Improving your data on child sexual abuse

A practical guide for organisations

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About the Centre of expertise on child sexual abuse

The aim of the Centre of expertise on child sexual abuse (CSA Centre) is to create a future where children are able to live free from the threat and harm of sexual abuse. Our aim is to reduce the impact of child sexual abuse through improved prevention and better response.

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

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

Acknowledgements

This guide was developed with the help of the local authorities, police forces and voluntary-sector organisations that piloted the data collection template. I would like to thank Kent and Northamptonshire county councils, London Borough of Enfield, Stoke-on-Trent City Council, and the police forces in Northamptonshire, Kent, London and Staffordshire for their involvement. Barnardo’s, Rape Crisis, Aquarius, Catch22 and NSPCC also took part.

I am grateful to the members of the expert working group, chaired by Professor Liz Kelly, who initiated the idea and supported its development. I would also like to thank Christine Christie, who conducted the pilot study; Rabiya Majeed-Ariss, who led the case study at Saint Mary’s Sexual Assault Referral Centre; and Rebekah Brant from South Essex Rape and Incest Crisis Centre, for her continued support in the development of this project.

Protecting personal data

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

Organisations using this template remain responsible for their own compliance with the Data Protection Act 2018, which enacts the European General Data Protection Regulation (GDPR) in UK law, and should ensure that any changes to information collected as a result of following our suggested approach continue to comply with data protection legislation. It should also be noted that the types of information referred to and collected using this template are regarded as sensitive personal data and attract additional considerations under data protection law.
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Accompanying this guide is our data improvement tool – an interactive Excel workbook which can help you apply the data collection template in your organisation. You can download the data improvement tool [2] from our website.

Please give us your feedback

We are seeking feedback and thoughts on the data collection template, this guide and the data improvement tool, and how organisations have used them. If you would like to send us your comments, please let us know [3] and we’ll be in touch. We won’t use your details or contact you without your consent for any other reason.
1. Introduction

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

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

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

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

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

- **Chapter 2** provides some background about the data collection template and describes how it was developed.
- **Chapter 3** presents the full data fields and categories of the data collection template.
- **Chapter 4** explains how your organisation can adopt the data collection template, including through the use of our interactive data improvement tool.
- **Chapter 5** addresses some questions and considerations that can arise.
- The **Appendix** contains the technical guidance for each data field in the template, and in some cases the rationale for the field’s inclusion.
The data collection template is meant to enhance the information that organisations currently collect, not replace it; each sector addressing CSA has its own priorities and, for example, the information gathered by the police and by health services is collected to meet very different organisational objectives. However, we believe there is a common core of data that all organisations need to collect systematically, and this is the data collection template’s focus.

### Improving data collection and recording: what are the benefits?

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

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

- By monitoring the scale and nature of CSA encountered by your service (e.g. patterns of intra-familial CSA, of CSE and of abuse in a gang setting), you can identify the need for services, staff training etc in the local area and shape services to better meet service users’ needs.

- Systematic recording of service users’ profiles (e.g. their ethnicity or sex) may enable you to ask questions about your reach in the local population, identify gaps and look at ways to reach under-identified groups.

- Understanding the profiles of people who commit abuse (e.g. their age) and the context in which abuse takes place (e.g. locations, situations) can help you to develop prevention, earlier identification and disruption work.

- Understanding patterns of disclosure and referral sources can help you to identify how CSA concerns come to light and discern needs for training and awareness-raising among organisations and practitioners who are not referring cases to you.

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

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

It is important to bear in mind, however, that the majority of CSA is neither reported nor identified during childhood and so will not appear in agency data; in the [2016 Crime Survey for England and Wales](https://www.gov.uk/government/publications/crime-surveys), 74% of adults reporting penetrative offences in childhood said they had not told anyone about it at the time. While service data provides an important insight into CSA, it cannot provide a broader estimate of the prevalence of CSA in the population locally or nationally. Only a survey representative of the population can do this; you can read about our recommendations for such a survey on [our website](https://centreofexcellence.org.uk).
2. About the CSA data collection template

The CSA data collection template recommends 30 core items of data which all organisations responding to CSA should try to collect. It comprises four sections related to the victim of the abuse, the perpetrator(s), the context in which the abuse occurred, and the involvement of services in response to the abuse.

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

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

The full data fields and categories of the data collection template are listed in Chapter 3.

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

- the number of children and young people accessing your service who have disclosed CSA, and the number thought to be at risk of CSA
- the profile of the children and young people accessing your service, which can be compared to the local population to understand where there are gaps in your reach
- the volume of different forms of abuse, including intra-familial, gang-related and child sexual exploitation (CSE)
- where abuse happens and how children and young people are targeted, including online
- the profile of the perpetrators (or suspected perpetrators).

Our interactive data improvement tool, based on the template, can help you examine your existing data collection processes, identify any gaps or weaknesses in your current recording of CSA data, and act on these to improve your data collection and recording. Chapter 4, steps 1 and 2 explain how to use the data improvement tool.
The data collection template is not a questionnaire or a form for service users to fill in; instead, we encourage you to embed its fields and categories into the data collection forms and databases used in your routine work. Organisations recording data on spreadsheets or using smaller, bespoke data systems may find this easier than those using large corporate databases, where more planning may be required; see Chapter 4, step 3 for guidance.

**How was the data collection template developed?**

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

In developing the scoping report’s recommendations, the CSA Centre convened an expert group comprising academics and data-holders across the criminal justice system, health services and children’s services. (Appendix 3 of the [scoping report](#) lists the group’s members.) The expert group proposed that, in order to improve the quality of the data captured across the sector, agreement should be reached on a common set of core data that all organisations working in the field of CSA could collect. They recommended that this data template should:

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

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

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

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

The participants in the pilot study welcomed the data collection template as a tool for reducing inconsistency, improving detail and addressing gaps in CSA data. They were already collecting the majority of the data items listed in the data collection template, but – apart from the information on the characteristics of CSA victims – this data was typically recorded in narrative text fields, making it difficult to extract for analysis. The findings therefore suggest that organisations could improve their ability to use data by making changes in how they record it rather than what information they collect. It was concluded that significant improvements could be made without placing additional burdens on practitioners if provisions were made in data systems for the already routinely collected information to be entered as distinct categories in addition to free-text notes.

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

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

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

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

The importance of recording concerns and suspicions

Professionals can feel uncertain about recording concerns or suspicions of CSA where there is limited or unclear evidence that CSA has taken place. But recording and responding to concerns of CSA in the absence of verbal disclosure is important, because children rarely tell (see our ‘Key messages from research’ paper on CSA disclosures). At present, professional uncertainty can result in information about CSA being lost (because the information is not recorded, or cases are recorded under different categories of concern or abuse), meaning that the risks to children are left unacknowledged and therefore unaddressed.

It is important that, where there are concerns that a child is at risk of CSA, these are routinely recorded alongside the current available evidence for that risk.
3. The CSA data collection template

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

I. the victims of abuse
II. the people who commit it
III. the context of the abuse
IV. the services involved in responding to it.

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

- ‘Abuse’ means any suspected, disclosed or reported CSA, including CSE of a child or young person aged 0–17.
- A ‘victim’ is any person who has disclosed being sexually abused when they were aged 0–17 or are suspected/reported to have been sexually abused then. This can include children, young people and adult survivors.
- A ‘perpetrator’ is anyone who has been reported to have sexually abused a child or young person, or is suspected of having sexually abused them. For brevity we use the term ‘perpetrator’ regardless of the individual’s age, while acknowledging that this is a debated term, particularly when applied to under-18s.

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

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

You can click on any of the questions to read the accompanying technical guidance and, in some cases, the rationale for the question’s inclusion in the template. This information is collated in the Appendix.
## Section I: Victim

<table>
<thead>
<tr>
<th>Ref.</th>
<th>Question</th>
<th>Response categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>V1</td>
<td><strong>Has there been a disclosure or is this a suspected victim?</strong></td>
<td>Disclosed&lt;br&gt;Suspected&lt;br&gt;Not known</td>
</tr>
<tr>
<td>V2</td>
<td><strong>Age at the point of referral</strong></td>
<td>Write in (number)&lt;br&gt;Not known</td>
</tr>
<tr>
<td>V3</td>
<td><strong>Sex</strong></td>
<td>Male&lt;br&gt;Female&lt;br&gt;Other</td>
</tr>
<tr>
<td>V4</td>
<td><strong>Sexuality/sexual orientation (if known/volunteered)</strong></td>
<td>Heterosexual/straight&lt;br&gt;Gay/lesbian&lt;br&gt;Bisexual&lt;br&gt;Other (write in)&lt;br&gt;Not known&lt;br&gt;Not applicable</td>
</tr>
<tr>
<td>V5</td>
<td><strong>Ethnicity</strong></td>
<td>White British&lt;br&gt;White Irish&lt;br&gt;Gypsy or Irish Traveller&lt;br&gt;White – any other white background&lt;br&gt;Asian – Indian&lt;br&gt;Asian – Pakistani&lt;br&gt;Asian – Bangladeshi&lt;br&gt;Asian – Chinese&lt;br&gt;Asian – any other Asian background&lt;br&gt;Black – Caribbean&lt;br&gt;Black – African&lt;br&gt;Black – any other black background&lt;br&gt;Mixed – white and black Caribbean&lt;br&gt;Mixed – white and black African&lt;br&gt;Mixed – white and Asian&lt;br&gt;Mixed – any other mixed background&lt;br&gt;Arab&lt;br&gt;Any other ethnic background (write in)&lt;br&gt;Not known</td>
</tr>
</tbody>
</table>
Disabilities or long-term health issues  
(select all that apply)

<table>
<thead>
<tr>
<th>Vision</th>
<th>Hearing</th>
<th>Mobility</th>
<th>Dexterity</th>
<th>Learning or understanding or concentrating</th>
<th>Memory</th>
<th>Stamina or breathing or fatigue</th>
<th>Social or behavioural (e.g. autism, ADHD)</th>
<th>Other long-term illness (write in)</th>
<th>None</th>
<th>Not known</th>
</tr>
</thead>
</table>

Is/was the victim a looked-after child and/or a child in need?  
(select all that apply)

| Currently a child in need | Currently a looked-after child | Previously a child in need | Previously a looked-after child | No, never | Not known |

Section II: Perpetrator

In cases where the abuse involved multiple perpetrators, please record data in questions P2 to P10 separately for each known individual who committed the abuse.

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

<table>
<thead>
<tr>
<th>Ref.</th>
<th>Question</th>
<th>Response categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>P1</td>
<td>How many perpetrators of the abuse were there?</td>
<td>Write in (number)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Not known</td>
</tr>
<tr>
<td>P2</td>
<td>If there were multiple perpetrators, in what way was this individual involved?</td>
<td>Involved in carrying out the abuse</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Involved as a commissioner of the abuse</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Involved as an intermediary</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Involved through sharing the abuse</td>
</tr>
<tr>
<td></td>
<td></td>
<td>In another way (write in)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Not known</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Not applicable (only one perpetrator involved)</td>
</tr>
<tr>
<td>P3</td>
<td>Age at the time of the abuse</td>
<td>Write in (number)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Not known</td>
</tr>
<tr>
<td>P3a</td>
<td>If their age is not known, was the perpetrator an adult or under 18?</td>
<td>Adult (18 or over)</td>
</tr>
<tr>
<td>-----</td>
<td>---------------------------------</td>
<td>------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Aged 16–17</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Under 16</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Not known</td>
</tr>
<tr>
<td>P4</td>
<td>Sex</td>
<td>Male</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Female</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Not known</td>
</tr>
<tr>
<td>P5</td>
<td>Ethnicity</td>
<td>White British</td>
</tr>
<tr>
<td></td>
<td></td>
<td>White Irish</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Gypsy or Irish Traveller</td>
</tr>
<tr>
<td></td>
<td></td>
<td>White – any other white background</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Asian – Indian</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Asian – Pakistani</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Asian – Bangladeshi</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Asian – Chinese</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Asian – any other Asian background</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Black – Caribbean</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Black – African</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Black – any other black background</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mixed – white and black Caribbean</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mixed – white and black African</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mixed – white and Asian</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mixed – any other mixed background</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Arab</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Any other ethnic background (write in)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Not known</td>
</tr>
</tbody>
</table>
### P6 Perpetrator's relationship to the victim

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent</td>
<td></td>
</tr>
<tr>
<td>Foster carer</td>
<td></td>
</tr>
<tr>
<td>Step-parent/parent’s partner</td>
<td></td>
</tr>
<tr>
<td>Sibling</td>
<td></td>
</tr>
<tr>
<td>Other relative living in the household</td>
<td></td>
</tr>
<tr>
<td>Other relative/family friend living outside the household</td>
<td></td>
</tr>
<tr>
<td>Current/previous partner</td>
<td></td>
</tr>
<tr>
<td>Victim's friend/acquaintance for more than 24 hours</td>
<td></td>
</tr>
<tr>
<td>Stranger/acquaintance known for less than 24 hours</td>
<td></td>
</tr>
<tr>
<td>Someone in a position of trust (write in)</td>
<td></td>
</tr>
<tr>
<td>Online-only contact</td>
<td></td>
</tr>
<tr>
<td>Someone else (write in)</td>
<td></td>
</tr>
<tr>
<td>Not known</td>
<td></td>
</tr>
</tbody>
</table>

### P7 How did the perpetrator first meet the victim (if not a family member)?

<table>
<thead>
<tr>
<th>Method</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not applicable (the perpetrator is the victim’s family member)</td>
<td></td>
</tr>
<tr>
<td>Via a family member of the victim</td>
<td></td>
</tr>
<tr>
<td>Via a school, club, faith group or institution (write in)</td>
<td></td>
</tr>
<tr>
<td>Via peers</td>
<td></td>
</tr>
<tr>
<td>In a public place (write in)</td>
<td></td>
</tr>
<tr>
<td>Online</td>
<td></td>
</tr>
<tr>
<td>In another way (write in)</td>
<td></td>
</tr>
<tr>
<td>Not known</td>
<td></td>
</tr>
</tbody>
</table>

### P8 Which enablers did the perpetrator employ to carry out the abuse? (select all that apply)

<table>
<thead>
<tr>
<th>Enabler</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presents</td>
<td></td>
</tr>
<tr>
<td>Drugs/alcohol</td>
<td></td>
</tr>
<tr>
<td>Direct threats (including of exposure online)</td>
<td></td>
</tr>
<tr>
<td>Threats to others close to the victim</td>
<td></td>
</tr>
<tr>
<td>Isolation of the victim</td>
<td></td>
</tr>
<tr>
<td>Withdrawal of affection</td>
<td></td>
</tr>
<tr>
<td>Promise of protection</td>
<td></td>
</tr>
<tr>
<td>Other (write in)</td>
<td></td>
</tr>
<tr>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Not known</td>
<td></td>
</tr>
</tbody>
</table>

### P9 Was there a police investigation?

<table>
<thead>
<tr>
<th>Investigation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Not known</td>
<td></td>
</tr>
</tbody>
</table>
### Improving your data on child sexual abuse

**A practical guide for organisations**

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#### Section III: Context of the abuse

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

<table>
<thead>
<tr>
<th>Ref.</th>
<th>Question</th>
<th>Response categories</th>
</tr>
</thead>
</table>
| C1   | How old was the victim when the abuse started/took place? | **Write in (number)**
|      |          | Not known           |
| C2   | How long did the abuse continue for? | Single incident
|      |          | 0–3 months
|      |          | 4–12 months
|      |          | 1–2 years
|      |          | 3–5 years
|      |          | 6 years or more
|      |          | Abuse is ongoing
|      |          | Not known           |
| C3   | How frequent was the abuse? | Single incident
|      |          | Several irregular incidents
|      |          | At least once a month
|      |          | At least once a week
|      |          | Not known           |
| C4   | What did the abuse involve? (select all that apply) | Rape/any form of penetration
|      |          | Other contact abuse (sexual activity/assault)
|      |          | Sex or facilitation of sex for material gain
|      |          | Producing CSA images or videos
|      |          | Viewing CSA images or videos
|      |          | Distributing or sharing CSA images or videos
|      |          | Grooming or sexual communication with intention to abuse
|      |          | Physical violence
|      |          | Something else (write in)
|      |          | Not known           |
### Ref. Question | Response categories
---|---
C5 **Location(s) of the abuse** *(select all that apply)* | In the victim’s home  
In the perpetrator’s home (if different)  
In someone else’s home  
In a care or foster home  
In a hotel/B&B/accommodation rented for abuse  
In a school/college  
In a public place (e.g. a street or park)  
In a vehicle  
Online  
Somewhere else *(write in)*  
Not known
C6 **If there was an online element to the abuse, which media were used?** *(select all that apply)* | Social media site *(write in)*  
Messaging service *(write in)*  
Chatroom *(write in)*  
Gaming environment *(write in)*  
Darknet (e.g. Tor)  
Somewhere else *(write in)*  
Not known  
Not applicable
C7 **Was the victim trafficked?**  
i.e. Did the perpetrator take the victim or pay for their travel to locations of abuse? | Yes, in the UK  
Yes, internationally (trafficked into or out of the UK)  
No  
Not known
C8 **Was the abuse committed as part of a gang or a group/network?** | Yes, gang  
Yes, group/network  
No  
Not known

### Section IV: Services’ involvement

| Ref. Question | Response categories |
---|---|
S1 **Does this disclosure/concern relate to current or non-recent abuse?** | Current or committed in the past 12 months  
Non-recent (committed 12+ months before report)  
Not known |
### Who disclosed/reported the abuse/concern?

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Victim (including when reported jointly)</td>
<td></td>
</tr>
<tr>
<td>Parent/carer only</td>
<td></td>
</tr>
<tr>
<td>Someone else (e.g. friend, other relative) (write in)</td>
<td></td>
</tr>
<tr>
<td>Professional referral (e.g. doctor, teacher) (write in)</td>
<td></td>
</tr>
<tr>
<td>Other (write in)</td>
<td></td>
</tr>
<tr>
<td>Not known</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>New case</td>
<td></td>
</tr>
<tr>
<td>Re-referral</td>
<td></td>
</tr>
<tr>
<td>Not known</td>
<td></td>
</tr>
</tbody>
</table>

### If an agency referred it, which agency?

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not applicable (case not referred by an agency)</td>
<td></td>
</tr>
<tr>
<td>Police</td>
<td></td>
</tr>
<tr>
<td>Local authority children's services</td>
<td></td>
</tr>
<tr>
<td>Health services (e.g. GP, A&amp;E) (write in)</td>
<td></td>
</tr>
<tr>
<td>Drug and alcohol service</td>
<td></td>
</tr>
<tr>
<td>CAMHS or other statutory mental health service</td>
<td></td>
</tr>
<tr>
<td>Sexual health service</td>
<td></td>
</tr>
<tr>
<td>Youth offending team</td>
<td></td>
</tr>
<tr>
<td>Specialist voluntary sector (write in)</td>
<td></td>
</tr>
<tr>
<td>Education/school</td>
<td></td>
</tr>
<tr>
<td>Other (write in)</td>
<td></td>
</tr>
<tr>
<td>Not known</td>
<td></td>
</tr>
</tbody>
</table>

### Services/agencies involved in the case (select all that apply)

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Police</td>
<td></td>
</tr>
<tr>
<td>Local authority children's services</td>
<td></td>
</tr>
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<td>Health services (e.g. GP, A&amp;E) (write in)</td>
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</tr>
<tr>
<td>Education/school</td>
<td></td>
</tr>
<tr>
<td>Other (write in)</td>
<td></td>
</tr>
<tr>
<td>None known</td>
<td></td>
</tr>
</tbody>
</table>
Adopting the CSA data collection template in your organisation involves five steps. This chapter describes each of these steps in detail.

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

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

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

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

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

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

### Is there commitment from the top?

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

If you need to make the case for improving your organisation’s data to the standard of the data collection template, see Chapter 1 for some of the benefits.

### Is there a person to lead?

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

### Can changes be made to your data collection and recording systems?

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

### Has there been discussion with other local partners?

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

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

All organisations processing personal data must appoint a data protection officer. Consulting them at the start of the project and later, when you are making changes in your data collection, is important because they are responsible for ensuring that you comply with the relevant legislation. Organisations using the data collection template remain responsible for their own compliance with the Data Protection Act 2018.
Step 1: Undertake an audit of how you currently collect and record data on CSA

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

To use the data improvement tool:

i) Compare each data field in the tool, including the recommended categories for that data field, with what you currently collect. (The tool contains a separate worksheet for each of the template’s four sections, so remember to go through all four worksheets.)

ii) For each data field, identify whether this data is collected – and, if it is, in what format. In column D, choose the drop-down menu option that best describes your current data collection:

   a. Data item is not collected.
   b. Data is sometimes entered in case notes, but not in a dedicated field.
   c. Data is entered in case notes in a dedicated field, but only in a narrative format.
   d. Data is entered in a dedicated field in standard categories, which are more limited than those recommended in the data template.
   e. Data is entered in a dedicated field with categories similar to or more extensive than those recommended in the data template.

Step 2: Consider gaps identified in the audit

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

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

Nevertheless, although it is often the case that information about the perpetrator or the circumstances of the abuse cannot be known (particularly with regard to sexual abuse of younger children, as our Saint Mary’s SARC case study highlighted), this does not mean that such data should not be sought and (where available) recorded systematically. There is still value in understanding the patterns of abuse in cases where data is available, and all data fields in the template include categories for ‘unknown’ or ‘not applicable’ information.
When discussing data gaps identified in the audit, consider the following questions:

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

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

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

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

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

Introducing new data items or categories involves two steps:

i) Identify where they fit within the data collection process and amend your data collection forms accordingly.

ii) Introduce or amend the fields in your electronic data recording system.

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

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

A local authority CSE team participating in our pilot study identified the points at which information was collected. These included:

- At referral of the case to the multi-agency safeguarding hub (MASH) – a structure bringing together a team of professionals from partner agencies (e.g. police, health, local authority children’s services).

- At the assessment of safeguarding concerns by the MASH, when information from partner agencies is collated to assess risk and decide what action to take. More information is available from the [Social Care Institute for Excellence](https://www.scie.org.uk).

- The Achieving Best Evidence (ABE) interview – a video-recorded interview with a child or vulnerable adult witness, to gather evidence for use in the investigation and criminal proceedings and to be the evidence in chief for the victim. The Ministry of Justice publishes [guidance on ABE interviews](https://www.gov.uk/government/publications/achievement-best-evidence-abe-interviews-for-protecting-vulnerable-witnesses).

- The strategy meeting – a meeting of multi-agency professionals to establish whether there should be a child protection investigation and, if so, how this should be conducted.

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

<table>
<thead>
<tr>
<th>Identification and referral</th>
<th>Assessment</th>
<th>Care plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>School identified suspected CSE and completed the local CSE referral form</td>
<td>MASH received the referral and accessed the children’s social care database to fill in the gaps if possible</td>
<td>Social worker, voluntary-sector keyworker, police and others (e.g. psychologist, sexual health service, parents) added information at case review meetings</td>
</tr>
<tr>
<td>Most data in the <strong>victim</strong> section of the template was recorded at this stage</td>
<td>Most data in the <strong>perpetrator</strong> and <strong>context of the abuse</strong> sections was recorded at this stage</td>
<td>Most data in the <strong>services’ involvement</strong> section was recorded at this stage</td>
</tr>
</tbody>
</table>
It is important to facilitate and encourage the updating of data as new information comes to light. This is important in any organisation but is particularly relevant to those supporting victims of CSA, where details about the nature of abuse can come to light over a period of time as the relationship between the practitioner and the service user develops. For example, if the details of the potential perpetrator are not known at the start of the engagement with the organisation but are talked about later, this information needs to be updated in the service data systems. It is a GDPR requirement that data is kept up to date.

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

**Insight from the pilot study**

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

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

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

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

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

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

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

Step 5: Extract reports

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

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

Insights from the case study and pilot study

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

Our pilot study found that CSA data (apart from data collected on CSE) was rarely reported to or scrutinised by service managers and multi-agency partners. This lack of scrutiny was thought to contribute to the inaccuracy and inconsistency in recording CSA data. In contrast, CSE data benefited from regular scrutiny and reporting to multi-agency panels and was viewed as more accurate as a result.
5. Frequently asked questions

Who is the CSA data collection template for?

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

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

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

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

Research has shown that many children and young people engaging in harmful sexual behaviour (HSB) have experienced abuse or trauma; see our ‘Key messages from research’ paper on HSB. They can both commit and be the victims of abusive behaviours, not fitting neatly into the data collection template's sections on ‘victim’ and ‘perpetrator’.

Where a child has been both a victim of abuse and committed abuse against other children, information about both instances of abuse needs to be clearly recorded, so that all perpetrators and victims are accounted for. Data systems may allow for cases to be linked in different ways. Please get in touch if you would like support and advice on adapting the template if your organisation works with cases of HSB and peer-on-peer abuse.
**How were the data fields and categories in the data collection template chosen?**

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

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

**Why are the definitions in the data collection template different from those in the statutory returns I make on CSA data?**

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

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

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

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

Collecting personal data from service users requires any organisation to comply with the requirements of the Data Protection Act 2018, which enacts the GDPR in UK law. It is very important that individuals are made aware of the reasons why you wish to use their data, what you will do with it and how you will store it.

Other requirements include obtaining explicit consent before collecting or storing service users’ data, as well as allowing service users to request access to that data. This means, for example, that data collection forms need to explain in plain language why you need this information and where, why, and how the service user’s data is processed/stored.
The data collection template is a tool to improve the collection of data, not a form for your service users to complete. We have assumed that your organisation already has measures in place to comply with the GDPR, including ensuring that its data collection, retention, storage and destruction processes are all in compliance.

Guidance on data protection is available from the Information Commissioner's Office [Opens in new window].

**I am concerned about recording data on suspected abuse or a suspected perpetrator where it is unclear whether CSA occurred**

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

Guidance on data recording can be found on the Social Care Institute of Excellence’s website [Opens in new window].

**I have another question not listed here**

Please get in touch [Opens in new window] with the CSA Centre to ask for any other advice or guidance.
Appendix: 
Technical guidance

Core data needs to be collected for each case of suspected, disclosed or reported child sexual abuse (CSA).

CSA, including child sexual exploitation (CSE), is a hidden form of abuse; its victims rarely report their experiences. It is therefore important to record clear data on suspected cases of CSA where children and young people have not verbally disclosed the abuse; guidance from the National Institute for Health and Care Excellence (NICE) stresses the need for professionals to act on suspicions of child abuse.

Section I: Victim

The first section contains data fields relating to the characteristics of any child or young person (aged 0–17) who is suspected/reported to be a victim of CSA (including CSE) or has disclosed that they have been sexually abused. Note that the data collection template can also be used in services working with adult survivors of CSA.

V1. Has there been a disclosure or is this a suspected victim?  
SELECT ONE CATEGORY ONLY

Record whether:

- the child or young person, or their parent/carer, has disclosed the abuse, or someone has witnessed and reported it (recorded as ‘disclosed’), or there is a record of abuse, or
- there is a concern that they may have experienced CSA (recorded as ‘suspected’).

This data field is included because our scoping report on the scale and nature of CSA found that services typically record only a level of risk of exploitation (e.g. low, medium, high), making it difficult to understand the number of confirmed victims. A contrasting finding from our pilot study was that, in services working with all forms of CSA, suspected abuse was noted in narrative data fields – meaning that concerns about suspected CSA were hidden in case notes and could not be extracted for analysis.
It is important that support provided to children and families is not dependent on verbal disclosure. Our ‘Key messages from research’ paper on CSA disclosure provides helpful guidance on different forms of disclosure and identifying barriers to disclosure.

**V2. Age at the point of referral**

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

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

**V3. Sex**

This field records the biological sex of the child or young person.

If you wish to include further questions or categories of answer on gender identity, please refer to recommendations from the Equality and Human Rights Commission (pages 7–12).

**V4. Sexuality/sexual orientation**

Record the sexual orientation of the child or young person, where known or volunteered. Sexual orientation is defined in guidance from the charity Stonewall as “a person’s emotional, romantic and/or sexual attraction to another person”.

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

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

The response categories follow guidance on sexual orientation from the Government Statistical Service; we have added ‘not applicable’ as an additional category for prepubescent children.
**V5. Ethnicity**

Record the child or young person’s ethnicity, as provided by them; do not assume what their ethnicity is. A person’s ethnicity can be recorded in different levels of detail; as a standard, we recommend adopting the [standard categories recommended by the UK Government](#) and used by the Office for National Statistics in the census.

If you record ethnicity in more detailed categories, this is welcomed and there is no need to reduce the number of categories you use. We advise that using fewer categories than those in the template will not give your organisation enough detail to monitor and understand the experiences of children and young people from black, Asian and minority ethnic (BAME) backgrounds, who are frequently under-represented in victim and survivor services.

**V6. Disabilities or long-term health issues**

Record details of the child or young person’s disabilities or long-term health issues, as provided by them. The [Equality Act 2010](#) defines disability as a physical or mental impairment that has a substantial and long-term adverse effect on a person’s ability to do normal day-to-day activities.

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

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

Recording detailed information on disability is important for CSA services; as our [case study](#) (page 18) highlighted, studies have indicated that disabled children are more likely than non-disabled children to be at risk of CSA and risk may be higher for children with intellectual or mental disabilities than those with other disabilities. Monitoring disabled children’s access to services should therefore be a priority for all agencies.
Improving your data on child sexual abuse
A practical guide for organisations

V7. Is/was the victim a looked-after child and/or a child in need?

Record whether the child or young person is or has been a child looked after by a local authority and/or a child in need.

We have included this item because some studies indicate that children and young people who are or have been in care are at higher risk of CSA. Research has found that children in out-of-home care are more likely to have experienced CSA than those living at home, and that children in residential care are at the highest risk; see page 17 of our case study. Monitoring access to services for this group is therefore important.

Section II: Perpetrator

In this section, the term ‘perpetrator’ is used to mean anyone – regardless of their age – who a child or young person aged 0–17 (the ‘victim’) says has sexually abused them, or who is reported/suspected to have sexually abused them.

In cases where more than one perpetrator was involved in the abuse, please record answers to questions P2–P10 separately for each identified perpetrator, if your system allows for this.

P1. How many perpetrators of the abuse were there?

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

P2. If there were multiple perpetrators, in what way was this individual involved?

In cases of abuse involving multiple perpetrators, record the nature of each one's involvement.

1. Involved in carrying out the abuse – involved directly in abusing the child or young person
2. Involved as a commissioner of the abuse – involved by instructing another person to carry out the abuse; this often applies in online cases
3. Involved as an intermediary – involved in taking instructions from the commissioner of the abuse in carrying out the abuse, or in providing access to the child or young person to enable the abuse to take place
4. Involved through sharing the abuse – involved in sharing images or videos of the abuse
5. In another way (write in)
6. Not known
7. Not applicable (only one perpetrator involved)
**P3. Age at the time of the abuse**

Record the perpetrator's age, in years as a number, at the point when the suspected, disclosed or reported abuse started. If the perpetrator’s precise age is not known, record their approximate/estimated age as a single number (not an age range). If you feel unable to record an approximate/estimated age, answer question P3a instead.

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

**P3a. If their age is not known, was the perpetrator an adult or under 18?**

CSA services typically rely on victims to provide information on the perpetrators. If the exact age cannot be established or estimated, having an additional data field to record whether the perpetrator was aged over 18, 16–17 or under 16 can give valuable information about the scale and nature of peer abuse vs adult-perpetrated CSA seen in your service.

**P4. Sex**

Record the biological sex, where known, of the perpetrator.

If you wish to include further questions or categories of answer on gender identity, please refer to recommendations from the Equality and Human Rights Commission (pages 7–12).

**P5. Ethnicity**

Record the perpetrator’s ethnicity, so far as it is known.

The perpetrator’s ethnicity can be recorded in different levels of detail. We recommend that, as a standard, it is recorded in the standard categories recommended by the UK Government and used by the Office for National Statistics in the census.

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

If you record ethnicity in more detailed categories than those set out in the template, this is welcomed and there is no need to reduce the number of categories you use.
P6. Perpetrator’s relationship to the victim

Record the perpetrator’s relationship with the child or young person, where known. There is no standard or widely used list of categories for recording this relationship, so we developed the categories below with our expert working group.

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

1. Parent – birth and/or adoptive parents
2. Foster carer – long-term or short-term foster carers
3. Step-parent/parent’s partner – a step-parent who lives with the child or young person, or a parent’s partner who may live with them or elsewhere
4. Sibling – any sibling, including foster and step-siblings
5. Other relative living in the household – any other relative not listed above who lives with the child or young person
6. Other relative/family friend living outside the household – any other relative or friend of family members (including a neighbour) who does not live with the child or young person
7. Current/previous partner – a boyfriend, girlfriend, ex-boyfriend or ex-girlfriend of the child or young person
8. Victim’s friend/acquaintance for more than 24 hours – a friend, including school friends or acquaintances, who has been known to the child or young person for at least 24 hours
9. Stranger/acquaintance known for less than 24 hours – an acquaintance met very recently (less than 24 hours) before the abuse took place, or a stranger to the child or young person
10. Someone in a position of trust (write in) – an authority figure who has a relationship with the child or young person through their professional position, e.g. teacher, coach, religious leader
11. Online-only contact – someone not known to the child or young person in any other way than through gaming, chatrooms or social media
12. Someone else (write in)
13. Not known

Recording the relationship between the victim and the perpetrator is one way of analysing the different forms of CSA (e.g. intra- or extra-familial) in your service. It is therefore important to use categories in addition to a narrative text format so that the information can be extracted for analysis.

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P7. How did the perpetrator first meet the victim?

Record how the perpetrator and the child or young person first met. There is no standard or widely used list of categories for recording this information, so the categories in this field were developed by our expert working group.

1. Not applicable (the perpetrator is the victim’s family member)
2. Via a family member of the victim – for example, if the perpetrator was a family friend of the child or young person, or a family member’s friend or partner

3. Via a school, club, faith group or institution (write in) – where the perpetrator met the child or young person through a club, church, school etc.

4. Via peers – where the perpetrator came into contact with the child or young person through the latter’s friends or social circle

5. In a public place (write in) – where the perpetrator first approached the child or young person in a public place (e.g. a fast-food restaurant or a shopping centre)

6. Online – where contact was first made online, with the perpetrator and the child or young person not known to each other prior to this online contact

7. In another way (write in)

8. Not known

We have included this question so that organisations can systematically collect and analyse ways in which perpetrators target children and young people. Our pilot study found that this information was usually collected, but was recorded only as narrative text. Using standard categories alongside detailed notes will enable you to analyse perpetrator behaviour routinely, which can support disruption and prevention work.

P8. Which enablers did the perpetrator employ to carry out/maintain the abuse?

Record every method used by the perpetrator to carry out the abuse. There are no standard categories for this question, so the following were developed with our expert working group.

1. Presents – any gifts that were given by the perpetrator to the child or young person
2. Drugs/alcohol – alcohol and drugs provided to the child or young person with the purpose of carrying out the abuse
3. Direct threats (including of exposure online) – threats to physically hurt the child or young person, or to embarrass them by making abusive images available online or sharing abusive images with others known to them
4. Threats to others close to the victim – threatening the child or young person that those close to them, including family members and friends, will be hurt
5. Isolation of the victim – physically or socially isolating the child or young person from those close to them, including friends and family members
6. Withdrawal of affection – threatening to end the relationship with the child or young person
7. Promise of protection – promising to protect the child or young person from other potential perpetrators
8. Other (write in)
9. None
10. Not known
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**P9. Was there a police investigation?**

Record whether there is or was a police investigation regarding the perpetrator.

**P10. If yes, what was the outcome?**

Record the police investigation outcome for the perpetrator, where applicable. The categories have been selected to reflect standard outcomes assigned by the police to offences – apart from ‘Disrupting the perpetrator’, which has been added to account for disruption activity.

1. Perpetrator charged – the case is prosecuted
2. Community resolution – the case is not prosecuted but is resolved outside a prosecution
3. No further action – for example, because there was insufficient evidence or the police/prosecution regarded prosecution as not being in the public interest
4. Disrupting the perpetrator (write in) – for example, through a civil order, a child abduction warning notice or other police action
5. Investigation ongoing, outcome not yet determined
6. Other (write in)
7. Not known

Where there has been police involvement, the victim should be kept informed of the outcome of the investigation. This is part of the UK Government’s commitment to victims of crime in England and Wales, as set out in its Victims’ Code leaflets for [adult victims](#) and for [young victims](#).

**Section III: Context of the abuse**

In this section, the term ‘abuse’ is used to mean any suspected, disclosed or reported CSA, including CSE, that has resulted in a child or young person aged 0–17 (the ‘victim’) coming into contact with your organisation.

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

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

This field is needed only where organisations do not already record the date of birth, and the date when the abuse started, for each service user. Where this information can be calculated automatically using these two dates, a separate field is not required.
**C2. How long did the abuse continue for?**

Record the duration of the suspected, disclosed or reported abuse.

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

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

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

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**C3. How frequent was the abuse?**

Record the frequency of the suspected, disclosed or reported abuse by selecting the category that fits best.

If you are using other categories (e.g. ‘every day’) to record the frequency of abuse, there is no need to change these provided that the detail is sufficient for your organisation.

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**C4. What did the abuse involve?**

Record all types of abuse that are suspected, disclosed or reported to have occurred.

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

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

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

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

C5. Location(s) of the abuse

Record all locations where abuse is suspected, disclosed or reported to have occurred. There are no standard or widely used categories to record the location of abuse; the categories below were developed based on the Crime Survey for England and Wales childhood abuse module but adding categories to record abuse that took place ‘in the perpetrator’s home’, ‘online’ and ‘in a hotel, B&B or accommodation rented for abuse’.

1. In the victim's family home
2. In the perpetrator's home (if different)
3. In someone else’s home – a third party’s residential accommodation
4. In a care or foster home
5. In a hotel/B&B/accommodation rented for abuse
6. In a school/college
7. In a public place (e.g. street or park)
8. In a vehicle
9. Online
10. Somewhere else (write in)
11. Not known

C6. If there was an online element to the abuse, which media were used?

Record the types of medium suspected or reported to have been used by the perpetrator(s) to target the child or young person. Including specific names of apps or websites helps to track and evaluate the safety of these media.
1. Social media site (write in) – a website or app that enables users to create and share content or to participate in social networking
2. Messaging service (write in) – an app that allows users to send instant messages, images or videos
3. Chatroom (write in) – an area on the internet where users can communicate, sometimes around a specific interest or topic
4. Gaming environment (write in) – any game that allows players to communicate with each other
5. Darknet (e.g. Tor) – a computer network with restricted access that is used chiefly for illegal peer-to-peer file sharing
6. Somewhere else (write in)
7. Not known
8. Not applicable

C7. Was the victim trafficked?

Record whether the suspected, disclosed or reported abuse involved trafficking (i.e. whether the perpetrator took the victim to, or paid for their travel to, locations of abuse), between locations in the UK or internationally.

C8. Was the abuse committed as part of a gang or a group/network?

Record whether the suspected, disclosed or reported abuse was committed by multiple perpetrators in the context of a gang or a group/network.

Some groups exist for the purpose of perpetrating CSA, while others do not have this as their specific purpose. Members may commit abuse in order to advance their status in the group, or may incite each other to commit further abuse.

Practice guidance from the College of Policing uses the following definitions in the context of CSE:

- **Gangs** – mainly comprising men and boys aged 13–25 years old, who take part in many forms of criminal activity (e.g. knife crime or robbery), who can engage in violence against other gangs, and who have identifiable markers (e.g. a territory, a name, or sometimes clothing).
- **Groups** – people who come together in person or online for the purpose of setting up, coordinating and/or taking part in the sexual exploitation of children in either an organised or an opportunistic way.
Section IV: Services’ involvement

Again, the term ‘abuse’ is used in this section to mean any suspected, disclosed or reported CSA, including CSE, that has resulted in a child or young person aged 0–17 (the ‘victim’) coming into contact with your organisation.

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

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

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

### S2. Who disclosed/reported the abuse/concern?

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

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

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

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

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

By recording this data, you can track cases where abuse may be continuing and better understand patterns of repeat abuse. Our ‘Key messages from research’ papers on CSE highlight research suggesting that many sexually exploited children and young people have previously experienced other forms of abuse, which may not have been addressed.
S4. If an agency referred it, which agency?

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

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

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

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

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

S5. Services/agencies involved in the case

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

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