

Centre of
expertise
on child
sexual abuse



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Responding to child sexual abuse: Learning from children's services in Wales

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Susan Roberts



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About the author

Dr Susan Roberts is Senior Lecturer in Criminology at the Hillary Rodham Clinton School of Law, Swansea University. Her research focus is on sexual violence and, in particular, sexual offending against children.

About the Centre of expertise on child sexual abuse

The Centre of expertise on child sexual abuse wants children to be able to live free from the threat and harm of sexual abuse. Its aim is to reduce the impact of this abuse through improved prevention and better response.

We are a multi-disciplinary team, funded by the Home Office and hosted by Barnardo's, working closely with key partners from academic institutions, local authorities, health, education, police and the voluntary sector in Wales and England. However, we are independent and will challenge any barriers, assumptions, taboos and ways of working that prevent us from increasing our understanding and improving our approach to child sexual abuse.

To tackle CSA we must understand its causes, scope, scale and impact. We know a lot about child sexual abuse and have made progress in dealing with it, but there are still many gaps in our knowledge and understanding which limit how effectively the issue is tackled.

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Executive summary

The research described in this report set out to build a better understanding of the scale of child sexual abuse (CSA) encountered by local authority children's services in Wales, and to explore how concerns regarding CSA are identified, recorded and responded to. It was commissioned and co-funded by the Centre of expertise on child sexual abuse (CSA Centre) and the Welsh Government, and forms part of the actions listed in 2019's *Welsh Government National Action Plan: Preventing and Responding to Child Sexual Abuse*.

The study was commissioned in light of the recognition that publicly available data across England and Wales significantly underestimates the incidence of CSA addressed by local authority children's services, making it difficult to understand the full scale of CSA when making decisions about policy and practice. The only publicly available data on CSA in Wales relates to the number of children placed on the child protection register under the category of sexual abuse; these currently account for 4% of all child protection registrations, and a further 1% are registered under multiple forms of abuse where that abuse includes CSA. The relative infrequency of CSA-related child protection registrations can lead to an assumption that CSA is less prevalent than other forms of child abuse. It is important to recognise that this is not the case: survey data measuring the prevalence of childhood abuse in the general population estimates that 9% of the adult population in Wales experienced some form of sexual abuse during childhood, similar to levels of other forms of child abuse.

The research involved examination of a sample of electronic social care records relating to children in two Welsh local authorities. Files were drawn from across a range of social work interventions. A total of 44 cases were studied, of which 30 contained references to CSA. Cases were drawn from across the local authority child protection services and were balanced for age, gender and ethnicity. Two focus groups with 10 social workers from across different teams were also undertaken.

The figures for child protection registrations under the category of sexual abuse in the two local authorities in this study were similar to the national figure for Wales, so they can be regarded as typical of local authorities in Wales (and in England).

Key findings

Scale of CSA in children's social care records

- ▶ The sample drawn for this study included children's case files from across a range of social work teams and featuring a range of child protection concerns. Of the 44 case files reviewed, CSA concerns – including concerns relating to harmful sexual behaviour (HSB) by children – were recorded in two-thirds (n=30) of cases. Only one-fifth (n=6) of these children had been placed on the child protection register under the category of sexual abuse; this demonstrates that child protection registrations are a poor indicator of the scale of CSA concerns in the child protection system, as they represent only a small proportion of cases involving CSA that come to the attention of children's services.
- ▶ While the sampled case files described responses to CSA-related issues such as child sexual exploitation (CSE), intra-familial CSA and HSB, in reality children's experiences did not neatly reflect such labels – the records detailed concerns about multiple forms of abuse, experienced as well as committed by the children, both inside and outside their family environment.

What we know about CSA from the case files

- ▶ Many children had been involved with children's services over a long period of time, leading to details of abuse being spread across a variety of documents in the case files.
- ▶ Information was generally found to be recorded in relation to the child's profile (age, gender, ethnicity), some aspects of the suspected perpetrator's profile (gender, relationship to victim), the nature of the suspected abuse and the location(s) where it took place. Police investigation outcomes, where applicable, were also usually recorded.
- ▶ Information about the duration of abuse and the suspected perpetrator's age and ethnicity were less commonly available.
- ▶ Of the 20 boys' and 24 girls' case files studied, CSA concerns were found in the files of 12 boys and 18 girls. Among children whose records referred to CSA concerns, the average age at the time when the sexual abuse was thought to have started was 10 years for girls and nine years for boys. All but one of the children were white British.
- ▶ Information about 35 suspected perpetrators of CSA was detailed in the case files. More than three-fifths (n=22) were intra-familial, including parents, siblings, other relatives and family friends.
- ▶ The 13 suspected extra-familial perpetrators included friends of the child, strangers, and online-only contacts. Of the eight case files that referred to concerns about extra-familial sexual abuse, seven specified CSE concerns.
- ▶ All but two of the suspected perpetrators were male. Among the nine whose ethnicity was known, eight were white British.
- ▶ Concerns regarding HSB were found in half of the 30 case files relating to CSA. In seven of these cases, the child whose file was studied was suspected of having experienced HSB; in the eight case files where the child was suspected of displaying HSB, all but one of those children were also thought to be victims of CSA by adults.
- ▶ In two-thirds (n=21) of the 30 case files detailing CSA concerns, some form of intra-familial sexual abuse was involved. All six children placed on the child protection register under the category of sexual abuse were thought to have experienced intra-familial abuse; additionally, intra-familial abuse was suspected in all five cases that had been closed following (or, in one case, without) an assessment.
- ▶ The seven children suspected of experiencing solely extra-familial sexual abuse were placed across the rest of the child protection system (as a child in need or a looked-after child, or on the child protection register for other reasons). HSB featured in both intra- and extra-familial cases, and children suspected of displaying or experiencing HSB were placed across the child protection system.
- ▶ Where case files described the nature of the suspected CSA, nearly two-thirds (n=17) of children were thought to have been subjected to rape or penetrative sexual abuse, and a further quarter (n=7) had experienced other types of contact abuse. The case files also contained references to grooming behaviours, coercion of a child to post CSA images of themselves, and risk to a child from a parent's online activity.
- ▶ The overwhelming majority of children were thought to have been abused in a domestic setting – their own home (n=9), the perpetrator's home (n=11) and/or someone else's home (n=3). Other locations included public spaces, in a vehicle, abroad and online.

In case files showing CSA concerns, only one-fifth of children were on the child protection register under the category of sexual abuse.

Support provided to children in response to CSA concerns

- ▶ In more than three-quarters (n=23) of case files referring to CSA concerns, the child or their parent(s) had received support in response to those concerns during their most recent engagement with children's services. The remaining cases were closed without the provision of any support, or involved support that did not address the issue of CSA.
- ▶ Where CSA-specific support was provided, this varied widely. Two-thirds (n=15) of children received support – ranging from single sessions to long-term therapeutic interventions – from external organisations, while the other seven attended only brief 'keep safe' or 'safe touch' sessions with social workers. Only a small minority of case files (n=5) provided information about support to the family (non-abusing parent).
- ▶ Among children thought to have experienced solely intra-familial CSA, one-third (n=6) received no CSA-specific support. In contrast, only one out of seven children did not receive such support where extra-familial abuse (usually CSE) was suspected.
- ▶ Support in relation to intra-familial abuse appeared to be more readily available for children who were on the child protection register under the category of sexual abuse: five out of six received an intervention. In all five cases, this involved support from a variety of organisations, including specialist voluntary-sector services that address CSA and HSB, Child and Adolescent Mental Health Services and the child's school.
- ▶ Specialist services were more frequently involved in response to HSB and CSE concerns: over two-thirds (n=7) of the 10 children in suspected cases of CSE were supported by external organisations, as were seven of the eight children thought to have displayed HSB.
- ▶ Participants in focus groups across both local authorities expressed concerns about the lack of support services for children who had experienced forms of CSA other than CSE. Support for families was also perceived as limited. Difficult referral criteria (e.g. high thresholds) and long waiting lists for specialist service provision were highlighted.

How CSA concerns were recorded in case files

- ▶ While information on CSA was evident in the case files, it was not ordered in the most effective way to enable understanding of an individual case. Such information was spread across a number of documents, in varying levels of detail.
- ▶ Social workers taking part in focus groups highlighted similar issues with regard to data recording and retrieval. The efficacy of data systems and recording practices, along with the issue of information being "lost", was referred to across both local authorities. Particular difficulties were pointed to in finding information in cases which had been open for some time.
- ▶ Some social workers appeared hesitant to record their concerns about CSA in case records if a child had not verbally disclosed – it was felt that this would complicate work with the family.

Ability to identify and respond to CSA

- ▶ Staff across both local authorities in this study reflected on the infrequency with which children disclosed CSA to social workers, and recognised that this had an impact on the number of CSA cases they saw in their caseloads.
- ▶ It was considered that time constraints reduced staff ability to build relationships with children, which in turn reduced the number of disclosures they received.
- ▶ Caution was expressed with regard to talking to the child about potential abuse, for fear of asking leading questions.
- ▶ There was a consensus that local authority children's services were more able to identify CSE than other types of CSA. Although CSE was unlikely to be disclosed, participants expressed the view that it was easier for them to articulate concerns about CSE than CSA, as the emphasis in cases of CSE was on recognising risk as opposed to the child communicating that they had been abused.
- ▶ A number of issues were highlighted with regard to confidence in responding to disclosures, including differences in practitioners' level of knowledge about how to manage disclosures; a need for increased understanding of the language used by children; and the communication difficulties experienced by disabled children.

- ▶ Social workers were confident that action would be taken in response to CSA concerns where there was a referral or a disclosure, starting with a discussion with their manager, and that a trail of decision-making would be recorded in local authority data systems.
- ▶ Challenges in working with children where there was a police investigation were also highlighted, with a general view that support could not be provided during the investigation.

Social workers' support and training needs

- ▶ Managerial supervision was cited by some participants as a useful support mechanism when a child has disclosed, or there is a suspicion that CSA is taking place. Other sources of support cited included in-house clinical supervision, and access to consultant social workers; however, these were not always available.
- ▶ Participants highlighted the need for further training on a range of issues including responding to children's disclosures, identifying and supporting children displaying HSB, and supporting non-abusing parents. The training they had received appeared limited, with an emphasis on neglect or CSE as opposed to other forms of CSA.

Implications for practice

- ▶ Measuring the incidence of CSA (including CSE) in children's social care records cannot be improved unless new, more inclusive indicators for the scale of CSA are developed. It is also important that social workers and their managers identify and record all suspected cases of CSA.
- ▶ If data systems can be revised so that the information held on the nature of CSA is better structured, this will enable extraction of this information and prevent it from being spread across children's records.
- ▶ In the study, training needs were evident in relation to managing disclosures and providing support to children and families in response to CSA and HSB. Training social workers is particularly important because of the difficulties described in accessing specialist support. It is crucial for children's long-term outcomes and the prevention of further abuse that support focuses not only on the child but also on the non-abusing parent(s).
- ▶ Social workers described improvements in their response to CSE, which could be applied to other forms of CSA. These relate to multi-agency response and taking action in response to signs and indicators of abuse, rather than waiting for the child to disclose.
- ▶ Clearer guidance can support social workers' response in the following areas of practice: how support can be provided where police investigation is ongoing; what questions can be asked in relation to abuse where there is no disclosure but concerns exist; and how such concerns can be named in care records.



Social workers described improvements in their response to CSE; these could be applied to other forms of CSA.



1. Introduction

Improving knowledge on the scale and nature of child sexual abuse (CSA) is a key aim for the Centre of expertise on child sexual abuse (CSA Centre). While the past two decades have seen substantial improvements in the awareness of CSA across stakeholders in social work, policing and health, it remains difficult to understand the full picture of known CSA cases that these agencies deal with. This limits agencies' ability to understand and address CSA.

Official statistics published by the Welsh Government and the UK Government provide data on CSA-related offences recorded by the police and the number of children placed on the child protection register or made the subject of a child protection plan because of sexual abuse. Both sets of data capture only a partial picture of the volume of CSA encountered and dealt with by agencies, however (Kelly and Karsna, 2018); this has implications for policy and practice decisions made using such information.

Furthermore, the two sets of data give contradictory pictures of the incidence of CSA. In Wales, the number of children placed on the child protection register under the category of sexual abuse has decreased significantly in the past quarter-century, from 330 (21%) in 1993/94 to 120 (4%) in 2018/19 (Parke and Karsna, 2019; Welsh Government, 2019b).¹ This decline in CSA-related registrations in children's social care is not matched by a fall in reports of CSA to the police; on the contrary, the number of CSA-related offences reported to the police in Wales nearly tripled between 2013/14 and 2018/19, from 1,776 to 5,280 (Home Office, 2019), and these figures themselves do not reflect the full scale of CSA encountered by the police.² Data relating to England shows a similar long-term decline in the number of children placed on child protection plans because of CSA, and an increase in police-recorded CSA crimes (Parke and Karsna, 2019).

The relative infrequency of CSA-related child protection registrations can lead to an assumption that CSA is less prevalent than other forms of child abuse. It is important to recognise that this is not the case: survey data measuring the prevalence of childhood abuse in the general population estimates that 9% of the adult population in Wales experienced some form of sexual abuse during childhood, similar to the levels of reported emotional abuse (9%) and higher than those of physical abuse (7%) (Office for National Statistics, 2020: Table 8a).

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- 1 In addition, children may be placed on the child protection register for 'multiple' forms of abuse. In 2018/19, there were 40 such children where the forms of abuse included CSA, representing 1% of all children placed on the register.
 - 2 The Home Office figures include all identifiable CSA offences against under-16s, including rape, sexual assault and sexual activity, sexual exploitation, grooming, abuse of position of trust and CSA image-related offences; they also include sexual exploitation of 16- and 17-year-olds. This nevertheless misrepresents the scale of known CSA offences because 16- and 17-year-olds are excluded from the other offence categories above, and because some CSA offences are included in other (mainly adult-related) offences (e.g. trafficking, exposure and voyeurism) for which the proportion of offences committed against children cannot be obtained from publicly available data (Kelly and Karsna, 2018). Police-recorded crime includes non-recent offences: one-third of CSA offences recorded in 2018/19 had occurred more than a year earlier (Office for National Statistics, 2020: Table 37).

While it is clear that the Welsh Government and local authority leadership understand the importance of tackling CSA, they have to make decisions on priorities, resource allocation and training with only this partial evidence base to rely on. The concern that CSA is not given sufficient priority in the safeguarding system has been raised in reviews and inspections in England (e.g. Child Protection All Party Parliamentary Group, 2014; Ofsted et al, 2020), and improving the response to and recording of CSA are objectives in the Welsh Government National Action Plan on CSA (Welsh Government, 2019a).

Getting the recording of and response to CSA right is important. If children experiencing or at risk of CSA can be identified and offered support, the risks to their long-term mental health and a range of other difficulties are mediated (Taskforce on the Health Aspects of Violence Against Women and Children, 2010).

1.1 This research

The research described in this report was commissioned by the CSA Centre and the Welsh Government as part of the response to its National Action Plan on preventing and responding to CSA (Welsh Government, 2019a), which sets out the steps that safeguarding children boards in Wales need to take to address such abuse.

The research, listed as an action in the plan, explored the incidence of CSA in local authority children's social care records and casework, in order to build a better understanding of the scale of CSA in children's social care files and explore how CSA concerns are identified, recorded and responded to.

Specifically, it sought to answer the following research questions:

- ▶ Among a sample of children who had been referred to local authority social care teams, in how many cases have concerns about CSA been recorded? What information is recorded about the concerns? Where is this information recorded?
- ▶ If CSA is identified and recorded as a concern, what intervention do children receive to address this? Does the response vary according to the nature of abuse or their status in the safeguarding system (e.g. whether or not they are on the child protection register because of CSA)?
- ▶ What are social workers' views on identifying and responding to CSA? Does their response vary according to the child's profile, the nature of abuse or status in the safeguarding system? If so, how?
- ▶ How can the identification and recording of CSA, and the response to it, be improved? What are the key challenges and how can they be overcome?

The research was undertaken in two local authorities in Wales: one primarily urban, and the other including both urban and rural areas. In both authorities, the proportion of children placed on the child protection register under the category of CSA is similar to the Welsh average (Welsh Government, 2019b). CSA accounted for between 4% and 6% of all child protection registrations in the two local authorities between 2016/17 and 2018/19; in this regard, they can be seen as typical of many local authorities in Wales.

While the research project was small in scale and descriptive in its scope, its messages are relevant to other local authorities and safeguarding children boards in Wales – and are equally important to safeguarding partnerships in England that wish to improve their evidence of and safeguarding response to CSA.

1.2 Definitions

This research project focuses on CSA in all its forms, including intra-familial³ and extra-familial CSA, and abuse committed by adults or by other children and young people. It includes children whose experiences of CSA are clearly evidenced and children who are thought to have experienced CSA or to be sufficiently at risk of it for this to be recorded in their social care files.

The Welsh Government (2019a) uses the following definitions:

“Child sexual abuse involves forcing or enticing a child to take part in sexual activities, whether or not the child is aware of what is happening, including: physical contact, including penetrative or non-penetrative acts; non-contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities or encouraging children to behave in sexually inappropriate ways.

Child sexual exploitation (CSE) is a form of sexual abuse that can include sex or any form of sexual activity with a child; the production of indecent images and/ or any other indecent material involving children. It occurs to those up to the age of 18 years old. It involves some form of exchange: the exchange can include the giving or withdrawal of something, such as the withdrawal of violence or threats to abuse another person. There may be a facilitator who receives something in addition to or instead of the child who is exploited. Children may not recognise the exploitative nature of the relationship or exchange. Children may feel that they have given consent.

Harmful sexual behaviours (HSB) can be defined as sexual behaviours expressed by children under the age of 18 years that are developmentally inappropriate, may be harmful towards themselves or others, or be abusive towards another child, young person or adult. This definition of HSB includes both contact and non-contact behaviours (grooming, exhibitionism, voyeurism and sexting or recording images of sexual acts via smart phones or social media applications).”

The UK Government's definitions, used in England, are different; see Department for Education (2018; 2017).

CSA encompasses all forms of sexual abuse; the distinctions between CSE, other forms of CSA and HSB are fraught with difficulties in practice and research. In separating these out in this report, we recognised that service response and referral routes are distinct for CSE, other forms of CSA and HSB.

In this report, for the sake of brevity:

- ▶ the term ‘child’ is used to refer to any individual under the age of 18
- ▶ the term ‘suspected perpetrator’ is used to refer to anyone thought to have sexually abused a child who was referred to local authority children’s services
- ▶ the term ‘suspected abuse’ is used to refer to any record in a child’s case file of CSA or HSB thought to have been experienced or committed by the child.



The distinctions between CSE, other forms of CSA and HSB are fraught with difficulties in practice and research.



³ In addition to abuse by a relative (such as a parent, sibling or uncle), intra-familial CSA may include abuse by someone close to the child in other ways (such as a close family friend) (Horvath et al, 2014).

1.3 Safeguarding and the role of local authority children's services in Wales

Understanding the legislative and policy landscape within which local authority children's services operate in relation to CSA is important for this research.

In Wales,⁴ the Social Services and Well-being (Wales) Act 2014 provides the legal framework for social service provision. The Act augmented the powers for safeguarding children (NSPCC, 2020). Other relevant guidance and codes of practice include:

- ▶ safeguarding guidance⁵ including *Working Together to Safeguard People, Volume 5 – Handling Individual Cases to Protect Children at Risk* (Welsh Government, 2018) – this is the statutory guidance for all agencies with regard to the prevention and investigation of abuse and neglect of individual children.
- ▶ Wales Safeguarding Procedures (Wales Safeguarding Procedures Project Board, 2019a) – these set out the essential roles and responsibilities for practitioners to ensure the safeguarding of children (and adults) at risk of abuse and neglect. They are designed to standardise practice across Wales and provide a shared set of child protection procedures for safeguarding boards, practitioners and their managers.

Part 7 of the Social Services and Well-being (Wales) Act 2014 addresses safeguarding. Social workers play a key role in safeguarding, and those working under this Act are tasked with promoting the wellbeing of individuals who have care and support needs (and also carers who need support). Wellbeing includes protection from abuse and neglect.

Under the Act, a “child at risk” is a child who “is experiencing or is at risk of abuse, neglect or other kinds of harm, and has needs for care and support”. Under Section 130 of the Act, social care professionals (and health professionals and teachers) are required to inform the local authority if they have reasonable cause to suspect a child is at risk of experiencing abuse, neglect or other types of harm. The local authority child protection team has a legal duty to investigate concerns referred to it. If a child appears to be suffering or is at risk of suffering significant harm, the local authority has a duty to investigate under Section 47 of the Children Act (1989).

Investigating harm or abuse

Practice guidance for social workers (Social Care Wales, 2017) says that in investigating harm and abuse they must:

- ▶ “work within organisational procedures and in partnership with others to plan an investigation
- ▶ maintain a focus on safeguarding the person at risk
- ▶ use persistence and assertiveness to gather evidence
- ▶ co-ordinate evidence from a variety of sources and disciplines in order to assess the level of risk
- ▶ make a professional judgement in partnership with others on the level and nature of intervention required
- ▶ develop options for achieving immediate and longer term outcomes
- ▶ make recommendations in partnership with others about the intervention required”.

Investigating harm or abuse is a complex and demanding task, as illustrated in later chapters of this report. Difficult decisions often have to be made with regard to the action to be taken, and the impact of this on social work practitioners cannot be discounted.

4 England and Wales each have their own child protection laws and guidance. The key guidance in England for child protection is *Working Together to Safeguard Children* (Department for Education, 2018) and the Children Act 2004. CSE guidance is contained in Department for Education (2017).

5 The full range of safeguarding guidance published by the Welsh Government is available at <https://gov.wales/safeguarding-guidance>

Child sexual exploitation

Specific statutory guidance in Wales relates to safeguarding children from the risk of CSE (Welsh Assembly Government, 2011). In 2008, Wales was the first nation in the UK to develop a national protocol for identifying young people at risk of CSE, and the safeguarding response that should be followed; this All Wales CSE Protocol was refreshed in 2013 (All Wales Child Protection Review Group, 2013).

In 2017, a review of the effectiveness of the statutory guidance and the Protocol recommended the withdrawal of the Protocol and the Sexual Exploitation Risk Assessment Framework (SERAF), a tool that was used to identify and 'score' the risk of CSE (Hallett et al, 2017). While the review considered that these had been useful in raising awareness of CSE and enabling professionals to recognise this form of abuse, it concluded that they were "no longer fit for purpose" (Hallett et al. 2017:4). It highlighted confusion regarding the purpose of the risk assessment, and practitioners' over-reliance on the scoring rather than their own professional judgement.

The CSE Protocol and SERAF were still being used in Welsh local authorities at the time of this research. The All Wales protocols for child protection have since been replaced by a number of All Wales Practice Guides, however: in November 2019, an All Wales Practice Guide for safeguarding children from CSE was published (Wales Safeguarding Procedures Project Board, 2019b), which recommends the use of 'practitioner prompts' instead of SERAF. This position will be reflected in revised CSE statutory guidance, to be issued by the Welsh Government in late 2020, with a focus on moving beyond risk management to meet the care and support needs of individual children and young people.

Investigating abuse is a demanding task, and social workers have to make difficult decisions about the action to be taken.

2. Method

The research involved the examination of a sample of electronic social care records relating to children and young people in two local authorities in Wales – referred to as LA1 and LA2 in this report – in order to detect where concerns about CSA were identified, how and where they were recorded and how services responded. Additional qualitative data was collected by means of a focus group involving a sample of social work practitioners in both local authorities.

2.1 Recruiting local authorities

The CSA Centre's practice improvement lead for Wales emailed the heads of children's services in all local authorities in Wales, inviting them to take part in the research. The project was also discussed by the Children's Commissioner for Wales at a meeting of the All Wales Safeguarding Managers Group and the All Wales Roundtable for Child Sexual Exploitation (CSE), and information was passed by the participants to the relevant staff in local authorities. In addition, the CSA Centre published a blog on its website to introduce the project, its aims and outcomes and invite participation. A day of dissemination and training linked to the research findings was offered to local authorities as an incentive.

Through these recruitment activities, LA1 came forward to participate in the study. Its head of children's services then approached their counterpart in LA2, which agreed to take part.

Each local authority was given information about the study's aims and methods, and what was expected of them.

2.2 Developing a data collection tool

A tool for capturing relevant information from social care records was developed jointly by the researcher and the staff at the CSA Centre using the CSA Centre's 'CSA data collection template', which sets out a recommended list of information that organisations responding to CSA should be collecting and recording (Karsna, 2019).

The template specifies 30 core data fields for collection, under four broad headings: victim, perpetrator, nature of abuse and service response. In order to minimise the time required to review each case record, and hence maximise the number of records sampled within the time allocated for fieldwork, only 15 of these data fields (including fields under all four headings) were included in the data collection tool..

A tool for capturing relevant information from social care records was developed using the CSA Centre's 'CSA data collection template'.

Additional information was collected on:

- ▶ the child's current or most recent status in the child protection system
- ▶ how long the child had been known to children's services
- ▶ the number of assessments undertaken during the child's engagement with the local authority (including children's and young people service assessments, initial and core assessments, single assessments, child protection reviews, looked-after children's reviews, children in need reviews and assessments using the Sexual Exploitation Risk Assessment Framework (SERAF)).

More detailed information than required by the data collection template was collected on what support was provided when CSA was identified. Data was also gathered on the documents in which references to CSA concerns and details of the abuse were recorded in each case. Two further questions were added regarding harmful sexual behaviour (HSB).

The data collection tool is presented in full in Appendix A.

2.3 Piloting the data collection tool

Following a meeting with the children's services leads in each local authority, arrangements were made to pilot the data collection tool. Piloting was undertaken over a period of one day in both authorities, where different IT systems were in operation. Access was enabled to both, and local authority staff introduced the researcher to the structure of each system. Table 1 provides some detail about the location of relevant data, this was used both when undertaking the pilot and in the subsequent research.

A small number of cases were made available to the researcher for the pilot, and one case file was reviewed in each local authority. Both case files contained references to CSA, and both children had been known to children's services for some years. Given the scale and complexity of the material contained in the case files, it quickly became clear that the review process would take considerable time, with implications for the number of case files that could be studied.

The data collection tool worked well in practice, and no revisions were made following piloting. Arrangements were subsequently put in place to visit each local authority to undertake the fieldwork.

Table 1. Locations of relevant data in each data system

LA1	LA2
Data available in the following folders: <ul style="list-style-type: none"> ▶ Index ▶ Relationships ▶ Contact/Referrals ▶ Child Protection ▶ Looked After Children ▶ Assessment ▶ Risks ▶ Plans ▶ Review/Meetings 	Data available in the following folders: <ul style="list-style-type: none"> ▶ Chronology ▶ Central Index/People ▶ Referral ▶ Assessment/Forms ▶ Case Notes/Activities ▶ Child Protection Process

2.4 Determining the sample size

The number of case files that could be reviewed during the time available for fieldwork was limited by three factors:

- ▶ The data systems in operation in the two local authorities were different. Some time was therefore needed to become familiar with each.
- ▶ Given the sensitive and confidential nature of the material, access to it was restricted; documents could be viewed on-site only in local authority offices, and this restricted the time available for data collection.
- ▶ The scale and content of individual case records presented further challenges. Following the pilot phase, it was anticipated (correctly) that the two case files reviewed would not be atypical: many children and their families had been involved with social services for some years and had complex needs, and this was reflected in their case files.

Given these factors, it was concluded that a maximum of two records could be reviewed during each day of fieldwork.

2.5 Sourcing case files for sampling

In order for the sample to include children from across the range of children's social care interventions, data was requested from each local authority in relation to the following groups of children who had received services or been referred during the 12 months from 1 April 2018 to 31 March 2019:

- ▶ children referred to the multi-agency safeguarding hub (MASH) or equivalent
- ▶ children referred through SERAF
- ▶ children subject to a Section 47 enquiry, which is undertaken when there is a risk of significant harm
- ▶ children referred to multi-agency sexual exploitation (MASE), CSE or initial strategy discussions

- ▶ children on the child protection register
- ▶ looked-after children
- ▶ young offenders receiving services from the Youth Offending Team.

Along with the children's ID numbers, information was requested on the gender, age and ethnicity of the child so that sample could take account of these demographics. The same data was requested from each local authority, but the information provided depended on how each system structured its data and what extractions were possible. Consequently, there were some differences in the data received. In LA1, data for sampling was made available regarding:

- ▶ records on looked-after children
- ▶ child protection registrations
- ▶ Section 47 enquiries
- ▶ CSE strategy meetings under the All Wales CSE Protocol⁶
- ▶ contact referral summaries showing the reason for referral (including cases referred for CSE, other types of CSA and HSB).

In total, LA1 provided information on 5,456 children, some of whom appeared in more than one list.

In LA2, data for sampling was made available regarding:

- ▶ records on looked-after children
- ▶ child protection registrations, including details of the initial and final categories of registration
- ▶ child in need registrations
- ▶ Section 47 enquiries by category of abuse
- ▶ strategy discussions under the All Wales CSE Protocol.

In total, LA2 provided information on 2,029 children, some of whom appeared in more than one list.

6 The All Wales CSE Protocol (All Wales Child Protection Review Group, 2013) set out the formal Child Protection Procedure to be used where there were concerns that a child was at risk of or being abused through CSE. As noted in section 1.3, new practice guidance was being consulted on at the time of this research but had not yet been published.

Quota sampling was undertaken, based on the categories – or strata – to be included in the study (Denscombe, 2003). In each local authority, cases were made available to the researcher from the categories contained in the above lists. Sampling was then undertaken with a view to achieving a spread of data, taking into account the gender, age, ethnicity and child protection status of children receiving services. The amount of information available in the case files was not a factor in the sampling process.

The resulting data was collected on an Excel spreadsheet.

2.6 Reviewing case records

The fieldwork was undertaken between July 2019 and January 2020. A total of 11 days were spent in LA1 and 13 in LA2, during which 44 case records were reviewed.

In LA1, 24 case files were reviewed. Thirteen of those children were female and 11 were male. They ranged in age from five months to 17 years. With regard to ethnicity, one was from an Asian background and the others were all white British.⁷ Table 2 provides some detail on the cases sampled.

In LA2, 20 cases were reviewed. Of those children, 11 were female and nine male. They ranged in age from 23 months to 16 years. With regard to ethnicity, all were white British except one of mixed ethnic background. Table 3 provides further detail on the cases sampled.

Table 2. Cases reviewed in LA1

Category	Number of children		
	Male	Female	Total
Looked-after child	2	2	4
Harmful sexual behaviour	3	0	3
Child protection register (neglect)	1	1	2
Child protection register (emotional abuse)	0	1	1
Referrals for suspected sexual abuse	2	5	7
CSE strategy meeting	1	2	3
Section 47 enquiry	2	2	4
Total	11	13	24

Table 3. Cases reviewed in LA2

Category	Number of children		
	Male	Female	Total
Looked-after child	1	2	3
Child protection register (emotional abuse)	0	1	1
Child protection register (sexual abuse)	1	3	4
Child in need	1	1	2
CSE strategy discussion	2	2	4
Section 47 enquiry	4	2	6
Total	9	11	20

⁷ Children in both samples were largely white British. This reflected the composition of the overall population, and was not a result of sampling.

2.7 Conducting focus groups

Towards the end of the fieldwork period, focus groups were undertaken with social work practitioners in each local authority, to gather the views of those safeguarding children at risk of or affected by CSA. The intention was that the voices and insights of staff would contribute to the shape of future services, and improve responses to CSA in Wales.

Participants were recruited through the heads of children's services in each local authority; participation was voluntary. Four social work staff in LA1 and six in LA2 participated. A range of social work teams were represented: looked-after children, integrated family support, disability, family assessment and support, and area-based safeguarding teams. All participants were female.

Each of the focus groups lasted two hours and was audio-recorded. Participants were asked for their views on the key elements of practice when responding to CSA, including any challenges encountered, and their thoughts on the differing needs of those receiving services. A copy of the focus group schedule, showing the questions asked, is in Appendix B.

Participants were given the contact details of CSA Centre staff in case they had questions, concerns or complaints about the research. They were also informed that a report would be produced based on the research findings; that other publications would follow; and that presentations would be made across local authorities to disseminate the research findings.

2.8 Analysing the data

Data from the reviewed case files was entered into a data collection tool and recorded in pre-determined categories. The data collection tool used to gather the information from the case files can be found in Appendix A.

Profile information (age, gender, ethnicity) about the child was collected from all 44 case files. In addition, in the 30 case files where CSA concerns were found, detailed data (where available) was gathered on the characteristics of the suspected perpetrators, the nature of the abuse, and the local authority and police responses to the CSA concerns raised. This data was analysed in order to understand the circumstances of abuse in each case and to establish what information was recorded, and where. The data was examined using descriptive analysis; frequencies and cross-tabulations were calculated to examine the profile of children, the nature and circumstances of suspected abuse and the safeguarding response.

Following the focus groups, transcriptions of the audio recordings were analysed thematically. This involved the identification, analysis and reporting of patterns or themes evident within the data collected, producing a detailed account of them (Braun and Clarke, 2006). The researcher then read through the transcripts several times in order to "make sense" of the data collected, and also to identify patterns, "commonalities and differences" (Miles and Huberman, 1994:9). Initial codes were generated manually, with a focus on aspects of the data which were of interest. This was followed by a search for and naming of themes (Strauss, 1987).

A number of key themes emerged from data analysis, with regard to training, disclosure and the support available for children and their families. The focus group findings are therefore reported under the following themes: perceived prevalence and likelihood of disclosure; recognising and responding to disclosures and concerns; taking action on disclosures or concerns; recording concerns; support for children and their families; and training and support for staff. Every effort was made to ensure the "trustworthiness" of the research, with the findings reflecting the voice of the focus group participants – through the use of direct quotes – rather than the researcher's perspective (Lincoln and Guba, 1995).

2.9 Ethical issues

Ethical approval for the research was sought and obtained from the Research Ethics Committee at the CSA Centre. The Chair of the Ethics Committee at the Hillary Rodham Clinton School of Law, Swansea University, confirmed they were satisfied with the ethics review process in the CSA Centre.

The research was undertaken according to the core principles set out in the Social Research Association (SRA) ethical guidelines. As the research was predominantly systems-based, emphasis was placed on the appropriate collection, storage and management of data, and on compliance with the General Data Protection Regulation's principles relating to lawfulness, fairness and transparency; purpose limitation; data minimisation; accuracy; storage limitation; and integrity and confidentiality (Information Commissioner's Office, 2018).

Given the extremely sensitive nature of the documents under review, the researcher signed confidentiality agreements with each local authority. The researcher travelled to the local authorities' offices to access and collect data from the case files on-site, and the collected data was stored on a secure, password-protected laptop. This connected directly to the Swansea University server, and could be accessed only by the researcher.

Care was taken to ensure confidentiality and anonymity during the course of the study. Any identifying information in case records was held separately from the data collected for research purposes: only anonymised data was entered onto an Excel spreadsheet, together with a 'study ID' number allocated to each sampled case file. That number, alongside the child's name and the 'client ID' identifying the case on the local authority's data system, was recorded in a book which was held securely at the local authority's office. At the end of each day of fieldwork, a local authority staff member signed and dated the book to confirm that all of the documents made available to the researcher for sampling purposes had been returned for safe storage in the local authority.

Explicit consent was not sought from the research subjects of the case file study: the two participating local authorities' privacy notices (informing families how personal information gathered during their engagement with children's services will be used) included consent for using data for research purposes, and the research was considered to be of public interest, which has a lawful basis in data protection legislation (Information Commissioner's Office, 2018).

Prior to each focus group, every participant was asked to sign and date a consent form. (A copy may be found in Appendix C.) It was stressed to participants that their participation was voluntary; that they could withdraw from the research at any time; that their views would not be used in the final report if they decided not to be involved any more; and that they could request their interview data from the research team. Anonymised recordings of the focus groups were held securely at the CSA Centre.

It was agreed that, if the researcher had a concern over the safety of any child based on information in the case files, she should immediately contact the designated safeguarding lead for the project (a member of the CSA Centre's staff). This individual could then, if necessary, contact the named safeguarding lead in the relevant local authority for an immediate discussion. No such cases were identified during this research.

CSA is an emotive and sensitive topic, and undertaking research into it has the potential to cause distress (see overleaf). Accordingly, researcher welfare was considered during the ethics review process. It was agreed that the implications of exposure to traumatic material would be discussed during review meetings and where possible, measures to reduce vicarious trauma would be used by the researcher, e.g. taking regular breaks during data collection and phasing work to allow days off from data collection.

Researcher welfare

The impact on the researcher of immersion in detailed case records charting CSA and other forms of abuse should not be underestimated. In the cases reviewed during this study, the complexity of children's lives and their levels of need, risk and harm were all too evident. Indeed, several families had been known to children's services for many years, and in some cases prior to the child's birth.

Although the review process involved secondary analysis (Bryman, 2004) of existing data – creating some distance between researcher and child – narratives which detail family dysfunction, poverty, physical abuse, emotional abuse and neglect, domestic violence, substance misuse and parental mental health issues can nevertheless have a powerful effect on the reader. The same is true of narratives depicting CSA in the child's own words, and explicit language used in professional discussion of sexual activity. All represent contexts within which considerable harm is present. Yet scant attention is paid to the impact of this in the research methods literature, where the focus is often on face-to-face contact with vulnerable populations, and on emotive issues that may emerge in health settings (e.g. Dickson-Swift et al, 2008).

When undertaking research on sensitive topics, we can be "taken to places" we are not prepared for (Dickson-Swift et al, 2008:136). It is therefore essential that researchers prepare well for what they are likely to be exposed to, build time for reflection and 'recovery' into their schedule of work as they move from case to case, and have an opportunity to debrief, as was planned in this research. While this will undoubtedly have an impact on the time frame for fieldwork, it is essential to keeping oneself safe and enabling the research to continue to fruition.

2.10 Limitations of the research

There were a number of limitations to this research:

- ▶ The review of case files was small in scale, for the reasons outlined in section 2.4. Owing to the small number of cases reviewed, the specific selection criteria, and the restricted geographical reach of the study, the descriptive data in this report should not be considered representative of the nature of CSA occurring in the wider population.⁸ The cases of CSA described in the report serve to illustrate the range and types of CSA concerns and responses to them within local authority children's services, particularly in Wales.
- ▶ The nature and extent of information made available for sampling differed in the two local authorities. This affected the speed at which research could be conducted and the composition of the sample, which (as outlined in section 2.6) contained different categories for inclusion.
- ▶ The findings from the review are a snapshot of data held by the local authorities over a specific time period (1 April 2018 to 31 March 2019). It is not known to what extent recording practices or referrals regarding CSA concerns may differ across longer timescales.
- ▶ Only a small number of social work staff participated in the focus groups. Although the participants represented a range of child protection teams, and the only criterion for participation was having at least one experience of working with a child for whom concerns of CSA were present, it is possible that the social workers who participated had more interest in CSA than those who did not choose to take part.

Although these issues limit the extent to which the findings can be generalised, there was a consistency to the patterns and themes that emerged from the quantitative and qualitative data collected across both local authorities, and this speaks to the validity of the findings (Denscombe, 2003).

⁸ Research shows that most CSA does not come to the attention of the authorities during the victim/survivor's childhood (e.g. Office for National Statistics, 2020: Tables 24 and 28).

3. Findings: case file review

This chapter focuses on analysis of the data gathered from the 44 case files reviewed for this study, starting with the extent of CSA concerns found in these children's records, and the status of the children in the child protection system. All references to CSA, regardless of the referral or concern source or whether the local authority took action, were included.

3.1 The scale and types of CSA concerns

Two-thirds (n=30) of the 44 case files contained references to CSA concerns relating to the child. This proportion was similar in both local authorities. These 30 cases form the basis of the analysis presented in this chapter.

The sample drawn for this study contained children's case files from across a range of social work teams, and included files describing responses to child sexual exploitation (CSE), intra-familial CSA and harmful sexual behaviour (HSB). In reality, children's experiences did not neatly reflect such labels: records detailed concerns about multiple forms of abuse, experienced as well as committed by the children, both inside and outside their family environment (see Figure 1):

- ▶ Ten children had been referred to children's services because of CSE concerns. In three of these cases, the suspected perpetrator was an adult in the child's family environment (including family friends); a further five cases involved adults (in addition to a child, in one case) who were not part of the child's family environment. Two cases of CSE involved exploitation solely by children outside the family environment. Two of the 10 CSE cases also contained concerns of HSB committed by the child.
- ▶ Seven children whose files were studied were thought to have experienced HSB by another child or children. Four of those cases involved extra-familial HSB (including the CSE cases referred to above), while the other three cases involved HSB by someone in the family environment. Eight other children whose files were studied (including one who was not thought to have been sexually abused themselves) were suspected of displaying HSB towards other children. In total, 15 case files contained references to HSB.
- ▶ Concerns about intra-familial abuse were present in 21 case files. Three of these related to intra-familial CSE, referred to above; another three involved HSB displayed by another child in the family environment, also referred to above; and four included HSB (not necessarily against family members) by the child whose file was studied, in addition to abuse of that child by an adult in the family environment.

As Figure 2 shows, the 30 children whose case files recorded CSA concerns were receiving a wide range of interventions from children's services. Only one-fifth of them (n=6) were or had most recently been placed on the child protection register under the category of sexual abuse.⁹ This demonstrates that child protection registrations are a poor indicator of the overall scale of CSA concerns in the child protection system, as they represent only a small proportion of the cases involving CSA that come to the attention of local authority children's services.

⁹ Placing a child on the child protection register is only one way of safeguarding them where a risk of significant harm is present, and is not appropriate for all children at risk of or experiencing CSA. This case file analysis did not seek to assess whether the safeguarding response was correct for each child; its purpose was simply to observe where children for whom CSA concerns existed were in the child protection system.

Figure 1. Forms of sexual abuse and harmful sexual behaviour recorded in case files

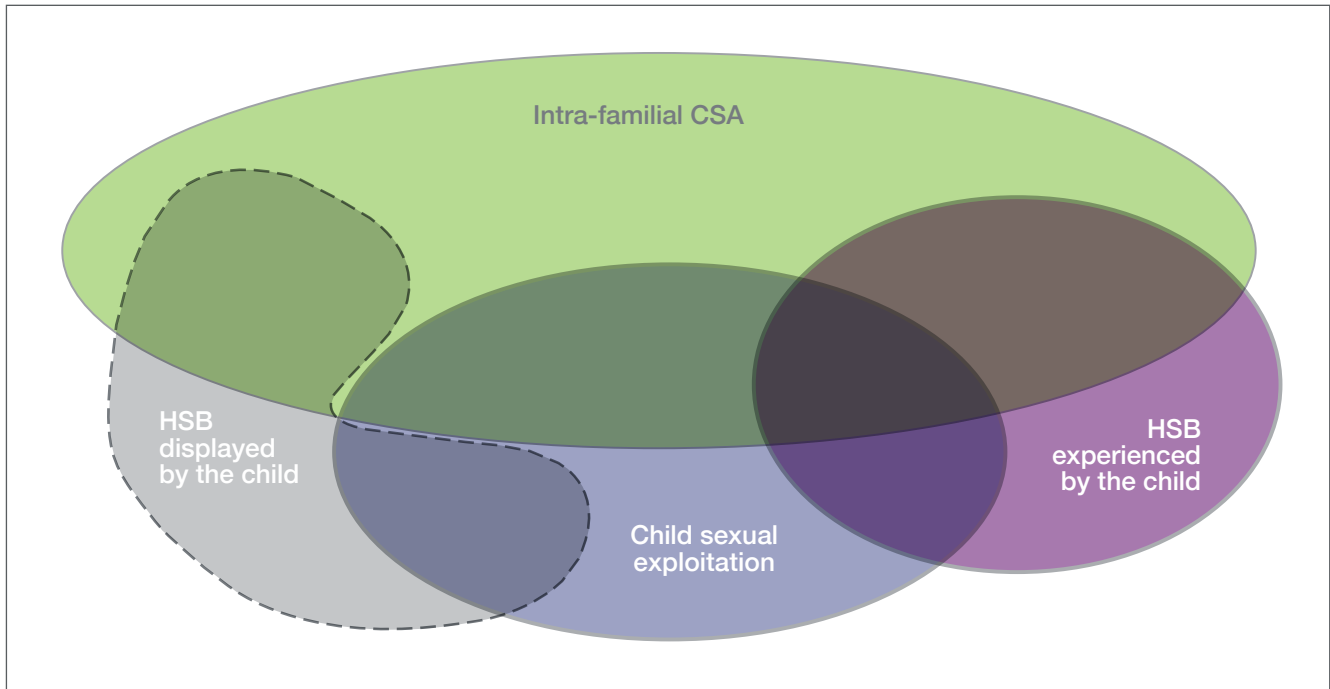
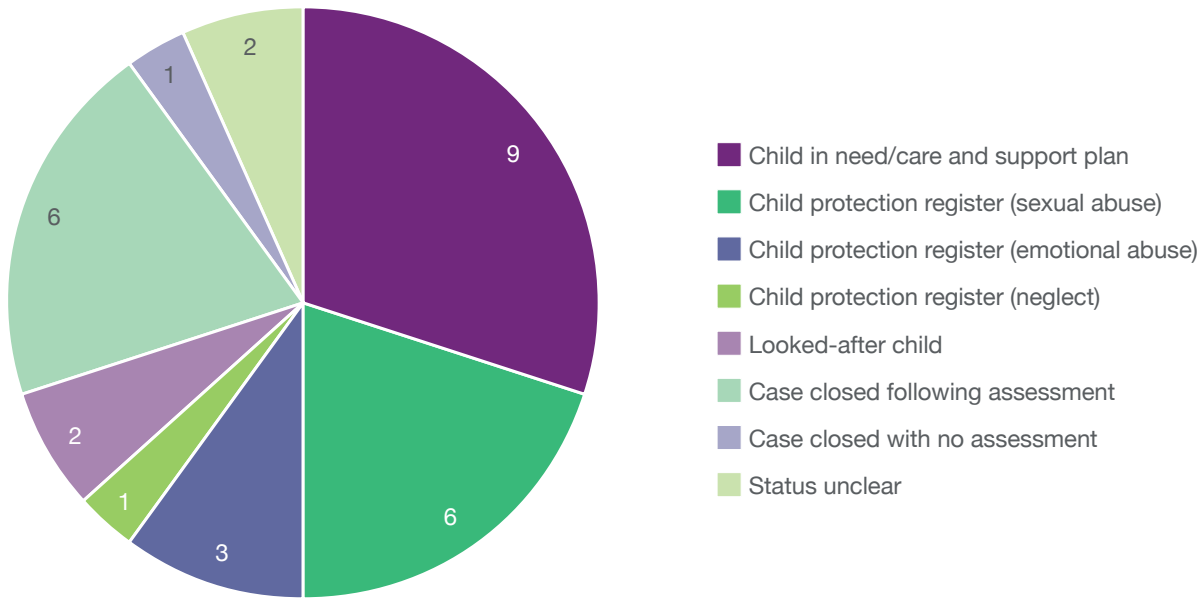


Figure 2. Current/most recent status in the child protection system of children whose files referred to CSA concerns



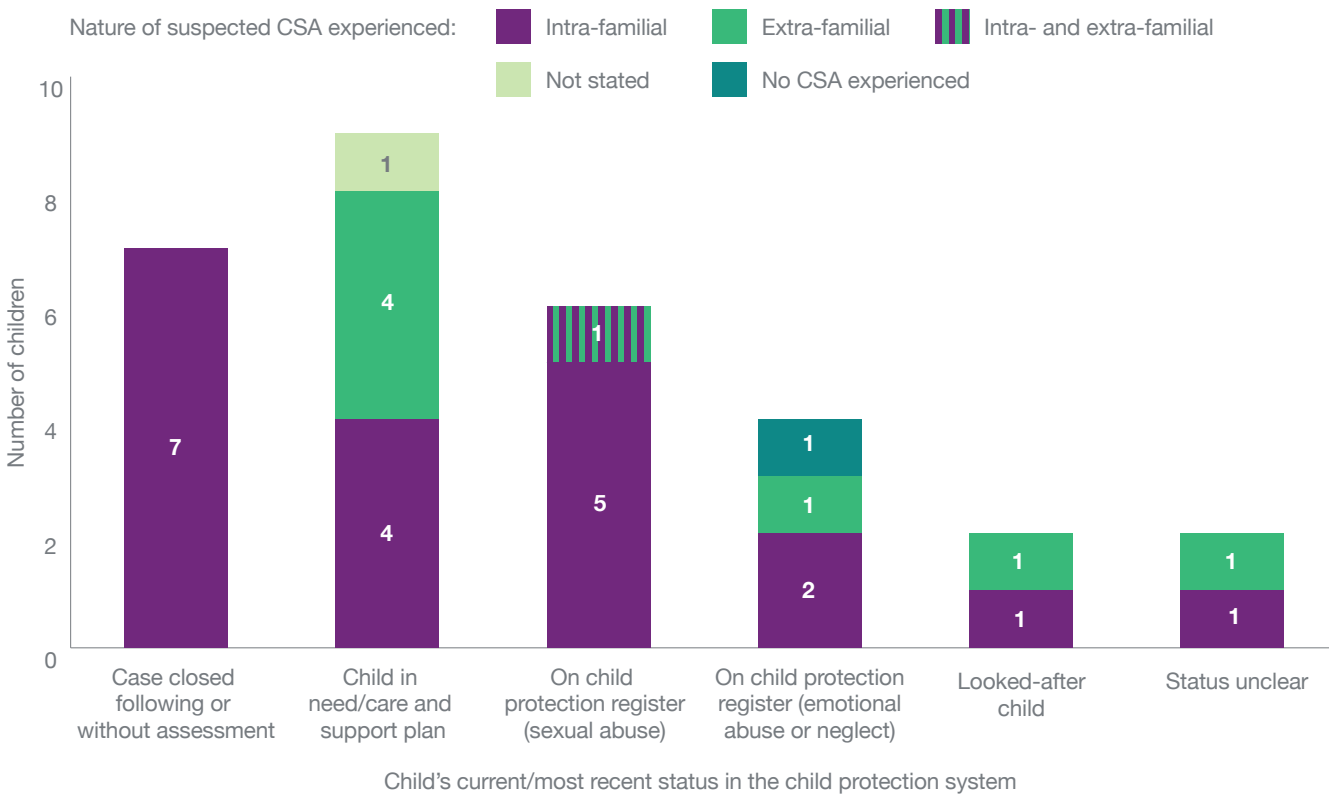
n=30 case files.

Another one-eighth (n=4) of those 30 children were on the child protection register because of other forms of abuse or neglect; just under one-third (n=9) were a child in need or on a care and support plan; and the cases of nearly one-quarter (n=7) had been closed, either following an assessment or without an assessment.

Figure 3 indicates that no children whose cases related solely to extra-familial abuse (n=7, all but one recorded as suspected CSE) were on the child protection register under the category of sexual abuse. Children placed on the child protection register for sexual abuse had all experienced some form of intra-familial abuse (including by family friends); suspected intra-familial abuse was also a feature of all seven cases closed following an assessment or without an assessment. Both intra- and extra-familial CSA cases included HSB, and children suspected of having experienced HSB were placed across the child protection system.

Most of the 30 children whose files contained references to CSA had been known to children's social care services for significant periods of time: the average length of time from the first referral to the time of this study, or the time when the case was closed, was six years, with a range from one to 13 years. Consequently a large majority (n=25) of children (or their families) had been assessed repeatedly – one-third (n=10) of children whose files contained references to CSA had more than 10 assessments on file. In cases involving multiple assessments, references to CSA could be found in a number of assessments but were typically made in the time period where CSA concerns were actively present, leading to suspected CSA from past periods of engagement with children's services being lost in later records.¹⁰

Figure 3. Current/most recent status in the child protection system of children whose case files referred to CSA concerns, by nature of the suspected abuse



n=30 case files. 'Intra-familial abuse' refers to all forms of CSA (including CSE) and HSB suspected to have been carried out in the family environment, including by family friends. 'Extra-familial abuse' includes all forms of CSA (including CSE) and HSB suspected to have been carried out by individuals outside the family environment.

¹⁰ No attempt was made in this research to assess whether the assessments found in the files were of good quality, or whether their number was appropriate.

One 16-year-old boy in LA2 had been known to children's services since the age of five. He was a child in need and had been assessed on more than 30 occasions. He had previously been registered twice on the child protection register, under the categories of neglect and emotional abuse respectively, and also spent some time in residential care as a looked-after child. The case notes showed that he was believed to have become at risk of CSE and recruitment to gangs involved in the supply of drugs, and was being monitored under the CSE Protocol.

Nearly a quarter of the sample (n=8) related to children aged 0–3 (see Figure 4). CSA concerns were entirely absent in the case files of this age group.

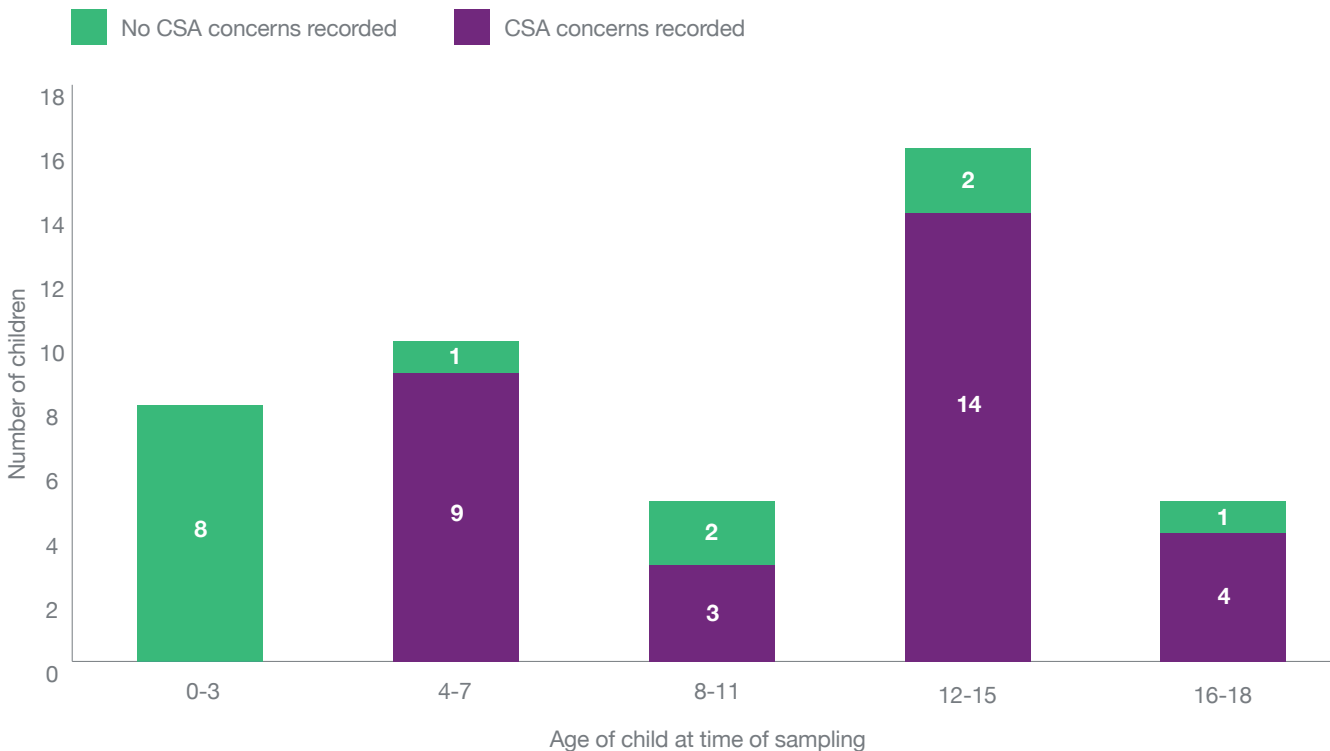
Data on the child's gender and their age at the time of sampling was recorded in all studied files, and findings were similar across both local authorities. Data on the age of the child at the time when the sexual abuse was thought to have started was available in 26 records: the average was 10 years old for girls and nine years old for boys.

The child's ethnicity was recorded in 41 of the 44 case files reviewed; in all but two cases, the child was white British (n=39). One of the two children from black, Asian or minority ethnic (BAME) backgrounds was thought to have experienced CSA. Among the case files of white British children, more than two-thirds (n=28) referred to CSA concerns.

3.2 Characteristics of the children whose case files were reviewed

The 44 case files in the sample related to 24 girls and 20 boys. References to CSA were found in three-quarters (n=18) of the girls' files, and three-fifths (n= 12) of the boys' files. The files of eight boys and six girls did not refer to CSA concerns.

Figure 4. Age of children whose case files were reviewed, by presence of CSA concerns



n=44 case files.

3.3 Characteristics of suspected perpetrators

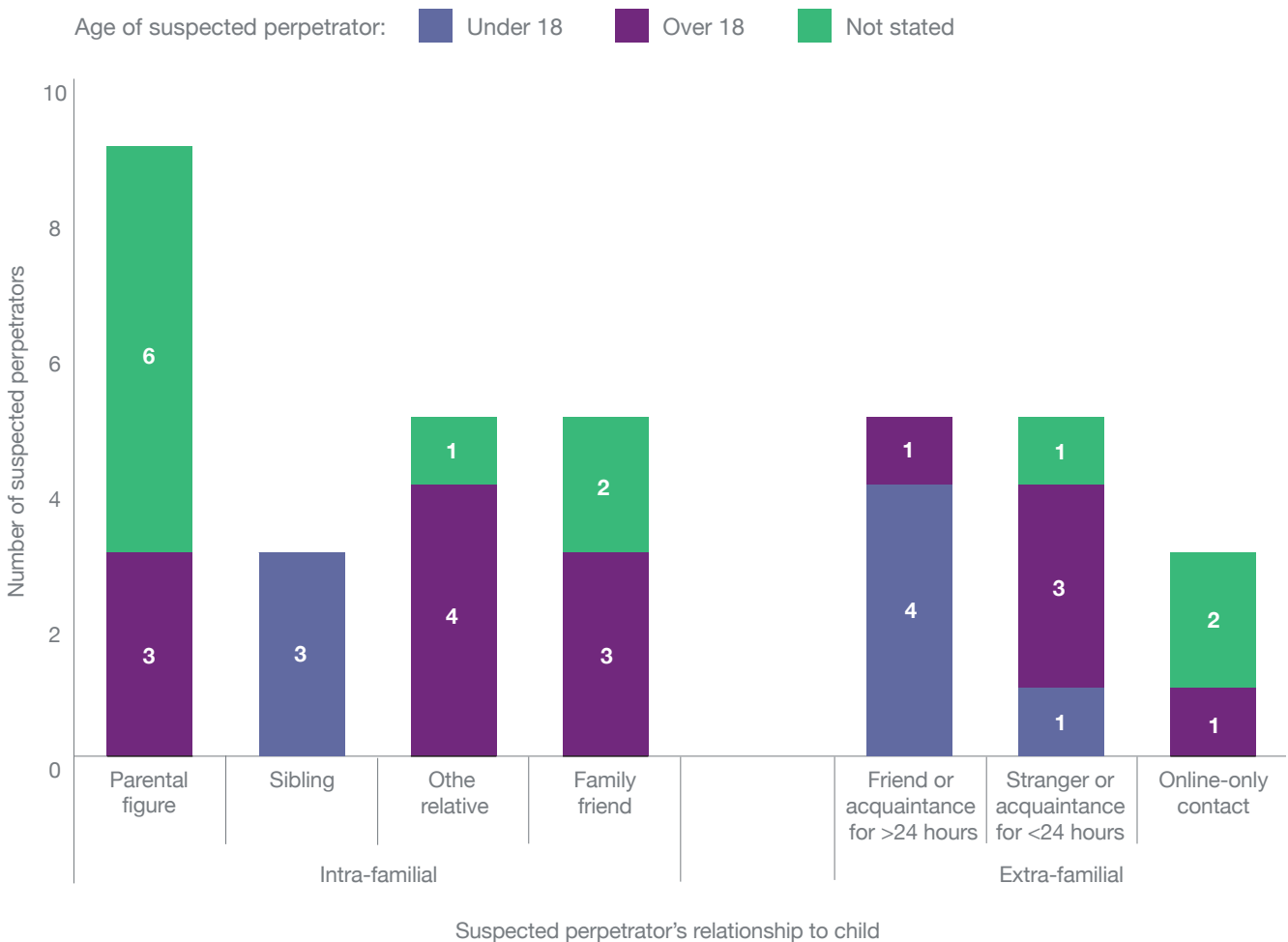
Among the 30 case files that referred to CSA concerns, 28 contained some information about the suspected perpetrator(s) – the suspected perpetrator was identified, and information about their profile and the abuse was recorded to varying extents. In one case this information was unclear, and in another the CSA concern focused on the child's own involvement in HSB.

Where the information about the suspected perpetrator(s) was clear, each CSA incident recorded had involved a single perpetrator; however, four children were thought to have experienced separate episodes of abuse by two different perpetrators, and one by four different perpetrators. This means that, in total, the files contained details of 35 suspected perpetrators, who were thought to have committed abuse against 28 victims.

Information about the suspected perpetrator's gender and their relationship to the child was noted for all of the suspected perpetrators identified (n=35). The age of almost two-thirds (n= 23) of them was also recorded; among the 12 whose age was not recorded, six were parents or parental figures and so were likely to be adults (see Figure 5).

More than three-fifths (n=22) of the suspected perpetrators belonged to the child's family environment (intra-familial). They were either the child's parent or a parental figure (n=9), a sibling (n=3), another relative (n=5) or a family friend (n=5). Among the 13 intra-familial suspected perpetrators whose age was recorded, more than three-quarters (n=10) were adults; the three under-18s who committed intra-familial abuse were all siblings of the abused children. With one exception (the child's mother), all of the 22 suspected intra-familial perpetrators were male.

Figure 5. Suspected perpetrators of CSA, by age and relationship to the child



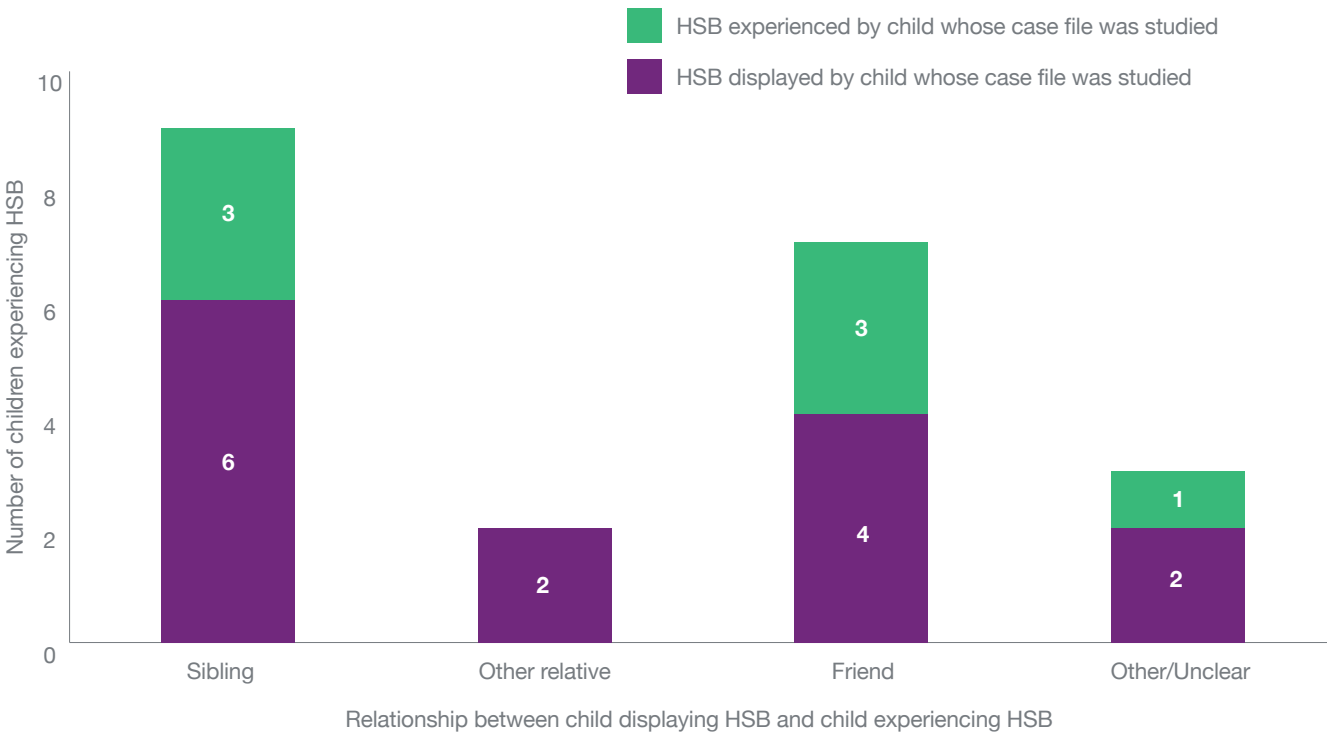
n=35 suspected perpetrators recorded in 28 case files.

The 13 suspected extra-familial perpetrators included the child's friends or well-known acquaintances (n=5), strangers or brief acquaintances (n=5), and online-only contacts (n=3). The age of 10 of these individuals was recorded, of whom half (n=5) were aged under 18 – mostly friends of the child (n=4). All but one of the extra-familial perpetrators were male; the sole female was an adult online-only contact.

The case files contained information about the ethnicity of only one-quarter (n=9) of suspected perpetrators. Eight of these were white British; the sole suspected perpetrator from a BAME background was thought to have committed abuse against a child of similar ethnic origin.

Figure 5 shows that, among the 23 suspected perpetrators whose age was recorded, more than one-third (n=8) were aged under 18; they were identified in the case files of seven children. However, this shows only a partial picture of HSB concerns present in the case files: a further eight children whose files were studied were suspected of having *displayed* HSB towards another child, and in five cases towards several children. Their suspected behaviour included abuse of siblings (n=6), other child relatives (n=2), friends (n=4) and others (n=2). As Figure 6 shows, this means that HSB was a feature of half (n=15) of the 30 case files in which concerns about CSA were raised; in the eight case files of children suspected of displaying HSB, all but one were suspected or known victims of CSA by adults.

Figure 6. Suspected victims of harmful sexual behaviour



n=15 case files. For some children whose case files said they had displayed HSB, multiple types of victim were recorded.

In LA2, one six-year-old girl had been known to children's services from the age of 20 months and had been assessed on 18 occasions. She had been placed on the child protection register under the category of physical abuse, but the category had subsequently been changed to multiple (physical and sexual) abuse. This was a suspected case of HSB by her brother, beginning when she was four. The girl was in receipt of specialist therapeutic support. It was not clear from the case file whether there had been a police investigation, or whether the brother was also receiving services.

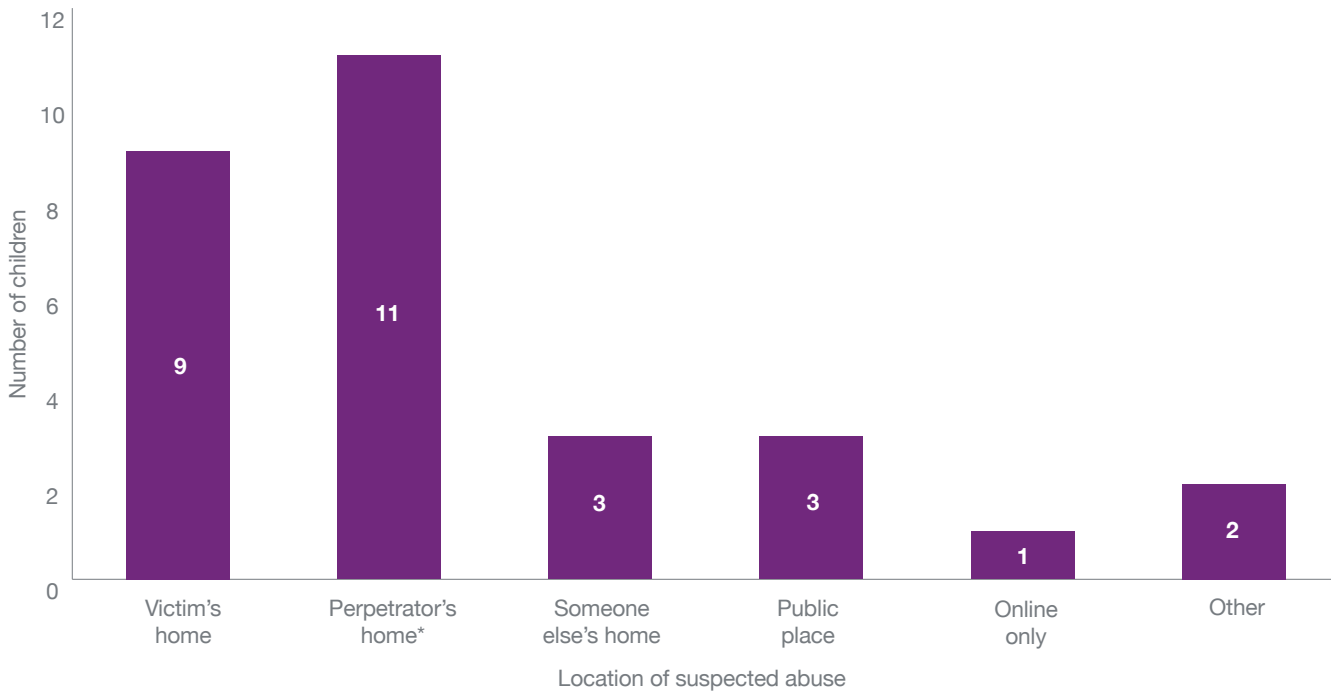
In LA1, a 12-year-old boy had been known to children's services since the age of six months and had been assessed on eight occasions. He had previously been on the child protection register under the category of emotional abuse, and was now a child in need. He was suspected of having displayed HSB. The boy was in receipt of specialist therapeutic support.

3.4 Nature of the suspected abuse

In 26 of the 30 case files containing CSA concerns, there was a description of the nature of the sexual abuse that the child was thought to have experienced; in three files the nature of the abuse was unclear, and in one the child was suspected of displaying HSB while not being a victim of CSA (see box, left).

Two-thirds of these 26 children (n=17) were thought to have been subjected to rape or penetrative sexual abuse; a further seven case files referred solely to other types of contact abuse (e.g. touching), one contained references to grooming through exposure to extreme pornography, and one involved coercion of the child into posting CSA images of themselves. A further case described risk to the child through their parent's involvement in chatroom conversations about CSA.

Figure 7. Locations of suspected CSA



n=29 locations recorded in 24 case files.

*One child is listed twice here, as they were thought to have been abused in the homes of two perpetrators.

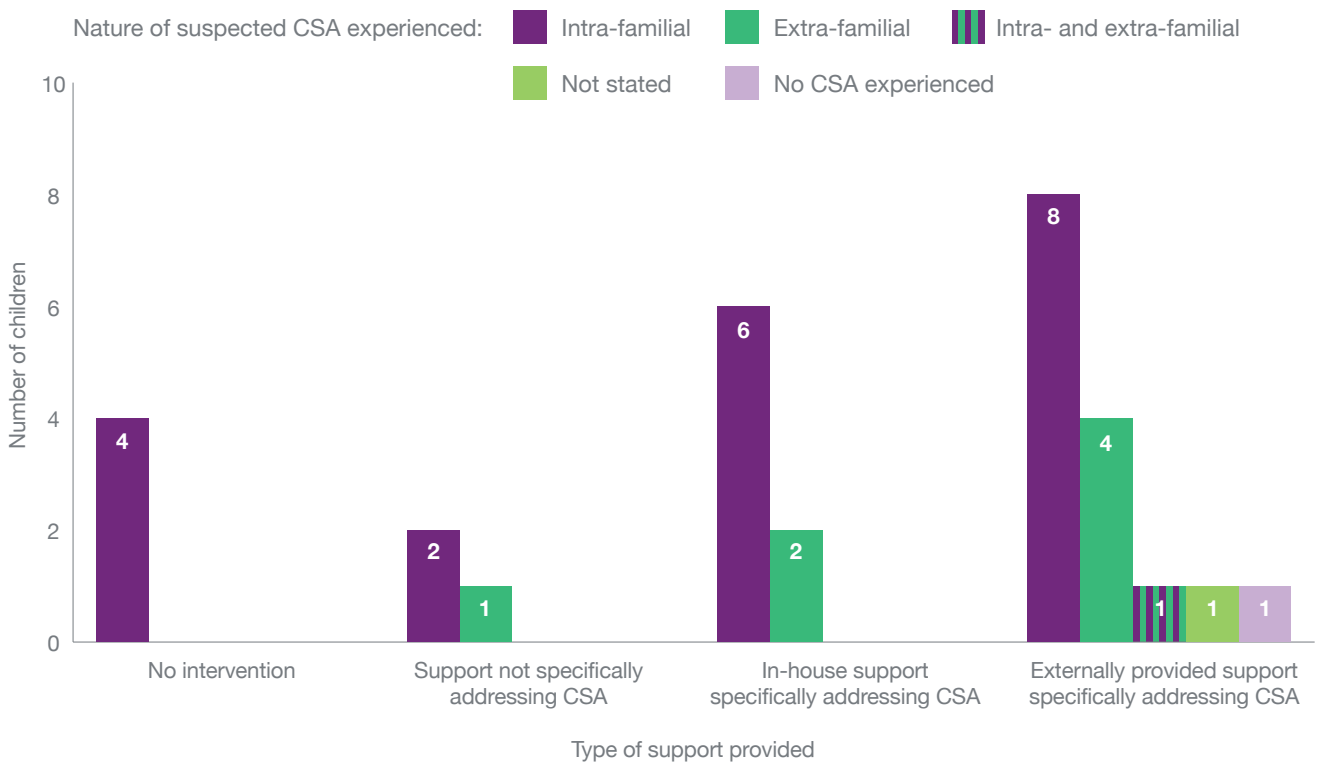
Clear information about the duration of abuse was recorded in only a quarter of the 30 case files (n=8), and the majority of those (n=6) were thought to involve a single incident.

The location of the suspected CSA was recorded in four-fifths of the case files (n=24) and included 29 locations: four children's case files recorded suspected abuse in multiple locations, by one or more perpetrators. Figure 7 indicates that, where the location was recorded, the overwhelming majority of abuse took place in a domestic setting; other locations specified included public spaces (a park or car park), in a vehicle and on a trip abroad.

3.5 Support provided where there were CSA concerns

As Figure 8 shows, more than three-quarters (n=23) of the case files contained some reference to support that the child had received – either from local authority social workers or from other organisations – in response to concerns about CSA during their most recent engagement with children's services. In another three cases, the support provided did not specifically address the issue of CSA, and four case files indicated that no support had been provided. Where support was provided, this varied widely; some children received very brief interventions (see below). In a few cases, CSA concerns had previously been addressed but no support appeared to have been provided in response to the latest concerns.

Figure 8. Support for children and/or parents in relation to CSA concerns, by nature of abuse



n=30 case files. 'Intra-familial abuse' refers to all forms of CSA (including CSE) and HSB suspected to have been carried out in the family environment, including by family friends. 'Extra-familial abuse' includes all forms of CSA (including CSE) and HSB suspected to have been carried out by individuals outside the family environment. Children listed as receiving support from specialist services may also have received support from social workers, but the latter is not shown.

In the 23 cases where children received support specifically related to CSA, two-thirds (n=15) received this support from an external specialist or therapeutic service; the other seven received support from a local authority social worker only.

Children thought to have experienced intra-familial CSA received support specifically addressing these concerns less frequently than those thought to have experienced extra-familial abuse – six of 20 cases of solely intra-familial abuse were closed without any intervention or with an intervention that did not specifically address this concern (see Figure 8). In comparison, only one case out of seven relating solely to extra-familial abuse did not receive any intervention relating to this abuse.

In LA1, a 10-year-old girl was referred to children's services over concerns that her brother, who had learning difficulties, had sexually abused her. The case was closed after an initial assessment, and the girl appears to have received no support in response to the suspected abuse. The brother was referred to specialist support from a voluntary-sector HSB service.

In LA1, a 12-year-old girl was referred to children's services because of suspected sexual abuse by her stepfather. She had been known to children's services since the age of six and at that time had received a 26-week specialist intervention in relation to suspected CSA committed by a sibling. There was no record of any intervention in relation to the current CSA concern. A police investigation in relation to abuse by the stepfather was ongoing at the time of this research.

Further, specialist external organisations more frequently provided support in cases where HSB or CSE concerns were present. They were involved in supporting two-thirds (n=7) of the 10 children suspected of having experienced CSE, and seven out of eight children who were thought to have displayed HSB. Children suspected of experiencing intra-familial abuse, but not suspected of displaying HSB, were far less likely to receive this response: out of 13 cases (excluding intra-familial abuse that involved CSE), fewer than a quarter (n=3) were referred to specialist organisations.

One-fifth (n=2) of the 10 children suspected of experiencing CSE were supported by social workers without the involvement of external agencies. One-third of those suspected of experiencing non-CSE intra-familial abuse (n=4) received a response by a social worker.

Only one suspected CSE case received no support relating to sexual exploitation specifically, and one case of HSB displayed by the child received no support; in cases of suspected non-CSE sexual abuse within the family environment of a child who did not themselves display HSB, however, two-fifths (n=5) received no support relating specifically to that abuse.

Table 5 sets out the types of support provided in-house and by external organisations.

CSA concerns were addressed by social workers typically through brief sessions on 'keeping safe', or 'safe touch', while children with CSE concerns were monitored through the CSE Protocol. Specialist or therapeutic services were provided by voluntary-sector organisations, or in some cases by school counselling or sexual health services.



Where support was provided, this varied widely; some children received very brief interventions from social workers.



'Keep safe' and 'safe touch'

'Keep safe' involves direct work undertaken with children (and/or their family) using the Signs of Safety approach – a “relationship-grounded, safety-organised approach to child protection practice” developed in Australia during the 1990s (Signs of Safety, 2020) – as part of the safety plan. There is a focus on how the child can keep themselves safe and/or how safe adults can keep the child safe.

'Safe touch' can involve different approaches depending on the child's age and needs. It can involve the use of PANTS – an activity pack developed by NSPCC to support parents and practitioners in talking to young children about body privacy and keeping safe (NSPCC, 2017b) – and other direct work that is specific to the child in respect of creating a safety plan around what is safe touch. For older children this can include more specific work around safe relationships, consent and personal boundaries.

Support under the All Wales CSE Protocol

Under the Protocol, which was in place at the time of this research, a young person was allocated a social worker who would ensure there was a safety plan in place for them and their parents or carers around CSE concerns. Social workers would ensure that educative work around CSE was taking place with the family and/or the young person – this would be offered by the social worker or, in more concerning situations, by specialist voluntary-sector services (including therapeutic services).

Police would look at disruption of the perpetrator, and would feed back to ensure a multi-agency response.

Specialist support commissioned from external organisations

In the two local authorities, specialist voluntary-sector organisations were commissioned to provide (in the words of LA2's commissioning document for these services) consultation, “assessment, training and intervention services for children and young people who have:

- ▶ engaged in harmful or problematic sexual behaviour
- ▶ been subject to or are at risk of child sexual exploitation
- ▶ experienced direct or indirect child sexual abuse
- ▶ present reactive sexualised behaviour.”

These services sought to:

- ▶ help reduce the incidence of sexual abuse, offending and reoffending by young people
- ▶ promote the development of healthy sexuality and positive sexual health for young people
- ▶ work in partnership with young people, their parents, carers and professionals
- ▶ promote the development of positive family relationships within a child protection framework
- ▶ promote the development of safer communities
- ▶ contribute to the body of knowledge and good practice in this area of work
- ▶ help reduce the escalation toward or further abuse via sexual exploitation for children and young people.

Table 5. Examples of support provided, by type of abuse and support provider

Type of abuse	Support provided in-house	Support provided by another organisation
Harmful sexual behaviour – those who commit abuse	'Keep safe' work 'Safe touch' work	Voluntary-sector specialist service,
Harmful sexual behaviour – victims of abuse	'Keep safe' work 'Safe touch' work	Voluntary-sector specialist service
Child sexual exploitation	Teen star programme CSE Protocol In-house work using voluntary-sector specialist tools	Support by a sexual health clinic Voluntary-sector specialist service Healthy relationships programme
Intra-familial sexual abuse	'Keep safe' work, e.g. around secrets, private triangle, my pants rule, 'Safe touch'	Play therapy School counselling Counselling from sexual abuse support service
Support to (non-abusing) parents whose children have been abused	Internet safety 'PANTS' rule 'Keep safe' work Family intervention service	No record of any support provided

In LA1, a suspected case of HSB experienced by a five-year-old boy was reviewed. Known to children's services from the age of four, he had previously been assessed once and supported through a child in need plan. The HSB was believed to have been committed by an older friend. It appeared that there had been a police investigation but the outcome was unclear in the case file. The five-year-old received support from the local authority children's services in the form of 'direct keep safe work'; the case file also indicated that he might be referred to specialist therapeutic support in the future. There was no record in the file regarding support for the child who was thought to have committed this abuse.

In LA1, an 11-year old boy was referred to children's services for HSB displayed towards siblings. He had been assessed three times and was supported through a child in need plan. It was thought that the boy had experienced CSA prior to his adoption in early childhood, but the nature of this abuse was unclear in the case file. He was referred for play therapy provided by a specialist charity in response to this abuse.

Specialist external organisations more frequently provided support in cases where HSB or CSE concerns were present.

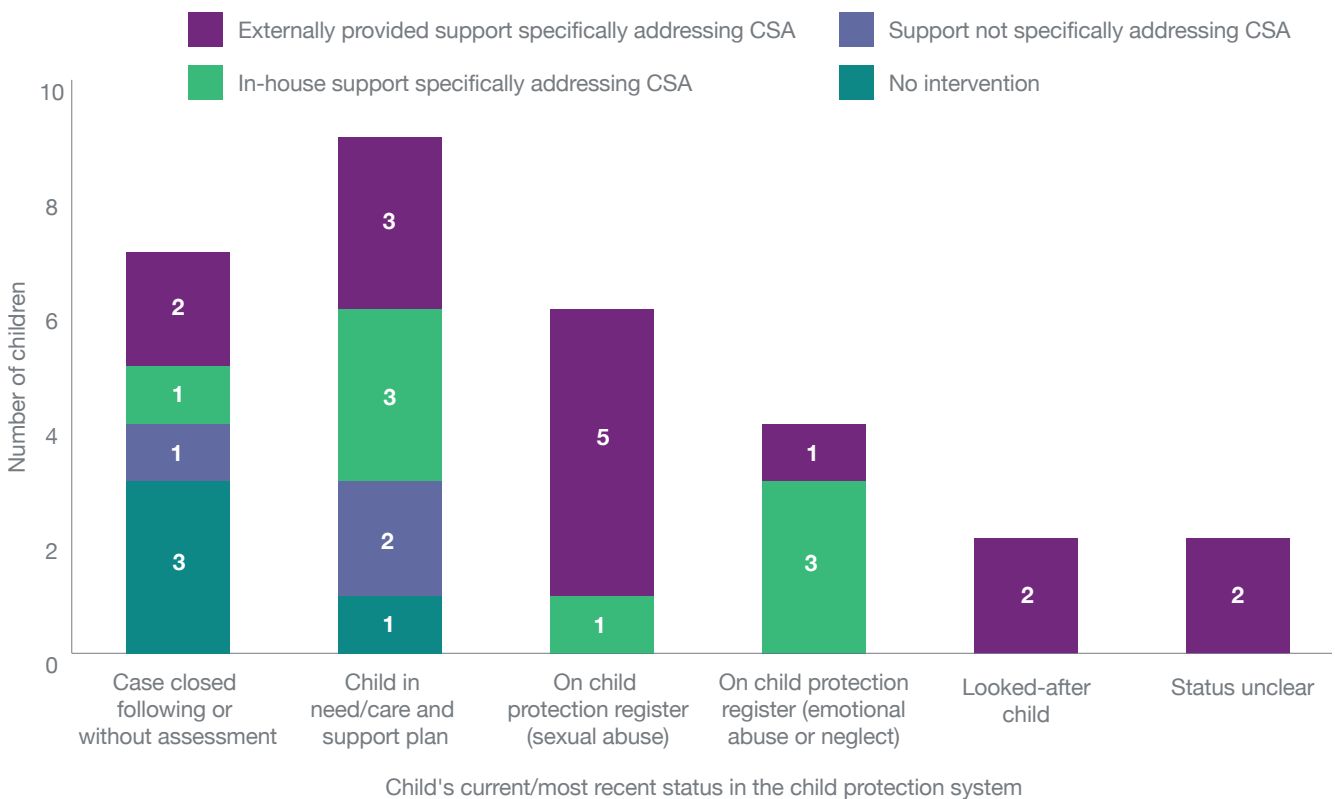
Children on the child protection register under the category of sexual abuse were referred to external agencies in response to CSA relatively more frequently than those on the register for other types of abuse or children on child in need plans (see Figure 9). Five out of six children on the register under the category of sexual abuse received specialist support from external organisations – compared to only one on the register for other forms of abuse and one-third (n=3) of children in need – and all five received support from a variety of organisations, including specialist voluntary-sector services that address CSA and HSB, Child and Adolescent Mental Health Services and the child's school.

Only one-sixth (n=5) of the 30 case files made specific reference to support for the child's parent(s): one family received a session on internet safety and the 'PANTS' rule, in another, 'keep safe' work involved both the parent and the child; and three families were involved with the family support service. No parents within this sample were referred to external support and, indeed, no further interventions with non-abusing parents were detailed in case records.

Although seven cases had been closed by children's services following or without assessment, only three of these children's case files indicated that they had received no support at all. Of the remaining four case files, two contained limited references to CSA-specific support provided through other agencies (including through the police victim service); the third suggested that the child had received a brief 'keep safe' intervention before the case was closed; and the fourth child had received support unrelated to CSA.

Only one-sixth of the case files referred to support for the child's parent(s), and no parents were referred to external support.

Figure 9. Support for children and/or parents in relation to CSA concerns, by child's status in the child protection system



n=30 case files.

3.6 Police investigation and outcomes

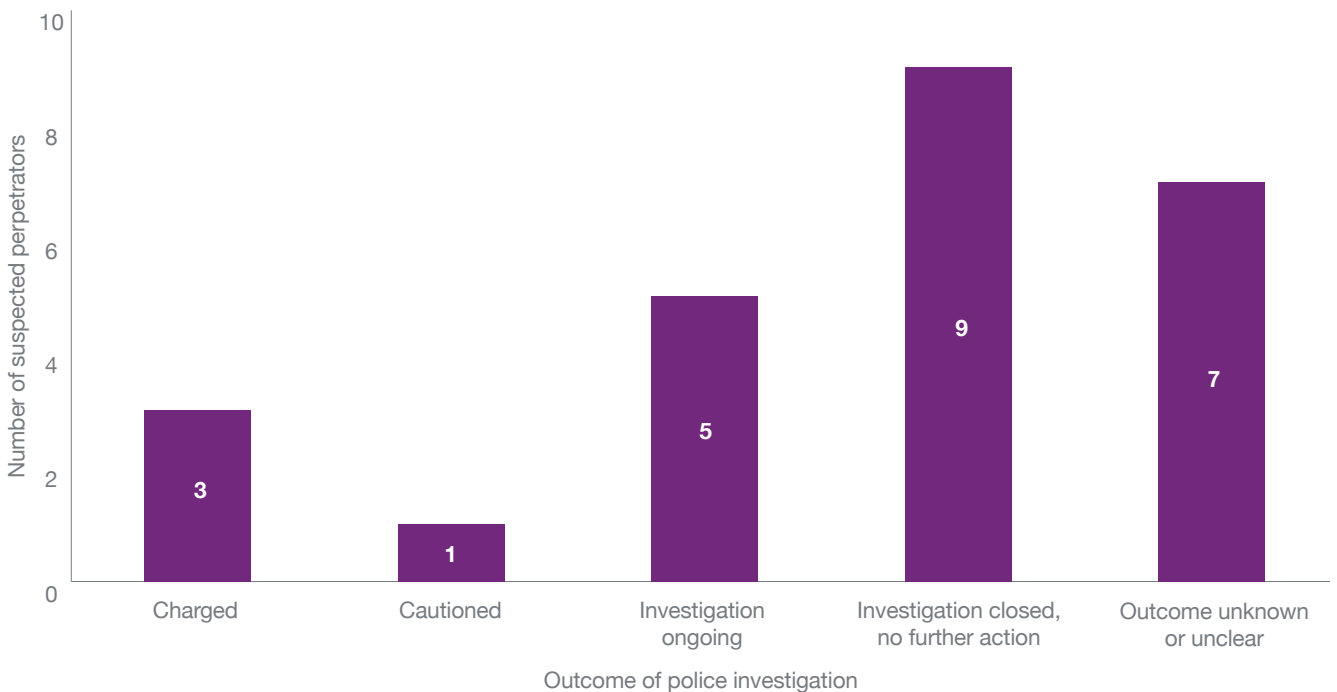
Information about the police investigation was recorded in 24 of the 30 case files containing concerns about CSA; in the other six case files (including the case in which the child was not thought to have experienced CSA), this information was unclear or not recorded.

Two of the 24 case files recorded that there had been no police investigation, and the police were not recorded as investigating every suspected perpetrator in some cases involving multiple perpetrators. Documents in the case files provided reasons for non-investigation including “child pretending to be 19 [online]”, “[suspected HSB victim] not confirming allegations” and “history of acrimony between parents” in a case involving a third-party allegation against one parent.

In total, 22 case files contained information about police investigations of 25 suspected perpetrators (see Figure 10):

- ▶ In three cases, the suspected perpetrators had been charged in relation to the abuse by the time of this research.
- ▶ Another suspected perpetrator, who was under 18 when the abuse was thought to have happened, received a caution.
- ▶ One-fifth (n=5) of police investigations were recorded as ongoing.
- ▶ Nine police investigations – more than one-third of the total – appeared to have been closed with no further action. Various reasons for no further action were recorded in case files: “child refusing to engage with sexual abuse medical, no forensic evidence”, “parents did not want to pursue [investigation]” and “police advised unlikely CPS [Crown Prosecution Service] would pursue charges”. In one case file it was noted that the police case had been closed but information from the investigation had been shared with social services.
- ▶ In more than a quarter (n=7) of cases, the outcome of the investigation was not recorded in case files.

Figure 10. Outcomes of police investigations



n=25 suspected perpetrators identified in 22 case files.

3.7 Where CSA concerns were recorded

References to sexual abuse were found to differing extents in a huge range of documents across the case files, with additional details of the abuse emerging sometimes in a piecemeal fashion. This would present challenges for anyone viewing these files, whether social workers or children wishing to access the information held about themselves.

The types of information stored were diverse, ranging from notes about phone calls to entries on the child protection register. There was diversity too, in relation to the sources of the information, which included representatives from health, education and housing services, and charitable organisations. Neighbours, and family members also provided information in some cases.

In LA1, for example, the case file of a girl at risk of CSE contained information spread across the following documents, with some offering a more detailed account than others:

- ▶ contact referral summary
- ▶ Section 47 enquiry form
- ▶ strategy discussion minutes
- ▶ minutes of CSE strategy meetings (x2)
- ▶ Children and Young People Service (CYPS) assessment
- ▶ SERAF (Sexual Exploitation Risk Assessment Framework) assessments (x4)
- ▶ Child/Young Person's Plan (child protection)
- ▶ Child/Young Person's Plan (looked-after child) (x2)
- ▶ Core Group (x5)
- ▶ Review Child Protection Conference (x4)
- ▶ Child/Young Person's Looked-After Child Review (x5)

In LA2, the case file of a girl suspected of experiencing intra-familial and extra-familial abuse contained information to varying extents in the following:

- ▶ Information, Advice and Assistance form
- ▶ Section 47
- ▶ Domestic Abuse Pathway to Provision Form
- ▶ Initial Child Protection Case Conference (x2)
- ▶ Initial Strategy Discussion
- ▶ Strategy Meeting
- ▶ Core Group (x4)
- ▶ Single Assessment

A case in LA2 involved a 14-year-old boy thought to have been abused by his father from the age of six. During this research, further details of CSA were found in a Public Protection Notification relating to an incident of domestic violence which occurred following the allegation of abuse. Gaining an understanding of the life of a child and their family from such varying sources requires a considerable investment of time, which is rarely available to social work practitioners.

Where child protection procedures had been initiated, details of CSA were evident in a number of documents available for review. Even in those cases, however, additional information on the extent, shape and form of CSA was often located elsewhere. In some of the files sampled, information about CSA was found in documents spanning several years.

Although the data system of one local authority included a 'chronology' (a timeline of the main safeguarding actions taken in relation to the child) which could be consulted for each case record as a starting point, the details it contained were limited. It included references to referrals and subsequent outcomes or meetings, but little information about the nature of the suspected abuse.

4. Findings from the focus groups

Focus groups were undertaken with a total of 10 social work staff from both local authorities, as a means of eliciting their views on the challenges of identifying, recording and working with CSA. The data collected was analysed thematically, and this chapter is ordered according to the themes that emerged. The findings are presented in the form of anonymised quotes.

A list of questions asked in the focus groups can be found in Appendix B.

4.1 Perceived prevalence and likelihood of disclosure

4.1.1 *Child sexual abuse (not including child sexual exploitation)*

Participants considered that CSA was a form of abuse encountered relatively infrequently by social workers, in comparison with other types of abuse and family issues.

“It is quite rare in our team [an area-based safeguarding team].

“I don't believe there's that many children on the child protection register, compared to the other issues that go on, where it's just sexual abuse, alleged sexual abuse ... It's always alleged and it's always part of maybe neglect or emotional [abuse]. There's not that many specifically under just purely that allegation of sexual abuse.”

Staff in both local authorities highlighted the limited extent to which social workers received direct disclosures of CSA from children. Rather, they received referrals from a number of other sources, including neighbours, schools and other professionals:

“I think [disclosure of CSA] mainly comes from other professionals about conversations they've heard from the children, or the children have said or done something ... There's lots of children we've got concerns about, they display sexually harmful behaviour – we have questions, but for them to actually make those allegations, it's quite rare.”

There was recognition of the difficulties that children face in disclosing CSA, and acknowledgement that a lack of disclosures helps to mask the scale of this abuse:

“I'm sure there are lots more children out there who have been abused, but they just haven't communicated.”

When a disclosure was made, other people around the children were considered more likely to receive it:

“Perhaps social workers are actually less likely to [receive disclosures], because on visits, the parents are there, and we don't see [children] as often as [other services] and foster carers do ... You're building something of a relationship [as a social worker], but not that close that they feel they can actually sit down with this person to [disclose].”

A participant from family support services, whose team encountered CSA more frequently, suggested that disclosure appeared more likely to occur in a setting of direct work and where a relationship had been built:

“Because we've got a different relationship, things may come out in sessions with children that wouldn't ordinarily come up in conversation with a social worker on a formal visit ... We do some one-to-one work about how to keep themselves safe, or doing a piece of work with teenagers on grooming, and online safety – it's those conversations that can often lead to disclosure.”

4.1.2 Child sexual exploitation

As with other forms of CSA, disclosure of child sexual exploitation (CSE) to social workers was felt to be unlikely. Nevertheless, practitioners were considered more likely to identify cases of CSE than other forms of CSA, seeing these cases regularly:

“[The likelihood of CSE] is very high, that’s probably predominant. Out of all of this, that’s the biggest concern ... I work with looked-after children, so often the children that I work with have got low self-esteem, they haven’t got the structures around them, they haven’t got the resilience, they haven’t got the support network around them ... So for me, I come across this quite regularly.”

Commonly cited sources of referrals for CSE were similar to those for other forms of CSA, and included schools, foster carers and parents.

Participants considered that responding to concerns about CSE was “based on interpretation”, with an emphasis on recognising risk, signs and indicators, whereas responding to other forms of CSA was reliant on disclosure by the child or concerns raised by another adult:

“The difference [between CSE and with other forms of CSA] is ... with CSE, we can build our own assessment and the child doesn’t need to disclose, because you can identify factors in that profile. It’s a lot easier to identify risk factors with CSE.”

“I suppose, with [other forms of] CSA you’ve got to have that straight from the child, don’t you?”

They highlighted that there was a confusion about children considered at risk of CSE and those who had been identified as having experienced CSE, and that they encountered the latter much less frequently:

“I think the line gets a little bit blurred with some professionals. When they are saying: ‘She is being exploited,’ she could be at risk of being exploited. But actually, children that we know who have been exploited, again it’s probably quite low really.”

4.1.3 Online child sexual abuse

Practitioners said that concerns about online abuse were increasingly frequent and presented challenges – not least because of the influence of social media on children’s lives and the associated risks, which are not always recognised by their parents or carers:

“Nearly all children have got a telephone with an internet connection. They’ve all got electronic devices at home, and they’re way ahead of their parents or carers on how to use these things. So, parents have said they thought they’d put parental controls on, but they managed to bypass those. They access pornography, Snapchat, Instagram, all these things, and [they’re] communicating with goodness knows who.”

“Now we’ve got more and more kids talking about sending nudes, having their photo sent around, all these things aren’t right, and yet it seem to be accepted ... These boundaries of consent – it’s the work we are doing with our teenagers now, with our pre-16s who are being abused sexually in a digital media kind of way, but don’t recognise it, and their parents don’t always recognise it either.”



Social workers believed that responding to CSE concerns was based on recognising risk, but for other forms of CSA it relied on disclosure.



4.1.4 Harmful sexual behaviour

Participants from both local authorities said they frequently encountered cases of harmful sexual behaviour (HSB). They suggested that HSB could be the result of a number of different factors, including previous experiences of CSA, exposure to pornography or family dysfunction:

“I see quite a bit of it now. It can come from just about everywhere really, from the fact that the children have been abused themselves, or they've been exposed to sexual behaviour or to pornography, even just domestic violence when they've got misconceptions about it. For me, it's pornography and actually seeing parents, you know, the lack of boundaries with parents, where there are issues of domestic violence or alcohol.”

They reported that few children displaying HSB disclosed the reasons for their behaviour:

“We have concerns about why they behave in that way, but a very small number of children will actually tell us, 'This is because something happened in my life'.”

As with other forms of CSA, it was felt that the lack of time available to spend on individual cases might affect relationship-building, and subsequently disclosure.

4.2 Recognising and responding to disclosures and concerns

The importance of responding appropriately to disclosures of CSA when children “pluck up the courage to actually say it” was recognised by the focus group participants:

“You've got to hold them in that moment, don't you? You can't be scared or shocked or be embarrassed by it, can you?”

A number of issues were raised with regard to practitioners' confidence in responding to disclosures, however. They cited the need to see things from the child's perspective, and to have some insight into “what that child's understanding of sex is”. In addition, it was felt that understanding the diverse language used by children— particularly younger children – to describe abuse could be challenging:

“With younger children, it is hard, especially when they use their own terminologies ... We've had ones where the child was saying, 'My dad touched my birdie' ... and trying to get that child to ... 'Show me what a birdie looks like, where's the birdie', that was quite difficult. And the younger the child is ... they don't have concepts of time, they can't tell you how often this is happening. That is difficult.”

Communication difficulties experienced by disabled children were identified as a specific issue relating to disclosure, with one social worker expressing the frustration she felt when children did not have the words to be able to say that they had been abused.

“Sometimes, unfortunately ... it's the disability [cases] that we've got, they are the most difficult. I think especially because of the nature, with their language, their understanding, it can be very difficult. Although as practitioners, people have picked [things] up, and our support services, we can support that, in relation to the behaviour and the rest of it. [But] without that communication ... I think it's extremely difficult to safeguard children with disabilities.”

In the absence of a clear verbal disclosure, cases of suspected CSA were regarded as more difficult to address: the need to avoid asking leading questions was highlighted, particularly if the social worker had not received appropriate training:

“It’s quite hard to say, to make a decision where to go with [a CSA case where the child has not disclosed], because you don’t want to ‘groom’ a child into saying something’s happened when nothing has and leading them. You know, joining the dots in the wrong way.”

“[Having] a social worker who hasn’t been on the Achieving Best Evidence training – I think it is risky ... They are vulnerable when they’re with children that you know there’s concerns about sexual abuse, because they haven’t got that knowledge around questions. It could not only leave them vulnerable but that child as well.”

One social worker highlighted variations in social workers’ training and experience in discussing CSA with children as a concern:

“I think [the response to a disclosure] is only as good as the worker who’s dealing with that person at the time. You’ve got a range – you’ve got people who are newly qualified; you’ve got support workers who aren’t qualified; you’ve got people who’ve worked for years. It’s a bit of a lottery, who the child gets.”

Another social worker, however, was concerned that her response to a disclosure might depend on her workload:

“I don’t know – if I had a case today, I feel I’d be able to [respond appropriately], but on a different day, when you’re up to there, it might affect me differently, you don’t really know.”

4.3 Taking action on disclosures or concerns

Acting promptly on disclosures and concerns was said to be something taken seriously, with focus group participants indicating that this initially involved discussions with managers:

“We have policies and procedures to follow. The strategy meeting would decide whether we’re going to proceed or not. You’d have discussion immediately with your team manager and then that would instigate all this then.”

There was a concern that sexual abuse induces panic in some professionals, and participants talked about the importance of taking proportionate action:

“It’s not an immediate reaction to go [to] child protection, because it’s [more] useful for the work with the family to find out maybe a bigger picture. We can actually go out and maybe do a 10-day assessment, instead of immediately jumping to have a strategy discussion with the police.”

In cases of suspected CSA where there was not a clear verbal disclosure, the need to avoid asking leading questions was highlighted.

4.3.1 Acting on concerns about CSE

Highlighting the emphasis on recognising risk in cases of suspected CSE, participants identified tools and processes such as the Sexual Exploitation Risk Assessment Framework (SERAF) which they considered effective:

“I think we’ve got some really good processes involved now, where we’ve got risk assessment that we automatically fill in. We’ve got a dedicated member of staff that looks at it, and SERAF. I think that hasn’t been [in place] long but it’s really embedded in our practice now.”

4.3.2 Acting on concerns about other forms of CSA where there is no disclosure

In cases where there were concerns about CSA but no actual disclosure, some participants said their emphasis would be on addressing boundaries, levels of supervision within the home and family dynamics, alongside efforts to increase resilience:

“If I’ve got concerns that the child is at risk in this area, I’d be thinking about increasing their resilience and would probably be doing a resilience matrix just to see if there are any areas you could bolster in their life, like a positive peer, a mentor or something like that ... I think you need to work to increase the kid’s self-esteem and resilience. You could do something around their values, and see where they’re at. So we’ve got lots of tools at our disposal.”

4.3.3 Cases progressing through the criminal justice system

With regard to cases that progress through the criminal justice system and are taken to court, participants considered that children’s involvement with the system is often “traumatic” and noted the impact on children of a lengthy wait for a court case to be heard. Medical examinations were described as “invasive” and “frequently inconclusive”.

Concern was also expressed about the tensions that could arise when working with the police and other agencies – which could lead social workers to feel isolated when providing or coordinating support – and the sense that support could not be provided during an investigation:

“We weren’t allowed to have any discussions with the child that was the alleged perpetrator, because it was an ongoing police investigation, so I had to get all the information from the other siblings, and there was a lot of resistance from the parents. It was really difficult, because he couldn’t, I couldn’t speak to him. We couldn’t do any direct work with him at all, because of the ongoing investigation.”

“The difficulty is generally that the time that criminal proceedings last, no services would work with anybody whilst there’s ongoing proceedings, and generally kids then want to talk it out. They don’t want to talk about it in three years’ time.”



The focus group participants expressed concern that children’s services could not provide support during a police investigation.



4.3.4 Cases where the police take no further action

Participants expressed the view that police commonly take no further action following an investigation, even in cases where children do disclose. One participant observed that cases “never proceed criminally because children aren’t [considered] credible witnesses”, in part because they change their story.

This situation was compounded where children had special needs:

“I’ve got three children on my caseload currently making allegations of sexual abuse, none of which are substantiated, because our children are not considered to be good witnesses [as they have special needs]. Therefore, CPS [the Crown Prosecution Service] won’t take [their cases] forward – that’s one of the difficulties, I think. They’re not proved, they’re not substantiated, but they’ve made those allegations ... You’ve got to have a watertight case, haven’t you, for CPS to take it forward? You’re not going to get that if you’ve got communication difficulties, learning difficulties”

According to staff in both local authorities, a police decision to take no further action would not influence the decisions that children’s services might make in a case. Rather, they explained that work would be done regardless of the police action, on an “individual basis”, and would be “proportionate”.

However, one social worker reflected on the impact of being unable to go much further with a case when the police had closed the case:

“When you have a child that makes these allegations, what we have to remember is, that child feels safe with you. And when children believe that this is happening at home, and then when there is no further action – you feel you cannot take it any further – you do feel like you’ve let these kids down because you deep down know that has happened. I think that is the hardest side of sexual abuse, and the evidence is very hard to gather. A lot of kids find it really difficult to talk about what’s happened.”

4.4 Recording concerns

When there is a concern about CSA, during or after the initial assessment, staff in both local authorities were of the view that the processes to be followed were clear, with concerns recorded in data systems and evidence of “a trail of decision-making”:

“[Concerns] are recorded when there have been conversations or calls, emails, or through direct work with the children ... They are there in our system. And in meetings as well, we have review meetings where we discuss everyone’s concerns, everything is minuted ... Obviously they have to give reasons why they suspect child sexual abuse, but yes, it gets recorded.”

However, while social workers said they were prepared to record information about concerns relating to CSE, some felt unable to record this information in cases of other forms of CSA if there had been no disclosure but there was a concern based on their own professional judgement. Participants highlighted the need to be mindful of how information was recorded, in order to mitigate criticism, along with the need for clarity and an understanding of the risks posed by the fact that “children and families that we work with ... would have access to these reports”:

“When I write a case note, if I think there is something going on, I can’t just say: ‘The social worker thinks the child has been sexually abused.’ I think the child’s been sexually abused, but all I can write is: ‘This is how the child presented,’ ‘I wonder if there’s a possibility that something else is ...’, do you know what I mean?”

Some social workers felt unable to record their own concerns about CSA in case files, if there had been no disclosure.

4.4.1 Local authority data systems and their use

Although they considered recording processes to be clear, participants did highlight some issues with regard to data recording and retrieval; these issues were similar across the two local authorities, despite the differences in their data systems. Some said that, provided there was clarity around concerns or a disclosure, the information was clear and well recorded – but others considered that information could be “lost somewhere in the recordings ... if the case did not go to [child protection]”, and that suspicions of most forms of CSA (other than CSE) got “lost along the way”:

“When there’s suspicions around [CSA], and it’s a gathering process, you would hope that that’s recorded clearly, but you wouldn’t be able to make a specific reference, I don’t think. The only way you could do that, I think, would be in your supervision notes, like: ‘I’ve got some concerns about this, but I haven’t got the evidence.’ You would have that discussion with your team manager, perhaps that’s another way you could go through ... because ... your supervision notes are linked up to that child, so that might be a record. It’s difficult to explain, we’re not losing information, are we? It’s sort of buried.”

The efficacy of data systems, and of recording practice, was referred to in both local authorities, with participants saying that “the system is no good”, calling the filing system a “complete and utter nightmare” and describing having to “trawl through” case notes in order to find relevant information. Some questioned whether information could be found on “unsubstantiated” cases, and pointed to the limited likelihood of that unless it was in an assessment:

“The first port of call would be the last assessment that was made ... and then trawl through the case notes to get a feeling of what’s going on. But it wouldn’t be that when [opening] somebody’s case I’d immediately know that there were issues regarding [sexual abuse] ... unless there is a [child protection] process.”

“There isn’t anywhere that would highlight [CSA], unless you went in and looked.”

Others said they had difficulty finding specific information in cases which had been open for some time, and where there had been much “input”:

“When you’ve got a child who’s had an awful lot of input, if you try and find something in the recording, you’ve got to traipse through loads and you can’t find it now ... Nothing is highlighted. So yes, [if] there’s been an awful lot of input, anyone looking for something specific, I don’t think there’s anywhere where you could search for it.”

The complicated nature of many children’s lives was felt to be a compounding factor, along with staff turnover and the sheer volume of information held:

“Just the amount of stuff – it gets buried. Unless you have the time and the energy to sit down and trail through a lot of stuff, you might miss something that happened a few years ago. Especially if there have been changes of workers.”

Reflecting on how information might be found, some highlighted the need to input the exact term when searching recordings, along with the reliance on the quality of individual recording:

“I suppose the recording that we do is only as good as the worker, so we focus on the worker knowing what to put in the recording.”

Participants in both local authorities considered that a good chronology highlighting significant issues would be key to resolving this, providing it was updated and practitioners had a “really good understanding” of the presenting issues, along with good record-keeping skills:

“You’d hope that chronologies would be updated, wouldn’t you, because the chronologies are the key, aren’t they? ... [If] it’s a crucial issue in that child’s life, it’s significant enough to go on a chronology, isn’t it? Even if it was unsubstantiated, it would be evidenced there, in the chronology.”

In spite of the many concerns noted here with regard to data recording and retrieval, staff in one of the local authorities were hopeful that a new data system, due to be operational in the next year, would prove easier to navigate.

4.5 Support for children and their families

4.5.1 Support for children who are at risk of or experiencing CSE

More support appeared to be available for victims of CSE than for those who had experienced other forms of CSA. One social worker reflected on the different view held now of CSE, and the positive outcome of the shift from victim-blaming to an emphasis on recognising risk. Others drew attention to the All Wales CSE Protocol, highlighting the fact that it was easier for social workers to find information and welcoming the process of “coming together a lot more to discuss a lot of these cases where there’s risk”:

“I think there’s more support there, in that you’ve got [the specialist CSE service commissioned by the local authority]. So I think with regards to CSE, obviously there’s a CSE Protocol to follow, with the regular meetings. So I think with regards to CSE, we’re better.”

Staff in one local authority highlighted the benefit of having an identified member of staff for CSE, and dedicated police officers.

4.5.2 Support for children who experience other forms of CSA

Concern was expressed across both local authorities at the lack of support services for children who had experienced other forms of CSA. Indeed, the support available was consistently described as “very limited”, whether children were on the child protection register or not:

“There is, as far as I know, no victim service that we’ve got access to.”

The decommissioning of services within local authorities, alongside lengthy waiting lists, was thought unhelpful:

“The services that we did have were decommissioned, unfortunately, and they weren’t replaced ... So there isn’t currently anything.”

“There is nothing currently that I’m aware of that we commission in relation to that. It would be spot-purchasing, and that would have to be agreed at head-of-service level, really, and there’s a waiting list. Even with [a voluntary-sector counselling service for children and parents in response to CSA, now decommissioned], you’d be looking waiting at least six months.

Concern was also expressed about the difficulty of children meeting the criteria to access Child and Adolescent Mental Health Services (CAMHS) and other therapeutic services, and about funding constraints which limited access to services – which are issues for children experiencing any form of CSA:

“To get any child to see CAMHS ... they need a disorder diagnosis or some kind of diagnosis. [It] needs to be something diagnosable. It’s very difficult. Even children who are self-harming, it’s often very difficult to get a service for them.”

“So you can’t even have that service any more because, whatever the funding reasons, if you are allocated a social worker you can’t have the counselling.”

In the absence of available external support, it appeared that much direct work – or ‘keep safe’ work – was undertaken within each local authority. Some participants, however, questioned their own capability to undertake this work, and highlighted the fact that they were not “experts” in this, along with the need for more long-term support:

“It needs to be long-term support, as well. It needs to be something that needs to continue on into the future. They may do well, but they could dip back in it ... I don’t think there is service they can access like that.”

Staff in one local authority highlighted the benefit of having an identified member of staff for CSE cases, and dedicated police officers.

4.5.3 Support for children who display HSB

On support for children who display HSB, participants pointed to work they were doing “with children on keeping themselves safe”, including ‘safe touch’ (see section 3.5), along with the possibility of referral to a specialist service. However, they noted that this specialist provision was limited, requiring social workers to select children for referral and undertake more preventative work themselves:

“We commission [specialist services] – we’ve only got a certain amount of young people that they can see, so I think it’s quite important for us, as an authority, to choose the right ones. We don’t want to be taking a sledgehammer to crack a nut if we can do the work ourselves, because we need the ones that really do need that help to be the ones that have gone there.”

4.5.4 Challenges around support for children

There was a consensus among staff in both local authorities that the support available to children warranted improvement on a number of levels. They felt that support in relation to CSA was “not readily available and sometimes not at the right time”, expressing particular concerns about the criteria for accessing some services (as noted above) and the lack of support for children’s emotional wellbeing in the aftermath of abuse.

Funding constraints were highlighted, as were insufficient training and variations in social workers’ knowledge and ability to deliver support in situations where services could not be accessed:

“If children meet the criteria to be referred to [a service], whether it be CSE or HSB, I think that they get a good service there ... If they don’t meet the criteria, then really you’ve only got the individual worker and what they can provide, and that depends on that individual and how much knowledge they’ve got in that area, doesn’t it?”

“Funding is an issue: I’ve been waiting for therapy for children for six months. It needs to be agreed by however many people ... it’s bonkers. We’re not getting support for those children. We’re not getting the training we need to give them the best support.”

The time-limited nature of support was also viewed as problematic:

“The [therapeutic] support [children] receive should be ongoing ... We need more services that are open-ended ... and we need to easily be able to access [them].”

4.5.5 Support for families

Although there was little evidence of support for parents in the reviewed case files, the focus group participants in one local authority highlighted interventions provided through its family support service. They described a “no waiting list policy”, and work undertaken with parents on “safety planning, ‘keep safe’, impact [and] trauma”.

While some participants in the other local authority commented on the overall lack of support for families, others pointed to resources such as “the Family Intervention Team” and the “Parents Protect” course. The latter, however, was not always available:

“[The Parents’ Protect course] is externally funded and it only comes around once a year, or something, and they’ve only got to have a certain [minimum] number of families, otherwise they’d have to cancel it all.”



There was a consensus in the focus groups that the support available to children warranted improvement on a number of levels.



4.6 Support for staff and training

4.6.1 Support for staff

Some participants cited managerial supervision as a useful support mechanism in cases where a child has disclosed or CSA is suspected to be taking place:

“It’s about having good supervision... so when someone does share this with you [make a disclosure], it’s making sure it’s then linking in with your practice lead or your manager, and making sure that you follow the right procedure, and everything that needs to be covered is covered. So at the end of the day, you’ve done what you should have for the child.”

However, the possibility was raised that “not everybody feels that their supervisor is the right person to talk to”. Peer supervision and an occupational health team were also cited as sources of support, and one social worker clearly valued the fact that they always had someone available to talk to when a disclosure was made.

While in-house clinical supervision was not available to all staff, it was a valued resource in situations where, for example, a practitioner might find it “difficult to speak to their manager” for fear of being thought “weak or unable to cope”. One participant felt that it could usefully be offered across their local authority.

The focus group participants in one of the local authorities had the role of ‘consultant social workers’, and it was explained that this role included provision of support to staff within their teams. However, constraints relating to time and size of caseload were noted to have a negative impact on that role.

“We’re social workers first, consultants second. If I’ve got time, I do, I consult.”

4.6.2 Nature and extent of training received

The focus groups were asked to what extent they had recently undertaken training on CSA, CSE or HSB. Uncertainty about this was evident in both local authorities, with some participants unable to recall having received training on any of these topics:

“Have I done the training? [On HSB] we do, like, safe touch and things like that. I don’t think we’ve had training on it, but I think we all kind of do our own research. But actual training ... no.”

“I don’t think I’ve had training with the titles that you’ve just said [CSA, CSE and HSB].”

For one participant, the focus of training had been predominantly on neglect rather than CSA:

“I’m sure we used to have mandatory training that everybody had to do. But that never dealt with the sexual side of things, it’s always been about neglect.”

One participant did point to the quality of the training they had received on CSE, contrasting it with the dearth of available training on other forms of CSA:

“We had cracking training on CSE – I thought it was really powerful. [X] did a session and there were handouts, we watched videos, ended up crying, but really powerful, and there’s nothing like that, in terms of [other forms of] sexual abuse.”

Across both local authorities, some participants were unable to recall having received training on CSA, CSE or HSB.

They felt that CSE's topicality might have played a part in the availability of the training:

"CSE is all over the papers, it's current."

Others referred to some limited coverage of these topics within various courses in their local authority:

"We've had training in segments in various courses, but I can't remember any specific courses entitled CSA. We've had child protection training that's tackled it, the processes [of abuse] and neglect, and then learned to identify the differences."

"We've had training on County Lines. That covered exploitation, because that's quite a key issue, County Lines, isn't it? So, perhaps we haven't had it all titled the way it's been titled [here], but we've had it in parts of other sessions."

However, the need for more training on a range of issues permeated the narratives of the focus group participants, including training on HSB and the tools that support work with children who display HSB:

"[Regarding HSB, it's] that's not always easy for people who perhaps don't know what they're looking for, what is problematic and what isn't – I don't think we, as a local authority, get a lot of training in that ... But if [the staff] have never heard of the Brook traffic light tool¹¹ – if they knew about that, they'd be able to go and consult that to reassure themselves."

Staff in both local authorities pointed to the need for further training to help them deal more effectively with disclosures – one felt that disclosure was a "crucial area" which should be included within a forthcoming refresher course and taken forward as standalone training, another called for annual disclosure training, and a third wanted clear advice on the tools to use "to manage those disclosures... actual specific training dedicated to that specific issue".

Support to parents and families was another area where it was felt that training for social work staff would be beneficial, so that they could provide the support themselves rather than relying on external providers:

"It would help if we had ... someone who could deliver it to all of us, so that we've got the tools [to support families] ourselves."



Staff pointed to the need for further training to help them deal more effectively with disclosures and support families.



11 The Brook sexual behaviours traffic light tool provides a framework for identifying whether a child's behaviour is part of healthy development or a cause for concern. The tool was originally developed by the Australian organisation True Relationships & Reproductive Health and was adapted for use in the UK by the charity Brook. It is currently undergoing a review (Brook Young People, 2020).

5. Emerging themes and implications for practice

This chapter reflects on the key themes which emerged from the data collected for this study, with reference to the existing knowledge base. While it draws on the existing CSA research, it does not provide a literature review on the topics covered, which was outside the remit of the research.

5.1 Measuring the scale of CSA in social care records

This study was commissioned in light of the recognition that publicly available data significantly underestimates the incidence of CSA dealt with by children's social care services (Welsh Government, 2019b), making it difficult to understand the full scale of CSA addressed by local authorities to inform policy and practice decisions. The only nationally published measurement of the scale of CSA in children's services in Wales relates to child protection registrations under the category of sexual abuse, which currently account for only 4% of all abuse-related registrations (Welsh Government, 2019b).

The findings from this study demonstrate that child protection registrations are a poor indicator of the overall scale of CSA concerns dealt with in the child protection system: among the 30 children for whom CSA concerns were recorded, only one-fifth (n=6) had been placed on the child protection register under the category of sexual abuse. Another recent study (Hallett et al, 2019) found that fewer than half of young people assessed for risk of child sexual exploitation (CSE) were on the child protection register (not necessarily under the category of sexual abuse), and that young people who had experienced CSE were less likely to be on the register than those who had not.

Improving the measurement of the incidence of CSA (including CSE) in children's social care records requires the development of new, more inclusive indicators for the scale of CSA. In local areas it has been suggested that introducing a 'flag' function for all cases where CSA concerns are identified would make these cases more visible, enabling reports on such cases to be generated (Christie and Karsna, 2019).

It is important to bear in mind that, without improvement in how CSA is identified and addressed by children's services, and how the details of CSA concerns are recorded, improvements in measurements of scale will have only a limited impact. The following sections explore these issues in more detail.

5.2 Receiving and managing disclosures

Detecting CSA in the absence of disclosure is difficult, as it "is largely a silent and witness-free crime, often leaving no physical signs" (Allnock, 2010:1). However, many adults report never having disclosed abuse during childhood (Alaggia, 2004), and it is suspected that many never disclose at all (O'Leary et al, 2010). Instilling fears around telling is a central feature of abusers' strategies (Durham, 2003; Roberts and Vanstone, 2014), and disclosure may also be inhibited by factors such as concern about the impact on family members or the child's relationship with the abuser (Collin-Vézina et al, 2015).



Children's services need to improve how they identify and address CSA concerns, and how details of these concerns are recorded.



Disclosure is not a single event, although it is often portrayed as such. Rather, it is a complex and prolonged process (Allnock et al, 2019; Priebe and Svedin, 2008), diverse in nature but characterised by guilt, relief, anger and pain (Durham, 2003). The process is “unique to each victim” (Lovett, 2004: 355), and differences will emerge based on the nature of the abuse and the relationship with the perpetrator (Goodman-Brown et al, 2003). It may involve the child actively telling about abuse – and the importance of this is often emphasised by those involved in safeguarding – but children’s behaviour and indirect verbal communication may also serve as a form of disclosure (Alaggia, 2004). Girls appear to be more likely than boys to disclose that they have experienced CSA (Priebe and Svedin, 2008), and disabled children are less likely than others to disclose experiences of CSA, even though they are up to three times more likely to be sexually abused (Herschowitz et al, 2007; Sullivan and Knutson, 2000; Jones et al, 2012). Where a child makes a disclosure, it is likely to be to a close friend – or in some cases, their mother – rather than professionals or other adults (Schönbucher et al, 2012). Wubs et al (2018) reported that looked-after-children were more likely to disclose to foster carers – a finding echoed by the focus group participants in this study.

Consistent with other research evidence (e.g. Priebe and Svedin, 2008), staff across both local authorities in the focus groups said they infrequently received disclosures of CSA. This is indeed unsurprising given the limited time social workers have to invest in building relationships with children, and their lack of training in disclosure and other issues relating to CSA. For children to be enabled to tell – and subsequently to be supported in their recovery from abuse – it is crucial to address social workers’ time constraints.

The infrequency of disclosures to social workers raises questions as to whether children are being given the opportunity to disclose. Jensen et al (2005:1395) suggest that ‘opportunity’ is one of three central tenets – alongside purpose and connection – to the disclosure process.

“[Disclosure becomes] less difficult if the children perceive that there is an opportunity to talk, and a purpose for speaking, and a connection has been established to what they are talking about.” (Jensen et al, 2005:1395)

Unfortunately, children often have difficulty in finding situations where there is enough privacy or the prompts and connections required for them to be able to share their experiences. This is of relevance in their interactions with social workers – which may take place in the presence of other family members, for example. In order to disclose, children need to be – and to feel – supported.

Most children do not disclose directly, but communicate distress in other ways. Behaviour, words and expressions can all be indicators of CSA (Jensen et al, 2005). Any action taken should therefore not be reliant on the child telling; as Wiffin (2019) notes, this is “a heavy, and frankly unrealistic responsibility”. Rather, emphasis should be placed on:

- ▶ understanding and interpreting children’s behaviours and narratives in a meaningful way (Jensen et al, 2005)
- ▶ supporting children as a means of enabling appropriate responses (Alaggia, 2004).

With reference specifically to CSE, social work practitioners in this study did not feel that they were likely to receive disclosures, echoing findings from other research (Hallett, 2017; Hallett et al, 2019). They did, however, consider that they were more likely to recognise cases of CSE than other forms of CSA. Some expressed the view that CSE is easier to identify, as the emphasis is on recognising risk; it is of concern that, in other forms of CSA, they considered the onus of responsibility to be on the child to verbally disclose. This demonstrates a lack of understanding of the dynamics of abuse, and militates against effective intervention; consideration should be given to the extent to which the approach used in cases of suspected CSE might prove useful in cases involving other forms of CSA.

While participants in this study did recognise the importance of responding appropriately to disclosure when it is made, there was some uncertainty as to how their workload would affect their response. This is of concern, given that children are extremely sensitive to others’ reactions, and may fear that their disclosure will be misinterpreted; the attitude of the individual receiving a disclosure can significantly influence the child’s decisions to continue with, cease or delay disclosure (Jensen et al, 2005). Furthermore, a non-supportive response can have consequences for victims’ long-term mental health and recovery from abuse (Feiring et al, 2002; Fontes and Plummer, 2010).

The focus groups also highlighted issues with regard to practitioners' confidence in managing verbal disclosures, including recognition of the communication difficulties faced by disabled children and the challenges of understanding the language used by children. Wubs et al (2018:70) noted that children who have experienced CSA sometimes use "childish vocabulary focusing on genitals and sexual acts they were involved in or want to be involved in", which leaves those who receive such disclosures at a "loss as to how to respond". It is crucial to develop a greater understanding of the sometimes vague and "ambiguous references" which characterise disclosure, as children try to interpret and express what they have experienced (Wubs et al, 2018:80).

The risk of asking leading questions was a particular concern for some focus group participants. Social workers' responses to disclosures are shaped by safeguarding guidelines and the need to ensure that interventions do not have a negative impact on the child (Allnock et al, 2019). In the face of a lack of clarity with regard to leading questions, however, it is crucial that engagement with children is characterised by a confident, supportive and curious response; caution and hesitancy could result in a failure to safeguard (Wiffin, 2019).

If social work staff are to have confidence in their approach to managing cases of CSA (including CSE) and harmful sexual behaviour (HSB), a comprehensive understanding of the diverse nature of abuse and its impact, including the barriers to disclosure, is a critical first step – but the training that focus group participants appeared to have received was limited, with an emphasis on neglect or CSE as opposed to other forms of CSA. Some were unable to recall receiving any training on CSA, CSE or HSB. Kwhali et al (2016) note that social work qualifying training does not adequately prepare social workers with regard to CSA, including CSE – and while training may be available when they take up post on qualification, it tends to be of variable quality and limited by resource issues and staff shortages. Subsequently, social work staff often learn while 'on the job', or through supervision and support from more experienced practitioners. In that study, practitioners expressed the need for training on grooming, different forms of abuse, children's behaviour and the healthy development of children – especially sexual development – to better equip them for frontline work.

5.3 Support available to staff around disclosure or suspicion of CSA

Managerial supervision was cited by some focus group participants as a useful support mechanism when a child has disclosed or there is a suspicion that CSA is taking place. However, the point was made that staff might not always want to talk to a supervisor or manager. Given the complex nature of CSA and the decision-making process associated with safeguarding (Glinski, 2019), good supervision is essential. Managers have a central role to play in supervising and supporting staff. It is crucial that they are perceived as a positive and supportive point of contact, and supervision is a space where interaction is not defined by judgements about individual weakness or an inability to cope. This message should be communicated throughout agencies.

Other cited sources of support include in-house clinical supervision and 'consultant social workers'; however, the former was available only to some local authority staff, while constraints of time and workload were identified in relation to broadening the role of consultants. Both resources, if fully operational and accessible, have the potential to dispel the uncertainty expressed by social work staff with regard to their capacity to respond to and manage disclosure. This should be further explored.

Participants in the focus groups referred to "policies and procedures" and discussions with managers when concerns about CSA are raised; they appeared confident that concerns are taken seriously and acted on promptly. When there was a concern about CSA, during or after the initial assessment, staff in both local authorities considered that there was clarity around the processes to be followed. Training on CSA extended to both consultants and supervisors would support them in their role in initiating action where there are concerns on CSA.

5.4 Recording concerns and retrieving information

Participants in the focus groups were confident that, in cases where a child had disclosed or a referral was made, concerns of CSA would be recorded in data systems and there would be evidence of “a trail of decision-making”. Nevertheless, there were clearly issues regarding data recording and retrieval which warrant attention.

The absence of a clearly disseminated policy for recording information is a concern, as it results in considerable variations in how and where the information on CSA concerns is stored. References to sexual abuse were found to differing extents in many documents across the case files, sometimes spanning several years, with additional details of the abuse sometimes emerging in a piecemeal fashion. This was also clearly a concern for practitioners in the focus groups. The implications of information about CSA being “lost” or “buried” within data systems are considerable. It is crucial that a detailed account of a child’s life and the harms they might have experienced is readily available and accessible to staff, if they are to support children and their families effectively. An inability to retrieve information will have consequences for social workers involved in the transfer of a case, for example, and to practitioners from other agencies such as the police who wish to review case records.

While a “good chronology” which highlights significant issues within a case was suggested as a solution, there were clearly issues around chronologies and their function and purpose; these too, need to be addressed. There appeared to be some confusion, for example, as to what might be recorded in a chronology, and the issue of whether they are updated was also raised. If comprehensive information on CSA within local authority case files is to be made readily accessible, emphasis should be placed on the construction of detailed and up-to-date chronologies with clear guidance on what information needs to be recorded.

Despite being spread across the data system, details about the nature of abuse and its suspected perpetrators were typically available in the case files. Less commonly available was information on the suspected perpetrator’s age and ethnicity, as well as the duration of abuse. These findings are consistent with similar research in local authorities in England (Christie and Karsna, 2019). For victims of CSA to be supported effectively, there must be a detailed understanding of all the factors associated with the perpetration of CSA, and their potential impact on the child’s experience of victimisation – for example, the extent to which intra-familial abuse is more likely to persist across time and be more severe in nature (Goodman-Brown et al, 2003), and less likely to be disclosed (CCE, 2015), than some other forms of CSA. If such detail is not readily accessible to practitioners, some elements of a child’s experience of abuse may not feature in discussion around their care and support.

Local authorities and safeguarding children boards cannot improve their understanding of CSA locally unless improvements are made to the holding of basic data on CSA in local data systems, and the structuring of such data so it is easily identifiable and retrievable. This is important both in managing case work and in providing scrutiny of practice and making commissioning decisions.

Importantly, there was evidence that not all CSA concerns would feature in case files and be named in a child’s record. Participants in the focus groups voiced caution around recording “unsubstantiated” concerns about CSA, where the concerns originated from professional judgement rather than disclosure. Such caution had led to the situation where some concerns of CSA would not appear in case records at all, even when social workers may have considered the possibility, so the onus of responsibility was on the child to disclose abuse in order to receive support – meaning that it was likely that the abuse would continue for the child.



References to CSA were found to differing extents in many documents across the case files, sometimes spanning several years.



5.5 Support for children and their families

Across both local authorities in this study, concern was expressed about the lack of support services for children who have experienced most forms of CSA, even where they are on the child protection register (although case file analysis indicated that, among children whose files referred to CSA concerns, referrals to specialist services were most frequently made for those who had been placed on the child protection register under the category of sexual abuse). CSA cases' difficulty in meeting the criteria to access services such as CAMHS and commissioned services was highlighted.

As Hallett (2019:27) notes, it is crucial that children and young people are enabled "to access age-appropriate therapeutic help to address the emotional consequences of sexual abuse, along with other abuses experienced". In the absence of such support, it was said that much direct work was being undertaken within each local authority, including 'keep safe' work, although some staff questioned their own expertise in this.

It is important to recognise, however, that children should not be made solely responsible for their own 'safety' – rather, for social workers the emphasis should be extended to include the whole family in this endeavour. In particular, there is scope for undertaking educational work with non-abusing parents or caregivers around risk and vulnerabilities. They will need to play a central role in protecting their children from the person of concern, implementing safety plans and managing risks; and they will need to support their child with the immediate and longer-term impacts of their abuse (CSA Centre, 2019; Glinski, 2020). There was only limited evidence in case files regarding such support to families, and while participants in one local authority cited positive involvement of an in-house family support team, this support too appeared difficult to access in the other local authority.

There was a consensus among staff that more support was available for children who were at risk of CSE – perhaps as a result of the shift away from 'victim-blaming' to an emphasis on recognising risk. Nevertheless, a recent study of long-term outcomes of CSE (Hallett et al, 2019) found that the types of support used by social workers in the two local authorities – including educative work on healthy relationships and 'keep safe' – did not have a positive impact for the majority of young people. The study found relationship-based practice and direct long-term work to benefit young people most, and suggested that educative approaches needed to be delivered within the context of a trusted relationship.

On support for children who have displayed HSB, focus group participants once more said they themselves were undertaking "work with children on keeping themselves safe", with the possibility of referral to a specialist service. Attention was again drawn to the limited nature of specialist provision, and the need to identify the "right" cases in referring on; further training to enable staff to identify "problematic" behaviour, as evidenced in research by Kwhali et al (2016, see above), was seen as necessary.

In this study's review of case files, there were references to HSB in half of the 30 reviewed case files containing concerns about CSA; in many cases, the child displaying HSB was also suspected or known to have experienced CSA. These numbers are unsurprising given that evidence suggests around a third of CSA is committed by under-18s (NSPCC, 2019), most of whom will have experienced some form of trauma such as abuse, neglect or domestic violence (Hackett et al, 2013). Children displaying HSB typically present with complex and diverse needs (NSPCC, 2017a).


Notwithstanding the apparent prevalence of HSB in social work caseloads, staff knowledge and understanding of this behaviour appeared limited in the focus groups. There was some recognition of the benefit of early responses to HSB and of a proportionate response to the problem. This is promising, and key here is equipping staff with the knowledge needed to guide practice in this area – for example, through use of the Brook sexual behaviours traffic light tool.


With regard to both CSA and HSB, the reported lack of services for children is likely to be an ongoing issue. This necessitates the skilling-up of frontline workers in order to address current voids in the provision of support (Glinski, 2019).

Support for families was perceived as somewhat limited too, although the family support service and other resources such as the Family Intervention Team and the Parents Protect course were said to provide some assistance. Again, in a climate characterised by funding constraints, some creative thinking may be necessary; it was suggested that training such as the Parents Protect course could be delivered to social workers, who would then filter the learning through to parents, and this warrants consideration.

Challenges were highlighted in working with children and families in the context of an ongoing police investigation. Some clarity around the boundaries of support that can be provided by social workers will ensure that children do not need to wait for the end of the lengthy investigations for the support to be provided.

One form of support which may be appropriate following a disclosure of or concern about CSA is a paediatric medical examination. This can identify the child's unmet mental and sexual health needs as well as providing feedback and reassurance to them and their carers, and most children undergoing such an examination reflect on it as a positive experience (Cutland, 2019). The negative views of medical examinations expressed by the focus group participants suggest that training in this area would be beneficial.



Despite HSB's apparent prevalence in social work caseloads, staff knowledge and understanding of this behaviour appeared limited. 

6. Concluding thoughts

This study raises a number of issues that have implications for research and practice.

Many of the cases reviewed as part of this study were characterised by the family's lengthy involvement with children's services, which sometimes had begun before the child was born. The complex nature of these cases affected the time taken to collect the data; this will be of relevance to others undertaking research in this area.

The task of data collection was made more onerous by the 'spread' of information across case files. It soon became clear that CSA was present in some cases among layers of need and other forms of harm, including domestic violence; parental substance abuse and mental health issues; and alleged or evidenced CSA in the backgrounds of the child's siblings or parents. References to sexual abuse were found to differing extents in any number of documents across the files – a finding which also has implications for service provision and effective response. Social workers participating in this study spoke of the potential for information to be "lost" or "buried", and the need to "trawl through" information in order to find what was needed. It is crucial that information on abuse – in all its forms – is easily extracted from local authority data systems, so that support may be more effectively directed. Further research could usefully focus on how this might be achieved.

Moreover, it is essential that social workers are equipped with a detailed understanding of the diverse nature and dynamics of sexual abuse, and the potential impact on the experience of victimisation. It appears from this research that the participating social workers' understanding of CSA was not always well developed. Indeed, the need for more training on a range of issues permeated their narratives. This warrants further consideration.

Sexual abuse is characterised by diversity and complexity, and this complexity can sometimes be daunting for practitioners. It will 'look' different and be experienced differently according to who the perpetrator is, who the victim is, and the context within which it occurs. This level of differentiation matters on a service provision level: for example, whether the abuse was perpetrated by adults or was harmful sexual behaviour by other children; involved males or females; was on an intra-familial or extra-familial level; was contact or non-contact in nature; or involved exposure to abusive images. Responses should be tailored to address the detail of the abuse. If they are not, it is possible that some elements of a child's abusive experience will not feature in discussion around their care and support; the impact of that for the child may be far-reaching, possibly extending into adulthood.

It is clear from this study that publicly available statistics about levels of CSA in the social care system are only the tip of the iceberg. Child protection registrations under the category of sexual abuse represented only one-fifth of the total number of sampled case files in which CSA concerns were recorded; additionally, social workers said that CSA concerns sometimes went unrecorded because of the focus on disclosures. It is essential that children's disclosure is not used as the threshold for action with regard to safeguarding. Many children never disclose, while others may disclose partially or retract allegations of abuse. This clearly indicates that much work is needed to support children's disclosures – but, rather than placing responsibility on the child to disclose, the emphasis should be firmly on increasing understanding of CSA and the disclosure process and providing a 'safe' place which can enable telling (Chouliara et al, 2011).

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Appendix A: Data collection tool

Question	Categories
Child/young person's ID number	[Free text field]
Brief description of the CSA described in the file	[Free text field]
Is this a known or suspected CSA victim?	A. Known B. Suspected C. Other (please explain) D. Unknown/unclear
If suspected, what is the level of risk (if relevant)?	A. High B. Medium C. Low D. N/A – risk not assessed E. Unknown/unclear
Current age of child	[Free text field]
Age at which they became known to children's services	[Free text field]
Age at which the abuse started	[Free text field]
Gender of the child	A. Male B. Female C. Unknown/unclear
Ethnicity of the child	A. White British B. White Irish C. White – any other D. Asian Indian E. Asian Pakistani F. Asian Bangladeshi G. Chinese H. Asian – any other I. Black Caribbean J. Black African K. Black – any other L. Mixed – White and Black Caribbean M. Mixed – White and Black African N. Mixed – White and Asian O. Mixed – any other P. Any other ethnic background – explain R. Unknown/unclear

Question	Categories
Relationship between victim and perpetrator	<ul style="list-style-type: none"> A. Parent/parental figure B. Sibling C. Other relative D. Family friend E. Current/previous partner F. Victim's friend/acquaintance G. Someone in position of trust (write in) H. Stranger/acquaintance for less than 24h I. Online only contact J. Someone else (explain) K. Unknown/unclear
Current status in the child protection system	<ul style="list-style-type: none"> A. Being assessed B. Child in need C. On a Child Protection Register D. Looked after child E. Other – explain F. Unknown/unclear
Duration of current local authority involvement	<ul style="list-style-type: none"> A. Up to 1 month B. 1-3 months C. 3-6 months D. 6 m – 1 year E. 1-2 years F. 2-5 years G. Over 5 years (write in) H. Unknown/unclear
How many times previously has this child been assessed by the local authority?	<ul style="list-style-type: none"> A. None B. 1 C. 2 D. 3 E. More (write in) F. Unknown/unclear
Where does the child currently live?	<ul style="list-style-type: none"> A. At home with parent(s) B. With other relatives/wider family C. Foster care D. Residential home E. Independently F. Other – write in G. Unknown/unclear
If child is on CPR, what is the current category?	<ul style="list-style-type: none"> A. N/A – child not on CPR B. Neglect C. Emotional abuse D. Physical abuse E. Multiple – what categories? F. Unknown/unclear
Is this the same as the initial category or has it changed?	<ul style="list-style-type: none"> A. Same B. Changed (to what?)

Question	Categories
Is child known to sexually harm others (HSB)?	A. Yes B. No C. Unknown/unclear
If yes, who is HSB targeted to?	[Free text field]
What support does the child currently receive?	[Free text field]
Is support in relation to CSA recorded in files?	A. Yes B. No C. Unknown/unclear
If support for CSA received, what is provided? Is it generic or specialist CSA support?	[Free text field]
Types of support	[Free text field]
Perpetrator age	A. Under 16 B. 16-18 C. 18-24 D. 25 or over E. Unknown/unclear
Age at time of perpetration	[Free text field]
Perpetrator gender	A. Male B. Female C. Unknown/unclear
Perpetrator ethnicity	A. White British B. White Irish C. White – any other D. Asian Indian E. Asian Pakistani F. Asian Bangladeshi G. Chinese H. Asian – any other I. Black Caribbean J. Black African K. Black – any other L. Mixed – White and Black Caribbean M. Mixed – White and Black African N. Mixed – White and Asian O. Mixed – any other P. Any other ethnic background – explain R. Unknown/unclear

Question	Categories
How long did the abuse continue for?	<ul style="list-style-type: none"> A. Single incident B. 0-3 months C. 4-12 months D. 1-2 years E. 3-5 years F. 6 or more years G. Abuse is ongoing H. Unknown/unclear
What did the abuse involve? (tick all that apply)	<ul style="list-style-type: none"> A. Rape/any form of penetration B. Other contact abuse C. Making/producing indecent pictures/images or videos D. Distributing/sharing indecent image/s or video/s E. Grooming with intention to abuse F. Other (write in) H. Unknown/unclear
Where did the abuse take place? (tick all that apply)	<ul style="list-style-type: none"> A. In victim's home B. In perpetrator's home (if different) C. In a residential home D. In hotel/B&B/ E. In school/college F. In a public place (e.g. street or park) G. In a vehicle H. Online only I. Somewhere else (write in) J. Unknown/unclear
Did perpetrator operate alone or with others?	<ul style="list-style-type: none"> A. Alone B. With others (how many?) C. Unknown/unclear
Was/is there a police investigation?	<ul style="list-style-type: none"> A. Yes B. No C. Unknown/unclear
If there was police involvement, what was the outcome?	<ul style="list-style-type: none"> A. Disruption B. Perpetrator charged C. Suspect cautioned D. Investigation ongoing E. Investigation closed – no further action F. Other – write in G. Unknown/unclear

Appendix B. Focus group topic guide

We are carrying out research about how CSA is identified, recorded and responded to in local authority children's social care. This focus group is part of this research. The discussion today will help us to evidence how CSA concerns are addressed in [local authority].

House rules: the discussion is confidential, please do not pass on anything that anyone talks about here today, all discussed today will only be reported on anonymously, both who you are and what local authority you are from, will not be reported.

Please be as open as you can. If you feel you do not want to continue you can leave any time.

The research will be used to make recommendations about how local authorities can improve their systems of recording information on and providing support to children with CSA concerns.

A. Children who have disclosed or are suspected to have experienced CSA and the support received

1. How often in your daily work do you come across children who:
 - a. have disclosed CSA? have disclosed CSE? have engaged in HSB?
 - b. are suspected to have experienced CSA/CSE but have not disclosed?
2. When there is a concern about CSA during or after the initial assessment, are these concerns recorded in local authority data systems?
 - a. Are they recorded when CSA is explicitly named
 - b. Are they recorded if there is a suspicion of CSA but no disclosure from the child/parent
 - c. Are they recorded for children who display HSB?

3. What support do the following receive?
 - a. HSB – children who engage in this behaviour: under 10s and over 10s
 - b. HSB – children who experience it: under 10s and over 10s
 - c. CSA where it is the main concern/ CPR category
 - d. CSA where it is not the main concern but it is suspected
 - e. CSE – is there a distinction between the support received dependent on risk identified: high; moderate; low
 - f. Families of these children (e.g. non-abusing parent, siblings where one child is suspected a victim of CSA)
4. How are decisions made as to when to take action when CSA/CSE/HSB concerns arise and when not to take action? (Prompt: what factors might play a part in this?)
 - a. To what extent is this influenced by police decisions (e.g. to take no further action)?

B. Dealing with CSA disclosure/ concerns

5. How confident do you feel about managing a verbal disclosure of CSA? Are there situations where this is easier or more difficult (e.g. different ages or genders)
6. How confident do you feel about engaging with and responding to a child when there are concerns about CSA but there has been no verbal disclosure? Are there situations where this is easier or more difficult (e.g. different ages or genders)
7. Is there professional support available to you when a child has disclosed or there is a suspicion that CSA is taking place?
8. Is there any additional support you feel you need to deal with CSA disclosures?
9. Have you received any training on CSA? CSE? HSB?

10. Could the recording of CSA in the local authority data system be improved? (If so, how?)
11. Could the support offered to children who have experienced CSA/CSE or are engaged in HSB be improved? (If so, how?)

IS THERE ANYTHING ELSE YOU WOULD LIKE TO ADD THAT WE'VE NOT ALREADY COVERED?

This is the end of the interview/focus group. Thank you for taking part.

If there is anything you would like to add following the focus group, please do not hesitate to contact me:

Dr. Susan Roberts

[contact details]

Appendix C: Focus group information and consent form

CSA in Wales: Research Project: Information sheet for project staff focus group

What is the research about?

The Centre of expertise on child sexual abuse (CSA Centre) and the Welsh Government want to explore how child sexual abuse (CSA) is dealt with by local authorities by conducting a case file study. We will look at children's social care files and electronic systems to explore where CSA were identified, how and where CSA was recorded and how services responded.

Findings will indicate the scale and response to CSA concerns relating to children who may be on the Child Protection Register under other abuse categories (emotional, physical, neglect), may be a Child in Need or may not be on the register at all.

An experienced researcher from Swansea University, Sue Roberts, will be carrying out the research.

The research aims to address the following general research questions:

- ▶ How does recording and reporting of CSA vary?
- ▶ Among a sample of records of children currently receiving services, to what degree have CSA concerns been identified and responded to?
- ▶ What is recorded about the nature and context of this abuse? What are the characteristics of victims and perpetrators?
- ▶ If CSA is identified as a concern but is not a primary concern, what support do children receive for CSA?
- ▶ What is the scale of children for whom CSA concerns have been raised, but may be recorded under other categories of abuse or managed outside of a CP plan?

- ▶ What are the reasons for children recorded under other categories of abuse, when CSA concerns have been indicated?

How can you be involved?

It is vital we listen to the perspectives of staff providing services to people (including children and young people) at risk of/affected by abuse. We would like to ask you about your work and your views on the key elements of practice when responding to CSA, including any challenges and the differing needs of people you work with. Your voices and insights will help to shape services in the future and improve how we respond to CSA in England and Wales.

Time commitment and confidentiality

We would like to speak with you as part of a staff group. The focus group will last between 1.5 and 2 hours. If you are willing, we would ask you to complete this consent form before the focus group, as we may audio record the conversation, where possible, so that we have a good record of what was discussed. No one apart from the research team at the CSA Centre and University of Swansea will have access to that recording and it will be deleted 12 months after the research finishes. The focus group data will be confidential and anonymised, and you will not be referred to by name, or in any other way that identifies you, in any reporting of the research findings.

Participation is entirely voluntary and you can withdraw from the research at any time. If you do decide not to be involved anymore, your views won't be used in the final report. Under new data protection law (GDPR), you can request your interview data from the research team.

What will we do with the research findings?

There will be a report produced which will include the research findings from all of the different people we are talking to and the evidence we review. There may also be presentations and other publications but we won't use any names of individuals. If we use quotes or specific examples any details that may be potentially identifiable will be changed.

If at any time you have any questions or concerns about the research you can contact Kairika Karsna [contact details] who is the Research Lead for the study at the Centre of expertise on child sexual abuse. If your concerns are not resolved and you want to make a complaint about the research please contact Dr Sophie Laws in the first instance, who is Deputy Director for Research and Evaluation for the CSA Centre [contact details].

THANK YOU

CSA in Wales: Research Project

Consent form for staff

I confirm that:

- ▶ I have read and understood the information sheet about the research.
- ▶ I understand that taking part will mean meeting in a group with the research team to discuss how CSA is dealt with by children's services.
- ▶ I understand that taking part is voluntary and I can withdraw from the research at any time without giving an explanation.
- ▶ I understand that I can request access focus group notes.
- ▶ If I agree, the group discussion can be recorded to ensure an accurate record of what I say.
- ▶ I understand that information from the interviews will be stored securely and treated confidentially.
- ▶ I understand that everything I say will be anonymised and no information about me will be kept after the project ends.
- ▶ I consent to my focus group contribution to be used as information for the research project, and for this to be processed as research data, in line with GDPR requirements.

I (name)

agree to take part in a staff focus group for the research titled ***Exploring the scale of CSA in social care records: Wales File Study, commissioned by the Centre of Expertise on Child Sexual Abuse.***

Signed

Date

The logo features a vertical rectangular background with a color gradient from dark blue at the top to green at the bottom. The background is composed of a mosaic of irregular, overlapping geometric shapes in various shades of blue, purple, and green. The text 'Centre of expertise on child sexual abuse' is written in a white, sans-serif font, positioned in the upper left quadrant of the logo.

Centre of
expertise
on child
sexual abuse

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The photograph on the cover was taken using actors and does not depict an actual situation.

Barnardo House, Tanners Lane, Barkingside, Ilford, Essex IG6 1QG

E: [info@csacentre](mailto:info@csacentre.org.uk) |  [@csacentre](https://twitter.com/csacentre)

www.csacentre.org.uk

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