CHILD SEXUAL ABUSE IN GREENWICH

GREENWICH Safeguarding Children PARTNERSHIP

What do we know, and what should we do?

- Agency information March 2023
  - Audit findings
  - The Havens
  - Safer London Emotional Support Service

Background

- In March 2020, the Office for National Statistics estimated that 3.1 million adults in England and Wales had experienced sexual abuse before the age of 16.
- Babies, toddlers and children are potentially at risk, with current estimates indicating that 1 in 6 girls and 1 in 20 boys experience child sexual abuse before the age of 16.
- Local referrals for sexual assault assessment < 10/ year for children
- For related information see the Independent inquiry into Child Sexual Abuse https://www.iicsa.org.uk/, and the Centre of expertise on child sexual abuse https://www.csacentre.org.uk/

Voice of the child

NSPCC 2019
https://learning.nspcc.org.uk/research-resources/2013/no-one-noticed-no-one-heard

- NSPCC report ‘no one noticed, no one heard’; > 80% of the children tried to tell someone about the abuse
- On average, it took 7 years for the young people to disclose sexual abuse and the younger the child was when the sexual abuse started, the longer it took for them to disclose.
- Many disclosures were either not recognised or understood, were dismissed or ignored; this meant that no action was taken to protect or support the young person.
- **Positive experiences of disclosures** when the child was believed, and some action was taken to protect the child, and, emotional support was provided.
- **The young people said they wanted**: someone to notice that something was wrong; they wanted to be asked direct questions; they wanted professionals to investigate sensitively but thoroughly; and they wanted to be kept informed about what was happening. (Allnock and Miller, 2013).

OFSTED 2020 Findings from 6 JTAI 2020; Multiagency response to Familial CSA

https://www.gov.uk/government/publications/the-multi-agency-response-to-child-sexual-abuse-in-the-family-environment

- Disbelief and denial about familial sexual abuse
- We use language that can minimise the abuse or imply consent.
- Child sexual abuse in the family environment is not a high enough priority.
- Professionals find this area of practice very difficult – needs training and support
- Professionals rely too heavily on children to verbally disclose abuse.
- When children have displayed harmful sexual behaviour, professionals often do not respond to the cause
- Practice is too police-led and not sufficiently child-centred.
- Too often, health agencies are not involved at all and there is lack of appropriate professional challenge among agencies
- Significant delays in support being offered to children, and also families

Greenwich Audit Part 1 and 2; Therapeutic support and services

- Initiated after local concern about therapeutic support, and findings of JTAI;
- Explored local response to Child Sexual Abuse and;
- Access to therapeutic services for children in Greenwich.

2022 Audit of CSA responses and therapeutic support in Greenwich

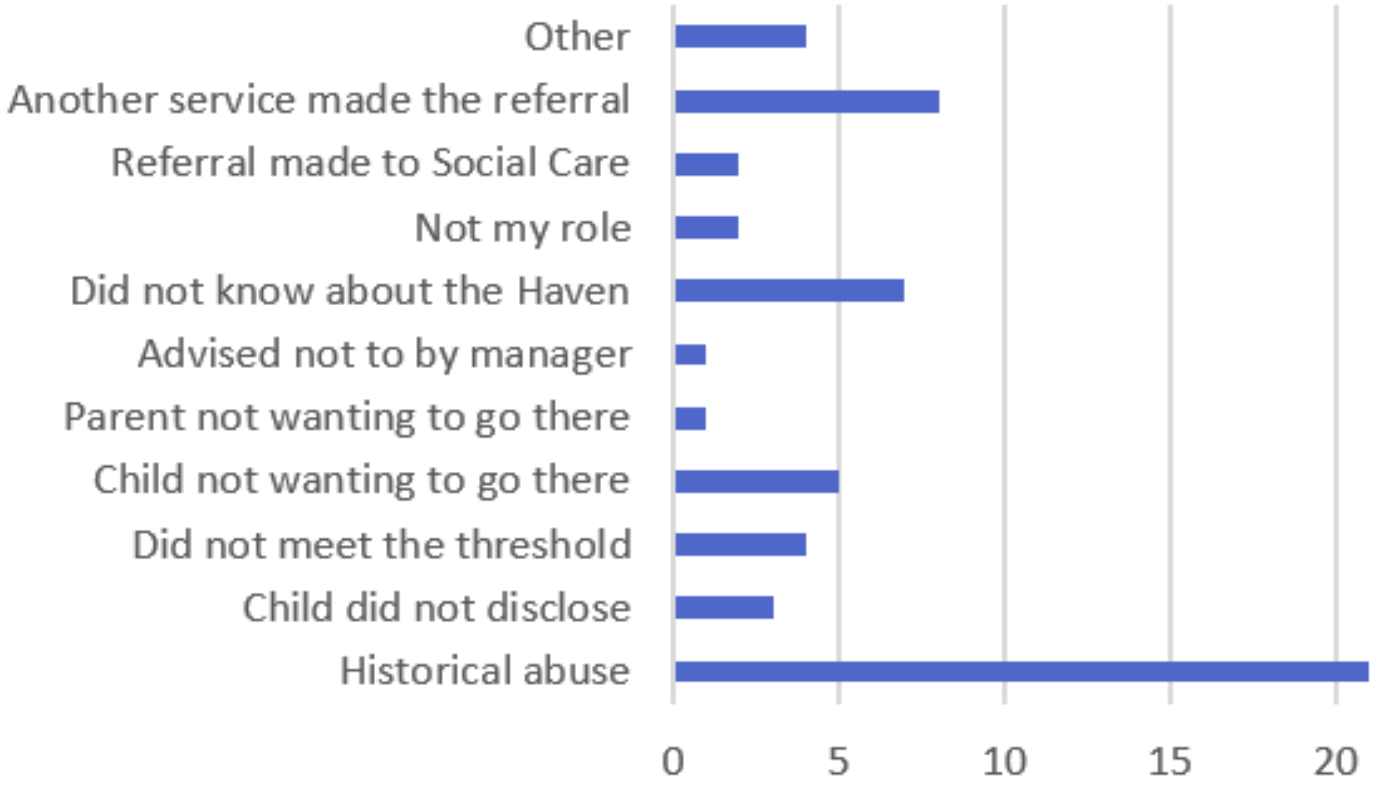
Part 1 – Services and Thresholds

Summarised in report and superseded by recent guidance.

Part 2 – Understanding of CSA and responses

- 160 respondents; school (44) police (12)
- Agencies felt that there was a gap in therapeutic services from CAMHS.
- A holistic service such as Child House was felt to be the ideal
- Only 56% of practitioners had reflective supervision
- The HAVEN sexual assault service not widely known about or used
- Children are not always referred for STI screening

37/59 did not refer to the HAVEN – why?



Part 3 – Audit of Multiagency responses to children known by CSC to have been sexually abused

- Eight children identified from seven families
- Five white, one mixed race, one black
- Disclosures from only 5/8 children
- Age at audit 4 -15 (median 9.5) years
- Time from first sexual assault to disclosure ; range <1 – 10 (median 3.5)years
- 5/8 documented to display either **'sexualised' behaviour,** or to be **'sexually active'** from a young age.

In more detail

One child had a **miscarriage** at age 13 and was described by one agency as having had '**consensual sex with men'**, (and was also pregnant)

One aged 15 y described by one agency as having a **'consensual relationship' with a nearly 30-year-old adult.**

The first child had learning difficulties awaiting further assessment, and the second was considered to have learning disability.

Neither of these had made a disclosure, but other issues such as pregnancy made it clear that abuse had taken place.

Learning and Education

Of the eight children known to have been abused, **half had learning needs**: one with a recent diagnosis of learning disability, one with ‘attachment disorder’, one due educational psychology assessment, and one with speech and language difficulties.

Schools had the most complete understanding /documentation of the voice of the young person. There were gaps in records from all other agencies.

Missed Opportunities?

- Most had been described as displaying sexualised behaviours or having early sexual activity.
- Two had urinary symptoms (one child had daytime wetting from five years of age, which is unusual, and another had recurrent urinary tract infections), another had vaginal discharge and ‘swollen labia’, and one boy had a foreskin infection that may have needed circumcision.
- Whilst not specifically asked, three of the 8 children had repeated previous episodes of going ‘missing’ from home, some as young as 12 years of age. This may be an underestimate.

Gaps in Support

Most received no specialist sexual violence therapeutic counselling

There was lack of understanding of the need for specific sexual violence counselling (eg rather than school counselling, or MOSAC)

Most of these children subject to this audit were not identified at an early stage as having been abused, either in terms of disclosure or warning signs.

Children are not accessing the therapy that they need, (high threshold for CAMHS/ need to re refer if referrals are rejected/ no referral to the Haven and therefore lack of therapeutic support by the Haven/ need to understand of different therapeutic offers.

Conclusion

Professional skills need to be developed in this area and greater understanding of the characteristics making children vulnerable and unable to disclose.

Further improvement is needed in recording and making sense of the voice of the child, and this is important particularly considering that half of the children had identified learning needs and were not representative of the local population.

Children are not always referred to the Haven for historic abuse, which can be therapeutic as well as help manage sexually transmitted disease.

It would be hoped that increased understanding of the role of the Haven, as well as knowledge of the Safer London offer will improve the access to therapy whilst reviewing thresholds and referral to local services for both recent and historic abuse.

Recommendations

Update and launch Greenwich CSA pathway, and Child Sexual Abuse training for staff including the characteristics and vulnerability of children abused, and the importance of specialist therapeutic sexual violence input (rather than generic counselling in schools, or MOSAC which is mainly for parents)
Clinical indicators of sexual abuse need to be highlighted in training, including repeated urine infections, day time wetting, prepuce infection and vaginal discharge
Children should be referred to the Haven for historic abuse, as the clinical examination is set up as a therapeutic process, as well as help manage sexually transmitted infection. (Pathway for CSA and therapeutic work to be updated and launched)
Staff, including those carrying out ‘return from missing’ interviews to be trained further in skills to talk to children who may have been sexually abused as well as at risk of exploitation.
Training should include competence relating to culture, ethnicity, inappropriate attitudes to ‘consensual sex’, and to enhance professional curiosity and awareness.

The Greenwich CSA and Therapeutic pathway Updated and FINAL April 25th 2023

Greenwich CSA Therapeutic Pathway For CYP; April 25th 2023 FINAL

Introduction

An allegation or suspicion of child sexual abuse (sexual assault or rape) must be acted upon robustly. It is a difficult area for staff to manage. CSA includes physical contact (both penetrative and non-penetrative acts), non-contact activities such as exposure to sexually explicit material, and child sexual exploitation (CSE). The exact prevalence of CSA is unknown, however, it is clear that much goes unreported. In a survey of 18 – 24-year-olds, 11% considered themselves to have been sexually abused. This pathway aims to simplify the process and outline the referral pathway and sources of advice available for children in Greenwich.

Target Audience

The audience is all staff who work with children, or with adults who have children. Safeguarding is the responsibility of all staff.

Key changes from previous guideline

Updated with time frames and accountability for referrals to the Havens

Indications

Presentations can include:

- Disclosure of CSA
- Pregnancy and sexual activity in child under 13 years
- Consider in children sexually active or pregnant aged 13 – 17 years
- Sexually transmitted infections.
- Unexplained and ano-genital injury.
- Unexplained vaginal bleeding.
- Unexplained rectal bleeding.
- Vaginal discharge/vulvo-vaginitis. Note this is commonly reported in victims of CSA but is also common in non-abused girls. Careful history and consideration required.
- Behavioural presentation (e.g., self-harm, aggression, anxiety, poor school performance, school refusal, sexualised behaviours and psychosomatic symptoms, risk taking behaviours).
- Foreign body in anus and vagina.
- Social indicators: living with adult deemed a risk or sibling with CSA.
- Presentations can include vulnerabilities indicating Child Sexual Exploitation or online grooming
- Where perpetrator of CSA is a child, the perpetrator should be considered as possible victim in their own right.
- Constipation/soiling/enuresis are common paediatric presentations, but CSA should be considered.

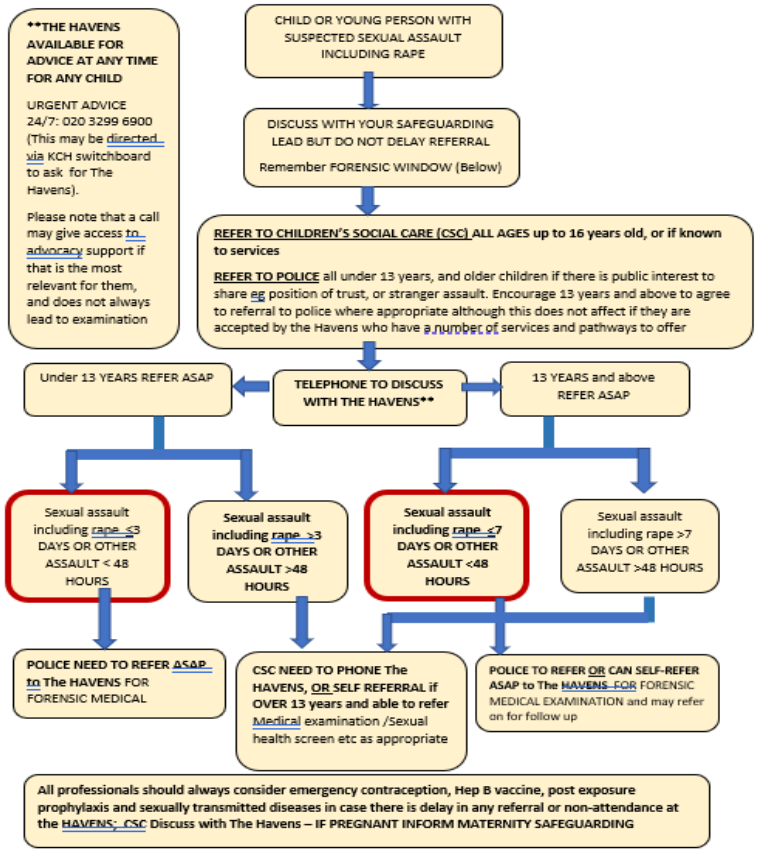
Information included from RCPCH Child Protection Companion Chapter 10.

The Havens team are available 24 hours a day for advice. Discuss with your safeguarding lead, but do not delay onward referral. **SEE flow chart PART ONE for initial actions**

Therapeutic response

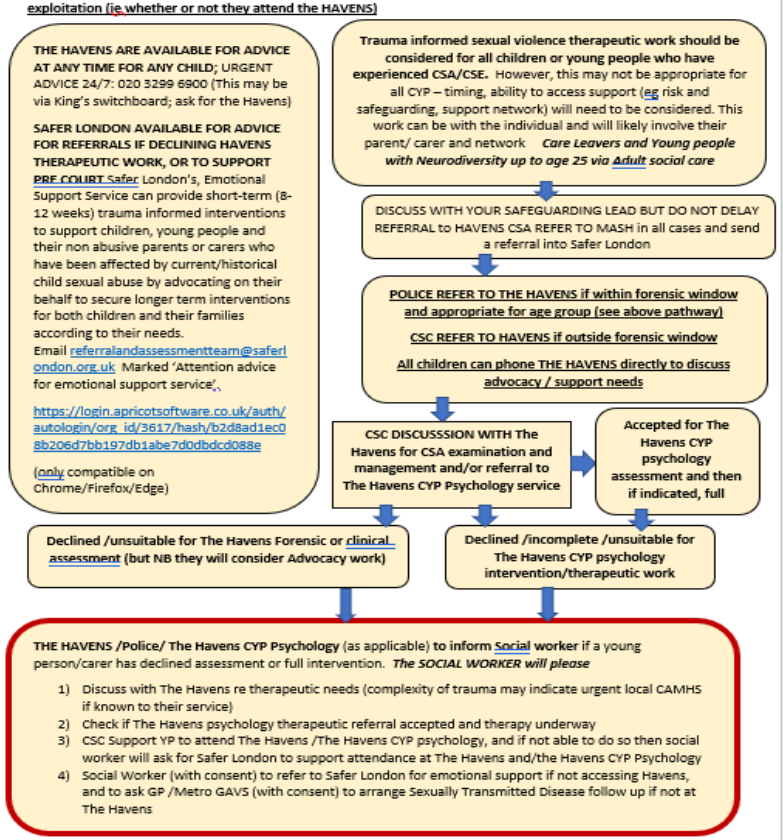
Trauma informed sexual violence therapeutic work should be considered for ALL children or young people who have experienced CSA/CSE at any time. However, appropriateness, timing and ability to access support (e.g. related to risk and safeguarding or support network) need to be considered.
This work can be with the individual and will likely involve their parent/ carer and network.
See flow chart PART TWO for therapeutic response and options for professional discussion and planning.

PART ONE = CSA PATHWAY (also see part two, for therapeutic and advocacy response pathway)



Greenwich SEL ICS Designated Safeguarding Professionals with Named leads for Lewisham and Greenwich Trust, Named Doctors for CAMHS and General Practice, Children's Social Care strategic lead for safeguarding, with Havens agreement, FINAL April 25th 2023

PART TWO : CSA Pathway with a focus on the therapeutic response following child sexual abuse/ child sexual exploitation (ie whether or not they attend the HAVENS)



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PRESENTATIONS OF CSA (1) Including information from RCPCH Child Protection Companion Chapter 10

- Disclosure of CSA
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PRESENTATIONS of CSA (2)

- Behavioural presentation (e.g., self-harm, aggression, anxiety, poor school performance, school refusal, sexualised behaviours and psychosomatic symptoms, risk taking behaviours).
- Foreign body in anus and vagina.
- Social indicators: living with adult deemed a risk or sibling with CSA.
- Presentations can include vulnerabilities indicating Child Sexual Exploitation or online grooming
- Where perpetrator of CSA is a child, the perpetrator should be considered as possible victim in their own right.
- Constipation/soiling/enuresis are common paediatric presentations, but CSA should be considered.

PART 1: CSA PATHWAY

- Discuss with your safeguarding lead, but do not delay onward referral
- Remember the forensic window
- **HAVEN AVAILABLE FOR ADVICE AT ANY TIME FOR ANY CHILD**
- URGENT ADVICE 24/7: 020 3299 6900 (This may be directed via London Survivors Gateway 10am-4pm, or via switchboard to ask for the Havens).
- Please note that a call may give access to advocacy support if that is the most relevant for them, and does not always lead to examination

****THE HAVENS AVAILABLE FOR ADVICE AT ANY TIME FOR ANY CHILD**

URGENT ADVICE 24/7: 020 3299 6900 (This may be directed via KCH switchboard to ask for The Havens).

Please note that a call may give access to advocacy support if that is the most relevant for them, and does not always lead to examination

CHILD OR YOUNG PERSON WITH SUSPECTED SEXUAL ASSAULT INCLUDING RAPE

DISCUSS WITH YOUR SAFEGUARDING LEAD BUT DO NOT DELAY REFERRAL

Remember FORENSIC WINDOW (Below)

REFER TO CHILDREN'S SOCIAL CARE (CSC) ALL AGES up to 16 years old, or if known to services

REFER TO POLICE all under 13 years, and older children if there is public interest to share eg position of trust, or stranger assault. Encourage 13 years and above to agree to referral to police where appropriate although this does not affect if they are accepted by the Havens who have a number of services and pathways to offer

REFER TO SOCIAL CARE ALL AGES up to 16 years old, or if known to services

REFER TO POLICE all under 13 years, and older children if there is public interest to share eg position of trust, or stranger assault. Encourage other 13years and above to agree to referral to police where appropriate although this does not affect if they are accepted by the HAVEN who have a number of services and pathways to offer including advocacy .

WHO REFERS TO THE HAVEN?

- Depends on the 'therapeutic window' ..when forensic evidence could be obtained
- Always ask about timing of last potential sexual assault

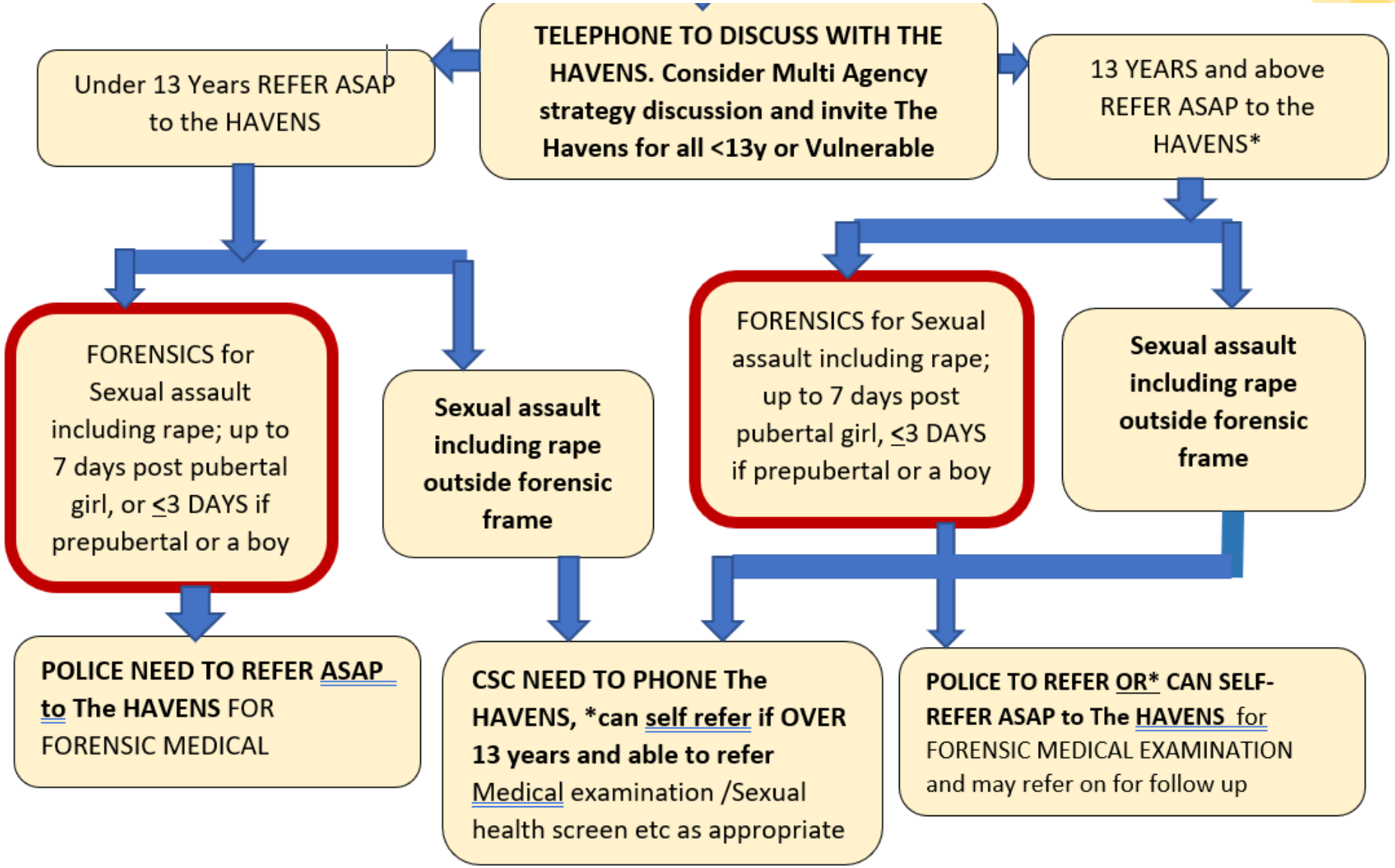
POLICE refer if within the forensic window;

- Pre-pubertal female and for all age males - forensic window is 3 days
- Post pubertal girl- forensic window is 7 days

SOCIAL CARE refer all outside of the forensic window

Note 1. If unable to persuade an over 13 year old to engage with services/ the police, they can self refer to the Havens and may need support to do so; Discuss with the Havens

Note 2. For all under 13s and vulnerable under 18s: Multiagency strategy meeting and invite the Havens


TELEPHONE TO DISCUSS WITH THE HAVENS. Consider Multi Agency strategy discussion and invite The Havens for all <13y or Vulnerable
Under 13 Years REFER ASAP to the HAVENS
13 YEARS and above REFER ASAP to the HAVENS*
FORENSICS for Sexual assault including rape; up to 7 days post pubertal girl, or ≤3 DAYS if prepubertal or a boy
Sexual assault including rape outside forensic frame
FORENSICS for Sexual assault including rape; up to 7 days post pubertal girl, ≤3 DAYS if prepubertal or a boy
Sexual assault including rape outside forensic frame
POLICE NEED TO REFER ASAP to The HAVENS FOR FORENSIC MEDICAL
CSC NEED TO PHONE The HAVENS, *can self refer if OVER 13 years and able to refer Medical examination /Sexual health screen etc as appropriate
POLICE TO REFER OR* CAN SELF-REFER ASAP to The HAVENS for FORENSIC MEDICAL EXAMINATION and may refer on for follow up

CSA Emotional Support Service

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Service Manager

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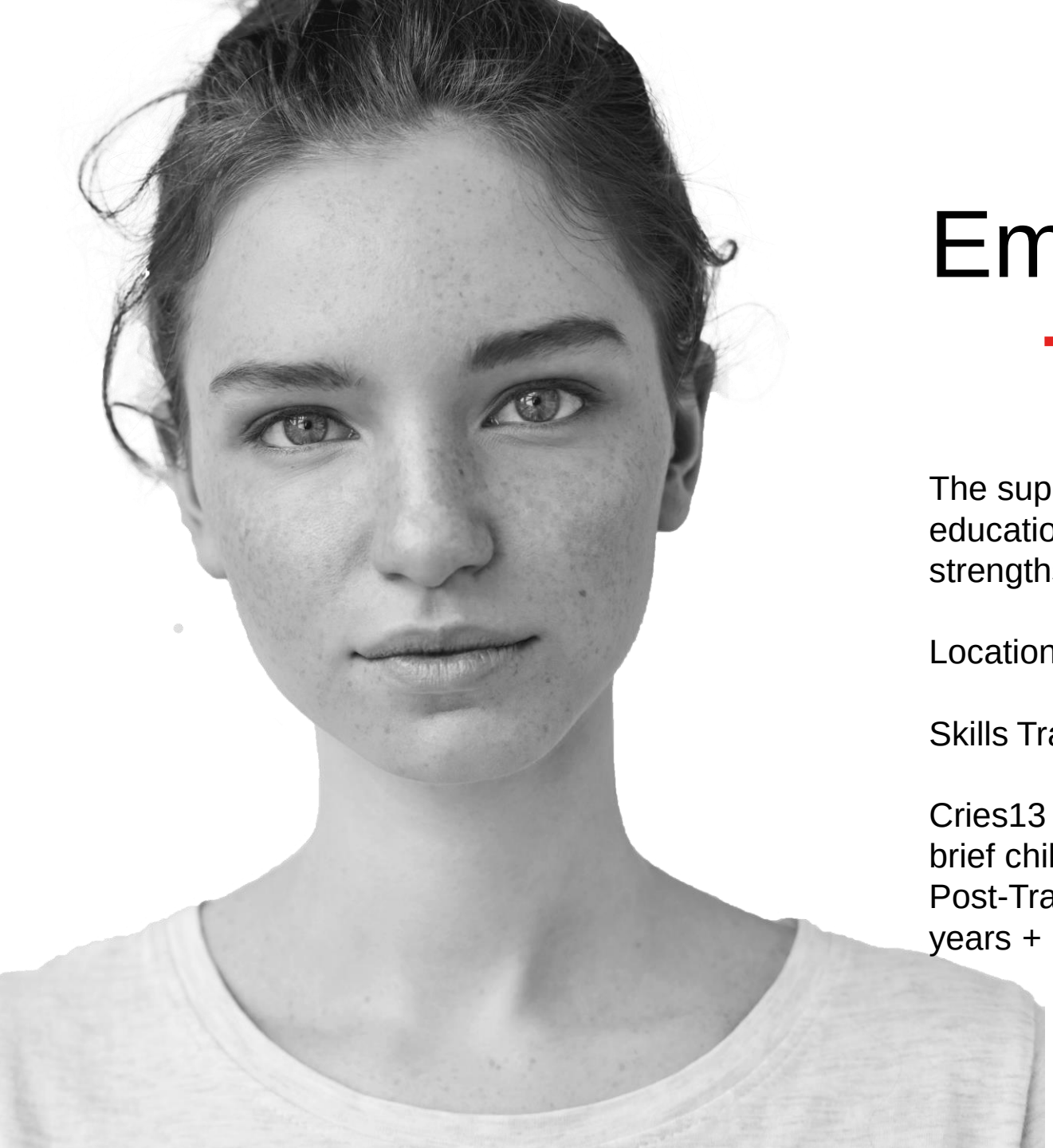
Child Sexual Abuse Emotional support Service

- Provides early emotional support to children and families impacted by Child Sexual Abuse at the point of disclosure
- The service offers 8 sessions over a 12-week period
- The service has operated in Lambeth, Southwark and Lewisham since 2018 commissioned by the CCGs in those areas and now expanding to Bromley, Greenwich and Bexley
- 2015 MOPAC/ NHS England review into pathways for children following disclosure of CSA
- The service provides a child and family-centred approach working with other agencies and organisations involved in supporting the child to provide coordinated services in a supportive, strengths based, empowering way.



Emotional Support

The support is targeted towards accessing mental health, counselling, education and/or legal support whilst also delivering trauma informed, strengths-based approaches and safeguarding from contextual harm.

Location – safe, accessible (online/in the community, in the school)

Skills Training Affective Interpersonal Regulation (STAIR)

Cries13 - The Children's Revised Impact of Event Scale (CRIES) is a brief child-friendly measure designed to screen children at risk for Post-Traumatic Stress Disorder (PTSD) – completed by children 8 years +

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Advocacy and Signposting

Working with Social Care and other statutory services

Explaining/ support to engage with safeguarding, criminal justice process

Appropriate onward referrals and support to access

Identifying and managing contextual risks

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Referral Pathway and Criteria

- From Community Paediatricians, other Health, Social Care and the Police only
- Referrals made through secure online link
- 0 – 18 years old. 25 years with additional needs;
- Living in Lambeth, Southwark, Lewisham, Bexley, Bromley, Greenwich
- Has made a recent/historical disclosure of sexual abuse and is willing to be referred

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Learning so far…..

- CSA Medical pathway and assessment not always well-understood and under-utilised
- Following the key elements to ensure positive engagement as outlined in the Child House model: *Multi-agency collaboration; A child-friendly environment; A child-centred approach to evidence gathering; Holistic health assessment and examination; Therapeutic support or working towards this; Practical support and advice and Learning, improvement and sharing best practice*
- ‘Keep safe’ and ‘Healthy Relationships’ work
- Disclosures – who to and how
- Demographics – identifying Young Londoners from BAME as hidden harm and other communities
- Types of CSA – and its links within CSE
- Children and families’ experiences of safeguarding processes
- New referral – moving away from a paper-version format

(The Emotional Support Worker) always showed sensitivity and care when speaking with me which helped me to speak about difficult situations that I wouldn't usually raise. She was also really accommodating to my busy schedule which allowed me to be flexible with our appointments. She's super friendly, and has been an overall positive light during a difficult time.

Parent

One thing that’s changed for me since the start of the Emotional Support Service:

I’m not on my own

Young Londoner

The Emotional Support service now has its own page to make referrals easy. Please visit:

https://saferlondon.org.uk/emotional-support-service/

To include in the referral:

- Young persons name and contact details
- Details of parent / carer / guardian and if they are aware a referral has been made
- Referrer details
- Has a medical taken place or is one scheduled?
- Social Care Status
- Diversity information (gender, race, religion)
- If the young person has a disability
- Reason for referral
- Upload of 87A
- Health factors
- Any other relevant information for lone working

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EMOTIONAL SUPPORT SERVICE

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The trauma that comes with experiencing Child Sexual Abuse (CSA) can have a long-lasting impact on children and young people's emotional wellbeing. Research shows providing early emotional support can help reduce this impact.

Safer London's Emotional Support Service is here for young Londoners and their families, providing support across Lambeth, Lewisham, Southwark, Bexley, Bromley and Greenwich.

WHAT THE SERVICE LOOKS LIKE

The Emotional Support Service supports children and young people, and their families after disclosure of intra-familial CSA*. Our specialist Emotional Support Workers provide bespoke emotional support, built around the needs of the children or young person and their family.

This can include:

- Emotional support during a CSA Medical**
- Up to eight one to one sessions with the child or young person covering areas including managing their emotions and behaviours stemming from their trauma, as well as how to navigate safeguarding and police processes
- Working with the child or young person to identify and access any future, longer-term or specialist support
- Working with their network of professionals and advocating on behalf of the child

WHO THE SERVICE IS FOR

We work with children and young people who are:

- Aged 0 – 18; 25 with additional needs
- Living in South-East London
- Have had a CSA Medical or a CSA Medical has been considered
- Have made a recent disclosure of CSA (the abuse can be historic)

HOW TO MAKE A REFERRAL

We accept referrals from Community Paediatricians, Social Workers or Police Officers.

Please complete the online form to make an enquiry.

SCAN ME

*When a child discloses CSA, the allocated social worker should refer them for a CSA Medical at the Haven for Bromley, Bexley and Greenwich and Lewisham, and Community Paediatricians Hub for Southwark and Lambeth. This medical is a holistic assessment of the child's wellbeing, as well as a physical examination **Only available to children and young people living in Southwark and Lambeth.

"

It's been a huge help towards the healing of my recent trauma.

It was so helpful to be able to speak to someone who wasalways willing to help, advise and just simply listen.

Any Questions?

Get in touch:

Safer London Front door
referralandassessmentteam@saferlondon.org.uk

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