

Thematic Review Child Sexual Abuse & Children Looked After

Professionals Briefing - Exploring cases of sexual abuse in care experienced children

Safeguarding Partnership Team

2023



Context

The Southampton Safeguarding Children's Partnership (SSCP) received six referrals around child sexual abuse for children who were looked after across 2022 and 2023. Following Rapid Reviews for each referral (A Rapid Review is a multi-agency process which considers the circumstances of a referral and determines if a full Child Safeguarding Practice Review – CSPR is required) the SSCP decided to carry out a reflective session that would explore those cases working in parallel with two cases that met the threshold for a full CSPR, to identify the key themes. The reflective session facilitated by the local authority Principal Social Worker, consisted of a range of practitioners who worked with the children spanding across multiple agencies. There was opportunity to review each of the cases and reflect on what had happened, what the similarities were and identify learning that can be taken forward. This briefing will share the themes identified and highlights considerations for future practice.

Children who are looked after are amoung the most vulnerable in society. (CSACentre.org)

Child Sexual Abuse

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.

Child abuse and neglect in the UK today (nspcc.org.uk)

Definition of Sexual Abuse

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."

Child abuse and neglect in the UK today (nspcc.org.uk)

Themes Identified

- Histories of child protection planning for other types of abuse, neglect, physical and emotional abuse domestic violence and or abuse
- Family narrative given precedence dismissal of allegations by parents/ foster carers
- Significant trauma across the family lack of think family –systemic view in assessment and lack of trauma informed lens on behaviours
- Significant history of domestic violence and abuse and patterns of domestic abuse where there are changes in partners
- Multiple disclosures of abuse across the family network brothers and sisters who have experienced sexual abuse within the family network
- SARC pathway not always followed and health not always invited to strategy meetings
- Complex histories of CSC involvement
- Placement of siblings together
- Risk assessment and child exploitation
- ADHD/ ASD behaviours as resulting from trauma

Considerations for future practice

- Are practitioners relying on children to tell rather than asking?
- Are practitioners afraid of interfering with evidence? Yet we know majority of cases no prosecution.
- Research tells us there is a tendency for children not to report CSA until they are well into adulthood so relying on them to tell us is not helpful.
- Is there a sufficient trauma informed lens being adopted re behaviours?
- Do practitioner have the confidence to think the unthinkable? Could use reflecting teams to work through challenges.
- One stop email address for 'health' to promote MA working.
- All agencies focus on retention to encourage consistency of professionals involved.
- Highlight importance of relational practice developing relationships with children so they have the relationships where they may feel comfortable sharing.

Children's behaviour may be a signal of sexual abuse, even where there is no verbal disclosure. We should not wait for disclosure before intervening when there are other signs that a child has been sexually abused.

- Ensure children and young people are seen outside of their placement.
- Partnership session re strategy meetings and CERAFs and how to make them child focused and meaningful.
- Children and Learning Services to offer of multi-agency reflecting teams for concerned/ stuck professional networks.
- Children and Learning Services offer to partners re systemic practice sessions – develop understanding of systemic approach re familial histories and trauma.
- Communication across agencies.
- Focus on placement stability.
- SARC pathway share knowledge of this across agencies



What will you do differently? What learning will you apply in your role?