

# Using supervision and team meetings to improve responses to child sexual abuse



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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](http://www.csacentre.org.uk) 

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# Contents

<b>1. Introduction .....</b>	<b>6</b>
1.1 Who is this guide for?.....	6
1.2 How can it help you? .....	7
1.3 About our ‘Key messages from research’ series.....	8
1.4 Structure of this guide .....	8
1.5 Terminology.....	9
<b>2. Individual supervision.....</b>	<b>10</b>
2.1 The importance of reflective spaces in improving practice around child sexual abuse .....	10
2.2 How can our ‘Key messages from research’ support supervision?.....	11
2.3 A framework for practitioners to reflect on their work with specific children and families .....	12
2.4 Applying the framework: key questions to support reflection on experiences.....	14
2.5 Helping supervisees to reflect on their own beliefs and attitudes .....	17
<b>3. Team meetings and group supervision .....</b>	<b>20</b>
3.1 Observing themes and patterns in your team’s caseload .....	20
3.2 How can our ‘Key messages from research’ make a difference? .....	21
<b>4. Taking care of your team members and yourself .....</b>	<b>27</b>
4.1 How might working with children and families impacted by child sexual abuse affect your team?.....	27
4.2 How can you help and support your team? .....	29
4.3 Looking after yourself .....	31
<b>References.....</b>	<b>32</b>
<b>Appendix 1. Handout: Key questions for reflective practice .....</b>	<b>33</b>
<b>Appendix 2. Other useful resources from the CSA Centre .....</b>	<b>34</b>

# Introduction

Social work practitioners play a key role in protecting and supporting children and families affected by child sexual abuse, and this support is crucial in mitigating the impacts of that abuse.

However, many practitioners find it difficult to work with children and families when there are concerns about child sexual abuse: it's a subject that can feel complex, emotional and even scary. Practitioners may worry about 'getting it wrong', having to have difficult conversations, 'opening a can of worms', or not knowing what to say or how to respond, for example.

Reflective discussions – focusing on children and families they have worked with, or on their own beliefs and attitudes – can be invaluable in helping practitioners to improve their practice, and ultimately to provide a more considered and effective response to children and families.

This guide shows how practice supervisors can best facilitate these discussions within individual and group supervision sessions, and in team meetings. It also explains how they can use a range of publications produced by the Centre of expertise on child sexual abuse (CSA Centre) – and particularly our 'Key messages from research' series – to support reflection and discussion.

*"High quality supervision is important for social workers' wellbeing at work. At its best, it provides a vitally important space to work through and beyond the emotional, intellectual, and practical challenges of work. Supervisory discussions help to 'unstick' thorny issues, reduce the risk of vicarious or direct trauma and help social workers stay connected with the reward of good work done." (Ravalier and Allen, 2020)*

## 1.1 Who is this guide for?

This guide has been written for practice supervisors in social care with line management, supervision or practice development responsibilities. Whether you manage/supervise practitioners within child protection, children with disabilities, children in care, youth offending or early help, its ideas and suggestions will support improved practice in relation to all aspects of child sexual abuse.

If your role involves responsibility for learning and development, or leading a service or services, you will find useful information for supporting the continuing professional development of practitioners in your service(s).

While the guide's focus is on work with children and families, it is also intended for practice supervisors in adult social care, whose team members may – possibly without realising it – be working with adult victims/survivors of child sexual abuse. It will also be useful for professionals with supervision or line management responsibilities in other organisations involved in safeguarding and supporting sexually abused children.

## 1.2 How can it help you?

If you manage or supervise practitioners at any stage of their career, this guide explains how you can use the CSA Centre's 'Key messages from research' papers in supervision and team meetings to explore and develop their (and your) understanding of key aspects of child sexual abuse – which in turn will improve their skills and confidence in identifying and responding effectively to that abuse.

Child sexual abuse can take a variety of forms and occur in a range of different contexts. By asking practitioners to read the relevant 'Key messages from research' paper(s) – and giving them the time to do so – at the outset of their work with a child/family, or when concerns about child sexual abuse arise during that work, you can ensure that they have a grounding in knowledge and understanding about the issues they may encounter. Having the time and space to develop evidence-informed practice, and consistently to reflect, is crucial to practitioners' support for children and families.

These papers can also help practitioners reflect, both on their work with specific children and families and on their beliefs and attitudes. Whether you are holding a supervision session with an individual colleague or facilitating a discussion in a team meeting, this guide will help you by:

- explaining how our 'Key messages from research' papers fit into an established framework for reflecting on experiences, so that your supervisees/team members fully understand the issues facing them in their work with a particular child/family and can make decisions based on evidence
- suggesting ways in which you can identify and address any beliefs, attitudes and preconceptions that may be preventing them from providing an effective and evidence-based response in relation to child sexual abuse
- providing examples of scenarios in which you can create a space and structure for discussing the research evidence and how it should inform practice
- identifying the 'Key messages from research' papers, and other CSA Centre resources, that can best help you to address common concerns around knowledge gaps

Additionally, this guide can help you to support your supervisees/team members to fulfil their continuing professional development and professional registration requirements. It may also be useful in supporting your own reflective learning and development.

**It's important to remember that at least 10% of children in England and Wales are sexually abused before the age of 16 (Karsna and Bromley, 2024). This means that many adults will have experienced sexual abuse in childhood – potentially including some members of your team.** This guide includes advice on what you can do to support these team members, whether or not they have told you about the abuse.

## 1.3 About our ‘Key messages from research’ series

The CSA Centre produces a wide range of papers summarising the key messages from published research into different aspects of child sexual abuse and the contexts in which it takes place.

These papers bring together the most up-to-date, relevant research evidence in a concise and accessible overview. Designed to be readable within an hour, they are perfect for practitioners seeking to get up to speed on a topic when it arises during their work with a child/family or as part of their continuing professional development.

All the papers in our ‘Key messages from research’ series can be downloaded free of charge from the [CSA Centre website](#). Reviewed periodically to ensure that they present the latest research evidence, they cover topics such as:

- identifying and responding to disclosures of child sexual abuse
- the impacts of child sexual abuse
- looked-after children and child sexual abuse
- child sexual abuse perpetrated by adults
- child sexual abuse by adults in online contexts
- children and young people who display harmful sexual behaviour
- harmful sexual behaviour in online contexts
- intra-familial child sexual abuse, including harmful sexual behaviour by siblings
- child sexual abuse in institutional contexts
- child sexual exploitation.

Each paper is available as a single web page or as a PDF; the latter includes full citations of all the research used as the basis for the paper.

## 1.4 Structure of this guide

The rest of this guide is structured across three chapters:

- **Chapter 2** covers the use of ‘Key messages from research’ papers in individual supervision.
- **Chapter 3** explains how you can use them, and other CSA Centre resources, as the basis for reflective discussions in team meetings.
- **Chapter 4** suggests ways in which you can take care of your team members – and yourself – during work with children, adults and families affected by child sexual abuse.

Throughout the guide, there are ‘reflection points’ for you as a practice supervisor, allowing you to consider specific issues and reflect on your own thoughts and feelings about topics or themes.



## 1.5 Terminology

For the sake of simplicity, we use the term ‘child’ in this guide to mean anyone under the age of 18. It is important to remember that children of all ages experience sexual abuse, from babies and young children through to adolescents.

We use the term ‘parents’ to encompass all parents/carers of a child – including biological parents, step-parents, adoptive parents, foster parents and other relatives who may be the child’s main care-giver, such as grandparents.

In line with the language used in the UK Government’s **Children’s Social Care National Framework** [\[7\]](#), we refer to ‘practice supervisors’ and ‘practitioners’ throughout this guide.



# 2

## Individual supervision

This chapter explains how reflective supervision with individual practitioners can help to improve their practice in response to child sexual abuse concerns – and how the CSA Centre’s ‘Key messages from research’ papers and other resources can support that reflection.

### 2.1 The importance of reflective spaces in improving practice around child sexual abuse

There is a growing understanding that practitioners need reflective spaces in individual supervision meetings, so they can:

- explore all possibilities of what might be happening for the children and families they are working with, taking into account contextual factors and the characteristics of each child/family
- consider their own emotional reactions to working with those children and families
- discuss the response that those children and families receive
- explore their own beliefs and attitudes about all aspects of child sexual abuse.

Providing such spaces, and participating in them, may feel especially challenging in situations where there are concerns around child sexual abuse – but that is the very reason why you need to make time for them and prepare to lead them.

Child sexual abuse can feel difficult to think about and talk about, perhaps especially so when it occurs in certain contexts such as the family environment. Practitioners need to be given the time, space and permission to explore their own feelings and how these might affect their work – and so do you as a practice supervisor. Supervision meetings must also be a space where practitioners who have experienced sexual abuse themselves can talk about their experiences.

#### Reflection point

Do *you* have any personal experiences that you feel may affect your own response to some situations? What do you need to support your practice? What do you need to think about or do in order to safely and effectively hold a reflective space for the practitioners you supervise or manage?

Bear in mind that, if a practitioner has their own experiences of sexual abuse but has never previously told anyone, they might choose to do so in an individual supervision session. Have you thought what you will say or do if a practitioner tells you they have experienced sexual abuse? Do you think you will need support to have further conversations with them?

You can find out more about looking after yourself and your team in Chapter 4.

## 2.2 How can our 'Key messages from research' support supervision?

If practitioners do not have a good understanding of the various forms of child sexual abuse and the contexts in which children are sexually abused, they are unlikely to be confident and competent in identifying abuse and working with children and families affected by it. Alternatively, they may have misplaced confidence in their practice, which they do not realise is unsupported by evidence.

By encouraging a practitioner to reflect on their work with children and families – and on their own beliefs, attitudes and preconceptions – with reference to published research evidence, you can make a significant difference to their ability and confidence to respond effectively to child sexual abuse. For example:

- Developing their understanding of intra-familial child sexual abuse – its prevalence, its impacts, and the reasons why children might not tell about it – will help them feel more confident in exploring concerns that a child may be being sexually abused by someone in their family, and responding appropriately to safeguard the child and support non-abusing family members. This is important, as almost half of all child sexual abuse offences reported to the police in England and Wales take place in the family environment. Reading our ***Key Messages from Research on Intra-familial Child Sexual Abuse*** [📄](#) and ***Key Messages from Research on the Impacts of Child Sexual Abuse*** [📄](#) papers will help them develop that understanding.
- Having a good understanding of adults who have sexually abused children – their diverse characteristics, their pathways into offending, and the effectiveness of different interventions – will help a practitioner to work from an evidence-based perspective, and to be aware of inaccurate stereotypes which may influence their work. ***Key Messages from Research on Child Sexual Abuse Perpetrated by Adults*** [📄](#) provides that evidence.

Used in supervision, our 'Key messages from research' papers can help provide a focus for thinking outside the box, asking "What if I'm right?" (not "What if I'm wrong?") and testing hypotheses for what might be going on for a child, using knowledge from research to underpin analysis.

### Reflection point

Do *you* have attitudes or beliefs around child sexual abuse that are not backed by evidence? Ask yourself the questions set out in section 2.5 below, and read the relevant 'Key messages from research' papers.

Reflecting on your own attitudes and beliefs will help you support your team to do so too.

## 2.3 A framework for practitioners to reflect on their work with specific children and families

Having a framework within which to reflect on one's work, and on one's feelings about that work, is helpful for both the practitioner (supervisee) and the practice supervisor – and will help the outcomes for children and families. Many people find that they learn best from experience, and the best way for them to do that is to be given the time and space to reflect on their experiences and consider how they might respond or act differently in a similar situation in the future.

A number of different models have been developed to aid reflective discussions. This guide draws on the well-established **Gibbs Reflective Cycle** model as a helpful framework for facilitating a discussion in supervision about a situation that has involved child sexual abuse concerns.

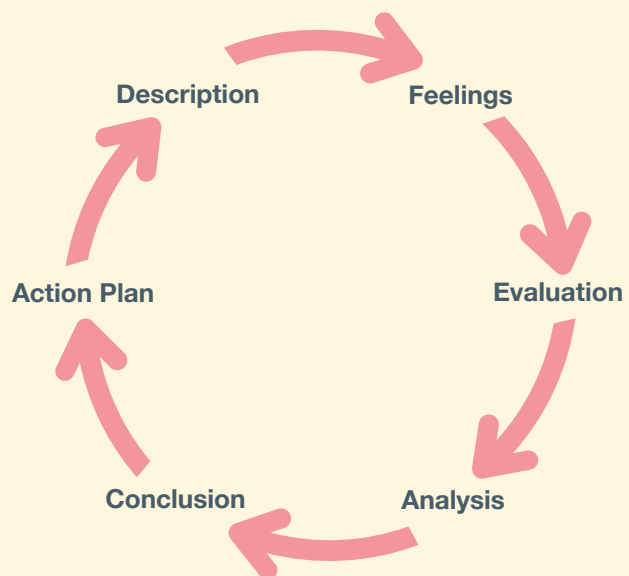
*“Gibbs’ Reflective Cycle was developed by Graham Gibbs in 1988 to give structure to learning from experiences. It offers a framework for examining experiences, and given its cyclic nature lends itself particularly well to repeated experiences, allowing you to learn and plan from things that either went well or didn’t go well.” (McCabe and Thejll-Madsen, 2020)*

Using the Gibbs Reflective Cycle, you can help your supervisee to make sense of a situation, and to analyse and reflect on their reactions to it. When considering the possibility that a child has been (or is at risk of being) sexually abused, practitioners often need to keep several different hypotheses in mind; this model can help you support them to explore each hypothesis. As Figure 1 shows, it covers six stages:

- (a) Description of the experience.
- (b) Feelings and thoughts about the experience.
- (c) Evaluation of the experience, both good and bad.
- (d) Analysis to make sense of the situation.
- (e) Conclusion – lessons learned and what could have been done differently.
- (f) Action plan for dealing with similar situations in the future, or general changes that may be appropriate.

Our ‘Key messages from research’ papers can be particularly helpful in the **evaluation**, **analysis** and **conclusion** stages of this reflective discussion: assessments of children and families are considerably strengthened when the analysis of need and risk is supported by research. The papers cover a range of topics, so it is worth familiarising yourself with the focus of each one; this will help you know which paper(s) to recommend to your supervisee before you discuss their work with a particular child/family.

Figure 1. The Gibbs reflective cycle model



Source: Gibbs (1988).



## 2.4 Applying the framework: key questions to support reflection on experiences

In preparing for a reflective discussion in supervision, it is helpful to prepare some questions to explore with your supervisee. The following examples demonstrate how you might pose different questions at each stage of the reflection process.

Appendix 1 contains a summary of these questions, which you can share with your supervisee before the meeting.

### (a) Description of the experience

At this stage, you are asking your supervisee to tell you about the situation, challenge, scenario or incident – you are looking for information rather than analysis of that information. It may be details of a referral, new information that has come to light, or something they want to talk through. You might ask:

- “What happened?” or “What does the referral say happened?”
- “When and where did this happen?”
- “Why were you there?”
- “What did you say or do?”
- “What did other people do?”
- “What was the result of this situation?”

For example, in a situation where a referral has just been made, you could ask your supervisee to use the above prompts to describe the detail contained in the referral. Another example might be a situation where your supervisee has concerns that a child is displaying some signs of sexual abuse, and has met the child at school to talk about this: you could ask the supervisee to describe that conversation, using the above prompts or similar ones.

The list of prompts above is not exhaustive, and not all of them will be relevant or useful in every situation.

### (b) Feelings and thoughts about the experience

Next, encourage the supervisee to talk about what they thought and felt during the experience; the opportunity to discuss and analyse these feelings will come a little later. You might ask:

- “How have you been affected emotionally by working with this child and family?”
- “Have you found any of the detail contained in the referral particularly difficult to read or think about?”
- “What were your initial thoughts about the child?”
- “What were your initial thoughts about the child’s family?”
- “What space, guidance or permission do you need to practise self-care?”

(You can find more information about self-care, and how you can support your supervisees’ wellbeing, in Chapter 4.)

Again, this is not an exhaustive list of prompts. If, for example, your supervisee has tried to talk to a child about their concerns but the child has not been able to share any information, you might ask how that felt for your supervisee and/or what they thought might be going on for the child.




### (c) Evaluation of the experience

Now you can support the supervisee to consider objectively which approaches worked, and which didn't, and to think about some of the reasons for this. This might be the point at which to discuss some of the themes from the 'Key messages from research' paper(s) you recommended to your supervisee beforehand, so they start considering the evidence base for their actions or decisions.

You might ask:

- "What was positive about this situation?" or "What do you think went well?"
- "What was challenging?"
- "What did you and other people do to contribute to the situation, either positively or negatively?"
- "How effective do you think your approach was in trying to engage the child?"
- "How effective do you think you have been in assessing and managing risk and protective factors, and engaging with the child/family?"
- "Practitioners can often feel the same sense of powerlessness and paralysis that children and non-abusing parents feel. What gaps in information and understanding do you think you have?"
- "Do you think your approach was influenced by the child or family's characteristics or background?"

At all times when working with a child, it's important to take account of factors such as their age and stage of development; their sex; their ethnicity, religion and culture; their social class; any disabilities or learning difficulties they may have; their sexual orientation; and their gender identity. The same goes for all the members of their family. Equally, however, practitioners must not make assumptions about the child/family based on those characteristics.<sup>1</sup> Our ***Taking account of diversity***  guide, part of the Child Sexual Abuse Response Pathway (see below), contains more information.

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1. For example, a review of the research literature on the sexual abuse of African, Asian and Caribbean heritage children (Dhaliwal, 2024) cited studies which found that social work practitioners assumed that incest was a normal part of Black family life, or that Black mothers colluded with their partners who were sexually abusing their children; additionally, practitioners regarded Black girls as adults rather than children, or prioritised concerns about family and cultural dynamics over child safeguarding. Other studies, however, found that practitioners did not appreciate cultural issues around ethnicity and religion, failing to appreciate the threat of violence that prevents Asian heritage girls from telling about sexual abuse. The review also collated research studies' suggestions for children's social care responses to these children.

#### (d) Analysis

The analysis stage gives you and the supervisee the opportunity to make sense of what happened. Previously you have focused on what happened in the situation; now you can critically reflect on what happened, and what learning the supervisee can start to draw from the experience. Helpful questions or prompts to ask are:

- “Why did things go well?”
- “Why didn’t they go well?”
- “What sense can you make of the situation?”
- “What knowledge – your own or others – can help you understand the situation?”

It might also be helpful at this stage to analyse the supervisee’s own beliefs and attitudes, and how these might have affected their actions – see section 2.5 below.

#### (e) Conclusion – lessons learned and what could have been done differently

Once you’ve evaluated and analysed the situation, you can help your supervisee draw conclusions about what happened. You might want to encourage them to think about the situation again, using the information that you’ve collected so far. Then ask questions like these:

- “How could this have been a more positive experience for everyone involved?”
- “If you were faced with the same situation again, what would you do differently?”
- “What skills do you need to develop, so that you can handle this type of situation in a more effective way in the future?”
- “In light of this discussion, is there now a clear direction for you to take in future so you can identify, assess and respond effectively to concerns about child sexual abuse?”
- “Do you feel supported and equipped with the knowledge you need to continue working with the child(ren) and the family, and to test hypotheses? If not, what help and support do you need?”

It may also be useful for you to look at the CSA Centre’s **Child Sexual Abuse Response Pathway** [🔗](#) here, so you can think about how your supervisee – and others around the child and family – might do things differently in the future. The Response Pathway sets out how to respond to concerns of child sexual abuse at key points, whether or not there is an ongoing police investigation into those concerns, and focuses throughout on meeting children’s and families’ needs.

Further information about supporting children during a police investigation – including what can and should be said to them throughout this process, which practitioners have identified as a common concern (Roberts, 2020) – can be found in our **Communicating with Children Guide** [🔗](#).

See Appendix 2 for details of both these resources, and others from the CSA Centre.



## (f) Action plan for dealing with similar situations in the future

You should now have identified some possible actions that your supervisee can take, with your support, when dealing with similar situations in the future.

Practitioners and practice supervisors can often be reluctant to name child sexual abuse in records, including those made during supervision sessions, if a child has not spoken of the abuse (Roberts, 2020). However, it is essential that concerns are recorded clearly, and that important information about a child/family is co-ordinated and easy to find; research involving children's services in Wales found that this information was often scattered across documents and arranged in a way that made it difficult to understand what was going on (Roberts, 2020). The Social Care Institute for Excellence's **Social work recording** [webpage](#) contains valuable information and tips for improving practitioners' recording skills.






## 2.5 Helping supervisees to reflect on their own beliefs and attitudes








Supervisory sessions are also an ideal space for asking focused questions which can prompt the supervisee to reflect on their knowledge, beliefs, attitudes and preconceptions in relation to child sexual abuse.

You may want to do this within a reflective discussion about the supervisee's experience with a particular child/family (see sections 2.3 and 2.4) or as a separate discussion; either way, you should encourage the supervisee to analyse how their beliefs and attitudes have influenced their approach to that child/family and/or their work in general.

It can be valuable to begin the discussion by prompting the practitioner to think about how they feel when thinking or talking about child sexual abuse. Is it something they actively avoid thinking about or talking about? If so, are there any specific thoughts or words they find especially difficult? For example, they may tell you they find it particularly uncomfortable to think about why or how an adult might sexually abuse a child; this is likely to be an area where you can support them to develop their knowledge, with our **Key Messages from Research on Child Sexual Abuse Perpetrated by Adults** [webpage](#) providing a useful framework to develop their reflections.

Some example questions to ask as you continue the discussion are shown in the table below, alongside the 'Key messages from research' papers which can support this reflection and analysis. Note that these are prompts for discussion, and this is not intended to be an exhaustive or prescriptive list.

Questions about supervisees' beliefs and attitudes	Suggested 'Key messages from research' papers
<p>"Think for a minute about <b>the messages you received about sex when you were growing up</b>, from your family, community, religious institutions and peers. Was sex talked about openly? Something to be ashamed of? Or never discussed?"</p> <p>"What do those sexual scripts mean to you now? <b>How might they affect how you talk to a child</b> who has been or is being sexually abused?"</p> <p>"What is <b>your own attitude to sex</b>? Do your views make it difficult for you to engage with this child and their family?"</p> <p>"What are your community, cultural and religious <b>beliefs and values</b> about <b>children</b>? About <b>families</b>? About <b>sexuality</b>? About <b>abuse</b>? About <b>sexual abuse</b>? These will influence your response to child sexual abuse."</p>	<p><a href="#"><u>Key Messages from Research on Child Sexual Abuse Perpetrated by Adults</u></a> </p> <p><a href="#"><u>Key Messages from Research on Child Sexual Abuse in Institutional Contexts</u></a> </p> <p><a href="#"><u>Key Messages from Research on Children and Young People Who Display Harmful Sexual Behaviour</u></a> </p>
<p>"What do you perceive as the <b>type(s) of adult who sexually abuse children</b>? How might this perception affect your practice and your ability to recognise sexual abuse in a range of environments?"</p> <p>"For example, think about the image that comes into your head when asked to think about <b>a person who accesses child sexual abuse material</b>. Who do you see? What do they look like? This image may be based on your own experiences, or on a stereotype of what such people look like."</p>	<p><a href="#"><u>Key Messages from Research on Child Sexual Abuse Perpetrated by Adults</u></a> </p> <p><a href="#"><u>Key Messages from Research on Child Sexual Abuse by Adults in Online Contexts</u></a> </p>
<p>"How you feel about <b>working with adults who have sexually abused children</b>? Do your feelings differ depending on the context of the abuse (for example, online or offline)? Do your feelings depend on the age of the child(ren) they have abused?"</p> <p>"Working with an adult who has sexually abused a child, you may experience a range of emotions. It is important to spend time thinking about <b>how these emotions may affect your work</b>. For example, have you considered that someone who has viewed child sexual abuse material may pose a risk to their own child(ren)?"</p> <p>"What <b>views</b> do you hold about adults who have committed sexual offences against children – and how will these affect your professional response?"</p>	<p><a href="#"><u>Key Messages from Research on Child Sexual Abuse Perpetrated by Adults</u></a> </p> <p><a href="#"><u>Key Messages from Research on Child Sexual Abuse by Adults in Online Contexts</u></a> </p>

Questions about supervisees' beliefs and attitudes	Suggested 'Key messages from research' papers
<p>"How do you feel about <b>working with a child who has displayed harmful sexual behaviour</b> towards another child or an adult? Do your feelings differ if they have sexually harmed a peer? An adult? A sibling?"</p> <p>"In what way might your decision-making differ if the child were of a <b>different sex</b>? If they (and/ or the child(ren) they have harmed) were <b>older or younger</b>? If their <b>ethnicity</b> were different? Or if they had a <b>disability</b> or were <b>neurodivergent</b>?"</p> <p>"Consider what information you need to understand their behaviour. For example, are there any patterns to the behaviour? What is the wider context in which it has occurred?"</p>	<p><a href="#"><u><i>Key Messages from Research on Children and Young People Who Display Harmful Sexual Behaviour</i></u></a> </p> <p><a href="#"><u><i>Key Messages from Research on Harmful Sexual Behaviour in Online Contexts</i></u></a> </p>
<p>"There can be a tendency for social workers to think that, if there has not been a prosecution or a conviction, <b>the abuse may not have occurred</b>. Is this something you are thinking in relation to this child/family?"</p> <p>"If you have suspicions that a child may have been sexually abused, how important is it for you to be <b>told by the child</b> that this is happening before you take action? What if the child is unable to tell you about it – because of their age, their ethnic background or a disability/ learning difficulty, because they are too frightened, or because they do not recognise that what has happened is sexual abuse?"</p> <p>"Are there any situations in which you would find it <b>difficult to believe a child</b> who told you they were being or had been sexually abused?"</p> <p>"What would be your reaction if a child told you that they had been or were being sexually abused, but then <b>retracted</b> what they had said?"</p>	<p><a href="#"><u><i>Key Messages from Research on Intra-familial Child Sexual Abuse</i></u></a> </p> <p><a href="#"><u><i>Key Messages from Research on the Impacts of Child Sexual Abuse</i></u></a> </p> <p><a href="#"><u><i>Key Messages from Research on Identifying and Responding to Disclosures of Child Sexual Abuse</i></u></a> </p> <p><a href="#"><u><i>Key Messages from Research on Looked-after Children and Child Sexual Abuse</i></u></a> </p>
<p>"How do you think sexually abused children may be <b>affected by their abuse</b>, both at the time and later (including into adulthood)?"</p> <p>"Child and adult victims/survivors – who may themselves be parents – are likely to <b>express their feelings and their needs</b> in different ways. Are you confident that you have recognised their feelings and identified their needs?"</p>	<p><a href="#"><u><i>Key Messages from Research on the Impacts of Child Sexual Abuse</i></u></a> </p>

# 3.

## Team meetings and group supervision

Team discussions provide a great opportunity to share practice examples or seek advice from colleagues – making them an ideal place to ensure that your team’s responses to child sexual abuse are effective and evidence-based. This chapter describes how, in addition to underpinning one-to-one reflective work in individual supervision, our ‘Key message from research’ papers can help to develop your team’s knowledge, skills and confidence collectively. It also highlights other CSA Centre resources which can support this development.

### 3.1 Observing themes and patterns in your team’s caseload

As a practice supervisor, you will have an overview of the children/families that are allocated to the practitioners you manage or supervise. You are therefore in a good position to identify any themes or patterns relating to child sexual abuse that may emerge within their overall caseload. Bear in mind that many situations of child sexual abuse encountered by children’s social care involve multiple forms of sexual abuse, both inside and outside the family environment (Roberts, 2020).

Conversely, you may become aware of a fall in the number of children/families being worked with where there are child sexual abuse concerns – in that case, you can make a judgement on whether that might indicate a knowledge gap in your team and/or in the teams/services referring those children/families to you. If practitioners lack awareness of some aspects of child sexual abuse, including how to identify it, they are unlikely to realise this themselves – but you are in a position to recognise such gaps and take action.

#### Reflection point

Think for a moment about how confident *you* feel in identifying and responding effectively to child sexual abuse. Is there a particular area that you feel less confident in? What might help you to develop your confidence? Gaps in your own knowledge are likely to impact your ability to notice knowledge gaps in your team. In your own supervision, discuss any gaps that you perceive in your knowledge; you may find it useful to use the reflective prompts in section 2.5.

Remember that discussions of child sexual abuse can feel overwhelming and may trigger unwelcome and difficult feelings, especially in some circumstances (such as where team members are likely to realise that they have not been identifying the sexual abuse of children, for example). And there may be members of your team with experience of sexual abuse who have chosen not to talk about it within the team. You may find it helpful to circulate a self-care handout providing sources of support before team discussions (see section 4.1 for a sample handout), and make clear at the meeting that team members can raise any issues with you during individual supervision.

## 3.2 How can our ‘Key messages from research’ make a difference?

By shaping team discussions around specific ‘Key messages from research’ papers, you can support your team to identify and consider their practice in assessments and interventions with children and families where there are concerns about sexual abuse. This can prompt them to discuss and develop new perspectives and creative ideas for supporting the children and families they work with.

Here are three ways in which you can use our ‘Key messages from research’ papers, and other CSA Centre resources, effectively in team meetings.

### (a) Discussion of an individual child/family




During individual supervision, you might consider that a particular child or family should be the basis of a team discussion which could facilitate learning for the whole team. Ask the practitioner to bring information about the child/family to a team meeting, and to look at relevant ‘Key messages from research’ paper(s) which will support and inform a discussion of what may be happening with the child/family.

You may want to give the team discussion some shape using the key questions set out in section 2.4. Appendix 1 contains a brief summary of these questions, arranged under the six stages of the Gibbs Reflective Cycle, which you can share with team members before the meeting. If you feel that team members would benefit from reflecting on their beliefs and attitudes towards topics around child sexual abuse, you can also introduce some of the questions in section 2.5 into the discussion.

#### Example 1

You have just allocated a large family to an experienced practitioner. There are concerns that at least three of the siblings, one of whom is on the autistic spectrum, may be being sexually abused. Concerns have also been raised about problematic sexual behaviour by the nine-year-old boy towards his four-year-old brother.

You ask the practitioner to read the following resources, identify the core information/evidence that might be useful in thinking about this family, and present it at the next team meeting:

- [\*\*Key Messages from Research on Intra-familial Child Sexual Abuse\*\*](#) 
- [\*\*Key Messages from Research on Children and Young People Who Display Harmful Sexual Behaviour\*\*](#) 
- [\*\*Sibling Sexual Behaviour: A Guide to Responding to Inappropriate, Problematic and Abusive Behaviour\*\*](#) 

At the team meeting, the practitioner and colleagues have a peer group discussion, reflecting on the information about the family with reference to the evidence from these resources. The aim of this discussion is to:

- help the practitioner develop a way forward to engage with the children, the parents and the wider family
- identify appropriate responses from children’s social care and wider services.

## (b) Discussion of children/families with a common theme

Rather than focusing on an individual child/family, you might choose a key theme from the team's overall caseload, ask every team member to read the relevant 'Key messages from research' paper(s), and make discussion of this topic a substantive item for a team discussion.

Again, the team discussion can be structured around the key questions set out in section 2.4, possibly alongside those in section 2.5, and you can share the Appendix 1 summary with team members.

### Example 2

Your team are responding to a number of referrals where there are concerns about harmful sexual behaviour in online contexts. Some of these have involved the sharing (which may or may not have been consensual) of images; others have involved sexual conversations or the downloading of child sexual abuse imagery.

Before a team meeting, ask every team member to read [\*Key Messages from Research on Harmful Sexual Behaviour in Online Contexts\*](#), and to come to the meeting ready to discuss any children/families they have worked with where a child has displayed harmful sexual behaviour in an online context. Ask them to be prepared to discuss anything specific they have learned, or anything that might have challenged their thinking.

Our resource [\*Safety Planning in Education: A Guide for Professionals Supporting Children following Incidents of Harmful Sexual Behaviour\*](#) will also be useful if a child's online behaviour has been directed towards another child or children at their school: it can help your team to understand the school's response, and to provide support that complements that response.





An evidence-based peer discussion considers the degree of risk presented by and to these children, the factors that may underpin their behaviour, and the kinds of support that can be provided for them and those they harm. This can help to improve the response to children and families, as well as contributing to the professional development of individual social workers and the team as a whole.

## (c) Discussion addressing concerns about knowledge gaps

While reviewing your team's work, you might conclude that there are gaps in their knowledge and awareness of certain issues. For instance, you might be concerned that they are not recognising potential indicators of child sexual abuse, or are finding it particularly challenging to work with a family where a parent has sexually abused, or are not appreciating the impacts of child sexual abuse on victims/survivors (whatever their age).

The table below sets out some typical concerns that you may have, and outlines the knowledge gaps that specific 'Key messages from research' papers can fill – as well as other relevant CSA Centre resources, described in detail in Appendix 2. Ask everyone in your team to read the relevant paper(s) before the team meeting, and then discuss them in the meeting; you may find that some of the questions in section 2.5 are useful prompts, enabling you to understand any beliefs and attitudes that are not supported by evidence and need to be dispelled.





What is your concern?	Which 'Key messages' paper to use?	How could they be used?
Members of your team may not be recognising that children they are working with may have been (or may be being) sexually abused, or may not be responding appropriately when they have unconfirmed suspicions of child sexual abuse	<p><b><u><a href="#">Key Messages from Research on Identifying and Responding to Disclosures of Child Sexual Abuse</a></u></b> </p> <p><b><u><a href="#">Key Messages from Research on the Impacts of Child Sexual Abuse</a></u></b> </p>	<p>These papers can help your team to:</p> <ul style="list-style-type: none"> <li>• understand the barriers that deter or prevent children from telling a trusted adult about being sexually abused, including additional barriers faced by disabled children, boys, and children from minority ethnic groups</li> <li>• understand the different ways that children communicate that they are being or have been sexually abused</li> <li>• develop confidence in responding effectively when a child tells us something, or when a team member has suspicions about sexual abuse but the child has not said anything</li> <li>• recognise social workers' role in the process of children telling</li> <li>• prepare for a conversation with a child as part of a S47 investigation.</li> </ul>
Members of your team may not recognise that parents or other adults they are working with may have been sexually abused in childhood	<b><u><a href="#">Key Messages from Research on the Impacts of Child Sexual Abuse</a></u></b> 	This paper can help your team to recognise potential indicators of sexual abuse in childhood – such as mental health difficulties and substance misuse – among the adults they work with.
Members of your team may not understand how victims/survivors of child sexual abuse can be affected across their life course, or do not understand the factors that influence the nature and severity of the abuse's impacts	<b><u><a href="#">Key Messages from Research on the Impacts of Child Sexual Abuse</a></u></b> 	<p>This paper can help your team to:</p> <ul style="list-style-type: none"> <li>• recognise the range of adverse impacts on physical and mental health and wellbeing that sexually abused children may experience, and tailor their support accordingly</li> <li>• better undertake parenting assessments and engage with parents in situations of child sexual abuse where a non-abusing parent was sexually abused as a child – the parent's experience is likely to affect their response to their abused child or child who has harmed.</li> </ul>

**See also:**


**[Communicating with Children Guide](#)** 

**[Signs and Indicators Template](#)** 

**Blog: [We mustn't rely on a child to tell us verbally in order to take action](#)** 

**Blog: [Setting the story straight on Cleveland](#)** 

**See also:**

**Blog: [Telling the truth](#)** 

**[Supporting Parents and Carers Guide](#)** 

**See also:**

**Blog: [Telling the truth](#)** 

**[Supporting Parents and Carers Guide](#)** 

**See also:**



[Signs and Indicators Template](#) 

**See also:**

[Communicating with Children Guide](#) 

[Signs and Indicators Template](#) 

[Supporting Parents and Carers Guide](#) 

What is your concern?	Which 'Key messages' paper to use?	How could they be used?
Members of your team are working with looked-after children who may have unidentified histories of sexual abuse	<a href="#"><u><i>Key Messages from Research on Looked-after Children and Child Sexual Abuse</i></u></a> 	<p>This paper may be especially useful to practitioners in children in care teams, or in fostering and adoption teams. It can help them to:</p> <ul style="list-style-type: none"><li>• recognise that children often wait until they feel safe, away from the context for their abuse, before talking about their experiences</li><li>• build a better relationship with children who may have been sexually abused</li><li>• ensure that foster carers or adopters are alert to potential indicators of as yet unidentified histories of sexual abuse.</li></ul>
Members of your team may not be identifying child sexual abuse within the families they work with, or may benefit from understanding how to respond effectively	<a href="#"><u><i>Key Messages from Research on the Impacts of Child Sexual Abuse</i></u></a> 	<p>This paper can help your team to:</p> <ul style="list-style-type: none"><li>• realise that much child sexual abuse takes place in in the family environment, and understand why it often remains unidentified</li><li>• recognise some typical characteristics of intra-familial child sexual abuse</li><li>• better identify child sexual abuse in the family environment</li><li>• know what responses have been found to be effective or ineffective.</li></ul>




What is your concern?	Which 'Key messages' paper to use?	How could they be used?
Members of your team have preconceptions of the 'type' of adults who sexually abuse children, or do not understand the factors leading an adult to sexually abuse a child	<b><u><a href="#">Key Messages from Research on Child Sexual Abuse Perpetrated by Adults</a></u></b> 	<p>This paper:</p> <ul style="list-style-type: none"> <li>• dispels myths about adults who sexually abuse children, highlighting that most child sexual abuse is carried out by someone who the child knows and trusts</li> <li>• outlines possible contributory factors to offending behaviour, including stress, depression and childhood trauma (not necessarily sexual abuse), and explains that some factors are fluid and may change over time</li> <li>• highlights the need to understand the situational context of incidents of sexual abuse, linked to contextual safeguarding approaches to child sexual exploitation</li> <li>• addresses risks associated with institutions such as residential care homes</li> </ul> <p>The research cited will be useful when gathering information about a person of concern as part of an assessment under S17 or S47 relating to child sexual abuse, or when planning interventions or developing safety plans with a family.</p>
Members of your team need to develop an understanding of why a child might have sexually harmed another child, so they can consider effective, whole-family responses	<b><u><a href="#">Key Messages from Research on Children and Young People Who Display Harmful Sexual Behaviour</a></u></b>   <b><u><a href="#">Key Messages from Research on Harmful Sexual Behaviour in Online Contexts</a></u></b> 	<p>These papers will be especially useful if someone in your team is supporting a family where a child has sexually harmed another child or children. They can help your team to:</p> <ul style="list-style-type: none"> <li>• understand the possible pathways into harmful sexual behaviour</li> <li>• provide effective support to the child and the family, harnessing and encouraging safety and desistance from the behaviour.</li> </ul>


**See also:**

**[Managing Risk and Trauma after Online Sexual Offending](#)** 

**See also:**

**[Safety Planning in Education](#)** 




**[Sibling Sexual Abuse: A Knowledge and Practice Overview](#)** 




**[Sibling Sexual Behaviour: A Guide to Responding to Inappropriate, Problematic and Abusive Behaviour](#)** 

### Example 3


You have noticed that, over the last year or so, your team seem to be working with fewer families where child sexual abuse is a concern; team members are not talking to you in supervision about the possibility that children they work with are being sexually abused within the family environment, although they are voicing concerns about other forms of abuse, neglect or domestic violence. You recognise that this does not reflect the true scale of intra-familial child sexual abuse, and wonder whether your team may be having difficulty identifying concerns of that abuse.

You ask your team to read the following papers, and give them time to digest the messages:

- [\*\*Key Messages from Research on Identifying and Responding to Disclosures of Child Sexual Abuse\*\*](#) 
- [\*\*Key Messages from Research on Intra-familial Child Sexual Abuse\*\*](#) 
- [\*\*Key Messages from Research on the Impacts of Child Sexual Abuse\*\*](#) 

You also refer them to the [\*\*Communicating with Children Guide\*\*](#)  and [\*\*Signs and Indicators Template\*\*](#) , and advise them to complete our free, 90-minute online training on [\*\*identifying and responding to intra-familial child sexual abuse\*\*](#) .

You then arrange a team meeting, and ask one or two team members to bring information about children and families they are working with where they now feel there may be signs and indicators of sexual abuse. After they have presented details of those children/families to the meeting, you invite the team to consider signs and indicators that may have been missed or 'explained away' initially.

If you feel that your team would benefit from more substantial training on any topics around child sexual abuse, the CSA Centre offers a range of half-day and full-day courses aimed specifically at social work practitioners (including those involved in multi-agency working). Details and prices are on our [\*\*Courses\*\*](#)  webpage.



# Taking care of your team members and yourself

## 4

It is important to take care of oneself when working with children, adults and families affected by child sexual abuse – and when providing supervision and line management. This should be a key part of supervision sessions.

### 4.1 How might working with children and families impacted by child sexual abuse affect your team?

Supporting children, adults and families to cope with and recover from the impact of child sexual abuse can have psychological and emotional effects on a social worker. These effects can include:

- feeling overprotective towards the children in their own life
- having trouble sleeping
- feeling angry, frustrated or disillusioned
- finding it difficult to empathise
- experiencing intrusive images or consistent memories of details relating to the offending.

Encourage the members of your team to be aware of these effects, and to let you know if they think they are experiencing any of them inside or outside work. If they do, or if you notice any of the effects in a team member, suggest a supervisory discussion about what they have told you/what you have noticed and what might help the situation.

#### Burnout and vicarious trauma

Members of your team may experience **burnout**. This is a state of emotional, physical and mental exhaustion, and can develop if a person has been under stress for a prolonged period. They feel powerless and may think that there is nothing they can do about their situation or there is no point. The most important first step in preventing burnout is to acknowledge that working with sexually abused children can affect health and wellbeing.


Some practitioners may have a traumatic response to working with people who have experienced trauma – this response is known as **vicarious trauma** (also known as **secondary trauma**). There are four important things to know about vicarious trauma:

- Experiencing any form of trauma does not make someone weak or unable to do their job, and it is important to get support.
- Vicarious trauma manifests differently in each individual.
- It can occur as a result of working with one child/family, or may be cumulative.
- It is pervasive and can affect all areas of a person's life, including their emotions, relationships and view of the world.

## Team members who have themselves been sexually abused during childhood

As noted throughout this guide, significant numbers of people are sexually abused in childhood – so there are likely to be people working in your team who have been affected by child sexual abuse in some way. They may or may not have spoken to someone about this in the past – and they may or may not tell *you* about it.

Child sexual abuse affects its victims/survivors in many ways, and the nature and extent of its impacts vary: no two people are affected in exactly the same way. Some may find that it is particularly challenging to work with children/families whose situation has similarities to their own experience, for example; others may feel that it does not affect their work at all. It is important, though, to bear in mind that their own experience may influence how they think about child sexual abuse in their practice.

Victims/survivors themselves are the best experts on how they have been and are being affected, and how they can be supported to cope with these impacts. If a team member has told you that they were sexually abused in childhood, our [\*\*\*Key Messages from Research on the Impacts of Child Sexual Abuse\*\*\*](#)  can help you understand the various ways in which they may have been affected by it.

However, there are many reasons why a victim/survivor may choose not to tell you about their experiences: for example, they may fear that you or others will think it affects their ability to do their job.

### Reflection point

Think for a moment about how confident you feel in identifying and responding. How can you routinely provide opportunities for the members of your team to talk to you about their own experience of sexual abuse (whether in childhood or in adulthood)? What can you do to ensure that they do not fear being 'judged' if they talk to you? And if they do talk to you, do you have a system in place to support them?

## 4.2 How can you help and support your team?

*“[P]ositive working conditions and wellbeing are necessary for social workers’ psychological and physical welfare and to keep social workers in posts.”*  
(Ravalier and Allen, 2020)

Being part of a well-functioning team whose members support one another has been shown to have a very positive impact on staff health and wellbeing, and on services and outcomes (Borrill et al, 2000). As a practice supervisor, part of your role is to create a culture where your supervisees/team members feel supported and valued, and you should think about what you can do to ensure this.

Practitioners who feel unsupported or face excessive demands (because of high caseloads involving complex and difficult situations, for example) are at greater risk of stress, burnout and vicarious trauma. Feeling under pressure and fearing the consequences of making mistakes also increase the risk of stress. This is especially relevant for those working with families affected by child sexual abuse, as they often have a fear of ‘getting it wrong’.

Community Care has published two resources which may help you to support your team and recognise when things may be getting more difficult for them.

- [Tips for social work managers on supporting staff wellbeing](#) 
- [Supporting Social Workers in 2021](#) 

Simply by facilitating the reflective spaces described in this guide, you will help to support the wellbeing of your team members. Here are some examples of other things you can do:

- Create a culture where it is OK to ‘get it wrong’ and OK to ask for help.
- Encourage openness and honesty, especially when things are feeling difficult or the team is experiencing challenges.
- Encourage team members to take regular breaks, and ensure they have the time and space for that.
- Encourage them to ‘switch off’ when they are not at work, and make sure they all feel they have permission and space to do this.
- Share self-care information before team discussions that might feel emotive, and ensure there is time for team and individual reflection after those discussions.
- Ensure everyone is aware of other sources of support that might be useful to them, including employee assistance programmes, occupational therapy services and external agencies.

There are a number of services and resources that you can signpost your team members to if you feel they may be useful. We suggest that you share the following details with your team as a matter of course, alongside information about any other useful sources of support that you know of.



## Support services and resources

### Upstream

[www.theupstreamproject.org.uk](http://www.theupstreamproject.org.uk)

Visit this project's 'Looking after yourself' webpage ([www.theupstreamproject.org.uk/help/content-for-professionals](http://www.theupstreamproject.org.uk/help/content-for-professionals)) for advice on actions you can take to manage the effects of working with cases of child sexual abuse.

### Mind

[www.mind.org.uk/](http://www.mind.org.uk/)

Help and support on a range of mental health issues, including advice on how to help yourself cope in a crisis ([www.mind.org.uk/need-urgent-help/](http://www.mind.org.uk/need-urgent-help/)) and contact details for your local Mind organisation ([www.mind.org.uk/information-support/local-minds/](http://www.mind.org.uk/information-support/local-minds/)).

### *The Vicarious Trauma & Self-care Toolkit*

[www.toronto.ca/wp-content/uploads/2021/01/8bf8-Vicarious-Trauma-Toolkit-2020.pdf](http://www.toronto.ca/wp-content/uploads/2021/01/8bf8-Vicarious-Trauma-Toolkit-2020.pdf)

Produced by the Toronto Youth Equity Strategy, this resource provides useful information about preventing and recovering from vicarious trauma.

### Stop it Now

[www.stopitnow.org.uk/](http://www.stopitnow.org.uk/)

A confidential helpline (0808 1000 900), live chat and secure messaging service for anyone with concerns about child sexual abuse and its prevention – whether they are worried about their own thoughts, feelings and behaviour, or about someone else. Callers can remain anonymous.

### The Survivors Trust

[www.thesurvivorstrust.org](http://www.thesurvivorstrust.org)

Resources for survivors of rape and sexual violence, plus a directory of services ([www.thesurvivorstrust.org/support-in-your-area](http://www.thesurvivorstrust.org/support-in-your-area)) so you can find help, support and advice local to you.

### Rape Crisis

[www.rapecrisis.org.uk](http://www.rapecrisis.org.uk)

Call the Rape Crisis helpline free of charge on 0808 500 2222 or visit the Support Line website ([www.247sexualabusesupport.org.uk](http://www.247sexualabusesupport.org.uk)) – both open 24 hours, every day of the year – to speak to or chat online with a trained specialist. They can also tell you where your nearest services are located if you want face-to-face support or counselling.

### National Association for People Abused in Childhood

[www.napac.org.uk](http://www.napac.org.uk)

Call 0808 801 0331 – open 10am–9pm Monday–Thursday, 10am–6pm Friday – to receive free, confidential, specialist support for adult survivors of any form of child abuse.

### SurvivorsUK

[www.survivorsuk.org](http://www.survivorsuk.org)

Specialist help for male and non-binary survivors of sexual abuse and rape, available by texting 020 3322 1860 or chatting online at [www.survivorsuk.org/helpline](http://www.survivorsuk.org/helpline) – both are open noon–8pm every day.

## 4.3 Looking after yourself

Even if you are not working directly with children and families, as a practice supervisor you may experience vicarious trauma, burnout or other psychological and emotional effects through your support of your team members' work.

While being alert to signs of these effects in the members of your team, remember to check whether you are exhibiting those signs yourself – and if you are, make full use of the support organisations and resources listed in section 4.2 above.


For you as well as your team, making time to switch off and relax is vital. It doesn't matter how you do this – different strategies work for different people.

### Reflection point

Take time to reflect on whether your beliefs about yourself, your role in life and as a social worker get in the way of your self-care. Here are a few questions which might help you start your reflection.

- Do you believe you should always put the welfare of others before yourself?
- Is meeting a deadline often more important than your own health and wellbeing?
- Do you often cut short free time with family and friends because of work demands?
- Do you find it hard to finish work at an appropriate time?
- Do you take pride or satisfaction in being 'always on'?

Source: Ravalier and Allen (2020).

The ***Social Worker Wellbeing and Working Conditions: Good Practice Toolkit***  suggests a simple wellbeing checklist of things you can do each day to maintain your own mental and physical health, including:

- taking a lunch break
- handing over any outstanding tasks at the end of the day
- reflecting on one thing during the day that was difficult, and identifying what you learnt from it
- identifying and reflecting on three things, however small, that went well
- checking in with your team/colleagues
- taking support from your team/colleagues with anything you need to talk about, before you leave for the day
- going home and turning your attention to family and friends, so you can rest and recharge.



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# Appendix 1. Handout: Key questions for reflective practice

Before a supervision session discussing work with a specific child/family, or a team meeting where one or more team members will reflect on children/families they are or have been working with, you may find it useful to circulate a copy of the following table. It provides a structure for the discussion, and will encourage your supervisee/team members to prepare by considering key questions about the situation.



Stage	Description
<b>Feelings</b>	<p>How have you been affected emotionally by working with this child and family?</p> <p>What were your initial thoughts about the child/family?</p> <p>What space, guidance or permission do you need to practise self-care?</p>
<b>Evaluation</b>	<p>What was positive about this situation? What do you think went well?</p> <p>What was challenging?</p> <p>What did you and other people do to contribute to the situation, either positively or negatively?</p> <p>How effective do you think you have been in assessing and managing risk and protective factors, and engaging with the child/family?</p> <p>Practitioners can often feel the same sense of powerlessness and paralysis that children and non-abusing parents feel. What gaps in information and understanding do you think you have?</p> <p>Look at the list of 'Key messages from research' papers on the CSA Centre website at <a href="http://www.csacentre.org.uk/research-resources/key-messages/">www.csacentre.org.uk/research-resources/key-messages/</a> – are there any that you think could give you more confidence to explore these areas?</p>
<b>Analysis</b>	<p>Why did things go well?</p> <p>Why didn't they go well?</p> <p>What sense can you make of the situation?</p> <p>What knowledge – your own or others – can help you understand the situation?</p> <p>Do you think the CSA Centre's 'Key messages from research' papers could improve your understanding about crossovers between child sexual abuse and other forms of harm or neglect, and between abuse in online and offline contexts?</p>
<b>Conclusion</b>	<p>How could this have been a more positive experience for everyone involved?</p> <p>If you were faced with the same situation again, what would you do differently?</p> <p>What skills do you need to develop, so that you can handle this type of situation in a more effective way in the future?</p> <p>In light of this discussion, is there now a clear direction for you to take in future so you can identify, assess and respond effectively to concerns about child sexual abuse?</p> <p>Do you feel supported and equipped with the knowledge you need to continue working with the child(ren) and the family, and to test hypotheses? If not, what help and support do you need?</p>
<b>Action plan</b>	<p>Does the record of the discussion clearly name the concerns about child sexual abuse and the further actions to be taken to ensure the safety of the child(ren)?</p>

## Appendix 2. Other useful resources from the CSA Centre

In addition to the 'Key messages for research' series, the CSA Centre produces a range of other practice resources which support assessment, planning and intervention with children and families.

These include:


- ***Signs and Indicators: A Template for Identifying and Recording Concerns of Child Sexual Abuse*** [↗](#).  
A template designed to support professionals across a range of organisations and agencies in systematically observing, recording and communicating their concerns about possible child sexual abuse.
- ***Communicating with Children: A Guide for Those Working with Children Who Have or May Have Been Sexually Abused*** [↗](#).  
Aimed at anyone who works with children (e.g. social workers, teachers, police officers, health professionals, voluntary-sector workers and faith leaders/workers), this guide aims to help them communicate with children in relation to child sexual abuse, including when they have concerns that such abuse is happening.
- ***Supporting Parents and Carers: A Guide for Those Working with Families Affected by Child Sexual Abuse*** [↗](#).  
A guide for anyone whose role brings them into contact with the parents and carers of children under 18 years old; it aims to help them provide a supportive response to parents when concerns about the sexual abuse of their child have been raised, or when such abuse has been identified.
- ***Managing Risk and Trauma after Online Sexual Offending: A Whole-family Safeguarding Guide*** [↗](#).  
Designed for social work practitioners and practice supervisors, this guide has been designed to aid their thinking and decision-making when assessing and supporting a family where a parent is under police investigation for accessing child sexual abuse material.
- ***Sibling Sexual Abuse: A Knowledge and Practice Overview and Sibling Sexual Behaviour: A Guide to Responding to Inappropriate, Problematic and Abusive Behaviour*** [↗](#).  
Two resources, one summarising the issues and challenges raised by sibling sexual abuse and the other helping professionals navigate key decisions at various stages when concerns about sexual behaviour involving siblings have arisen. Such behaviour may range from developmentally appropriate through inappropriate and problematic to abusive.
- ***Safety Planning in Education: A Guide for Professionals Supporting Children following Incidents of Harmful Sexual Behaviour*** [↗](#).  
Although aimed at professionals in education settings, this guide also contains useful information for other practitioners working with children who have displayed harmful sexual behaviour towards another child.

Our **Supporting practice** [🔗](#) series of 12 short films builds on these resources, to give professionals the confidence to identify and respond to concerns of child sexual abuse.

All of our practice resources complement the CSA Centre's **Child Sexual Abuse Response Pathway** [🔗](#): a step-by-step online resource to guide a range of professionals through all stages of protecting and supporting children and their families when there are concerns of sexual abuse. Centred on children's needs, how they are feeling and what they hope will happen, it explains how to respond to concerns of child sexual abuse at key points, from first concerns and early help safeguarding through to child protection and criminal justice responses – including when those responses are taking place simultaneously. The Response Pathway doesn't just tell professionals what to do: it helps them understand how to do it, empowering them to learn more about the roles that they and their colleagues can play in child protection and support.

In addition to providing a **90-minute e-learning course** [🔗](#) on identifying and responding to intra-familial child sexual abuse, available free of charge and suitable for practitioners at all stages of their career, we offer a variety of paid-for training courses for social work practitioners and other professionals. See our **Courses** [🔗](#) webpage for details.

We also host a series of free **webinars** [🔗](#) and publish a wide range of **blogs** [🔗](#), written by members of our staff and others working in the field, on topics related to practice around child sexual abuse.



Jones, L. and Sabin, N.  
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The photographs in this publication  
were taken using actors and do not  
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