

Centre of
expertise
on child
sexual abuse

Funding and commissioning child sexual abuse services

Why it's important,
and how to do it well



January 2025

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

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

We are a multi-disciplinary team, funded by the Home Office and hosted by Barnardo's, working closely with key partners from academic institutions, local authorities, health, education, police and the voluntary sector.

We aim to:

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

We seek to bring about these changes by:

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

For more information on our work, please visit our website:

www.csacentre.org.uk 

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Introduction

We at the Centre of expertise on child sexual abuse (CSA Centre) recognise that the funding and commissioning of child sexual abuse services is not easy. There are many other competing demands on budgets, and – as the UK Government’s Commissioning Framework for Child Sexual Abuse Support acknowledges – the commissioning landscape is complex and can be fragmented.

Across England and Wales, services in the not-for-profit, statutory and private sectors are providing vital support for victims and survivors of child sexual abuse, and for their families – or are working to prevent that abuse from occurring or reoccurring. But the need for these services far outstrips their supply.

If you are involved in allocating budgets to services in your local area, this brief guide will help you by:

- setting out the need for more – and more effective – funding and commissioning of child sexual abuse services
- signposting you to publications and interactive resources from the CSA Centre which can help you understand the local need for those services and support them in meeting that need.

1.1 Who is this guide for?

This guide is aimed at funders and commissioners, in all bodies in England and Wales, whose responsibilities include services relating to child sexual abuse. This includes, but is not limited to, local authorities, NHS England and NHS Wales, Integrated Care Boards (ICBs) and Police and Crime Commissioners (PCCs).

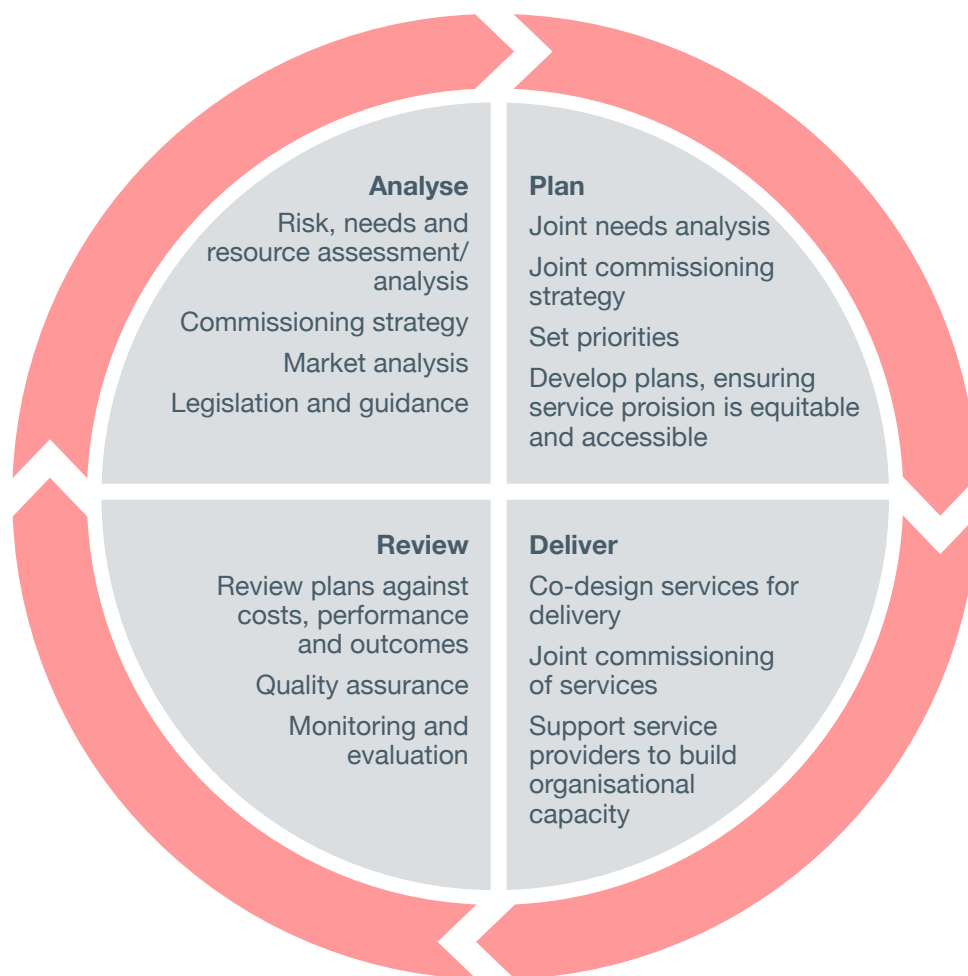
1.2 How will it help you through the commissioning cycle?

The UK and Welsh Governments have produced a range of statutory guidance and other material that is relevant to child sexual abuse and the response to it. (You can find out more about these in Chapter 8.) This guide is designed to complement that material, and is divided into four parts:

- **Part A** presents clear and concise information that makes the case for prioritising child sexual abuse services when making funding/commissioning decisions.
- **Part B** outlines the range of services needed for an effective response to child sexual abuse – whether by preventing that abuse or by supporting those who have been affected by it – and describes some key elements of effective services.
- **Part C** summarises guidance from the Home Office on assessing the need for child sexual abuse support, and the requirement to carry out a joint needs assessment under the new ‘duty to collaborate in the commissioning of victim support services’. It then highlights CSA Centre resources which can help you assess that need in your local area.
- **Part D** explains what you can do to ensure that the services you fund or commission are best equipped to meet the need for child sexual abuse support.

In terms of the commissioning cycle developed by the Institute for Public Care (see Figure 1), this guide will help you during all four phases of the cycle for child sexual abuse services. We appreciate that you may hold multiple commissioning responsibilities and engage in a wide range of complex activities and processes throughout the cycle – so you may find it helpful to refer to relevant parts of the guide as you need them, rather than reading it from start to finish.

Figure 1. The commissioning cycle



Adapted from Institute for Public Care (2014).

Analyse

To help you gather an up-to-date evidence base and knowledge foundation of the risks, needs and resources in your local area,

- **Chapter 9** will help you understand the prevalence of child sexual abuse, and the existing provision of services responding to it, in your local area using our **Data Insights Hub** – a free-to-use online dashboard enabling you to generate easy-to-digest information for any local authority or police force area in England and Wales.
- **Chapter 10** explains how you can use our **Support Services Directory** to find out about and contact child sexual abuse services available in your local area. Getting to know local service providers will help you develop strong relationships which lead to better outcomes.

Additionally, **Chapter 8** summarises the range of **UK Government guidance** to help you navigate your responsibilities when commissioning local community support services for victims of domestic abuse, sexual abuse and serious violence.

And **Chapter 4** outlines the **impacts and costs to society** of child sexual abuse, although you should be aware that our understanding of the overall social and economic costs of child sexual abuse is limited because so much of this abuse remains unknown (or unrecorded in official data).

Plan

To support the planning phase of the commissioning cycle:

- **Chapter 11** describes how, with the information gathered using the Data Insights Hub and the Support Services Directory, you can examine the intersection between need and available support in your local area. It introduces our **child sexual abuse support matrix**, an audit template where you can map your findings, and presents key questions for you to consider during a mapping exercise.
- **Chapter 12** provides insight from service providers to support the development of your joint needs assessment and joint commissioning strategy. Highlighting the importance of working in collaboration with service providers in your local area, it outlines **six key priorities** for commissioners and funders to maximise services' impact and effectiveness.
- **Chapters 6 and 7** offer an outline of what the breadth of service provision should look like – both to prevent and disrupt child sexual abuse by targeting those at risk of harming children, and to respond effectively to the needs of victims/survivors and their families. This will help you work with potential service providers to plan effective delivery mechanisms, by harnessing voluntary and community resources and capacity. By planning service provision against these programme features you will be able to develop requirements and outcomes that can be assessed against delivery. Chapter 7 also contains information about our **Child Sexual Abuse Response Pathway**, which can help you understand the roles of different professionals and agencies in providing the necessary breadth of services to prevent and respond to child sexual abuse.

Deliver

As well as the commissioning of services, this phase also involves supplier development and change management:

- **Chapter 14** explains why service providers should collect and record data on child sexual abuse systematically and consistently – it enables them to make better, evidence-based decisions and deliver improved services, and it can support your commissioning review process to measure and record performance and outcomes against costs. It then sets out how our **Data Collection Template** can help service providers to improve their data quality.
- **Chapter 15** highlights CSA Centre services and resources which can help service providers to **train and upskill** their staff, given the necessary support and funding.

Review

Gathering feedback and reviewing delivery and outcomes are essential aspects of the review phase, and this guide can help with these activities too:

- **Chapter 13** introduces CSA Centre resources that, with your support, commissioned service providers can use to **monitor and evaluate their service quality and effectiveness**. This can help them to build a business case for future or continued funding, and can help you with a joint commissioning strategy.

1.3 Terminology

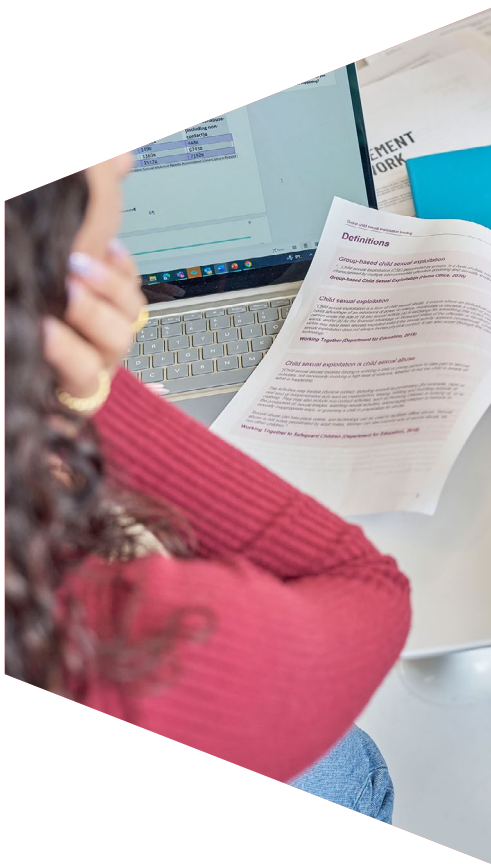
For the sake of simplicity, we use the term **‘child’** in this guide to mean anyone under the age of 18. It is important to remember that adolescents as well as younger children can experience child sexual abuse.

We use the term **‘victims/survivors’** to describe people who have been sexually abused in childhood, on the basis that they may consider themselves victims of that abuse, survivors of it, or a combination of both.

We have chosen to avoid some terms that are sometimes understood differently, or that feel uncomfortable for some people:

- Instead of ‘perpetrators’, ‘abusers’ or ‘sex offenders’, we talk (in relation to adults) about **people who have sexually abused children**.
- Instead of ‘peer-perpetrated abuse’ or ‘peer-on-peer abuse’ by under-18s, we talk about **harmful sexual behaviour**.
- Instead of ‘disclosure’, we refer to **telling a professional** or similar. Telling may involve verbal and/or non-verbal communication.

We use the term **‘parent’** to mean someone in a parental or principal care-giving role to a child; this may be their biological parent, step-parent, adoptive parent, foster parent or other relative fulfilling that role.



Part A: Why prioritise child sexual abuse?

We know there are many competing pressures on your funding/ commissioning budget – but there is increasing recognition that child sexual abuse requires a much greater and immediate response than it currently receives.

Demand for services responding to that abuse has risen in recent years, partly because more victims/survivors are coming forward and seeking support – but there are far more who are still not coming to services' attention.

The following chapters provide a brief introduction to understanding child sexual abuse: what it looks like, how widespread it is, and its impacts and costs. Chapter 5 then examines child sexual abuse services' ability to meet the need for them.

You are welcome to use this content in your own strategy documents and other material.

2. What is child sexual abuse?

The first step in responding to child sexual abuse is to understand the many types of behaviour it involves, and the different contexts in which it can occur. This chapter summarises what we know about the nature of that abuse, and provides links to CSA Centre resources providing more detail.

The UK Government defines child sexual abuse as:

“...forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or nonpenetrative acts such as masturbation, kissing, rubbing, and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.” (Department for Education, 2023:162)¹

Funders and commissioners are tasked with considering responses to all forms of child sexual abuse. If you deploy resources to focus primarily or exclusively on one of these forms, such as child sexual abuse in the context of sexual exploitation,² you risk excluding services that respond to other forms such as abuse in the family environment. (This has been a common development in England and Wales over the past decade – and, more recently, a further shift away from child sexual exploitation towards child *criminal* exploitation has meant that even less priority is given to child sexual abuse in any form.)

1. In Wales, the national action plan on child sexual abuse (Welsh Government, 2019) has a similar but shorter definition.

2. The UK Government defines child sexual exploitation as a *form of child sexual abuse* in which “an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity in exchange for something the victim needs or wants, and/or for the financial advantage or increased status of the perpetrator or facilitator” (Department for Education, 2023:154).

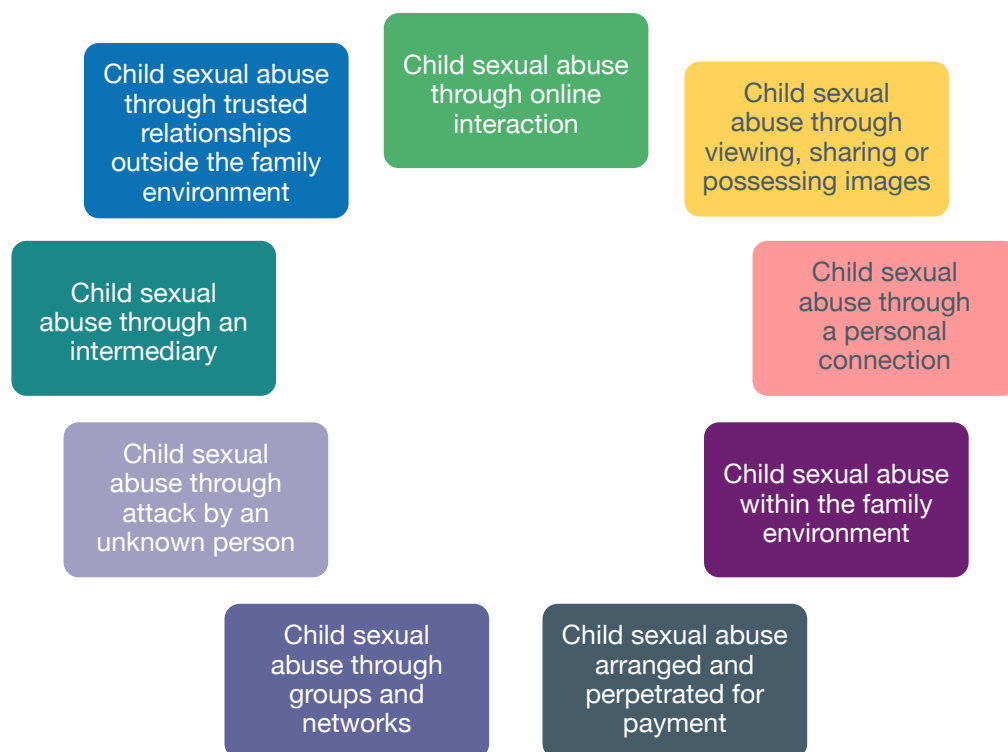
2.1 Child sexual abuse by adults

In 2020 the CSA Centre, in collaboration with the Centre for Abuse and Trauma Studies at Middlesex University, developed a typology which categorised child sexual abuse offending by adults under the following nine types (see also Figure 2):

- **Child sexual abuse within the family environment.** The sexual abuse of a child by an adult family member, or by an adult who is connected to the family or to one of its members.
- **Child sexual abuse through trusted relationships outside the family environment.** The sexual abuse of a child by an adult who holds a position of trust, and of authority over them, as a result of a professional or vocational role. The abuse may be carried out in institutions or in the community.
- **Child sexual abuse through an intermediary.** The sexual abuse of a child where an adult (the initiator) gains access to the child, or to images of the child, through another adult (the intermediary). The intermediary may believe they are in an intimate relationship with the initiator, or they may be coerced into facilitating the abuse.
- **Child sexual abuse through online interaction.** Sexual abuse where an adult, operating online, encourages/deceives/coerces a child to take part in online sexualised conversations or sexual acts, and/or to produce images (photos or videos) of themselves which they share with the adult online.
- **Child sexual abuse through viewing, sharing or possessing images.** The viewing or possessing of child sexual abuse images (photos or videos) that have already been created, and/or the sharing of such images with others, generally but not exclusively online.
- **Child sexual abuse through groups and networks.** The sexual abuse of a child by adults who are part of a group or network; they may meet in person, or may interact online and remain anonymous. The abuse may include contact abuse and/or the creation/sharing of child sexual abuse images. It is facilitated and encouraged through the group/network – the members may jointly plan and/or incite each other to commit abuse or escalate the abuse.
- **Child sexual abuse arranged and perpetrated for payment.** Sexual abuse where, in return for financial or other payment, an adult offers others access to a child for contact abuse and/or creates and sells images (photos or videos) of abuse, e.g. via live-streaming.
- **Child sexual abuse through a personal connection.** Abuse by an adult who establishes a personal connection with a child and grooms or coerces them into sexual abuse.
- **Child sexual abuse through attack by an unknown person.** Abuse where a child is attacked and sexually assaulted by an adult who is unknown to them.

You should be mindful at all times of the complexity of child sexual abuse – it often involves more than one of the above types. Additionally, while two of these types specifically describe abuse in online contexts, it is common to see elements of online abuse in the other types too.

Figure 2. Typology of adult offending



To find out more, see these CSA Centre publications:

- [***A New Typology of Child Sexual Abuse Offending***](#)
- [***Key Messages from Research on Intra-familial Child Sexual Abuse***](#)
- [***Key Messages from Research on Child Sexual Abuse in Institutional Contexts***](#)
- [***Key Messages from Research on Looked-after Children and Child Sexual Abuse***](#)
- [***Key Messages from Research on Child Sexual Abuse by Adults in Online Contexts***](#)

2.2 Harmful sexual behaviour by children

The available data suggests that a significant proportion of child sexual abuse involves harmful sexual behaviour by other children, including siblings. The term ‘harmful sexual behaviour’ covers a range of behaviours that a child may engage in, ranging from those that are ‘inappropriate’ (because of the child’s age or developmental stage) to ‘problematic’, ‘abusive’ and ‘violent’ behaviours – see Figure 3.

Figure 3. Continuum of children’s sexual behaviours



Normal	Inappropriate	Problematic	Abusive	Violent
Developmentally expected	Single instances of inappropriate sexual behaviour	Problematic and concerning behaviours	Victimising intent or outcome	Physically violent sexual abuse
Socially acceptable		Developmentally unusual and socially unexpected	Includes misuse of power	Highly intrusive
Consensual, mutual, reciprocal	Socially acceptable behaviour within peer group	No overt elements of victimisation	Coercion and force to ensure victim compliance	Instrumental violence which is physiologically and/or sexually arousing to the perpetrator
Shared decision-making		Consent issues may be unclear	Intrusive	
	Context for behaviour may be inappropriate	May lack reciprocity or equal power	Informed consent lacking or not able to be freely given by victim	Sadism
	Generally consensual and reciprocal	May include levels of compulsivity	May include elements of expressive violence	

Source: Hackett (2010).

Like adult-perpetrated abuse, these behaviours can occur in many contexts such as online, at school, and within the family home. Research by Ofsted concluded that sexual harassment and abuse by children in schools was widespread and ‘normalised’.

In pre-adolescent children, harmful sexual behaviour is more likely to be at the ‘inappropriate’ or problematic’ end of the continuum.

To find out more, see these CSA Centre publications:

- [***Key Messages from Research on Children and Young People Who Display Harmful Sexual Behaviour***](#) 
- [***Sibling Sexual Abuse: A Knowledge and Practice Overview***](#) 

2.3 Who is involved in child sexual abuse?

Research shows that children are most commonly sexually abused by people they know and trust – and that almost all people convicted of child sexual abuse are adult men, although abuse by adult women may be more common than convictions data suggests.

Data on the ethnicity of people who sexually abuse children is limited. Compared with the ethnic make-up of the population in England and Wales, defendants prosecuted for child sexual abuse offences are disproportionately White British, but this over-representation is likely to be related to the overall under-identification of child sexual abuse in minority ethnic communities.

There are no accurate prevalence figures covering the full spectrum of children's harmful sexual behaviours. Research shows that children displaying harmful sexual behaviour, particularly if they are pre-adolescent and/or the behaviour has been directed at their siblings, have themselves been sexually abused or experienced other kinds of trauma or neglect.

All children are vulnerable to sexual abuse, but some children's circumstances mean that they are more vulnerable than the wider population. In the 2019 Crime Survey for England and Wales, for example, respondents who had been in care as children were far more likely to say they had been sexually abused in childhood, as were those with disabilities and those who had experienced childhood neglect.

To find out more, see these CSA Centre publications:

- [**Key Messages from Research on Child Sexual Abuse Perpetrated by Adults**](#) 
- [**Key Messages from Research on Child Sexual Abuse by Adults in Online Contexts**](#) 
- [**Interventions for Perpetrators of Child Sexual Exploitation: A Scoping Study**](#) 
- [**Key Messages from Research on Children and Young People Who Display Harmful Sexual Behaviour**](#) 
- [**Key Messages from Research on Harmful Sexual Behaviour in Online Contexts**](#) 
- [**The Scale and Nature of Child Sexual Abuse: Review of Evidence**](#)  – a comprehensive account of what we do and do not know about child sexual abuse in England and Wales, including details of the 2019 Crime Survey for England and Wales.

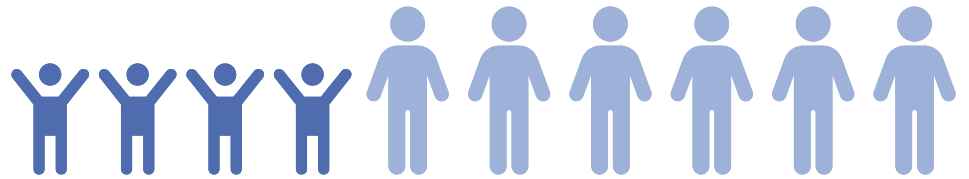
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3. The scale of child sexual abuse

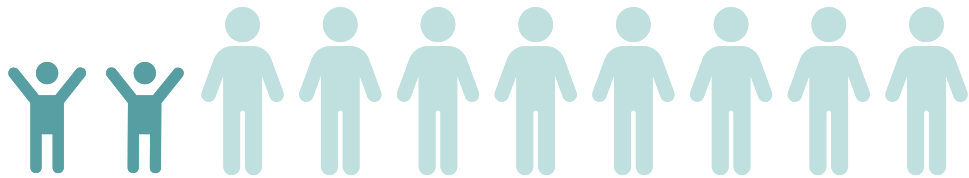
This chapter presents key information about the level of child sexual abuse in England and Wales.

As Figures 4 and 5 show, almost half of recorded sexual offences are carried out against children, and more than 100,000 child sexual abuse offences were recorded by the police in 2022/23 – but recorded offences are **only the tip of the iceberg**. The vast majority of sexually abused children do not come to the attention of services; in fact, we estimate that **at least one in 10 children in England and Wales is sexually abused before the age of 16**.³

Figure 4. Children are disproportionately likely to be victims of sexual offences



They are the victims in 40% of all sexual offences



Yet make up only 20% of the population

Source: see Karsna and Bromley (2024).

3. This estimate is based on findings from the [NSPCC child maltreatment survey](#) ³ applied to the Office for National Statistics [mid-2022 estimate](#) ³ of the number of children under 18 living in England and Wales.

Figure 5. Far more children are sexually abused than are identified by services



Sources: see Karsna and Bromley (2024).

You can generate your own 'iceberg' graphic showing the scale of child sexual abuse in your local area, and the response to it by the police and local authority children's services, using the CSA Centre's interactive **Data Insights Hub**.

Chapter 9 contains more information about the Data Insights Hub and how you can make best use of it.

Figure 6 shows that, according to a major survey by the Office for National Statistics, sexual abuse in childhood is as common as physical or emotional abuse – but it is less likely that those forms of abuse to be identified when local authority children's services conduct needs assessments of children. And sexual abuse is the primary reason for fewer than 4% of new child protection plans every year.

Figure 6. Sexual abuse is as common as other forms of abuse, but is far less likely to be identified/named as a concern

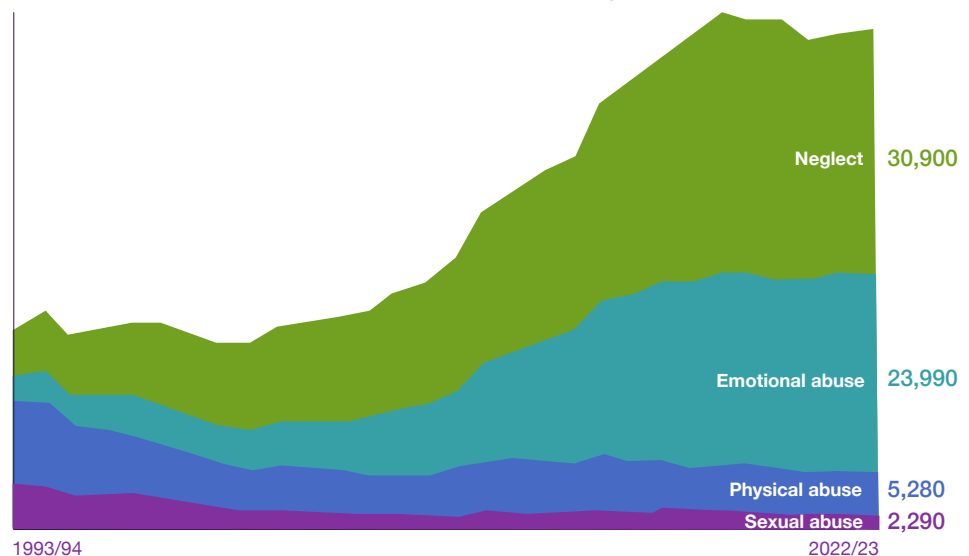
Similar levels of child abuse are identified in surveys



...but lower levels of child sexual abuse are identified in child protection assessments



Number of child protection plans by form of abuse (England)



Sources: see Karsna and Kelly (2021); Karsna and Bromley (2024).

You can [download these infographics](#), and others showing statutory agencies' response to child sexual abuse, for use in your own presentations and briefings.

And you can find out more in these CSA Centre publications:

- [Child Sexual Abuse in 2022/23: Trends in Official Data](#) – our annual analysis of the latest data across local authorities, policing, criminal justice and sexual assault referral centres.
- [The Scale and Nature of Child Sexual Abuse: Review of Evidence](#) – our annual analysis assault referral centres.

4. The impacts and financial costs of child sexual abuse

4

Being sexually abused in childhood can have severe and lifelong effects – and, given the scale of that abuse, the accumulated costs for society are huge. This chapter briefly sets out some key information, highlighting the moral and economic case for taking action to prevent child sexual abuse and responding quickly and effectively when it occurs.

4.1 At individual and family level

“Words do not do justice to the scale of the impact ... It has affected and continues to affect every aspect of my being, body, mind and soul. I was so young that I will never know who I could have been had it never happened.” – participant in the Independent Inquiry into Child Sexual Abuse’s Truth Project (Jay et al, 2022)

Being sexually abused can affect every aspect of a child’s development. Every victim/survivor is affected differently, and to a different extent, but child sexual abuse is strongly associated with adverse outcomes across the life-course, including in relation to:

- **poor mental health and wellbeing**, e.g. depression, eating disorders, self-harm, suicide ideation and suicide, post-traumatic stress disorder and personality disorders
- **physical health problems**, including gastrointestinal health, gynaecological or reproductive health, and pain
- externalising behaviours such as **substance misuse, risk-taking sexual behaviours and offending**
- difficulties in **interpersonal relationships and parenting**
- socio-economic issues including lower levels of **educational attainment and income**
- vulnerability to **re-victimisation** in both childhood and adulthood.

The impacts of the abuse can be compounded by factors including the child’s characteristics and background, their age when the abuse started, how long it lasted, the child’s relationship with the person(s) who abused them, their attachment to their parent(s)/carer(s), and other childhood experiences.

Sexual abuse leaves children frightened, ashamed and humiliated; many do not understand or do not have the words to describe what has happened to them, or fear that they would not be believed if they told anyone. If a child does tell someone, the response they receive will also have an impact on their recovery from the abuse.

When child sexual abuse becomes known or suspected, the child’s family are also significantly affected. Non-abusing mothers in particular may experience impacts that mirror those of their sexually abused children, and may need support to respond protectively.

For more information, see our publication [**Key Messages from Research on the Impacts of Child Sexual Abuse**](#). 

4.2 At societal level

Calculating the overall social and economic cost of child sexual abuse is fraught with uncertainty and limitations (Saied-Tessier, 2014), because so much of this abuse remains unknown (or at least unrecorded in official data).

Nevertheless, a decade ago it was estimated that the cost of child sexual abuse to the UK economy in terms of victims'/survivors' lost productivity was **£2.7 billion per year**. And a further **£182 million** in health spending (to address children's and adults' mental and physical health needs) was attributable to child sexual abuse every year, along with **£149 million** of spending in the criminal justice system and **£94 million** spent on children's social care services (Saied-Tessier, 2014).

More recent research, focusing on children in England and Wales who were sexually abused during the year 2018/19, estimated that the total (financial and monetised non-financial) costs of this abuse over these children's lifetimes were **at least £10.1 billion** (Radakin et al, 2021). This figure excluded the costs of abuse that did not involve physical contact.

And an analysis of just 610 cases of child sexual abuse found that delayed disclosure and responses incurred a total lifetime economic cost to the NHS of approximately **£3 billion** (Adisa et al, 2023).

When child sexual abuse is responded to in a timely and effective manner, however, there are clear economic benefits. For example, an analysis of a therapeutic service for children who had been sexually abused found that, **for every £1 invested, at least £4.17 was realised in social value** (Edwards, 2018).

5. Can services keep up with need?

5.

The impacts of child sexual abuse can be greatly reduced if children receive the right support in a timely manner – and support in adulthood can also mitigate these impacts. Equally, support for children who have displayed harmful sexual behaviour can be highly effective. But, as this chapter shows, only a tiny fraction of the people who need child sexual abuse services are currently able to access them.

5.1 Services for victims/survivors and their families

The CSA Centre's 2024 research report *Support Matters*, based on our extensive research into child sexual abuse support services in England and Wales, highlighted a scarcity of services across both nations.

There was considerable regional variation, with an estimated 10,000 victims/survivors for each service we identified in Wales, but twice as many – 20,000 victims/survivors – for each service in the West Midlands. As most services were working within a single region of England or Wales, a 'postcode lottery' for people needing support was evident.

We found slightly more services for children – mainly older children – than for adult victims/survivors.

Nearly two-thirds of services supporting children appeared not to be offering any support to their parents.

There were also major gaps in provision for people affected by specific forms of child sexual abuse, particularly abuse in the family environment and in online contexts.

Very few services outside London – and none in the South East or the South West – were focused on supporting people from minority ethnic backgrounds.

Services dedicated to supporting men/boys affected by child sexual abuse were scarce in all regions, and only 67 services across the whole of England and Wales were focused specifically on providing support for women/girls. Additionally, very few services specifically focused on the needs of disabled people, lesbian, gay and bisexual people, or on people questioning their gender identity or identifying as transgender.

Almost half of the services we interviewed said they had supported fewer than 100 people affected by child sexual abuse in 2021/22. A small minority, mainly in the not-for-profit sector, had supported thousands of children and adults during the year.

Only half of the services we interviewed felt able to meet the demand for their support. Most services restricted the length of time in which service users could access support, or the number of sessions they offered; these restrictions were often linked to funding arrangements, or to the challenge of keeping up with demand.

Three-quarters of interviewed services in the not-for-profit sector, and almost half of statutory services, said they were operating with waiting lists for people seeking support. Each list contained 180 people on average, from which we estimated that **around 55,000 people in England and Wales were on waiting lists to access support in response to child sexual abuse.**

The average (mean) time spent on a waiting list was more than six months, and one in nine lists involved a wait of more than a year.

Having a waiting list was said to be affecting service provision, forcing some services to reduce the number of support sessions they offered or cease provision of open-ended support. Others said they avoided promoting their service in case this made their waiting list longer.

You can use our **Data Insights Hub** to find out the number of support services available in your local area for children who have been sexually abused or are at risk of abuse, and the ratio of those services to child victims of sexual abuse. For more information, see Chapter 9.

5.2 Services for children who have displayed harmful sexual behaviour

Our *Support Matters* research also identified 61 services whose support around child sexual abuse was focused on children who had engaged in harmful sexual behaviour. In the absence of accurate prevalence statistics for the full spectrum of that behaviour, it is impossible to state the ratio of service to the children who would benefit from them – but we did discover that more half the services that we interviewed had waiting lists for some or all of their support, or were about to start one.

The time spent on these waiting lists ranged from two months to a year.

You can find out more in [**Support Matters: Briefing for Policymakers, Funders and Commissioners**](#), or in our full research report [**Support Matters: The Landscape of Child Sexual Abuse Support Services in England and Wales**](#).

Part B: How can child sexual abuse services make a difference?

As the previous chapters have shown, child sexual abuse can have serious and lifelong impacts on its victims, and imposes an enormous financial cost on society.

However, we know that actions to tackle this abuse and its impacts – by supporting people affected by it, and by preventing it from happening – can be highly effective, provided the right elements are in place.

It's important to remember that child sexual abuse victims/survivors (including those who are now adult), and their families, can have a range of different needs – so they require a range of support services.

The following chapters illustrate the child sexual abuse services that should be available in your local area, and what they should look like.

6. Preventing and disrupting child sexual abuse

“A greater focus on prevention and desistance in sex offender management is needed going forward... [R]ebuilding and rehabilitating offenders to prevent further offending [is] the best way to serve and protect victims.”
(Creedon, 2023)




Tackling child sexual abuse requires approaches that target people at risk of sexually abusing others; the most desirable outcome is preventing child sexual abuse from ever happening in the first place, but insufficient resources are dedicated to achieving that outcome. This chapter highlights the important role that the statutory and not-for-profit sectors can play in providing services that both disrupt sexual offending and support people at risk of offending.

6.1 Prevention and deterrence of abuse by adults

It is estimated up to 1.6% of the UK adult population – approximately 840,000 adults – pose varying degrees of sexual risk to children (National Crime Agency, 2024). However, only 6,500 people in England and Wales were convicted in 2022 of sexual offences against children (Karsna and Bromley, 2024).

Funding for a spectrum of help and support is therefore needed, from services that provide low level, early prevention services (e.g. education and advice) right up to those offering more intensive treatment and interventions (such as pharmacological and psychosocial therapy) to address offending-related risk and need.

There are few not-for-profit services providing free support that helps deter and prevent people from sexually offending in the UK; they rely on a variety of funding streams. Examples include:

- **The Lucy Faithfull Foundation** , whose prevention services include the Stop it Now! Helpline, which is freely available to anyone concerned about child sexual abuse – including their own thoughts or behaviour.
- **Circles of Support and Accountability (COSA)** , which works with people already convicted of a sexual offence and assessed as being at a high risk of sexual reoffending; through regular meetings with COSA-trained volunteers, they receive support and are held accountable for their behaviour.
- **The Safer Living Foundation** , based in Nottingham, which provides practical and emotional support for people concerned about unhealthy sexual thoughts and feelings or worried they might commit sexual offences. This support includes educational opportunities and training for locally based people with convictions who are trying to live productive and offence-free lives.

Psychological services

Providing psychological support can be an effective way of helping adults concerned about their sexual thoughts and feelings. There are, however, limited specialist forensic psychological and therapeutic services available through the NHS in England and Wales. Some NHS trusts provide specialist services targeting people concerned about their thoughts and behaviours – but a referral from a general practitioner, the police, probation services, children's social care or mental health services must be made before an individual can access this specialist support. In many cases, this happens only after an offence has been committed.

To support the prevention of child sexual abuse, some private therapists will work with people who are yet to act on thoughts of sexually abusing a child. However, there are barriers to accessing such services: in addition to the financial costs, people may have fears around confidentiality and the legal and social consequences of seeking help, or may be confused about the issue or unaware of the help available.

6.2 Police disruption of offending

Alongside enforcement and prevention, disruption is one of the principal ways in which the police respond to suspected criminal activity. Disrupting child sexual abuse requires a flexible and dynamic approach which seeks to disrupt networks, lifestyles, and routines, making it harder for people to commit sexual offences.

Disruption measures used by the police include:

- prohibitive criminal and civil orders and notices restricting certain behaviours; these can interrupt contact between a suspect and a child, and help stop further abuse in the longer term
- Police National Computer (PNC) intelligence markers or 'flags', to tag vehicles, suspects, locations, vulnerable people and incidents related to child sexual abuse
- automatic number plate recognition (ANPR), which can trigger action if a camera is activated
- suspect warning letters, which can be issued in instances where child sexual abuse is suspected but there is a lack of evidence
- the Child Sex Offender Disclosure Scheme, which gives the police the 'right to tell' the potential victim/parent when risk to a child is identified, and the general public the 'right to ask' for information on a person they have concerns about. Only individuals with convictions for sexual offences are subject to disclosure, and only when a risk is identified to the specific child in question.

Alongside disruption activities, it is important, where possible, to work with the person of concern and help them address individual biological, psychological and social factors related to sexual offending.

6.3 Prevention and deterrence of harmful sexual behaviour

Like services for adults, help for children at risk of engaging in harmful sexual behaviour is scarce. Our *Support Matters* research into support services across England and Wales found only 61 services whose support around child sexual abuse was focused on children who had engaged in harmful sexual behaviour; half of them were *solely* supporting these children, with the others providing support for a wide range of behaviours.

Two thirds of the 61 services were in the statutory sector (within the NHS, local authorities, and the criminal justice agencies); another fifth were in the private sector, and one eighth were not-for profit.

An example of a not-for-profit service for teenagers worried about their – or a friend's – sexual behaviour is [Shore](#), run by the Lucy Faithfull Foundation. It offers anonymous advice and support to help them learn about managing their worrying thoughts and living safely both online and offline.

You can find out more about these 61 services in Appendix 3 of our research report [***Support Matters: The Landscape of Child Sexual Abuse Support Services in England and Wales.***](#)

6.4 What should the provision of support look like?

“[T]he best way to protect the public is to strengthen a person’s motivation and ability to live an offence free life. But ... some people are not ready or willing to stop sexual offending, and therefore we need to manage their risk as well.” (HM Prison & Probation Service, 2024)

To effectively prevent and disrupt child sexual abuse by targeting those known or thought to be a risk, interventions and strategies must be delivered in a **multi-disciplinary** context, and must be **proportionate** and **responsive** to both the risk and the needs of the person requiring support.

Prevention work with children should take account of the fact that harmful sexual behaviour displayed by pre-adolescent children is likely to be at the ‘inappropriate’ or ‘problematic’ end of the continuum. Most pre-adolescent children displaying this behaviour have themselves been sexually abused or experienced other kinds of trauma or neglect. Similarly, older children and young people displaying harmful sexual behaviour – mostly boys – typically have a history of adverse childhood experiences and family difficulties.

Services for these children must be holistic and child-focused, and should involve parents/carers. Professionals in these services need the knowledge and skills to create organisational contexts which maximise safety from abuse. Prevention education should take a long-term, ‘whole school’ approach to healthy relationships, and involve children and young people in development and delivery. Broader public health approaches which challenge gender inequality and patriarchal values and attitudes are also required.

In addition to generic criminal justice, safeguarding and/or child protection and adult welfare services, there need to be services across England and Wales for people – whatever their age – who are considered to be at risk of sexually abusing children. These services should take the following specific approaches to prevention and disruption:

- Provide immediate support – such as someone to talk to confidentially via chat function or a helpline (Naldrett et al, 2022) – for adults who are concerned about their sexual thoughts or feelings.
- Where risk is identified, offer one-to-one support and help underpinned by models that help the adult address their biological, psychological and social problems, with the aim of developing strengths to overcome risk (HM Prison & Probation Service, 2024).
- Work in a multi-disciplinary way, sharing information and involving partner agencies with a common goal of risk management and effective social reintegration (Committee of Ministers of the Council of Europe, 2021).
- View risk management and rehabilitation approaches as integral, with public protection as a priority (HM Prison & Probation Service, 2024).
- Ensure that support and one-to-one work is desistance focused (Creedon, 2023).
- Give service users, and particularly young people, help to develop or learn new skills or strategies to avoid harmful sexual behaviour (Kewley et al, 2023).
- When offering pharmacological and/or psychopharmacological options, ensure that these complement therapy and are not provided in isolation (Knack et al, 2019).
- Ensure that therapeutic services are trauma-informed (McKibbin and Humphreys, 2020).
- Interventions should offer hope and have a future-focused philosophy; they should help to build healthy sexual identities, promote healthy relationship patterns and narratives about masculinity and femininity, and challenge socially constructed norms around traditional patriarchal male and female roles (Kewley et al, 2023).

7. Responding to victims/survivors of child sexual abuse, and their families

“[You’re] happy because you’ve got somebody to speak to; free because all of the stuff you’ve wanted, you’ve kept bottled up inside can be gone; and peaceful because you’ve not got the worry anymore, you’ve got the worry lifted off your shoulders.” – 12-year-old receiving therapeutic support (Warrington et al, 2017)

A positive response to tackling child sexual abuse requires the availability of a range of support services provided within statutory services’ general and specialist provision, *and* by not-for-profit organisations that are funded or commissioned to do this work. At present, however, the response to child sexual abuse concerns varies across England and Wales; This chapter describes the support that services currently provide, the support that *should* be available in all areas, and the importance of multi-agency working in response to child sexual abuse.

Child sexual abuse is most likely to be identified by staff in the child’s school, nursery or college, or by a GP or nurse. If a child feels able to tell someone they are being abused, they will most likely tell family or friends; some may speak to a not-for-profit service such as ChildLine or a Rape Crisis centre.⁴ However, it may take years for a victim/survivor to tell anyone about the abuse they have suffered, when they do tell, this may be to staff in a specialist organisation, to frontline professionals in health or police, or to other services responding to homelessness, substance misuse or mental health difficulties, for example.

To effectively support victim/survivors:

- professionals in universal frontline services must have the skills and knowledge to identify signs and indicators of child sexual abuse, and to respond appropriately to service users who may have experienced or be at risk of that abuse
- services in the statutory and not-for-profit sectors must work collaboratively, and multi-agency partnerships such as Local Safeguarding Partnerships should include not-for-profit organisations.

4. For detailed information about the role of Rape Crisis centres in supporting sexually abused children and young people, and the complex funding and commissioning landscape in which they operate, see Rowson (2024).

7.1 What sorts of support service are currently available?

In 2022 and 2023, the CSA Centre's *Support Matters* research project sought to better understand the provision and availability of support services for people affected by child sexual abuse. We identified 468 services in England and Wales providing therapeutic or wellbeing-focused support, free of charge, to child and/or adult victims/survivors of child sexual abuse, and/or their non-abusing family members.

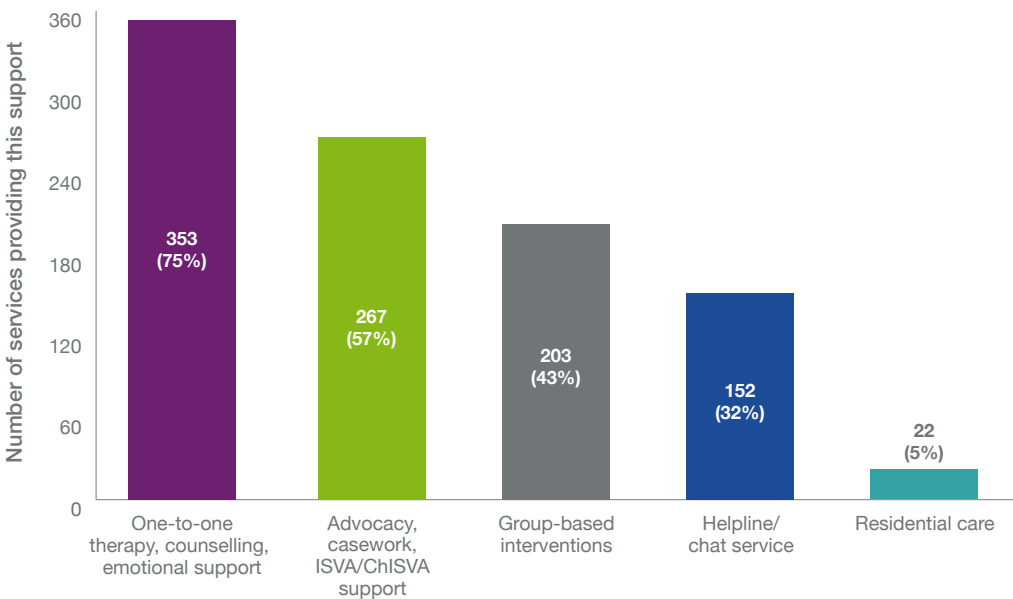
These services, four-fifths of which were in the non-for-profit sector, provided support through a diverse and often innovative delivery offer.

More than half of services were operating across fewer than 10 local authorities within a single region. In contrast, one-fifth operated across the whole of England and/or Wales.

Fewer than a quarter of services provided support mainly or exclusively to groups with particular characteristics – mostly to girls/women or people from minority ethnic backgrounds. One in six provided support specifically around child sexual exploitation, but few focused on other forms of child sexual abuse.

Services were providing five main types of support (see Figure 7), with two-thirds offering multiple types. The two most common support types – each offered by a majority of services – were one-to-one therapy, counselling or emotional support and advocacy, casework or support from an Independent Sexual Violence Advisor (ISVA) or Child Independent Sexual Violence Advisor (ChISVA).

Figure 7. Types of support offered to people affected by child sexual abuse



n=468.

While services said they tried to be flexible, one-to-one and group support was commonly offered only during weekday office hours, mainly because of funding restrictions – only one in nine one-to-one therapeutic interventions was available at weekends. This was likely to affect access to therapeutic support, especially for victims/survivors in full-time education or employment.

More than half of services supporting children, and two-thirds of those supporting adults, estimated that at least 75% of their service users in 2021/22 were women and/or girls. While this might be expected given that most victims/survivors are female, in fact a quarter of children in England and Wales who are sexually abused are male (Karsna and Kelly, 2021) – yet most services said that men and boys represented fewer than one in four of their service users.

For more information, see the research report [***Support Matters: The Landscape of Child Sexual Abuse Support Services in England and Wales***](#) or our [***Support Matters: Briefing for Policymakers, Funders and Commissioners***](#).

7.2 Multi-agency working and partnership approaches

When supporting children and families affected by sexual abuse, good multi-agency and partnership working is key to ensuring the right professionals are involved and resources deployed at different stages of their safeguarding and healing journey. Good practice involves professionals from different agencies, including specialist organisations in the not-for-profit sector, taking joint responsibility for finding effective ways of working together, making joint decisions where possible, and actively seeking and providing information. Multi-agency approaches to child sexual abuse enable organisations to contribute their specific role while also developing shared perspectives and approaches to protecting children and young people.

Thus, when developing or strengthening multiagency and local partnerships social care, health, criminal justice and the specialised not for profit organisations are integral to its success. For example, a *Child House* is a multi-agency service approach, based on the Barnahus model, which supports children and families following child sexual abuse (Bethel, 2022). Advantages of partnership working under this approach include:

- sharing expertise
- establishing shared expectations and approaches
- facilitating information sharing to safeguard
- sharing resources
- sharing intelligence to disrupt further abuse.

Understanding good practice and pathways to relevant support services is key when there are concerns that a child is at risk of being or has been sexually abused.



The CSA Centre's [***Child Sexual Abuse Response Pathway***](#) aims to bring clarity to professionals' responsibilities and actions at key points, in order to meet children's needs for safety and support and address their wider wellbeing. Although aimed primarily at those professionals, it can also help you to understand better the roles of different agencies in activities to protect and support children, and may be particularly helpful during a joint needs assessment (see Chapter 8).

Healthcare

Healthcare professionals in a variety of settings play a vital role in the multi-agency response to child sexual abuse. Alongside emotional and practical support, medical examinations and sexual health screening and treatment can have many benefits: in addition to identifying forensic and evidential findings, they involve a holistic assessment of the child's health and wellbeing. However, medical examinations must not be the sole route through which sexually abused children can access support.

Healthcare professionals must have the knowledge and confidence to share information and advice to children and families from the moment of concern; this will help minimise the risk of re-traumatisation and help appropriate referral and response.

It is also important for different health services to develop relationships and share information *with each other*, so that healthcare professionals can make informed decisions if they have concerns that a child is being sexually abused; if you are a commissioner of these services, consider what you can do to ensure this happens.

The CSA Centre has produced a [video](#)  to help professionals in all sectors to understand what a medical examination involves and why it is important, along with a [research report](#)  which outlines the evidence demonstrating medical examinations' value.



7.3 Key elements of effective support

“Support needs vary greatly and can change over time, triggered at different points in a victim’s lifetime, sometimes in unpredictable ways.” (Jay et al, 2022).

For the response to victims/survivors of child sexual abuse (including the hundreds of thousands of children and adults who are not currently receiving any response) to be effective, the support available must be **sufficient**, **appropriate** and **accessible**.

Through our *Support Matters* research, our research into the effectiveness of services (see below) and our work developing the Child Sexual Abuse Response Pathway, the CSA Centre has identified that – in addition to generic safeguarding responses and/or child protection and adult welfare services – the following specific forms of support are needed throughout England and Wales to ensure that the needs of victims/survivors and their families are met.

- **Immediate support** – someone to talk to via a helpline or urgent appointment.
- **Practical and emotional support** – one-to-one support involving the provision of information, advice and general advocacy.
- **Intensive crisis management support** – one-to-one support from a professional who understands trauma.
- **Medical assessment** – examination by a specialist health professional.
- **Specialist tailored support** – support from an Independent Sexual Violence Advisor (ISVA) or Child Independent Sexual Violence Advisor (ChISVA), whether or not the victim/survivor goes through legal proceedings.
- **Support with managing trauma symptoms** – one-to-one support or group-based support providing psychoeducation/stabilisation.
- **Support with addressing trauma** – this could be through one-to-one therapy, counselling or whole-family therapy.
- **Peer support** for victims/survivors and their parents – opportunities to come together with others who have had similar experiences for mutual support.

Children need to receive this support regardless of whether a police investigation, or a prosecution, is ongoing; a decision by the police or the Crown Prosecution Service not to proceed with a case should *not* be taken as an indication that abuse hasn’t happened.

Additionally, the providers of this support must take account of children’s backgrounds and characteristics, recognising that some children face additional barriers to accessing services. For example:

- Children who are lesbian, gay or bisexual, or who are questioning their gender identity, may feel isolated and reluctant to talk about or acknowledge child sexual abuse for fear of prejudiced reactions.
- Children from minority ethnic backgrounds are under-represented across services, because of barriers associated with racism, language, family and community honour, and religious and cultural norms.
- Many disabled children are over-protected and not informed about sex and relationships, so they do not recognise their experiences as abuse. Additionally, professionals may think that behavioural indicators of sexual abuse are the result of the child’s disability.

- Societal attitudes and beliefs around sex and gender result in barriers that prevent children from telling others about their abuse. For example, there is little recognition that boys can be victims of child sexual abuse or that girls can engage in harmful sexual behaviour – and the impact of family and community honour on girls who are sexually abused cannot be underestimated.


Support for children who have been sexually abused should also involve their parents, provided they have not been involved in the abuse. Parents play a central role in creating a protective environment appropriate to their child's needs and stage of development; if they are supported in this, they are more likely to be able to manage their own feelings and provide the support their child needs.

In situations of harmful sexual behaviour, it's important for support to be provided to both the child who has been harmed and the child who has harmed, as well to others within their family/ies.

In 2018, research commissioned by the CSA Centre identified the following key elements of effective support for sexually abused children:

- *A trusting relationship with staff.*
- *Consistency of staff.*
- An ethos of empowerment – creating opportunities for choice and control.
- Longer time frames.
- *Flexibility – in frequency and level of contact, utilising a range of activities, and including having fun.*
- *Being believed and believed in.*
- Addressing abuse directly.
- Peer support.
- Support for parents.
- Spaces which feel safe and in which children, young people and adults feel welcome.
- Knowledgeable, skilled and well-supported staff.
- Approaches informed by understanding of power, inequality and trauma.
- Capacity to minimise waiting lists.

(The elements in italics are those that were emphasised by the children participating in the research.)

For more information, see our research report ***Effectiveness of Services for Sexually Abused Children and Young People, Report 1: A Knowledge Review*** 


Part C: Deciding who and what to fund/ commission

The CSA Centre has developed a range of interactive tools and resources that can help you assess the local need for support around child sexual abuse, identify how well that need is currently being met, and involve service providers and victims/survivors in deciding what the future provision of support should look like. The following chapters explain how.

8. Government guidance

The UK Government has produced a range of statutory guidance and other publications to help the commissioners of services to understand their responsibilities and good commissioning practice. This chapter briefly summarises some key content from that material, and highlights activities which the CSA Centre's resources can support you with.

8.1 Commissioning Framework for Child Sexual Abuse Support

Published in 2019, the Home Office's **Commissioning Framework for Child Sexual Abuse Support**  sets out five commissioning principles as a basis for decision-making:

- Commission services according to need.
- Understand the local commissioning environment.
- Put the victim at the centre of service delivery.
- Services should be locally led and should involve multi-agency working.
- Assess the value of services by measuring outcomes rather than activity.

Building on these, its guidance on “undertaking a comprehensive and effective needs assessment” highlights four essential activities:

1. Compile existing sources of information

You should find the information in Part A of this guide, summarising data on the scale and nature of child sexual abuse across England and Wales, useful here.

You can also use our **Data Insights Hub** to obtain figures on the prevalence of this abuse *in your local area*, and contrast this with the number of support services available – see Chapter 9.

Additionally, the framework highlights the importance of gathering information on the caseloads and waiting lists of existing local support services. Our **Support Services Directory** enables you to find out about and contact these services – see Chapter 10.

2. Map existing services against need

Again, our **Support Services Directory** is an essential tool here if you want to find out about the types of support already available – across the statutory, not-for-profit and private sectors – in your area, and the capacity of the services providing it.

And our **child sexual abuse support matrix** is a template on which you can easily and straightforwardly record information about that support, in a way that helps you to consider the full range of local need and identify gaps in current provision – see Chapter 11.

3. Involve victims and survivors and service providers in the process


Whether you are wanting to ask them about their concerns, plans and ambitions, or to ask them to invite their service users to join a victims/survivors advisory group which you are setting up, our **Support Services Directory** makes it easy for you to get in touch with all the child sexual abuse support services in your area.


4. Analysis and interpretation


Using our **child sexual abuse support matrix** will again be helpful here, as it enables you to identify gaps and priority areas more easily.

Other useful content in the Commissioning Framework includes advice on collaborative working and on identifying and measuring outcomes, and an annex summarising the bodies which have commissioning responsibility for different types of support service.

8.2 The duty to collaborate






The Victims and Prisoners Act 2024  requires ‘relevant authorities’ (the local policing body, the local authority and the Integrated Care Board) in England to collaborate on the commissioning of local community support services for victims of domestic abuse, sexual abuse and serious violence, in a way that removes barriers and ensures a more holistic journey for those victims.

In 2024 the Ministry of Justice published **draft guidance**  on the duty to collaborate, which spells out requirements to develop and publish a joint commissioning strategy and undertake a joint needs assessment (JNA), so that the needs of children and others are recognised and addressed.

The **Victim Services Commissioning Guidance**,  also published by the Ministry of Justice in 2024, notes that a ‘whole system approach’ of collaboration and co-commissioning of services can “help to provide a holistic journey through a service (or services)” for victims of crime, so that they do not need to describe their experiences repeatedly to different service providers. The guidance goes on to stress the importance of a ‘child first’ approach to commissioning, which means “putting children at the heart of service provision, ensuring they are consulted in the design and commissioning of services, and recognising the distinct needs that children and young people have”.


8.3 Other guidance for commissioners of services

This guide is also designed to complement the following:

Guidance/Framework	Description
<u>Violence against Women and Girls Services: Commissioning Toolkit</u>  (Home Office, 2022)	A response is needed to support the children and the family. Advice demonstrating how services to tackle violence against women and girls (VAWG) in England and Wales can be commissioned effectively.
<u>Victim Services Commissioning Guidance</u>  (Ministry of Justice, 2024)	Guidance for the commissioners of local support services specifically for victims of crime.
<u>Statutory Guidance for the Commissioning of VAWDASV Services in Wales</u>  (Welsh Government, 2019)	A commissioning framework for services to address violence against women, domestic abuse and sexual violence, so that need is met effectively and fairly across Wales.
<u>Working Together to Safeguard Children 2023</u>  (Department for Education, 2023)	Statutory guidance setting out key roles for individual organisations and agencies to deliver effective help, support, safeguarding and protection arrangements.
<u>National Service Specification for Sexual Assault Referral Centres</u>  (NHS England, 2023)	Aimed at the commissioners and providers of Sexual Assault Referral Centres (SARCs), summarising the key deliverables that NHS England are required to support across the care pathway.

9. Understanding need in your local area: the Data Insights Hub

It's essential to conduct a needs assessment when planning the commissioning of child sexual abuse services – and that means obtaining information about the prevalence of that abuse, and the existing provision of services responding to it, in your local area. The CSA Centre's Data Insights Hub enables you to do both, as this chapter explains.

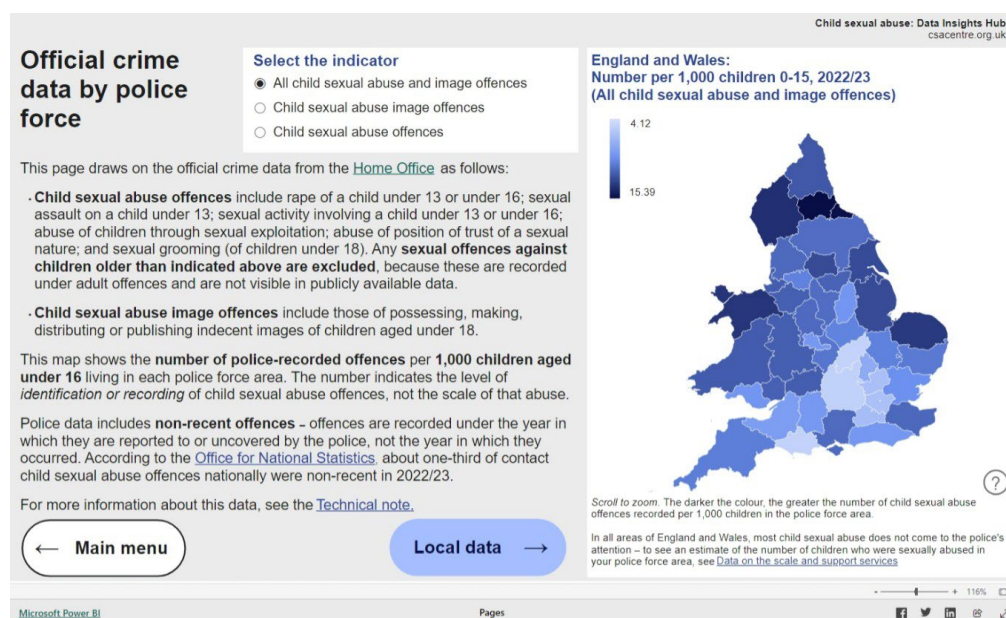
The **Data Insights Hub**  is a free-to-use online dashboard giving you instant access to data on child sexual abuse across any local authority or police force area in England and Wales.

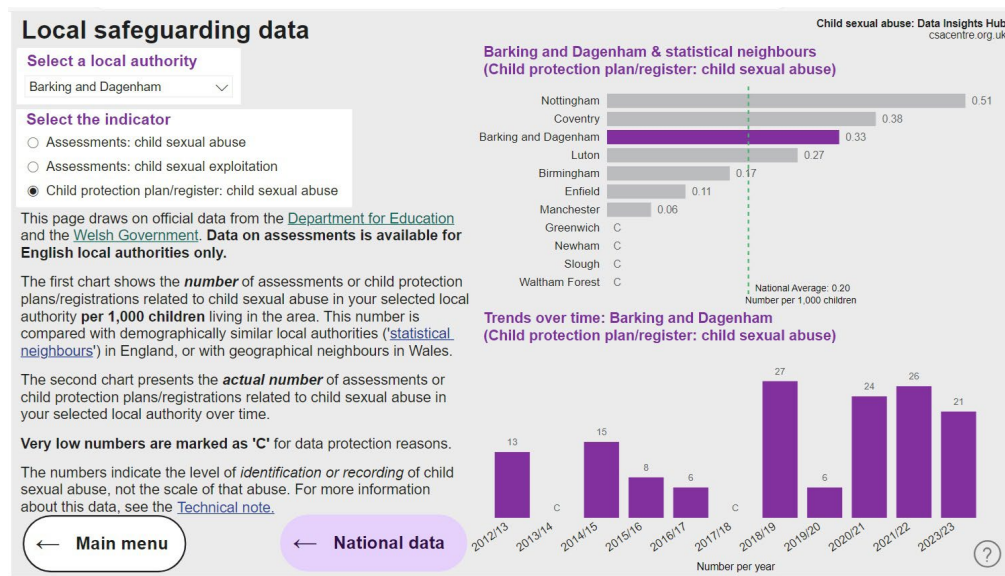
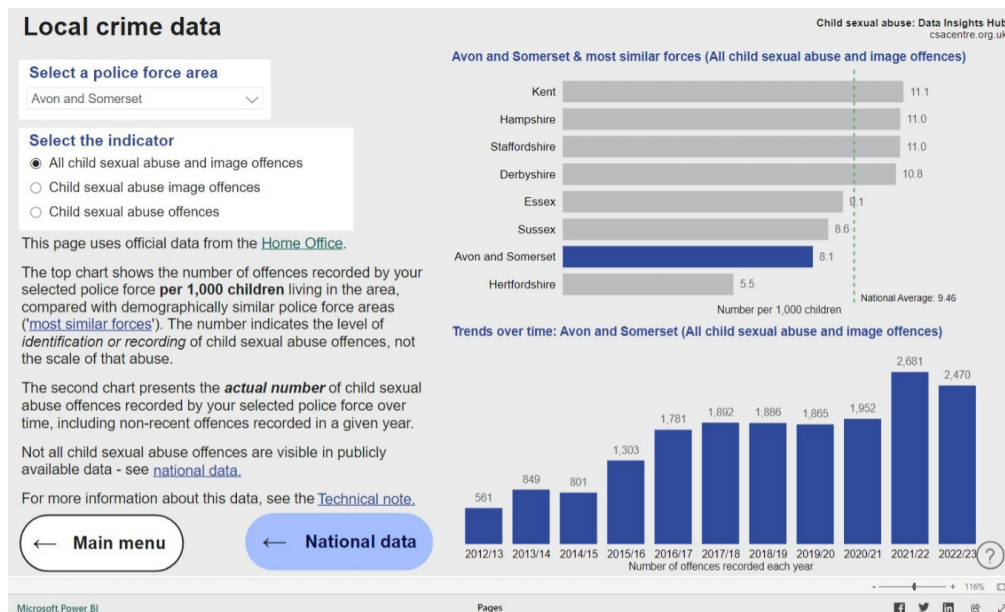
It uses interactive maps and charts to display, at local and national level:

- annual data from local authority children's services on how often sexual abuse is identified as a concern in their assessments of children, and is recorded as the primary reason for a child to be given a child protection plan (or, in Wales, placed on the child protection register)
- annual data on the number of child sexual abuse offences recorded by police forces.

In each case, you can compare a specific local authority or police force with others, and can track changes in its data over the past few years.

Please note that low rates of identification/recording may suggest that **professionals in the local area would benefit from more specific training or focus to identify and respond to children who are at risk of or experiencing child sexual abuse**. It should *not* be taken as an indication that child sexual abuse is not happening locally.





For your chosen local area, the Data Insights Hub also lets you:

- generate an 'iceberg' graphic, showing headline data from children's services and the police, and contrasting it with the estimated number of children per year who are sexually abused in the area⁵
- see the number of services supporting children who have been sexually abused (or are at risk of that abuse) and their families.⁶

(Please note that the Data Insights Hub displays only the *number* of services available locally, not their size/capacity or other characteristics – so this figure should not be taken as an indication of the amount or availability of the support these services offer.)

5. This estimate is based on findings from the [NSPCC child maltreatment survey](#), [applied to the Office for National Statistics mid-2022 estimate](#) of the number of children under 18 living in each area of England and Wales.
6. This figure is derived from our Support Services Directory (see Chapter 10); it is the number of services, excluding national services, offering support to children and/or their families. Services available solely to adult victims/survivors of child sexual abuse are also excluded, or increased status of the perpetrator or facilitator" (Department for Education, 2023:154).



If you want to understand the provision of different types of support service across the regions of England and Wales, see the series of maps in Chapter 6 of our research report ***Support Matters: The Landscape of Child Sexual Abuse Support Services in England and Wales*** [↗](#).

10. Understanding local provision: the Support Services Directory

10.

Whether you are wanting to find out about the nature of their services, ask them about their caseloads and waiting lists, invite them and their service users to feed into your funding/commissioning decisions, or identify gaps in local service provision, you need to know about the child sexual abuse services in your local area and how to contact them. This chapter describes how you can do so using the CSA Centre's **Support Services Directory**. [↗](#)

Drawing on information first gathered during the initial stage of our *Support Matters* research, and updated regularly since then, the directory is an accessible way to search through more than 450 services across England and Wales for children and families affected by child sexual abuse.

Besides being useful for you, the directory is of course an invaluable resource for people needing the support offered by these services, and for any professional looking to find and recommend support for the children and adults they work with. It can be accessed completely confidentially; no sign-up is required, and no information is saved when a user searches it.

10.1 Searching the directory

By entering a postcode or the name of a town or city, you can see the full names, website addresses and contact details of services in the area, along with key information about each of them. You can also filter your search results if you are interested in specific kinds of support service, such as.

- services supporting children, adults and/or families
- services focusing on support for particular groups based on their sex, ethnicity, sexual orientation or disability.

Find a support service

Use our directory to find help for yourself or others affected by child sexual abuse in England and Wales

☒ Map☐ List

Regions

South East

Local Authorities

Barking and Dagenham

Support for

☐ Adult victims and survivors☐ Children and young people☒ Parents and carers

Services supporting

☐ LGBTQ+ people only☐ People from ethnic minority backgrounds only

37 services found

ACTS FAST

England & Wales

ACTS FAST is a charity operating across the UK supporting parents and carers and adult family members who have been affected by child sexual abuse and exploitation, and indecent images of children (IIOC), through a range of specialist support services.

Support for: Parents and carers

Website
[Click to visit](#)

Email Address
support@actsfast.org.uk

Telephone
01292 797217

Anna Freud National Centre for Children and Families

England & Wales

Anna Freud National Centre for Children and Families is a national charity providing specialist support across England and Wales for children and young people and their parents and carers and wider family members. It is not specifically focused on offering support with child sexual abuse but will support its service users with this when appropriate.

Support for: Children and young people, Parents and carers

10.2 What services are included?

The directory includes all the services we are aware of in England and Wales which support the victims/survivors of child sexual abuse, children thought to be at risk of that abuse, and/or their families, provided those services meet the following criteria.

- They have a therapeutic or wellbeing focus – meaning that they provide support such as therapy and counselling, psycho-educative work, advocacy support (such as from Child Independent Sexual Violence Advisers), peer support, helplines or chat services, residential care for victims/survivors of child sexual abuse, family work/interventions, and/or support during the legal process. Support may be provided in person, online or by telephone; may be delivered one-to-one or as a group-based intervention; and may be short-term or long-term. Services may be based in the not-for-profit, statutory or private sectors, or delivered as part of consortia or multi-agency initiatives.
- The support above is provided free of charge to people living in England or Wales (including services that may charge referring agencies for this support).

If those criteria are met, services are included regardless of their overall remit: some focus specifically on that abuse, some work in the broader sexual violence sector (e.g. Rape Crisis centres), and others have a more generic remit (e.g. services supporting children who have been exploited or trafficked, where child sexual exploitation is a distinct service offer).

Statutory safeguarding services are excluded, as are services that:

- focus on preventing child sexual abuse (e.g. education/awareness-raising programmes, outreach programmes, campaigns or disruption-focused services)
- charge service users for the support provided
- provide only a medical assessment without any additional therapeutic/wellbeing support
- focus specifically on other forms of abuse such as female genital mutilation.
- support children with issues affecting their wellbeing or safety, but without providing specific support related to sexual abuse – examples of these organisations include Mind and the Samaritans.

The data in the directory will be updated annually, or when services inform us of changes.

11. Mapping service provision against need: the child sexual abuse support matrix

11.

While our Support Services Directory can make it easier for you to find out about the local provision of child sexual abuse support, it's important to think about what information you should be collecting – and how you can record that information in a way that makes analysis (such as the identification of gaps in provision) and decision-making straightforward. This chapter aims to help you do both, so you can fund or commission services that meet needs as effectively as possible.

11.1 What information do you need?

To support your decision-making, your mapping exercise should seek to answer the following questions. Our Support Services Directory (see Chapter 10) can help you contact service providers and obtain their information and perspectives.

1. What sexual abuse support services are available in your area for these groups?

- Children (of all ages) who have been sexually abused.
- Adult victims/survivors of child sexual abuse.
- Parents and other family members of children who have been sexually abused.
- Children who have engaged in harmful sexual behaviour, or are at risk of doing so, and their families.
- Adults who have sexually abused children, or are at risk of doing so, and their families.

2. What types of support are available in your area? Who can access this support, and when?

Examples include immediate support, practical emotional support, intensive crisis management, medical assessment and treatment, specialist tailored support to address trauma, and peer support.

3. How easy is it for people across your local area to access the support they need?

- How can victims/survivors, their families and people at risk of perpetrating child sexual abuse find out about or be referred to the services available?
- Are certain groups less likely to find out about or be referred to the services available?
- If so, what are the barriers that prevent people finding out about or being referred to those services?
- Are services' opening times accessible to all, with evening and weekend provision?

4. How many people are on waiting lists for support, and how long are they waiting?

5. Is specific support available in your area around different forms of child sexual abuse?

In particular, is there specific support around abuse in the family environment, abuse in online contexts, abuse in institutional contexts, harmful sexual behaviour, or child sexual exploitation?

6. Does the support available in your area meet the particular needs of the following groups?

- People from minority ethnic backgrounds (including Gypsies, Travellers and Eastern European people), and particularly those whose first language is not English.
- Physically disabled people.
- People with learning difficulties/disabilities.
- Girls/women, and boys/men.
- Lesbian, gay and bisexual people.
- People who are questioning their gender identity, or who identify as transgender.

7. Does the support available in your area match the need for it?

Have you got all the information needed to inform your decision making? Our Data Insights Hub (see Chapter 9) should be able to help.

8. How financially secure are the service providers in your area?


9. What support do the service providers in your area need from their funders and commissioners?

10. Who else is contributing towards funding/commissioning services in your area?

Answering these questions – and particularly question 7 – can help you to comply with the Public Sector Equality Duty, as it enables you to reach evidence-based decisions regarding services for and accessible to people with protected characteristics.

11.2 A tool to audit local provision against specific populations

To help you map local service provision, we have developed the child sexual abuse support matrix – an audit template detailing different types of support and different populations in need of that support.

A copy of the matrix is on the next page, but you can also [**download a Microsoft Word version**](#)  which you can save, complete and share with the other commissioning bodies in your collaborative network.

	Immediate support	Practical and emotional support	Intensive crisis management support	Medical assessment and treatment	Specialist tailored support	Support with managing trauma symptoms	Support with addressing trauma	Peer support
Victims/survivors of child sexual abuse								
Children (aged 0–4)								
Children (aged 5–10)								
Children (aged 11–12)								
Children (aged 13–17)								
Young adults (18–25)								
Older adults								
Non-abusing parents and other family members of sexually abused children								
Family of children under 13								
Family of children aged 13+								
Children who have displayed harmful sexual behaviour								
Children								
Their parents								
Their siblings								
Adults who have sexually abused children, or who pose a sexual risk to children, and their families								
Adults who pose a sexual risk to children								
Families of adults who have abused outside the family								

Part D: Supporting service providers

Many service providers operate under challenging circumstances – and the pressures of securing funding, and of meeting funders' and commissioners' requirements, can add to that challenge. When providers feel supported, this can have a highly positive impact on them.

Based on the findings from our extensive 2022/23 survey of service providers across England and Wales, the following chapters show how the CSA Centre's resources can help you to help them deliver their services effectively and sustainably.

This will also improve your understanding of your funded/ commissioned providers and the work they do, helping you to build better relationships and ultimately ensure better outcomes for people affected by child sexual abuse.

12. What do service providers want and need from their funders/commissioners?

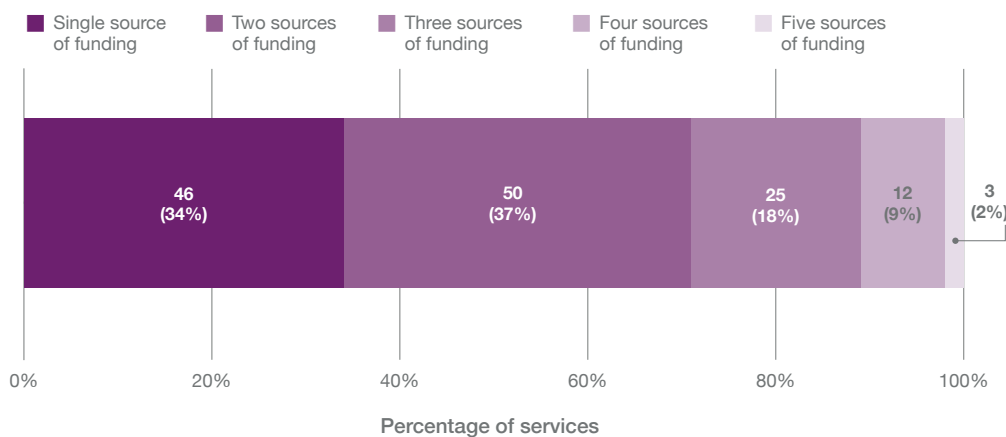
The first step in supporting service providers is understanding the issues facing them. This chapter presents feedback from our *Support Matters* research, and sets out six priorities for funders and commissioners.

12.1 Service providers' experiences of working with commissioners

As part of our research, we interviewed 166 service providers – four-fifths of which were not-for-profit organisations, with almost all the rest being in the statutory sector – which worked with victims/survivors and family members. Among the 121 providers which had received income through providing commissioned services, more than two-thirds said these services had been commissioned by the local Police and Crime Commissioner, and almost half by the NHS (through Integrated Care Boards); local authorities had commissioned services from a third (through Social Care or Violence Reduction Units, for example).

Additionally, almost three-quarters of the interviewees in the not-for-profit sector received grant-funding; in fact, most non-for-profit providers said they derived their income from multiple sources (see Figure 8).

Figure 8. Number of funding sources for service providers in the not-for-profit sector



n=136.

Some service providers felt that their funders/commissioners **lacked understanding** around the provision of child sexual abuse support, or **imposed criteria** which made it difficult to respond flexibly to need.

Others, however, said their funders/commissioners were **supportive** and took an **active interest** in their work.

Four-fifths of service providers – and particularly those in the not-for-profit sector – said they faced **challenges** with their funding, often linked to its **short-term nature**. More than half felt that funding challenges had worsened in recent years. Providers said they found it especially difficult to find funding for **core costs**.

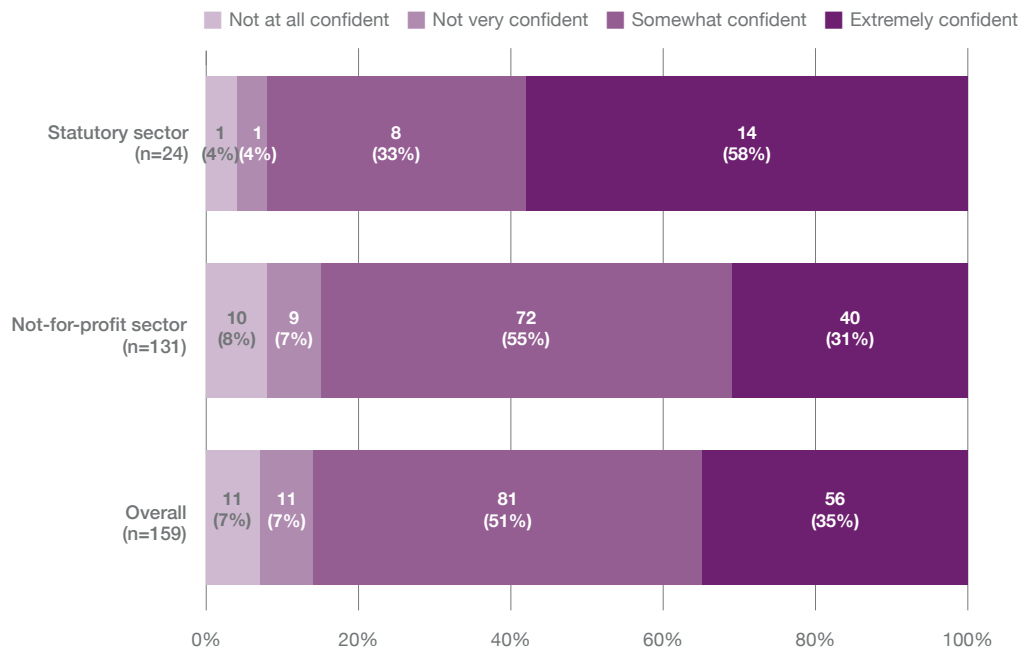
Nearly two-thirds told us they did not feel fully confident that they could sustain their existing service provision into the next financial year (see Figure 9). Issues identified by not-for-profit organisations included **funding decisions made at short notice, increased competition** for funding, and an overall **reduction in the funding available**.

Funding uncertainties were said to be **affecting staff**, some of whom were leaving the sector; interviewees also reported having to make staff redundant, or being unable to employ new staff.

Some providers described the challenge of having to accept **referrals from statutory services** without a corresponding rise in statutory funding.

You can find out more in [Support Matters: Briefing for Policymakers, Funders and Commissioners](#), or in our full research report [Support Matters: The Landscape of Child Sexual Abuse Support Services in England and Wales](#).

Figure 9. Service providers' confidence in their ability to sustain service provision



n=159.

12.2 Priorities for funders and commissioners

Through the above interviews with service providers, we identified six key priorities for funders and commissioners of child sexual abuse services:

1. Ensure sufficient funding for services to maintain their current provision and provide timely support.

This should include long-term, unrestricted funding for core costs, enabling services to provide support which meets service users' needs at the time they need it; services should not have to be operating with lengthy waiting lists.

That unrestricted funding would allow services to expand and develop their provision (see below) from a base of financial stability. It would also build resilience across the sector, so that service provision can respond to future demand.

Funders and commissioners should also consider how they can avoid creating situations where services doing valuable work are required to use scarce resources competing with each other or diluting the service offer for limited pots of funding.

Funding should ensure there is child-centred service provision, designed around children's needs and delivered by professionals experienced in working with children.

Funders and commissioners should work together to co-fund and co-commission services, potentially making funding more resilient and sustainable.

2. Working closely with services, provide funding that enables them to expand and develop, so they can meet the diverse needs of their existing service users and new user groups.

This funding might be used by services to:

- extend their reach – for example, by promoting their work (either generally or to specific groups) and ensuring they are widely accessible
- design and develop the provision of new support, with the involvement of their service users – and with the time and resources to evaluate that provision*
- explore different models of support, so they can adapt to service users' individual needs (by, for example, offering flexibility around the type and duration of support provided, and operating an open-door policy so service users can return for further support if needed).

Funders and commissioners should take account of the additional funding implications of enabling services to respond more fully to service users' requirements, in terms of accessibility and language (e.g. funding to cover costs of using interpreters and translators).

** Unless they evaluate their provision of support, service providers cannot be sure that they are meeting their service users' needs as effectively and efficiently as possible. If you give them the time and funding to self-evaluate, the CSA Centre produces a range of resources to help them do so – see Chapter 13.*

3. Provide funding and support in relation to services' infrastructure, enabling them to:

- improve their data collection systems and analysis*
- offer their professional expertise to other professionals, without reducing the support they provide to victims/survivors and family members
- develop and share quality and impact assessment frameworks and tools
- develop and share learning and practice around service user engagement and consultation (by, for example, facilitating the convening of partners to improve data sharing so they can better understand and meet needs).

** By improving their collection, recording and analysis of data on child sexual abuse, service providers can greatly improve their decision-making – and improve the evidence that they supply to you. Chapter 14 explains how they can do it using our resources.*

You might also want to ensure that service providers are aware of our Support Services Directory, so they can find out about other local services they could work with to share insights and tools.

4. Provide funding to support the appropriate training and upskilling of professionals, whether they work in specialist support services or in the wider professional network.

Specialist professionals need training to keep up to date and develop their skills in areas such as different forms of child sexual abuse and ways to support children. Also, given the central role played by non-specialist professionals in statutory agencies when concerns about child sexual abuse arise, training for them is urgently required so there can be an effective, joined-up response to children and adults affected by that abuse. National and local reviews and enquiries consistently highlight that professionals have not been given the knowledge and skills to identify and respond to child sexual abuse confidently.

See Chapter 15 for details of the CSA Centre's training provision, and our guide to upskilling professionals with regard to child sexual abuse through supervision and team meetings.

5. Commission research into specific groups' support needs and access to services.

This research would be particularly beneficial in relation to boys, physically disabled children, and children and adults from all minority ethnic backgrounds.

6. Enhance funders' and commissioners' own expertise in funding child sexual abuse support services effectively.

This could include access to information and guidance, training, and resources that enable funders and commissioners to understand and respond to the need for support around child sexual abuse.

13. Support with monitoring and evaluating service quality and effectiveness

13.

This chapter tells you how, given the time and funding to monitor and evaluate their own provision, service providers can make use of resources from the CSA Centre to do so.

During our *Support Matters* interviews with the providers of support services for victims/survivors of child sexual abuse, large majorities said they regularly monitored service users' experiences and were assessing the quality of their service provision in some formal way. However, a number of providers said they would appreciate support with these activities, and noted the pressures that monitoring and evaluation placed on their ability to deliver their services.

You can find out more in [***Support Matters: Briefing for Policymakers, Funders and Commissioners***](#), or in our full research report [***Support Matters: The Landscape of Child Sexual Abuse Support Services in England and Wales***](#).

When funding or commissioning services, it's important for you to think about how you can support the providers of those services to start or continue monitoring and evaluating their service quality and effectiveness – particularly with regard to new services you have funded/commissioned them to develop and deliver. If they better understand impact, this can also help them to build a business case for future or continued funding.

Whether the service providers you work with are looking to monitor and evaluate their provision for the first time or to do it better, we recommend that you refer them to the CSA Centre's [***Measuring Your Effectiveness: A Practical Guide for Services Working with Children and Young People Affected by Sexual Abuse***](#). And by reading it yourself, you will develop your own understanding of how service providers can conduct these activities, and how you can help. It covers topics including:

- the benefits and challenges of monitoring and evaluation
- the pros and cons of different approaches
- essential elements to have in place before commencing
- key issues to consider, including the need to obtain informed consent and take a trauma-informed approach
- a six-step process for developing monitoring and evaluation systems
- how to plan, commission and manage an external evaluation.

The guide is accompanied by a series of six practical worksheets, on topics such as identifying outcomes that are strongly indicative of significant change, and deciding what aspects of their work a provider should measure and evaluate.

As the guide points out, the first step to building evaluation capacity is to develop an effective Theory of Change specific to the work to be evaluated. Our video [***An Introduction to Theory of Change***](#) outlines the process.

In 2017 and 2018, we funded 17 service providers to improve their capacity for assessing their effectiveness. You may find it helpful to read [***The CSA Centre's Evaluation Fund: A Reflection***](#), which summarises the participants' experiences, learning points, challenges and successes.

14.

14. Support with improving data collection systems and analysis

A key priority for funders and commissioners, as identified by our *Support Matters* research, is to provide funding and support in relation to services' infrastructure – so that, for example, they can improve their data collection systems and analysis. This chapter explains why data improvement is important, and how one CSA Centre resource can help.

14.1 The importance of consistent data

Although child sexual abuse is identified as a national threat, the data that is collected – about its victims/survivors, their experiences, the people who commit the abuse, and the response to it – is limited and inconsistent. This means that local and national service providers, funders/commissioners and policymakers are in an information fog when making decisions about the services and interventions they should provide to prevent, disrupt and respond to child sexual abuse.

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

The template can be adopted by organisations in the statutory, not-for-profit and private sectors, including those dealing with wider issues (such as the criminal exploitation of children) if child sexual abuse is part of their service focus. It is meant to *enhance* the information that they collect, not *replace* it; we recognise that different organisations have different priorities and gather data to meet very different organisational objectives, but we believe there is a common core of data that all organisations need to collect systematically.

14.2 What are the benefits?

If a service provider collects core data systematically, it has better information which it can use to make better decisions and deliver improved services. For example:

- By monitoring the scale and nature of child sexual abuse encountered by the service (e.g. patterns of abuse in the family environment, of child sexual exploitation, and of abuse in a gang setting), the provider can identify the need for services, staff training etc in the local area and shape services to better meet service users' needs.
- Systematic recording of service users' profiles (e.g. their ethnicity or sex) can help the provider to understand the service's reach in the local population, identify gaps, and look at ways to reach under-identified groups.
- Understanding the profiles of people who commit abuse (e.g. their age) and the context in which abuse takes place (e.g. locations, situations) can help with the development of prevention, earlier identification and disruption work.
- Understanding patterns of disclosure and referral sources can help the provider to identify how child sexual abuse concerns come to light, and to discern needs for training and awareness-raising among organisations and practitioners which are not referring cases to the service.

Additionally, use of the data collection template can support better inspection and fundraising outcomes, as the provider can provide you and its inspectors with clear evidence.

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

14.3 Adopting the data collection template

We recommend that you refer the service providers you work with to our publication ***Improving Your Data on Child Sexual Abuse: A Practical Guide for Organisations***, [↗](#) which includes:

- a full breakdown of all the data fields and categories of the data collection template
- background information about the template and how it was developed
- step-by-step advice on adopting the template, from auditing current data collection/recording practice to extracting regular reports
- questions and considerations that may arise, and insights from a case study and pilot study.

To understand the time and resource that service providers will need to adopt the data collection template, you too should read ***Improving Your Data on Child Sexual Abuse: A Practical Guide for Organisations***. [↗](#) You may also find it useful to look at the associated case study and pilot study:

- ***Characteristics and Experiences of Children and Young People Attending Saint Mary's Sexual Assault Referral Centre, Greater Manchester: A Review of 986 Case Files*** [↗](#)
- ***Improving Agency Data on Child Sexual Abuse: A Pilot Study of the Child Sexual Abuse Data Collection Template***. [↗](#)


15.

15. Support with training and upskilling

The importance of training and upskilling for the staff of child sexual abuse services – and for you as a funder/commissioner of those services – is recognised in our *Support Matters* research, which identified the funding of these activities as a priority. This chapter highlights relevant resources from the CSA Centre.


15.1 Training courses

Our eLearning course on identifying and responding to child sexual abuse in the family environment is available entirely free of charge. Taking just 90 minutes to complete, it consists of three engaging modules, with interactive tasks, video explainers and a final assessment. The course is designed for professionals at all stages of their careers, for those new to safeguarding, or as a helpful refresher; it is also an easy way for you to develop or refresh your own knowledge.


Additionally, we offer a wide range of half- and full-day training courses for professionals, on topics relating to many aspects of understanding and responding to child sexual abuse. You can find out more in our [training brochure](#). 

15.2 Upskilling through supervision and team meetings

Reflective discussions – focusing on service users they have worked with, or on their own beliefs and attitudes – can be invaluable in helping professionals to improve their practice, and ultimately to provide a more considered and effective response to child sexual abuse.

Designed for ‘practice supervisors’ in children’s social care, but also relevant to anyone who manages or supervises professionals in this field, our guide [***Using Supervision and Team Meetings to Improve Responses to Child Sexual Abuse***](#)  explains how these discussions can be facilitated within individual and group supervision sessions, and in team meetings. It also explains how to use a range of CSA Centre publications – and particularly our ‘Key messages from research’ series (see Appendix 1) – to provide an evidence base that will underpin reflection and discussion. As well as improving professionals’ practice, this can also help them to fulfil their continuing professional development requirements.

The guide recognises the need for professionals to be given the time and space to reflect on their work and develop evidence-informed practice – something that you can ensure they have when you are determining the level of funding for them and their work. In our *Support Matters* research, many service providers reported that their staff were facing burnout, partly as a result of being at capacity and having to operate waiting lists.

You can find out more in our research report [***Support Matters: The Landscape of Child Sexual Abuse Support Services in England and Wales***](#). 

References

References

Adisa, O., Hermolle, M. and Ellis, F. (2023) *Denial, Disbelief and Delays: Examining the Costs on the NHS of Delayed Child Sexual Abuse Disclosures in England and Wales*. Ipswich: Survivors in Transition.

Bethel, C. (2022) *Child House in a Box Toolkit (2nd edition)*. London: Mayor's Office for Policing and Crime.

Committee of Ministers of the Council of Europe (2021) Recommendation of the Committee of Ministers to member states regarding the assessment, management and reintegration of persons accused or convicted of a sexual offence (CM/Rec(2021)6). <https://search.coe.int/cm?i=0900001680a4397a>

Creedon, M. (2023) *Independent Review into the Police-led Management of Registered Sex Offenders in the Community: Executive Summary*. London: Home Office.

Department for Education (2023) *Working Together to Safeguard Children 2023: A Guide to Multi-agency Working to Help, Protect and Promote the Welfare of Children*. London: DfE.

Edwards, J. (2018) *"A Light in the Dark": Impact Evaluation and Social Return on Investment Analysis of The Green House Therapeutic Service for Children and Young People Who Have Experienced Sexual Abuse*. Bristol: The Green House.

Hackett, S. (2010) Children and young people with harmful sexual behaviours. In Barter, C. and Berridge, D. (eds.) *Children Behaving Badly? Peer Violence between Children and Young People*. Chichester: Wiley-Blackwell.
<https://doi.org/10.1002/9780470976586.ch9>

HM Prison & Probation Service (2024) *The HMPPS Approach to the Management and Rehabilitation of People Convicted of Sexual Offences (version 1.4)*. London: HMPPS.

Institute for Public Care (2014) *Commissioning for Health and Social Care*. London: Sage Publications.

Jay, A., Evans, M., Frank, I. and Sharpling, D. (2022) *The Report of the Independent Inquiry into Child Sexual Abuse*. London: IICSA.

Karsna, K. and Bromley, P. (2024) *Child Sexual Abuse in 2022/23: Trends in Official Data*. Barkingside: Centre of expertise on child sexual abuse.
<https://doi.org/10.47117/ETKQ3400>

Karsna, K. and Kelly, L. (2021) *The Scale and Nature of Child Sexual Abuse: Review of Evidence (revised edition)*. Barkingside: Centre of expertise on child sexual abuse.
<https://doi.org/10.47117/OBKC1345>

Kewley, S., Mhlanga-Gunda, R. and Van Hout, M. (2023) Preventing child sexual abuse before it occurs: Examining the scale and nature of secondary public health prevention approaches. *Journal of Sexual Aggression*, 29(1):1–33.
<https://doi.org/10.1080/13552600.2021.2000651>

Knack, N., Winder, B., Murphy, L. and Fedoroff, J. (2019) Primary and secondary prevention of child sexual abuse. *International Review of Psychiatry*, 31(2):181–194.
<https://doi.org/10.1080/09540261.2018.1541872>

McKibbin, G. and Humphreys, C. (2020) Future directions in child sexual abuse prevention: An Australian perspective. *Child Abuse & Neglect*, 105:104422.
<https://doi.org/10.1016/j.chiabu.2020.104422>

Naldrett, G., Efthymiadou, E., Simonet, R., McAree, C. and Findlater, D. (2022) *Confidential Support to Prevent Child Sexual Abuse: A Review of the First 12 Months of Live Chat on the Stop It Now! UK and Ireland Helpline*. Bromsgrove: Lucy Faithfull Foundation.

National Crime Agency (2024) *National Strategic Assessment 2024 of Serious and Organised Crime*. London: NCA.

Radakin, F., Scholes, A., Soloman, K., Thomas-Lacroix, C. and Davies, A. (2021) *The Economic and Social Cost of Contact Child Sexual Abuse*. London: Home Office.

Rowson, M. (2024) *A Real Safe Space: How Rape Crisis Centres Support Children and Young People Who Have Experienced Child Rape and Sexual Abuse (CRaSA)*. Leeds: Rape Crisis England & Wales.

Saied-Tessier, A. (2014) *Estimating the Costs of Child Sexual Abuse in the UK*. London: NSPCC.

Warrington, C., Beckett, H., Ackerley, E., Walker, M. and Allnock, D. (2017) *Making Noise: Children's Voices for Positive Change after Sexual Abuse. Children's Experiences of Help-seeking and Support after Sexual Abuse in the Family Environment*. Luton: University of Bedfordshire.

Welsh Government (2019) *National Action Plan: Preventing and Responding to Child Sexual Abuse*. Cardiff: Welsh Government.

Appendices

Appendix 1. Other resources from the CSA Centre

The CSA Centre publishes a wide range of resources that can assist you in supporting child sexual abuse support services.

Research publications

In the past seven years we have produced a wide range of research reports, shedding new light on the following aspects of child sexual abuse and the response to it:

- **The scale and nature of child sexual abuse** [↗](#) – including our annual *Trends in Official Data* report and associated infographics, plus research and guidance relating to the recording of child sexual abuse data.
- **Understanding the perpetration of child sexual abuse** [↗](#) – our typology of offending by adults, and our programme of research into people involved in child sexual exploitation.
- **Protecting children** [↗](#) – reports from our research into police disruption of child sexual abuse, complex safeguarding, and the use of risk assessment tools and checklists.
- **Supporting victims and survivors** [↗](#) – including our *Support Matters* research into the landscape of service provision responding to child sexual abuse; analysis of the effectiveness of services and the needs of and responses to specific groups of children (including children with learning difficulties, those with experience of being in care, and children from minority ethnic backgrounds; and guidance for services on measuring their effectiveness.

Additionally, our **'Key messages from research'** [↗](#) series summarises important findings from published research into different aspects of child sexual abuse and the contexts in which it takes place. Topics covered include:


- 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.


Designed to be readable in under an hour, each of these papers brings together the most up-to-date, relevant research evidence in a concise and accessible overview; they are reviewed periodically to ensure that they present the latest research evidence.

Practice resources

Our increasing range of practice guides to improve professionals' knowledge, skills and confidence in identifying and responding to child sexual abuse. They 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.

Other resources

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.



Kewley, S. and Breen, S. (2025)
*Funding and Commissioning Child
Sexual Abuse Services: Why It's
Important, and How to Do It Well.*
Barkingside: Centre of expertise on
child sexual abuse.

<https://doi.org/10.47117/GYEH2337>

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