

Sexual Harm in the Family Environment Briefing

Published case reviews suggest professionals are sometimes slow to identify sexual harm as an explanation for a child's behaviour or medical presentations, particularly when other explanations are offered.

In 2023 Darlington Safeguarding Partnership completed a Local Child Safeguarding Practice Review in respect of Family H and sexual harm in the family environment. The learning from published case reviews highlights that professionals must be able to recognise and respond to sexual harm. Professionals need to be able to work effectively within multi-agency frameworks to ensure all information is shared and acted upon via suitable processes and in a timely manner. Professional curiosity should be displayed in interactions with families, carers and other practitioners to ensure that the child's safety remain the focus and are appropriately addressed.

Identifying sexual harm is hugely difficult for practitioners as often no physical or medical evidence is present and children are unlikely to tell someone they are being abused, especially if the perpetrator is someone they know.

Because of the difficulties children face in disclosing abuse to adults, their behaviour may be the key indication that something is amiss, this is true for both younger and older children. Children may be reluctant to disclose abuse, particularly sexual harm through fear of not being believed or because they fear family breakdown. Some children display behaviours that may be indicative of abuse (for example, aggressive, challenging, and sexualised behaviour), but these non-verbal signs are often missed or attributed to other causes, and a lack of curiosity about an alternative narrative.

Children with learning disabilities are at greater risk of abuse and may only display their distress through their behaviour. Disabled children are around three times more likely than their non-disabled peers to be abused; they are also more likely to receive a poor response from professionals (Ofsted et al 2020). Professionals should not assume that challenging behaviour in a child with a learning disability is due to their underlying condition or parenting; it may be, but practitioners need to take a holistic approach that considers possible alternative causes.

The Family H review has highlighted that there is not enough attention paid, or assessments completed regarding the needs and circumstances of a non-abusing parent or an evaluation of how to understand their willingness and capacity to keep children safe from sexual harm and their vulnerability to grooming and exploitation which can undermine that safety. It is critical that there is an assessment of the non-abusing parent's ability to protect and believe children. It is also important to understand any vulnerabilities that can be exploited by an adult to make sexual harm possible. Non-abusing parents may be groomed, making use of unmet needs for financial and emotional support or they may be coerced and controlled through domestic abuse.





What is child sexual harm in the family environment?

Working Together to Safeguard Children (2023) defines child sexual abuse as:

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.

In 2014, the Children's Commissioner undertook an inquiry into child sexual abuse in the family environment. The report, published in November 2015, is called 'Protecting Children from Harm' and defined sexual abuse in the family environment as 'Sexual abuse perpetrated or facilitated in or out of the home, against a child under the age of 18, by a family member, or someone otherwise linked to the family context or environment, whether or not they are a family member. Within this definition, perpetrators may be close to the victim (e.g. dad, uncle, stepdad) or less familiar (e.g. family friend, babysitter)'.

How can child sexual harm in the family environment be identified

The Family H review highlights the challenges practitioners have and the complexities of working with child sexual abuse, and the importance of clarity regarding risk and need. Identifying sexual harm is difficult as there is often no physical or medical evidence. Practitioners should not expect that a disclosure will always be made. Sexual harm which takes place within family environments often remains hidden and can be the most difficult type of abuse for children and young people to disclose. Many children do not initially recognise themselves as victims of sexual abuse. They may not understand what is happening or even that it is wrong; especially as the perpetrator may seek to reduce the risk of disclosure by normalising the behaviour, threatening the child, telling them they will not be believed or blaming them in some way for their own abuse.

Children who are sexually abused may exhibit a range of signs but any one sign in isolation doesn't necessarily mean that a child is being sexually harmed. Because of the difficulties children face in disclosing abuse their behaviour may be the only indication that something is amiss. Where a number of signs are identified, the possibility of sexual harm should be considered and practitioners should consult with others who know the child to see whether they also have concerns.

Child sexual abuse is often all too readily reliant on verbal disclosure from children and young people. Children communicate their abuse in different ways and practitioners need to ensure they are open to these by demonstrating that they understand the barriers children may face to disclosure. Practitioners should not rely solely on verbal disclosures. Practitioners rely too much on a child making a disclosure, and all front-line practitioners should recognise the signs of sexual abuse and agencies should have strong information sharing protocols, with appropriate training and supervision.

What are the signs to lookout for?

Identifying sexual harm is hugely difficult for practitioners as there is often no physical or medical evidence present and children are unlikely to tell someone they are being abused, especially if the perpetrator is someone they know. Below are some of the indicators to look out for.

- Changes in behaviour, including becoming more anxious, aggressive, withdrawn, or clingy;
- Problems in school, difficulty concentrating, drop-off in academic performance;
- Sleep problems or regressed behaviours i.e. bed wetting;
- Being frightened of or seeking to avoid spending time with a particular person;
- Knowledge of and/ or interest in sexual behaviour or language that is inappropriate for their age;
- Children who behave sexually or play sexual games;
- Physical symptoms including pregnancy (particularly where the identity of the father is vague or secret), STIs, discharge or unexplained bleeding;
- Poor hygiene;
- Injuries and bruises on parts of the body where other explanations are not available especially bruises, bite marks or other injuries to breasts, buttocks, lower abdomen or thighs;
- Soreness in genital/ anal areas; and
- Injuries to the mouth, which may be noted by dental practitioners.

In the long term, people who have been sexually abused are more likely to suffer with depression, anxiety, eating disorders and post-traumatic stress disorder (PTSD). They are also more likely to self-harm, become involved in criminal behaviour, misuse drugs and alcohol and to attempt or die by suicide as young adults.

National Review into child sexual abuse within the family environment

In November 2023 the Child Safeguarding Practice Review Panel announced that it would conduct a national review into child sexual abuse within the family environment with the aim of exploring the specific challenges in the identification, assessment, and response to child sexual abuse within the family environment. The review will address how multi agency and local and national safeguarding practice can improve and respond better to and protect children from this type of harm. The panel has indicated that the Darlington review Family H will be included in the report which is expected to be published later in 2024.

Want to Learn More?

NSPCC

Learning from case reviews <u>learning.nspcc.org.uk/media/1968/learning-from-case-reviews-child-sexual-abuse.pdf</u>.

Protecting Children from Sexual Abuse learning.nspcc.org.uk/child-abuse-and-neglect/child-sexual-abuse.

Safeguarding Deaf and Disabled children and Young People from Abuse Learning.nspcc.org.uk/safeguarding-child-protection/deaf-and-disabled-children

<u>Darlington Safeguarding Partnership Local Child Safeguarding Practice Review Family H Overview Report www.darlington-safeguarding-partnership.co.uk/media/2165/family-h-lcspr-report-final-for-publication.pdf</u>

Darlington Safeguarding Partnership Local Child Safeguarding Practice Review Family H Executive Summary www.darlington-safeguarding-partnership.co.uk/media/2166/family-h-lcspr-executive-summary-for-publication.pdf