

## Child Sexual Abuse Audit

This briefing highlight good practice, key learning, and areas for improvement from audits where children have experienced intrafamilial child sexual abuse (CSA). Steps practitioners can take to access information, training, and resources are included.

### Good Practice

#### Communication Between Partner Agencies was Good

- All cases audited identified good information sharing. Health professionals sharing information following strategy discussions with GPs and other Health professionals.

#### Strategy meeting and SARC attendance

- In most cases, strategy meetings were held and Mountain Healthcare (Sexual Assault Referral Centre) were invited for their expertise and follow up intervention and support.

### Key Learning

#### Neurodiversity vulnerabilities and trauma

- Most of the children had mental health, additional needs or ADHD/Autism. There was no trauma-informed analysis for one child. Children with additional needs can also be more dependent on their caregivers for daily activities, which can increase their risk if the caregiver is the abuser.

#### Inconsistency in understanding the lived experience

- One of the children was never seen alone; the mother was always present and spoke on behalf of the child. Concerns were raised about identifying the mother as a protective factor as she

may not have always acted in the child's best interest, potentially supporting the perpetrator's behaviour and neglecting the child.

### Improving Practice

#### Indicators of Child Sexual Abuse

- Recognise signs and symptoms of sexual abuse and not to be reliant on a disclosure by the child.

#### Safety Planning

- Practitioners should carefully evaluate whether identified protective family members might be influenced by the perpetrator, causing harm to the child/young person and possibly displaying disguised compliance.

#### Sexual Assault Referral Centres (SARC)

- SARC can offer therapeutic support like counselling, as well as forensic medicals.

### Next Steps

- Share the briefing with colleagues and discuss intrafamilial child sexual abuse at team meetings and practice workshops.
- Be aware of transferable risk of CSA to other siblings or family members.
- Avoid using victim-blaming language and understand the importance of using correct terminology when writing about children/young people.
- Attend future planned Child Sexual Abuse training sessions.