



Coventry Safeguarding Children PARTNERSHIP

Sexual Abuse Strategy
2021-2023



Coventry City Council



Introduction

Coventry Safeguarding Children's Partnership (CSCP) recognises that child sexual abuse (CSA) is prevalent in the UK and that for many victims, the impact of this abuse can be devastating and endure into adulthood. The adverse consequences of child sexual abuse can include acute feelings of betrayal, powerlessness, stigmatisation, guilt and traumatic sexualisation, as well as difficulties forming and maintaining relationships, mental health, related problems resulting from trauma and physical health problems. (Meadows et al 2011).

The CSCP has the following aim:

To ensure that partners work together to prevent child sexual abuse and to provide timely and appropriate intervention, from early help to statutory intervention, to those children and young people requiring protection and support from child sexual abuse.

To ensure that child sexual abuse is addressed consistently and effectively all agency interventions, whether early help or statutory intervention should work in accordance with the values of the CSCP:

- To put children, young people and their families at the heart of everything we do.
- To ensure that partners work together achieving better outcomes for children, young people and their families.
- To recognise and share examples of good practice so that these can be replicated in other areas.
- To be innovative and to try new approaches to ensure continuous improvement.
- To be open and honest about barriers that may be preventing improvement so that we can collectively agree how these may be overcome.
- To ensure that poor practice is challenged appropriately to ensure that it leads to improvements in the system. To ensure that children, young people and their families receive the right service, at the right time, in the right way.



They stole so much from me that cannot be fixed when they abused me. But with this Inquiry comes renewed hope; hope that whilst we cannot stop child sexual abuse, we can learn how to limit it, and how to support those affected by it when it does happen. This will undoubtedly save lives.

Truth Project participant





Definition

Working Together 2018 defines child sexual abuse as;

Child sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening.

The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.

They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse.

Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Whilst it is recognised that there are many definitions of CSA, the Working Together 2018 definition will be used for this strategy.





CSA includes many areas, some of which are included below:

CHILD SEXUAL EXPLOITATION (CSE)	ONLINE ABUSE
<p>CSE is a form of CSA. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity</p> <p>(a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator.</p> <p>The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology. It can involve children and young people of all ages and genders from all social and ethnic backgrounds.</p>	<p>CSA can happen online and may include:</p> <ul style="list-style-type: none"> ● exposing or flashing ● showing pornography ● exposing a child to sexual acts ● making them masturbate ● forcing a child to make, view or share child abuse images or videos ● forcing a child to take part in sexual activities or conversations online or through a smartphone
FEMALE GENITAL MUTILATION (FGM)	HARMFUL SEXUAL BEHAVIOUR
<p>Female genital mutilation (FGM), also known as female circumcision or female genital cutting, is defined by the World Health Organisation (WHO) as “all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons.”</p> <p>The practice is mostly carried out by traditional circumcisers, who often play other central roles in communities, for example, attending childbirths. Procedures are mostly carried out on young girls sometime between infancy and aged 15, and occasionally on adult women</p> <p>For more information see the West Midlands FGM policy here: https://westmidlands.procedures.org.uk/pkplt/regional-safeguarding-guidance/female-genital-mutilation</p>	<p>Harmful sexual behaviour (HSB) is developmentally inappropriate sexual behaviour which is displayed by children and young people and which may be harmful or abusive (derived from Hackett, 2014). It may also be referred to as sexually harmful behaviour or sexualised behaviour.</p> <p>HSB encompasses a range of behaviour, which can be displayed towards younger children, peers, older children or adults. It is harmful to the children and young people who display it, as well as the people it is directed towards.</p> <p>Examples of harmful sexual behaviour include:</p> <ul style="list-style-type: none"> ● Inappropriate touching ● Using sexually explicit words and phrases ● Using sexual violence or threats ● Penetrative sex with other children and adults



Key themes and issues

It is difficult to identify the scale of child sexual abuse as many children do not disclose, and the adults in their lives are not able to recognise the signs that they are being sexually abused or act upon these signs. The most recent research and statistics have identified the following:

- An estimated 1 in 6 children in the UK have been sexually abused
- Concerns around sexual abuse have been identified for over 2,700 children in the UK who are the subject of a Child Protection Plan or on a Child Protection register
- Over a third of all police recorded sexual offences are against children
- The vast majority of children who experience sexual abuse were abused by someone that they knew. (NSPCC 2019)



Strategic objectives

Coventry Safeguarding Children's Partnership will work to achieve its aim of, 'ensuring that partners work together to prevent child sexual abuse and to provide timely and appropriate intervention, from early help to statutory intervention, to those children and young people requiring protection and support from child sexual abuse', by implementing the following three objectives:

Prevention

Coventry Safeguarding Children's Partnership recognise that prevention is the most fundamental form of protection from child sexual abuse and partners are committed to making this a priority. In order to prevent CSA, it is important the CSA is talked about and is not a taboo subject as this is often exploited by perpetrators. Professionals, children, young people, their parents and communities need to be aware of the prevalence and risks of CSA, as well as the signs and indicators of abusive behaviour in order to reduce the risk that children and young people will be affected. There needs to be a focus on teaching children and parents the importance of safe, equal and healthy relationships and that abusive behaviour is always wrong.

To prevent CSA there also needs to be a clear focus on not only managing known offenders in the community but also on acting upon soft intelligence in relation to suspected perpetrators to develop effective preventative strategies.

CSCP is committed to undertaking work across the City to having open and honest conversation with children, young people, their families and carers, as well as professionals about the prevalence of CSA and their role in preventing it.



To increase prevention of CSA we will:

- Develop an awareness campaign for parents and communities highlighting the risks of CSA, the importance of healthy relationships, the signs and indicators of concerning sexual behaviour and the signs that a child or young person may be at risk.
- Work with schools, nurseries and health agencies to raise awareness around healthy relationships and protective behaviours.
- Raise awareness across the partnership in respect of how known offenders are managed in the community.
- Seek assurance from partners that soft intelligence in respect to potential perpetrators is used and innovative solutions are sought to manage these individuals.
- Develop a local child sexual abuse profile to better understand the local picture.

Protection

Only an estimated 1 in 8 children who suffer sexual abuse will come to the attention of statutory services. Identification of sexual abuse is also limited by the fact that victims often do not verbally disclose abuse until much later, sometimes into adulthood. It is vital that professionals and other adults are equipped to spot the signs of CSA and take appropriate action in the absence of a verbal disclosure. Signs may include:

Potential signs in children or young people – Emotional

Nightmares or sleeping difficulties without explanation	Mood swings including fear, insecurity or withdrawal
Developing new or unusual fears of certain people or places	Regression to younger behaviour (e.g. bedwetting or thumb sucking)
Fear of intimacy or closeness	Disordered eating
Substance or alcohol misuse	Self-harm
Suicidal thoughts or actions	Depression and anxiety
Distracted and distant at odd times	Other mental health difficulties
Disassociation	Post-traumatic stress disorder (PTSD)
Perplexing or persistent symptoms with no organic cause identified e.g. weakness, seizures, pain	Symptoms with no organic cause identified e.g. tummy ache, headache, fatigue
Thinks of self or body as repulsive or bad	



Potential signs in children and young people - Behavioural

Verbal disclosure	Unusual personal hygiene (none or overly)
Asks another child to behave sexually or play sexualised games	Sexually uninhibited/ inappropriate behaviour towards adults
Mimics sexualised behaviour with animals or toys	Change in eating habits, e.g. refuses to eat or overeats
Masturbation or self-soothing behaviour outside the norm (e.g. frequent, in public)	Writes, draws, plays or dreams of sexual or frightening images
Inserting objects into vagina or anus – particularly if frequent or at an older age	Resists removing clothes at appropriate times (e.g. bath, bed or toileting)
Running away from home	Talks about a new older friend
Wetting and soiling accidents unrelated to developmental norms	Leaving clues that seem likely to provoke discussion about sexual issues
A young person (YP) who reports several people have had sex with them (this may be expressed by the YP to be voluntary sex) particularly if these occur in the context of drugs or alcohol use	Young people with older sexual partners – age gap of 4 years or more for 13–16 year olds and 6 years or more for 17 year olds
Suddenly has money, toys, or gifts without reason	Uses new words for sex or genitals
Aggression or violence to others	Fear of dentistry

Potential signs and indicators in children and young people – physical

Unexplained Bruising	Repeated urinary tract infections or vulvovaginitis
Persistent or reoccurring pain during urination and bowel movements	Sexually transmitted infections – very high likelihood if multiple STI or under 13 years old
Anal or genital bleeding	Difficulty swallowing when eating
Blood borne virus acquisition outside the new-born period (HIV/Hepatitis/ syphilis)	Evidence of self-harming behaviour including deliberate overdose
Pregnancy including spontaneous miscarriages	Anal or genital injuries without reasonable explanation
Acute intoxication	Significant weight gain or loss



Potential signs and indicators of abusive behaviour

Buying a child gifts	Offering to babysit
Singling out a child either to favour them or bully them	Complains of not being trusted
Play fighting/tickling	Encouraging nudity in the home
Encouraging a child to engage in 'grown up' activities	Encouraging a child to dress provocatively or to cover up
Leaves bedroom and bathroom door open	Interrupting the relationship between parent and child
Undermining the other parent	Putting the other parent down
Gets involved in personal care of the child	Wears inappropriate clothing around the house
Behaving secretly	Talks about sex, makes sexual jokes
Wants to be left alone with children	Changes in sexual behaviour
Seems to be behaving more like a child	Mood swings and erratic behaviour
Controlling behaviours with children e.g. limiting contact with peers	Wanting to spend more time with the child than the parent

Family Vulnerabilities

Poor attachment	Poor mental health
Substance and alcohol misuse	Parental absence through work commitments
History of maternal sexual abuse	Children or adults with disabilities
Poor communication	Lack of sex education
Domestic abuse – current and previous	Previous sexual offending
Social isolation	



CSA is often the secondary presenting factor with the primary presenting factor being another form of abuse such as emotional abuse or neglect.

The primary task for all agencies is to safeguard the child. However, the response to suspicions of child sexual abuse is too often police-led and dependent on determining whether a crime has been committed. The strong focus on the criminal investigation and the decision-making of the police and Crown Prosecution Service (CPS) too often leads to an insufficient focus on the child. Often, due to the lack of hard evidence in relation to child sexual abuse, professionals do not always feel confident to address it head on with the family, despite significant indicators that a child has suffered, or is suffering, child sexual abuse in the family. This leads to a focus on other areas of abuse or neglect on which evidence can be clearly demonstrated. Once the child is safe, this can mean that the focus on the suspected perpetrator disappears. This does not protect children from the perpetrator. (JTAI- Multi agency response to Child sexual abuse in the family environment). The CSCP is committed to putting children at the heart of protection against CSA.

To protect children and young people we will:

- Develop a Child Sexual abuse policy
- Undertake awareness raising activity so that children and young people understand safe ways to disclose and what will happen when they do disclose
- Develop a network of CSA Champions to provide support to the wider network
- Review the workforce development offer in relation to CSA so that practitioners have access to resources and training to equip them with the skills to provide effective, timely and appropriate responses to children at risk of or abused through CSA
- Develop a directory of resources to support practitioners working in early help to support the child or young person at the earliest opportunity
- Continue to roll out and re-enforce the Right help, right time threshold guidance
- Develop resources to support practitioners to work with the non-abusing parent. These resources will signpost parents to sources of support but will also assist practitioners in considering whether the parent is able to be a protective factor
- Develop mapping guidance for practitioners to ensure that all affected children and young people are considered



Support

CSA can have wide ranging and serious consequences. For victims and survivors these effects endure throughout adult life. Child sexual abuse can affect psychological and physical well-being, family and intimate relationships, faith, and education and careers. Victims and survivors are also 2 to 4 times more likely to become victims of sexual, physical or emotional abuse again in their lifetime. (Independent Inquiry CSA- Interim report).

Practitioners who were interviewed during the forming stage of this strategy were clear that ensuring children and young people have access to the right support for as long as they need it is a key component of this strategy.

To support children and young people we will:

- Collect data on the prevalence of CSA locally to inform the planning of services for children and young people who have been sexually abused
- Seek assurance from West Midlands police that staff are trained to work in the most child led way possible
- Understand the local offer in relation to trauma informed services and appropriate therapeutic support and raise awareness of these pathways across the partnership
- Work together as agencies to meet the needs of the child when abuse has occurred
- Increase awareness of escalation processes across the partnership

Governance

Progress against this strategy will be monitored by Coventry Safeguarding Children's Partnership Executive Group.



