



Child Sexual Abuse in the Family Environment

Toolkit

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Introduction

This toolkit is aimed at multi-agency practitioners and focuses on child sexual abuse in the family environment. This is also known as intra-familial child sexual abuse. This toolkit also acknowledges that practitioners may wish to inform children and families about sources of information and support and therefore these are included in the [Local support and services](#) and [Further sources of support and information](#) sections.

It provides information for all agencies to identify and respond to children who are at risk of, or subject to, child sexual abuse in the family environment. The toolkit outlines how agencies can help children if they are beginning to identify concerns and refer children to statutory services within North Lincolnshire including Children's Services and Humberside Police. It also outlines the support and services that such children and their parents can access for support and recovery.

This toolkit can be used to support professionals in their work with children and families and to enhance **reflection** and **supervision** between staff, their peers and managers. This is particularly important to support workers to remain tenacious in their approach on those occasions when they suspect (but do not have direct evidence to support) that there is child sexual abuse within the family environment.

The toolkit gives contact details for both local and national support agencies that can be accessed by children and families independently. This is important as research shows that children and young people do not contact statutory services for help and protection. Also, it is dependent upon the point that children are at within their journey in being at risk of, or subject to, child sexual abuse due to their age, gender or wider circumstances as to whether they may tell someone about the sexual abuse and therefore all sources of support should be made available to children, young people and families.

Research on child sexual abuse in the family environment

Research from the Children's Commissioner in 2015 suggests that nationally there were 425,000 victims of child sexual abuse in the United Kingdom between 2012 and 2014.

The Children's Commissioner's Inquiry gathered the largest and most comprehensive evidence ever of child sexual abuse in England and the report [Protecting children from harm: a critical assessment of child sexual abuse in the family network in England and priorities for action \(2015\)](#) concluded that:

- from data examined it is likely that only 1 in 8 victims of sexual abuse come to the attention of the police and children's services. Up to two thirds of all sexual abuse happens in and around the family
- children are sexually abused from a very young age, but most victims do not come to the attention of the police or children's services until they reach adolescence
- most victims of sexual abuse in the family do not report it until they have the knowledge to recognise abuse and the words to describe it
- a focus of much of the activity has been child sexual abuse which occurs in institutions, and child sexual exploitation which occurs in communities. Child sexual abuse which occurs within families has been largely absent from the national conversation
- the violation of trust, the barriers to accessing help, and the impact on the entire family structure, pose particular challenges to policy-makers and practitioners
- the Inquiry calls for the practice of professionals in identifying children who are being sexually abused to be strengthened, children and young people to be equipped with the knowledge to recognise abuse and access help when they are worried, and processes for the investigation of sexual abuse to be improved to minimise their impact on children and maximise their effectiveness

Key messages

Key messages from [research on intra-familial child sexual abuse by the Centre of expertise on child sexual abuse \(2018\)](#) are:

Intra-familial child sexual abuse refers to child sexual abuse (CSA) that occurs within a family environment. Perpetrators may or may not be related to the child. The key consideration is whether the abuser feels like family from the child's point of view.

Around two-thirds of all CSA reported to the police is perpetrated by a family member or someone close to the child.

Where research has recorded the gender of perpetrators of intra-familial CSA, the vast majority have been found to be male, although abuse by women does occur. In around a quarter of cases, the perpetrator is under 18.

CSA in the family is rarely an isolated occurrence and may go on for many years.

Much abuse in the family remains undisclosed. Children may fear their abuser, not want their abuser to get into trouble, feel that the abuse was 'their fault', and feel responsible for what will happen to their family if they tell. Disabled children and some black, Asian and minority ethnic children face additional barriers.

Abuse by a family member may be particularly traumatic because it involves high levels of betrayal, stigma and secrecy.

CSA in the family is linked to a range of negative outcomes over the whole of the life course, including poorer physical and mental health, lower income, relationship difficulties and further violence and abuse.

However, not all survivors experience long-term impacts. Much depends on the nature and duration of the abuse, the individual's coping mechanisms, and the support they receive. Supportive responses from non-abusing carers are particularly important.

Effective support is critical to enable disclosure, and during investigation and legal proceedings. Therapeutic support for young people can have a positive impact but the availability of services remains piecemeal.

Both adult survivors and children/young people value services that listen to, believe and respect them; where professionals are trustworthy, authentic, optimistic and encouraging, show care and compassion, facilitate choice, control and safety, and provide advocacy.

It is important to provide support to the whole family, and particularly to non-abusing parents, following abuse.

In 2011, the NSPCC published research that revealed 11% of 18 – 24 year olds had reported they were victims of contact sexual abuse at some point during their childhood.

The same research indicates that over 90% of sexually abused children were abused by someone they knew.

Children with Disabilities are three times more likely to be the victims of sexual abuse ([Sullivan and Knutson 2000](#)).

It happens to boys, girls and children of all ages from all communities. Most of these children don't tell anyone or will not get any help until they are adults.

Two-thirds of cases of sexual abuse happen within the direct family and it can be really difficult to tell someone about this kind of abuse.

Younger children might not understand that what's happening to them is abuse or that it's wrong. Older children might be worried they won't be believed or scared about what will happen if they tell.

Therefore, it is really important that adults spot the signs of sexual abuse so it can be stopped.

Whether you work with children or are a parent, the following information has been put together to help you:

- prevent children being sexually abused,
- recognise the signs when sexual abuse might be happening, and
- stop child sexual abuse.

It also provides links to resources and support for those affected by child sexual abuse.

When children are not helped, the consequences of the abuse can be long-term and severe, including the inability to build healthy relationships, poor mental health and physical illness.

Relatively new and emerging evidence in relation to child neglect so far indicates connections to other forms of harm and children's vulnerability to adult perpetrated intra-familial child sexual abuse, child sexual exploitation and harmful sexual behaviours in children and young people. This research identifies 'connections rather than causality' and may help practitioners understand how neglect influences children's vulnerability to other forms of harm. Further information can be found in the document [Child neglect and its relationship to other forms of harm – responding effectively to children's needs: Executive Summary' edited by Steve Flood and Dez Holmes, Research in Practice, NSPCC, Action for Children \(2017\)](#)

Definition

Child sexual abuse

Throughout this toolkit, where the term child sexual abuse is used, it refers to all forms of child sexual abuse that would fall under the statutory definition:

'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 (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.'

[Working Together to Safeguard Children, Department for Education \(2018\)](#)

Child sexual abuse in the family environment

This toolkit uses the definition of child sexual abuse in the family environment as follows:

Child Sexual Abuse in the Family Environment is defined 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. father, uncle, stepfather), or less familiar (e.g. family friend, babysitter). Perpetrators can also be female, such as mother, auntie and stepmother.

[Guidance for joint targeted area inspections on the theme: child sexual abuse in the family environment, Ofsted \(2018\)](#)

This understanding is in line with Crown Prosecution Service guidelines on the Sexual Offences Act 2003, which state:

These offences reflect the modern family unit and take account of situations where someone is living within the same household as a child and assuming a position of trust or authority over that child, as well as relationships defined by blood ties, adoption, fostering, marriage or living together as partners. Crown Prosecution Service, (2013)

*In thinking about whether abuse is intra-familial, perhaps the most important question for professionals to consider is: **'Did this perpetrator feel like family to the child?'***

[Key messages from research on intra-familial child sexual abuse, Centre of expertise on child sexual abuse, \(2018\)](#)

Vulnerabilities

Vulnerabilities	Research evidence
Age	<p>UK evidence does tell us that, for a significant percentage of victims, child sexual abuse in the family environment begins before the age of nine. Most, however, are not identified by authorities until the age of 12 or older. Girls may experience child sexual abuse in the family environment at younger ages than boys.</p>
Gender	<p>All of the research evidence in the UK on prevalence (abuse ever experienced) and incidence (abuse experienced recently) reports higher rates of child sexual abuse among girls than boys.</p> <p>Boys do experience child sexual abuse, however, and may face particular challenges to reporting abuse. Moreover, boys are less likely to be identified by practitioners for a range of reasons. All practitioners should remain alive to the particular needs and challenges of boys in terms of supporting them to speak about their abuse.</p>
Physical and learning impairments	<p>Risk of child sexual abuse for disabled children is three to four times higher than for non-disabled children.</p> <p>Disabled children face particular barriers to reporting their abuse, and have been found to be less likely to report and more likely to delay help-seeking than children without impairments.</p>
Single parents and step families	<p>Several reviews find that a single parent family context is a risk.</p> <p>This may partly be due to sex offender strategies which target economic or emotional vulnerability in single parents (often women). It may also be due to the more limited capacity single parents may have to spend time with their children if they combine work with childcare.</p> <p>Supporting single parents both emotionally and practically can strengthen protective contexts around children.</p>

	<p>Risk of child sexual abuse to children may be higher with stepfathers or parents' partners than biological fathers.</p> <p>Potential explanations suggest that where there is less commitment to the parenting role, the risk of abuse may be higher. This by no means suggests that step-parents generally pose a danger to children, but does suggest attention to family contexts and relationships as a source of risk or protection.</p>
A parent, particularly a mother, also reporting experiences of Child Sexual Abuse	<p>A parent who has experienced child sexual abuse in childhood and who has unresolved mental health and wellbeing issues related to past trauma may have reduced parenting capacity as a result. This may impact on their relationship with their child and/or their ability to recognise possible abuse.</p> <p>Supporting a parent who has experienced child sexual abuse in childhood to access appropriate therapeutic support may be one way of increasing protective context for children.</p>
Unavailability of mother due to employment outside the home, disability or illness	<p>A mother's unavailability may leave children isolated and/or on their own, inadvertently providing potential offenders with greater access.</p> <p>Supporting mothers and wider family networks to strengthen supervisory and emotional support may help to increase the protective environment around the child.</p>
Parental neglect	<p>Children who are neglected may be more accessible to potential offenders as a result of supervisory neglect.</p> <p>Neglected children may seek out love and affection elsewhere and therefore be more vulnerable to the attention of others.</p> <p>Supporting parents to increase their capacity to parent may improve the protective context around the child.</p>
Quality of parent-child relationship (particularly	<p>A child or young person may spend more time away from their parent/home, meaning they become more accessible to potential offenders outside the home.</p>

<p>mother-daughter relationship)</p>	<p>The poor relationship may affect their mental wellbeing and they may seek attention elsewhere.</p> <p>The parent may be unable to adequately communicate with their child and thereby protect them.</p> <p>Working with families to enhance parent-child relationships will support the development of a protective context around the child.</p>
<p>Low parenting satisfaction and parents of sexually victimised children report being less satisfied with parenting than parents of children who were not sexually victimised</p>	<p>Low satisfaction with parenting may manifest in a reduced capacity to respond sensitively to a child, thus disrupting or diminishing the attachment a child makes to a parent/carer. Where this is the case, children may feel more isolated, increasing vulnerability to offenders. A poor relationship may impact on their self-esteem, increasing their vulnerability to grooming strategies.</p> <p>Supporting parents to increase their parenting capacities/abilities may help to increase the protective context around the child.</p>
<p>Family poverty</p>	<p>Internationally, research documents a strong association between families' socio-economic status and the chances that their children will experience child abuse and neglect. The greater the economic hardship, the greater the likelihood and severity of abuse.</p> <p>Poverty is neither a necessary nor sufficient factor. Many children who are not from families in poverty will experience abuse and most children living in poverty will not.</p> <p>Direct and indirect effects of material hardship can interact with other factors to increase or reduce the chances of abuse. These interactions are complex and often circular. For example, poverty increases the risk of mental ill-health and mental ill-health increases the likelihood of poverty.</p>

	Evidence suggests that individual practitioners and child protection systems currently pay insufficient direct attention to the role of poverty in child abuse.
Dangerous/violent communities	Dangerous and violent communities have been linked to child sexual victimisation. It may be that this context is associated with family poverty and that poverty is the more important risk factor (i.e. that living in dangerous communities is a by-product of family poverty). Support to children and families that targets their practical and economic needs may help to increase the protective context of the child.
Low self-esteem and/or low self-confidence in children	Sex offenders may seek out children with low self-esteem or self-confidence because they believe these children are less likely to tell. Where children do not have their emotional needs met they may be more responsive to grooming strategies by would-be abusers.
Children who are overly trusting of others	Sex offenders report that they seek out children who are overly trusting in order to groom and manipulate them more easily.
Families with 'observable' problems	While 'families with problems' are not often well defined in these studies, research shows would-be offenders targeting families where there has been some breakdown; and targeting single mothers who may be economically stressed and isolated

Indicators and signs

Defining 'indicators'

Indicators of child sexual abuse suggest a child is experiencing (or has experienced) actual child sexual abuse.

However, like vulnerabilities factors:

- not all indicators of child sexual abuse are distinctive to child sexual abuse alone and may signal other problems
- a child displaying these signs has not necessarily been sexually abused
- most cases of child abuse are not identified based on a single indicator but rather on clusters of indicators

The absence of indicators does not exclude the possibility that abuse is occurring.

Physical Indicators

- Genital pain/soreness
- Genital/rectal bleeding or discharge
- Enuresis (wetting the bed at night)
- Particular types of sexually transmitted infections may be indicators of sexual abuse (for example, Hepatitis B, anogenital warts; gonorrhoea, chlamydia, syphilis, genital herpes, hepatitis C, HIV or trichomonas infection)
- Pregnancy, especially when the identity of the father is concealed; the child is 13 and under; and if there is concern that a child has been sexually exploited.

Physical indicators may be a sign of other medical conditions and not necessarily child sexual abuse. Alternative explanations should be pursued as well as consideration of child sexual abuse where the physical indicators may have no alternative medical explanation, or they are outside of 'normal' developmental stages.

The evidence base on physical signs of child sexual abuse is limited, partly because of the problems involved in conducting research in this area. Observable signs are relatively uncommon; this might be explained by the timing of examinations in relation to the abuse (NICE, 2009). Where physical signs might be present, they are unlikely to be easily observable by social workers or other support practitioners.

Signs of discomfort, however, may suggest there are possible medical problems to be assessed. Discomfort may cause the child to limp, perform poorly at sport, drop out of strenuous play activities or even have difficulty sitting still. Information from other partner agencies such as health, including sexual health, will be beneficial in building a picture.

The views of both children and parents would be important in determining whether there are any particular unexplained injuries or discomfort.

Demeanours and behavioural indicators

The indicators listed below are identified in the literature as being potential impacts of child sexual abuse. Other demeanours and behaviours not listed here may also indicate child sexual abuse. Demeanours and behaviours may not be related to child sexual abuse at all. These must be considered in relation to other information to hand.

- Indirect or non-verbal help-seeking. It may not immediately be recognised that a child is trying to tell someone what has happened. A child may say something like “I don’t like going to grandad’s house” or “I know a girl who...”
- Fearfulness, where there are no other evident explanations
- Becoming withdrawn/withdrawing communication, particularly where this is a significant change from prior personality/behaviour
- Low self-esteem
- Internalising behaviours (this includes a number of internal stresses such as anxiety and depression)
- Externalising behaviours (these represent interpersonal conflict such as aggression, oppositional behaviour and other ‘anti-social’ behaviours)
- Nightmares
- Extreme distress
- Sudden and unexplained behavioural or emotional change
- Sleep problems, in the absence of alternative explanations
- Concentration problems
- Sexual curiosity and knowledge (outside of developmentally appropriate standards). This might include persistent and inappropriate sexual play with peers, toys, animals or themselves; sexual themes in a child’s artwork, stories or play
- Repeated and coercive sexualised behaviours, particularly in boys
- Dissociation in the absence of a known traumatic event unrelated to abuse; dissociation is a transient state in which the child becomes detached from current, conscious interaction and this detachment is not under voluntary control. A child may appear disconnected or focused on fantasy worlds
- Non-suicidal self-injury (self-harm which includes cutting, scratching, picking, biting, tearing skin, pulling out hair or eyelashes and taking prescribed medications at higher than therapeutic doses)
- Suicidal ideation/attempts
- Hypervigilance, which involves being in a constant state of arousal. A child may appear tense, ‘on edge’ and may demonstrate hostility, especially if they feel threatened
- School adaptation may be suffering (for example, arriving late at school or leaving early; non-participation in school activities or performance is falling)
- Poor or deteriorating relationships with peers
- Substance abuse
- Experiencing child sexual exploitation; the evidence suggests that prior child sexual abuse may be a risk factor for child sexual abuse. If a child

you are working with has experienced child sexual exploitation, you may wish to consider prior childhood experiences

[The Brook Sexual Behaviours Traffic Light Tool](#) can help you to make decisions about certain behaviours and whether they are concerning. The tool differentiates between behaviours that may be seen as normal in very young children but in older children may be more concerning, and vice versa. The tool can be used to supplement an assessment or review process across the child safeguarding pathway including early help, child in need and child protection.

Protective Factors

A protective factor is a characteristic associated with a lower likelihood of experiencing child sexual abuse in the family environment or which reduces the level of risk a particular risk factor presents on child sexual abuse in the family environment. The existence of a protective factor does not rule out that abuse has taken place.

Protective factors can be targeted and strengthened in direct work with children and families.

Child protective factors

- Good health, history of adequate development
- Above-average intelligence
- Hobbies and interests
- Good peer relationships
- Positive school experiences: academic, sporting or friendship-related
- Good and mutually trusting relationships with teachers
- Development of skills, opportunities for development and mastery of tasks
- Positive disposition
- Active coping style
- Positive self-esteem
- Good social skills
- Internal locus of control (a belief that one can control their own life)
- Balance between help-seeking and autonomy

Parental/family protective factors

- Secure attachment; positive and warm parent-child relationship

- Supportive family environment
- Household rules/structure; parental monitoring of child
- Extended family support and involvement, including caregiving help
- Stable relationship with parents
- Parents have good coping skills
- Family expectations of pro-social behaviour
- Higher levels of parental education

Social/environmental protective factors

- Adequate parental income
- Social support for mothers; particularly around birth to ease perinatal stress
- General social support through links with other parents, local community networks and faith groups
- Access to healthcare and social services
- Consistent parental employment
- Adequate housing
- Good schools

Local policies and procedures

For more information on local policies and procedures in relation to helping and protecting children see:

- [Helping Children and Families in North Lincolnshire Document](#)
- [Children's MARS Policy and Procedures for Assessing Need and Providing Help](#)
- Pre-trial protocol which is available via The Haven, Barnardo's following a referral having been made to them

Resources and practical tools

Responding when a child speaks out about being abused

Children are clear about what they need from an effective safeguarding system. These needs from children should guide the behaviour of practitioners.

Children have said that they need

- vigilance: to have adults notice when things are troubling them

- understanding and action: to understand what is happening; to be heard and understood; and to have that understanding acted upon
- stability: to be able to develop an ongoing stable relationship of trust with those helping them
- respect: to be treated with the expectation that they are competent rather than not
- information and engagement: to be informed about and involved in procedures, decisions, concerns and plans
- explanation: to be informed of the outcome of assessments and decisions and reasons when their views have not met with a positive response
- support: to be provided with support in their own right as well as a member of their family
- advocacy: to be provided with advocacy to assist them in putting forward their views
- protection: to be protected against all forms of abuse and discrimination and the right to special protection and help if a refugee

Anyone working with children should see and speak to the child; listen to what they say; take their views seriously; and work with them and their families collaboratively when deciding how to support their needs. [Working Together to Safeguard Children \(page 10, 2018\)](#)

A timely and child centred response is central to a child's ongoing safety and recovery and to the child and family receiving the help and protection that they need.

Listen

- Give the child your full attention in a suitable space free of distractions
- Be calm, patient and reassuring - allow them to be heard
- Let the child take their time, go at their own pace and use their own words
- Do not ask questions that may imply the child is at fault (for example, why didn't you say something sooner?)
- Do not ask leading questions (questions which imply or contain their own answer). This could be prejudicial and contaminate criminal evidence

Reassure

- Tell the child they did a good/right thing in telling you what has been happening
- Tell them that you are treating the information seriously
- Reassure them that they are not at fault

Respect

- Do not make promises you cannot keep - manage their expectations

- Acknowledge their courage, how frightened that may feel and strength in telling
- Tell them what you plan to do next
- Explain that in order for them to be safe you will need to report their experience to someone else and explain who this is and why
- Do not confront the alleged perpetrator

Document the conversation as soon as possible using the child's exact words and report according to your organisation's guidance immediately. Ensure that you follow the local policies and procedures as outlined in the section above.

Child sexual abuse in the family environment - vulnerability template

This template can be used to supplement an assessment or review process across the child safeguarding pathway including early help, child in need and child protection.

Child's Name/ID	
Domains	Evidence
Vulnerability factors as listed above	
Indicators and signs as listed above	
Protective factors as listed above	
Analysis - this should take into account vulnerabilities, indicators and signs and protective factors	
Recommendations - possible interventions to minimise vulnerabilities and strengthen protection	

NSPCC Talk PANTS campaign

The NSPCC has a range of resources for children, parents, teachers and professionals working with children to talk to children about the underwear rule and how to talk to people if they have concerns about child sexual abuse. The resources are tailored to the differing age ranges of children to help them to understand and include posters, video clips, downloadable booklets and colouring pages.

For more information, visit the [NSPCC website](#).

Brook sexual behaviours traffic light tool

The Brook Sexual Behaviours Traffic Light Tool supports professionals working with children and young people by helping them to identify and respond appropriately to sexual behaviours.

The tool uses a traffic light system to categorise the sexual behaviours of young people and is designed to help professionals:

- Make decisions about safeguarding children and young people
- Assess and respond appropriately to sexual behaviour in children and young people
- Understand healthy sexual development and distinguish it from harmful behaviour

By categorising sexual behaviours as green, amber or red, professionals across different agencies can work to the same standardised criteria when making decisions and can protect children and young people with a unified approach.

For more information and training, visit the [Brook website](#).

Grooming

Grooming is when someone builds an emotional connection with a child to gain their trust for the purposes of sexual abuse or exploitation.

Children and young people can be groomed online or in the real world, by a stranger or by someone they know.

Groomers may be male or female. They could be any age.

Many children and young people don't understand that they have been groomed, or that what has happened is abuse.

Groomers will hide their true intentions and may spend a long time gaining a child's trust.

They may also try to gain the trust of the whole family so they can be alone with the child.

Groomers do this by:

- pretending to be someone they are not, for example saying they are the same age online
- offering advice or understanding
- buying gifts
- giving the child attention
- using their professional position or reputation
- taking them on trips, outings or holidays.

For more information on what grooming is, signs and how to protect children, see the [NSPCC webpage on grooming](#).

Harmful sexual behaviour by children within the family environment

Within North Lincolnshire there is a Harmful Sexual Behaviour (HSB) Panel underpinned by a range of HSB trained multi-agency practitioners. This panel facilitates assessment and intervention including for children who display sexually harmful behaviour within the family environment.

AIM2 assessment and Good Lives intervention model

The HSB trained multi-agency practitioners use the Assessment Intervention Moving on (AIM2) assessment framework that is based on four domains:

- Harmful sexual and non-sexual behaviours
- Development
- Family
- Environment

The 'Good Lives' intervention model is used by trained practitioners. This is a holistic strengths-based approach to meeting children's needs and reducing the risk of further sexually harmful behaviour.

Local support and services

North Lincolnshire Children's Services

If a child is at risk of significant harm, North Lincolnshire Children's Services should be contacted on the Single Point of Contact on 01724 296500 or out of office hours on 01724 296555.

North Lincolnshire Harmful Sexual Behaviour Panel

Criteria for children's cases to be discussed at the panel are that they are open cases to Children's Social Work Services or the Youth Offending Service (YOS). Referrals can be made via discussion with named lead HSB practitioners within Children's Social Work Services or the YOS.

Other agencies are required to contact the Single Point of Contact and make a referral if there are concerns that a child is at risk of significant harm and/or has caused significant harm to another child through harmful sexual behaviour.

The Haven

The Haven provides a range of therapeutic support and interventions to children who have experienced trauma as a result of all types of abuse and harm. One to one therapeutic interventions for children and young people and support sessions for parents are available. Professionals may contact the service through the [Barnardo's website](#).

The Blue Door

The Blue Door is a specialist service who provide support to anyone that has experienced domestic abuse and sexual violence in North and North East Lincolnshire and those who have experienced rape and serious sexual offences in Hull and the East Riding of Yorkshire through a variety of advocacy, outreach workers, groups and programmes. The Independent Sexual Violence Advisters (ISVA) services can be contacted through the helpline.

Office Telephone: 01724 841947

Helpline: 0800 197 47 87

Further information and referral forms are available from [The Blue Door's website](#)

Services and support for adults

Supporting parents to address their own needs, increase their parenting capacity and enhance the parent-child relationship is likely to increase the protective context around children. Some of the services available to adults within North Lincolnshire include:

Improving Access to Psychological Therapies

North Lincolnshire Improving access to psychological therapies (IAPT) Adult Mental Health Service. IAPT is an open access self-referral service and therefore can be accessed by anyone affected by domestic abuse, however intervention would only be provided for those experiencing mild to moderate mental health problems. The IAPT service refers severe cases to secondary mental health care services.

For calls of an urgent nature contact North Lincolnshire Adult Mental Health Service – Access Team including the crisis resolution service on 01724 382015

The North Lincolnshire Talking Shop, 19 Market Hill, Scunthorpe is available for walk in referrals and brief consultation/advice.

For telephone referrals to The Talking Shop and IAPT services call 01724 867297

Further sources of support and information

Childline

The trained helpline counsellors at Childline are there to talk through any worries with children. They will not judge and are not easily shocked. Instead, they listen to children and help them talk through their options.

0800 1111

www.childline.org.uk

Lucy Faithfull Foundation

The Lucy Faithfull Foundation campaign Stop it Now! provides help and support, including a helpline for:

- adults worried about the behaviour of other adults or children and young people
- those worried about their own sexual thoughts or behaviour towards children, including those with concerns about their online behaviour
- friends and relatives of people arrested for sexual offending, including internet offending
- any other adult with a concern about child sexual abuse – including survivors and professionals.

0808 1000 900

www.stopitnow.org.uk

Parents Protect

Created by the child sexual abuse prevention campaign, Stop it Now!, this website aims to raise awareness and prevent Child Sexual Abuse. The website has a variety of videos and resources for parents and carers.

www.parentsprotect.co.uk

NSPCC

You can contact the NSPCC if you are worried about the safety or welfare of a child. Their trained helpline counsellors are ready to offer expert help, advice and support 24/7.

They can also take action on your behalf if you are concerned that a child is being abused or is at risk of abuse.

It's free to contact them and you do not have to say who you are.

0808 800 5000 24 hours a day

Text: 88858

help@nspcc.org.uk

www.nspcc.org.uk

Child Sex Offender Disclosure Scheme - Sarah's Law

The scheme enables parents, guardians and third parties to enquire whether a person who has access to a child is a registered sex offender or poses a risk to that child.

Although each case will be considered separately, (in consultation with partner agencies) disclosure will only be made to those people who are in a position to best protect or safeguard a child.

Anyone can make an application for disclosure about someone who has contact with a child under this scheme. The person they are enquiring about doesn't need to live in the Humberside policing area.

You just need to dial 101 and explain that you wish to make an application.

Further information on the scheme can be found on the [Humberside Police website](#).

MOSAC

Provides support for non-abusing parents and carers whose children have been sexually abused.

0800 980 1958

www.mosac.org.uk

Survivors UK

Provides information, support and counselling for men who have been raped or sexually abused.

0845 122 1201 (see website for opening hours as they may vary)

www.survivorsuk.org

NAPAC

Supports survivors of childhood abuse, and supporters of survivors. The helpline is open Monday to Thursday, 10am to 9pm and Friday 10am to 6pm.

0808 801 0331

www.napac.org.uk

CEOP/ Thinkuknow

This website is managed by the police and offers a place to report concerns about online activities but also offers help and advice to children and parents about safe internet use.

www.ceop.police.uk

www.thinkuknow.co.uk

UK Safer Internet Centre

A parents' guide to the technology that children use, highlighting the safety tools available and empowering parents to support their children to use these technologies safely and responsibly.

www.saferinternet.org.uk

Further information

- [The multi-agency response to child sexual abuse in the family environment \(2020\) Ofsted](#)
- [Key messages from research on intra-familial child sexual abuse \(2018\) Centre of expertise on child sexual abuse](#)

The 'Key messages from research' papers aim to provide succinct, relevant information for frontline practitioners and commissioners. They bring together the most up-to-date research into an accessible overview, supporting confident provision of the best possible responses to child sexual abuse

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- [Intra-familial child sexual abuse: Risk factors, indicators and protective factors \(2018\) Research in Practice](#)
 - [Sexual violence and sexual harassment between children in schools and colleges \(2018\) Department for Education](#)
 - [Child's Play? Preventing abuse amongst children and young people, Stop it Now](#)
 - [The impact of child sexual abuse: A rapid evidence assessment \(2017\) Independent Inquiry into Child Sexual Abuse \(IICSA\)](#)
 - [Investigating Child Sexual Abuse \(2017\) Children's Commissioner](#)
 - [Preventing child sexual abuse: the role of schools \(2017\) Children's Commissioner](#)
 - [Making Noise: Children's voices for positive change after sexual abuse \(2017\) Children's Commissioner](#)
 - [Child neglect and its relationship to other forms of harm – responding effectively to children's needs: Executive Summary \(2017\) edited by Steve Flood and Dez Holmes, Research in Practice, NSPCC, Action for Children](#)
 - [Journey to Justice: Prioritising the wellbeing of children involved in criminal justice processes relating to sexual exploitation and abuse \(2017\) Barnardo's](#)
 - [Improving the response to child sexual abuse in England \(2016\) Barnahus](#)
 - [Protecting children from harm: A critical assessment of child sexual abuse in the family network in England and priorities for action \(2015\) Children's Commissioner](#)