

**Child Sexual Abuse**

**in the Family Environment**

*Toolkit*

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# Introduction

This toolkit is aimed at multi-agency practitioners and focuses on child sexual abuse in the family environment. This is also known as intra-familial child sexual abuse. This toolkit also acknowledges that practitioners may wish to inform children and families about sources of information and support and therefore these are included in the [Local support and services](#_bookmark7) and [Further sources of](#_bookmark8) [support and information](#_bookmark8) sections.

It provides information for all agencies to identify and respond to children who are at risk of, or subject to, child sexual abuse in the family environment. The toolkit outlines how agencies can help children if they are beginning to identify concerns and refer children to statutory services within North East Lincolnshire including Children’s Services and Humberside Police. It also outlines the support and services that such children and their parents can access for support and recovery.

This toolkit can be used to support professionals in their work with children and families and to enhance **reflection** and **supervision** between staff, their peers and managers. This is particularly important to support workers to remain tenacious in their approach on those occasions when they suspect (but do not have direct evidence to support) that there is child sexual abuse within the family environment.

The toolkit gives contact details for both local and national support agencies that can be accessed by children and families independently. This is important as research shows that children and young people do not contact statutory services for help and protection. Also, it is dependent upon the point that children are at within their journey in being at risk of, or subject to, child sexual abuse due to their age, gender or wider circumstances as to whether they may tell someone about the sexual abuse and therefore all sources of support should be made available to children, young people and families.

## Research on child sexual abuse in the family environment

Research from the Children’s Commissioner in 2015 suggests that nationally there were 425,000 victims of child sexual abuse in the United Kingdom between 2012 and 2014.

The Children’s Commissioner’s Inquiry gathered the largest and most comprehensive evidence ever of child sexual abuse in England and the report [Protecting children from harm: a critical assessment of child sexual abuse in](https://www.childrenscommissioner.gov.uk/wp-content/uploads/2017/06/Protecting-children-from-harm-executive-summary_0.pdf) [the family network in England and priorities for action (2015)](https://www.childrenscommissioner.gov.uk/wp-content/uploads/2017/06/Protecting-children-from-harm-executive-summary_0.pdf) concluded that:

* from data examined it is likely that only 1 in 8 victims of sexual abuse come to the attention of the police and children’s services. Up to two thirds of all sexual abuse happens in and around the family
* children are sexually abused from a very young age, but most victims do not come to the attention of the police or children’s services until they reach adolescence
* most victims of sexual abuse in the family do not report it until they have the knowledge to recognise abuse and the words to describe it
* a focus of much of the activity has been child sexual abuse which occurs in institutions, and child sexual exploitation which occurs in communities. child sexual abuse which occurs within families has been largely absent from the national conversation
* the violation of trust, the barriers to accessing help, and the impact on the entire family structure, pose particular challenges to policy-makers and practitioners
* the Inquiry calls for the practice of professionals in identifying children who are being sexually abused to be strengthened, children and young people to be equipped with the knowledge to recognise abuse and access help when they are worried, and processes for the investigation of sexual abuse to be improved to minimise their impact on children and maximise their effectiveness

## Key messages

Key messages from [research on intra-familial child sexual abuse by the Centre](https://www.csacentre.org.uk/resources/key-messages/intra-familial-csa/) [of expertise on child sexual abuse (2018)](https://www.csacentre.org.uk/resources/key-messages/intra-familial-csa/) are:

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

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

Where research has recorded the gender of perpetrators of intra-familial CSA, the vast majority have been found to be male, although abuse by women does occur. In around a quarter of cases, the perpetrator is under 18.

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

Much abuse in the family remains undisclosed. Children may fear their abuser, not want their abuser to get into trouble, feel that the abuse was ‘their fault’, and feel responsible for what will happen to their family if they tell. Disabled children and some black, Asian and minority ethnic children face additional barriers.

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

CSA in the family is linked to a range of negative outcomes over the whole of the life course, including poorer physical and mental health, lower income, relationship difficulties and further violence and abuse.

However, not all survivors experience long-term impacts. Much depends on the nature and duration of the abuse, the individual’s coping mechanisms, and the support they receive. Supportive responses from non-abusing carers are particularly important.

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

Both adult survivors and children/young people value services that listen to, believe and respect them; where professionals are trustworthy, authentic, optimistic and encouraging, show care and compassion, facilitate choice, control and safety, and provide advocacy.

It is important to provide support to the whole family, and particularly to non- abusing parents, following abuse.

In 2011, the NSPCC published research that revealed 11% of 18 – 24 year olds had reported they were victims of contact sexual abuse at some point during their childhood.

The same research indicates that over 90% of sexually abused children were abused by someone they knew.

Children with Disabilities are three times more likely to be the victims of sexual abuse [(Sullivan and Knutson 2000)](https://pubmed.ncbi.nlm.nih.gov/11075694/).

It happens to boys, girls and children of all ages from all communities. Most of these children don’t tell anyone or will not get any help until they are adults.

Two-thirds of cases of sexual abuse happen within the direct family and it can be difficult to tell someone about this kind of abuse.

Younger children might not understand that what’s happening to them is abuse or that it’s wrong. Older children might be worried they won’t be believed or scared about what will happen if they tell.

Therefore, it is really important that adults spot the signs of sexual abuse so it can be stopped.

Whether you work with children or are a parent, the following information has been put together to help you:

* prevent children being sexually abused,
* recognise the signs when sexual abuse might be happening, and
* stop child sexual abuse.

It also provides links to resources and support for those affected by child sexual abuse.

### When children are not helped, the consequences of the abuse can be long-term and severe, including the inability to build healthy relationships, poor mental health and physical illness.

Relatively new and emerging evidence in relation to child neglect so far indicates connections to other forms of harm and children’s vulnerability to adult perpetrated intra-familial child sexual abuse, child sexual exploitation and harmful sexual behaviours in children and young people. This research identifies ‘connections rather than causality’ and may help practitioners understand how neglect influences children’s vulnerability to other forms of harm. Further information can be found at [Child neglect and its relationship to other forms of harm - responding effectively to children’s needs: Evidence Scopes | Research in Practice](https://www.researchinpractice.org.uk/children/publications/2016/november/child-neglect-and-its-relationship-to-other-forms-of-harm-responding-effectively-to-children-s-needs-evidence-scopes/)

# Definition

## Child sexual abuse

Throughout this toolkit, where the term child sexual abuse is used, it refers to all forms of child sexual abuse that would fall under the statutory definition:

*‘Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or*

*non- penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.’*

[Working](https://www.gov.uk/government/publications/working-together-to-safeguard-children--2) Together to Safeguard Children – Department of Education 2023

## Child sexual abuse in the family environment

This toolkit uses the definition of child sexual abuse in the family environment as follows:

*Child Sexual Abuse in the Family Environment is defined as sexual abuse perpetrated or facilitated in or out of the home, against a child under the age of 18, by a family member, or someone otherwise linked to the family context or environment, whether or not they are a family member. Within this definition, perpetrators may be close to the victim (e.g. father, uncle, stepfather), or less familiar (e.g. family friend, babysitter). Perpetrators can also be female, such as mother, auntie and stepmother.*

[Guidance for joint targeted area inspections on the theme: child sexual abuse](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/936258/Joint_targeted_area_inspection_child_sexual_abuse_in_family_environment_081018_a.pdf) [in the family environment, Ofsted (2018)](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/936258/Joint_targeted_area_inspection_child_sexual_abuse_in_family_environment_081018_a.pdf)

This understanding is in line with Crown Prosecution Service guidelines on the Sexual Offences Act 2003, which state:

*These offences reflect the modern family unit and take account of situations where someone is living within the same household as a child and assuming a position of trust or authority over that child, as well as relationships defined by blood ties, adoption, fostering, marriage or living together as partners.* Crown Prosecution Service, (2013)

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

[Key messages from research on intra-familial child sexual abuse, Centre of](https://www.csacentre.org.uk/resources/key-messages/intra-familial-csa/) [expertise on child sexual abuse, (2018)](https://www.csacentre.org.uk/resources/key-messages/intra-familial-csa/)

# Vulnerabilities

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| **Vulnerabilities** | **Research evidence** |
| Age | UK evidence does tell us that, for a significant percentage of victims, child sexual abuse in the family environment begins before the age of nine. Most, however, are not identified by authorities until the age of 12 or older. Girls may experience child sexual abuse in the family environment at younger ages than boys. |
| Gender | All of the research evidence in the UK on prevalence (abuse ever experienced) and incidence (abuse experienced recently) reports higher rates of child sexual abuse among girls than boys.  Boys do experience child sexual abuse, however, and may face particular challenges to reporting abuse. Moreover, boys are less likely to be identified by practitioners for a range of reasons. All practitioners should remain alive to the particular needs and challenges of boys in terms of supporting them to speak about their abuse. |
| Physical and learning impairments | Risk of child sexual abuse for disabled children is three to four times higher than for non-disabled children.  Disabled children face particular barriers to reporting their abuse and have been found to be less likely to report and more likely to delay help-seeking than children without impairments. |
| Single parents and step families | Several reviews find that a single parent family context is a risk.  This may partly be due to sex offender strategies which target economic or emotional vulnerability in single parents (often women). It may also be due to the more limited capacity single parents may have to spend time with their children if they combine work with childcare.  Supporting single parents both emotionally and practically can strengthen protective contexts around children. |

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| **Vulnerabilities** | **Research evidence** |
|  | Risk of child sexual abuse to children may be higher with stepfathers or parents’ partners than biological fathers.  Potential explanations suggest that where there is less commitment to the parenting role, the risk of abuse may be higher. This by no means suggests that stepparents generally pose a danger to children but does suggest attention to family contexts and relationships as a source of risk or protection. |
| A parent, particularly a mother, also reporting experiences of Child Sexual Abuse | A parent who has experienced child sexual abuse in childhood and who has unresolved mental health and wellbeing issues related to past trauma may have reduced parenting capacity as a result. This may impact on their relationship with their child and/or their ability to recognise possible abuse.  Supporting a parent who has experienced child sexual abuse in childhood to access appropriate therapeutic support may be one way of increasing protective context for children. |
| Unavailability of mother due to employment outside the home, disability or illness | A mother’s unavailability may leave children isolated and/or on their own, inadvertently providing potential offenders with greater access.  Supporting mothers and wider family networks to strengthen supervisory and emotional support may help to increase the protective environment around the child. |
| Parental neglect | Children who are neglected may be more accessible to potential offenders as a result of supervisory neglect.  Neglected children may seek out love and affection elsewhere and therefore be more vulnerable to the attention of others.  Supporting parents to increase their capacity to parent may improve the protective context around the child. |
| Quality of parent-  child relationship (particularly | A child or young person may spend more time away from  their parent/home, meaning they become more accessible to potential offenders outside the home. |

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| **Vulnerabilities** | **Research evidence** |
| mother-daughter relationship) | The poor relationship may affect their mental wellbeing and they may seek attention elsewhere.  The parent may be unable to adequately communicate with their child and thereby protect them.  Working with families to enhance parent-child relationships will support the development of a protective context around the child. |
| Low parenting satisfaction and parents of sexually victimised children report being less satisfied with parenting than parents of children who were not sexually victimised | Low satisfaction with parenting may manifest in a reduced capacity to respond sensitively to a child, thus disrupting or diminishing the attachment a child makes to a parent/carer. Where this is the case, children may feel more isolated, increasing vulnerability to offenders. A poor relationship may impact on their self-esteem, increasing their vulnerability to grooming strategies.  Supporting parents to increase their parenting capacities/abilities may help to increase the protective context around the child. |
| Family poverty | Internationally, research documents a strong association between families’ socio-economic status and the chances that their children will experience child abuse and neglect. The greater the economic hardship, the greater the likelihood and severity of abuse.  Poverty is neither a necessary nor sufficient factor. Many children who are not from families in poverty will experience abuse and most children living in poverty will not.  Direct and indirect effects of material hardship can interact with other factors to increase or reduce the chances of abuse. These interactions are complex and often circular. For example, poverty increases the risk of mental ill-health and mental ill-health increases the likelihood of poverty. |

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| **Vulnerabilities** | | **Research evidence** | |
|  | Evidence suggests that individual practitioners and child protection systems currently pay insufficient direct attention  to the role of poverty in child abuse. | |
| Dangerous/violent communities | Dangerous and violent communities have been linked to child sexual victimisation. It may be that this context is associated with family poverty and that poverty is the more important risk factor (i.e. that living in dangerous communities is a by-product of family poverty). Support to children and families that targets their practical and economic needs may help to increase the protective context of the child. | |
| Low self-esteem and/or low self- confidence in children | Sex offenders may seek out children with low self-esteem or self-confidence because they believe these children are less likely to tell. Where children do not have their emotional needs met they may be more responsive to grooming strategies by would-be abusers. | |
| Children who are overly trusting of others | Sex offenders report that they seek out children who are overly trusting in order to groom and manipulate them more easily. | |
| Families with ‘observable’ problems | While ‘families with problems’ are not often well defined in these studies, research shows would-be offenders targeting families where there has been some breakdown; and targeting single mothers who may be economically stressed and isolated | |

**Indicators and signs**

## Defining ‘indicators’

Indicators of child sexual abuse suggest a child is experiencing (or has experienced) actual child sexual abuse.

However, like vulnerabilities factors:

* not all indicators of child sexual abuse are distinctive to child sexual abuse alone and may signal other problems
* a child displaying these signs has not necessarily been sexually abused
* most cases of child abuse are not identified based on a single indicator but rather on clusters of indicators

The absence of indicators does not exclude the possibility that abuse is occurring.

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| **Physical Indicators** |
| * Genital pain/soreness * Genital/rectal bleeding or discharge * Enuresis (wetting the bed at night) * Particular types of sexually transmitted infections may be indicators of sexual abuse (for example, Hepatitis B, anogenital warts; gonorrhoea, chlamydia, syphilis, genital herpes, hepatitis C, HIV or trichomonas infection) * Pregnancy, especially when the identity of the father is concealed; the child is 13 and under; and if there is concern that a child has been sexually exploited.   Physical indicators may be a sign of other medical conditions and not necessarily child sexual abuse. Alternative explanations should be pursued as well as consideration of child sexual abuse where the physical indicators may have no alternative medical explanation, or they are outside of ‘normal’ developmental stages.  The evidence base on physical signs of child sexual abuse is limited, partly because of the problems involved in conducting research in this area.  Observable signs are relatively uncommon; this might be explained by the timing of examinations in relation to the abuse (NICE, 2009). Where physical signs might be present, they are unlikely to be easily observable by social workers or other support practitioners.  Signs of discomfort, however, may suggest there are possible medical problems to be assessed. Discomfort may cause the child to limp, perform poorly at sport, drop out of strenuous play activities or even have difficulty sitting still. Information from other partner agencies such as health, including sexual health, will be beneficial in building a picture.  The views of both children and parents would be important in determining whether there are any particular unexplained injuries or discomfort. |
| **Demeanours and behavioural indicators** |
| The indicators listed below are identified in the literature as being potential impacts of child sexual abuse. Other demeanours and behaviours not listed here may also indicate child sexual abuse. Demeanours and behaviours may not be related to child sexual abuse at all. These must be considered  in relation to other information to hand. |

* + Indirect or non-verbal help-seeking. It may not immediately be recognised that a child is trying to tell someone what has happened. A child may say something like “I don’t like going to grandad’s house” or “I know a girl who…”
  + Fearfulness, where there are no other evident explanations
  + Becoming withdrawn/withdrawing communication, particularly where this is a significant change from prior personality/behaviour
  + Low self-esteem
  + Internalising behaviours (this includes a number of internal stresses such as anxiety and depression)
  + Externalising behaviours (these represent interpersonal conflict such as aggression, oppositional behaviour and other ‘anti-social’ behaviours)
  + Nightmares
  + Extreme distress
  + Sudden and unexplained behavioural or emotional change
  + Sleep problems, in the absence of alternative explanations
  + Concentration problems
  + Sexual curiosity and knowledge (outside of developmentally appropriate standards). This might include persistent and inappropriate sexual play with peers, toys, animals or themselves; sexual themes in a child’s artwork, stories or play
  + Repeated and coercive sexualised behaviours, particularly in boys
  + Dissociation in the absence of a known traumatic event unrelated to abuse; dissociation is a transient state in which the child becomes detached from current, conscious interaction and this detachment is not under voluntary control. A child may appear disconnected or focused on fantasy worlds
  + Non-suicidal self-injury (self-harm which includes cutting, scratching, picking, biting, tearing skin, pulling out hair or eyelashes and taking prescribed medications at higher than therapeutic doses)
  + Suicidal ideation/attempts
  + Hypervigilance, which involves being in a constant state of arousal. A child may appear tense, ‘on edge’ and may demonstrate hostility, especially if they feel threatened
  + School adaptation may be suffering (for example, arriving late at school or leaving early; non-participation in school activities or performance is falling)
  + Poor or deteriorating relationships with peers
  + Substance abuse
  + Experiencing child sexual exploitation; the evidence suggests that prior child sexual abuse may be a risk factor for child sexual abuse. If a child you are working with has experienced child sexual exploitation, you may wish to consider

prior childhood experiences

# Protective Factors

A protective factor is a characteristic associated with a lower likelihood of experiencing child sexual abuse in the family environment or which reduces the level of risk a particular risk factor presents on child sexual abuse in the family environment. The existence of a protective factor does not rule out that abuse has taken place.

Protective factors can be targeted and strengthened in direct work with children and families.

## Child protective factors

* Good health, history of adequate development
* Above-average intelligence
* Hobbies and interests
* Good peer relationships
* Positive school experiences: academic, sporting or friendship-related
* Good and mutually trusting relationships with teachers
* Development of skills, opportunities for development and mastery of tasks
* Positive disposition
* Active coping style
* Positive self-esteem
* Good social skills
* Internal locus of control (a belief that one can control their own life)
* Balance between help-seeking and autonomy

## Parental/family protective factors

* Secure attachment; positive and warm parent-child relationship
* Supportive family environment
* Household rules/structure; parental monitoring of child
* Extended family support and involvement, including caregiving help
* Stable relationship with parents
* Parents have good coping skills
* Family expectations of pro-social behaviour
* Higher levels of parental education

## Social/environmental protective factors

* Adequate parental income
* Social support for mothers; particularly around birth to ease perinatal stress
* General social support through links with other parents, local community networks and faith groups
* Access to healthcare and social services
* Consistent parental employment
* Adequate housing
* Good schools

# Local policies and procedures

For more information on local policies and procedures in relation to helping and protecting children see:

* [Helping, Supporting and Protecting Children and Families in North East Lincolnshire Threshold Document 24/2028 (PDF, 609KB)](https://safernel.co.uk/wp-content/uploads/2024/08/NEL-Threshold-Document-2024-28-FINAL-refresh-July-2024.pdf)
* [Local-Protocol-for-Assessment-and-Support.pdf](https://safernel.co.uk/wp-content/uploads/2024/09/Local-Protocol-for-Assessment-and-Support.pdf)
* [Child Sexual Abuse (trixonline.co.uk)](https://nelincsscp.trixonline.co.uk/chapter/child-sexual-abuse?search=sexual%20abuse)

# Resources and practical tools

## Responding when a child speaks out about being abused

Children are clear about what they need from an effective safeguarding system. These needs from children should guide the behaviour of practitioners.

Children have said that they need

* vigilance: to have adults notice when things are troubling them
* understanding and action: to understand what is happening; to be heard and understood; and to have that understanding acted upon
* stability: to be able to develop an ongoing stable relationship of trust with those helping them
* respect: to be treated with the expectation that they are competent rather than not
* information and engagement: to be informed about and involved in procedures, decisions, concerns and plans
* explanation: to be informed of the outcome of assessments and decisions and reasons when their views have not met with a positive response
* support: to be provided with support in their own right as well as a member of their family
* advocacy: to be provided with advocacy to assist them in putting forward their views
* protection: to be protected against all forms of abuse and discrimination and the right to special protection and help if a refugee

Anyone working with children should see and speak to the child; listen to what they say; take their views seriously; and work with them and their families collaboratively when deciding how to support their needs. [Working together to safeguard children 2023: statutory guidance (publishing.service.gov.uk)](https://assets.publishing.service.gov.uk/media/669e7501ab418ab055592a7b/Working_together_to_safeguard_children_2023.pdf) P12

A timely and child centred response is central to a child’s ongoing safety and recovery and to the child and family receiving the help and protection that they need.

#### Listen

* Give the child your full attention in a suitable space free of distractions
* Be calm, patient and reassuring - allow them to be heard
* Let the child take their time, go at their own pace and use their own words
* Do not ask questions that may imply the child is at fault (for example, why didn’t you say something sooner?”)
* Do not ask leading questions (questions which imply or contain their own answer). This could be prejudicial and contaminate criminal evidence

#### Reassure

* Tell the child they did a good/right thing in telling you what has been happening
* Tell them that you are treating the information seriously
* Reassure them that they are not at fault

#### Respect

* Do not make promises you cannot keep - manage their expectations
* Acknowledge their courage, how frightened that may feel and strength in telling
* Tell them what you plan to do next
* Explain that in order for them to be safe you will need to report their experience to someone else and explain who this is and why
* Do not confront the alleged perpetrator

Document the conversation as soon as possible using the child’s exact words and report according to your organisation’s guidance immediately. Ensure that you follow the local policies and procedures as outlined in the section above.

## Child sexual abuse in the family environment - vulnerability template

This template can be used to supplement an assessment or review process across the child safeguarding pathway including early help, child in need and child protection.

|  |  |
| --- | --- |
| Child’s Name/ID |  |
| **Domains** | **Evidence** |
| Vulnerability factors as listed above |  |
| Indicators and signs as listed above |  |
| Protective factors as listed above |  |
| Analysis - this should take into account vulnerabilities, indicators and signs and protective factors |  |
| Recommendations - possible interventions to minimise vulnerabilities and strengthen protection |  |

## Centre of Expertise in Child Sexual Abuse: Practice Resources

### Signs and indictors template

Although children find it very difficult to speak about the harm they are experiencing they may show other emotional, behavioural and physical signs of their abuse. It is vital that professionals have the knowledge, skills and confidence to recognise when children might be showing them that something is wrong, as well as the potential indicators of sexually abusive behaviour in those who may be abusing them. In addition, there are some factors within the family or environment which can increase opportunities for abuse to occur, understanding what these are will enable professionals to reduce risks and build strengths when we are concerned.

The CSA Centre’s [Signs and Indicators Template](https://www.csacentre.org.uk/knowledge-in-practice/practice-improvement/signs-indicators-template/) helps professionals to gather the wider signs and indicators of sexual abuse and build a picture of their concerns. Professionals are able to note what they have observed directly into the template, using practical evidence-based guidance. The template is designed to provide a common language amongst professionals to discuss, record and share concerns that a child is being, or has been sexually abused

### Communicating with children: A guide for those working with children who have or may have been sexually abused

Research and practice show that it can take years for a child to get to the point where they feel able to tell someone about their experiences. It’s vital that anyone who works with children knows how to recognise what is happening and understands how to help the child to have that conversation. This guide brings together research, professional guidance and expert input from professionals and victims/survivors of abuse to guide conversations and safeguarding of children.

CSA Centre: [Communicating with children guide](https://www.csacentre.org.uk/knowledge-in-practice/practice-improvement/communicating-with-children-guide/)

### Supporting parents and carers: Guide for professionals working with families affected by sexual abuse

For parents and carers, discovering that their child may have been sexually abused is one of the most devastating events they can experience. This guide helps professionals provide a confident, supportive response when concerns about the sexual abuse of a parent or carer’s child have been raised or identified.

CSA Centre: [Supporting parents and carers guide](https://www.csacentre.org.uk/knowledge-in-practice/practice-improvement/supporting-parents-and-carers-guide/)

Further information and guidance is available on the [CSA Centre website](https://www.csacentre.org.uk/knowledge-in-practice/practice-improvement/signs-indicators-template/).

## NSPCC Talk PANTS campaign

The NSPCC has a range of resources for children, parents, teachers and professionals working with children to talk to children about the underwear rule and how to talk to people if they have concerns about child sexual abuse. The resources are tailored to the differing age ranges of children to help them to understand and include posters, video clips, downloadable booklets and colouring pages.

For more information, visit the [NSPCC website.](https://www.nspcc.org.uk/keeping-children-safe/support-for-parents/pants-underwear-rule/)

## NSPCC harmful sexual behaviours framework and audit tool (Hackett continuum)

This framework provides an evidence-informed tool for developing coordinated, multi-agency local responses to children and young people’s harmful sexual behaviour.

Included within the framework is the Hackett Continuum which helps professionals identify the range of sexual behaviours presented by children and young people, from those that are normal, to those that are inappropriate.

[Harmful sexual behaviour framework | NSPCC Learning](https://learning.nspcc.org.uk/research-resources/2019/harmful-sexual-behaviour-framework)

## Grooming

Grooming is when someone builds an emotional connection with a child to gain their trust for the purposes of sexual abuse or exploitation.

Children and young people can be groomed online or in the real world, by a stranger or by someone they know.

Groomers may be male or female. They could be any age.

Many children and young people don’t understand that they have been groomed, or that what has happened is abuse.

Groomers will hide their true intentions and may spend a long time gaining a child’s trust.

They may also try to gain the trust of the whole family so they can be alone with the child.

Groomers do this by:

* pretending to be someone they are not, for example saying they are the same age online
* offering advice or understanding
* buying gifts
* giving the child attention
* using their professional position or reputation
* taking them on trips, outings or holidays.

For more information on what grooming is, signs and how to protect children, see the [NSPCC webpage on grooming](https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/grooming/).

## Harmful sexual behaviour by children within the family environment

Within North East Lincolnshire there is an AIM Pathway Panel underpinned by a range of HSB trained multi-agency practitioners. This panel facilitates specialist assessment and intervention for children who display serious and concerning harmful sexual behaviour..

## AIM3 assessment and Good Lives intervention model

The HSB trained multi-agency practitioners use the Assessment Intervention Moving on (AIM3) assessment framework that is based on five domains:

* Harmful sexual behaviours
* Non-sexual behaviours
* Development
* Family and environment
* Self-regulation

The ‘Good Lives’ intervention model is used by trained practitioners. This is a holistic strengths-based approach to meeting children’s needs and reducing the risk of further sexually harmful behaviour.

# Local support and services

#### North East Lincolnshire Children’s Services

If a child is at risk of significant harm, you should contact our Integrated Front Door Service (IFD) to make a referral, call 01472 (option 2, option 2): or for emergencies only, Emergency Duty Team on 01472 326292 (option 2).

#### North East Lincolnshire AIM Pathway Panel

Children who have displayed, or are likely to display, harmful sexual behaviour resulting in significant harm and require specialist assessment or intervention can be referred to the AIM Pathway Panel. Children must be open cases to

Children’s Services or the Youth Justice Partnership. Referrals can be made via discussion with the panel Chair, contactable at [hsb@nelincs.gov.uk](mailto:hsb@nelincs.gov.uk).

Other agencies are required to contact the Integrated Front Door and make a referral if there are concerns that a child is at risk of significant harm and/or has caused significant harm to another child through harmful sexual behaviour.

#### The Blue Door

The Blue Door is a specialist service who provide support to anyone that has experienced domestic abuse and sexual violence in North and North East Lincolnshire and those who have experienced rape and serious sexual offences in Hull and the East Riding of Yorkshire through a variety of advocacy, outreach workers, groups and programmes. The Independent Sexual Violence Advisers (ISVA) services can be contacted through the helpline.

Office Telephone: 01724 841947

Helpline: 0800 197 47 87

Further information and referral forms are available from [The Blue Door’s](https://www.thebluedoor.org/how-do-i-make-a-referral/) [website](https://www.thebluedoor.org/how-do-i-make-a-referral/)

#### Services and support for adults

Supporting parents to address their own needs, increase their parenting capacity and enhance the parent-child relationship is likely to increase the protective context around children. Some of the services available to adults within North East Lincolnshire include:

#### Improving Access to Psychological Therapies

NHS North East Lincs Talking Therapies

An open access self-referral service offering psychological therapy to individuals aged 16 and up who are experiencing mild to moderate symptoms of anxiety or depression. Therapy can be offered to individuals experiencing domestic abuse however this would be considered on a case-by-case basis taking into account the impact ongoing domestic abuse on the therapeutic process. A range of evidence based talking therapy interventions are offered in line with National Institute for health and Clinical Excellence (NICE) guidelines. Cognitive Behaviour Therapy is the main treatment modality offered, however Counselling for Depression, Interpersonal Psychotherapy, and Eye Movement Desensitisation and Reprocessing (EMDR) as an additional trauma focussed intervention are offered. [https://navigocare.co.uk/NHSTalkingTherapies](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fnavigocare.co.uk%2FNHSTalkingTherapies&data=05%7C02%7CHelen.Willis%40Nelincs.gov.uk%7Cf5b2682b715044965e2d08dce12f2666%7C2000653ac2c64009ac5a2455bfbfb61d%7C0%7C0%7C638632841116878494%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=T1UKYJtgAbP438QDmKBYAp%2F31EBbLVKI%2BdG9Q08Epa8%3D&reserved=0)

* For urgent help, call the Single Point of Access on (01472) 256256 and select option three to get in touch with our crisis team. They are available 24 hours a day, 7 days a week.
* People can also 'walk in' to Harrison House on Peaks Lane in Grimsby.
* Where the person is in immediate physical danger or have a medical emergency, call 999 now.
* Navigo has also teamed up with Shout 85258 to provide [specialist mental health text support for North East Lincolnshire](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fnavigocare.co.uk%2FTextSupport&data=05%7C02%7CHelen.Willis%40Nelincs.gov.uk%7C11a5dda0a94d45e04c5008dce2e0c57d%7C2000653ac2c64009ac5a2455bfbfb61d%7C0%7C0%7C638634703303527341%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=r83wtu9a4006G9rUmDNeWWc7t9wZIz%2FALGpoY8Z4jus%3D&reserved=0). Just text ORANGE to 85258. This is also a 24/7 service. Please note: this service is run by Shout and not by the Navigo crisis team.

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# Further sources of support and information

#### Centre of Expertise on Child Sexual Abuse

The Centre of Expertise on Child Sexual Abuse (also known as the CSA Centre) has a range of resources, blogs and guidance on child sexual abuse.

[www.csacentre.org.uk](http://www.csacentre.org.uk/)

Key resources include:

* + [The myth of 'absolute knowing': when is the evidence enough? article](https://www.csacentre.org.uk/resources/blog/the-myth-of-absolute-knowing/)
  + [Don't wait for them to tell us: recognising and responding to signs of child sexual abuse article](https://www.csacentre.org.uk/resources/blog/disclosures-csa/)
  + [Learning lessons on intra-familial child sexual abuse article](https://www.csacentre.org.uk/resources/blog/learning-lessons-on-intra-familial-child-sexual-abuse/)
  + [What the new ONS child abuse compendium tells us article](https://www.csacentre.org.uk/resources/blog/what-the-new-ons-child-abuse-compendium-tells-us/)
  + [Sibling Sexual Abuse guidance](https://www.csacentre.org.uk/knowledge-in-practice/practice-improvement/sibling-sexual-abuse/)
  + [Key messages from research on children and young people who display harmful sexual behaviour](https://www.csacentre.org.uk/resources/key-messages/harmful-sexual-behaviour/)
  + [Signs & Indicators Template](https://www.csacentre.org.uk/knowledge-in-practice/practice-improvement/signs-indicators-template/)

#### Childline

The trained helpline counsellors at Childline are there to talk through any worries with children. They will not judge and are not easily shocked. Instead, they listen to children and help them talk through their options.

0800 1111

[www.childline.org.uk](http://www.childline.org.uk/)

#### Lucy Faithfull Foundation

The Lucy Faithfull Foundation Campaign Stop it Now! provides help and support, including a helpline for:

* adults worried about the behaviour of other adults or children and young people
* those worried about their own sexual thoughts or behaviour towards children, including those with concerns about their online behaviour
* friends and relatives of people arrested for sexual offending, including internet offending
* any other adult with a concern about child sexual abuse – including survivors and professionals.

0808 1000 900

[www.stopitnow.org.uk](http://www.stopitnow.org.uk/)

#### Parents Protect

Created by the child sexual abuse prevention campaign, Stop it Now!, this website aims to raise awareness and prevent Child Sexual Abuse. The website has a variety of videos and resources for parents and carers.

[www.parentsprotect.co.uk](http://www.parentsprotect.co.uk/)

#### NSPCC

You can contact the NSPCC if you are worried about the safety or welfare of a child. Their trained helpline counsellors are ready to offer expert help, advice and support 24/7.

They can also take action on your behalf if you are concerned that a child is being abused or is at risk of abuse.

It’s free to contact them and you do not have to say who you are.

0808 800 5000 24 hours a day

Text: 88858 [help@nspcc.org.uk](mailto:help@nspcc.org.uk) [www.nspcc.org.uk](http://www.nspcc.org.uk/)

#### Child Sex Offender Disclosure Scheme - Sarah’s Law

The scheme enables parents, guardians and third parties to enquire whether a person who has access to a child is a registered sex offender or poses a risk to that child.

Although each case will be considered separately, (in consultation with partner agencies) disclosure will only be made to those people who are in a position to best protect or safeguard a child.

Anyone can make an application for disclosure about someone who has contact with a child under this scheme. The person they are enquiring about doesn't need to live in the Humberside policing area.

You just need to dial 101 and explain that you wish to make an application.

Further information on the scheme can be found on the [Humberside Police](https://www.humberside.police.uk/rqo/request/ri/request-information/sarahs-law/information/v1/sarahs-law-child-sex-offender-disclosure-scheme/) [website.](https://www.humberside.police.uk/child-sex-offender-disclosure-sarahs-law)

#### MOSAC

Provides support for non-abusing parents and carers whose children have been sexually abused.

0800 980 1958

[www.mosac.org.uk](http://www.mosac.org.uk/)

#### Survivors UK

Provides information, support and counselling for men who have been raped or sexually abused.

0845 122 1201 (see website for opening hours as they may vary) [www.survivorsuk.org](http://www.survivorsuk.org/)

#### NAPAC

Supports survivors of childhood abuse, and supporters of survivors. The helpline is open Monday to Thursday, 10am to 9pm and Friday 10am to 6pm.

0808 801 0331

[www.napac.org.uk](https://napac.org.uk/)

#### CEOP/ Thinkuknow

This website is managed by the police and offers a place to report concerns about online activities but also offers help and advice to children and parents about safe internet use.

[www.ceop.police.uk](http://www.ceop.police.uk/) [www.thinkuknow.co.uk](http://www.thinkuknow.co.uk/)

#### UK Safer Internet Centre

A parents’ guide to the technology that children use, highlighting the safety tools available and empowering parents to support their children to use these technologies safely and responsibly.

[www.saferinternet.org.uk](https://www.saferinternet.org.uk/advice-centre/parents-and-carers/parents-guide-technology)

**Further reading**

* [The multi-agency response to child sexual abuse in the family environment (2020) Ofsted](https://www.gov.uk/government/publications/the-multi-agency-response-to-child-sexual-abuse-in-the-family-environment)
* [Key messages from research on intra-familial child sexual abuse (2018) Centre of expertise on child sexual abuse](https://www.csacentre.org.uk/resources/key-messages/intra-familial-csa/)
* The ‘Key messages from research’ papers aim to provide succinct, relevant information for frontline practitioners and commissioners. They bring together the most up-to-date research into an accessible overview, supporting confident provision of the best possible responses to child sexual abuse
* [Intra-familial child sexual abuse: Risk factors, indicators and protective factors (2018) Research in Practice](https://www.researchinpractice.org.uk/children/publications/2018/april/intra-familial-child-sexual-abuse-risk-factors-indicators-and-protective-factors-practice-tool-2018/)
* [Sexual violence and sexual harassment between children in schools and colleges (2018) Department for Education](https://www.gov.uk/government/publications/sexual-violence-and-sexual-harassment-between-children-in-schools-and-colleges)
* [Child’s Play? Preventing abuse amongst children and young people, Stop it Now](https://www.stopitnow.org.uk/wp-content/uploads/2020/01/stop_booklets_childs_play_preventing_abuse_among_children_and_young_people01_14.pdf)
* [The impact of child sexual abuse: A rapid evidence assessment (2017) Independent Inquiry into Child Sexual Abuse (IICSA)](https://www.iicsa.org.uk/publications/research/impacts-csa)
* [Investigating Child Sexual Abuse (2017) Children’s Commissioner](https://www.childrenscommissioner.gov.uk/wp-content/uploads/2017/06/Investigating-Child-Sexual-Abuse-CCO-April-2017-1.2-1.pdf)
* [Preventing child sexual abuse: the role of schools (2017) Children’s Commissioner](https://www.childrenscommissioner.gov.uk/report/preventing-child-sexual-abuse-2/)
* [Making Noise: Children’s voices for positive change after sexual abuse (2017) Children’s Commissioner](https://www.beds.ac.uk/ic/recently-completed-projects/making-noise)
* [Child neglect and its relationship to other forms of harm – responding](https://www.researchinpractice.org.uk/children/publications/2016/november/child-neglect-and-its-relationship-to-other-forms-of-harm-responding-effectively-to-children-s-needs-evidence-scopes/)

[effectively to children’s needs: Executive Summary (2017) edited by Steve](https://www.researchinpractice.org.uk/children/publications/2016/november/child-neglect-and-its-relationship-to-other-forms-of-harm-responding-effectively-to-children-s-needs-evidence-scopes/) [Flood and Dez Holmes, Research in Practice, NSPCC, Action for Children](https://www.researchinpractice.org.uk/children/publications/2016/november/child-neglect-and-its-relationship-to-other-forms-of-harm-responding-effectively-to-children-s-needs-evidence-scopes/)

* [Journey to Justice: Prioritising the wellbeing of children involved in criminal justice processes relating to sexual exploitation and abuse (2017)](https://www.barnardos.org.uk/sites/default/files/uploads/journey-to-justice-full.pdf)

[Barnardo’s](https://www.barnardos.org.uk/sites/default/files/uploads/journey-to-justice-full.pdf)

[Improving the response to child sexual abuse in England (2016) Barnahus](https://dera.ioe.ac.uk/27972/1/Barnahus%20-%20Improving%20the%20response%20to%20child%20sexual%20abuse%20in%20England.pdf)

* [Protecting children from harm: A critical assessment of child sexual abuse in the family network in England and priorities for action (2015) Children’s Commissioner](https://www.childrenscommissioner.gov.uk/report/protecting-children-from-harm/)