Sutton LSCP
Local Safeguarding Children Partnership

SUTTON LSCP MULTI-AGENCY PROTOCOL *for* CHILD SEXUAL ABUSE

Owner: Sutton LSCP

Version: 2

Issued: June 2023

Contact: suttonlscb@sutton.gov.uk

CONTENTS

APPENDICES

1. INTRODUCTION

The purpose of this protocol is to support professionals and strategic decision makers to respond effectively to child sexual abuse. Child sexual abuse can take many forms and this protocol provides guidance on intra-familial sexual abuse, harmful sexual behaviour (including inappropriate child-on-child sexual behaviour), child sexual exploitation (CSE) and sexting (including youth produced sexual imagery).

This protocol draws on recent research and guidance, including the Ofsted (2021) research into sexual abuse in schools and colleges and the findings of the Children's Commissioner Inquiry (2015) into child sexual abuse in the family environment. This report highlights the high levels of under-reporting with an estimated one in eight children who are sexually abused in England coming to the attending of statutory authorities. It found that an estimated two thirds of cases take place within the family environment or the close social circle around it.

Child sexual abuse is not limited to any particular gender, geographic area or social background and can take into account the wider community. Some children will face additional vulnerabilities and barriers that professionals must be mindful about in their contact with children with disabilities and those who come from Black and minority ethnic (BAME) communities.

This protocol provides advice and guidance on the above mentioned forms of child sexual abuse, signs of abuse, effective responses, roles and responsibilities of partner agencies, referral pathway and guidance on achieving best evidence (ABE) interviews.

This protocol should be read in conjunction with the LSCP Threshold Guidance, the London Safeguarding Children Procedures, the LSCP Multi-Agency Protocol for Safeguarding Adolescents and Keeping Children Safe in Education.

2. POLICY CONTEXT

The last four decades have been witness to a changing landscape of language and framings for child sexual abuse – from incest in the 1970s, through a number of other terms, to the current distinction of child sexual exploitation (CSE) being a category within child sexual abuse. Each shift has meant that different forms and contexts of abuse have been recognised and attended to, which also opens up space for survivors to speak and for agencies to listen and hear.

Sexual exploitation of children is far from a 'new' issue – sexual abuse rings were studied from the late 1970s (Burgess and Clark, 1984), followed by a focus on networks, organised abuse and abuse in institutions in the 1980s and 1990s (Gallagher, 1998; Nelson, 2016). That family members may be involved in sexual exploitation (specifically the production of child abuse images, selling children for sex and wider abuse networks) has long been

recognised, as has a prior history of family-based child sexual abuse in the lives of those who are sexually exploited subsequently.

It is clear that child sexual abuse remains prevalent in the UK and for many children and young people the impact of this abuse can have significant long term consequences on every aspect of their lives, with a particular focus on mental and physical wellbeing that endures into adulthood.

Child sexual abuse is a criminal offence and a complex social problem which often occurs alongside other forms of abuse, victimisation and adversity. The Children's Commissioner for England's (CCE) inquiry estimated that perhaps one in eight children abused in the family environment come to be identified by professionals, with the remainder unknown to protective services. Those who come into contact with statutory services are typically first identified from the age of 12 but the abuse for many will have started when they were much younger (Smith et al, 2015).

It is also known that child sexual abuse that occurs within the home is usually hidden and can often be obscured by 'normal' parenting activities and behaviours. Intrafamilial child sexual abuse (IFCSA) is very difficult for children and young people to talk about; many do not seek help for years. It may also be obscured when other issues are the focus of child protection plans and direct work (CCE, 2015; Martin et al, 2014).

3. DEFINITIONS

Child sexual abuse is defined in Working Together (2018) as:

'Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.'

In relation to historical sexual abuse, the same definition applies and practitioners are to use the same pathway.

Harmful sexual behaviour (HSB) is defined by the NSPCC (2021) as:

'Harmful sexual behaviour (HSB) is developmentally inappropriate sexual behaviour displayed by children and young people and

which is harmful or abusive (Hackett, 2014).

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

Child sexual exploitation (CSE) is defined by the Department of Education (2017) as:

'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 (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.'

Sexting is defined by the NSPCC (2022) as:

'Sexting is when people share a sexual message and/or a naked or semi-naked image, video or text message with another person. It's also known as nude image sharing.'

Further definitions can be found in Appendix B.

4. CHILD SEXUAL ABUSE

(NHS, 2019; NSPCC, n.d.)

When a child or young person is sexually abused, they are forced or tricked into sexual activities. They may not understand that what is happening is abuse or that it is wrong. Sexual abuse can happen anywhere, in person or online.

Both boys and girls can be victims of sexual abuse, but girls are more likely to be abused.

Most children who are sexually abused are abused by someone they know. This could be a family member, a friend or someone who has targeted them like a teacher or sports coach.

Some children are more at risk of sexual abuse:

- Children with disabilities are more likely to be sexually abused, especially those who are unable to tell someone what's happening or don't understand what's happening to them is abuse;
- Children who are isolated or being neglected by their parents or carers. If a family is going through a tough time, they might not be able to give their child enough attention or supervision, putting them in unsafe situations.

4.1 TYPES OF CHILD SEXUAL ABUSE

Child sexual abuse covers a range of illegal sexual activities, divided into two categories – contact and

non-contact abuse.

Contact abuse is where an abuser makes physical contact with a child, and it can include:

- Sexual touching of any part of a child, whether clothed or unclothed;
- Using a body part or object to rape or penetrate a child;
- Forcing a child to take part in sexual activities;
- Making a child undress or touch someone else.

Contact abuse can include touching, kissing and oral sex – sexual abuse is not just penetrative.

Non-contact abuse is where a child is abused without being touched by the abuser. This can be done in person or online and can include:

- Exposing or flashing;
- Showing pornography;
- Engaging in any kind of sexual activity in front of a child, including watching pornography;
- Making a child masturbate;
- Forcing a child to make, view or share child abuse images or videos;
- Forcing a child to take part in sexual activities or conversations online or through a smartphone;
- Possessing images of child pornography;
- Taking, downloading, viewing or distributing sexual images of children;
- Not taking measures to protect a child from witnessing sexual activity or images.

4.2 SIGNS OF CHILD SEXUAL ABUSE

Children often do not 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 will not be believed.

A child who is being sexually abused may care for their abuser and worry about getting them into trouble.

Different families may use different words for their genital area which may make a disclosure less obvious. It is therefore important to consider the child’s presentation and following signs when a child is speaking about something that may not be clear.

Emotional and behavioural signs may include:

- Avoiding the abuser – the child may dislike or seem afraid of a particular person and try to avoid spending time alone with them;
- Sexually inappropriate behaviour – children who have been abused may behave in sexually inappropriate ways or use sexually explicit language;
- Changes in behaviour – a child may start being aggressive, withdrawn, clingy, have difficulties sleeping, have

regular nightmares or start wetting the bed;

- Changes in their mood – feeling irritable and angry, or anything out of the ordinary;
- Changes in eating habits of developing an eating problem;
- Problems at school – an abused child may have difficulty concentrating and learning, and their grades may start to drop;
- Alcohol or drug misuse;
- Self-harm;

Physical signs may include:

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

Signs of online sexual abuse may include:

- Spending a lot more or a lot less time than usual online, texting, gaming or using social media;
- Being distant, upset or angry after using the internet or texting;
- Being secretive about who they're talking to and what they're doing online or on their mobile phone;
- Having lots of new phone numbers, texts or email addresses on their mobile phone, laptop or other device.

Children may also drop hints and clues that the abuse is happening without revealing it outright.

5. HARMFUL SEXUAL BEHAVIOUR (HSB)

HSB is sexual behaviour that is outside of what is appropriate for the age or development of the child and may be as a result of sexual abuse suffered by the child.

5.1 SIGNS OF HSB (NSPCC, 2021)

Children and young people demonstrate a range of sexual behaviours as they grow up, and this is not always harmful.

Sexualised behaviour sits on a continuum with five stages (Hackett, 2010) and is shown in the table below.

Appropriate	Inappropriate	Problematic	Abusive	Violent
The type of sexual behaviour that is considered 'appropriate' for a particular child depends on their age and level of development.	This may be displayed in isolated incidents, but is generally consensual and acceptable within a peer group.	This may be socially unexpected, developmentally unusual, and impulsive, but have no element of victimisation.	This often involves manipulation, coercion, or lack of consent	This is very intrusive and may have an element of sadism

It is not always easy to identify HSB; the NSPCC have created a guide of age appropriate healthy sexual behaviour that should be considered when assessing whether a child's behaviour is healthy or harmful: Stages of healthy sexual behaviour.

Questions to ask when considering if a child is displaying HSB include (NSPCC, 2021):

- The age of the child or young person who has displayed the sexual behaviour;
- The age of the other children or young people involved;
- Is the behaviour unusual for that particular child or young person?
- Have all the children or young people involved freely given consent?
- Are the other children or young people distressed?
- Is there an imbalance of power?
- Is the behaviour excessive, degrading or threatening?
- Is the behaviour occurring in a public or private space?

The Brook Traffic Light Tool can be used to help identify harmful sexual behaviour.

5.2 CHILD ON CHILD ABUSE

Child on child abuse (sometimes called peer on peer abuse) is when a child abuses another child. It can take place in school, out of school and online. It is most likely to include, but is not limited to (DfE, 2023):

- Bullying (including cyberbullying, prejudice-based and discriminatory bullying);
- Abuse in intimate personal relationships between

children;
- Physical abuse;
- Sexual violence, such as rape, assault by penetration and sexual assault;
- Sexual harassment
- Causing someone to engage in sexual activity without consent;
- Consensual and non-consensual sharing of nudes and semi nude images and/or videos;
- Upskirting; and
- Initiation/hazing type violence and rituals.

It should be recognised that child on child abuse is harmful to both the perpetrator (who is a child) and the victim.

5.2.1 Signs and indicators (Safeguarding Network, 2021)

Signs that a child is experiencing child on child abuse include:

- absence from school or disengagement from school activities;
- physical injuries;
- mental or emotional health issues;
- becoming withdrawn – lack of self esteem;
- lack of sleep;
- alcohol or substance misuse;
- changes in behaviour;
- inappropriate behaviour for age;
- harmful towards others.

5.3 SEXUAL ACTIVITY BETWEEN CHILDREN

It is important to know that:

- A child under the age of 13 can never consent to any sexual activity;
- The age of consent is 16;
- Sexual intercourse without consent is rape.

It is also important to differentiate between consensual sexual activity between children of a similar age and that which involves any power imbalance, coercion or exploitation.

6. CHILD SEXUAL EXPLOITATION (CSE)

The LSCP Multi-Agency Protocol for Safeguarding Adolescents contains practice guidance to safeguard children and young people at risk of harm, including CSE and other forms of exploitation and should be read for more detail on how to respond when exploitation is suspected.

6.1 SIGNS OF CSE

Indicators that a child or young person may be being groomed may include:

- Being secretive about who they are talking to and where they are going;
- Often returning home late or staying out all night;
- Sudden changes in their appearance and wearing more revealing clothes;
- Becoming involved in drugs or alcohol, particularly if you

suspect they are being supplied by older men or women;

- Becoming emotionally volatile (mood swings are common in all young people, but more severe changes could indicate that something is wrong);
- Using sexual language that you wouldn't expect them to know;
- Engaging less with their usual friends;
- Appearing controlled by their phone;
- Switching to a new screen when you come near the computer.

Indicators that an adolescent may be being exploited may include:

- Persistently going missing from school or home and/or being found out-of-area;
- Unexplained acquisition of money, clothes, or mobile phones;
- Excessive receipt of texts/ phone calls and/or having multiples handsets;
- Relationships with controlling/ older individuals or groups;
- Leaving home/ care without explanation;
- Suspicion of physical assault/ unexplained injuries including bruising;
- Suffering from sexually transmitted infections/ pregnancy;
- Parental concerns;
- Carrying weapons;
- Significant decline in school results/ performance;
- Gang association or isolation from peers or social networks;
- Becoming estranged from family;
- Self-harm or significant changes in emotional well-being;
- Volatility in mood/ mood swings.

7. SEXTING AND YOUTH PRODUCED IMAGERY

(NSPCC, 2022)

Children and young people who are involved in a sexting incident might have:

- Shared an image of themselves;
- Received an image from someone else;
- Shared an image of someone else more widely;

This may have happened with or without consent of all the people involved, and children may have been coerced or pressured into giving consent.

It's a criminal offence to create or share explicit images of a child, even if the person doing it is a child.

7.1 SIGNS OF SEXTING

Sometimes a child might disclose that they have been involved in

sexting, or they might mention something which gives cause for concern. Other times, professionals might notice that a child is behaving differently, being bullied, or overhear a conversation and the sexting might come to light when the professional tries to find out what is going on.

8. EFFECTIVE RESPONSES

8.1 INITIAL RESPONSE

If a child discloses about sexual abuse (in any of its forms) it is important to respond appropriately in order to reduce the risk of causing further trauma and/or compromising a criminal investigation.

Children who have been abused are often threatened by perpetrators to keep the abuse a secret, so telling an adult can take a great amount of courage and are also likely to feel overwhelmed, confused and frightened that no one will believe them. Every care must be taken to remain calm and supportive throughout the disclosure.

Remember the following four points (receive, reassure, react and record) when discussing a disclosure with a child. Also consider the CSA Centre guidance on communicating with children who have or may have been sexually abused.

1. Receive

- Listen carefully to what they're saying;
- Listen to what is being said without displaying shock or disbelief. A common reaction to unpleasant and shocking information can be to deny the experience, however this reaction, or a show of shock or disgust may make the child be afraid to continue and could have the effect of shutting them down;
- Accept what is being said without judgement;
- Take it seriously.

2. Reassure

- Reassure the child, but only so far as is honest and reliable. Do not make promises that you cannot be sure you can keep, e.g. "everything will be alright now";
- Reassure the child that they have done nothing wrong, it is not their fault and that you take what is said seriously;
- Don't promise confidentiality – never agree to keep secrets. You have a duty to report your concerns;
- Tell the child that you will need to tell some people, but only those whose job it is to protect children;
- Let them know they've done the right thing by telling you;
- Acknowledge how difficult it must have been to talk. It takes a lot for a child to come forward about abuse.

3. React

- Listen quietly, carefully and patiently. Do not assume anything – don't speculate or jump to conclusions;

- Do not investigate, interrogate or decide if the child is telling the truth. An allegation of child abuse may lead to a criminal investigation. Do not do anything that may jeopardise the investigation. Let the child explain to you in his or her own words what happened, but don't ask leading questions;
- Do ask open questions like "Is there anything else that you would like to tell me?"
- Communicate with the child in a way that is appropriate to their age, understanding and preference. This is especially important for children with disabilities and for children whose preferred language is not English;
- Do not ask the child to repeat what they have told you to another member of staff;
- Explain what you have to do next and whom you have to talk to;
- Do not discuss the case with anyone outside of the designated safeguarding policy process within your organisation;
- Do not confront the alleged abuser;
- Report what the child has told you as soon as possible.

4. Record

- Make some notes and write them up in detail, as soon as possible;
- Do not destroy your original notes in case they are required by Court;
- Record the date, time, place, words used by the child and how the child appeared to you – be specific. Record the actual words used: including any swear words or slang;
- Record statements and observable things, not your interpretations or assumptions – keep it factual.

8.2 RESPONSE TO HSB

(NSPCC, 2021)

8.2.1 Response to normal sexualised behaviour

Although normal behaviours are not concerning, they still require a response:

- Listen to what children and young people have to say and respond calmly and non-judgmentally;
- Talk to parents about developmentally typical sexualised behaviours;
- Explain how parents can positively reinforce messages about appropriate sexual behaviour and act to keep their children safe from abuse;
- Signpost helpful resources like the NSPCC 'Talk PANTS' activity pack: nspcc.org.uk/pants;
- Make sure young people know how to behave responsibly and safely.

8.2.2 Response to inappropriate and problematic sexualised behaviour

Inappropriate and problematic behaviours should not be ignored:

- Listen to what children and young people have to say and respond calmly and non-judgementally;
- Consider the child's developmental age as well as their chronological age, alongside wider holistic needs and safeguarding concerns about the problematic sexualised behaviour;
- Follow your organisation's child protection procedures and make a report to the person responsible for child protection;
- Your policy or procedure should guide you towards a nominated child protection lead who can be notified and will provide support;
- Consider whether the child or young person needs therapeutic support and make referrals as appropriate.

8.2.3 Response to abusive and violent sexualised behaviour

Abusive and violent behaviours indicate a need for immediate intervention and action:

- If a child is in immediate danger, call the police on 999;
- Follow your organisation's child protection procedures and make a report to the person responsible for child protection;
- Your policy or procedure should guide you towards a nominated child protection lead who should be notified and will provide support;
- Typically referrals to children's social care and the police would be required (see 8.4). Referrals to therapeutic services should only be made once statutory services have been informed and followed due procedures.

8.3 RESPONSE TO SEXTING AND YOUTH PRODUCED IMAGERY

(UK Council for Internet Safety, 2020)

In addition to the guidance in 8.1, when responding to a disclosure of sexting or youth produced imagery, an initial review meeting should be held by the school to consider and establish:

- Whether there is an immediate risk to any child or young person;
- If a referral should be made to the police and/or children's social care;
- If it is necessary to view the image(s) in order to safeguard the child or young person – in most cases, images or videos should not be viewed;
- What further information is required to decide on the best response;
- Whether the image(s) has been shared widely and via

what services and/or platforms. This may be unknown;

- Whether immediate action should be taken to delete or remove images or videos from devices or online services;
- Any relevant facts about the children or young people involved which would influence risk assessment;
- If there is a need to contact another education, setting or individual;
- Whether to contact parents or carers of the children or young people involved - in most cases they should be involved

An immediate referral to police and/or children's social care through the CFCS should be made if at this initial stage:

- The incident involves an adult;
- There is reason to believe that a child or young person has been coerced, blackmailed or groomed, or there are concerns about their capacity to consent (for example, owing to special educational needs);
- What you know about the images or videos suggests the content depicts sexual acts which are unusual for the young person's developmental stage, or are violent;
- The images involve sexual acts and any pupil in the images or videos is under 13;
- You have reason to believe a child or young person is at immediate risk of harm owing to the sharing of nudes and semi-nudes, for example, they are presenting as suicidal or self-harming.

If none of the above apply, an education setting may decide to respond to the incident without involving the police or children's social care. They can still choose to escalate the incident at any time if further information/concerns are disclosed at a later date.

8.4 REFERRAL OF CHILD SEXUAL ABUSE

Any disclosure of sexual abuse should be discussed with the worker's line manager/ safeguarding lead/ named professional in line with their organisation's safeguarding policy. The worker should also refer to the LSCP Threshold Guidance to make a professional judgement on what response is required in each individual case.

Children's First Contact Service (CFCS) should be contacted to make a referral or for advice.

CFCS can be contacted via the following routes:

- Referral form: sutton.gov.uk/cfcs
- Telephone (9:00-17:00): 0208 770 6001
- Email: childrensfirstcontactservice@sutton.gov.uk

For out of hours, contact the Emergency Duty Team (EDT):

- Telephone: 0208 770 5000

- Email: childrens.edt@sutton.gov.uk

The worker should also inform the Police of the disclosure if they believe that the child is in immediate danger on 999. Otherwise, CFCS workers will liaise with the Police regarding the referral.

The Havens

Following a referral to CFCS of sexual assault, the Havens should be contacted by the social worker as soon as possible and prior to a strategy meeting taking place. The Havens will then provide an initial assessment and advice for the strategy meeting, including whether it would be appropriate to refer the child to their services.

The Havens provide medical examinations as well as therapeutic and emotional support and signposting to further services.

Contact details:

Telephone: 0203 299 6900/1599

8.5 REFERRAL OF HISTORIC SEXUAL ABUSE

Sometimes an adult may disclose sexual abuse they suffered as child. Responses to allegations by an adult of abuse experienced as a child must be at the same high standard of response to current abuse, because:

- There is a significant likelihood that a person who abused a child in the past will have continued and may still be doing so;
- Criminal prosecution may be possible if sufficient evidence can be carefully collated.

The adult who disclosed should be encouraged and supported to report the crime to the Police. If the adult will not report it to the Police, then the worker who the disclosure was made to must make a referral to the Police.

A referral should also be made to Children's Services where the adult lived as a child and where the perpetrator lives now. A referral to the LADO should be made where the perpetrator works with children.

LADO contact details:

- Email: LADO@sutton.gov.uk
- Referral form

Support options should be considered for the adult.

The Operation Hydrant Reporting Guide provides further information on reporting non-recent child sexual abuse to the Police in the UK.

9. ROLES AND RESPONSIBILITIES

9.1 CHILDREN'S SERVICES

Children's Services will hold the lead responsibility for responding to children who are at risk of or who have suffered actual significant harm under the London Safeguarding Children Procedures. A new referral is initiated through CFCS or, for an open case, the allocated social worker.

CFCS are responsible for informing

the Police of a referral regarding child sexual abuse, unless the child is thought to be in danger, in which case the referrer has a responsibility to contact the Police.

The Havens

The social worker should contact the Havens (sexual assault referral centre) prior to a strategy meeting for an initial assessment and advice for the strategy meeting.

Contact details:

Telephone: 0203 299 6900/1599

Achieving Best Evidence (ABE) Interview – Good practice in interviewing vulnerable and potentially intimidated witnesses, is necessary to facilitate recovery, future safety and prosecution. Consideration must be given to the adequate preparation, planning and the conduct of the interview. The principles of ABE are set out in the Youth Justice and Criminal Evidence Act 1999.

The guiding principle is that all witnesses are competent to give their evidence in criminal proceedings, unless even with the use of 'special measures', the child/person concerned are unable to understand the questions asked of them and to give their reply.

'Special measures' includes the use of screens: giving evidence by live link; the giving of evidence in private; the removal of wigs and gowns; the showing of video recorded evidence in chief, cross examination and re-examination, and the use of intermediaries and aids to communication.

The interviewers must consider the impact of:

- Child abuse neglect and trauma;
- Racism;
- Discrimination based on disability;
- Domestic violence; and
- Intimidation.

Research suggests that sexual offences, assaults and those offences where the victim knew the offender are likely to lead to intimidation of witnesses. Safety planning for the victim and their support will be necessary in the protection from further incidents of harm.

The investigating team should consider who is best qualified to lead the interview and give consideration to a second interviewer/observer present to support the interview. Investigating roles should be clearly defined to consider:

- Ensuring that the child's needs remain paramount;
- Oversee the safeguarding and promotion of the child welfare;
- Oversee issues relating to the criminal investigation;
- Identify possible gaps in the child's account;
- Identify any interviewer error or apparent confusion;
- Ensure recording equipment is operational; and
- Reflect back to the planning

discussions.

Disclosures of sexual abuse, which includes historial allegations, must all follow an acute or non-acute pathway. In both scenarios it is necessary to contact the children's SARC, The Havens, prior to the strategy meeting/discussion who will advise upon which pathway to take, depending upon the presenting information.

In acute cases a Forensic Medical Examination, where an assault has taken place within the last 72 hour (longer forensic window for an adolescent who has been assaulted), will need to be undertaken. In order to assess for the forensic window all strategy discussions regarding sexual assault to a child must take place within 2 hours of the notification being received.

Please see Appendix A for the process for Children's Services to follow in conjunction with statutory partners.

Children's Services staff should refer to the LBS practice directive for further information on their role and responsibilities.

9.2 POLICE

Police reports come into the police division of the CFCS as a part of business as usual. CFCS police apply the LSCP thresholds and will liaise with the social care division of the CFCS on cases that are not allocated, or would send the police report automatically to the allocated social worker.

Child Abuse Investigation Team (CAIT) should engage in a strategy meeting/discussion with social care and advise from The Havens within 4 hours of the referral being received, to ensure that potential forensic evidence is not lost and planning for a child's safety can begin with immediate effect.

Police need to give consideration to the use of Early Evidence Kits.

Achieving Best Evidence Interview/ Forensic Medical Examination - please see above.

9.3 SCHOOLS, COLLEGES AND EARLY YEARS PROVISION

Those who have safeguarding responsibilities under Keeping Children Safe in Education play a very important role in addressing the needs of children who have experienced sexual abuse and harmful sexual behaviours. It is often through the provision of good quality, well-informed PSHE lessons that children learn about what is considered to be healthy and safe sexual development. This is further supported by changes to legislation and from September 2020 statutory Relationships and Sex Education is delivered in all schools to equip children, through compulsory lessons for life, to understand healthy and safe relationships and to talk to an appropriate adult if they are worried about abuse.

When a disclosure or concern is raised about sexual abuse or harmful sexual behaviours, it will always be reported to the Designated Safeguarding Lead

(DSL), and decisions around threshold will be made in line with consultation of local safeguarding procedures.

The DSL, will in all cases of disclosure report the concerns to the CFCS and will follow any concerns that need to be relayed immediately with a written referral, detailing the context of the child's disclosure and what was said.

9.4 SOUTH WEST LONDON ICB

South West London ICB is responsible for seeking assurance across the local health economy that health providers are equipped with the knowledge to identify risk factors relation to children and child sexual abuse; that they are aware and execute their role and responsibilities to report children who disclose sexual abuse and contribute to risk assessments, multi-agency strategy meetings, and delivery of care plans to protect them from significant harm in accordance with the London Safeguarding Children Procedures and Working Together 2018.

9.5 HEALTH PROVIDERS

9.5.1 GPs

GPs have a responsibility to consider the safety and welfare of children and young people. They must be aware of the risk factors that have been linked to sexual abuse and look out for signs that the child or young person may be at risk. When you suspect child sexual abuse discuss with safeguarding lead in the practice or designated nurse for child protection for advice. In all cases of disclosure refer the concerns to the CFCS and follow any concerns that need to be relayed immediately with a written referral, detailing the context of the child's disclosure and what was said.

9.5.2 Epsom and St Helier Hospitals

When a member of Epsom and St Helier staff suspects child sexual abuse you may seek advice from the named nurse, named doctor or named midwife within the organisation. Staff in all cases of disclosure will refer the concerns to the CFCS and will follow any concerns that need to be relayed immediately with a written referral, detailing the context of the child's disclosure and what was said.

9.5.3 Sutton Health and Care

When a member of Sutton Health and Care staff suspects child sexual abuse advice may be sought from the named nurse in Sutton Health and care. Staff in all cases of disclosure will refer the concerns to the CFCS and will follow any concerns that need to be relayed immediately with a written referral, detailing the context of the child's disclosure and what was said.

9.5.4 South West London and St George's Mental Health NHS Trust (SWLStG)

When a member of CAMHS or Adult Mental Health staff suspect child sexual abuse, whether recent or historical, they may seek advice (if required) from a senior colleague or the team safeguarding lead. If the

safeguarding matter cannot be resolved in the staff's service line, then they can seek support from the Named Nurse or Doctor. Staff in all cases of disclosure will refer the concerns to CFCS (where it is a Sutton child) and will follow up any concerns that need to be relayed immediately with a written referral, detailing the context of the child's or adult's disclosure and what was said. If the concern is with regards to a member of the children's workforce, then a LADO referral will be required.

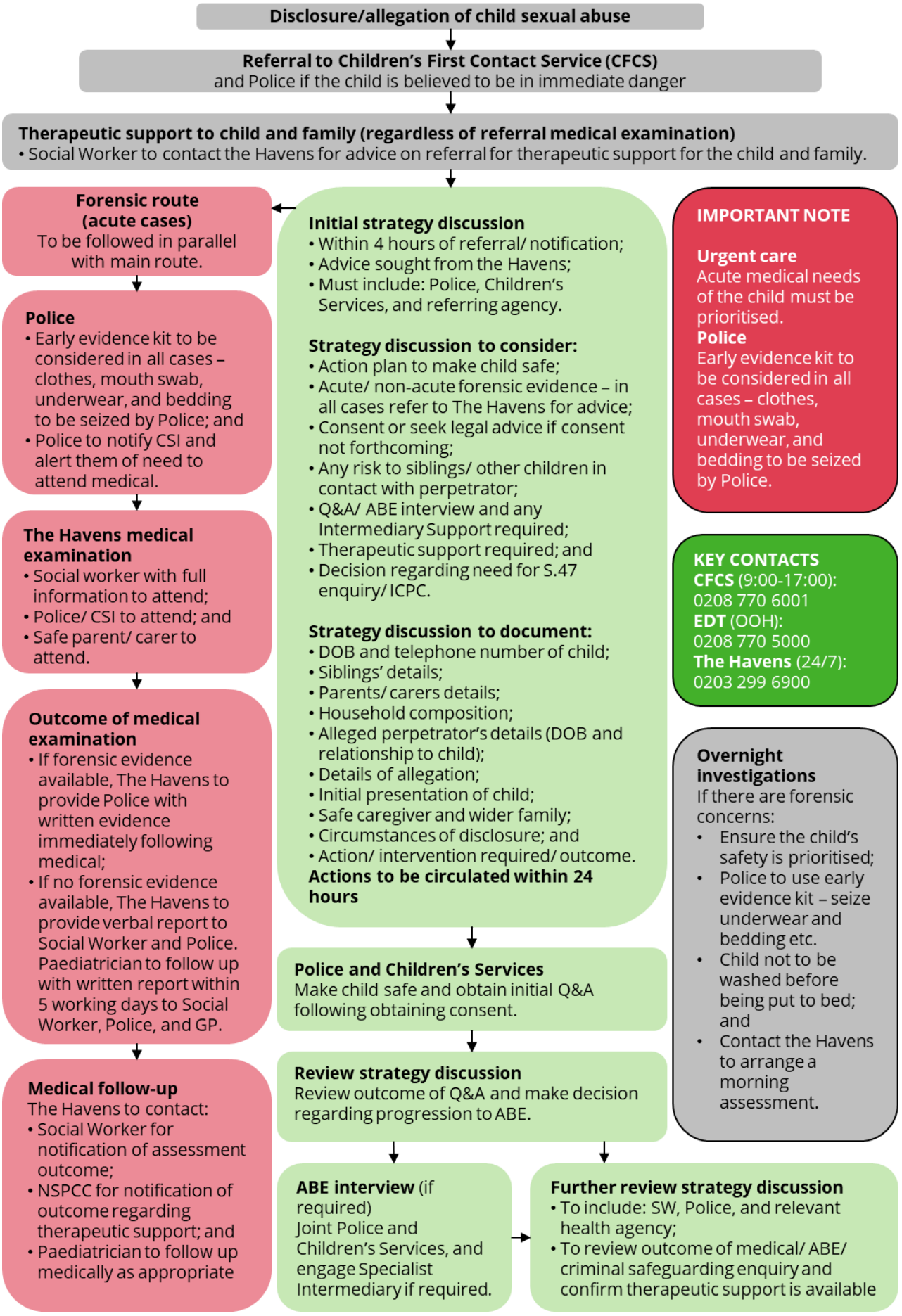
9.6 COMMUNITY AND VOLUNTARY SECTOR

When a member of the voluntary or community sector suspects child sexual abuse advice may be sought from the Safeguarding Lead within their organisation. In all cases of disclosure there is a need to refer the concerns to the CFCS. Any concerns will need to be relayed immediately with a written referral, detailing the context of the child's disclosure and what was said.

9.7 COMMISSIONED SERVICES

All commissioned services must comply with safeguarding procedures and similar to other groups and organisations act upon concerns if they suspect child sexual abuse. Advice may be sought from the Safeguarding Lead within their organisation. In all cases of concern and disclosure there is a need to refer the concerns to the CFCS. Any concerns will need to be relayed immediately with a written referral, detailing the context of the child's disclosure and what was said

APPENDIX A. REFERRAL, ASSESSMENT AND SAFETY PLANNING PROCESS



APPENDIX B. FURTHER DEFINITIONS

Consent	Consent is about having the freedom and capacity to choose. Consent to sexual activity maybe given to one sort of sexual activity but not another, e.g. to vaginal but not anal sex, or penetration with conditions, such as wearing a condom. Consent can be withdrawn at anytime during sexual activity and each time activity occurs. Someone consents to vaginal, anal or oral penetration only if s/he agrees by choice to that penetration and has the freedom and capacity to make that choice.
Poly-victimisation	Poly-victimisation can be defined as the experience of multiple victimisations of different kinds – in different domains of a child's environment – such as sexual abuse, physical abuse, bullying in school, witnessing community violence or being exposed to family (Finkelhor, 2005). The emphasis here is on different kinds of victimisation, rather than multiple episodes of the same kind of victimisation. Research suggests that the greater number of victimisations experienced, the greater the impact on children's mental health and wellbeing (Finkelhor, 2011). When a child experiences any type of familial maltreatment, the risk for experiencing any other type of abuse or victimisation rises (Radford et al, 2011). The concept of poly-victimisation raises the possibility of adopting a 'contextual safeguarding approach' in relation to IFCSA. Developed by Dr Carlene Firmin to address adolescent risk outside the family environment, the approach encourages practitioners to consider all spheres of children and young people's lives and to avoid silo-ing locations/contexts of harm. In relation to IFCSA this approach is noted by practitioners as potentially helpful in making earlier links to organised family abuse.
Problematic sexual behaviour (PSB)	Developmentally inappropriate or socially unexpected sexualised behaviour which doesn't have an overt element of victimisation or abuse.'
Sexual harassment	This can be defined as 'unwanted conduct of a sexual nature' that can occur online and offline. In the context of this guidance this means in the context of child on child sexualharassment. Sexual harassment is likely to: violate a child's dignity, and/or make them feelintimidated,

	degraded or humiliated and/or create a hostile, offensive or sexualised environment. It can include: ● Sexual comments, such as: telling sexual stories, making lewd comments, making sexualremarks about clothes and appearance and calling someone sexualised names; ● Sexual “jokes” or taunting.
Sexual violence	This refers to sexual violence in the context of child on child sexual violence. Children can and do abuse other children. Sexual violence covers a spectrum of behaviour. It can refer to sexual offences under the Sexual Offences Act 2013. This includes: ● Rape: A person (A) commits an offence of rape if: he intentionally penetrates the vagina, anus or mouth of another person (B) with his penis, B does not consent to the penetrationand A does not reasonably believe that B consents. ● Assault by Penetration: A person (A) commits an offence if: s/he intentionally penetrates thevagina or anus of another person (B) with a part of her/his body or anything else, the penetration is sexual, B does not consent to. ● Sexual Assault: A person (A) commits an offence of sexual assault if: s/he intentionallytouches another person (B), the touching is sexual, B does not consent to the touching and A does not reasonably believe that B consents.
Upskirting	This typically involves taking a picture under a person’s clothing without them knowing, withthe intention of viewing their genitals or buttocks to obtain sexual gratification, or cause thevictim humiliation, distress or alarm. It is now a criminal offence and may constitute sexualharassment. Cases of ‘up skirting’ have a mandatory requirement for being reported.

APPENDIX C. ACHIEVING BEST EVIDENCE GUIDANCE

1. General Principles

The principles of Achieving Best Evidence (ABE) are set out in the Youth Justice and Criminal Evidence Act 1999 (YJCE). The starting point is that all witnesses are competent to give their evidence in criminal proceedings, unless even with the use of 'special measures', they are still unable to understand the questions asked of them, and to give their reply.

'Special Measures' include the use of screens; giving of evidence by live link; the giving of evidence in private; the removal of wigs and gowns; the showing of video recorded evidence in chief, cross examination and re-examination, and the use of intermediaries and aids to communication.

This Act was preceded by the 'Memorandum of Good Practice on Video Recorded Interviews for Child Witnesses in Criminal Proceedings' published by the Government in 1992, and 'Speaking Up For Justice,' the report of an Inter-departmental Working Group on the treatment of all vulnerable or intimidated witnesses, including children, in the criminal justice system, published by the Home Office in 1998.

All investigations must be conducted fairly and must comply with the provisions and duties under the Equality Act 2010 and the Human Rights Act 1998. Interviews must not be approached with prejudice and the interviewer should be prepared to believe the account that they are being given and use judgement rather than personal beliefs to assess the accuracy of what is being said. Any person with perceived vulnerabilities should be treated with particular care and extra safeguards should be put in place. A child's ability to communicate MUST NOT be underestimated.

Investigations are complex and in order to achieve the best outcomes for victims and witnesses they must be conducted by suitably qualified members of the multi-agency safeguarding network, in partnership with those who know the child. Strategy Meeting/s (with Police, Social Care, Health and Education representatives) should be held prior to an ABE interview, where consideration be given to the timing and support required for the interview, in conjunction with planning for other action required to safeguard and protect the child, such as a medical examination, safety plan etc.

This guidance should be read alongside:

- Working Together to Safeguard Children (2018);
- What to do if you're worried a child is being abused: Advice for practitioners (2015);
- Keeping children safe in education: Statutory guidance for schools and colleges (2021);
- London Child Protection Procedures.

2. Introduction

The two primary purposes for visually recorded interviews are:

- Evidence gathering for use in criminal proceedings;
- The examination in chief of the child witness.

In addition, any relevant information gained during the interview can also be used to inform child protection enquiries under Section 47 of the Children Act 1989 and any subsequent actions, including care proceedings, to safeguard and promote the child's welfare, and in some cases, the welfare of other children.

Interviewing requires learning and practice to ensure that high standards are achieved and maintained. An interview may not solely be used to obtain information about an investigation. It may also be used to provide witnesses and victims with important information, for e.g. about court proceedings, special measures, disclosure and intermediaries etc.

3. Planning for the ABE Interview

At a minimum, such as cases where the child has experienced no previous contact with Children's Social Care or other public services regarding child protection matters, the investigating team should include representatives from both police and children's social care. In some cases, after joint consultation, the interview itself may be conducted by the police alone. It will also be important to consult with primary health care or educational professionals who know the child. The need for an intermediary or interpreter should also be considered. Wherever possible, and where practicable, older children and young people in particular should be consulted about matters appropriate to their age and understanding, and contribute to the planning and preparation for interview (e.g. when and where the interview takes place, who is present). Reasons for the strategy agreed for interviewing a given child should be noted in writing by the investigators and preserved for possible usage in any subsequent legal proceedings.

In planning the interview the following are considered as relevant and should be recorded on the Record of ABE Interview Plan.

- Child's age 3;
- Child's race, culture, ethnicity and first language;
- Child's religion;
- Child's gender and sexuality;
- Any physical needs;
- Any specialist health and/or mental health needs;
- Child's cognitive abilities (e.g. memory, attention);
- Child's linguistic abilities (e.g. how well do they understand the spoken language and how well do they use it?);
- Child's current emotional state and range of behaviours;

- Is the child on any medication? (If so what effect does this have on the child?);
- Child's family members/carer/advocates and nature of relationship;
- Child's overall sexual education, knowledge and experiences;
- Any significant stress/es recently experienced by the child and/or family (e.g. bereavement, sickness, domestic violence, job loss, moving house, divorce, etc.);
- Bathing, toileting and bedtime routines;
- Sleeping arrangements (where are they staying/safety issues);
- Requirement for support during the ABE Interview.

In addition, the interviewer must also consider the possible impact on the child of:

- Child abuse and neglect;
- Racism;
- Discrimination based on impairments;
- Domestic violence;
- Intimidation research suggests that sexual offences, assaults, and those offences where the victim knew the offender are particularly likely to lead to intimidation of witnesses.

A portable video facility should be available for those witnesses who are unable to attend an interview suite, e.g. when a child is in hospital, or has other very specific special needs. In these cases issues such as suitability of the environment of the chosen locations should be considered.

4. Who should lead the interview – factors for consideration

The investigating team should consider who is best qualified to lead the interview, and whether there should be consideration to a second interviewer/observer present to support that interview, if so then their role should be clearly defined. Their range of tasks could be:

- To ensure that the child's needs are kept paramount;
- To have an oversight of safeguarding and promoting the child's welfare;
- To have oversight of issues relating to the criminal investigation;
- To identify gaps in the child's account;
- To identify interviewer errors and apparent confusion;
- To operate the recording equipment;
- Reflect back to the planning discussions.

Choice of lead interviewer should take into account:

- The preference of the child;
- Any strong gender or ethnic preferences of the child;
- Ability to establish rapport with the child;
- Ability to communicate effectively with the child, either directly or through an intermediary;

- Knowledge of the rules of evidence and points to prove.

5. Planning for immediately after the interview.

Planning discussions should cover the different possible outcomes and consider the implications for the child and family, taking account of knowledge about the child's circumstances and previous or current involvement with social or other public services. Early consideration by the wider professional team may alleviate some of the child's and carer's anxieties. For each possible outcome, interviewers should prepare explanations of what may happen next for the child and their carer(s).

6. Conducting Interviews with Children.

The basic goal of an interview with a witness of any age is to obtain an accurate and reliable account in a way that is fair, in the witness's interests and acceptable to the court. This can be achieved by a phased approach to interviews. The time taken for each phase of the interview can be dependent on the age and/or development of the child. Interviews normally consist of the following phases:

- Establishing rapport;
- Asking for free narrative recall;
- Asking questions;
- Closing the interview;
- The phases can involve separate recordings.

Time should be taken to prepare the child for interview, at a level appropriate to the age and understanding of the child. The child should be informed of:

- The purpose of the visually recorded interview;
- Who will be present?
- When/where it will happen?
- Roughly how long the interview will last?
- The benefits/disadvantages of a visually recorded interview;
- Who may see the visually recorded interview (including the alleged abuser at court)?
- The different purposes to which a visually recorded interview may be put (e.g. if it appears the recording may be useful in disciplinary proceedings against a member of staff who is suspected of abusing a child in their care).

General factors to be explored prior to interview:

- The child's preferred name/mode of address;
- The child's ability and willingness to talk within a formal interview setting to a police officer, social worker or other trained interviewer;
- An explanation to the child of the reason for the interview;

- The ground rules for the interview;
- The opportunity to practise answering open questions;
- The child's cognitive, social and emotional development. Does the child's confidence or lack thereof mask a limited understanding?
- The child's use of language and understanding of relevant concepts such as time and age. Does the child appear clear yet actually has confused and limited thinking?
- The child's attention span and need for any breaks;
- Any special requirements the child may have. Does s/he suffer from separation anxiety or have an impairment? Is s/he known to have suffered past abuse, or to have previously undergone an investigative interview?
- Any apparent clinical or psychiatric problems (e.g. panic attacks, depression) which may impact upon the interview, and for which the child may require referral;
- An assessment of the child's competency to give consent to interview and medical examination;
- Interviewers should only use toys/interview aids if it will make the child's experience more positive (e.g. in rapport) and/or toys help the child to give their account more effectively. Interviewers should be alert to the possibility that toys/interview aids will distract a restless or young child, and ensure they are age/developmentally appropriate for an older child;
- Consideration should also be given as to what information can be shared with the child's non-abusing parents/carer and any other relevant professionals;
- Written consent to the visual recording is not necessary from the child, but it is unlikely to be practicable or desirable to visually record an interview with a reluctant or hostile child, unless this behaviour is an intrinsic part of their special needs.

7. Establishing Rapport

All interviews should have a Rapport Phase. Style of the interview matters, because it affects the motivation of the interviewee to be accurate and relevant in their replies. Establishing a rapport means being genuinely open, interested and approachable, as well as being interested in the interviewee's feelings and welfare. Rapport building gives the interviewer the opportunity to:

- Build on their knowledge of the child, which will have been gathered at the planning stage;
- Learn more about the child's communication skills and degree of understanding and vocabulary and ensure appropriate communication systems are available;
- Set the tone and style of questions to be used for the main part of the interview.

Rapport should normally encompass the following:

- Discussing neutral topics and, where appropriate, playing with toys, reassuring the child they have done nothing wrong;
- Explaining the ground rules;
- Exploring the child's understanding of truth and lies; establishing the purpose of the interview;
- Supplementing the interviewer's knowledge of the child's social, emotional and cognitive development Initial discussions should focus on events and interests not related to the investigation.

7.1 Ground rules

Children, especially young children, may perceive interviewers as figures of authority. Interviewers should use the Rapport Phase to combat any answers from the child, which reflect on eagerness to please. This can be done by stating the following:

- The interviewer was not present when the events under investigation allegedly took place and that he/she is relying on the child's account;
- The interviewer asks a question the child doesn't understand, the child should feel free to say so;
- If the interviewer asks a question to which the child does not know the answer, the child should say 'I don't know';
- If the interviewer misunderstands what the child has said or summarises what has been said incorrectly, then the child should point this out.

7.2 Truth and lies

Towards the end of the Rapport Phase, the interviewer should advise the child to give a truthful and accurate account of any incident they describe. The interviewer should ask the child to judge from suitable examples appropriate to the child's age. If a child shows no proper appreciation of the distinction between truth and lies, their account should be obtained and consideration for the child to be further assessed.

The reason for the interview needs to be explained in a way that makes the focus of the interview clear, but does not specify the nature of the offence. It is also important to stress that what the interviewer wants to discuss with the child is their memory of the incident(s) that gave rise to the complaint, not the complaint itself. It is important that the child is encouraged in the Rapport Phase to talk freely through the extensive use of open-ended questions. Questions requiring a 'yes' or 'no' answer should be avoided.

8. Asking for Free Narrative Recall

A witness interview requires that information flows from the witness to the interviewer. Only the most general, open ended questions should be asked in the free narrative phase as guidance to the witness concerning the general area of life experience relevant to the investigation. If a witness responds to questions such as 'do you know why you are here today?'; 'is there anything you would like to tell me?' in a positive way the interviewer should encourage the witness to give a free narrative account. Questions such as 'tell me all you know about……' 'Did anything else happen?'

The prompts used at this stage should not include information known to the interviewer concerning relevant events that have not yet been communicated by the witness. Interviewers should take care not to prematurely get to the heart of the matter and allow the witness to proceed at their own pace and be tolerant of what may appear to be undue pauses, silences, repetitions and irrelevant information. If, during this stage, the witness has communicated nothing of relevance regarding the purpose of the interview the interviewer should consider whether to proceed to the questioning phase. Exceptionally consideration may be given to moving indirectly to the closure phase.

9. Asking Questions

Children vary in how much relevant information they provide in free narrative. In nearly all cases it will be necessary to expand on the child's initial account through questions.

Different types of questions provide varying amounts of information and accuracy. The four most important types of questions are:

- Open-ended;
- Specific;
- Closed;
- Leading.

During the questioning phase it is important to:

- Consider the use of toys being mindful they may cause a distraction;
- Move sequentially through the types of questioning appropriate to the child's response, returning to open-ended/specific questions (avoid leading questions);
- Ask one question at a time (particularly when using an interpreter);
- Give time to respond, but remember too long can be oppressive;
- Do not interrupt;
- Questions should not be repeated in the same form when the first answer is deemed unsatisfactory (child may then answer to please the interviewer);

- Where children have specific communication needs, assistance should be made available. Drawings, pictures & photographs will need to be prepared to facilitate questioning.

If at any point during questioning the child becomes distressed it may be necessary to move back to the Rapport Phase.

The construction of questions and information requested should always take account of:

- The child's stage of development (language, cognition, impairments);
- Experience of prior interviews where questioning is more directive;
- Feelings and attitude of the child (they may have been threatened);
- When working with an interpreter, consider before and during the interview how accurately some questions can be interpreted or whether there are cultural implications that could impact on the understanding and responsiveness of the child (particularly in sexual abuse work).

Questions should be kept short and simple in construction especially with younger children. Avoid:

- Double negatives e.g. 'Did John not say later that he had not meant to hurt you?'
- Double questions e.g. 'Did you go next door and was Jim waiting for you?'
- Words should be used that are familiar to a child;
- Asking a child if they understand a word may not be enough, it may necessary to check out their understanding;
- Does a young child understand words that denote location ('behind', 'in front of', 'beneath', 'above'). It may be necessary to ask the child to demonstrate what they mean (use box or table/drawer);
- Children may use 'family' terms for parts of the body e.g. 'front bottom'. These terms are vague and the interviewer needs to ascertain meaning, the use of a doll or diagram is preferable to the child referring to their own body;
- When children use adult terminology its meaning should also be checked;
- Give consideration to the cultural impact of particular terminology, especially regarding sexual abuse.

Concepts in adult conversation are taken for granted, children acquire them gradually. There are techniques for addressing some difficult areas. For example:

- Dates and times (refer to a child's life, festivals, holidays, birthdays, 'how many sleeps ago', class at school)
- Length and frequency of events (refer to child's routine, TV programmes)
- Height, weight and age (specify, relative to another person known to the child)

10. Open-Ended Questions

An open-ended question is one that is worded in such a way as to enable the child to provide more information about an event which is not leading, suggestive or putting the witness under pressure. For example, “tell me”, “explain to me”, should be used with the interviewers concentrating on the Tell me questions. It is important that the questioning phase begins with open-ended questions and this type of question should be widely used throughout the interview. Open-ended questions allow the child to expand on what has already been said: ‘So, you said that Daddy hit you, tell me some more about that’ it is rarely possible to use only open-ended questions with children, particularly if they have been threatened or sworn to secrecy. Specific questions may be necessary to obtain evidence to proffer detailed charges. Young children and those with learning difficulties/disabilities may find open-ended questions do not prompt recall.

11. Closed Specific Questions

Specific questions serve to ask in a non-suggestive way for extension and clarification of information previously supplied by the witness. Specific questions vary in their degree of explicitness. e.g.

- A child tells you that a named man climbed into her bed;
- Follow up question:
    - Specific non-leading – “What clothes was he wearing at the time?”
    - Explicit specific – “Was he wearing any clothes?”
    - For a young child – “What did his trousers look like?” (risks suggestive response).

It is best to begin with the least explicit.

Examples of closed specific questions are the ‘wh-' questions, Who, What, Where, When and Why?

- Why questions should be avoided as they can imply blame;
- Where a child may have experienced repeated abuse and has difficulty isolating particular events and giving more detail the interviewer could:
    - Ask if there were any times that were particularly memorable or exceptional;
    - Ask if they remember the first or last time;
    - Finish questioning on one event before moving to the next;
- Specific questions can explore whether a child is giving their account for the first time. This is important for establishing consistency of statements.

12. Closed Questions

A closed question is one that poses fixed alternatives and the child is invited to choose. “Were you in the bedroom or the living room when this happened?”

Children may respond without enlarging the answer and if they can’t remember may guess.

Closed questions should never be used for probing central events in the child’s account, which are likely to be disputed at Court.

13. Leading Questions

A leading question is one which implies the answer or assumes facts which are likely to be in dispute. Examples of leading questions: “Things haven't been very good at home recently have they?"; "You know when you were talking earlier to Sue about what Daddy did to you, can you tell me again now?"

A leading question could be challenged by opposing counsel or edited out of a visual recording. The recording could be deemed inadmissible.

Research indicates that interviewees’ responses to leading questions tend to be determined by the manner of questioning than by valid remembering.

The use of leading questions in the Rapport Phase risks inhibiting the child and producing nonsensical and inconsistent replies which may damage the child’s credibility as a witness.

On occasions, a leading question can produce relevant information which has not been led by the question. If this does occur interviewers should revert to open or specific questions.

Good interviewing practice should discourage leading questions with all but the youngest or most reticent witnesses.

14. Closing the Interview

The interviewer should check with the child that the evidentiary important parts (if any) of the account have been correctly understood. This should be done using what the child has communicated, not a summary provided by the interviewer. Care should be taken not to convey disbelief.

Every interview must have a closing phase, and, regardless of the outcome of the interview, every effort should be made to ensure that the witness is not distressed but is in a positive frame of mind. Even if little or no information has been provided the witness should not be made to feel that he/she has failed or disappointed the interviewer. Although praise or congratulations for the providing of information should not be given, the witness should leave with a positive state of mind.

The child should be thanked for his/her time and effort, and asked if there is anything more he/she wishes to communicate. An explanation should be provided about what, if anything happens next, but no promises should be made about future developments. The child should be asked if he/she has any further questions, and these answered as appropriately as possible. When closing interviews of disabled children, it would be helpful to acknowledge again the additional barriers to communication when discussing sensitive issues such as abuse.

Throughout the interview, and particularly when closing, the interviewer must be prepared to assist the child to cope with the effects upon her/himself of giving an account of what may have been greatly distressing events, and about which the witness may feel some guilt.

The child (or, if more appropriate, an accompanying person) should be given a contact name and telephone number in case the witness later decides she/he has further matters to discuss with the interviewer.

15. Witness Support and the Court process

The advocate provides support to a child throughout the court process. The support can only be offered if the advocate has been fully informed of the child and their needs.

Once a police officer/other professional are aware a case is going to Court they should contact the Witness Service. This is vital so children can have the opportunity to have a Court familiarisation visit through the Witness Service.

All children attending court for a Pre-Court Familiarisation will receive a copy of the 'Tell Me More about Court' booklet, or 'Let's Get Ready for Court' booklet depending upon the age of the child. There is also a booklet (produced by the NSPCC) available from the Witness Service for carers or parents of children attending court.

Police officers/other professionals can find out the current status of a case by contacting the Witness Service, who will endeavour to locate up to date information.

The welfare of the child is paramount and early therapeutic work can be commenced at any time if it is deemed in the best interests of the child. The full Achieving Best Evidence document can be accessed at: cps.gov.uk/publications/docs/achieving_best_evidence_final.pdf.

APPENDIX D. INFORMATION LEAFLET FOR YOUNG PEOPLE

Editable version for schools to use.

Reporting sexual abuse, sexual harassment or other harmful sexual behaviours - What happens next?

What kind of things might I need to report?

- Sharing or nude or semi-nude images or videos;
- Any form of sexual activity which takes place without consent;
- Sexual harassment - unwanted sexual comments or jokes, whether online or face-to-face;
- Sexual violence, including rape and other forms of sexual assault;

Any other behaviour of a sexual nature which makes you feel uncomfortable, including someone exposing themselves to you or pressuring you to do something you don't want to.

How do I report these things to the school?

- Speak to a member of staff that you trust. Particularly good people might be:
    - Your form tutor
    - Your head of year
    - Designated Safeguarding Lead

  You can contact them by email first if you prefer.

Making the report

We know that it can be daunting speaking to someone about these topics. These ideas may help you speak to someone:

- **Write down what has happened** - perhaps in an email or a letter, or even just a series of bullet points to jog your memory as you speak to someone. That way you don't have to say anything at all if you don't want to, you can simply give someone the letter to read. It will also help you make sure you don't forget anything you wanted to say;
- **Ask someone you trust to support you** - if you feel able to share what has happened with a friend or family member, you can ask them to come along when you tell someone to give you support;
- **Pick a time and place where you won't be rushed or disturbed** - if you ask to speak to your teacher at the end of a lesson and they are about to teach another lesson then you might not have time to say everything you wanted to. It is fine to ask someone when a convenient time for a conversation would be and go back to speak to them then.
- **Trust that you will be taken seriously** - it is very common to feel embarrassed, nervous or even ashamed about what you are reporting. You might worry that the person you speak to will think that what has happened "isn't a big deal" or was a long time ago. Rest assured that every report will be taken seriously, no matter how long ago it happened and whether it was online or face-to-face. It is not your fault and there is no reason to feel ashamed.

What happens after I make a report?

- The staff member you speak to will listen carefully to what you tell them. They may ask you a few questions of clarification so that they fully understand what has happened;
- The staff member will reassure you that your report is being taken seriously and explain that, although they cannot keep what you have said a secret, they will only pass on what you have said to anyone who strictly needs to know to be able to help you;
- They will tell you who they are going to tell about your conversation – in most instances this would be the Designated

Safeguarding Lead or one of their Deputies. This is because they have specialist training on how to support people in this situation and on how to get further help from outside of school if it is needed.

- The Designated Safeguarding Lead (or Deputy) would arrange to speak to you privately, perhaps with your Head of Year or the staff member you originally spoke to present if you would like that. If your original report was in writing/online, then this would be the first in person conversation you would have. We would try to make you feel as comfortable as possible.
- You will again be reassured that your report is being taken very seriously and that we want to help and support you. The Designated Safeguarding Lead will listen to the details of your report and ask you what you want to happen next – your views and needs are very important. You will have a chance to ask any questions. Together you will talk through the next steps, which will be different depending on what has happened to you. These might include:
    - The Designated Safeguarding Lead investigating what has happened and the perpetrator receiving a school sanction for their actions. Ongoing school based support (such as the School Nurse) being arranged to look after you, depending on what you would like;
    - Your report being referred to social workers in the borough where you live. We have a legal duty to pass your report on if you have been harmed or are at risk of harm and will tell you if we are doing this. At this point, with your knowledge, we would normally inform your parents of what has happened. We would talk to you about how you would like this to happen and whether you would like to be present for this conversation. We will not inform your parents if doing so would put you at greater risk. If this option is taken, it is possible that a social worker will then come to see you to speak to you about what has happened and how best to keep you safe;
    - If you have reported rape or any other form of sexual assault, we also have a duty to report the matter to the Police. Again, we will tell you that we are doing this. It is likely that the Police would then want to speak to you about what has happened. It is entirely your decision whether you would like to speak to them or not, and whether you want to pursue a criminal investigation if it is relevant. We would support you carefully through this process and make sure that you are able to access any support you need while the investigation takes place.

I still don't feel comfortable speaking to someone at school, where else can I turn for support?

- **Your GP**;
- Report a crime directly to the **Police**: met.police.uk/advice/advice-and-information/rsa/rape-and-sexual-assault/how-to-report-rape-and-sexual-assault;
- **Another adult** you trust, such as a parent, grandparent, neighbour, friend's parent or religious leader;
- **The Havens** - specialist centre in London for victims of rape or sexual assault: thehavens.org.uk;
- **Childline** - a free, confidential 24/7 helpline for anyone under 18, 0800 1111. They can also be contacted online via their website: childline.org.uk;
- **The Lucy Faithfull Foundation** - working to prevent sexual abuse of those under 18. They have a confidential helpline which can be accessed via their website: lucyfaithfull.org.uk;
- **Survivors UK** - supporting men and boys who have experienced sexual abuse and rape: survivorsuk.org.