Children and Families Service

Title	Child Sexual Abuse: Working with the Risk of Intra-Familial Sexual Abuse Practice Guidance
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Equality and Diversity: Hackney is committed to promoting equality and diversity in all its activities to promote inclusive processes, practices and culture. This policy was updated to ensure that it caters to cultural differences and contains gender neutral language and is inclusive of our LGBTQIA+ children and young people.

Children and Education Directorate Anti-Racism Position Statement: Hackney's Children and Education Directorate is committed to eradicating systemic racism, discrimination, injustice, and making anti-racism a central foundation of our practice. Our aim is to be a voice and force for change for every child and family that we work with, recognising and addressing the impact of racism on Black and Global Majority children and families within our practice and applying our anti-racist principles in all our interactions and decision-making about our children and young people. We will also determinedly request the same from our schools and partners.

Across the Children and Education Directorate, our goal is to ensure all children's experiences and backgrounds are reflected in our schools' curriculum, and ensure our interactions and decision-making are actively anti-racist.

We are committed to calling out racism, discrimination and microaggressions to ensure that this is addressed across our education system and at all levels in the Council to ensure children, their families and the workforce are supported and feel valued. We acknowledge the harm and impact of racism on our Black and Global Majority children and families and the experience of our Black and Global Majority staff.

We are working towards our directorate, and educational settings workforce, reflecting the community we serve, especially at senior leadership level and committed to ensuring that all voices are represented and heard across our workforce, providing appropriate support to staff who experience work-based racism and microaggressions.

LGBTQIA+ Position Statement: The Children and Families Service is committed to ensuring that every child and young person in Hackney has a safe, healthy and inclusive environment in which they can thrive. This includes all those who may identify as lesbian, gay, bisexual, transgender, queer, questioning, intersex or asexual (LGBTQIA+).

We will continue to develop the knowledge and confidence of our staff, volunteers, parents and carers to ensure they are aware of and understand the needs of children and young people who are exploring their sexual orientation or gender identity. We will do so by providing regular

training in collaboration with LGBTQIA+ children and young people.

We will support our children and young people to safely explore their identities, who they wish to communicate this to and what support they may be able to access. As a service, we will promote a strong positive image of LGBTQIA+ identities by using affirming language, promoting visible support and challenging any instances of discrimination.

Systemic Practice: Our core values are driven by systemic principles and they underpin how we do our work in Hackney and the way we behave. This includes:

- **Context:** ***We see the bigger picture.*** Children and families are part of a wider set of systems and relationships, including race, religion, culture, gender, family stories and beliefs.
- **Collaborative:** ***We work with, not to.*** We don't separate or elevate ourselves from families. We want to understand and learn from the people and communities we work with. We understand that our own experiences can affect our views and decisions.
- **Curious:** ***We always want to understand.*** We know we cannot always know things for certain; we are continuously curiously creating, testing and creating our thoughts and ideas around the way things are and why.
- **Relationships:** ***We focus on relationships.*** The problem is the problem, not the person. By working together, we believe we can find solutions. We do not blame or judge, and we do not focus on labels.
- **Multiple Voices/ Many Truths:** ***We know all viewpoints are valid.*** There is no single truth or 'one right way' of doing things. We aim to hear and understand all perspectives in order to open up opportunities for change and to safely manage risk and uncertainty.

Privacy notice: The Council takes the security of personal data seriously. It is necessary in order for our service to do its work that sometimes personal and private information will be gathered, collected, stored and shared in a secure and confidential way. For further information on this, please check the Council's privacy notice homepage

Child Sexual Abuse: Working with the Risk of Intra-Familial Sexual Abuse Practice Guidance

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1. Introduction

As defined in Working Together to Safeguard Children, child sexual abuse (CSA) involves forcing or enticing a child 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.

CSA may involve physical contact abuse but 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.

This guidance has been developed to support practitioners who are working to keep children safe where they may have contact with an adult or another child who may pose a sexual risk to children, either due to convictions relevant to harmful sexual behaviour or allegations of this nature.

2. The Statutory Framework

This local practice guidance is situated within the context of the following legislation and statutory guidance:

- Achieving Best Evidence in Criminal Proceedings: Guidance on interviewing victims and witnesses, and guidance on using special measures (Ministry of Justice, 2011);
- The Children Act 1989;
- The London Safeguarding Children Procedures;
- The Sexual Offences Act 2003;
- What to do if you're worried a child is being abused: Advice for practitioners (HM Government, 2015);
- Working Together to Safeguard Children 2023 (HM Government, 2023).

3. Key Questions to Consider When a Risk of Harm of Inter-Familial Sexual Abuse is Raised

- When a child has made a disclosure of abuse, have our actions from the start demonstrated to them that we believe what they have told us, even where there may need to be some further investigation to the 'truth' of what happened, in relation to the details of events?
- Have we done enough to reassure the child that we are working to increase their safety and are they clear about how we will try to do this?
- Have we undertaken a detailed chronology to fully understand the history of concern about sexual abuse (whether this is explicit or not)?
- Have we been explicit with the parents or carers about what we think the risk to their child(ren) is and why?
- Have we got a short-term safety plan in place which is adequate to manage risk of harm to children whilst assessments are ongoing? *Where a police investigation is ongoing, no contact should be agreed before a child is ABE interviewed. Following this, no unsupervised contact between a child and a potential perpetrator should be agreed and no contact in the child's primary place of safety (usually their home). If the potential perpetrator refuses to accept these restrictions, a Legal Planning Meeting should be convened to consider legal proceedings. Occasionally (but unusually) contact between the child and the alleged adult perpetrator may be appropriate. This should only happen if the child is very clear that they want to have contact and any potential risk is considered and assessed (including risk of coaching, views of non offending parents, pressure to drop allegations etc, as well as physical safety) , should be discussed with a Service Manager and should always be supervised by a professional whilst investigations take place.*
- *In the context of police investigations which can be protracted, contact between the child and the alleged perpetrator of abuse (if another child, or sibling) may be appropriate but needs to be child led, any potential risk needs to be thoroughly assessed and contact should be supervised. Separation of siblings can be damaging and if contact is safe and the victim has expressed that they wish for it to happen, then this may mitigate future fractured relationships.*
- Where we are relying on the capacity of 'protective' parents / carers / extended family members to keep children safe, are we assured that they are willing to believe the allegations may be true and that they are clear on the actions they need to take to protect all children in the home?
- Has our safety planning considered all children to which the potential perpetrator has access to in our safety planning?
- Where we have a safety plan, do we have a clear and transparent strategy for monitoring compliance with this plan, and is it clear to parents and carers what may happen if they do not comply?
- Have we ensured the professional network is clear about our risk assessment and safety plan?
- Have we arranged one or more face-to-face multi-agency Strategy Discussions, particularly where there are joint investigations with the police, or where we are unclear about police actions and decision-making rationale?

- Have we considered the need for a Child Sexual Abuse Child Protection Medical?
- Where we are unhappy with the response to partner agencies, have we escalated this?
- Do we have a clear plan for progressing risk and protective capacity assessments?
- Where parents or carers are reluctant for us to speak to children about the reason we are worried for their safety, have we sufficiently challenged them on this? Are they at least willing to work towards this through social work intervention or support? *Denial is a typical response to allegations of sexual abuse and often there needs to be a few sessions with non-abusive parents or carers to help them feel safe for the children to be informed about the concerns and prepared to contain any emotional consequences of this.*
- Have we been clear with the wider family network - both their extended families and professionals involved with them - about our concerns and the recommendations from our assessments and interventions, to support them to keep children safe in the long-term?
- Have we alerted our Service Manager to the risk of sexual abuse and sought advice from them.
- Have we booked a CSA Practice Lead consultation session to seek specialist advice?

4. Messages from Research About the Impact of Child Sexual Abuse

When completing Social Work Assessments in respect of CSA, it is important to hold in mind the possible impact of abuse and also the factors that can improve the probability of recovery in the aftermath of abuse. It should be noted that it can be hard to isolate the impact of CSA, which often occurs alongside other forms of maltreatment and impacts may be linked to abuse rather than caused by it. It is not inevitable that a victim or survivor experiences long-term harm as a result of CSA. Nevertheless, other research suggests that child sexual abuse is associated with an increased risk of adverse outcomes in all areas of life (IICSA Research Team, 2017).

The recent Independent Inquiry into Child Sexual Abuse (IICSA) commissioned research into CSA and identified the following potential impacts on victims and survivors:

- Damage to relationships with others (42% of victims and survivors);
- Difficulty in forming intimate and trusting relationships in later life (28% of victims and survivors);
- Poor mental health and emotional wellbeing, with victims and survivors reporting the following issues:
    - Depression (57%);
    - Suicidal ideation (28%);
    - Anxiety (28%);
    - Self harming (49%);
    - At least one suicide attempt (22%);
- Engaging in risky behaviour or experiencing conduct disorders;
- Poorer educational outcomes and lack of earning in later life;
- Damage to familial relationships, possibly due to:
    - the perpetrator being a family member;
    - not being believed;

    - family members being aware of abuse occurring but not intervening;
    - being blamed for changes to family dynamics in the wake of disclosures;
    - feeling responsible for the well-being of family members impacted by disclosures;
- Disruption to friendship groups, feeling lonely and isolated as a result of the abuse or being aware of being talked about following disclosures;
- Victims and survivors fear that the sexual abuse they suffered as a child will mean that they will not be safe parents, or that others will consider them to be a danger to their own children;
- Poor physical health, both short term due to the abuse and long term, consequences of which can include chronic illnesses and disabilities, as well as 20% more health service attendances;
- Increased risk of emotional difficulties during pregnancy.

There are also a number of factors which increase a person's resilience to the effects of child sexual abuse:

- Educational engagement, contentment and attainment;
- Supportive relationship with at least one adult caregiver or positive adult role model;
- The response of those close to them to the disclosure of abuse being a positive experience;
- A supportive social and environmental context, for example professionals who respond sensitively to disclosures, and support from education and health services;
- Victims and survivors' own emotions, beliefs and attitude to the abuse, including having a sense of high self-esteem, locating the blame for the abuse in the perpetrator and having a sense of hope for the future;
- Factors relating to the circumstances of the abuse, for example their age at onset or the identity of the perpetrator, can have an impact on resilience although this area requires further research (Wager, 2016).

5. Joint Investigations with the Police

There are a number of different police teams that may be involved in investigation allegations of sexual abuse against a child.

If you are unsure at any time about who in the police is investigating an offence, or you cannot get hold of a named investigation officer, please contact MASH police by email for further advice and support about who to contact.

Child Abuse Investigation Team (CAIT)
CAIT respond to allegations of intra-familial abuse involving close family members, for example decisions about who will investigate alleged abuse by cousins can be made on a case-by-case basis. CAIT will also respond to allegations against those in positions of power, such as teachers. CAIT may also investigate sexual assault allegations where the victim is

under 13, outside of this criteria, if the case is particularly complex. Again, this decision is made on a case-by-case basis. CAIT can be contacted in the following ways:

- Tower Hamlets Referral Desk - DS Shelose Vamadevan, 07776 673 510 / Acting PS Affaq Razaq, 07727 230969;
- Hackney Referral Desk - Acting DS Graham Chamberlain, 07776 673 650 / DC Sarah Oldacre , 07717 700 555.

Sapphire

Sapphire investigate sexual assault and rape by strangers or partners. Low-level sexual assaults will be dealt with by uniform officers unless there are aggravating features.

Online Child Sexual Abuse Exploitation (OCSAE) Team

Located within the local police basic command unit (BCU), OCSAE are the team that are most likely to respond to lower-level concerns about online sexual exploitation. They take referrals directly from the National Crime Agency. More serious concerns about online child sexual exploitation are likely to be passed by the National Crime Agency to the central Met online exploitation team.

Operation Jigsaw

Jigsaw manage Multi-Agency Public Protection Arrangements (MAPPA) offenders living in the community, as well as those serving sentences for their relevant offences. MAPPA is the process through which the police, probation and prison officers work together with other agencies to manage risks posed by violent and sexual offenders living in the community in order to protect the public. MAPPA meets monthly and core agencies are the police, Probation, Jigsaw, Children and Families Services, Adult Social Care, Housing and Adult Mental Health. It tends to review offender pre-release from prison, to ensure appropriate multi-agency safety plans are in place following their release. MAPPA may also consider thresholds for recall to prison if there are concerns about licence conditions being broken.

There are three categories of violent and sexual offenders who are managed through MAPPA:

- Registered sexual offenders are required to notify the police of their name, address and personal details under the terms of the Sexual Offences Act 2003. The length of time an offender is required to register with police can be any period between 12 months to life, depending on the offender, the age of the victim and the nature of the offence and sentence they received;
- Violent offenders who have been sentenced to 12 months or more in custody, or to detention in hospital, and are living in the community subject to probation supervision;
- Dangerous offenders who have committed an offence in the past and are considered to pose a risk of serious harm to the public;

The LADO is the CFS representative at MAPPA. Please consult the LADO if you have any questions about whether a case has been or should be heard at MAPPA. The Jigsaw team can be contacted on 020 7249 1525.

6. Key Considerations for Discussion with Police

Sharing information

If a CFS worker speaks to a child, family or professional and receives an allegation of a crime or is notified of information that needs to be recorded by the Police, please ensure that this is passed on by either calling 101 or 999 to report the crime, or by completing the 5x5x5 Information Intelligence Report Form and submitting this as intelligence to metintel@met.police.uk.

Do not email individual allocated officers directly with this information, as they may not pick up the information due to shift patterns or annual leave. Also, regardless of whether an officer is made aware, all information must be reported through the above formal channels to ensure it is logged on the Police systems correctly.

Once this has been done an email with the reference number can then be sent to the Hackney Exploitation Police mailbox at CEMailbox.ExploitationTeam@met.police.uk and directly to any allocated officer, so that it can be reviewed or followed up as and when the officer has the availability to do so.

Getting and staying in contact

Wherever a joint investigation has been agreed with police, always ensure that you ask for the names for contact details of the allocated investigating officers and their manager, and similarly provide this information to them, to support ongoing information sharing. As the investigation proceeds, as new information comes to light, or where there is a lack of clarity about the respective roles and responsibilities of partner agencies, always remember to consider the benefits of scheduling further face-to-face Strategy Discussions, to share updated information and agree the way forward.

Achieving Best Evidence (ABE) Interviews

Like us, the police are committed to operating from a starting position that any child who discloses abuse should feel reassured through our actions that they are believed. At the beginning of a joint investigation, talk to the investigating officers about whether they plan to offer ABE interviews and, if so, to which children in the family, with time-frames for scheduling these. If the investigating officers do not plan to proceed with ABE interviews, ask them to explain their reasons for this, so that we can record this. If you have a different professional opinion about the need to progress to an ABE interview following the explanation given, it is important that you articulate this and, if necessary, escalate to management level in both agencies, with a request that the decision is reviewed.

Please bear in mind that investigating officers may be working to internal police guidance which stipulates that, where there is an allegation of a very recent offence, delaying plans for an ABE interview may be appropriate, in order to avoid re-traumatising the child. Police often also need to consider the use of an intermediary to support an ABE interview, where there are questions about the child's capacity, for example if they have a learning difficulty or mental health need, or due to their young age. The investigating officers may be able to lead on an intermediary assessment themselves, however they may need to enlist the services of a specialist to do this, which can unfortunately take a long time. Where the need has been

identified for an intermediary, which again can unfortunately take many weeks to set up. Always ask to either:

- observe the ABE interview when it happens and, if this is not possible, escalate it to your Head of Service or the CSA practice lead; or
- watch the video of the ABE interview immediately after it takes place and again, if this is not possible, escalate it to your Head of Service or the CSA practice lead.

Other police interviews

At the outset of the investigation, and as it continues, always discuss with investigating officers who in the child's family and network they plan to interview and when. This includes suspected perpetrators, protective adults and other key individuals, including potential witnesses. Where investigating officers have no plans to speak with suspected perpetrators in particular, please ask them to explain to you clearly their reasons for this, so you can make a record of this. Again, if you are unhappy with the decision, please escalate to respective managers and ask them to review.

Please be mindful that the decision making of investigating officers may change over time as new information comes to light. This is why it is very important that you keep them up to date, for example with further disclosures made by the subject child or their family, information from the professional network which appears to corroborate any concerns raised about sexual abuse, or outcomes of any assessments undertaken. When you share new information with investigating officers, ensure that you ask them what, if any, affect this will have on their investigation strategy.

Bail conditions

Following an arrest, police are required to make a charging decision within 24 hours. If there is sufficient evidence to charge, an alleged perpetrator can potentially be remanded in custody awaiting trial, or released on police bail. However, in the circumstances that there is insufficient evidence to charge, any bail conditions that the police may wish to impose, during the course of their ongoing investigation, would have very little enforcement power if broken. Therefore, it is far more likely, in these circumstances, that suspected perpetrators are released under investigation.

Sharing of police evidence

The key to effective joint working is two-way information sharing. Whilst police may be party to evidence that will inform our safeguarding decisions, over time we may become aware of new evidence that may inform the progress of their investigations. The police are governed by complex guidelines with respect to various stages of evidential disclosure. They are particularly mindful about sharing any information that might compromise the integrity of their investigations, and/or place anyone involved in the investigation at increased risk if suspected perpetrators may become privy to information about what has been shared. It may be that, following a charging decision, the police are able to share more detailed information, although decisions about what they can share, when and with whom, will be made on a case-by-case basis. There should be no barriers to sharing general safeguarding information with key partners.

Escalation

Just as it is important throughout any joint investigation that you are clear with investigating officers about what action Children and Families Services is taking with a family and why, please ensure you request the same from them. As suggested above, if you do not agree with their decision-making rationale, please ask for this to be reviewed by them initially, and then - where required - by their supervisor, who is likely to be a Detective Sergeant (DS). Beyond DS level, the Sapphone, CAIT and Domestic Abuse teams within the local police BCU all have a Detective Inspector (DI) in a position of overall responsibility of the Unit. If you wish to challenge the police response beyond a DS level, please speak with your Service Manager, who should lead on any escalation to DI level.

It is important to consider the important role of the City and Hackney Safeguarding Children Partnership (CHSCP) in our work on these cases. The CHSCP Escalation Policy supports practitioners to resolve professional differences with partners. Occasionally, situations arise when workers within one agency feel that the actions, inaction or decisions of another agency do not adequately safeguard a child. This interagency policy defines the process for resolving such professional differences and should be read alongside the London Safeguarding Children Procedures and relevant internal policies on escalating matters of concern.

7. Child Sexual Abuse Child Protection Medicals

CSA medicals have a range of benefits. They may secure forensic evidence for a criminal investigation but, more widely than this, they ensure that a child's health needs are met and can provide reassurance and wellbeing support to a child and family following suspected CSA.

There are a number of different services available for the medical management of CSA. The Child Protection Medical Team at Hackney Ark should be invited to attend Strategy Discussions where CSA is suspected and asked to provide advice and guidance in respect of the best course of action regarding medical examination and treatment.

If the abuse is believed to have occurred within the last 7 days, make an urgent referral to The Havens, which operates specialist centres in London for people who have been raped or sexually assaulted and can be contacted on 020 3299 6900.

If the abuse is believed to have occurred more than 7 days ago but less than 3 weeks ago, contact The Havens for advice about whether to refer to them or to the NEL (North East London) CSA Sunrise Hub for a medical, and record this advice.

If the abuse is believed to have occurred longer than 3 weeks ago, refer to the NEL Sunrise Hub using their referral form and submit it by email, or contact their Care Liaison Officer, Naz Tanner.

If the case is of suspected Female Genital Mutilation (FGM), the child can be referred to The Havens if it is felt to be acute. If the allegation is of a historical case, they can be seen at the

University College Hospital London FGM Clinic, which runs once a month. The case can be discussed with Hackney Ark, who can advise on which clinic is the most appropriate place for the medical to take place.

If you are unsure, please contact the Child Protection Medical Team at Hackney Ark on 020 7683 4288 or by email. Dr Vivienne Hobbs is the Named Doctor for Safeguarding and can be reached on 07903 230 059 or by email.

In most situations, it is not appropriate to tell the child to attend the Emergency Department, either at Homerton Hospital or any other. This is only appropriate where there is a concern around acute bleeding, infection or an urgent medical need. The staff at the Emergency Department are not qualified to do CSA examinations and taking a child there could result in the child having to have more than one examination, which is not best practice. The examination should be done when the images can be correctly recorded for future review if needed.

8. Child Sexual Abuse Medical Myth Busting

A CSA examination includes an internal examination: False. A CSA examination uses a piece of equipment called a colposcope which is a magnifying glass with a bright light and recording equipment to look at the external genitalia. In order to obtain the appropriate view the doctor will have to position the child on an examination couch and use their hands to apply traction to the skin of the legs. This would be similar to positioning for a nappy change and traction as for cleaning after a nappy change.

Any doctor can perform a CSA examination: False. CSA examination is a specialised examination. It is performed by a senior paediatric registrar or consultant who are experienced in this field. In order to perform single person examinations the doctor must perform at least 20 per year. The majority of examinations that take place have two practitioners for this reason.

Children and young people are traumatised by CSA examinations: False. These examinations are done in a child-sensitive, child-focused manner. The event that has led to the need for a CSA examination is usually traumatic, however, these can begin to start the healing journey as they are therapeutic examinations that can reassure that appearances are normal.

If you refer a child for a CSA examination, the child is fully committed to having all aspects of the examination completed. False. Consent is taken at each step of the process of a CSA examination, a child can stop the procedure at any point if they decide they are not happy.

FGM or CSA examinations are often done under general anaesthetic: False. A child is fully conscious during the assessment for FGM or CSA.

9. The Assessment of Risk

The assessment of risk in respect of sexual abuse is complex. Risk judgements, regardless of the type of assessment, are only ever valid at the point in time and within the specific context they are given. Most often, in our context, we are working with unsubstantiated allegations or in the absence of a conviction because there was not considered to be sufficient evidence to prove an allegation 'beyond reasonable doubt', as would be required by the criminal courts. We are not required to meet this threshold in our assessments, but should base our actions and interventions on the 'balance of probabilities', on the basis of what we know.

We are typically working from a position of uncertainty and with a level of denial and/or limited understanding from the adults responsible for safeguarding a child. Generally, in our context, understanding that a risk is high, medium or low might help us to understand how robust the safety plan needs to be. However, even 'low risk' means that some risk could be present. When weighing up the possibilities, our focus should be on both the likelihood of harm being caused to a child and also the potential impact should that harm occur. Rather than aiming to categorise a risk level, a good-quality risk assessment will focus on situations and scenarios in which risk is more likely to occur, factors that may make risk incidents more likely to happen and factors that can ameliorate or eliminate risk.

Sexual abuse can take many different forms including showing children inappropriate adult material; taking inappropriate images of children; viewing inappropriate images of children; making children watch adult sexual activity; sexual assault or sexual touching of children; and encouraging children to sexually abuse one another for adult gratification. There is no hierarchy in respect of which type of abuse is likely to have the greatest impact on children. Whilst we can infer something about risk to children based on the nature of the behaviour of the adult, it does not necessarily always follow that if they have not directly abused a child that they will not go on to do so, this assumption should not form a basis to any risk judgements.

Methods of risk assessment in this area vary depending on the nature and purpose of the assessment. Practitioners should be aware of the different types of assessment, both to support families in understanding risk judgements and the basis upon which they are made and also to support them in making judgements about the relevance of a particular risk judgement to the child protection context.

Risk judgement offered by the Jigsaw team engaged with convicted sexual offenders
This judgement of risk is given based on a number of factors present or absent at a specific point in time. This risk judgement should always be reviewed in light of changing context (for example, living circumstances for the alleged perpetrator), which could cause the assessed risk level to either increase or decrease. We should not base our decisions about child safety on this risk judgement alone as this does not consider (for example) further aspects of family dynamics or whether there are safe adults but considers the category of the offence and the engagement of the perpetrator only.

Risk judgement offered by the Police in response to allegations
This risk judgement is unlikely on its own to be sufficient and social workers should always err on the side of caution in the context of unproven risk that cannot be fully assessed owing to ongoing police investigation. For example, the removal of bail conditions is often procedural and related to the length of time these types of allegations can take to investigate, or the high threshold required to progress to criminal conviction, rather than based on an assessment of ongoing risk. It may require the implementation of interim safety measures whilst we await the outcome of the police investigation so that we can actively explore the risks based on our lower threshold for proof.

Risk judgement reached as a result of Social Work Assessment
This should be informed by the other risk judgements that have been offered, but will also take into account wider contextual factors, such as: the assessed protective capacity of other adults in the children's life; age of the children and capacity to understand the context of social work involvement; and willingness of the family for open and honest discussions about the allegations or offending. Assessment should 'think child' and 'think sibling' by considering, for each, their proximity to and contact with the alleged perpetrator. In relation to protective and trusted adults: Do they believe the allegations? Are they able to prioritise the child's needs? Are they able and willing to engage in effective safety planning? Are they able to work openly and collaboratively with agencies? Make use of resources available from the Centre of Expertise on Child Sexual Abuse (CSA Centre), including their Building the Picture Framework and their Considerations for Assessment.

Specialist comprehensive / global family risk assessment
This is a risk assessment completed by an individual who has expertise in the risk of sexual harm. These types of assessments can be completed in relation to alleged abuse, abuse that individuals have been found guilty of in Criminal Courts or where abuse has been found likely to have happened on the basis of 'Fact Finding' in the Family Courts. These assessments will typically combine static risk factors (things that will not change), dynamic risk factors (things that can change through intervention) and protective factors to draw a conclusion about specific risk to children we are working with and children more generally and will offer guidance on required level of intervention to ensure safety. When reviewing these assessments social workers should always consider the context within which they were completed. For example, a lower risk might be given in the context of a protective other adult in the lives of the children or in the context of the perpetrator not residing in the family home. If these circumstances have changed the risk assessment will need to be reviewed.

Key factors to consider in social work assessments of perpetrators or alleged perpetrators:

- What does the adult who potentially poses a risk currently say about the allegations and are they willing to engage appropriately with services until conclusive plans can be made, if they are still under investigation?
- Are they willing to work with a safeguarding plan that assumes there is some risk to children or a plan that is responsive to risk to children where this has been proven?
- Consistent compliance with any external conditions (including bail, Probation or Jigsaw)

- Are they willing to prioritise the needs of the child, for example by allowing assessment of and intervention with them, encouraging them to engage openly, living separately where this is required?
- Is there any evidence of grooming, controlling behaviours or otherwise concerning issues that won't necessarily directly relate to sexual harm, for example emotionally abusive behaviour? Sometimes these cases can lead us to miss evidence of other types of abuse, which are easier to substantiate.
- If convicted, have they engaged in intervention to support them in understanding why the behaviour occurred, to address any distorted thinking in respect of this and to develop an adequate and realistic safety and relapse prevention plan? Do they take full responsibility for their actions or are they denying, minimising and victim blaming? Are they now meeting their sexual needs in appropriate and healthy ways?
- If accused of accessing sexual images of children, what are the image categories given following police analysis and is there any possibility that their own children could be the subject of the images or that the images depict the family home?

Letters of Instruction for Specialist Risk Assessments

When writing letters of instruction for specialist risk assessments, clinical consultation should be sought. This will support a conversation about what we are hoping to understand after the assessment that we do not feel we are already able to on the basis of the social work assessment. This should include consideration of questions in respect of both the perpetrator or alleged perpetrator and the protective parent. The specific nature of the assessment will depend on a number of factors, such as the age of the alleged perpetrator and the type of behaviour alleged. When choosing assessors to instruct we should consider their level of expertise and professional background. For example, many practitioners offering this type of assessment have a social work background with extensive additional experience and training. However, if there are concerns about parental mental health, we would want to instruct a mental health professional with expertise in sexual harm, so that they were able to answer all questions without necessitating two separate assessments.

10. Protective Capacity Assessments

Key factors to consider:

- Are they willing to AT LEAST accept that there is a possibility that something harmful could have happened in the case of alleged but not proven behaviour? If there is a conviction, do they accept the conviction?
- Do they hold the perpetrator accountable for their offending (in the case of a conviction), or are they willing to prioritise the needs of their children over the alleged perpetrator and themselves in the case of unsubstantiated allegations? What is their view of the allegations that have been made and the person who made the allegations?
- Are they willing to engage in safety planning work to the extent necessary to manage the assessed level of risk?
- Are they willing to work to reduce the level of secrecy in the family in order to address the risk that this could pose to the children?

- Do they work in an open and collaborative manner with agencies?
- How do they plan for the safety of their children?
- Do they understand the process of sexual offending, including grooming patterns and the context within which abuse occurs?
- What are their wishes and views around contact and are they able to freely express these, or are there concerns that they are experiencing pressure from external sources? Observations as well as statements from the child should be taken into account.
- Do they support their children to understand the risk and safety work and any change in family circumstances as a result of the allegations?
- Do they demonstrate assertiveness, capacity to effectively solve problems and appropriate help-seeking behaviours?

11. Safety Planning with Children, non-offending Parents and Carers, Wider Family and Professional Networks

There should always be a collaboratively developed safety plan in cases where there are concerns about risk of sexual abuse in a family. It is difficult to do this collaboratively if not all family members have an age-appropriate understanding of the concerns. The extent of safety planning and the framework within which this is held should depend on an assessment, based on the factors below rather than external factors such as bail conditions (although these may be relevant).

It is important that the safety plan consists only of actions to which the family are realistically able to commit. For example, it would not be appropriate for the plan to be 'no unsupervised contact' if the perpetrator was living in the family home with only one other adult, because it is not practically possible for that adult to supervise the children with the perpetrator at all times. In this circumstance there would be a need to consider the perpetrator or alleged perpetrator living outside of the family home at least in the first instance, whilst more comprehensive assessment is undertaken and necessary interventions considered and agreed.

Factors to consider when safety planning:

- Do the children know about and understand the context of our involvement?
- Are the children allowed and able to engage openly with professionals in sharing their experiences?
- Are there other concerns in relation to the care and protection of the children that could be overshadowed by concerns about sexual harm?
- What are the boundaries like in the family home, for example in relation to adults versus children, physical boundaries and family rules or practices?
- Does the victim or alleged victim live in the family home and what are the attitudes towards them from each family member?
- Is there an adequate family safety plan and, if not, would the whole family be willing to work on this?

- What do the family want and think should happen, and how well does this fit with the assessed level of risk?
- What does the professional network understand about the risk and safety plan for the family, what will their role be in monitoring this and what are the expected actions if they are concerned?

To reiterate, where a police investigation is ongoing, no contact should be agreed before a child is ABE interviewed. Whilst our assessments are ongoing, no unsupervised contact between a child and a potential perpetrator should be agreed and no contact in the child's primary place of safety (usually their home).

Additional information / resources around Safety Planning

- Create a Family Safety Plan (Parents Protect);
- Family Safety: A guide for parents to keep children and young people safe from sexual abuse (Parents Protect);
- Hackney Guidance on Safeguarding Agreements and Safety Plans;
- Family Group Conferences (Daybreak) - a space to explore the risk within the family network.

Safety plans should always be stored on children's files as stand-alone documents with clear indications of when they will be reviewed, how we will know if they are being complied with and what we would need to observe or assess before we are able to reduce any restrictions that are in place.

12. Interventions

Direct work with children

Often, in the context of sexual abuse risk, we will plan to complete work around safe touching with children. It is important to consider the context within which this is being completed, as the children may experience it as confusing if it comes without contextual understanding. Where children cannot immediately be told about the context (which would be strongly advised against), consideration should be given to who around the child might more naturally have conversations around safe touching with the child (for example, a parent or teacher in school). Ultimately, it is strongly advised and almost always necessary that all of the children in the family are informed about the concerns in relation to sexual abuse, in order for robust safety planning to take place. We may need to intervene or escalate if this is being blocked by a parent and they are not willing to engage in interventions to support this process.

Typically this work should cover a number of areas: body parts and names for them; differences between private and public; thinking about where on your body you can show/touch and exceptions to this; secrets and the difference between harmful and non-harmful secrets; and consideration of who the child might tell if something happened they weren't comfortable with and who they would ask questions about bodies and touching if they had any (including if they thought they couldn't tell someone in their family). Alongside touching, this work should also cover picture taking or showing, particularly in cases where

viewing sexual images of children has been a factor. This should also include specific reference to sharing harmful secrets, even if someone very important to them tells them not to.

Following a conviction, or in light of significant change in circumstances for a child as a result of allegations, some direct work will be needed to help the child understand what is happening in their life. Ideally this work would be done through the protective parent and would consider the development of an accurate but age appropriate narrative around what has happened, so that the child is able to have a coherent sense of decisions that have been made or actions that have been taken. Direct conversations or social stories could be used to support this process. It is noted that there may need to be a period of preparatory work with the protective caregiver to support them in understanding the importance of this area of work and, as a starting point, they will need to be in a position where they believe the child and hold the perpetrator or alleged perpetrator accountable.

Children and their protective parent or carer may need specialist therapeutic support, particularly if the child has been a direct victim of the abuse. The timing and nature of this can be considered in consultation with the Clinical Service in Hackney and referrals for this type of support made via this route. This intervention does not need to wait until the outcome of any police investigation. The mental health of the child is paramount.

Empowerment Work with Protective Caregivers and non-offending parents

It is possible that the protective caregiver will, at least initially, be experiencing some level of internal conflict, confusion or ambivalence on initial contact with our service. Where this does not lead to decisions that constitute a risk of immediate or significant harm, it should be expected and worked with. It is likely that the protective caregiver has also been a victim of a grooming process and they may require support to understand and come to terms with this before they are able to support their children to remain safe and make sense of what has happened. This is a response that should be normalised and a level of risk minimisation should be expected.

Work could be completed with the protective caregiver to empower them to understand and manage any risk and to aid their family in recovering from what has happened. This work should include thinking about imagined consequences for themselves, their children, their partner and their relationship. This is likely to give us a sense of the source of any denial and allow us to work toward practical solutions to this. This should be followed by educational work around the process of grooming generally and then, more specifically, based on what is known or becomes apparent through the conversations about the specific patterns in their own family. This work should also include support to understand how children can be impacted by sexual abuse and strategies for supporting the child who was abused and/or made the allegation.

Accountability Work with Perpetrators and Alleged Perpetrators

Conversations with perpetrators in the context of social work intervention should focus on supporting them to understand any safety requirements and processes and considering practical solutions to any difficulties that have arisen due to a change in circumstances. This is important because if we are able to come up with robust plans, for example about where

the perpetrator or alleged perpetrator will live or how contact will be safely maintained (if appropriate), they are less likely to return to the family home against guidance.

Work could also focus on either the impact of sexual abuse on a child more generally (if they have been convicted) or on thinking about what we understand about the impact of not being believed if something did happen, where there are unsubstantiated allegations.

If there is a high level of denial then conversations could be held around what it would mean for them, their children, their relationship and their job if the allegations were true, as this could support our understanding of denial. Practitioners should avoid engaging in 'battles' with alleged perpetrators or convicted perpetrators who are in denial. This is likely to increase stress and may increase resistance and risk to the child (not necessarily sexual risk). In the event of allegations, there is likely to have been legal advice not to talk about the allegations and this should be respected with an explanation that, in the meantime, we will need to assume the allegations are true.

13. Additional Resources

The Centre of Expertise on Child Sexual Abuse (CSA Centre) offers a range of resources, including their Signs and Indicators Template and Communicating with Children Guide.

A list of London-wide services for CSA is available here.

In-house training: Working with Families and Individuals who have engaged in Sexual Offending. The up to date of all in-house training is always available on the CFS intranet - CFS Training Programme.

https://www.parentsprotect.co.uk/create-a-family-safety-plan.htm

Lesher, M. Sexual Abuse, Shonda and Concealment in Orthodox Jewish Communities

Smith, G. (2008). *The Protectors Handbook: Reducing the risk of child sexual abuse and helping children recover*. British Association for Adoption and Fostering: London, UK.

Still, J. (2016) *Assessment and Intervention with Mothers and Partners Following Child Sexual Abuse.* Jessica Kingsley Publishers: London, UK.

Turnell, A. & Essex, S. (2006). *Working with Denied Child Abuse: The Resolutions Approach.* Open University Press: Berkshire, UK.

Briefing: Intra-familial child sexual abuse: Risk Factors, indicators and protective factors (Research in Practice: 2018)

These resources are available from the **Hackney Children and Families Services Resource Library**. If you would like to borrow a book, please contact **cfs.library@hackney.gov.uk.** The full catalogue is available at https://sites.google.com/hackney.gov.uk/cfs/home/learning-resources/cfs-library.