

Key messages from research on looked-after children and child sexual abuse

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Key messages

Many children who have been sexually abused have also experienced other abuse such as domestic violence and neglect. The experience of stigma, betrayal and poor attachment can lead to challenging behaviour, which affects placement stability.

It is important to understand the different risks and responses for boys and girls, for children from different ethnic backgrounds and for disabled children, in order to protect them from further abuse inside and outside the care setting.

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

Some disabled children may not be able to speak about their abuse, but they may show the same non-verbal signs as others who have been sexually abused.

Children in care who appear to have been trafficked may still face manipulation and exploitation by the trafficker; carers need to be alert to this risk.

Although reports of cases of sexual abuse by staff in residential care settings have declined, children may still be at risk from people outside the home who target vulnerable residents for exploitation.

Some local authorities have concerns that placing sexually abused children into a secure setting may expose them to risk from others in the setting. Having a meaningful, positive relationship with a consistent staff member helps children in secure settings feel and be safe.

Placement stability and consistency of the key worker and carer are essential to build trust and confidence in children who have been sexually abused. People caring for children who have been sexually abused need to communicate openly and honestly with each other, and they require training and support regarding those children's specific needs.

Focusing on a positive future through education and friendships can promote resilience in children who have been sexually abused.

Sex and relationship education should be carefully delivered to looked-after children, emphasising mutuality and consent, and openly discussing grooming (including online, exploitation, and control and coercion) in relationships as well as covering gender dynamics and LGBTI issues.

Note: The term 'children' in this document refers generally to individuals under 18 years of age.

Our '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.

Children are taken into care (looked after) to protect them from neglect and abuse, including sexual abuse, in the family or community (McNeish and Scott, 2018a) – and some children experience sexual abuse, or are at risk of it, while they are in a care setting (Stein, 2006b; Timmerman and Schreuder, 2014; McNeish and Scott, 2018b).

Children who are looked after are among the most vulnerable in society (Stein, 2006a), and those who are taken into care because they have been sexually abused experience specific challenges.

The number of children in residential care who have been sexually abused is believed to be underreported: they may be reluctant to disclose abuse to authorities if they fear reprisals, and younger children may not recognise or name abusive behaviours (Fursland, 2017). Workers and carers need to be skilled at spotting the signs of sexual abuse to identify at-risk children in their care (Horvath et al, 2014; Milne, 2011; Stalker and McArthur, 2012). Open communication among workers and carers helps to build an accurate understanding of a child's experience of sexual abuse (Milne and Collin-Vézina, 2014).

Risks for child sexual abuse (CSA) must be assessed for children who appear to have been trafficked, including unaccompanied asylum-seeking children; carers need to be aware that traffickers may continue to attempt to sexually exploit children (Beddoe, 2007).

Children's diverse needs

Children in care who have been sexually abused are not a homogeneous group; they have different needs and different ways of expressing their trauma (Christie, 2014). Their experience of CSA does not define them: carers need to understand each child as a person before the child can speak about the sexual abuse (Fursland, 2017). It is important to understand the different risks and responses for boys and girls, for children from different ethnic backgrounds and for disabled children, in order to protect them (Smeaton, 2013; Lindsay, 1999; Paul and Cawson, 2002; Nalavany et al, 2009; Stalker and McArthur, 2012; Edmond et al, 2006). Mental health services need to be accessible for all children who may have been sexually abused. (Edmond et al, 2002).

Girls are more likely to internalise their distress – that is, they can be withdrawn, anxious and depressed and experience more somatic disorders (Edmond et al, 2002). Boys may exhibit externalising behaviour which is hypermasculine and angry, engage in risky sexual behaviour, and have more suicide attempts (Nalavany et al, 2009, Fisher et al, 2017). Sexually abused males

often encounter disbelief and may feel shame associated with cultural norms of masculinity. This means that equal attention needs to be paid to listening to boys, and to gaining their trust so they can be engaged with therapeutically (Dorahy and Clearwater, 2012). Because boys are more likely than girls to resort to criminal activity as a response to sexual abuse, professionals may misinterpret the signs that they have been abused (Fursland, 2017).

Disabled children are more likely to be in institutional care, where physical dependency and the need for intimate care – together with isolation and reduced autonomy – may place them at greater risk (Paul and Cawson, 2002). Greater attention needs to be paid to the safeguarding needs of children with learning disabilities in residential care – and especially in educational placements, where monitoring and review may not be as robust as in care homes (Franklin et al, 2015). Stereotypes about disability assume that disabled children are already protected from sexual abuse; there may be a mistaken belief that they cannot be damaged by abuse (Paul and Cawson, 2002). Disabled children who have been sexually abused display the same behaviours and mental distress, indicating trauma, as non-disabled children (Stalker and McArthur, 2012) – but the inability of some children to communicate means that they may not disclose as other children do (Paul and Cawson, 2002).

For sexually abused black, Asian and minority ethnic (BAME) children in foster care, learning about their ethnicity, identity and culture, and developing strategies for resisting racism, are important in working through mental health difficulties (Edmond et al, 2006).

Children in residential care

Reluctance by some placement authorities to use residential care may be linked to historical sexual abuse in children's homes (Utting, 1997; Stein, 2006b; Soares et al, 2019; McNeish and Scott, 2018a). In an attempt to address this risk, there has been closer monitoring, criminal records checks on staff and additional training (Stein, 2006b; Biehal et al, 2014).

However, residential staff and those making placement decisions also need to be aware of the risk from people from outside the care home environment who target vulnerable residents and sexually exploit them (Coy, 2008; Biehal et al, 2014; La Valle et al, 2016; Hallett, 2016). If children do not feel cared for in the residential setting, they may seek relationships and attention elsewhere and risk exploitation. It is important for

professionals to form reciprocal relationships with children so that they feel supported and that their needs are recognised (Hallett, 2016).

Children in care value being able to build meaningful attachments and nurturing relationships with carers and key workers (Franklin et al, 2015). Children who have been exposed to the chaotic world of sexual exploitation benefit from rules and boundaries, even though they may initially respond with rage (Fursland, 2017; Shuker, 2013).

The use of secure accommodation

The likelihood of sexually exploited children going missing or running away is high (Smeaton, 2013; Berelowitz et al, 2013), and this may influence the use of secure accommodation. The relationship between running away and child sexual exploitation is complex. Removing children from the exploitative situation or location may not solve underlying issues such as addiction or relationship problems (Smeaton, 2013; Hallett, 2016).

Safety may be promoted by placing children in remote areas, limiting access to mobile phones and money, and offering a high level of staff supervision (La Valle et al, 2016). Having a meaningful, positive relationship with a consistent staff member offers protection to children who may be in a state of constant vigilance in secure settings (Soares et al, 2019). Building a trusting relationship is key to providing therapeutic support and maintaining placement stability (La Valle et al, 2016).

Local authorities vary in how they use secure care for children at risk of sexual exploitation (Berelowitz et al, 2013). Despite concern about a child's safety, local authorities often perceive a placement in secure accommodation as a 'draconian' measure, and are careful to balance the risks and the benefits to the child (Hart and La Valle, 2016). Secure units may house a range of children with a complex mix of experience of abuse and offending, although some offer 'welfare beds' only. Most children placed in secure settings for protection from sexual abuse are girls, while boys are usually placed there because of offending behaviour (Brogi and Bagley, 1998; Coy, 2008). This perceived dual function of secure units, to punish some of the residents, can give an unhelpful message to sexually abused children (Brogi and Bagley, 1998), and there may be concerns about children who have been sexually exploited mixing with those who have gang associations (Hart and La Valle, 2016).

Outcomes for children in care who have been sexually abused

Children in care who have been sexually abused have often experienced additional abuse, neglect and violence. They tend to have disorganised attachment styles (Creegan et al, 2005; Steenbakkers et al, 2018), and the trauma, stigma and sense of betrayal and powerlessness that they have experienced can make accommodation and placement considerations challenging (Steenbakkers et al, 2018).

Sexually abused children can experience an extensive range of physical and mental health problems, which may continue into adulthood (Office for National Statistics, 2016; Christie, 2014). Poor health, poor attachment and, sometimes, sexualised behaviour (Hardwick, 2005) can mean that they experience more placement moves and disruptions than other children in care (Eggertsen, 2008; Chamberlain et al, 2006; Steenbakkers et al, 2018). More moves typically lead to worse outcomes (Ward, 2009), stemming from a sense of instability and poor self-esteem. This can also increase the risk of sexual exploitation (Coy, 2009).

Because of the trauma they have experienced, some children may express sexualised or sexually harmful behaviour towards adults or other children, which places them at further risk and affects the care that is given to them (Livingston Smith and Howard, 1994; Lindsay, 1999; Farmer and Pollock, 2003). Sexualised behaviour towards adults may pose particular problems in care; foster carers and male residential workers may be cautious about the risk of allegations, although these are rare. Therapeutic attention to a child's unmet needs, and understanding of their history, are recommended, focusing on the strengths and resources of the child and not just the problems (Lindsay, 1999; Farmer and Pollock, 2003; Fursland, 2017).

Placement stability and the importance of relationships

Sexually abused children in care benefit if they have a consistent, trusted key worker who can meet them at least once a week and who applies pedagogic, trauma-informed and strength-based principles (Christie, 2018). In specialist foster care, warm, trusting relationships take time to build but are key to positive outcomes for children (Shuker, 2013). Training foster carers increases the length and stability of placements (Shuker, 2013).

Removing children from abusive situations or exploitative contexts is insufficient if underlying issues about attachment, relationships and addiction are not resolved (Graham, 2006; Hodgdon et al, 2013; Hallett, 2016). Models based on attachment theory are recommended for all children in crisis (Graham, 2006; Hodgdon et al, 2013). There is evidence that using therapeutic models of care improves placement stability for children experiencing post-traumatic stress disorder (Hodgdon et al, 2013).

Emotional resilience can also improve placement stability and future outcomes. Looking forward to the future builds resilience in children who have been sexually abused. Clear educational plans and a successful school life, as well as relationships with a positive peer group, improve outcomes. Building a positive identity and self-esteem aids the development of resilience. Skill is needed in planning educational trajectories and matching aspirations and abilities (Edmond et al, 2006).

The principles of good parenting apply to caring for children who have been sexually abused or have sexualised behaviour (Farmer and Pollock, 2003). This includes setting boundaries and offering close supervision, providing sex education and addressing the child's underlying needs (Fursland, 2017; Shuker, 2013).

Good sex and relationship education in care settings should emphasise mutuality and consent; openly discuss grooming including online, exploitation, and control and coercion in relationships; and cover gender dynamics and LGBTI issues (Lerpiniere et al, 2013; Paul and Cawson, 2002; Farmer and Pollock, 2003).

Communicating with other professionals/carers about sexual abuse

It is important for professionals and carers to overcome the silence that often surrounds CSA, and to communicate clearly and honestly with one another, opening a space where children can be supported (Milne and Collin-Vézina, 2014) – both where a child is known to have been sexually abused and where this is not clear. Relying on the child to 'disclose' rather than looking for suspicious signs may contribute to the lack of communication around children in care who have been sexually abused (Stalker and McArthur, 2012; Milne and Collin-Vézina, 2014; Office of the Children's Commissioner, 2015). Carers should not wait for verbal disclosure to intervene when there are other signs that a child in their care may have been sexually abused (Allnock et al, 2019).

Foster care is used for the majority of children in care (Narey, 2016). In the past, foster carers were not always informed that a child they were fostering had been sexually abused (Farmer and Pollock, 2003). It is important that placing authorities are transparent with foster carers about sexual abuse, sexual exploitation or risks such as sexualised behaviour or running away, and that specific support and training is given to them to manage this.

Similarly, staff in residential homes appreciate open communications about children in their care, as well as specific training about CSA and exploitation (La Valle et al, 2016). Staff may know less about working with boys who have been sexually abused. The behaviour and treatment of such boys may be different from that of sexually abused girls (Nalavany et al, 2009; Dorahy and Clearwater, 2012). Staff in residential units may be less confident they know about boys who have been abused than they are about girls, because the topic is often left out of discussion with boys (Lindsay, 1999).

Training and support for carers

Foster carers and residential workers benefit from training about CSA to help them work with the impacts of stigma, trauma and betrayal on sexually abused children (Hardwick, 2005). A therapeutic care model helps staff to support children who have been sexually abused (Berridge et al, 2011; La Valle et al, 2016). Foster carers benefit from being part of a support group, although these can be less well attended by male carers (Hardwick, 2005). Carers may need support with secondary trauma (Fursland, 2017).

Care leavers

Children in care may come to associate care with control and be unable to make or initiate independent decisions or exercise protective life skills. They may be attracted by what become controlling and exploitative relationships because of this (Hallett, 2016). Young disabled people who have been in protective accommodation are at risk of exploitation when they move into supported or independent living. Support from the vulnerable adults service is recommended (Franklin et al, 2015).

The instability of frequent moves in care and the risks of sexual exploitation in the community may lead some care leavers into sexual exploitation; they require

intensive emotional support both before and after leaving care (Coy, 2008). Attention needs to be paid to the protective factors that develop resilience – such as education, future orientation and relationships with positive peers – before a young person leaves care (Edmond et al, 2006), although effective targeting of perpetrators is also essential.

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