

Hampshire, Isle of Wight,  
Portsmouth & Southampton (HIPS)  
**Child Sexual Abuse Strategy**

---

**2023**



Hampshire  
**Safeguarding**  
**Children**  
Partnership



# Foreword

## From Independent Chair and Scrutineer of HIPS Executive:


Hampshire, Isle of Wight, Portsmouth and Southampton (HIPS) Local Safeguarding Children Partnerships have worked together to develop this HIPS Child Sexual Abuse Strategy. The aim of the strategy is a simple one: to try to prevent child sexual abuse happening in the first place, by increasing awareness and understanding across our multi-agency workforce and within families.

The HIPS Local Safeguarding Children Partnerships, have made a strong commitment to collaborate in the delivery of this strategy, collectively recognising the suffering caused by child sexual abuse to children themselves, their families, and its impact in our wider communities.

We know this is important, statistics show that as many as 1 in 20 children in the UK may have been sexually abused (NSPCC Learning [Child sexual abuse: statistics briefing](#), March 2021) although only 1 in 8 children who are sexually abused are identified by professionals. We must collectively do all we can to reduce the risk of child sexual abuse, but where it does occur ensure, we have a collaborative response to support children and their families, as well as robustly pursuing offenders. This is clear in the priorities of the strategy.

To supplement and support this strategy, there is a HIPS Child Sexual Abuse toolkit available to support multi-agency practitioners working with children, parents, carers and families.

As the Independent Chair of the HIPS Executive, I would personally extend my thanks and gratitude to all the key agencies and practitioners who contributed thus far and to those who will be part of the delivery of the strategic objectives.



Scott MacKechnie



# 1. Introduction

**The Local Safeguarding Children Partnerships across Hampshire, Isle of Wight, Portsmouth, and Southampton (HIPS) are committed to improving the outcomes for children and young people who are victims of child sexual abuse.**

The strategy has been developed considering the Joint Targeted Area Inspection Framework on the theme, child sexual abuse in the family environment and the need to ensure the following:

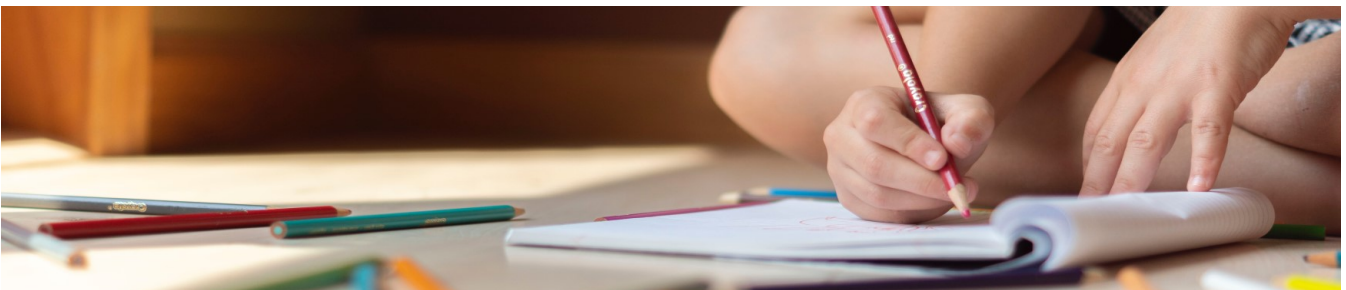
- The provision of training and support to professionals in relation to the prevention, identification and response to child sexual abuse
- Child-centred practice
- Promoting awareness within communities
- Demonstrable local leadership through the safeguarding partners

This strategy has been produced to support a coordinated approach to preventing child sexual abuse (CSA), and improve the identification, protection, and support for victims, survivors and their families. It has been created to improve the ways in which children's needs and risks are understood, recognised and responded to at all stages. It is not a "stand alone" document and should be considered alongside other relevant HIPS/Local Safeguarding Children Partnership's (LSCPs) strategies, in particular the HIPS Child Exploitation Strategy.

The successful implementation of the HIPS Child Sexual Abuse Strategy will be achieved through continued cultural change in which the workforce, communities, and families develop the confidence to "think the unthinkable", recognise the signs that abuse might be occurring, and have those brave conversations.

Despite research and policy initiatives, there continues to be a vast difference between the identification of sexual abuse in children and the numbers disclosing child sexual abuse in adulthood<sup>1</sup>. As many as 1 in 20 children in the UK may have been sexually abused<sup>2</sup>. Many adult survivors report that they did try to say what was happening to them as children, in actions if not in words, but they were not heard<sup>3</sup>. The Joint Targeted Area Inspection of the response to Child Sexual Abuse in the Family Environment<sup>4</sup>, recommended that child sexual abuse should be a priority area, "as too often, responses leave children repeatedly victimised and perpetrators unidentified". It is vital that the voices, behaviours and lived experience of children are sought, understood and captured.

The Independent Inquiry into Child Sexual Abuse (October 2022) notes that the corner stone to the effective protection of children is multi agency working and makes recommendations for the UK government for regular programmes of activity in England to increase public awareness of child sexual abuse and to take action if child sexual abuse is happening or suspected. These areas are reflected in this strategy.



<sup>1</sup> [Statistics on child sexual abuse | NSPCC Learning](#)

<sup>2</sup> [Statistics on child sexual abuse | NSPCC Learning](#)

<sup>3</sup> Only 1 in 8 children who are sexually abused are identified by professionals

<sup>4</sup> [Joint inspections of the response to child sexual abuse in the family environment](#)



### **In order to prevent child sexual abuse and respond when child sexual abuse has occurred:**

1. We will raise awareness of child sexual abuse with children, young people, families, professionals and the wider public to promote safer communities. This includes, in children's lives at home, in their friendship circles, in education and in the public spaces that they occupy both offline and online.
2. We will engage and educate communities to empower them to identify risk and keep children safe from sexual abuse.
3. We will engage and educate children about healthy relationships, child-on-child abuse and how to stay safe within the digital world.
4. We will promote multi-agency collaboration and coordination across the HIPS partnership.
5. We will maximise the collective resources across HIPS to tackle child sexual abuse and target interventions effectively.
6. We will draw together qualitative and quantitative data to understand the extent of child sexual abuse within LSCP areas and across HIPS.
7. We will support practice that will counter child sexual abuse online and in person including harmful sexual behaviour and child-on-child abuse.
8. We will listen to and work to understand the lived experience of those who have experienced child sexual abuse.

**This strategy aims to support all victims and survivors and tackle offending by recognising the complex and interconnected nature of child sexual abuse. The strategy, therefore, promotes a whole-system response to effectively protect and safeguard children.**

### **STRATEGIC OBJECTIVES:**

1. To develop/promote children, young people, families, communities and practitioners' understanding and recognition of sexually abusive behaviour and to ensure appropriate, consistent and timely responses across all agencies.
2. To ensure agencies understand and support each other's roles in the prevention, recognition and assessment of child sexual abuse and that they work together to maximise outcomes for children.
3. To raise practitioners' awareness of the prevalence, typology, cause and hidden nature of child sexual abuse, increasing their ability to identify and assess those at risk.
4. To develop practitioners understanding of the journey of disclosure of child sexual abuse, the barriers that may prevent it and strategies to help overcome these.
5. To provide a coordinated multi-agency response that enables practitioners to develop joint solutions for the shared responsibility for protecting children and pro-actively pursue perpetrators.
6. To ensure a holistic approach that meets the health, wellbeing, safeguarding and criminal justice needs of victims.
7. To provide practitioners with access to resources and training to equip them to deliver consistent, effective and timely responses to children and young people at risk of or experiencing sexual abuse.
8. To promote the health and sexual health and wellbeing of children through education for all children, support for families and communities.
9. To ensure that children identified as likely to have been sexual abused are referred in a timely way to services that can address mental, psychological and physical health needs including prevention or treatment of sexually transmitted infections and prevention or detection of pregnancy.
10. To courageously prevent, pursue and prosecute perpetrators of child sexual abuse, increasing public confidence and strengthening public protection, whilst also recognising that child perpetrators (children who have harmed) have vulnerabilities, may be victims themselves, and may require a proportionate response.
11. To explore and evidence the incidence of child sexual abuse to inform the planning of services and support for children who have been sexually abused and their non-abusing family members. In line with the recommendation from the Independent Inquiry into Child Sexual Abuse (IICSA), a core data set can be considered by LSCPs which will support local and HIPS understanding of characteristics of victims and perpetrators, vulnerability factor and contextual factors such as settings where child sexual abuse occur.

## DELIVERY PLAN AND GOVERNANCE

The accountability for the Strategic Objectives lies with the Local Safeguarding Children Partnership. Each area will develop a local delivery plan in line with the Strategic Objectives and will be accountable to the LSCP for progress against the local delivery plan. This reporting will be shared on an annual basis with the HIPS Executive.

## CONTENT WARNING

There are many people that have been directly or indirectly affected by sexual abuse where it has happened to themselves, family members, friends and people they work with. We want to acknowledge that many of these people may not have ever told anyone or sought support. Should the contents of this strategy trigger any past or current trauma or difficulty, please talk to someone and seek support. Please see Appendix 1 (page 16).

## EQUALITY AND DIVERSITY CONSIDERATIONS

*“The Children Act 1989 promotes the view that all children and their parents should be considered as individuals and that family structures, culture, religion, ethnic origins and other characteristics should be respected.”* (Working Together 2018)

### The United Nations Convention of the Rights of the Child states the following:

#### Article 2

1. States Parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status
2. States Parties shall take all appropriate measures to ensure that the child is protected against all forms of discrimination or punishment on the basis of the status, activities, expressed opinions, or beliefs of the child's parents, legal guardians, or family members.

In the development of this strategy and the HIPS Child Sexual Abuse toolkit, diversity considerations pertinent to; age, disability, gender reassignment, race, religion or belief, sex and sexual orientation have been considered. This has been achieved by retaining a clear focus on positive outcomes for children and their families via a strength-based approach. Proactive steps have also been taken to ensure the inclusion and engagement of practitioners, children, and their families from across our multi-agency partnerships. Within the strategy it is recognised that information is accessed in different ways. The impact of disability in the family is considered and resources and tools have been developed to support accessibility and understanding for these families.







## 2. What is Child Sexual Abuse?

### DEFINITIONS:

Our definition of child sexual abuse is set out by the UK Government in its statutory guidance, Working Together to Safeguard Children (Department for Education, 2018):

*“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.” [Working Together to Safeguard Children, 2018](#)*

Note, a child under 13 is not legally capable of consenting to sexual activity. Any offence under the Sexual Offences Act 2003 involving a child under 13 is very serious and should be taken to indicate a risk of significant harm to the child.

### WHAT DOES THE TERM ‘VICTIM’ REFER TO?

Where appropriate, this strategy uses the term ‘victim’ to describe children and young people who have experienced child sexual abuse. It is understood not everyone who has experienced child sexual abuse considers themselves to be a victim and may describe themselves using different words. The goal of the strategy is to use clear and consistent language that is easily understood by professionals in different agencies, the general public and the families that we work with.

### WHO DOES THE TERM ‘PERPETRATOR’ REFER TO?

The term ‘perpetrator’ is used here to refer to an individual who has or is believed to have been involved in committing child sexual abuse. It encompasses both those who have been accused or convicted of child sexual abuse and those who have self-identified as having committed child sexual abuse. The term is used for consistency. However, there is awareness of the ongoing debate about the terminology, especially when used to describe children who sexually abuse other children.

### WHO DOES THE TERM PROFESSIONAL REFER TO?

Anyone in a paid or voluntary position of trust working with children and their families.

## PREVALENCE

**The majority of child sexual abuse is hidden; never reported or uncovered by an official agency. The most recent data estimates that 15% of girls and 5% of boys will experience child sexual abuse before the age of 16.**

**Only 1 in 8 will become known to professionals at the time. Children with special educational needs and disabilities are three times more likely to be abused than their peers and additional barriers can sometimes exist when recognising abuse in children with special educational needs and disabilities<sup>5</sup>.**

<sup>5</sup> [Child abuse and neglect in the UK today \(nspcc.org.uk\)](http://nspcc.org.uk)

## More children experience abuse than services are currently aware of

Centre of expertise on child sexual abuse

Child sexual abuse is prevalent in all communities in England and Wales (2019-20)

2,600 children on a **child protection plan** in England under the primary category of sexual abuse

30,460 children assessed **at risk** of sexual abuse in England

87,992 identifiable child sexual abuse **offences** recorded by the police in England and Wales

500,000 children estimated to have **experienced** some form of sexual abuse in 2019\*

References: Department for Education: Characteristics of children in need, 2019 to 2020; Home Office Police Recorded Crime and Outcomes, year ending March 2020, published 20 October 2020. Calculated using single year prevalence estimates by age group (Fletcher et al. 2011, Childhood abuse and neglect in the UK today) and the Office for National Statistics 2019 population estimates. To read the full report - The scale and nature of child sexual abuse: Review of evidence 2021 - visit [www.coecentre.org.uk](http://www.coecentre.org.uk)

15% of girls/  
young women  
5% of boys/  
young men  
are estimated to experience  
some form of sexual abuse  
before the age of 16

### WHAT DO WE MEAN BY CONTEXT?

The typology of child sexual abuse offending seeks to define different types of abuse by focusing on the context in which abuse is committed. This means that we have tried to describe contextual factors around different types of offending by considering four key factors:

Connection between  
the perpetrator(s)  
and the victim

Process involved in  
accessing / maintaining  
access to the victim

Nature of the abuse

Where / how the abuse  
took place

Using this approach, the Centre of Expertise on Child Sexual Abuse has defined 9 different typologies of child sexual abuse offending:

#### 1. Child sexual abuse within the family environment

The sexual abuse of a child or young person by an adult family member, or by an adult who is connected to the family or to one of its members. e.g., *sexual abuse by partner, parent, grandparent, lodger, babysitter, neighbour.*

#### 2. Child sexual abuse through trusted relationships outside the family environment

The sexual abuse of a child or young person by someone who holds a position of authority over them as a result of a professional or vocational role. e.g., *teacher, religious leader, coach, youth clubs, residential settings.*

#### 3. Child sexual abuse through an intermediary

This type focuses on sexual abuse of a child or young person which is carried out by more than one perpetrator; the perpetrator who initiates the abuse (the initiating perpetrator) seeks to gain access to the child, or to images of the child, through another perpetrator (the intermediary perpetrator) e.g., *Child sexual exploitation.*

#### 4. Child sexual abuse through online interaction

Situations where a perpetrator, operating online, encourages/deceives/coerces a child or young person to take part in online sexualised conversations or sexual acts, and/or to produce images (photos or videos) of themselves that they share with the perpetrator online e.g., *via snapchat and other messaging apps.*



## 5. Child sexual abuse through viewing, sharing or possessing images

The viewing of images of child sexual abuse that have already been created. This can include viewing, possessing and sharing images (photos or videos) with others, generally (but not exclusively) online e.g., *searching for or viewing indecent images of children via the dark web or file sharing sites.*

## 6. Child sexual abuse through groups and networks

Child sexual abuse committed by perpetrators who are part of a group or network. This may be a social group, gang or network that meets in person, or a group or network in which members interact online and remain anonymous. The abuse may include contact abuse and/or the creation/sharing of images of child sexual abuse. It is facilitated and encouraged through the perpetrators' membership of the group/network.

## 7. Child sexual abuse arranged and perpetrated for payment

Child sexual abuse of a child or young person by one or more perpetrators where, in return for payment (either financial or other), a perpetrator ('seller') offers other perpetrators ('buyers') access to the child or young person for contact abuse and/or creates and sells images (photos or videos) of abuse.

## 8. Child sexual abuse through a personal connection

A perpetrator who establishes a personal connection with a child or young person and grooms or coerces them into sexual abuse e.g., *connecting with them on social media or asking them to meet up for social purposes.*

## 9. Child sexual abuse through attack by an unknown person

This type of abuse describes situations where a perpetrator, who is unknown to the child or young person, attacks and sexually assaults them.

## HARMFUL SEXUAL BEHAVIOUR

"Sexual behaviours expressed by children and young people under the age of 18 years old that are developmentally inappropriate, may be harmful towards self or others, or abusive towards another child, young people or adult"<sup>6</sup>

Children exhibit a range of common and healthy behaviours at different developmental stages. When a child or young person behaves in ways that are outside of this range, their behaviour may be called "harmful" because it is harmful to themselves or others. Harmful Sexual Behaviour (HSB) describes a continuum of sexual behaviours in children from inappropriate to problematic to abusive.

Some children that exhibit Harmful Sexual Behaviour may be victims themselves of sexual or other forms of abuse and trauma. It is a history of child maltreatment, rather than sexual abuse specifically, that is more strongly associated with later sexual offending.

The partnerships are committed to ensuring that perpetrators of Harmful Sexual Behaviour are considered as victims in their own right and that alongside assessments and strategies to reduce the harmful behaviour, there should be a focus on the underlying causes of the Harmful Sexual Behaviour and the child's individual needs and lived experiences.

There are no accurate figures on the full spectrum of Harmful Sexual Behaviour, however, one UK study found that two-thirds of contact child sexual abuse was perpetrated by other children and young people<sup>7</sup> including sibling sexual abuse and child-on-child sexual abuse. A significant proportion of online-facilitated sex offences are committed by young people, and the frequency of sexually harmful behaviour such as sexist name-calling, receiving unsolicited explicit sexual material and being pressured to send nude pictures means that some children and young people consider the Harmful Sexual Behaviour normal.

<sup>6</sup> Department for Education, (December 2017) 'Sexual violence and sexual harassment between children in schools and colleges'

<sup>7</sup> Hackett, S. (2014) Children and Young People with Harmful Sexual Behaviours





Tackling child-on-child sexual abuse and harassment is a multi-agency effort to address a societal problem.

Ofsted undertook a rapid review of sexual abuse occurring in schools and colleges in England in 2021<sup>8</sup>, and spoke to more than 900 children and young people. It found that for some children, sexual harassment and online sexual abuse are so commonplace that they saw no point in reporting them.

Ofsted also reported that reproductive and sexual health education was felt to be “too little, too late” and was not equipping children and young people with the advice they needed to navigate their lives.

Children and young people worry about how adults will react, and fear not being believed or being blamed; girls especially did not want to talk about sexual abuse for fear of being ostracised by peers or getting them into trouble.

Professionals were found to have consistently underestimated the prevalence of online sexual abuse.

Relationships, Sex and Health Education becoming a statutory part of the curriculum is a key opportunity to develop awareness and prevention of child sexual abuse and harmful sexual behaviour.

### 3. PREVENTION

**Our central aim is to prevent child sexual abuse from occurring in the first place. Over recent years, we have seen steep increases in reporting of child sexual abuse to the police. Over 83,000 child sexual abuse offences (including obscene publications) were recorded by police in the year ending March 2020, an increase of approximately 267% since 2013. Of these, around 58,000 would be considered contact offences, which have increased by 202% in the same period.<sup>9</sup>**

The number of child sexual abuse offenders managed by probation and the police is growing on an annual basis:

ENGLAND - RECORDED SEXUAL OFFENCES AGAINST ADOLESCENTS AGED 11 TO 18					
	2014/15	2015/16	2016/17	2017/18	2018/19
Number of offences	23,222	30,794	35,146	42,796	43,078
Rates of offences	47.0	62.5	73.4	86.2	85.8

[How safe are our children? 2020: an overview of data on abuse of adolescents \(nspcc.org.uk\)](https://www.nspcc.org.uk)

#### There are three stages of prevention:

**PRIMARY PREVENTION**      The extent to which child sexual abuse is prevented before it would otherwise occur

Our priorities are:

- ➔ Ensuring that the HIPS workforce and families have an increased awareness and understanding of child sexual abuse.
- ➔ Exploring ways to support potential offenders by providing resources that will help them avoid acting on thoughts of child sexual abuse.

<sup>8</sup> Ofsted (2021) Review of sexual abuse in schools and colleges. [Review of sexual abuse in schools and colleges - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

<sup>9</sup> [Tackling Child Sexual Abuse Strategy 2021 \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)



- ➔ Ensure that it remains part of the curriculum delivered in schools and community settings so that children and young people understand what child sexual abuse is, understand the meaning of consent and how it should be sought and how they may be targeted.
- ➔ Ensure that healthy and unhealthy relationships (incl. child sexual abuse), consent and sex are part of a wider high-quality relationships and sex education curriculum delivered in schools and community youth settings.
- ➔ Create safer public environments for children and young people. Check regularly on places where young people are known to spend time and ensure they have good lighting and CCTV.
- ➔ Support professionals working with children and young people to develop confidence in talking to children and young people about sex, relationships and consent on a regular basis and create an open and safe environment where these conversations are normalised.

## SECONDARY PREVENTION

### The extent to which child sexual abuse is prevented before it would otherwise occur

Our priorities are:

- ➔ To ensure that more people in the community, including potential offenders, those close to them and professionals, will seek advice and information on avoidance and deterrence.
- ➔ To highlight and signpost to trusted organisations in the sector, focusing on at-risk groups, high-risk online environments, and impactful settings in the local community.
- ➔ Advocate for and run campaigns to tell children, parents and wider family about sexual abuse and where they can find support or information if they are worried
- ➔ To have media campaigns to tell more people about child sexual abuse, ensuring that this is available in a range of languages and mediums and working to reach those who are rarely in touch with or heard by services. This will include making information available at places like libraries and community events, as well as local newspapers, social media and online.

## TERTIARY PREVENTION

### Preventing further child sexual abuse offences by known child sexual abuse offenders and preventing re-victimisation of known victims

Our priorities are:

- ➔ To ensure that agencies work together and share information in a timely way which is key to the effective risk management of child sexual abuse offenders, through processes like Multi-Agency Public Protection Arrangements (MAPPA).
- ➔ To ensure that agencies effectively manage registered sex offenders (RSOs) and the risk they pose to children.
- ➔ To ensure that those who have offended are subject to quality risk assessments and risk management plans to mitigate the threat they pose.
- ➔ To support law enforcement agencies to become more adept at detecting offending and reoffending, including breaches of notification requirements and civil orders.
- ➔ To ensure that the number of civil orders and criminal prosecutions achieved against perpetrators will increase so that future harm is disrupted/prevented.
- ➔ The tools and processes available to law enforcement to effectively manage offenders become more robust and well-evidenced.
- ➔ To make potential offenders aware that they will be caught and face serious consequences if they engage in any form of child sexual abuse, whether it is contact or online sexual abuse.
- ➔ To deter potential offenders from perpetrating abuse with the right intervention at the right time.
- ➔ To ensure strategic support for national and local initiatives to divert people away from offending, through continued investment in these services and clear referral pathways.

## 4. Identification and Assessment

The information in this section is drawn largely from the Centre of Expertise on Child Sexual Abuse 'Signs and Indicators' Template<sup>10</sup>.

As highlighted in the introduction, most children who are being sexually abused do not tell anyone about it at the time; instead, they may show other emotional, behavioural, and physical signs and indicators of their abuse. If professionals wait for children to tell them what is going on before taking any action, there is a risk that children will not be protected and supported in a timely manner.

While tools and resources support the identification of sexual abuse in children, they should be used alongside the voice of the child and what they tell us about their lives. Rather than as a check list with an 'if we reach this level, then the child is being abused' approach. It is important for professionals to keep in mind that a child may be sexually abused and show no outward signs or indicators that abuse is or has taken place. Any disclosure from a child needs to be taken seriously and referred to the appropriate agencies even if there is an absence of supporting indicators of the abuse.

Working Together to Safeguard Children (2018) sets out the expectations that professionals have a child-centred approach to safeguarding which "means keeping the child in focus when making decisions about their lives and working in partnership with them and their families"<sup>11</sup>

### IDENTIFICATION

**There is often no single or combination of indicators that signify that a child is being sexually abused. Signs and indicators of sexual abuse may also be indicative of other forms of harm and abuse a child may be experiencing. Children who are sexually abused often experience co-existing forms of maltreatment, such as neglect, physical abuse and emotional abuse. As a result, signs of sexual abuse are often missed or dismissed, and children who have not told anyone about their abuse continue to be at risk.**

To intervene effectively with sexually abused children, professionals need to be able to 'build a picture' of their concerns – not only the signs and indicators associated with the child themselves, but also the potential indicators of grooming and abusive behaviour by the perpetrator. Additionally, some factors within the child's family, social network and environment may increase opportunities for abuse to occur.

Professionals should remain curious when working with children and families and be prepared to 'think the unthinkable'. They have a responsibility to raise concerns when child sexual abuse is suspected and to seek appropriate support and supervision. The use of evidence-based toolkits and resources, supported by training, can further support practitioners to take the most appropriate action.

It is important that different agencies views are sought when child sexual abuse is recognised and reported, to ensure a robust and triangulated response to the referral.

### THE ON-GOING PROCESS OF IDENTIFICATION

**The findings from research<sup>12</sup> and the Independent Inquiry into Child Sexual Abuse (IICSA<sup>13</sup>) show the gradual approach that abusers take in normalising their behaviours with victims.**

<sup>10</sup> <https://www.csacentre.org.uk/knowledge-in-practice/practice-improvement/signs-indicators-template/>

<sup>11</sup> Paragraph 10 [Working Together to Safeguard Children 2018 \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/68881/working-together-to-safeguard-children-2018.pdf)

<sup>12</sup> M. Erooga, K. Kaufman & J.G. Zatzkin - [Powerful perpetrators, hidden in plain sight: an international analysis of organisational child sexual abuse cases \(childusa.org\)](https://www.childusa.org/publications/powerful-perpetrators-hidden-in-plain-sight-an-international-analysis-of-organisational-child-sexual-abuse-cases)

<sup>13</sup> [IICSA Independent Inquiry into Child Sexual Abuse](https://www.iicsa.org/)



Professionals should remain curious even when tools or resources do not conclude that harm is occurring. They should be vigilant to the possibility that abuse is occurring or that the child, or their family, are being groomed to facilitate abuse taking place. It is essential that professionals make use of supervision and other professional support to reflect on the experiences of a child and the concerns they or others may have.

## DISCLOSURES

**Whilst only 1 in 5 children will disclose sexual abuse when it is happening, some children say that they are trying to disclose their abuse when they show signs or act in ways that they hope adults will notice and react to. This is particularly important for children who face additional barriers to disclosure because of their age, disability, gender, ethnicity and/or sexual orientation.**

Practitioners should be mindful that non-recent sexual abuse can impact on the indicators and behaviours detailed in identification and assessment. Cases of suspected non recent child sexual abuse must be taken seriously by agencies and appropriately reported to those agencies responsible for undertaking investigation.

Partner organisations should ensure that staff are sufficiently trained and confident in creating opportunities and a safe environment for children to disclose, and it is essential that children and their families receive appropriate support following disclosure. All professionals need to follow Working Together to Safeguard Children 2018<sup>14</sup> and ensure that appropriate contacts are made with Children's Services with a view to multi-agency assessment whenever risk of significant harm is identified.

## ASSESSMENT

**Within the context of this strategy, we recognise that there are different levels of assessment carried out by professionals and specialists. The strategy acknowledges that social workers, police, health, youth offending, and specialist third sector groups will all use assessment processes with victims and perpetrators of sexual abuse. Schools and settings have a significant role to play when considering changes in behaviour or demeanour of children. Assessments are most effective when information is shared between agencies to create a complete picture of the child's experiences.**

There are potential statutory responsibilities for health, police, children's social care, youth offending and probation within each case which may require a referral. In addition, multi-agency response is needed for each situation to ensure a needs-led and child-focused response is provided.

Where indicated, Child Protection Specialist CSA Medical Assessments are important not only to collect forensic samples or identify injuries but also to reassure children and their families, to identify unmet health needs (including potential risks of self-harm or suicide), to prevent or look for sexually transmitted infections, and to prevent or identify pregnancy.

Most children who come to the attention of police and social care are not referred for medical examination. The reasons for this are not well understood. Evidence from the limited relevant studies suggests that children are not referred because of professionals' concerns about causing harm through examination, or beliefs that examination is not necessary – particularly where circumstances indicate that forensic evidence is unlikely to be obtained. However, national and local evidence shows that most children reflect on the medical examination as a positive experience. There is evidence the child's experience depends on the clarity of information and advice they received before the examination, how supportive and sensitive practitioners are perceived to be, the examiner's skill and involvement of carers in the process.<sup>15</sup>

<sup>14</sup> Assets.publishing.service.gov.uk 2018. Working Together to Safeguard Children A guide to inter-agency working to safeguard and promote the welfare of children. Available from: [Working Together to Safeguard Children 2018 \(publishing.service.gov.uk\)](https://www.workingtogether.org.uk/working-together-to-safeguard-children-2018) (Accessed 27/08/2022)

<sup>15</sup> Cutland M. The role and scope of medical examinations when there are concerns about child sexual abuse. A scoping review. Centre of Expertise on Child Sexual Abuse; April 2019. Available from: <https://www.csacentre.org.uk/documents/the-role-and-scope-of-medical-examinations-when-there-are-concerns-about-child-sexual-abuse-a-scoping-review/> (Accessed 19th September 2022)



## THE ROLE OF ORGANISATIONAL CULTURE IN PROTECTING CHILDREN AND IDENTIFICATION

Organisational culture has as much of a part to play as training and identification when it comes to protecting children. Research<sup>1617</sup> and case reviews have highlighted that perpetrators have managed to repeatedly abuse different children over a period of time because the culture of the establishment did not support concerns being shared or identified. Therefore, organisations have a responsibility to recognise and overcome potential blocks, barriers, fears, and obstacles to reporting concerns and making referrals.

The responsibility for this is with the leadership of each organisation to create an effective and open learning culture that promotes a safe working environment. HIPS procedures includes guidance for [raising concerns at work](#) and [“Whistleblowing”](#) information. It is stated that it is important for individuals to feel listened to when raising concerns and HIPS promote the values of openness, transparency and candour, ensuring the wellbeing and safety of children and young people is part of the organisational culture.

## 5. Interventions and Support

The LSCPs are committed to ensuring that the culture within organisations and settings support staff to know what interventions and support are available for victims, families and perpetrators.

Safeguarding is everybody’s responsibility and across the HIPS partnership, there are teams of people who are specially trained to respond, prevent reoffending and to support victims. For example, Specialist Child Sexual Abuse Nurses and Doctors, Children and Family Social Workers, Police Child Abuse Investigators. There are also specialist national organisations such as the following:

- ★ [Lucy Faithfull Foundation](#) - Preventing harmful sexual behaviour in children - Stop It Now
- ★ [Internet Watch Foundation](#) - New tool empowers children and young people to stop spread of nude images online | IWF
- ★ [NSPCC](#) - Preventing Child Sexual Abuse & Keeping Children Safe | NSPCC
- ★ [Stop it Now Stop It Now! UK and Ireland](#) | Preventing child sexual abuse
- ★ [Centre of Expertise on child sexual abuse](#) - Home - CSA Centre



<sup>16</sup> <https://www.farrer.co.uk/news-and-insights/developing-and-implementing-a-low-level-concerns-policy-a-guide-for-organisations-which-work-with-children2/>

<sup>17</sup> M. Erooga, K. Kaufman & J.G. Zatzkin - [Powerful perpetrators, hidden in plain sight: an international analysis of organisational child sexual abuse cases \(childusa.org\)](#)





Within this strategy there are specific groups that require consideration in terms of interventions and support:

VICTIMS	FAMILIES
<ul style="list-style-type: none"> <li>▪ Understanding age-appropriate behaviour and safe relationships</li> <li>▪ Education and access to resources</li> <li>▪ Having places of safety</li> <li>▪ Being listened to and believed</li> <li>▪ Support, therapeutic input, and advocacy</li> <li>▪ Have health needs assessed and met</li> </ul>	<ul style="list-style-type: none"> <li>▪ Understand concerns</li> <li>▪ Recognising the impact of sexual abuse on all members of the family</li> <li>▪ Clear voice of the family, including all members</li> <li>▪ Access to interventions and support</li> <li>▪ Clear safety planning</li> </ul>
PERPETRATORS	PRACTITIONERS
<ul style="list-style-type: none"> <li>▪ Recognising behaviours</li> <li>▪ Understanding threat and risk</li> <li>▪ Investigate to safeguard</li> <li>▪ Access to interventions and support</li> <li>▪ Clear safety planning</li> </ul>	<ul style="list-style-type: none"> <li>▪ Recognising indicators and remain curious</li> <li>▪ Recording &amp; referring</li> <li>▪ Right service, right time</li> <li>▪ Awareness of interventions and support</li> <li>▪ Access to training and supervision and support</li> </ul>

Partners will continue to work together to share information and expertise to ensure these four groups receive a high standard of practice that safeguards children from all forms of sexual abuse.

It is known that working with families with child sexual abuse can impact on the wellbeing of practitioners<sup>18</sup>, and the Partnership recognises the need for practitioners to have access to appropriate psychological support.

**INFORMATION ON INTERVENTIONS AND SUPPORT**

The HIPS Child Sexual Abuse toolkit sets out for practitioners the interventions and support that are available for victims, families and perpetrators.

Practitioners can also access resources specifically for their local area from their Local Safeguarding Children Partnership.

<sup>18</sup> [The Impacts of Working with Victims of Sexual Violence: A Rapid Evidence Assessment - Ioana M. Crivatu, Miranda A. H. Horvath, Kristina Massey, 2021 \(sagepub.com\)](#)

## 6. Professional Development

HIPS Partner agencies have agreed to ensure those working with children and families are supported to access professional development in relation to identifying and responding to child sexual abuse. Each LSCP will include multi-agency professional development within their local delivery planning and ensure relevant professional development for those involved in joint assessment, investigation and response. The HIPS Child Sexual Abuse toolkit will, in addition, contain resources and information to support professional development (for example ensuring practitioners are aware of when to consider a Child Protection Specialist CSA Medical Assessments).

As LSCPs we are all committed to ensuring staff can access training about child sexual abuse that is appropriate to their role. We seek to include staff from a wide range of services including those who may work predominantly with parents and carers.

It is the responsibility of each LSCP to ensure (not necessarily deliver) relevant multi-agency professional development is in place and assure the associated performance measures of attendance, evaluation and impact. Agencies remain responsible for the delivery of single-agency professional development.

It is expected as a minimum, each LSCP area will have in place:

- ➔ **Professional development which supports prevention and raising awareness of child sexual abuse, signs and indicators, responding to a disclosure and what to do when you are concerned and the HIPS Child Abuse Strategy and toolkit. This will ensure practitioners understand their responsibilities and the roles and responsibilities of other practitioners.**
- ➔ **Multi-agency training which considers the above in more depth and how multi-agency practitioners work together to respond where there are concerns about child sexual abuse, using the HIPS Child Sexual Abuse toolkit. This will ensure practitioners understand their responsibilities and the roles and responsibilities of other practitioners.**
- ➔ **Multi-agency training considering Harmful Sexual Behaviour, including child-on-child sexual abuse and how to assess risk and needs in relation to the victim and the perpetrator, including agency roles and responsibilities.**





# Appendix 1

There are many people that have been directly or indirectly affected by sexual abuse where it has happened to themselves, family members, friends and people they work with. We want to acknowledge that many of these people may not have ever told anyone or sought support.

Should the contents of this strategy trigger any past or current trauma or difficulty, please talk to someone and seek support.

**Help after rape and sexual assault - NHS [www.nhs.uk](http://www.nhs.uk)**

**National Association for People Abused in Childhood (NAPAC)** is a national charity offering support to adult survivors of all types of childhood abuse, including physical, sexual and emotional abuse and neglect. NAPAC helpline: 0808 801 0331

**Rape Crisis England and Wales** is a national charity and the umbrella body for all Rape Crisis Centres. You can find your nearest Rape Crisis Centre and how to get help if you've experienced rape, child abuse and/or any other kind of sexual violence. You can also find information on advocacy and Independent Sexual Violence Advisor (ISVA) services, counselling and therapeutic services as well as helplines and emotional support.

**National Rape and Sexual Abuse Helpline number** 0808 802 9999 (lines are open 12pm - 2.30pm and 7pm - 9.30pm every day of the year).

**Mind** is a national mental health charity providing advice and support to anyone with a mental health problem. Infoline: 0300 123 3393 (lines are open 9am to 6pm, Monday to Friday (except bank holidays)).

**SurvivorsUK** provides support to adult males who have experienced any form of sexual violence. They provide a web chat and text chat support service and counselling from their London premises. Call 0203 598 3898. Email: [info@survivorsuk.org](mailto:info@survivorsuk.org)

**Samaritans** is available 24 hours a day, every day of the year. Call any time on: 116 123 Email: [jo@samaritans.org](mailto:jo@samaritans.org)

**The Survivors Trust** is a national umbrella agency for specialist rape and sexual abuse support organisations for women, men, young people and children. Support line offering advice, information and support: 08088 010818

**NHS Choices** provides information about local health services, along with health and lifestyle advice.

**Citizens Advice** gives free, confidential information and advice to assist people with money, legal, consumer and other problems.

**1 in 6** is an organisation that supports male victims and survivors.

**ChildLine** - Where children and young people can get help and advice about a wide range of issues, call on 0800 1111, talk to a counsellor online, send Childline an email or post on the message boards.