

Improving your data on child sexual abuse

A practical guide for organisations

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About the Centre of expertise on child sexual abuse (CSA Centre)

The CSA Centre's overall aim is to reduce the impact of child sexual abuse through improved prevention and better response, so that children can live free from the threat and harm of sexual abuse.

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. We aim to:

- increase the priority given to child sexual abuse, by improving understanding of its scale and nature
- improve identification of and response to all children and young people who have experienced sexual abuse
- enable more effective disruption and prevention of child sexual abuse, through better understanding of sexually abusive behaviour/perpetration.

We seek to bring about these changes by:

- producing and sharing information about the scale and nature of, and response to, child sexual abuse
- addressing gaps in knowledge through sharing research and evidence
- providing training and support for professionals and researchers working in the field
- engaging with and influencing policy.

For more information on our work, please visit our website: www.csacentre.org.uk 


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Accompanying this guide is our **data improvement tool** – an interactive Excel workbook which can help you apply the data collection template in your organisation. You can [download the data improvement tool](#)  from our website.

Please give us your feedback

We are seeking feedback and thoughts on the data collection template, this guide and the data improvement tool, and how organisations have used them. If you would like to send us your comments, please [let us know](#)  and we'll be in touch. We won't use your details or contact you without your consent for any other reason.

1. Introduction

In recent years there has been increasing awareness and knowledge of child sexual abuse and its impact, but too much remains unknown about the sexual abuse of children and young people in England and Wales. Improving understanding about the scale and nature of such abuse is a key aim for the Centre of expertise on child sexual abuse (CSA Centre).

At present, although child sexual abuse is identified as a national threat, the data that is collected – about the victims, the abuse they experience, the people who abuse them and the services responding to the abuse – is limited and inconsistent. This means that local and national services, commissioners and policymakers are in an information fog when making decisions about the services and interventions they should provide to prevent, disrupt and respond to child sexual abuse. As a result, organisations are hampered in their ability to protect children from abuse and to identify and support those who have been victims.

To improve the quality and consistency of the data that organisations collect in the delivery of their services, the CSA Centre has developed a core dataset – the child sexual abuse **data collection template** – which sets out a list of information that organisations responding to such abuse should be collecting, and how they should be recording it.

The template can be adopted by organisations in the statutory sector (e.g. police, health or local authority children's services) and in the voluntary and private sectors. It may also be useful for agencies dealing with wider issues, such as the criminal exploitation of children, if child sexual abuse – including child sexual exploitation – is part of their service focus.

This guide offers practical advice on adopting the template in your organisation:

- [Chapter 2](#) provides some background about the data collection template and describes how it was developed.
- [Chapter 3](#) presents the full data fields and categories of the data collection template.
- [Chapter 4](#) explains how your organisation can adopt the data collection template, including through the use of our interactive **data improvement tool**.
- [Chapter 5](#) addresses some questions and considerations that can arise.
- The [Appendix](#) contains the technical guidance for each data field in the template, and in some cases the rationale for the field's inclusion.

The data collection template is intended to *enhance* the information that organisations currently collect, not *replace* it; each organisation addressing child sexual abuse has its own priorities and, for example, the police and health services collect information to meet very different organisational objectives. However, we believe there is a common core of data that all organisations need to collect systematically, and this is the template's focus.

Improving data collection and recording: what are the benefits?


Collecting core data systematically means that your organisation has better information to support decision-making, and so can make better decisions to deliver improved services – whether they are aimed at preventing child sexual abuse, disrupting it or supporting the victims of it.

There are many ways in which adopting the data collection template can support better decisions. For example:

- Monitoring the scale and nature of child sexual abuse encountered by your service (e.g. patterns of intra-familial abuse, abuse involving the use of technology, and harm by children and young people), you can identify the need for services, staff training etc in the local area and shape services to better meet service users' needs.
- Systematic recording of service users' profiles (e.g. their ethnicity or sex) may enable you to ask questions about your reach in the local population, identify gaps and look at ways to reach under-identified groups.
- Understanding the profiles of people who abuse (e.g. their age and relationship to their victims) and the context in which abuse takes place (e.g. locations, situations) can help you to develop prevention, identification or disruption work.
- Understanding patterns of reporting and referral sources can help you to identify how concerns of child sexual abuse come to light, and to discern needs for training and awareness-raising among organisations and practitioners who are not referring cases to you.

Funders, commissioners and inspectors all value clear evidence, so use of the data collection template can also support better inspection and fundraising outcomes.

And keeping good records reduces staff time (and cost) spent on filling information gaps and reconciling data retrospectively.

It is important to bear in mind that most child sexual abuse is neither reported nor identified during childhood, and so will not appear in agency data; in the [2019 Crime Survey for England and Wales](#) , 76% of adults reporting experiences of penetrative sexual abuse in childhood said they had not told anyone about it at the time. While service data provides an important insight into child sexual abuse, it cannot provide a broader estimate of the prevalence of that abuse in the population locally or nationally. Only a survey representative of the population can do this.

2. About the child sexual abuse data collection template

The child sexual abuse data collection template recommends 21 core items of data which all organisations responding to child sexual abuse should try to collect. It comprises four sections related to the victim of the abuse, the person(s) abusing them, the context in which the abuse occurred, and services' involvement in response to the abuse.

(Depending on the circumstances in which children and young people come into contact with your organisation, the first three sections of the template may apply to *suspected* victims, people *suspected* of abusing them, and *suspected* cases of abuse.)

The template also sets out how the data should be categorised, so that information can be recorded systematically and then extracted from data systems and reported in a standard format. Where possible, the categories follow harmonised choices developed by the Office for National Statistics (ONS) or the Government Statistical Service (GSS), making it possible for you to compare survey/census data with the data you collect from your service users.

The full data fields and categories of the data collection template are listed in [Chapter 3](#).

Once the template is embedded in your service, you will be able to analyse, for example:

- the number and profile of the victims and/or survivors of child sexual abuse accessing your service, which can be compared to the local population to understand where there are gaps in your reach
- the volume of different forms of child sexual abuse seen by your service, including intra-familial abuse and abuse involving the use of technology
- where abuse happens, including online, and in what context
- the number and profile of people who are reported or suspected to have sexually abused children or young people.

Our interactive **data improvement tool**, based on the template, can help you examine your existing data collection processes, identify any gaps or weaknesses in your current recording of child sexual abuse data, and act on these to improve your data collection and recording. [Chapter 4, steps 1 and 2](#) explain how to use the data improvement tool.

The data collection template is not a questionnaire or a form for service users to fill in; instead, we encourage you to embed its fields and categories into the data collection forms and databases used in your routine work. Organisations recording data on spreadsheets or using smaller, bespoke data systems may find this easier than those using large corporate databases, where more planning may be required; see [Chapter 4, step 3](#) for guidance.

Protecting personal data

The data fields set out in the data collection template, and the approach to collecting and recording data suggested in this guide, are recommendations based on research. The CSA Centre is not itself collecting any personal data on behalf of other organisations, and in this instance cannot be deemed a data processor or controller for data protection purposes.

Organisations using this template remain responsible for their own compliance with the Data Protection Act 2018, which enacts the European General Data Protection Regulation (GDPR) in UK law, and should ensure that any changes to information collected as a result of following our suggested approach continue to comply with data protection legislation. It should also be noted that the types of information referred to and collected using this template are regarded as sensitive personal data and attract additional considerations under data protection law.


How was the data collection template developed?


The data collection template was developed in response to the findings of our [2017 scoping report on the scale and nature of child sexual abuse](#), which identified gaps – relating to the characteristics of people who sexually abuse children and young people, their relationship to their victims, the duration of the abuse, and the contexts and locations in which it took place – in the data collected by agencies. The report also highlighted a tendency in organisations to record key data in narrative text fields, making the data difficult to extract for analysis.

In developing the scoping report's recommendations, the CSA Centre convened an expert group comprising academics and data-holders across the criminal justice system, health services and children's services. The expert group proposed that, in order to improve the quality of the data captured across the sector, agreement should be reached on a common set of core data that *all* organisations working in the field of child sexual abuse could collect. They recommended that this data template should:

- include the profiles of victims and the people who have sexually abused them, the forms and contexts of the abuse and the actions taken by organisations/services
- be minimal, to avoid placing an additional burden on organisations and practitioners
- be adaptable, so that organisations could include their own priorities
- be tested through a 'demonstration project'.

Over the following months, the CSA Centre consulted a wider range of stakeholders to gather their views on what, at minimum, the data collection template should include. This led to the development of a draft template, specifying 37 core data items.

The draft template was then piloted in four local areas, involving the police force, the local authority children's service and a voluntary-sector organisation in each area. You can find out more in our [pilot study report](#) .

Separately, a case study was conducted in which the draft template was used to extract data retrospectively from the 986 case files of children and young people who had attended Saint Mary's sexual assault referral centre (SARC) in Manchester for a forensic medical examination over a three-year period. For more information, see our [case study report](#) .

Findings from the pilot study and case study

Participants in the pilot study welcomed the data collection template as a way to reduce inconsistency, improve detail and address gaps in data on child sexual abuse. They were already collecting most of the data items listed in the template, but – apart from information on the characteristics of victims – this data was typically recorded in narrative text fields, making it difficult to extract for analysis. The study therefore suggested that organisations could improve their ability to use data by making changes in *how* they record it rather than *what* they collect; significant improvements could be made, without placing additional burdens on practitioners, if data systems were adapted so that already routinely collected information could be entered as distinct categories in addition to free-text notes.




Some changes to the template's data fields and categories were suggested by the pilot study and case study participants. These suggestions were taken into account when the template was finalised, and the number of data fields was reduced from 37 to 30.

The pilot study also highlighted issues with data quality, which cannot be solved by the introduction of the data collection template alone. Specifically, it identified that:

- practitioners may need training to improve the recognition and recording of child sexual abuse
- service managers may need to encourage the updating of data as new information comes to light
- more consistent, regular reporting to local multi-agency bodies may be needed to improve data quality.


Data needs to be accurate and consistently recorded if it is to have value. Therefore, in addition to reviewing your data systems to establish what is collected and how it is recorded, you need to assess the *quality* and *accuracy* of your data – for example, by extracting regular reports on open cases and identifying where the gaps are in recording.

Updating the data collection template in 2023

This guide, along with the data improvement tool, was first published in 2019 and has since been used by individual agencies to make improvements in their data collection. (You can read about one such project on our [website](#) ). However, it has also become apparent that many agencies are unable to invest the time and costs needed to make such changes. In 2022, findings from two major reviews – the [independent review of children's social care](#)  and the [Year One Report on Operation Soteria](#) , a programme to develop new operating models for the investigation and prosecution of rape – further highlighted the challenges in improving data collection by statutory services.

In 2023 we reduced the number of recommended data fields from 30 to 21, to decrease the number of additional data fields that organisations are likely to need. We also updated some of the guidance relating to data fields, incorporating the latest available sources.

The importance of recording concerns and suspicions

Professionals can feel uncertain about recording concerns or suspicions of child sexual abuse if a child or young person has not clearly reported it, or it has not been proved 'beyond reasonable doubt'. However, children often show indications of sexual abuse in their behaviour, rather than telling anyone directly about it. Furthermore, other people may report concerns that a child is being sexually abused when the child has not done so; these concerns need to be recorded too. At present, professional uncertainty can result in information about child sexual abuse being lost (because the information is not recorded, or cases are recorded under different categories of concern or abuse), meaning that the risks to children are left unacknowledged and therefore unaddressed. Our [Signs and Indicators Template](#)  makes it easy to identify and record behaviours in children and those around them, and other physical environmental signs, which may indicate that they are being sexually abused.

3. The child sexual abuse data collection template

This chapter contains the full child sexual abuse data collection template, listing all its data fields and categories across four sections relating to:

- I. the victims of child sexual abuse
- II. the people who sexually abuse them
- III. the context of the abuse
- IV. the services involved in responding to it.

Please note that we use the following shorthand terms within the template:

- 'Abuse' means any suspected or reported (by the child or someone else) sexual abuse of a child or young person aged 0–17; it includes harm caused by another child or young person's sexual behaviour.
- A 'victim' is anyone who has reported being sexually abused when they were aged 0–17, or are suspected/reported to have been sexually abused during that time. This can include children, young people and adult survivors.
- A person who 'has sexually abused' is anyone, *regardless of their age*, who is reported to have caused a child or young person sexual harm or is suspected of having done so.

The template is *not* a survey to be administered to your service users. Instead, you can use it – together with our interactive [data improvement tool](#) – to identify gaps in your data collection processes and then fill those gaps by embedding 'missing' fields into your existing data collection processes.

Some information set out in the template may not be available at the point of referral or first contact with the victim. It is likely that information in your data systems will need to be updated as new evidence comes to light during an investigation or while providing support.

Unless marked 'select all that apply', questions are single-choice.

You can click on any of the questions to read the accompanying technical guidance and, in some cases, the rationale for the question's inclusion in the template. This information is collated in the [Appendix](#).

Section I: Victim

Ref.	Question	Response categories
V1	Age at the point of referral	<i>Write in (number)</i> <hr/> Not known
V2	Sex	Male <hr/> Female
V3	Sexual orientation (if known/volunteered)	Heterosexual/straight <hr/> Gay/lesbian <hr/> Bisexual <hr/> Other (<i>write in</i>) <hr/> Not known <hr/> Not applicable
V4	Ethnicity	White British <hr/> White Irish <hr/> Gypsy or Irish Traveller <hr/> Roma <hr/> White – any other White background <hr/> Asian – Indian <hr/> Asian – Pakistani <hr/> Asian – Bangladeshi <hr/> Asian – Chinese <hr/> Asian – any other Asian background <hr/> Black – Caribbean <hr/> Black – African <hr/> Black – any other Black background <hr/> Mixed – White and Black Caribbean <hr/> Mixed – White and Black African <hr/> Mixed – White and Asian <hr/> Mixed – any other mixed background <hr/> Arab <hr/> Any other ethnic background (<i>write in</i>) <hr/> Not known

Ref.	Question	Response categories
V5	Disabilities or long-term health issues (select all that apply)	Vision Hearing Mobility Dexterity Learning or understanding or concentrating Memory Mental health Stamina or breathing or fatigue Social or behavioural (e.g. autism, ADHD) Other long-term illness (<i>write in</i>) None Not known

Section II: Person who has sexually abused

In cases where the abuse was carried out by more than one person, please record data in questions P2 to P6 separately for each known person who carried it out.

The questions in this section are all phrased in the past tense, but they can also be applied to cases of ongoing abuse and ongoing police investigations.

Ref.	Question	Response categories
P1	How many people were involved in sexually abusing the victim?	Write in (<i>number</i>) Not known
P2	Age at the time of the abuse	Write in (<i>number</i>) Not known
P2a	If their age is not known, were they an adult or under 18?	Adult (18 or over) Aged 16–17 Under 16 Not known
P3	Sex	Male Female Not known

Ref.	Question	Response categories
P4	Ethnicity	White British White Irish Gypsy or Irish Traveller Roma White – any other White background Asian – Indian Asian – Pakistani Asian – Bangladeshi Asian – Chinese Asian – any other Asian background Black – Caribbean Black – African Black – any other Black background Mixed – White and Black Caribbean Mixed – White and Black African Mixed – White and Asian Mixed – any other mixed background Arab Any other ethnic background (<i>write in</i>) Not known
P5	Relationship to the victim	Father/Mother (including adoptive and step-parents) Mother's/Father's partner Foster carer or guardian Brother/Sister (including foster, step and half-siblings) Grandparent Another relative Friend of the family Neighbour Current/previous boyfriend/girlfriend Victim's friend/acquaintance for more than 24 hours Stranger/acquaintance known for less than 24 hours Someone in a position of trust or authority (<i>write in</i>) Someone met online Someone else (<i>write in</i>) Not known

Ref.	Question	Response categories
P6	Is/was there a police investigation?	Yes
		No
		Not known

Section III: Context of the abuse

The questions in this section are all phrased in the past tense, but they can also be applied to cases of ongoing abuse.

Ref.	Question	Response categories
C1	How old was the victim when the abuse started/took place?	Write in (number)
		Not known
C2	How long did the abuse continue for?	Single incident
		0–3 months
		4–12 months
		1–2 years
		3–5 years
		6 years or more
		Abuse is ongoing
		Not known
C3	What did the abuse involve? (select all that apply)	Rape/any form of penetration
		Other contact abuse (sexual activity/assault)
		Sex or facilitation of sex for material gain
		Producing sexual images or videos of children or young people
		Viewing sexual images or videos of children or young people
		Distributing or sharing sexual images or videos of children or young people
		Grooming or sexual communication with intention to abuse
		Something else (write in)
		Not known

Ref.	Question	Response categories
C4	Location(s) where the abuse took place (select all that apply)	In the victim's home In the home of the person who abused them (if different) In someone else's home In a care or foster home In a hotel/B&B/accommodation rented for abuse In a school/college In a public place (e.g. a street or park) In a vehicle or motor home On public transport Online (including via mobile phones, apps or social media) Somewhere else (<i>write in</i>) Not known
C5	If there was an online element to the abuse, which media were used? (select all that apply)	Social media site (<i>write in</i>) Messaging service (<i>write in</i>) Chatroom (<i>write in</i>) Gaming environment (<i>write in</i>) Darknet (e.g. Tor) Somewhere else (<i>write in</i>) Not known Not applicable

Section IV: Services' involvement

Ref.	Question	Response categories
S1	Does this report/concern relate to current or non-recent abuse?	Current or committed in the past 12 months Non-recent (committed 12+ months before report) Not known
S2	Who reported the abuse/concern?	Victim (including when reported jointly with parent) Parent/carer only Someone else (e.g. friend, other relative) (<i>write in</i>) Professional referral (e.g. doctor, teacher) (<i>write in</i>) Other (<i>write in</i>) Not known

Ref.	Question	Response categories
S3	Is this a new case or a re-referral to this service?	New case Re-referral Not known
S4	If an agency referred it, which agency?	Not applicable (case not referred by an agency) Police Local authority children's services Health services (e.g. GP, A&E) (<i>write in</i>) Drug and alcohol service CAMHS or other statutory mental health service Sexual health service Youth offending team Specialist voluntary sector (<i>write in</i>) Education/school Other (<i>write in</i>) Not known
S5	Services/agencies involved in the case (select all that apply)	Police Local authority children's services Health services (e.g. GP, A&E) (<i>write in</i>) Drug and alcohol service CAMHS or other statutory mental health service Sexual health service Youth offending team Specialist voluntary sector (<i>write in</i>) Education/school Other (<i>write in</i>) None known

4. A guide to adopting the child sexual abuse data collection template

Adopting the child sexual abuse data collection template in your organisation involves five steps. This chapter describes each of these steps in detail.

Step 1: Carry out an audit of the data you currently collect and identify gaps. We have developed a 'data improvement tool' to make this easier.

Step 2: Consider the gaps identified in the audit – are they important for your organisation to fill? This is best done with managers and practitioners.

Step 3: If you need to collect additional data, identify the points at which you can do so, then make changes to your forms and data recording systems.

Step 4: Introduce the new data fields and categories to your frontline practitioners.

Step 5: Extract reports regularly to check that practitioners are routinely collecting and recording data in the new fields and categories.

Before you start

Introducing new data collection processes in your service can take time and effort, so it is worth planning how to prepare your organisation to make these changes. Ask yourself the following questions:

Is there commitment from the top?



The people who manage child sexual abuse services in your organisation need to understand the value of committing time and resources to improving data, as this means they will actively support the process and commit any resources required. If you are not the decision-maker, speak to the manager(s) first.

If you need to make the case for improving your organisation's data to the standard of the data collection template See [Chapter 1](#) for some of the benefits.

Is there a person to lead?



Identifying and tasking a member (or members) of staff to lead the audit and the improvement of data systems is important, as they can ensure the work is coordinated and does not lose momentum. It is useful for them to have a good knowledge of data collection and recording in your organisation, and they will need the support of the practice and IT teams to implement changes.

Can changes be made to your data collection/recording systems?



Most organisations will find that they need to adapt their current data collection and recording in some way to improve the data they currently collect. Find out beforehand whether making such changes is possible within the organisation – and, if not, whether a budget can be allocated to pay for external expertise.

Has there been discussion with other local partners?



Child sexual abuse is tackled by multiple organisations, frequently working together across the local area. If they work together and explore whether they can harmonise the data they collect, this will make multi-agency reports more informative and easier to collate. Speak to partner organisations early on.

Have you made your data protection officer aware of the project?



All organisations processing personal data must appoint a data protection officer. Consulting them at the start of the project and later, when you are making changes in your data collection, is important because they are responsible for ensuring that you comply with relevant legislation. Organisations using the data collection template remain responsible for their own compliance with the Data Protection Act 2018.

Step 1: Undertake an audit of how you collect and record data on child sexual abuse

The first step involves comparing the data you currently collect and record with the recommended data fields and categories in the template. Our [data improvement tool](#) is an interactive Excel workbook, listing all the data fields and categories of the template, developed to support this audit.

To use the data improvement tool:

- i) Compare each data field in the tool, including the recommended categories for that data field, with what you currently collect. (The tool contains a separate worksheet for each of the template's four sections, so remember to go through all four worksheets.)
- ii) For each data field, identify whether this data is collected – and, if it is, in what format. In column D, choose the drop-down menu option that best describes your current data collection:
 - a. Data item is not collected.
 - b. Data is sometimes entered in case notes, but not in a dedicated field.
 - c. Data is entered in case notes in a dedicated field, but only in a narrative format.
 - d. Data is entered in a dedicated field in standard categories, which are more limited than those recommended in the data template.
 - e. Data is entered in a dedicated field with categories similar to or more extensive than those recommended in the data template.

Step 2: Consider gaps identified in the audit

The data collection template has been developed as a minimal, common set of data for all organisations working with child sexual abuse to collect, but there may be reasons why some organisations do not need or wish to collect some of this data.

Talk with your service managers and frontline practitioners to establish whether some data fields may not be required by – or may not be possible to collect in – your organisation. For example, if your service sees the service user only once and close to the time when the abuse took place (e.g. for a forensic medical examination), it will be difficult for you to collect data on police investigation outcomes.

Nevertheless, although it is often the case that information about the person who abused or the circumstances of the abuse cannot be known (particularly with regard to sexual abuse of younger children, as our [Saint Mary's SARC case study](#) highlighted), this does not mean that such data should not be sought and (where available) recorded systematically. There is still value in understanding the patterns of abuse in cases where data is available, and all data fields in the template include categories for 'unknown' or 'not applicable' information.

Questions to consider

When discussing data gaps identified in the audit, consider the following questions:

- Why is the information not currently collected?
- What could your organisation learn – about your service or service users – if you were to collect the information?
- How would you use the new data? For example, are there reports, strategic plans or reviews that would improve as a result? Would it improve decision-making (e.g. on practice or commissioning)?
- Are there any reasons why collecting this data may be difficult? Can these difficulties be overcome? What support or advice is needed to overcome them?
- At what point in the data collection process would you collect this data?

Having spoken to your service managers and frontline practitioners, return to the data improvement tool. For each data field, state in column E whether it is valuable and (at least in some cases) feasible for your organisation to collect that data.

When you have answered the questions in columns D and E for each data field, a suggested course of action will be generated in column F. Suggestions highlighted as orange or red indicate that you may need to make changes to your data collection and recording.

Before arranging to collect any new data, you should be sure that collecting these items would be compliant with your GDPR responsibilities, and there is a legal basis for collecting the data. See [Chapter 5](#) for more information about data protection and the GDPR.

Step 3: Incorporate new data fields and categories from the template

Introducing new data items or categories involves two steps:



- i) Identify where they fit within the data collection process and amend your data collection forms accordingly.
- ii) Introduce or amend the fields in your electronic data recording system.

Our [pilot study](#) and [case study](#) found that most items in the data collection template were already being collected by the participating organisations, but were being recorded in case notes or meeting minutes as a narrative text. There was, therefore, scope to improve data collection simply by introducing data categories in addition to narrative text fields for recording information.

With your frontline practitioners, decide where in their case work they would be able to systematically record the data items in defined categories: for example, in referral forms, at initial assessment, in multi-agency meeting minutes, or during or at completion of case work.

Insight from the pilot study

During our pilot study, a local authority's child sexual exploitation team identified the points at which information was collected. These included:

- At referral of the case to the multi-agency safeguarding hub (MASH) – a structure bringing together a team of professionals from partner agencies (e.g. police, health, local authority children's services).
- At the assessment of safeguarding concerns by the MASH, when information from partner agencies is collated to assess risk and decide what action to take. More information is available from the [Social Care Institute for Excellence](#) .
- The Achieving Best Evidence (ABE) interview – a video-recorded interview with a child or vulnerable adult witness, to gather evidence for use in the investigation and criminal proceedings and to be the evidence in chief for the victim. The Ministry of Justice publishes [guidance on ABE interviews](#) .
- The strategy meeting – a meeting of multi-agency professionals to establish whether and how a child protection investigation should be conducted.

The team found that all of the information in the data collection template was being collected, but some was stored in narrative text fields. This audit enabled them to identify how and when best to record the data using the template's defined categories.

<i>Identification and referral</i>		<i>Assessment</i>	<i>Care plan</i>
School identified suspected child sexual exploitation and completed the local child sexual exploitation referral form	MASH received the referral and accessed the children's social care database to fill in the gaps if possible	Children's social care, child sexual exploitation team and police added information from the ABE interview/ strategy meeting/ multi-agency network	Social worker, voluntary-sector keyworker, police and others (e.g. psychologist, sexual health service, parents) added information at case review meetings
Most data in the victim section of the template was recorded at this stage		Most data in the person who sexually abused and context of the abuse sections was recorded at this stage	Most data in the services' involvement section was recorded at this stage

It is important to facilitate and encourage the updating of data as new information comes to light. This is important in any organisation but is particularly relevant to those supporting victims of child sexual abuse, where details about the nature of the abuse may come to light over a period of time as the relationship between the practitioner and the service user develops. For example, if the details of the person who may have sexually abused them are not known at the start of the engagement with the organisation but are talked about later, this information needs to be updated in the service data systems. It is a GDPR requirement that data is kept up to date.

An observation from the pilot study was that some statutory organisations – in police and local authority children’s services – may find it difficult or costly to make changes in their data recording systems, because these were bought from external providers. If immediate changes prove difficult, there may be options to introduce changes incrementally, making minor adaptations in-house first until the provider makes full changes to the system.

Insight from the pilot study

One local authority in the pilot study suggested that, initially, a single electronic ‘form’ could be built into its core database. Managers could identify points in the case pathway at which practitioners would be in a position to input the data: on receipt of the referral, on completion of the risk or child and family assessment, and at the conclusion of the strategy meeting and case conference, for example. Since most of these assessments and meetings include information-gathering from multi-agency sources (including the police and the voluntary sector), the suggestion was that social workers could fill this information in on the form at the same time as recording case notes.

This option was offered as a first, easier step in embedding the data collection template into data systems, because integrating it in full straight away was perceived as costly and more time-consuming. It would also provide an opportunity for the practitioners to get used to focusing on the particular information needed to complete the data fields.

Step 4: Introduce the new data fields and categories to your frontline practitioners

Any changes made to your organisation’s data collection and recording need to be introduced to the wider staff team, including frontline practitioners and administrators.

Allowing time to secure staff engagement with any changes is important, as this helps to ensure that everyone is on board with the changes and will actively support their implementation. For example, frontline staff need to understand the value of the new data fields and to believe that the data collected will be used. They may need additional training or support to feel confident collecting and recording the new information.

Questions to consider

When introducing new data fields and categories to colleagues, discuss the following questions:


- What is new?
- What are the benefits of collecting new data items? (The [Appendix](#) sets out the rationale for the inclusion of some questions.)
- How will the new data be used?
- Do staff understand what is meant by the questions and categories? (They may find it helpful to read the technical guidance for each question in the [Appendix](#).)
- Do staff feel comfortable/confident to collect this data? If not, what support or training will be required?


Step 5: Extract reports

Once changes have been introduced, it is essential to extract regular reports so you can check that the new data fields and categories are being completed routinely and correctly by your organisation. If these reports show that gaps still exist, find out whether there are any difficulties in obtaining the new information, and where you can support frontline staff to help overcome these difficulties. Discussing data gaps can also help remind staff about the importance of updating records when new information comes to light.

Sharing the data reports with staff, and discussing their implications, can motivate better record keeping as well as providing ideas for service improvement.

Insights from the case study and pilot study

In our [case study](#) , applying the data collection template retrospectively to its records enabled Saint Mary's SARC to identify that children and young people from minority ethnic backgrounds were under-represented among its service users compared to the local population. This evidence prompted the SARC to run open days for voluntary and third-sector organisations working with minority ethnic communities, as one way of raising awareness of the SARC service among these communities.

Our [pilot study](#)  found that data on child sexual abuse (apart from data relating to child sexual *exploitation*) was rarely reported to or scrutinised by service managers and multi-agency partners. This was thought to contribute to inaccuracy and inconsistency in the recording of child sexual abuse data, while child sexual exploitation data was viewed as more accurate as it benefited from regular scrutiny and reporting to multi-agency panels.

5. Frequently asked questions

Who is the child sexual abuse data collection template for?

The template is for any organisation working with children and young people who may have been sexually abused, and/or with people who sexually abuse children and young people. This includes police and other criminal justice agencies; local authority children's services and other agencies safeguarding or supporting children and young people (such as schools, colleges, youth services, youth offending teams, child and adolescent mental health and other therapeutic services); and health services such as sexual assault referral centres, A&E departments and sexual health and substance misuse services. If you are not sure whether adopting the template is appropriate for your organisation, please [get in touch](#).

I work in the field of child exploitation/child abuse/vulnerabilities/trafficking, or another service where child sexual abuse is part of the issues identified. How can I use this template on my wider caseload?

The data collection template has been used and adapted by services working on issues wider than child sexual abuse. It is likely that three of the four sections – relating to the victim, the person who sexually abused them, and services' involvement – will be relevant to your organisation. The section on the nature of abuse would need to be adjusted to the particular issues your organisation is addressing. Discuss with your colleagues what changes may be needed, and please [get in touch](#) if you would like to discuss the template's relevance to your service setting.

I work with children and young people who have engaged in harmful sexual behaviour. Can I use the data collection template in my service?

Research has shown that many children and young people who have engaged in harmful sexual behaviour have themselves experienced abuse or trauma; see our '[Key messages from research' paper on children and young people who display harmful sexual behaviour](#)'. They can both engage in and be the victims of abusive behaviours, not fitting neatly into the data collection template's sections on 'victim' and 'person who has sexually abused'.

Where a child or young person has both been a victim of abuse and sexually harmed other children, information about both instances of abuse/harm needs to be clearly recorded. Data systems may allow for cases to be linked in different ways. Please [get in touch](#) if you

would like support and advice on adapting the template if your organisation works with cases of harmful sexual behaviour.

How were the data fields and categories in the data collection template chosen?

The data fields were first developed by the expert working group convened by the CSA Centre. We then consulted a wide range of stakeholders, and conducted a [pilot study](#) and a [case study](#) to explore the potential for a range of organisations to adopt the data fields and categories. Some data fields were removed or revised following these studies, and more were removed in 2023 to minimise the changes that organisations need to make to their existing practices.

The categories for each data field follow, where possible, harmonised choices developed by the Office for National Statistics (ONS) or the Government Statistical Service (GSS). This makes it possible to make comparisons between survey/census data and the data you collect in your service. Where standard categories did not exist, the expert working group and staff at the CSA Centre developed bespoke categories.

Why are the definitions in the data collection template different from those in the statutory returns I make on child sexual abuse data?

The template will be used by a range of organisations/sectors, and it is difficult for the suggested categories to comply with all the requirements under different statutory returns. Where statutory returns require a similar level of information but propose different data categories which are sufficient for your own information needs, you may decide that no changes are required. If, however, the statutory returns collect less detailed data, it would be beneficial to explore whether expanding the categories would still enable you to report under statutory returns. For example, our categories for disability are more extensive than in statutory returns because different disabilities affect the dynamics of the abuse differently. We believe, therefore, that it is important to collect clear and detailed data on a child or young person's disabilities and long-term health issues, as specified in [guidance from the Government Statistical Service](#).

I want to measure the outcomes of my service. Why does the data collection template not include outcomes?

Child sexual abuse services are diverse and aim to achieve diverse outcomes. Each service therefore needs to develop its own outcomes framework according to what it aims to change for its service users. Our [practical guide to measuring services' effectiveness](#) is a useful starting place.

Is the data collection template compliant with the Data Protection Act 2018, including the General Data Protection Regulation (GDPR)?

Collecting personal data from service users requires any organisation to comply with the requirements of the Data Protection Act 2018, which enacts the GDPR in UK law. It is very

important that individuals are made aware of the reasons why you wish to use their data, what you will do with it and how you will store it.


Other requirements include obtaining explicit consent before collecting or storing service users' data, as well as allowing service users to request access to that data. This means, for example, that data collection forms need to explain in plain language why you need this information and where, why, and how the service user's data is processed/stored.

The data collection template is a tool to improve the collection of data, not a form for your service users to complete. We have assumed that your organisation already has measures in place to comply with the GDPR, including ensuring that its data collection, retention, storage and destruction processes are all in compliance.

Guidance on data protection is available from the [Information Commissioner's Office](#) .

I am concerned about recording data on suspected abuse or a person suspected of abuse where it is unclear whether child sexual abuse occurred

Professionals may be concerned about recording child sexual abuse where the evidence is unclear as to whether such abuse occurred. They may be more comfortable recording facts (e.g. a verbal report of abuse) rather than evidence in the form of professional judgement or observed behaviour (i.e. *suspicion* of child sexual abuse). Your organisation may have its own guidelines around recording different types of evidence, and it is important that staff are trained to deal confidently with child sexual abuse concerns and record those concerns. All types of evidence are valid reasons to record concerns, provided that facts, judgement and observation are clearly marked as the sources of evidence.


Guidance on data recording can be found on the [Social Care Institute of Excellence's website](#) .

I have another question not listed here

Please [get in touch](#)  with the CSA Centre to ask for any other advice or guidance.

Appendix: Technical guidance

Core data needs to be collected for each case of suspected or reported child sexual abuse, including child sexual exploitation.

Child sexual abuse, whatever the context in which it takes place, is a hidden form of abuse; its victims rarely report their experiences. It is therefore important to record clear data on *suspected* cases of child sexual abuse where children and young people have not spoken about ('verbally disclosed') the abuse; [guidance from the National Institute for Health and Care Excellence \(NICE\)](#)  stresses the need for professionals to act on suspicions of child abuse.

Section I: Victim

The first section contains data fields relating to the characteristics of any child or young person (aged 0–17) who is reported (by themselves or someone else) to have been sexually abused, or where it is suspected that they have been sexually abused. Note that the data collection template can also be used in services working with adult survivors of child sexual abuse.

V1. Age at the point of referral

INPUT NUMBER VALUE



Record the child or young person's age at the point when they were referred to your organisation, in years as a number. If you do not know the age, select 'not known'.


This field is needed only where organisations do not already record the date of birth and the date of referral for each service user. Where the information can be calculated automatically using those two dates, a separate field is not required.

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V2. Sex

SELECT ONE CATEGORY ONLY

This field records the biological sex of the child or young person. We recommend following the approach used in the [2021 Census](#) , which recorded sex as male or female only. The same categories are also used in the [Crime Survey for England and Wales](#) , enabling you to compare your data with population-level information.

Additionally, you may wish to capture data on young people's gender identity. If you wish to do so, we recommend asking a simple question to establish whether the young person's gender identity matches their biological sex, as was done in the [2021 Census](#)  – but you should be aware that the data gathered through that question in the Census is currently under review following concerns that the *wording* of that question meant that some respondents may have misunderstood it. Be sure that the wording of any question relating to gender identity will be understood by those collecting and recording the data.

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V3. Sexual orientation

SELECT ONE CATEGORY ONLY

Record the sexual orientation of the child or young person, where known or volunteered.

This information is not relevant for prepubescent children, for whom you should choose 'not applicable'.


People 'come out' (tell others about their sexual orientation) at different stages of their lives, and therefore such information cannot be routinely asked if the young person has not chosen to tell or record this information in your service setting. Sexual orientation cannot be assumed; it needs to be provided by the service users themselves.


The response categories follow [guidance on sexual orientation](#)  from the Government Statistical Service; we have added 'not applicable' as an additional category for prepubescent children. The same categories were used in the [2021 Census](#) .

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V4. Ethnicity

SELECT ONE CATEGORY ONLY


Record the child or young person's ethnicity, as provided by them; do not assume what their ethnicity is. A person's ethnicity can be recorded in different levels of detail; as a minimum standard, we recommend adopting the 19 categories used in the [2021 Census](#)  so that the data you collect can be compared with the latest population statistics.

If you record ethnicity in more detailed categories, this is welcomed and there is no need to reduce the number of categories you use. (More detailed data on ethnicity from the [2021 Census](#)  is also available.) We advise that, if you use *fewer* categories than those in the template, your organisation will not collect data in enough detail to monitor and understand the experiences of children and young people from minority ethnic backgrounds, who are frequently under-represented in victim and survivor services.


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V5. Disabilities or long-term health issues


SELECT ALL CATEGORIES THAT APPLY

Record details of the child or young person's disabilities or long-term health issues, as provided by them. The [Equality Act 2010](#)  defines disability as a physical or mental

impairment that has a substantial and long-term adverse effect on a person's ability to do normal day-to-day activities.

There are various ways to record disability, and many organisations simply record it in a 'yes/no' format. We recommend using a more detailed list of categories, to enable a better understanding of patterns of child sexual abuse among children and young people with different disabilities and to monitor their access to services. We use a standard list of disabilities recommended in [guidance from the Government Statistical Service](#) :

1. Vision – for example, blindness or partial sight
2. Hearing – for example, deafness or partial hearing
3. Mobility – for example, walking short distances or climbing stairs
4. Dexterity – for example, lifting and carrying objects, using a keyboard
5. Learning or understanding or concentrating
6. Memory
7. Mental health
8. Stamina or breathing or fatigue
9. Social or behavioural – for example, associated with autism, attention deficit disorder or Asperger's syndrome
10. Other (*write in*)

Recording detailed information on disability is important for child sexual abuse services; as our [St Mary's SARC case study](#)  highlighted (on page 18), studies have indicated that disabled children are more likely than non-disabled children to be sexually abused, and the likelihood of sexual abuse may be higher for children with intellectual or mental disabilities than those with other disabilities. Monitoring disabled children's access to services should therefore be a priority for all agencies.

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Section II: Person who has sexually abused

This section relates to any individual – regardless of their age – who a child or young person aged 0–17 (the ‘victim’) says has sexually abused them, or who is reported/suspected to have sexually abused them.

In cases where more than one person was involved in sexually abusing the child, please record answers to questions P2–P6 separately for *each* identified person, if your system allows this.

P1. How many people were involved in sexual abusing the child?

INPUT NUMBER VALUE

Record the number of people involved in carrying out the suspected or reported abuse. If the number of people is unclear, tick ‘not known’.

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P2. Age at the time of the abuse

INPUT NUMBER VALUE

Record the person’s age, in years as a number, at the point when the suspected or reported abuse started. If their precise age is not known, record their approximate/estimated age as a single number (not an age range). If you are unable to record an approximate/estimated age, answer question P2a instead.

This field is needed only where organisations do not already record the person’s date of birth and the date when the abuse started; if that information is recorded and can be used to calculate their age automatically, a separate field is not required.

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P2a. If their age is not known, were they an adult or under 18?

SELECT ONE CATEGORY ONLY


Child sexual abuse services typically rely on victims to provide information on the people who abused them. If the exact age cannot be established or estimated, having an additional data field to record whether the person was aged over 18, 16–17 or under 16 can give valuable information about the scale and nature of harmful sexual behaviour and adult-perpetrated child sexual abuse seen in your service.

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P3. Sex

SELECT ONE CATEGORY ONLY

Record the person’s biological sex, where known. We recommend following the approach used in the [2021 Census](#), which recorded sex as male or female only. The same categories are also used in the [Crime Survey for England and Wales](#), enabling you to compare your data with population-level information.


If you wish to capture additional data on the person's gender identity, we recommend asking a simple question to establish whether their gender identity matches their biological sex, as was done in the [2021 Census](#)  – but you should be aware that the data gathered through that question in the Census is currently under review following concerns that the *wording* of that question meant that some respondents may have misunderstood it. Be sure that the wording of any question relating to gender identity will be understood by those collecting and recording the data.

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P4. Ethnicity

SELECT ONE CATEGORY ONLY

Record the person's ethnicity, so far as it is known.

We recommend adopting the 19 categories used in the [2021 Census](#)  so that the data you collect can be compared with the latest population statistics.

We recognise, however, that this may sometimes be difficult when data is collected from the victim. Where the exact ethnicity cannot be known, five broader categories (White, Asian, Black, mixed and other, in addition to 'not known') can be used alongside the longer list.

If you record ethnicity in more detailed categories than those set out in the template, this is welcomed and there is no need to reduce the number of categories you use.

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P5. Relationship to the victim

SELECT ONE CATEGORY ONLY

Record the person's relationship to the child or young person, where known. We recommend using the latest categories from the Crime Survey for England and Wales (yet to be published), which enable comparisons with population data.

If you are using different categories of relationship types in your organisation, there may be no need to change these provided that the detail is sufficient for your organisation.

1. Father/Mother – birth, step or adoptive parents
2. Mother's/Father's partner – a parent's partner who may live with them or elsewhere
3. Foster carer or guardian – long-term or short-term foster carers, or a special guardian
4. Brother/Sister – any sibling, including foster, step and half-siblings
5. Grandparent – including step or adoptive grandparents
6. Another relative – any other relative not listed above
7. Friend of the family – friend of *any* family members
8. Neighbour – someone living in the close vicinity of the child or young person
9. Current/previous boyfriend/girlfriend – a boyfriend, girlfriend, ex-boyfriend or ex-girlfriend of the child or young person
10. Victim's friend/acquaintance for more than 24 hours – a friend, including a schoolfriend or an acquaintance, who has been known to the child or young person (online and/or offline) for at least 24 hours

11. Stranger/acquaintance known for less than 24 hours – an acquaintance met (online or offline) only very shortly before the abuse took place, or a stranger to the child or young person
12. Someone in a position of trust or authority (*write in*) – an authority figure who has a relationship with the child or young person through their professional position, e.g. teacher, coach, religious leader
13. Someone met online – someone initially met online, even if they have subsequently become a friend of the child or young person
14. Someone else (*write in*)
15. Not known

Recording the relationship between the victim and the person who sexually abused them is one way of analysing the scale of different forms of child sexual abuse (e.g. intra- or extra-familial) seen by your service. It is therefore important to use categories in addition to a narrative text format so that the information can be extracted for analysis.

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P6. Is/was there a police investigation?

SELECT ONE CATEGORY ONLY

Record whether there is or was a police investigation into this person in relation to the suspected/reported sexual abuse.

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Section III: Context of the abuse

In this section, the term 'abuse' is used to mean any suspected or reported sexual abuse of a child or young person that has resulted in the victim (regardless of their current age) or a person who abused them coming into contact with your organisation.

C1. How old was the victim when the abuse started/took place?

INPUT NUMBER VALUE

Record the child or young person's age at the point when the suspected or reported abuse started, in years, as a number. If the age is unclear, select 'not known'.

This field is needed only where organisations do not already record the date of birth, and the date when the abuse started, for each service user. Where this information can be calculated automatically using these two dates, a separate field is not required.

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C2. How long did the abuse continue for?

SELECT ONE CATEGORY ONLY

Record the duration of the suspected or reported abuse.

This field is needed only where organisations do not already record in their systems the date when the abuse started and the date when it ended. Where this information can be calculated automatically using these two dates, a separate field is not required.

Recording the duration of abuse is important to understanding the nature of abuse and how this varies. Our [pilot study](#) found that most organisations recorded this data in case notes only, so it could not easily be analysed.

When this data was extracted from the files of Saint Mary's SARC in our [case study](#), it was found that boys attended the SARC following longer periods of abuse than girls did; this suggested a need to improve referring professionals' awareness of the sexual abuse of boys.

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C3. What did the abuse involve?

SELECT ALL CATEGORIES THAT APPLY

Record all forms of sexual abuse that are suspected or reported to have occurred (not just those involving the person(s) about whom you have recorded information in Section II).

The categories are based on child sexual abuse offences as defined in the [Sexual Offences Act 2003](#), setting out how police forces should record sexual offences; however, there is no need for organisations working outside the criminal justice sector to establish whether the types of abuse described by victims meet the criteria of the Act.

Abuse against any child or young person aged 0–17 can be recorded under the categories, even though the Sexual Offences Act restricts child sexual abuse (in most crime categories) to offences committed against children under 16.


This section also includes abuse relating to the production, viewing or distribution of sexual images of children, which are prosecuted under the [Protection of Children Act 1978](#) .

1. Rape/any form of penetration – all cases of rape and sexual assault where penetration (by a part of the body, or by anything else) occurred
2. Other contact abuse (sexual activity/assault) – sexual assault offences where penetration did not take place, and sexual activity offences (e.g. sexual touching, being made to engage in sexual activity)
3. Sex or facilitation of sex for material gain – for example, paying a child or young person (or somebody else) for their sexual services, or controlling the activities of a sexually exploited child or young person
4. Producing sexual images or videos of children or young people – filming or taking photographs of abuse, or making a child or young person film or take images or videos of themselves or livestream abuse
5. Viewing sexual images or videos of children or young people – viewing images or videos produced by someone else, while having no direct contact with the child or young person involved
6. Distributing or sharing sexual images or videos of children or young people – sharing images or videos with others, while having no direct contact with the child or young person involved
7. Grooming or sexual communication with intention to abuse – contacting a child or young person with the intention to carry out sexual abuse (including attempting to meet them for this purpose), or communicating with a child in relation to sexual activity
8. Other (*write in*)
9. Not known

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C4. Location(s) where the abuse took place

SELECT ALL CATEGORIES THAT APPLY

Record all locations where abuse is suspected or reported to have occurred. There are no standard or widely used categories to record the location of abuse; the categories below were developed based on the [Crime Survey for England and Wales childhood abuse module](#)  but adding categories to record abuse that took place 'in the home of the person who abused', and 'in a hotel, B&B or accommodation rented for abuse'.

1. In the victim's family home
2. In the home of the person who abused them (if different)
3. In someone else's home – a third party's residential accommodation
4. In a care or foster home – including residential care
5. In a hotel/B&B/accommodation rented for abuse
6. In a school/college
7. In a public place (e.g. street or park)

8. In a vehicle or motor home
9. On public transport
10. Online – including via mobile phones, apps and social media
11. Somewhere else (*write in*)
12. Not known

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C5. If there was an online element to the abuse, which media were used?

SELECT ALL CATEGORIES THAT APPLY

Record the types of medium suspected or reported to have been used to target the child or young person. Including specific names of apps or websites helps to track and evaluate the safety of these media.

1. Social media site (*write in*) – a website or app that enables users to create and share content or to participate in social networking
2. Messaging service (*write in*) – an app that allows users to send instant messages, images or videos
3. Chatroom (*write in*) – an area on the internet where users can communicate, sometimes around a specific interest or topic
4. Gaming environment (*write in*) – any game that allows players to communicate with each other
5. Darknet (e.g. Tor) – a computer network with restricted access that is used chiefly for illegal peer-to-peer file sharing
6. Somewhere else (*write in*)
7. Not known
8. Not applicable

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Section IV: Services' involvement

Again, the term 'abuse' is used in this section to mean any suspected or reported sexual abuse of a child or young person aged 0–17 which has resulted in the victim or a person who abused them coming into contact with your organisation.

S1. Does this report /concern relate to current or non-recent abuse?

SELECT ONE CATEGORY ONLY

Record whether the suspected or reported abuse took place within the past 12 months ('current') or more than 12 months ago ('non-recent'), if known.

This field is needed only where organisations do not already record the date when the abuse ended and the date of report. If the information can be calculated automatically using these dates, a separate field is not required.

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S2. Who reported the abuse/concern?

SELECT ONE CATEGORY ONLY

Record whether the abuse or the suspicion of abuse was reported by the child or young person, their parent or someone else, or was a referral from a professional.

This item was developed specifically for the data template, to understand how suspected or reported child sexual abuse comes to the attention of different agencies.


1. Victim (including when reported jointly)
2. Parent/carer only
3. Someone else (e.g. friend, other relative) *(write in)*
4. Professional referral (e.g. doctor, teacher) *(write in)*
5. Other *(write in)*
6. Not known

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S3. Is this a new case or a re-referral to this service?

SELECT ONE CATEGORY ONLY

Record whether the child or young person has previously received support or been known to your organisation, including for reasons other than child sexual abuse.

By recording this data, you can track cases where abuse may be continuing and better understand patterns of repeat abuse. Our ['Key messages from research' papers on child sexual exploitation](#)  highlight research suggesting that many sexually exploited children and young people have previously experienced other forms of abuse, which may not have been addressed.

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S4. If an agency referred it, which agency?


SELECT ONE CATEGORY ONLY

Record the referring agency, where applicable. The category list of agency types was developed specifically for the data collection template, to build a further understanding of referral patterns among agencies.

1. Not applicable (case not referred by an agency)
2. Police
3. Local authority children's services
4. Health services (e.g. GP, A&E) (*write in*)
5. Drug and alcohol service
6. CAMHS or other mental health service
7. Sexual health service
8. Youth offending team
9. Specialist voluntary sector (*write in*)
10. Education/school
11. Other (*write in*)
12. Not known

By recording who reported the abuse and which agency referred the case, organisations can understand and improve routes into the services they provide.

Our [pilot study](#)  found that most organisations did not routinely record who had reported the abuse, although this information was sometimes present in case notes.

When our [case study](#)  extracted this information systematically from the case files of Saint Mary's SARC, parents and carers were found to be boys' main route to services, while professionals were more likely to refer girls. Self-referrals were also more frequent among (teenage) girls than boys. There were also patterns of referral based on age: health professionals were more likely to refer younger children, and education professionals to refer older ones). This pointed to the need for professionals to be more aware of the sexual abuse of boys, and of additional barriers to disclosure among boys.

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S5. Services/agencies involved in the case

SELECT ALL CATEGORIES THAT APPLY

Record whether other services/agencies are involved in the case.

The categories of service/agency are the same as those in question S4 above.

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