

The logo features a vertical rectangular background with a geometric, low-poly pattern. The colors transition from dark blue at the top to green at the bottom. The text is white and positioned on the left side of the rectangle.

Centre of
expertise
on child
sexual abuse

One-day multi-agency training on intra-familial child sexual abuse

Learning report

January 2022

Executive summary

Between November 2020 and March 2021, the Centre of expertise on child sexual abuse (CSA Centre) delivered an introductory one-day, multi-agency training course on 13 occasions to professionals in three London local authority areas and across Wales. The aim of the course is for professionals working across a range of agencies to gain an overview of the key issues relating to child sexual abuse in the family environment, so they can better identify and respond to such abuse.

The training was delivered online, and 490 professionals took part. This report, written by the CSA Centre's research and evaluation team, brings together feedback from 261 of the participants who completed an online survey shortly after their training day.

Most of the survey respondents worked in social work/social care, health and education services. Three-quarters worked in frontline roles as practitioners or senior practitioners (e.g. as social workers, teachers, nurses or GPs). Fewer than two-thirds had previously received any training in relation to child sexual abuse; the most frequently cited form of previous training was a brief module within their general training around safeguarding or child abuse.

The vast majority of respondents said the training had improved their skills, knowledge and understanding in identifying and responding to concerns of child sexual abuse; for example, they reported having a better understanding of the potential signs and indicators of child sexual abuse, of how to communicate with children who may have been sexually abused, and of multi-agency partners' roles and responsibilities. Importantly, they said they intended to change how they worked with children and families as a result of the training. Those who did not work directly with children, or who already had a good knowledge of child sexual abuse, reported that they had benefited less from the training.

The quality of the training content and delivery was rated positively, with most respondents awarding the training four or five stars out of five overall. The trainers were praised for their knowledge and empathy, and the way in which sensitive topics were discussed in an online setting.

The Centre of expertise on child sexual abuse aims to root all its work in the best evidence available. For all our training courses and programmes, this starts with the development of the training, and we review the content regularly to ensure that it reflects the latest developments in research and practice. We routinely collect feedback from training participants, which is used for reflection and continuous improvement. When we pilot a new course, or offer it to a new group, we may undertake more follow-up data collection and publish a report. Our learning reports contain participant feedback; evaluation reports synthesise more types of evidence, such as interviews with participants' managers.

Contents

Introduction	4
Background.....	4
Developing the course	5
Course aims and learning outcomes	5
Course delivery	5
Collection of feedback.....	6
The learning report.....	6
Characteristics of the survey respondents	8
Role and area of work.....	8
Previous training on child sexual abuse	9
The impact of the training	10
Learning outcomes	10
Applying the learning in practice	11
Sharing the learning.....	13
Feedback on the training content and delivery.....	14
Training content	14
Training delivery	14
Suggestions for improvement	16
Conclusions.....	18
Final comments	18

Introduction

The Centre of expertise on child sexual abuse (CSA Centre) delivers training programmes aimed at improving professionals' knowledge, skills and confidence to identify and respond to concerns of child sexual abuse.

This report presents feedback from participants in our introductory one-day multi-agency training course on intra-familial child sexual abuse, as delivered online to professionals in three London local authority areas and across Wales between November 2020 and March 2021.

Background

Through interactions with professionals across a range of sectors in recent years, the CSA Centre has identified a number of issues that prevent professionals from addressing concerns of child sexual abuse effectively:

- Professionals in social work, policing, health and education have received very little or no input on intra-familial child sexual abuse during their pre- and post-qualifying training.
- This means that, across the multi-agency workforce, key professionals working with children lack knowledge, skills and confidence in identifying and responding to concerns of child sexual abuse in the family environment.
- Multiple opportunities are missed for professionals to identify and respond to child sexual abuse. As a result, many children's needs for safety and protection are not met. Fewer than one-eighth of sexually abused children come to the attention of professionals at the time this abuse is occurring.¹

These issues have also been highlighted in joint targeted area inspections of the response to child sexual abuse in the family environment in England,² which found a marked lack of confidence among multi-agency professionals in dealing with such abuse. The inspectors concluded that:

- Intra-familial sexual abuse needs to be talked about, and is not a high enough priority for agencies
- in the absence of clear national and local strategies and approaches, professionals across all agencies lack the training and knowledge they need to identify and protect children
- professionals rely too heavily on children to verbally disclose sexual abuse
- when children have displayed harmful sexual behaviour, professionals often respond solely to this behaviour rather than considering the possible causes of it
- practice in this area is too police-led and not sufficiently child-centred, with health agencies too often not involved at all.

In response to these issues, in 2020 the CSA Centre designed a one-day introductory training course on intra-familial child sexual abuse for multi-agency professionals.

¹ Karsna, K. and Kelly, L. (2021) [*The scale and nature of child sexual abuse: Review of evidence*](#). Barkingside: CSA Centre.

² Ofsted, The Care Quality Commission, HMI Constabulary and Fire and Rescue Services, and HMI Probation (2020) [*Multi-agency response to child sexual abuse in the family environment: Prevention, identification, protection and support*](#). Manchester: Ofsted.

Developing the course

The CSA Centre had previously developed and delivered training on intra-familial child sexual abuse for social workers, but identified many benefits in providing this course to a multi-agency audience:

1. This is how training is delivered within safeguarding children partnerships.
2. Serious case reviews have consistently recommended that practitioners and professionals across different disciplines work together to ensure identification of and appropriate response to child sexual abuse.³
3. If a common understanding of child sexual abuse and offending can be established among all professionals who work with children, it is hoped that they will be more likely to respond to such cases in a safe, confident, competent and proportionate way.

The CSA Centre's multi-disciplinary team of practice improvement advisors worked together to adapt the social work content to a multi-agency audience.

Course aims and learning outcomes

The training aimed to provide an overview of the key issues around intra-familial child sexual abuse for professionals working in a range of agencies, so they could better identify and respond to such abuse.

The learning outcomes were as follows:

- A better understanding of:
 - the scale and nature of child sexual abuse
 - how the impact of child sexual abuse presents in children and young people
 - how children communicate their experiences of sexual abuse, and the professional role in helping them do this
 - how and why sexual abuse happens in families.
- Improved ability to identify the potential signs and indicators of sexual abuse and sexually abusive behaviour.
- Greater confidence in identifying and responding to concerns of intra-familial child sexual abuse.

Course delivery

The training was delivered 13 times between November 2020 and March 2021, to a total of 490 participants across three local authorities in London and five Welsh regional safeguarding boards (see Table 1). The number of participants on each occasion ranged from 21 to 62.

Delivery was online, via PowerPoint presentation. Each training day was facilitated by two trainers from the CSA Centre, with four trainers in total involved across the 13 days. Each trainer had considerable professional experience in responding to child sexual abuse in a health or policing setting.

³ NSPCC (2020) *Child sexual abuse: Learning from case reviews. Summary of risk factors and learning for improved practice around child sexual abuse*. London: NSPCC.

Table 1: Training delivery

Location	No. of times the course was delivered	No. of participants
North Wales	1	36
Mid and West Wales	1	36
Gwent	2	70
Cwm Taf Morgannwg	2	59
West Glamorgan	1	33
Total Wales	7	234
Ealing	2	60
Hackney	2	79
Barking and Dagenham	2	117
Total London	6	256
Total number	13	490

Collection of feedback

Shortly after each training day, the participants were asked to complete a short online survey about their experience of attending the training. Of the 490 people who attended the training, more than half (n=261) responded to the feedback survey.

Responses were received from participants on all the training days. As Table 2 shows, the respondents were nearly equally distributed between London local authorities (48%) and the regions of Wales (52%).

Table 2: Feedback survey respondents' main places of work

Main place of work	No. of respondents
North Wales	14
Mid and West Wales	24
Gwent	28
Cwm Taf Morgannwg	32
West Glamorgan	20
Other/wider area, or area not specified	19
Total Wales	137
Ealing	21
Hackney	35
Barking and Dagenham	35
Other/wider area	33
Total London	124
Total number	261

The feedback was anonymised and reviewed as it came in, resulting in some immediate adaptations being made to the training.

The learning report

This report has been prepared by the CSA Centre's research and evaluation team. It first describes the respondents to the feedback survey, their roles and the sector they work in, as well as any previous relevant training they had received. It then covers the training outcomes and using the learning in practice. Respondents' feedback on the course content and delivery as well as suggestions for improvement are discussed in the final section.

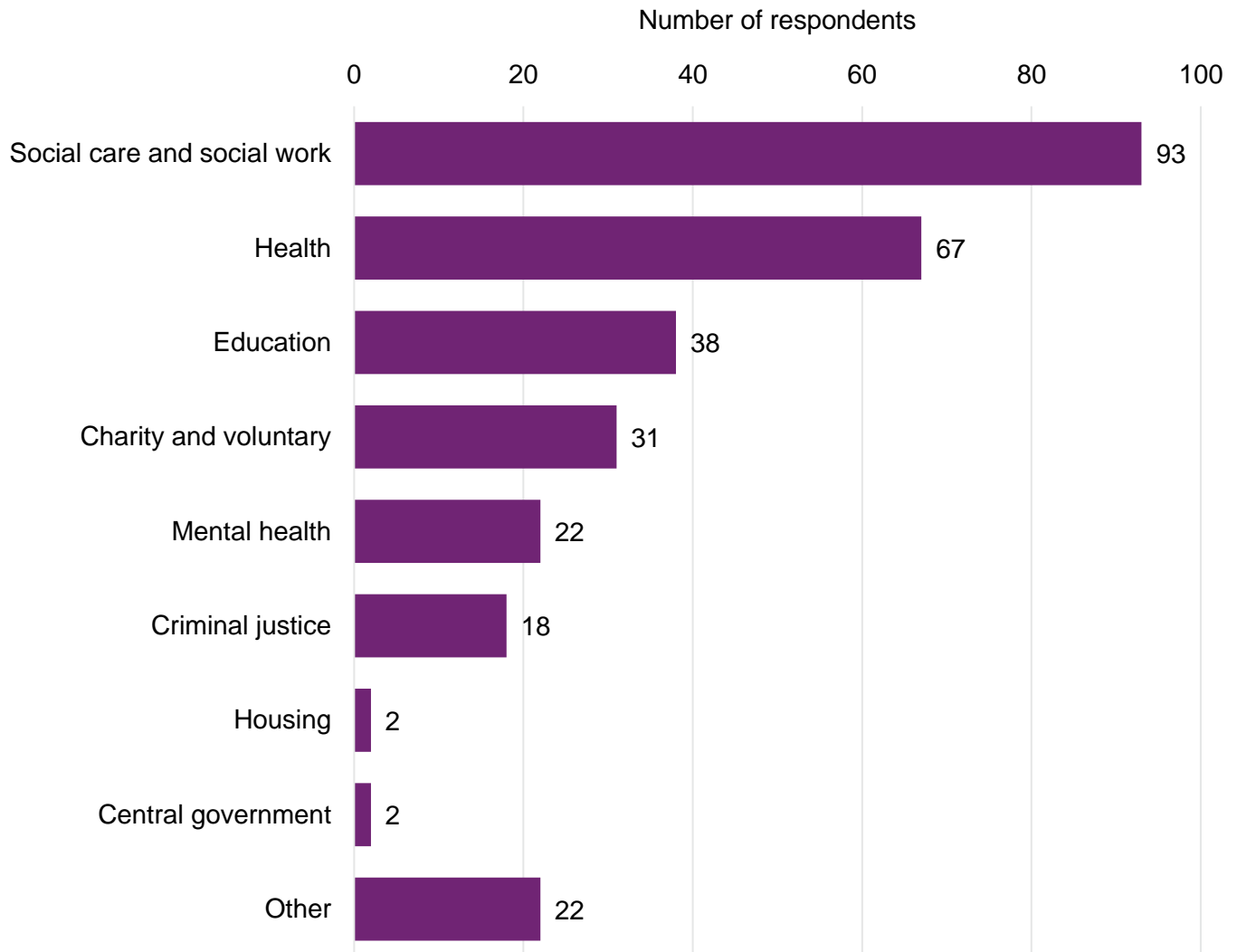
Characteristics of the survey respondents

Role and area of work

The respondents were asked which sector(s) they worked in, with the results shown in Figure 1. One-third (36%) said their work involved social work or social care, and one-quarter (26%) delivered health services. Smaller numbers were involved in education (15%), charity and voluntary-sector services (12%), mental health (8%) and criminal justice (7%), with few working in housing or central government. Other sectors specified included domestic violence services, youth work and early intervention.

Each respondent could select multiple sectors, and 28 did so. Examples included a school nurse selecting education and health, and a school liaison officer selecting education and health.

Figure 1: Sectors worked in by the survey respondents



n=260; one respondent did not specify the sector(s) they worked in. Respondents could select more than one option.

Asked about their job role, three-quarters (76%) of respondents said they were frontline professionals (e.g. teachers, GPs or social workers) – a mixture of practitioners and senior practitioners. A further one in ten were team managers, and a small proportion (4%) were students in work placements. Other job roles (9%) included administrative and training/commissioning roles.

Previous training on child sexual abuse

Three-fifths of the respondents (59%) indicated that they had received previous training aimed at improving their understanding of or response to child sexual abuse; more than one-third (36%) said they had not received any, and 12 respondents were not sure.

The most commonly received form of training was a brief element relating to child sexual abuse within the (mandatory) training that respondents had received through their employer on generic topics such as safeguarding, child abuse or trauma. Some mentioned specialist training from organisations such as Barnardo's, the Lucy Faithfull Foundation/Stop It Now!, and the NSPCC; this training typically focused on sexual offending, harmful sexual behaviour or sexual exploitation. A few referred to training received as part of their university degree.

Even where they had previously received training, some respondents observed that this course had added to their knowledge and skills:

"[The previous training was] not as comprehensive as this. I have never covered before how to respond to child sexual abuse." (Health, practitioner)

"[I had learnt about child sexual abuse] as part of my nurse training, but your training was more involved and practical." (Mental health, practitioner)

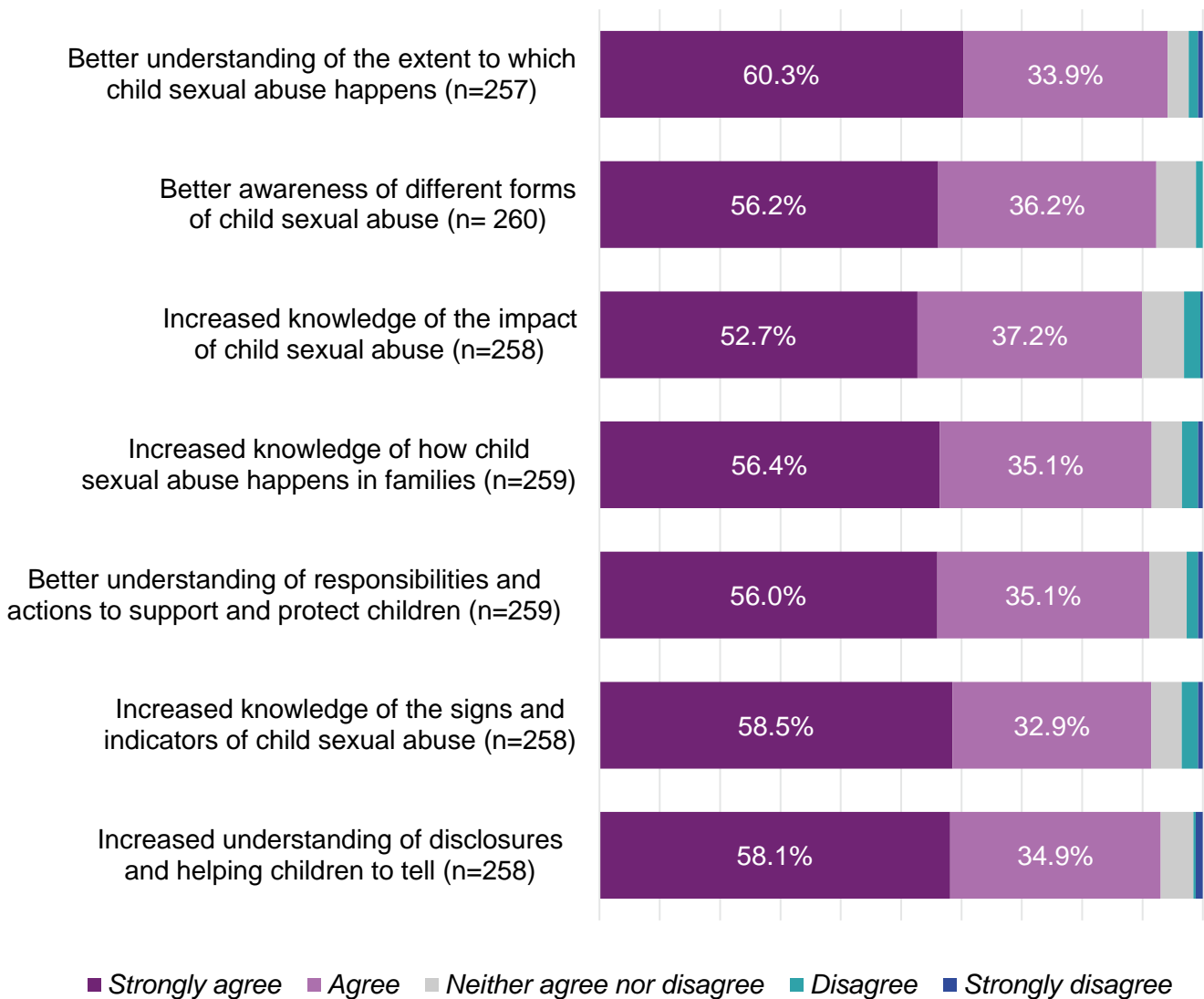
"Undertook the child safeguarding training which had touched briefly on the topic of sexual abuse but did not go into details as this training [has] done... I feel they both go hand in hand." (Housing, practitioner)

The impact of the training

Learning outcomes

As a result of attending the course, most respondents reported that they had increased their knowledge, skills and confidence in identifying and responding to child sexual abuse. A summary of the results is displayed in Figure 2. Many of them explained how they would apply their learning to their practice, as shown in the next section.

Figure 2: How respondents’ knowledge, skills and understanding improved



A minority said they had not increased their knowledge or had not found the training relevant, however. Respondents who gave lower scores to learning outcomes typically indicated that the training was too basic for them, although some recognised its value for professionals with less experience:

“Training was excellent; however, I was directed to attend by a manager and am 10 years+ as a social worker so clearly [this] wasn’t intended for me. But I feel that this is excellent training for anyone early in their career.” (Social care and social work, team/middle manager)

Some, but not all, of those working in adult services found the training less relevant to their practice:

“As I work with adults, it is unlikely that I will speak with children in work directly.” (Mental health, practitioner)

One respondent noted that the training did not sufficiently support them in their role of working with disabled children:

“The course was informative, but not particularly relevant to my setting. More thought needs to be given to supporting pupils with complex communication needs. Many children from my setting are not able to use the communication strategy provided within the course.” (Education, team/middle manager)

Applying the learning in practice

Respondents were asked how much they would use the training in their professional role. Three-quarters (n=197) indicated that they would use it ‘a lot’, and one-fifth (n=50) said they would use it ‘a little’. Only nine replied ‘not much’, and four were not sure. Most of those saying they would use their knowledge ‘a little’ or ‘not much’ did not have direct contact with children in their professional roles, because they worked with adults or were in administrative or managerial positions.

Respondents described how specific aspects of their learning would make a difference to how they approached their role.

Being aware of child sexual abuse

Respondents observed that their increased awareness of child sexual abuse would help them respond to cases where such abuse may have occurred:

“[I] will be more vigilant to child sexual abuse in my day-to-day work, and feel more comfortable to recognise and ask about it.” (Health, practitioner)

Recognising the signs and indicators of abuse

Respondents also felt that, by knowing more about the possible signs and indicators of child sexual abuse, they would be more conscious of what to look for:

“I work for ‘early intervention’ and attend the homes of families, working with both parents and children. This knowledge will support me to identify the signs of abuse and how to respond to this.” (Charity/voluntary, practitioner)

“I work as a looked-after children's nurse and complete health assessments on all children and young people aged 5–17 years within the looked-after system. This training has helped increase my knowledge and awareness around this particular subject, providing me with an increased confidence in the ability to recognise the signs to look out for during my visits.” (Health, practitioner)

Broaching the subject

Many respondents noted that they had previously found it difficult to broach the subject of sexual abuse, and that the training had given them practical advice on how to initiate these difficult conversations:

“The session allowed me to think about instances and examples of how abuse can often be hidden and ‘swept under the rug’ due to not wishing to unravel awkward conversations... leaving a child/person at heightened risk.” (Social care and social work, practitioner)

“I work in child exploitation and learnt a lot about opening up that communication with the child and not just looking out for the verbal [disclosures].” (Criminal justice/law enforcement, practitioner)

“Greater knowledge of what to do, especially with how to go about discussing/noticing concerns, starting the conversation.” (Education/housing, practitioner)

“I feel much more confident now in being able to have open conversations with children and their families. The point that ‘what if I’m right’ [that the child is being sexually abused] will stick with me; rather than doubting if I am wrong, I will ask ‘what if I’m right’, and the consequences of this to the child/children.” (Social care and social work, practitioner)

Managing disclosures

Similarly, a number of respondents said they had previously found it difficult to know how to communicate with a child making a disclosure, but the training had increased their confidence to do so:

“The video and dialogue around how to support a child when they offer a disclosure was helpful and has instilled confidence in my skills as a clinician to be able to handle this when it happens.” (Mental health, practitioner)

“I am currently a safeguarding officer in a secure children’s home and respond to a lot of information that children share with staff about sexual abuse. This training will help me communicate with the children, respond correctly and advise other staff members.” (Social care and social work, practitioner)

Understanding multi-agency roles and responsibilities

Many respondents reported that their practice would change now they better understood the roles and responsibilities of different professionals involved in child sexual abuse:

“Working with children [when there is a police investigation into their sexual abuse] has always been something that we’ve been told we can’t do. This training has made a massive impact today on how we can deliver from now on, widening our service even further in terms of intervention with victims.” (Multi-agency team, senior practitioner)

“I was reassured that medical examination is a holistic process so can have added benefits other than just physical examination.” (Health, practitioner)

Challenging assumptions

A few respondents said the training had made them challenge their assumptions about child sexual abuse, or about their practice:

“There was an unconscious bias when suspecting the possible perpetrator. The training has enabled me to keep an open mind.” (Health, practitioner)

“This training gave me ‘time out’ of my practice to think and have the space to explore the full extent of child sexual abuse.” (Health, senior practitioner)

Adult services

Some respondents who worked with adult survivors or families needing support, rather than directly with sexually abused children, did not find the training relevant – but many said it was useful to them:

“I don’t work with children directly; however, I have a duty of care to protect the children of my clients. I also will use this information to help any clients who have been abused as a child.” (Charity/voluntary sector, practitioner)

“I do not directly work with children but it will help me when asking around [adverse childhood experiences] to explore more and understand experience and support needs. Also, to keep in mind when clients are disclosing information about their children’s behaviour.” (Charity/voluntary sector, practitioner)

Sharing the learning

Several respondents stated their intention to share with colleagues the information they had learnt, either in meetings or in supervision:

“I will be able to use the knowledge gained in [the] wider setting of working with various professionals, and will be able to use it in meetings to influence changes.” (Health, practitioner)

“[I will be] supporting staff to look at situations differently, what has happened to you for you to act this way; acknowledge our opinions are not facts.” (Social care and social work, team manager)

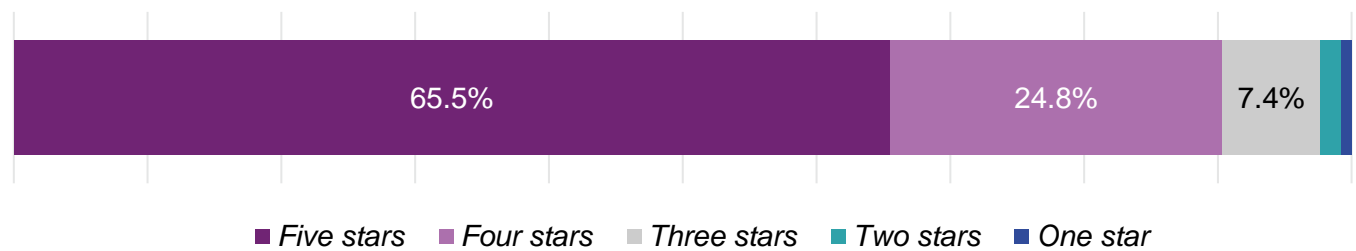
“I supervise practitioners and therefore will be able to help them to unpick what is going on for the child. Will be able to support them better in relation to recognising signs and indicators. And having the confidence to support a child following/during disclosure.” (Health, senior practitioner)

Feedback on the training content and delivery

Training content

Asked to rate the training overall on a scale of one to five stars, two-thirds of the respondents (n=169) gave the course a five-star rating, and a quarter (n=64) gave four stars. Nineteen respondents gave a three-star rating, and the remaining six respondents awarded one or two stars; low ratings were typically given by respondents who felt the training was too basic given their existing knowledge.

Figure 3: Respondents' rating of the training course overall



n=258; three respondents did not give a rating.

Respondents described the training as 'fantastic', 'excellent', 'informative', 'useful', 'clear', and 'well-presented'. Some specific aspects were felt to be very useful, including the use of exercises:

"I really enjoyed how the trainer included activities which made us empathise and see what children may feel when discussing their experience and trauma with professionals." (Health, practitioner)

Furthermore, the training was felt to be comprehensive in terms of the variety of issues covered and the depth of knowledge shared:

"Excellent, [it] was obvious that you know and live what you are training. It will encourage me to continue advocating and not giving up on those I care for, even if it feels like the system has." (Mental health, practitioner)

Some respondents considered it particularly relevant:

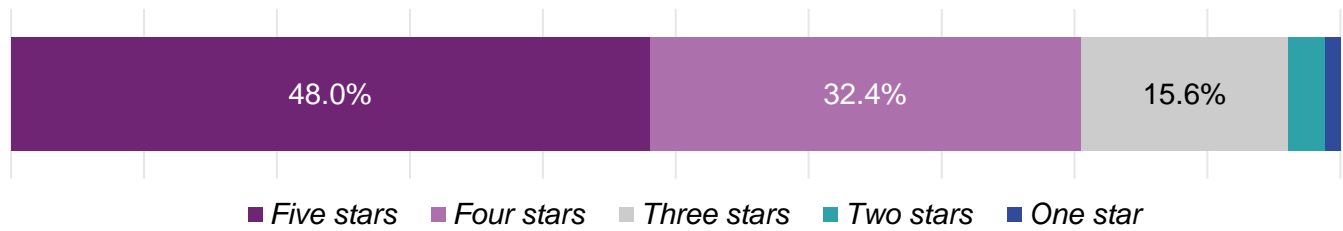
"Well-presented and very related to my role. Please offer this to all school health nurses and health visitors." (Health, practitioner)

"I found this training very informative, detailed and current in terms of my role, and the possibilities of child sexual abuse being a reality that many children I work with may experience." (Health, practitioner)

Training delivery

Nearly half of respondents (n=123) felt that the delivery of the training merited five stars, and almost a third (n=83) gave a four-star rating. Forty respondents awarded three stars, and 10 gave two or one stars; these ratings were all awarded by respondents who had attended the course on occasions when technical difficulties hindered the delivery, and this was noted as a reason for the low ratings.

Figure 4: Respondents' rating of the training delivery method



n=256; five respondents did not give a rating.

The trainers were praised for their knowledge and their ability to clearly explain topics, and were described as friendly and interesting; respondents praised their practical knowledge and style of delivery:

“Great trainers who were engaging. Clear and concise slides and participation encouraged from attendees.” (Social care and social work, practitioner)

“The trainers are very knowledgeable about their subject/welcoming and with a sense of humour.” (Health, practitioner)

“Both trainers very knowledgeable and were able to give accounts from their own work of dealing with children who have experienced child sexual abuse, and were able to incorporate this into evidence-based research.” (Health, senior practitioner)

Respondents also valued the use of practical examples to illustrate the content:

“Well set-out information with examples to tie to the information.” (Health, senior practitioner)

“I found the trainers very knowledgeable. They answered all the questions asked in the conversation and used case examples.” (Social care and social work, practitioner)

Several respondents remarked on the sensitive nature of the content and how this was dealt with in the context of the online platform. The trainers were praised for their ability to handle the subject appropriately and support attendees:

“Whilst the content was heavy material, both trainers delivered in a good manner at a good pace and [the] session also involved interaction.” (Criminal justice/law enforcement, practitioner)

“Enjoyed the delivery and pace of the session. Some of the topics were emotionally heavy at times and [the trainers] were extremely reassuring in highlighting that people had the option to take a break whenever they needed to.” (Mental health, practitioner)

“The content, though difficult, was delivered with compassion.” (Health, practitioner)

“Such a difficult topic shared so easily and smoothly – felt at ease through the session.” (Social care and social work, practitioner)

Several participants pointed out that they had been able to engage and interact with the others, despite the course being delivered online. Breakout rooms and polls were viewed as being particularly beneficial to their engagement:

“I really liked that there were polls and breakout rooms so that the training was interactive.” (Social care and social work, practitioner)

Suggestions for improvement

Training content

A few respondents felt that more case studies could have been included, and there could have been more use of breakout rooms and interaction:

“Case studies could have been used during the interactive breakout sessions to encourage more conversation.” (Social care and social work, practitioner)

“I think more targeted breakout room discussions would support professionals to get more out of it.” (Education, team/middle manager)

“In the first part of the training there was less interaction. I think adding a breakout room or individual activity could be a good idea. Also perhaps encouraging people to turn their cameras on, especially when in breakout rooms, could be useful – my breakout room was awfully silent and half of the people just stayed on mute with cameras off throughout the discussion.” (Mental health, practitioner)

A few respondents were concerned about some of the training content:

“I felt there was an attempt to make justifications for paedophilia as something a person can't control as it is a pathological issue, while child abusers made the choice to abuse children, therefore we should look at them and treat them differently.” (Charity/voluntary, practitioner)

“I disagree that children are affected only by multiple incidences of sexual abuse – one occasion can still cause trauma.” (Social care and social work, practitioner)

These comments have been addressed by clarifying or modifying some of the content, giving more space to the research evidence around these topics.

Finally, a small number of respondents mentioned specific topics that they would have liked to have heard more about, regarding either specific groups of victims (disabled children, very young children, adult survivors) or different types of child sexual abuse (intergenerational abuse, online-facilitated abuse, extra-familial abuse). We have since commissioned the development of training focused on the sexual abuse of disabled children.

Training delivery

Many respondents mentioned that there had been technological issues with the online delivery of the training. A few specifically disliked the use of Microsoft Teams, and would have preferred Zoom. It is the commissioning service, however, that specifies the online platform on which the CSA Centre delivers any training course, and some agencies will not use Zoom because of data protection concerns.

Technological issues were typically related to the participants' system connectivity, WiFi, frozen screens and lagging sound. Most respondents understood that these issues were inevitable with online training:

“Technical glitches are part and parcel of this and it is never done on purpose. So well done on getting through a whole day's worth! (Charity/voluntary, practitioner)

Nevertheless, a few said they preferred online delivery to face-to-face training, as it made the training more accessible:

“I much prefer digital delivery to having to travel to a training location.” (Charity/voluntary, practitioner)

Many expressed the opposite view, however:

“I prefer face-to-face; however, have enjoyed today's training.” (Social care and social work, practitioner)

It was also noted that online delivery made the training more challenging:

“It needs to be covered over two half-days if doing online. Intense topic to be doing all day.” (Social care and social work, practitioner).

The CSA Centre has since started offering the course over two half-days.

Other practical suggestions included providing an outline of the course aims and objectives ahead of the training day; making the resources used available in advance; and ensuring that specific terms and acronyms are explained.

Conclusions

The training was generally well-received and rated positively by the multi-agency audience, regardless of professional background. Many participants had not received previous training on the topic or considered their knowledge base to be low, and consequently benefited from this introductory course. The vast majority reported having achieved the learning outcomes that the course set out to deliver.

Those who found the course less relevant were respondents who did not work directly with children or were already highly experienced practitioners. It will be useful in future to target the course more specifically for those who work directly with children and lack specific knowledge on child sexual abuse in the family environment.

Final comments

“Brilliant training and I agree ‘disclosure’ needs to change. This is a negative word and closure means ending, when in fact a child has opened communication when they disclosed.” (Education, team/middle manager)

“Extremely emotive, but truly necessary to enable me to be a better worker and braver to make a positive difference.” (Social care and social work, practitioner)

“Wow! This was so good and the myth/fact section was so helpful as I have worked with children who have been affected by sexual abuse for years and always backed away!!!” (Health, practitioner)

Research and evaluation team
Centre of expertise on child sexual abuse

We’d like to hear from you. If you would like to find out more about our training, from historical successes and learnings to our forthcoming programme or bespoke packages, please contact us at info@csacentre.org.uk