeling they will not be believed, or they will be blamed
- The feeling the process will be out of their control
- The abuse is historical, and they think they have left it too late to tell people
- Confusion or embarrassment around sexual identity.

Disclosing abuse is a difficult journey and an estimated 90% of young people have had negative experiences at some point. This was mainly as a result of agencies responding poorly to the disclosure.

Professionals must look beyond a disclosure, and exercise professional curiosity in order to identify signs, symptoms and indicators of child sexual abuse. However, this can be problematic.

Child Sexual Abuse can be difficult to identify for numerous reasons:

- Children may not recognise they are being sexually abused
- Children often don't talk about sexual abuse because they think it is their fault or they have been convinced by their abuser that it is normal or a "special secret".
- Children may also be bribed or threatened by their abuser or told they won't be believed.
- A child who is being sexually abused may care for their abuser and worry about getting them into trouble.
- Children and young people may be exploring their sexuality and become victims of CSA and are unsure about how to disclose.

Some key factors for professionals to consider include:

- Children and young people often want someone to notice that something is wrong.
- Professionals should ask direct, open questions to give young people an opportunity to share their concerns.
- Professionals should investigate sensitively, yet thoroughly, with other agency involvement where appropriate.
- Keep the child or young person informed about what is happening.

A key message for professionals here is that children are more likely to speak to adults in whom they have confidence and who care about them. It is important that the adult is able to listen and take a measured response based on presenting risk and bearing in mind the reasons why children don't seek help. The importance of establishing a strong, respectful and approachable relationship with the child is of paramount significance particularly as children tend to choose who they talk too.

**Wider Reading:**

Sexual Abuse in Ethnic Minority Com

## *Identifying Child Sexual Abuse*

Many children do not 'tell' in a straightforward way; rather, their behaviour and demeanour or the characteristics or behaviour of caregivers indicates that something is wrong. Those who do tell are not always heard or believed, and, as noted above, some groups of children such as disabled children and BAME children face greater barriers to disclosure. Children abused by a female family

member can face higher levels of disbelief from professionals, who may also minimise the seriousness of such abuse.

Important facilitators that enable children to tell include having access to safe adults with the skills to listen and having the opportunity to obtain information and confidentially explore the consequences of disclosure.

The below table has been produced by the Centre of Expertise on Child Sexual Abuse and highlights a number of possible indicators of CSA. When present each relevant indicator should be fully explored and assessed to help practitioners identify CSA at the earliest opportunity.

| Emotional | Behavioural | Physical | Abusive behaviour | Family vulnerabilities |
|---|---|---|---|---|
| •Nightmares or sleeping difficulties without explanation<br>•Mood swings including fear, insecurity or withdrawal<br>•Developing new or unusual fears of certain people or places<br>•Distracted and distant at odd times<br>•Fear of intimacy or closeness<br>•Eating disorders<br>•Substance or alcohol misuse<br>•Self harm<br>•Suicidal thoughts or actions<br>•Depression and anxiety<br>•Regression to younger behaviour (e.g. bedwetting or thumb sucking)<br>•Other mental health difficulties<br>•Disassociation<br>•Post-traumatic stress disorder (PTSD)<br>•Thinks of self or body as repulsive or bad<br>•Psychosomatic symptoms e.g. tummy ache | •Disclosure<br>•Asks another child to behave sexually or play sexualised games<br>•Sexually uninhibited/inappropriate behaviour towards themselves or others.<br>•Mimics sexualised behaviour with animals or toys<br>•Inserting objects into vagina or anus<br>•Compulsive masturbation or self-soothing behaviour<br>•Writes, draws, plays or dreams of sexual or frightening images<br>•Change in eating habits, e.g. refuses to eat or overeats<br>•Unusual personal hygiene (none or overly)<br>•Resists removing clothes at appropriate times (e.g. bath, bed or toileting)<br>•Running away from home<br>•Wetting and soiling accidents unrelated to toilet training<br>•Leaving clues that seem likely to provoke discussion about sexual issues<br>•Talks about a new older friend<br>•Suddenly has money, toys, or gifts without reason<br>•Uses new words for sex or genitals<br>•Aggression or violence to others<br>•Fear of dentistry | •Bruising or marks in unusual places<br>•Persistent or reoccurring pain during urination and bowel movements<br>•Repeated urinary tract infections<br>•Discolouration, bleeding or discharge in genitals, anus or mouth<br>•Tears to anus or vagina<br>•STDs including genital warts<br>•Pregnancy<br>•Evidence of self harming behaviour<br>•Significant weight gain or loss<br>•Difficulty swallowing when eating | •Buying a child gifts<br>•Singling out a child either to favour them or bully them<br>•Wanting to spend more time with the child than the parent<br>•Offering to babysit<br>•Play fighting/tickling<br>•Encouraging a child to engage in 'grown up' activities<br>•Encouraging a child to dress provocatively<br>•Leaves bedroom and bathroom door open<br>•Undermining the other parent<br>•Putting the other parent down<br>•Interrupting the relationship between parent and child<br>•Gets involved in personal care of the child<br>•Encouraging nudity in the home<br>•Behaving secretively<br>•Wears inappropriate clothing around the house<br>•Talks about sex, makes sexual jokes<br>•Wants to be left alone with children<br>•Changes in sexual behaviour<br>•Seems to be behaving more like a child<br>•Mood swings and erratic behaviour<br>•Complains of not being trusted | •Poor attachment<br>•Poor mental health<br>•Substance and alcohol misuse<br>•Parental absence through work commitments<br>•History of maternal sexual abuse<br>•Children or adults with disabilities<br>•Poor communication<br>•Lack of sex education<br>•Domestic abuse – current and previous<br>•Previous sexual offending<br>•Social isolation |

**Historical child sexual abuse**

We are aware that a significant number of children and young people across the UK will be the victims of historical sexual abuse. Practitioners should be mindful that this may impact on the indicators and behaviours detailed above. Cases of suspected historical child abuse must be taken seriously by agencies and appropriately investigated.

**Tools to help practitioners in identifying Child Sexual Abuse:**

Signs and indicators - A template for identifying and recording concerns of child sexual abuse

CSA Signs & Indicators.pdf

This template aims to create a common language among professionals to discuss, record and share concerns that a child is being, or has been, sexually abused. It aims to help you:

- consider, identify and clearly record signs which may indicate that sexual abuse is or has been taking place
- discuss and explore concerns that a child is being or has been sexually abused, and communicate those concerns to other organisations and agencies.

**Wider Reading:**

- Recognising and responding to abuse - What to do if you have concerns that a child know through your work or volunteering has experienced abuse and neglect and how to respond if a child discloses abuse to you.
- Protecting children from sexual abuse - Information to help you understand how to recognise indicators and learn how to respond to concerns.
- http://www.socialworkerstoolbox.com/category/cse/ - Free Social Work Tools and Resources for Direct Work with Children and Adults by Social Workers
- http://iscp.gg/article/167411/Risk-Assessment-Tools
- https://www.csacentre.org.uk/resources/key-messages/looked-after-children/

## *Identifying Child Sexual Exploitation (CSE)*

There are common vulnerability factors in children that can lead to them being more likely to be exposed to exploitation, and common signs and behaviours displayed by those who are already being exploited. The following are some of the typical vulnerabilities in children prior to abuse:

- Living in a chaotic or dysfunctional household (including parental substance use, domestic violence, parental mental health issues, parental criminality)
- History of abuse (including familial child sexual abuse, risk of forced marriage, risk of 'honour'-based violence, physical and emotional abuse and neglect)
- Recent bereavement or loss
- Gang association either through relatives, peers or intimate relationships (in cases of gang-associated CE only)
- Attending school with children who are exploited
- Learning disabilities
- Unsure about their sexual orientation or unable to disclose sexual orientation to their families
- Friends with children who are exploited
- Homeless
- Lacking friends from the same age group
- Living in a gang neighbourhood
- Living in residential care
- Living in a hostel, bed and breakfast accommodation, a foyer or homeless
- Low self-esteem or self-confidence
- Young carer

The following are some of the signs and behaviour are generally seen in children who are already being exploited:

- Regularly missing
- Parents / Care not reporting young person missing
- Drug or alcohol misuse
- Has extra money/new items/ 'gifts' that cannot legitimately be accounted for/received from unknown sources
- Change in physical appearance or behaviour
- Pregnancy, termination or repeat testing for sexually transmitted infections
- Young person has been coerced to take/share indecent images
- Arrested/Involved in criminality
- Found / travelling out of Borough
- Multiple mobile phones
- Young person feels indebted to an individual or group

- Family or young person having to move or leave their home
- Items missing from home
- Young person carrying / concealing weapons
- Absent from school / Non-school attendance
- Services have not been able to engage with child
- Self-harm indicators and/or mental health concerns and/or suicidal thoughts/attempts
- Injuries – evidence of physical or sexual assault
- Relationship breakdown with family and or peers
- Association with older and/or risky peers
- Change in education attendance/Change in education provider/Missing from education/Non-attendance in education

For further information on the action to take see Section 3.

## *Identifying Harmful Sexual Behaviour*

All children go through phases of sexual development. Just like every other part of growing up, some children mature sooner or later than others. For example, some children may have developmental delays whilst others may reach puberty early. Below are some examples of age-appropriate healthy sexual behaviour.

| | |
|---|---|
| **From 0- to 4-years-old**<br>At this stage, you might notice natural exploratory behaviour emerging for the first time like:<br><br>• enjoying being naked<br>• kissing and hugging people they know well, for example friends and family members<br>• touching or rubbing their own private parts as a comforting habit<br>• showing curiosity about or attempting to touch the private parts of other people<br>• being curious about the differences between boys and girls<br>• talking about private body parts and their functions, using words like 'willy', 'bum', 'poo' and 'wee'<br>• role playing about different relationships, for example marriage. | **5- to 9-year-olds**<br>As children get a little older they become more conscious of sex and their own sexuality. This can be displayed by:<br><br>• becoming more aware of the need for privacy<br>• asking questions about sex and relationships, such as what sex is, where babies come from and same-sex relationships<br>• kissing, hugging and holding hands with a boyfriend or girlfriend<br>• using swear words or slang to talk about sex after hearing other people use them. |

| 9- to 13-year-olds | 13- to 17-year-olds |
|---|---|
| During these ages, children begin to get more curious about sex. Examples of healthy sexual behaviour during this stage are:<br><br>• having a boyfriend or girlfriend (of the same or different gender)<br>• using sexual language as swear words or slang<br>• wanting more privacy<br>• looking for information about sex online (this might lead to accidentally finding sexual pictures or videos)<br>• masturbating in private. | During adolescence, sexual behaviour becomes more private with young people and they begin to explore their sexual identity. They might be:<br><br>• forming longer-lasting sexual and non-sexual relationships with peers<br>• using sexual language and talking about sex with friends<br>• sharing obscenities and jokes that are within the cultural norm<br>• experimenting sexually with the same age group<br>• looking for sexual pictures or videos online. |

There are a wide range of indicators of Harmful Sexual Behaviour these are listed and explored further within the ERASE Multi-Agency Harmful Sexualised Behaviour Assessment Tool detailed within Section 3.

## *Identifying Female Genital Mutilation (FGM)*

**Identifying when someone is at risk of FGM**

Practitioners need to be aware of possible indicators that FGM may soon take place. Possible indicators include:

- Family history and family coming from a community known to practice FGM
- Parents state that they or a relative will take the child out of the country for a prolonged period;
- A child may talk about a long holiday (usually within the school summer holiday) to her country of origin or another country where the practice is prevalent;
- A child may confide to a professional that she is to have a ‘special procedure’ or to attend a special occasion;
- A professional hears reference to FGM in conversation, for example a child may tell other children about it;

**Where someone has undergone FGM**
Likewise, practitioners need to be aware of possible indicators that FGM has taken place. Possible indicators include:

- Prolonged absence from school with noticeable behaviour changes on the girl's return;
- Longer/frequent visits to the toilet particularly after a holiday abroad, or at any time;
- Some girls may find it difficult to sit still and appear uncomfortable or may complain of pain
- between their legs;
- Some girls may speak about ‘something somebody did to them, that they are not allowed to talk about';
- A professional overhears a conversation amongst children about a `special procedure’ that took place when on holiday;
- Young girls refusing to participate in P.E regularly;
- Recurrent Urinary Tract Infections (UTI) or complaints of abdominal pain.
- Dysmenorrhea

**If you identify a female under 18 has had FGM contact the police via 101, for further information on the action to take see Section 3.**

## *Where's the Evidence?*

Throughout CSA and FGM investigations it can be common to hear practitioners across the multi-agency partnership use the phrase 'we don't have the evidence'. It is important that practitioners differentiate between the Police evidential threshold and the thresholds of the multi-agency partnership for safeguarding intervention. The evidential threshold for Police to progress a case through criminal proceedings is for there to be sufficient evidence that is 'beyond reasonable doubt' as such there may be cases of CSA that do not progress to perpetrators being charged in relation to the offences. It is important to understand that this does not mean that the abuse did not take place or that there is no ongoing risk.

Wider agencies within the multi-agency partnership must ensure that rather than relying on the Police threshold for prosecution they are correctly implementing on the 'balance of probabilities' threshold to intervene and ensure that children are appropriately safeguarded from CSA. All practitioners must ask themselves the following question:

***From all of the information and concerns known, do we believe that on the balance of probability has this child been subject to or at risk of sexual abuse?***

If that answer is yes then action must be taken.

As practitioners, we cannot let self-doubt about 'what if I'm wrong' dictate the action we take. We all must move from asking 'what if I'm wrong?' to asking 'what if I'm right?', 'what if this child is being sexually harmed?', and then 'what do we need to do, in the absence of 'solid evidence', to make this child safer?

**Wider Reading:**

https://www.csacentre.org.uk/resources/blog/the-myth-of-absolute-knowing/

> *"There is more of a chance that somebody would admit to it if you asked them outright I think, rather than [waiting for] them coming forward to you… there would've have been more of a chance I would have if somebody had just been like, 'is this happening?'"*

# Section Three: Action to be Undertaken

Before we look at the action to be undertaken it is essential that practitioners understand the following rule:

***When dealing with any form of CSA practitioners must consider whether speaking to a child's parents or carers would place a child at further risk or provide opportunities for evidence to be destroyed/altered.***

If you are unsure, please speak to your **Safeguarding Lead** or contact the **MASH** on **01744676767** for further guidance and advice.

To ensure that child sexual abuse is addressed consistently and effectively all agencies' interventions whether early help or statutory intervention should work to the following principles:

1. The child is at the heart of what we do. This means that we need to take account of the child's views and feelings and understand the impact on them and their family.

2. All professionals have a responsibility to identify needs and concerns in relation to children and take action to ensure those needs and concerns are addressed at the appropriate level of intervention. This should always be at the lowest possible level to address the issues.

3. Interventions will be conducted openly and honestly with children and families and all agencies will strive to work in partnership with children, parents and carers.

4. Assessments will be holistic, taking account of all views including parents that do not live with their children. Assessments will be evidence based and identify strengths as well as areas of concern. Assessments will focus explicitly on each child in the family.

5. Plans will be clear and directly related to the strengths and concerns identified in the assessment. All plans will have clear timescales that will be reviewed regularly

6. Parents/carers will be expected to take responsibility for making the required changes to address the identified concerns. Professionals will be expected to be clear with parents/ carers about what those changes need to be and the support they will offer to help achieve them.

7. All agencies will work together positively to address the identified needs and risks for the child and their family. Any concerns about the effectiveness of the interventions with the child should be raised as possible in a constructive way to enable progress to be made.

8. Agencies will support information sharing that is in the best interests of the child.

9. Areas of disagreement will be taken seriously and considered with the family. The child and family will have information that tells them how to make a complaint.

10 . Professionals should recognise the importance of the child's natural safety network and work to involve them in any plans and assessments.

**Early help and statutory joint working interventions will often be triggered by concerns about signs of CSA so it is important that assessment and interventions to help and protect children reflect this.**

## *Effective Responses to CSA in the family*

Adult survivors and children value services that listen to, believe and respect them. There are often higher levels of satisfaction with services provided by the voluntary sector – including rape crisis centres, counselling services and independent sexual violence advisors – than with statutory services such as police, hospitals and social care.

Many children who experience CSA in the family receive no support because the abuse remains undisclosed. If a disclosure occurs, professional responses and the availability of services can vary widely. While children and young people highlight the importance of being supported in the aftermath of disclosure, their experiences suggest that services often fail to support them through difficult child protection and legal processes. Children value support from professionals who are trustworthy, authentic, optimistic and encouraging; show care and compassion; facilitate choice, control and safety; and provide advocacy.

Sexual abuse can be difficult to think about and to talk about: it can feel complex, emotional and even scary. You might worry about 'getting it wrong', having to have difficult conversations, 'opening a can of worms', and not knowing what to say or how to respond. You might also worry about 'contaminating evidence' – saying the wrong thing to a child by asking a leading question which may jeopardise a criminal trial.

However, it is important to recognise that you can talk to a child in many ways without fear of affecting a criminal trial – and to remember that the child's welfare should be the paramount consideration. Fear of getting it wrong can prevent you from asking children anything at all, yet research shows that they need 'help to tell'.

The below guide aims to help you communicate with children in relation to child sexual abuse, including when you have concerns that such abuse is happening.

Communicating with children.pdf

**Wider Reading:**

How to have difficult conversations with children - Guidance on how to prepare for having difficult conversations with children and young people and what you need to keep in mind when discussing sensitive topics.

Managing allegations made against a child - explains how an allegation of abuse may be made against a child, how people who work with children can respond and how to decide if a concern is a child protection issue.

Don't wait for them to tell us: recognising and responding to signs of child sexual abuse - CSA Centre

**Family-focused interventions**

The blocks for parents seeking help are strikingly similar to the reasons why children don't seek out help. However, when parents do ask for help it appears that many don't receive it.

The key message for professionals is the need to be proactive in seeking support for families who are struggling and not to shy away from engaging such families in constructive dialogue about ways in which help can be provided. Equally important is the role that fathers play in caring for their children. Fathers tend to be excluded from such conversations and as a result their role may be ignored or not fully understood within the dynamics of the family's functioning.

Interventions that focus on the whole family as well as the individual child are important. Children and young people often feel responsible for the distress of their family in the aftermath of sexual abuse, and this can be reduced through providing support to non-abusing family members.

The below guide aims to help you provide a supportive response to parents when concerns about the sexual abuse of their child have been raised, or when such abuse has been identified.

Supporting Parents and Carers A guide t

**Wider Reading:**

- https://www.nspcc.org.uk/keeping-children-safe/sex-relationships/sexual-behaviour-children/ - The NSPCC has lots of information for parents. It contains useful advice about signs and symptoms of CSA.
- https://www.thinkuknow.co.uk/parents/articles/Finding-out-your-child-has-been-sexually-abused-or-exploited/ -Discovering your child has been sexually abused is a traumatic experience. Dr Elly Hanson, clinical psychologist and adviser to CEOP, provides some advice about how to support them

- Further additional resources for working with families such as *the parents protect learning modules* can be found within the learning and development section of this strategy.

## *Effective Responses to Harmful Sexual Behaviour (HSB)*

Practitioners must ensure that **all** children within the household are supported via “Keep Safe” work where concerns in relation to sexualised behaviour are identified in relation to any child within the same household. The completion of “Keep Safe” work must be clearly evidenced within agency records.

St Helens Safeguarding Children’s Partnership has a Harmful Sexual Behaviour Protocol which clearly illustrates to professionals how to address concerns or incidents of HSB. The Partnership has also created The ERASE Protocol; this is an assessment tool which support practitioners in identifying and responding to Harmful Sexual Behaviour, securing the correct response for all involved.

ERASE Protocol & Assessment Tool

**Wider Reading:**

- NSPCC helplines report: peer sexual abuse - "Is this sexual abuse?" is a report into the concerns being raised to the NSPCC helplines and Childline about peer sexual abuse; how it takes place, the impact it has, and how to best provide support.

## *Effective Responses to Child Sexual Exploitation (CSE) & Online Abuse*

Where practitioners have concerns in relation to Child Sexual Exploitation or online abuse, practitioners should refer to the PAN Merseyside Multi-Agency Protocol which seeks to unify a process of recognition, risk assessment, referral and discussion amongst professionals utilising a single process and document set for all. This Protocol aligns with local geographical area arrangements to safeguard children and sets out a clear pathway by which to ensure all organisations unify to provide the best service possible for all children and young people who are at risk of being exploited across Merseyside.

PAN Merseyside Child Exploitation Pl

**Wider Reading:**

CSE & CCE Process & Flow Chart (Feb 2

CSA Center Briefings Multiagen

CSA Center Briefings Social Wor

CSA Center Briefings Police

CSA Center Briefings Health Set

CSA Center Briefings School Set

Working with children at risk of C

Working with Disabled Children ir

CSE the Journey into Adulthood.pdf

Supporting LGBTQ+ Children at

Safeguarding Children From CSE.p

Sexting: advice for professionals - Advice about sexting and what to do to help a young person who has received or sent an explicit image, video or message.

https://saferinternet.org.uk/guide-and-resource/sexting-resources - The UK Safer Internet Centre has developed two resources that provide advice and guidance to help young people consider the consequences of posting sexting images online and what they can do if they find themselves in a position where they have lost control of their images.

Online Safety (proceduresonline.com) - Agencies are working together to ensure that the profile of "online" abuse is recognised and responded to. This link provides further information regarding Online abuse.

Report Remove: Remove a nude image shared online | Childline - For anyone and especially children it can be scary finding out a nude image or video yourself has been shared online. The Report Remove tool is for young people in the UK to get the image or video removed from the internet.

https://www.mariecollinsfoundation.org.uk/assets/news_entry_featured_image/Helping-my-autistic-child.pdf - When you are caring for an autistic child, it can feel like there are lots of extra things to think about. How we respond to an autistic child who might have been sexually harmed online can impact on their recovery so it's important to send the right messages from the start.

https://www.mariecollinsfoundation.org.uk/assets/members_area_downloads/Finding-out-your-child-has-been-harmed.pdf - A resource for parents who find out their child has been harmed through Technology-Assisted Child Sexual Abuse.

https://www.mariecollinsfoundation.org.uk/assets/members_area_downloads/Conversations-with-your-child-about-technology-assisted-harm.pdf - Guidance on conversations with your child about online/ technology assisted harm

## *Effective Responses to Female Genital Mutilation (FGM)*

Where practitioners have concerns in relation to Female Genital Mutilation (FGM), practitioners should refer to the PAN Merseyside FGM Protocol which outlines the agreed approach in St Helens to recognise, risk assess, and respond to incidents or concerns of FGM.


Pan Merseyside FGM Protocol.pdf

**Mandatory Reporting of FGM**

Female Genital Mutilation (FGM) is illegal in England and Wales under the FGM Act 2003 ("the 2003 Act"). It is a form of child abuse and violence against women. FGM comprises all procedures involving partial or total removal or other injury to the external female genitalia for non-medical reasons.

Section 5B of the 2003 Act1 introduces a mandatory reporting duty which requires regulated health and social care professionals and teachers in England and Wales to report 'known' cases of FGM in under 18s which they identify in the course of their professional work to the police.

The duty came into force on 31 October 2015.

'Known' cases are those where either a girl informs the person that an act of FGM – however described – has been carried out on her, or where the person observes physical signs on a girl appearing to show that an act of FGM has been carried out and the person has no reason to believe that the act was, or was part of, a surgical operation within section 1(2)(a) or (b) of the FGM Act 2003.

Mandatory reporting of female genital mutilation: procedural information (accessible version) - GOV.UK (www.gov.uk)

**Who must comply with the duty:**

- Regulated professionals
- Health and social care professionals regulated by the General Chiropractic Council, General Dental Council, General Medical Council, General Optical Council, General Osteopathic Council or General Pharmaceutical Council
- Health and Care Professions Council (whose role includes the regulation of social workers in England)
- Nursing and Midwifery Council
- Teachers – this includes qualified teachers or persons who are employed or engaged to carry out teaching work in schools and other institutions, and, in Wales, education practitioners regulated by the Education Workforce Council.

**Wider Reading:**

Legislation:


FGM Mandatory Reporting - procedu

FGM Mandatory Duty Flow Chart:


FGM mandatory reporting map.pdf

Education – Keeping Children Safe in Education 2022:


KCSIE 2022

## *Referral & Assessment*

Regardless of the form of CSA (Intrafamilial, CSE, HSB, FGM) you are considering, anyone who has concerns about a child's welfare can make a referral to People's Services. Referrals can come from the child themselves, practitioners such as teachers, early year's providers, the police, probation service, GPs and health visitors as well as family members and members of the public.

Contacts from practitioners to People's Services usually fall in to three categories:

- Requests for information from Children's social care;
- Provision of information such as notifications about a child or their family;
- Requests, for services for a child, which will be in the form of a referral.

People's Services has the responsibility to clarify with the referrer the nature of the concerns and how and why they have arisen.

All practitioners have a responsibility to refer a child to Children's social care under section 11 of the Children Act 2004 if they believe or suspect that the child:

- Has suffered significant harm;
- Is likely to suffer significant harm;
- Has a disability, developmental and welfare needs which are likely only to be met through provision of family support services (with agreement of the child's parent) under the Children Act 1989;
- Is a Child in Need whose development would be likely to be impaired without provision of services.

**Wider Reading:**

- Referrals and Enquiries Procedure

## Immediate Protection

Where there is a risk to the life of a child or the possibility of serious immediate harm, an agency with statutory child protection powers (the police and Children's Social Care) should act quickly to secure the immediate safety of the child.

## Section 47 Thresholds & the Multi Agency Assessment

A Section 47 Enquiry must always be commenced immediately when:

- There is reasonable cause to suspect that a child is suffering or likely to suffer significant harm in the form of physical, sexual, emotional abuse or neglect;
- Following an EPO or the use of police powers of protection is initiated

## Strategy Discussion / Meeting

Whenever there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm, there should be a strategy discussion/meeting. The strategy discussion/meeting should be co-ordinated and chaired by a People's Services manager.

The initial strategy discussion meeting which instigates the Section 47 Enquiry must take place at the earliest opportunity and always **within three** days at the latest.

## Section 47 Enquiry

The Section 47 Enquiry and assessment must be led by a qualified social worker from People's Services, who will be responsible for its coordination and completion. The social worker must consult with other agencies involved with the child and family to obtain a fuller picture of the circumstances of all children in the household, identifying parenting strengths and any risk factors.

The multi-agency assessment taking place along with the Section 47 Enquiries must be completed **within a maximum of 45 days**

## Medical Assessments

Strategy discussions/meetings must consider, in consultation with the named Doctor/ Paediatrician (if not part of the strategy discussion/meeting), the need for and the timing of a medical assessment. Medical assessments should always be considered necessary where there has been a disclosure or there is a suspicion of any form of abuse to a child.

## Achieving Best Evidence Interviews

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 Vulnerable and Intimidated Witnesses** (Home Office 2011). All events up to the time of the video interview must be fully recorded

## Outcome of Section 47 Enquiries

Children's social care is responsible for deciding how to proceed with the enquiries and risk assessment based on the strategy discussion/meeting and taking into account the views of the child, their parents and other relevant parties (e.g., a foster carer). Local authority social workers are responsible for deciding what action to take and how to proceed following Section 47 Enquiries.

**Wider Reading:**

- https://sthelensscb.proceduresonline.com/chapters/p_assessment.html
- Child Protection Enquiries - Section 47 Children Act 1989 Procedure.
- https://www.communitycare.co.uk/2018/12/19/child-sexual-abuse-key-advice-social-workers-working-area/
- https://www.cps.gov.uk/legal-guidance/child-sexual-abuse-guidelines-prosecuting-cases-child-sexual-abuse

**Early Help Assessment**

Working Together 2018 - Working Together to Safeguard Children 2018 (publishing.service.gov.uk) emphasises the importance of local agencies working together to help children who may benefit from early help services. Early help assessments should identify what help the child and family might need to reduce the likelihood of an escalation of needs to the level that will require interventions through a statutory assessment conducted under the Children Act 1989.

Professionals should work within the guidance contained in the below St Helens Multi-Agency Early Help Standards & Criteria for Expected Practice (which replaces the previous Think Family Procedures) when undertaking an Early Help Assessment.

St Helens Early Help Strategy March 2023

Where possible early help needs are identified, St Helens Safeguarding Children Partnership promotes the use of the Early Help Assessment as the tool to be used for recording the family's needs and strengths and the identified plan of support. Any professional who knows the child can carry out the assessment and liaise with other professionals who might need to be involved. This could be a G.P, teacher, health visitor – the decision should be made on a case by case basis and be informed by the views of the child and family concerned.

**An Early Help Assessment must only be undertaken with the agreement of the child and / or family and requires honesty about the reasons for completing the assessment as well as clarity about the presenting worries. Further information on the consent process is available in the above St Helens Multi-Agency Early Help Standards & Criteria for Expected Practice**

Should the child or family decline the offer of an assessment, the professional who identified the concerns should reconsider the needs of the family and discuss the case with their Designated Safeguarding Lead using the Effective Support Document as a guide. A family's refusal to complete an EHA does not mean that specialist safeguarding services will become involved, except where there is a risk of significant harm to the person concerned, or where they may present a significant risk to others. The information should be logged by the agency and may form pattern of behaviours that could mean consideration for Social Care intervention is needed in the future.

The lead professional should ensure that the circumstances of the child improve as a result of coordinating the delivery of services. Where improvements do not occur, in a timescale appropriate for the child, a referral to Children's Social Care should be considered.

Where the situation is judged to be within the definition of a 'child in need' or the child has suffered or is likely to suffer significant harm, a referral should be made to Children's Social Care immediately.

**Obtaining Consent**

The clear expectation is that all professionals will discuss their concerns openly and honestly with the child, where appropriate, and their family.

Where a practitioner is requesting support of services on behalf of a child or family, they require consent beforehand – this is regardless of whether they are seeking support from Early Help Services or from Children's Social Care for child in need services.

An Early Help Assessment should only be undertaken with the agreement of the child and / or family using the Multi Agency Consent Form to explain to a family how their information will be shared and stored.


Multi-Agency Consent Form.pdf

Where the referral relates to immediate safeguarding concerns, and professionals are concerned that seeking consent may place the child at risk of significant harm, consent is not required and contact should be made with Children's Social Care as soon as possible. The reason for not informing the parents or carers of the referral should be clearly recorded by the professional.

## *Voice of the Child*

As detailed within the first principle above, *"The child is at the heart of what we do. This means that we need to take account of the child's views and feelings and understand the impact on them and their family."* Children and young people have a right to have a voice in the things that affect them. Their voice, both individual and collective, needs to be heard, acknowledged and responded to. We must celebrate their thoughts and ideas and respond to their worries and concerns. Services must engage children and young people in their design, delivery and evaluation to ensure the best possible outcomes.

When considering the definition of the 'Voice of the Child' the scope of the definition is much wider than the name may suggest. The voice of the child encompasses babies, children & young people. It is not merely about the words they use but how they express whether it be through words, silence, behaviours, symbols, cries, sign language, pictures, play, interactions, smiles, eye contact, body language, facial expression. It is key that no matter how the child reflects their views practitioners must:

- Value and Respect them,
- Build Trust,
- Develop Relationships
- Listen to or find out What it is like to be them, their feelings, their wishes, their daily lived experience and their views
- Be Inclusive,
- Engaging,
- Personalised and Meaningful

Any direct work with a child or young person should be thoughtfully planned and prepared for. Questions to ask children about the worrying harmful behaviour should also be matched with what strengths and safety they have in their lives.

There are **5 'WHATS'** to cover. This should be created by/with children. You should plan for, understand and detail:

1. **WHAT** it is like to be them? (Their daily/weekly life, in different settings.)
2. **WHAT** they need? (To be safe, healthy, happy, engaged.)
3. **WHAT** are you as the worker going to do to address this need?

4. **WHAT** is in their plan and do they understand it?

5. And **SO WHAT**? What do you as the worker want to achieve or what difference has it made to the child?

With the above principles in mind the following tools can be utilised by practitioners to obtain, understand and respond to the voice of the child

**3 Houses:**

3 Houses Question Examples.pdf

SOS-Quick-Reference-Guide_Three-Hou

my three houses template

**Wizards & Fairies:**

Wizards & Fairies Example.pdf

SOS-Quick-Reference-Guide_Fairy-and-

SOS-Com-Tool_Wizard_A3.pdf

SOS-Com-Tool_Fairy_A3.pdf

**Wider Reading:**

Voice of the child how to guide:

Voice of the Child - How to Guide.pdf

Making Noise: Children's voices for positive change after sexual abuse

Making Noise.pdf

## *Victim Blaming Language*

In keeping with the first principle, when talking about children, CSA and exploitation, language matters. It can be the difference between a child being properly safeguarded or put at further risk. It is imperative that appropriate terminology is used when discussing children and young people who are victims of CSA, have been exploited, or are at risk of exploitation.

Language implying that the child or young person is complicit in any way or that they are responsible must be avoided. Language should reflect the presence of coercion and the lack of control young people have in abusive or exploitative situations, and must recognise the severity of the impact exploitation has on the child or young person. Victim-blaming language may reinforce messages from perpetrators around shame and guilt. This in turn may prevent the child or young person from disclosing their abuse, through fear of being blamed by professionals. When victim-blaming language is used amongst professionals, there is a risk of normalising and minimising the child's experience, resulting in a lack of appropriate response.

**Think…**

- Would you use this type of language when speaking to a child or their parents?
- How would the child feel reading or hearing what you have written?
- What would a court or jury think if they were to read your comments in the future?

**What Should Practitioners Do?**

- Ensure the voice of the child is evident in all recordings.
- Use language that is simple and clear so all family members and professionals are able to understand any concerns.
- Remember, the child is the victim and may not realise they are being exploited or subjected to abuse.
- Avoid language that suggests the child is complicit or responsible for the crimes that have happened to them.
- Always challenge where victim blaming language is evident. If the use of such language continues, consider utilising the Multi-Agency Resolution Procedures - St. Helens Safeguarding Children Partnership - (sthelenssafeguarding.org.uk)

**What Should Managers Do?**

- Regularly review language used in recordings and where victim blaming has been used historically ensure that this is not duplicated.
- Discuss victim blaming language in supervision and team meetings.
- Always challenge where victim blaming language is evident.

**Guidance around using appropriate language can be found here**

- Child_Exploitation Appropriate_Language_Guide 2022.pdf (childrenssociety.org.uk)
- guidance-app-language-toolkit-003.pdf (knowaboutcse.co.uk)
-


Making-Words-Mat
ter-A-Practice-Know


Guidance App
Language Toolkit.pc

**Video around using appropriate language can be found here**

Victim blaming language - YouTube

## *Agency and professional responsibilities:*

**Responsibility of all agencies**

No one agency is able to address the complex elements of CSA on its own, largely because a child's and family's needs cannot always be met by a single agency. Effective interventions, whether early help, child in need or child protection depend on professionals developing working relationships which are sympathetic to each other's legal responsibilities, agency's purpose and procedures respective roles and agencies capacities.

All agencies represented on the St Helens Safeguarding Children Partnership have a responsibility to contribute to the safeguarding of children across St Helens. Roles and responsibilities are clearly defined in both statutory guidance and the St Helens Safeguarding Children Partnership Procedures and include the following:

- To view the safety and wellbeing of children as paramount.
- To ensure that achieving the best outcomes for the child is the primary focus when working with CSA.

- To ensure that their workforce understand the significance of all types of CSA on children and equip their workforce to work effectively in situations where CSA is a feature. This includes staff understanding the links of CSA with other types of abuse (particularly neglect) and links with missing from home.
- To share relevant information and collaborate with other agencies and work together to ensure accurate assessments and the early identification of needs.
- To harness and develop resources to ensure that interventions are proportionate, effective, and delivered sufficiently early so as to reduce the likelihood of any escalation of adversity for the child.
- To ensure that staff attend the St Helens Safeguarding Children Partnership training on all elements of CSA and that the training is embedded in practice.

**Responsibility of Health**

Health is a universal service accessed by all children and families in St Helens. Individuals will access a broad range of healthcare throughout their lives in a variety of different settings. These can include primary care and community settings, acute hospitals, walk-in centres, sexual health clinics, their own homes and schools, meaning health professionals often get to know families better than other statutory agencies and are therefore well placed to identify abuse.

Health professionals must be able to view children and young people holistically to see beyond their presenting clinical issue. Therefore, access to safeguarding training and supervision is vital so that health professionals are aware of and alert to the signs of all types of abuse.

As the nature and impact of sexual abuse is corrosive and cumulative, it is essential that all health professionals maintain accurate, detailed, and contemporaneous records that help to develop a picture of any possible abuse. When a practitioner identifies concerns regarding sexual abuse, they should speak to a member of the Health Safeguarding Children team to determine what the next steps are. When there is suspicion that a child or young person is being abused, this suspicion MUST be shared with other appropriate agencies, even where there may be issues with consent.

**Responsibility of Children's Services**

Children's Services are responsible for co-ordinating Early Help and statutory assessments of children's needs which include the parent's capacity to meet those needs. The assessment may result in the provision of services designed to address the identified needs of the child through a child in need plan. Where a child is assessed as having suffered, or being at risk of, significant harm Children's services will convene an initial child protection conference to consider the risks on a multi-agency basis. This may result in the child becoming subject of a child protection plan under the category of sexual abuse. Children's Social Care has the statutory responsibility for child protection cases but it will work with other agencies to develop, implement and monitor a plan (Child in Need or Child Protection) to help the child and their family and stop the abuse.

**Responsibility of Adult Services**

Children may be at greater risk when they live with parents or carers who have complex physical and mental health needs, have problems with alcohol and drug misuse, are in violent relationships or have learning difficulties. Professionals working with adults who have these difficulties and have children should be particularly alert to how these may impact on the care they give their children. It is important that professionals from the adult workforce attend safeguarding training so that they are aware of the signs of abuse and neglect and know the pathway to follow if they have concerns.

Adults with responsibilities for disabled children have a right to a separate carer's assessment. The outcome of this assessment should be taken into account when deciding what services, if any, will be provided under the Children Act 1989.

**Responsibility of Police**

The police have a duty to protect all members of the community and to bring offenders to justice. The welfare of children is a priority for the service, and all officers are responsible for identifying and referring children who are at risk or in need. Any officer can utilise emergency powers to ensure immediate protection of children believed to be at immediate risk of suffering significant harm (this

is a very draconian step and should only be utilised in exceptional cases). In these circumstances the police should contact either the early help team or Children's social care during office hours & the Emergency Duty Team (EDT) out of hours. It is important that Police officers attend safeguarding training so that they are aware of the signs of all types of abuse and neglect and know the pathway to follow if they have concerns.

**Responsibility of Education**
All schools play an important role in the prevention and identification of all types of abuse and neglect. Schools are a universal service that often provide a safe environment for children. Due to the amount of time that school staff spend with children (and their families) they often know the child and their circumstances better than other agencies. Schools also provide an essential educative environment for children and are in a position when they can use the curriculum to deliver learning and important preventative work around these topics.

All education staff have a crucial role in identifying the early indicators of sexual abuse, the early help agenda and in contributing to Child in Need and Child Protection cases involving sexual abuse, including referrals into Children's Social Care. The teaching of Health Education is now a statutory requirement for schools including the teaching of Relationship and Sex Education in Secondary Schools and Relationship Education in Primary Schools. This will include looking at healthy, respectful relationships, how to keep themselves safe including online and introducing knowledge about intimate relationships and sex.

**Responsibility of Housing**
The Housing Departments/ providers may have important information about families, identifying cases of abuse or contributing information to assessments. The Housing Departments/providers have a critical role in cases of poor home conditions, social isolation, and domestic abuse. Staff have an important part to play in reporting concerns where they believe that a child may be in need of support through early help or in need of statutory intervention. It is important that housing professionals attend safeguarding training so that they are aware of the signs of all types of abuse and neglect and know the pathway to follow if they have concerns.

**Responsibility of Probation Services**
In discharging its statutory responsibility, the Probation Service, through its work with offenders (particularly sexual offenders) and their families, may become aware of children who are at risk of sexual abuse. All Probation staff have a responsibility to be aware of the signs of all types of child abuse and to refer appropriate cases to early help or Children's Social Care. Probation staff will work in collaboration with other agencies in contributing to assessments and will follow all relevant child protection policies, procedures and protocols.

**Responsibility of Youth Offending Service**
The Youth Offending Service is responsible for completing assessments, plans and interventions for children/young people aged 10 – 17 who are at risk of offending, those subject to Out of Court Disposals and Court Disposal supervision. All YOS staff have a responsibility to be alert to safeguarding issues in their work with children/young people and their wider families. All YOS staff have the responsibility to be aware of the signs of child sexual abuse and safeguarding referral processes. Where concerns are identified through a recognised YOS assessment, intervention or involvement these should be raised with a manager and where appropriate will be referred to Children's Social Care using the Service Request Form.

**Responsibility of the Voluntary and Community Sector (VCS)**
The VCS undertake a range of programmes around early help, some of which are designed to assist parents in their parenting role. The VCS are therefore well-placed to identify early concerns that relate to abuse and to work with the family in addressing issues quickly. In some cases improvement may not be achieved in sufficient time for the child, or the situation may be judged sufficiently chronic in nature to warrant a referral to Children's Social Care.

## *Responsibility to share information*

Information sharing is essential to enable early intervention and preventative work, for safeguarding and promoting welfare and for wider public protection.

It is important that practitioners can share information appropriately as part of their day-to-day practice and do so confidently.

It is important to remember there can be significant consequences to not sharing information as there can be to sharing information. You must use your professional judgement to decide whether to share or not, and what information is appropriate to share. Further information can be found - Information Sharing (proceduresonline.com) & Working Together to Safeguard Children 2018 (publishing.service.gov.uk)

Data protection law reinforces common sense rules of information handling. It is there to ensure personal information is managed in a sensible way.

It helps agencies and organisations to strike a balance between the many benefits of public organisations sharing information and maintaining and strengthening safeguards and privacy of the individual.

It also helps agencies and organisations to balance the need to preserve a trusted relationship between practitioner and child and their family with the need to share information to benefit and improve the life chances of the child.

**You can share information without consent in the following circumstances:**

- When a child is believed to be at risk of significant harm
- When the public interest in safeguarding the child's welfare overrides the need to keep the information confidential.
- For the prevention, detection or prosecution of a serious crime
- When instructed to do so by a court
- When there is a legal obligation
- When it is in the parent, carer or young person's vital interest to do so.

**7 Golden Rules of Information Sharing**

1. Remember that the Data Protection Act is not a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately.
2. Be open and honest from the outset about WHY, WHAT & HOW and WITH WHOM information will, or could be shared, and seek their agreement unless it is unsafe or inappropriate to do so.
3. Seek advice if you are in any doubt, without disclosing the identity of the person where possible.
4. Share with consent where appropriate and where possible, respect the wishes of those who do not consent. You may still share information without consent if, in your judgement, lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case.
5. Consider safety and wellbeing: base your information sharing decisions on considerations of the safety and wellbeing of the person and others who may be affected by their actions.
6. Necessary, proportionate, relevant, accurate, timely and secure: ensure that the information you share is necessary for the purpose in which you are sharing it. Ensure it is shared only with those people who need to have it. It is accurate and up-to date, and is shared securely and in a timely fashion.

7. Keep a record of your decision and reasons for it- whether it is to share information or not. If you decide to share then record what you have shared, with whom, and why.

**Sharing Intelligence Information with Merseyside Police:**

The sharing of information and intelligence is key to combating and disrupting CSA. Any information can be shared with Merseyside Police through the use of the "Tell Us" page:

Something you've seen or heard | Merseyside Police

Alternatively anonymous information and intelligence can be reported via Crimestoppers:

Give information | Crimestoppers (crimestoppers-uk.org)

It is important to understand that the above two ways of sharing information do not replace Multi-agency Safeguarding Procedures and should be used in addition to Safeguarding Procedures or for cases where no specific child(ren) have been identified.

Please see the below St Helens Descriptions of Need document for more information:


St Helens
Descriptions of Nee

## Section Four: Services Available

**RASASC – RASASC (Cheshire and Merseyside)** is a registered charity (1049826) committed to supporting people who have been affected by rape or sexual abuse.

On this website you will find information about RASASC and our services, some facts and advice about what to do if you have just been raped and your options if the incident happened some time ago, information about reporting the crime to the police and what you can do if you do not want to report it. You will also find some links to useful websites and information on other services in the UK that may help you.

https://www.rapecentre.org.uk/

**Children's Social Care -** If you are a professional, come into contact with children as part of your work, or as a volunteer, you have a statutory duty to keep children safe and therefore report any allegations or concerns about the welfare and safety of a child. It may be that you have identified that a child or young person needs a service, help or support.

If you are concerned that a child is being harmed in some way, or is at risk of being harmed, any concerns should be reported following the St Helens Local Safeguarding Children Procedures and your organisation's safeguarding children procedures.

**What to do if you are not sure whether to make a contact or referral**

- Talk to the designated professional within your agency or your line manager about your concerns
- Telephone the MASH Team through the Contact Cares Team **(01744) 676767** (Out of hours: ***0345 050 0148***) and ask for the Duty Social Worker

**If you believe that a child or young person is at immediate risk, you should report this without delay to the police service on 999.**

Professionals - Report a Concern - St Helens Council

Concerned about a child's safety or welfare? - St Helens Council

**The Rainbow Centre (Merseyside) - Rape and sexual assault referral centres** - Sexual assault referral centres offer medical, practical and emotional support to anyone who has been sexually assaulted or raped. They have specially trained to paediatricians / Forensic Nurse Examiners (FNE) and support workers to care for you. The paediatric SARC at the Rainbow Centre is available for all children under the age of 16 from across Merseyside who have experienced sexual abuse (recent or non-recent). The Rainbow Centre is staffed by dedicated paediatricians, paediatric nurses and other staff who provide medical examinations of children and young people (acute and non-acute) following sexual assault.


PATHWAY for
BOOKING APPOINTM

**Phone - 0151 252 5609**

**Teenage Advice Zone (TAZ) -** TAZ is a free and confidential sexual health service for anyone aged 13 to 19. TAZ can help with all aspects of sexual health. TAZ offers the following free services:

- Contraception (contraceptive pill, implant, injection, coil and condoms) and advice about which type is best.
- Emergency Contraception (the Morning After Pill) to prevent unwanted pregnancy (available for up to 5 days after unprotected sex). If TAZ is closed you can get Free Emergency Contraception from a Chemist.
- Pregnancy testing and guidance on the options and next steps if you think you may be pregnant.
- Testing for some sexually transmitted infections, including Chlamydia, Gonorrhoea, HIV and Syphilis (more info about infections here).
- Information, advice and guidance about ANYTHING to do with sexual health, including questions about relationships, puberty, periods, body changes and growing up.

Contact can be made via secure email to taz@sthk.nhs.uk or by post to: TAZ Outreach Team, Lord Street, St Helens. WA10 2SP. Please call 01744 646473 or 07795452161 if you need to discuss matters. For further information please check out our website: www.tazsh.com

**Referrals to TAZ should not be utilised for children who are deemed "high" scoring or "Red" cases of HSB due to complex nature of such cases.**

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

- *Risk assessments and Intervention* - advice, risk assessments and intervention for people who have offended, alleged offenders, and young people, as well protective parenting assessments. We also provide impact/vulnerability assessments for those impacted by child sexual exploitation and AIM2 assessments.

- *Expert training* - child sexual abuse and exploitation training is delivered by experienced practitioners and designed to meet your needs and the needs of your staff and organisation. Our training packages are created so that attendees can immediately put in place what they have learned.

- *Specialist consultancy* - expert advice and support for those in statutory agencies, charities, voluntary sector bodies and community groups as well as commercial companies. This includes case consultancy for individual child abuse cases and advice on making organisations safer for children and young people.

- *Stop It Now! helpline* - confidential, anonymous helpline is available to anyone concerned about child sexual abuse including those worried about their own thoughts or behaviour; those worried about the sexual behaviour of another adult, child or young person; or adults concerned about child sexual abuse including survivors and professionals.

- *Inform Plus and Engage Plus* - for people who have offended online - Inform Plus and Engage Plus are our programmes for those who have been arrested, cautioned or convicted in connection with viewing indecent images of children or sexual conversations with children. They offer support, advice, and information to prevent future offending.

- *Inform* - for families of people who have offended online Our course for the partners, adult family and friends of those who have been arrested in connection with online indecent images of children. It offers a safe space for those struggling with internet offending, where they can bring their questions and anxieties and begin to explore them in a supportive environment.

- *Inform Young People* - for young people who have got into trouble online - programme for young people with concerning online sexual behaviour, and their families. It addresses behaviour such as sexting or possession/distribution of indecent images of children, as well as risk-taking behaviours online, including viewing adult pornography.

- *Get Help* - for people who've offended and their families - online self-help for people concerned about their online behaviour, that of a loved one or friend as well as professionals working in child protection. It offers support to stop, information and advice regarding viewing indecent images of children or having sexual conversations with children, helping to cope with difficult emotions and to change problematic behaviours.

- *Get Support* - for people concerned about their thoughts - Information and support for people concerned by their sexual thoughts about children and young people, as well as advice for family and friends and professionals. It offers help to cope with unwanted feelings and urges; and guidance about how to manage problematic behaviour.

- *Eradicating Child Sexual Abuse* (ECSA) project - Our online toolkit to tackle child sexual abuse across the globe. It includes guidance on developing a child sexual abuse prevention strategy and example interventions from across the world.

- *Public education seminars* - deliver public education and awareness sessions which help communities and individuals prevent child sexual abuse and exploitation, before it happens.

Sessions are for parents, carers and professionals working with children and families, as well as for children and young people.

- *Parents Protect* - information on how to protect children - Information and advice on how to protect children from sexual abuse. Watch our 12 short educational videos which aim to answer questions around child sexual abuse and provide information, advice, support and facts to help protect children.

You can email **contact@lucyfaithfull.org.uk** or call **01372 847160** for further information, or if you have any questions.

https://www.lucyfaithfull.org.uk/

**Childline – Removal of nude images shared online** - If you're under 18 and a nude image or video of you has been shared online, you can report it to be removed from the internet.
Report Remove: Remove a nude image shared online | Childline

**RASA Merseyside – Children's Service** –- The sunflowers project works with children and young people who have been directly or indirectly impacted by sexual abuse between the ages of 6-18 and can offer both counselling and advocacy support, they can also offer parenting programmes to help carers whose children have been victims of abuse

https://www.rasamerseyside.org/our-services/children-s-service

**The Independent Sexual Violence Advisor (ISVA) -** The Independent Sexual Violence Advisor (ISVA) service that offers support, information, practical and emotional support for all those affected by sexual violence experienced in the past or present. The aim of the service is to help you cope with the after impact of sexual violence, whether reported to the police or not.

RASA Merseyside - ISVA Services

**Young Person's Advisory Service (YPAS) -** services for male and female survivors under 18, covers the St Helens area, provides mental health (counselling and psychotherapy) and emotional wellbeing services
Young Persons Advisory Service | The Survivors Trust

Tel: 0151 707 1025 Email: support@ypas.org.uk

**MOSAC -** Mosac provides supporting services, such as counselling, advocacy and play therapy, and additional information resources, in a safe & non-judgemental environment for non-abusing parents and carers whose children have been sexually abused National helpline: 0800 980 1958 https://mosac.org.uk/

**NSPCC -** The NSPCC are the leading children's charity in the UK, specialising in child protection and dedicated to protecting children today to prevent abuse tomorrow. They are the only UK children's charity with statutory powers, which means they can take action to safeguard children at risk of abuse. The NSPCC provides a range of online information and resources aimed to help and educate children and families. National helpline: 0808 800 5000- https://www.nspcc.org.uk/

**Stop it Now -** provide a helpline for anyone concerned about child sexual abuse, as well as a secure messaging service and information resources.

Helpline: 0808 1000 900 https://www.stopitnow.org.uk/

**Barnardo's -** Barnardo's protect, support and nurture the UK's most vulnerable children across the UK – can provide services for survivors of sexual abuse such as therapy and counselling, supporting children, support with court proceedings, supporting wider family, increasing public awareness + information guides and resources. https://www.barnardos.org.uk/

**The Survivor's Trust -** The Survivors Trust has 120 member organisations based in the UK & Ireland which provide specialist support for women, men and children who have survived rape, sexual violence or childhood sexual abuse. Also provides resources, information, and research. - https://www.thesurvivorstrust.org/find-support

**Samaritans -** Staffed by volunteers who are available to talk to in confidence for support if feeling sad or upset and don't know where else to turn, 24 hours a day, 365 days a year. Email: jo@samaritans.org.uk - Helpline: 116 123 - https://www.samaritans.org/

**Private Therapists and Psychologists -** Professional bodies holding directories of accredited therapists required to meet particular standards in order to be registered. - British Psychological Society (BPS): Holds a directory of chartered psychologists, can be found under the 'Find a Psychologist' section. www.bps.org.uk

**British Association for Behavioural and Cognitive Psychotherapies (BABCP) -** Holds an official register of all accredited Cognitive Behavioural Therapists (CBT), can be found under the 'Public - Find a Therapist' section. www.babcp.com

**British Association for Counselling & Psychotherapy (BACP) -** Holds a register of counsellors & psychotherapists accredited by the Professional Standards Authority for Health, can be found under the 'About Therapy – How to find a therapist' section. www.bacp.co.uk

# Section Five: Learning & Professional Development

## *Video Library for Practitioners*

Child sexual abuse is a difficult subject to think and talk about, but by learning and understanding more, we can better protect our children.

These short films can be used within team briefings and will help you understand more about child sexual abuse, how you can keep children safe, and what you can do if you suspect abuse is taking place. We shouldn't leave it to children to take care of themselves – they are instantly safer if protective adults understand the risks and warning signs and take practical steps to protect them from harm.

**Stop It Now Videos:**

Understanding Child Sexual Abuse - Parents Protect learning module 1
https://youtu.be/3FK-c4Taodc

What do we mean by child sexual abuse? Parents Protect learning module 2
https://youtu.be/Hya-EjwUdD0

The effects of sexual abuse on children - Parents Protect learning module 3
https://youtu.be/dhIKrKFFaIE

Who abuses children? - Parents Protect learning module 4
https://youtu.be/UiHFQT3u26w

Young people with harmful sexual behaviour - Parents Protect learning module 5
https://youtu.be/Q4ncJyHW9RQ

Online safety - Parents Protect learning module 6
https://youtu.be/81aKC1owwAY

How abusers do it - Parents Protect learning module 7
https://youtu.be/GShTtPu5JsU

Signs in children - Parents Protect learning module 8
https://youtu.be/jLt7eABGHf0

Recognising the warning signs in adults - Parents Protect learning module 9
https://youtu.be/BmFcdp2M8V4

Why children don't tell about abuse - Parents Protect learning module 10
https://youtu.be/ZbWrQSCxbJs

Family safety plan - Parents Protect learning module 11
https://youtu.be/4m1H35eNhwQ

What to do if you suspect abuse - Parents Protect learning module 12
https://youtu.be/82RpaMUEDTc

**Centre of Excellence for CSA:**

Introduction to our videos (01/12) - YouTube

The scale and nature of child sexual abuse in England and Wales (02/12) - YouTube

Understanding why it's difficult for children to talk about sexual abuse (3/12) - YouTube

Building a picture of your concerns to shape the response (04/12) - YouTube

Working with children who may have experienced sexual abuse (05/12) - YouTube

Recognising the barriers to conversations about sexual abuse (06/12) - YouTube

Being confident in responding to concerns of child sexual abuse (07/12) - YouTube

Using our 'Communicating with children' resource to help when you have concerns (08/12) - YouTube

Understanding the context and impact of child sexual abuse (09/12) - YouTube

A whole family approach – supporting parents and carers (10/12) - YouTube

A whole family approach – supporting parents and carers to support the child (11/12) - YouTube

The importance of your role (12/12) - YouTube

**Additional Video Resources:**

https://www.youtube.com/watch?v=jK-qeGPDui8&t=2s Don't Suffer In Silence - Marie Collins Foundation in collaboration with North Yorkshire Police cadets have developed this animation for children to encourage them to seek help if they have been harmed online

## *Key themes from Serious Case Reviews and Local Child Safeguarding Practice Reviews*

Through the completion of both local and national reviews a number of key learning themes have been identified in relation to CSA. It is important that practitioners across the multi-agency partnership are aware of these themes and consider them within their current practice:

- Parental substance misuse was identified as a factor that compromises parenting ability and can increase a child's risk to being subjected to CSA.
- Disguised compliance by parents / telling professionals what they want to hear. – was a theme seen within a number of the cases, with the absence of respectful scepticism this meant that the disguised compliance often negated practitioners concerns and prevented further exploration of CSA concerns.
- Clear detailed assessments of a parents' ability to protect a child from perpetrators of sexual abuse are essential especially in cases when they are identified to supervise contact.
- Parents will be better equipped to safeguard their children if key information is shared with them in relation to the concerns and risks identified by agencies.
- As a result of professionals not wanting to ask "leading" questions or contaminate evidence, professionals are hesitant to ask direct questions about CSA.
- Limited practitioners have received CSA specific training, with CSA often forming a subsection of wider Child Protection or Safeguarding Training.
- Evidence based responses to CSA can result in children being left at risk of CSA. – When evidence is obtained through analysis of computers or through direct disclosures the multiagency partnership displayed effective action to ensure children were safeguarded, however the rates of verbal disclosure by children are low at the time that abuse occurs in childhood which means that there are significant limitations to an evidence-based threshold when safeguarding children from CSA. This can also be impacted by the fact that children may not recognise that what is happening to them is sexual abuse or something for them to worry about this factor was evident both within the LCSPR & the Rapid Review.
- Multi-agency information is not consistently shared at the earliest opportunity – this factor led to delays in practitioners recognising and understanding the risks around a child. Agencies were not always forth coming with information and likewise practitioners were not routinely exploring the full extent of information held by wider agencies.
- It is important to understand how perpetrators can groom not only children but also parents to increase access to children. Likewise, a recent Local Child Safeguarding Practice review also showed how perpetrators can successfully groom practitioners.
- It is important to understand how perpetrators target families where there are other risk factors such as Neglect, Parental Mental Health, Parental Alcohol & Drug Misuse, Financial Difficulties.

- The disruption of perpetrators is a key response in addressing concerns around Child Sexual Exploitation and Child Sexual Abuse. The use of orders and injunctions are key to disrupting perpetrators and as such all practitioners should be aware of and utilise the disruption tactics outlined in the Child Exploitation Disruption Toolkit: Child exploitation disruption toolkit - GOV.UK (www.gov.uk)
- The need to understand that women can also be perpetrators and facilitators of CSA. – Although this was not a consistent theme, it is something that needs to be highlighted, often practitioners have an unconscious bias that perpetrators of CSA are males this can lead to females and mothers being overlooked and the associated risks under explored.
- It is important that strategy meetings are undertaken at the earliest opportunity to facilitate early information sharing and identify the initial multi-agency partnership response to the concerns raised. These should not be delayed to gather information and the initial strategy meeting should be utilised to set a baseline of what is known with a follow up strategy meeting held if required. Strategy meetings should hold and document clear discussions around any police investigations and disruption activities in relation to perpetrators with clear rationales documented.
- Developing safety plans with a child detailing who they can speak to if they are worried or scared is good practice, however it is important in particularly in cases of CSA that practitioners are aware of features that may impact such a plan. For example a child may not understand what is happening to them and may not recognise what is happening to them as abuse.
- It is important that practitioners give appropriate weight to any information that comes to light that would impact the risk around a child this is regardless of the source of this information, just because information is provided by a potential perpetrator it does not mean it should be automatically discounted.
- CSA is multi-faceted and interfamilial sexual abuse can also cross over into other elements such as CSE or HSB. As such concerns of intrafamilial sexual abuse does not negate a case from also following wider CSE or HSB pathways.

## *Understanding How Perpetrators Manipulate Professionals*

It is important to understand that grooming tactics are not isolated to the family. In cases of Child Sexual Abuse, one key drive of perpetrators is to hide their offending. Recent reviews, both locally and nationally, highlighted that offenders will groom professionals who are working with children and families in order to allay concerns. This is done using similar tactics as to those used to groom the immediate family members of the children whom they abuse. Examples of the methods identified from reviews include:

- Playing down concerns through offering reassurance which is not substantiated or evidenced through clear identified safety factors.

- Diverting professionals concerns away from CSA to other risk factors. This can include seeking help for parental drug misuse, neglect, mental health, undiagnosed behavioural conditions such as ADHD etc.

- Disguised compliance (also known as disguised non-compliance) – Telling professionals what they want to hear to avoid any further exploration of risk. **Disguised compliance** may look like:
  Focusing on one particular issue – parents make sure one thing goes well to deflect attention away from other areas (e.g. with Daniel Pelka, school attendance improved whilst the abuse continued).
  Being critical of professionals – parents will seek to blame other professionals for things not happening, again deflecting attention away from things they have not done and seeking to split the professional group working with the family.

Failure to engage with services – parents will promise to take up services offered but then not attend appointments due to other problems.
Avoiding contact with professionals – parents will agree to certain targets and then avoid further contact with professionals.

- Seeking help from professionals to protect a child from others. This can be raising concerns about the child's parents or in cases of sexual abuse by a mother or father this could be through raising concerns of harmful sexual behaviour in their child(ren). Additionally, this can be raising concerns about people outside of the family which portrays the parental offender as a protective factor.

Further to this, the 2011 article by Molly Garboden (How social workers can spot sex abusers' attempts to manipulate - Community Care) detailed that:

*Perpetrators of child sexual abuse often use the same techniques to run rings around practitioners as they do to manipulate their victims, according to Joe Sullivan, director of behaviour analysis and forensic psychology at Mentor Forensic Services. Understanding the different models of manipulation can help practitioners know when a child is in danger – or when they are being misled themselves.*

*"Most people have real difficulty understanding how someone comes to sexually abuse a child and that gap can have a negative impact on their ability to protect victims," Sullivan said. "Teaching professionals how sexual offenders think and operate is a big step towards preventing abuse."*

*Following a series of intense interviews with perpetrators, Sullivan has created a framework of the manipulation techniques used by people who sexually abuse children, which he describes here:*

***Integrity***

● *The "I'm a good guy" approach: "When a perpetrator seeks to gain the trust of children and practitioners they may try to appear particularly pleasant, considerate and charming. They make it difficult for others to imagine they could do something wrong or unkind."*

● *The status approach: "This is often used by people in positions held in high esteem. They use this status to present themselves as someone with great integrity so people find it hard to believe they're capable of such wrong-doing."*

● *The faith-based approach: "There often can be a faith dimension to the status and 'nice guy' masks. This is a person children and adults have been taught to trust and is therefore an easy position for perpetrators to exploit."*

***Intimidation***

*"This is a very aggressive, much more insidious, controlling approach. This is a relatively easy tactic to use to intimidate children, but of course professionals aren't immune to it either."*

***Blocking***

● *The obstructer approach: "A lot of social workers will be familiar with this one from other areas of their work. These perpetrators keep practitioners at an arm's length, avoiding engagement at all costs. It can feel like banging your head against a brick wall – it's impossible to get anywhere with them. They just stand in front of you, arms folded."*

● *The confounder approach: "If you ask this person a completely straightforward question, pack your bags, because they're going to take you around the houses. They appear to cooperate with professionals, but talk in circles, actually sharing no information."*

● *The jester approach: "This perpetrator is constantly making jokes or making fun of the process, distracting from the agenda. They use this on children a lot as well, deflecting the idea that anything wrong is happening by presenting it as fun."*

***Suffering***

● *The "I'm inadequate" approach: "This is often used by parents with drug and alcohol problems or emotional issues. They're constantly falling apart, often shifting professionals' focus to their problems and off any abuse allegations. They threaten suicide. They convince their victims they need to be taken care of. This is often used by mothers who are abusing their own children, particularly if there's domestic violence in the home – the children accept the sexual abuse as a way of comforting mum."*

● *The persecuted approach: "The perpetrator is focused on everyone always being against them. This is often used when allegations are made about the abuse – the perpetrators highlight their problems rather than what's going on with the child. This is also a way that parents convince their children to present a united front: they turn the professionals into the bad guys."*

***Liberalism***

● *The permissive approach: "This kind of perpetrator presents themselves as incredibly liberal, saying that if children want to experiment with sex, that's OK. Children wishing to establish their independence can be receptive to this tactic and social workers are told: 'If you saw this child, you wouldn't think they were a child. They were behaving in such a sexual manner that what I did couldn't have harmed them.'"*

● *The campaigner approach: "These people tell you that society is wrong and children are being oppressed because they're not allowed to express themselves sexually if they want to. These perpetrators can be known as 'intellectual paedophiles'. Social workers often don't know where to begin when engaging with them because they are left speechless by the perpetrator's logic. Professionals think this person is completely outside the realm of anything they can relate to or engage with – but what they need to realise is that it is just another manipulation tactic."*

It is vital that professionals retain "respective sceptism" / "professional curiosity" when dealing with families where CSA concerns have been raised. Any information should not be taken on face value and should always be assessed through clear evidence-based assessment. If protective factors cannot be evidenced, then they cannot be relied upon as a means of keeping the child or young person safe.

Professionals should explore all risk factors in as much depth as possible and not let their own unconscious biases prevent this exploration. Just because as a person you could never abuse your own child, this does not mean that the mother that you are working with is not subjecting or facilitating her own child to sexual abuse.

**Wider Reading:**

Disguised-Compliance-Information.pdf (osab.org.uk)

2.13 Disguised compliance, coercive control and families who are hostile or resistant to change | West Midlands Safeguarding Children Group (procedures.org.uk)

## *Understanding Perpetrators*

**About people who sexually abuse children:**

People who sexually abuse children are **more likely to be family members (including mothers & fathers) or people the family and child know well**. They're less likely to be strangers. People who

sexually abuse children might be adults, young people or older children. People who sexually abuse children look and act like everyone else. They don't look, sound or dress in a particular way.

People who sexually abuse children try to build trusting relationships with children or children's families. They often come across as very supportive and caring and seem to have children's best interests at heart. This is also called grooming.

**Perpetrators Patterns of offending:**

Abusers often use a variety of tactics to abuse children, depending on their own grooming skills and the vulnerabilities of the targeted child.

**Finding a target -** Abusers often identify vulnerabilities within a potential target. Children and young people without trusted adults (or support from them) are often more desirable to abusers, although all young people are potential victims. Some abusers will look for younger children or disabled children. Some offenders will find children online, using social media, live streaming sites and gaming platforms to make contact.

**Gaining their trust -** The abuser may shower the young person with attention to begin with. They'll focus on the needs of the child, especially those that are currently unmet, demonstrating what they'll label as friendship, love, care and understanding. They may provide gifts and/or acts of care to fill any gaps in their needs and eventually gain their trust. Some abusers will also work to get the trust of other adults in the child's life.

**Threats and coercion -** The abuser won't always try to gain the trust of the child. Instead, they may commit the abusive act without any attempts of trust or friendship. For example, some children may send an illicit picture of themselves because an adult has demanded this online - without any prior relationship.

**Ensuring the abuse goes undetected -** The abuser will then use a range of tactics to try and silence the child or ensure that if the child tells, they're not believed - or even heard.

**Normalising the abuse -** There are several ways an abuser will use to do this. And because abusers can single out children that might not have many trusted adults around them or the chance to communicate their worries to adults, the abuser's behaviour and manipulation of the young person may go unnoticed and unchallenged. They will work to normalise their abuse of the victim through sexual talk, viewing pornography and sexual contact. An abuser might tell a young person that their "relationship" is different, special, and that others wouldn't understand it, so that it's best kept a "secret".

**Isolating the victim -** A young person may be told that their parents don't really understand them, or that they don't really care about them. They might be groomed into trusting their friends and family less than they normally would. Abusers do this to erode trust and eventually sever the links that could undermine their control of the victim. Again, this is often done under the guise of "care" for the child. Victims are also often made to feel like they're responsible for "protecting" their family from the consequences of the abuse - the abuser will push on this point to make the victim feel guilty or scared of speaking out.

**Using threats or violence to keep control -** Child sex abusers will use subtle and direct threats to keep the child manipulated past the initial phase of grooming. They are likely to make the child feel like they owe them, and that other adults will blame, punish and resent them for speaking out. This is especially common in instances where the abuser has gained the trust of the adults in the victim's life. This confuses and scares the victim into silence and compliance. Their abuser can seem to have complete control over their life and be invincible. To add to this, adults don't always hear or accept what children and young people are saying to them - abusers know this and use it to their advantage.

**Giving a child drugs or alcohol -** Some children may be given drugs or alcohol as part of the abuse. This often results in children not being able to recall the abuse accurately, if at all. It also means other adults around the child may see them as deviant and less believable if they do tell, or more culpable for the abuse they have suffered.

This list is not exhaustive and there's no one set way in which abuse is perpetrated. That said, if you're worried about a child there are ways to talk to them and to get help.

**When to be concerned that someone is involved in child sexual abuse:**

If you notice someone behaving in the following ways around a child, this might be cause for concern about child sexual abuse.

The person:

- persistently tries to spend time alone with a child – for example, asks to babysit your child, or invites a child to stay overnight at their place or go camping with them
- frequently separates a child from other adults or children and seeks 'special time' with them
- is secretive and doesn't share information about how they've spent time with a child
- tries to undermine parental or professional relationships with a child by doing things like telling the child the parents or professionals are bad.
- buys your child treats or gifts, which might become more frequent and more expensive
- insists on kisses, hugs or other physical contact from a child – for example, frequent tickling games or other rough-and-tumble play that involves touching or getting a child to sit on their lap
- is unusually interested in a child's sexual development or appearance or compliments a child excessively
- takes too many photos of a child
- friends a child on social media.

Not everyone who behaves in these ways should automatically be deemed as a risk to children. However, these circumstances should lead practitioners to explore the circumstances in more depth in order to understand the persons motivations and the lived experiences of the child(ren).

**Wider Reading:**

CSE perpetrators - Characteristics and r

New typology of CSA offending.pdf

## Section Six: Support & Practitioner Wellbeing

Working with children who have been subjected to CSA & also people who have sexually offended can be difficult and demanding. It can also have an impact on our health and well-being. Here is some information on the possible impact and advice on how to manage it.

**It's important to remember:**

- People don't feel bad all of the time.

- Probably, over time, all of us experience some sort of negative impact but…**MOST OF US RECOVER.**

Professionals have reported the following when working with cases of CSA:

**Cognitive changes:**
- Increased difficulty making decisions (Bird Edmunds, 1997)
- Intrusive visual imagery about sexual violence (Jackson et al., 1997)
- Ruminating over offence details (Turner, 1992)
- Doubts about competence (Ellerby et. al., 1993)
- Increased cynicism and suspicion of others (Farrenkopf, 1992)

**Emotional changes:**
- Decreased sensitivity and dulling of emotion (Farrenkopf, 1992)
- Feelings of anger, frustration, disillusionment, depression, inadequacy and guilt (Ellerby et al., 1993)
- Heightened anxiety and fear (Jackson et al., 1993)
- Increased feelings of helplessness (Bird Edmunds, 1997)

**Behavioural changes:**
- Sleep disturbance, increased alcohol/drug use, increased absenteeism (Bird Edmunds, 1997)
- Deceased sense of humour (Farrenkopf, 1992)
- Avoidance of physical contact with children (Turner, 1992)
- Increased general irritability (Bird Edmunds, 1997)
- Depersonalising clients (Hill, 1995)

**Professionals can also find that unwanted thoughts can interfere with their own sexual relationships through the following:**
- Reduced interest in sex
- Reduction in sexual behaviour
- Avoidance of sexual behaviour
- Distraction during sex (Ellerby et al., 1993)
- Impotence
- Intrusive sexual imagery (Turner, 1992)

## *What can I do to look after myself?*

Your employers should offer training and support in order to help you manage the challenges of the work. If you find that your work continues to have a negative impact on you and your relationships then you should find out what additional support your organisation can provide. This may involve further training, counselling, referrals to occupational health or sometimes changes to your workload or the content of your work.

It is also important to note that some aspects of the work can be difficult to talk about or admit. Some professionals experience some signs of sexual arousal when reading material of sexual offences. This can be simply due to the brain recognising sexual language and responding to this, in which case a break from the work, by talking to a colleague or making a cup of tea, can be helpful. If professionals have any concerns that they may have an attraction to the material then they need to stop this area of work and seek professional help.

Support can come from within and outside of your work. Your manager and colleagues can be useful sounding boards for advice and sharing the frustrations and emotions of the work. However sometimes they might not be available or you might find that you take some of the emotions home with you.

It is important to identify who is available outside of the work (partner, friend) to support you and what information you can share (remembering the importance of confidentiality). When deciding who you would chose to support you it is important to consider the following:

- Impact of the work on them
- Impact on your relationship
- The importance of previously negotiating beforehand with the key individual whether they are willing and able to support you.

## *Coping Strategies*

We can all have a tendency when coping with a situation or problem to revert to avoidance tactics e.g. watching television, listening to music, keeping ourselves busy. We can also display an emotional response to a problem e.g. banging doors, shouting. These are normal short-term responses to problems, but for longer-term resolution consider the following:

**Communication**

Good communication involving honest and open dialogue about the impact of the work or concerns that you are having is the key to surviving when working in this area. The biggest strength to have is the ability to admit when you are struggling or are having problems dealing with a supervisee. Internalising these issues and not discussing them with the relevant individuals can be very dangerous. We all have a desire to be perceived as coping and can feel that, by admitting we are having problems, our ability to carry out the work will be called into question. In fact it is the exact opposite. Admitting difficulties and receiving support and guidance is one of the best coping strategies we can develop.

**Re-framing**

If you can't change the stressor, change yourself. You can adapt to stressful situations and regain your sense of control by changing your expectations and attitude.

- Reframe problems. Try to view stressful situations from a more positive perspective. Rather than fuming about a traffic jam, look at it as an opportunity to pause and regroup, listen to your favourite radio station, or enjoy some alone time.
- Look at the big picture. Take perspective of the stressful situation. Ask yourself how important it will be in the long run. Will it matter in a month? A year? Is it really worth getting upset over? If the answer is no, focus your time and energy elsewhere.
- Adjust your standards. Perfectionism is a major source of avoidable stress. Stop setting yourself up for failure by demanding perfection. Set reasonable standards for yourself and others, and learn to be okay with 'good enough'.
- Focus on the positive. When stress is getting you down, take a moment to reflect on all the things you appreciate in your life, including your own positive qualities and gifts. This simple strategy can help you keep things in perspective.

**Don't get so caught up in the hustle and bustle of life that you forget to take care of your own needs. Nurturing yourself is a necessity, not a luxury.**

- Set aside relaxation time. Include rest and relaxation in your daily schedule. Don't allow other obligations to encroach. This is your time to take a break from all responsibilities and recharge your batteries.
- Connect with others. Spend time with positive people who enhance your life. A strong support system will buffer you from the negative effects of stress.
- Do something you enjoy every day. Make time for leisure activities that bring you joy, whether it be stargazing, playing the piano, or working on your bike.
- Keep your sense of humour. This includes the ability to laugh at yourself. The act of laughing helps your body fight stress in a number of ways.

**Write down your thoughts**
Writing down your thoughts can be a very effective way of helping to recognise what you are worried about and to reduce the impact of the thoughts. This can be particularly helpful if you do not have someone you can talk to about the thoughts or if you are worried about the impact of sharing these thoughts with someone else. You can keep a journal or write your thoughts down and then destroy the paper afterwards, whichever is more effective for you. It is the process of the writing which is found to be effective.

**Exercise**
Physical activity plays a key role in reducing and preventing the effects of stress, but you don't have to be an athlete or spend hours in a gym to experience the benefits. Just about any form of physical activity can help relieve stress and burn away anger, tension, and frustration. Exercise releases endorphins which boost your mood and make you feel good and it can also serve as a valuable distraction to your daily worries.

For further information and coping strategies see:

Professionals' self-care - Stop It Now

# Section Seven: Strategic Aims and Objectives

## *Strategic Aims and Objectives*

To support the implementation of this strategy and to ensure that child sexual abuse is widely understood and responded to in joint working arrangements, the St Helens SCP undertakes to deliver the following objectives:

1. To ensure that all St Helens SCP partners understand the threshold for intervention in situations where sexual abuse is a feature by:
    - Highlighting childhood sexual abuse within the early help offer
    - Ensuring thresholds for intervention are implicitly covered in multi-agency training.
2. To ensure services are delivered in a meaningful and timely fashion for children who are experiencing sexual abuse so as to avoid the need for statutory intervention where possible by developing performance and Quality assurance systems and mechanisms that enable the St Helens SCP to judge the effectiveness of early help.
3. Raise awareness of child sexual abuse through our website and newsletters and will seek to be involved in and support events and initiatives that will contribute to this.

## *Performance and Quality Assurance Framework*

The St Helens SCP is responsible for scrutinising multi-agency performance data. To assess the impact of this strategy the St Helens SCP will regularly monitor the following multi-agency quality assurance information:

- What children, young people and their families tell us
- Thematic case audits (both single and multi-agency)

## *Governance*

Governance is provided by the St Helens SCP and scrutiny of progress against the strategic aims and objectives and performance management indicators will be undertaken through the St Helens SCP Quality Assurance framework.

All Partnership Board members are responsible for implementing and embedding this strategy within their own agency and the St Helens SCP will hold members to account over this.

# Section Eight: Champions & Advice

**St Helens & Knowsley Trust (STHK)**

Charlotte Atherton – Specialist Nurse Safeguarding Children

Email: charlotte.atherton2@sthk.nhs.uk

**Catch 22**

Michelle Ford - Merseyside Child Exploitation and Missing From Home Service Co-ordinator

Email: michelle.ford@catch-22.org.uk Mobile 07540668946

Vikki McKenna - Service Manager

Email: vikki.mckenna@catch-22.org.uk Mobile 07979 241502

**Children's Social Care:**

Matthew Browne

Email: matthewbrowne@sthelens.gov.uk

**Complex Safeguarding Team:**

Joanne Lethbridge – Team Manager

Email: joannelethbridge@sthelens.gov.uk

**Early Help:**

Vicky Velasco – Head of Service

Email: vickyvelasco@sthelens.gov.uk

**Merseyside Police:**

DI Laura Lamping, 0151 777 6578

DS Marie Flanagan 0151 777 6570

DC Emma O'Toole 0151 777 6971

**MerseyCare:**

Clare Handley – Named Nurse Child MH Acute

Email - Clare.handley@merseycare.nhs.uk

**Primary Education:**

Justine Kellett – Head Teacher / DSL

justine.kellett@sthelens.org.uk

**Secondary Education:**

Ian Young – Head Teacher

Email: i.young@rainford.org.uk

**Change Grow Live:**

James Mawhinney - Senior Social Worker & Designated Safeguarding Lead

T: 01744 410 752 M: 07469355983 F: 01744 410 582

Email: james.mawhinney@cgl.org.uk

**Safeguarding Children Unit:**

Wendy Bentley – Safeguarding Coordinator

Email: wendybentley@sthelens.gov.uk

**Virtual School**

Heather Addison – SCIE Coordinator

Email: heatheraddison@sthelens.gov.uk

**Safeguarding Children Partnership**

Andy Passey – Safeguarding Children Partnership Business Manager

Email: andrewpassey@sthelens.gov.uk

**Wirral Community Health & Care NHS Foundation Trust**

Katherine Hill – Named Nurse Children

Email: Kathrine.hill@nhs.net