



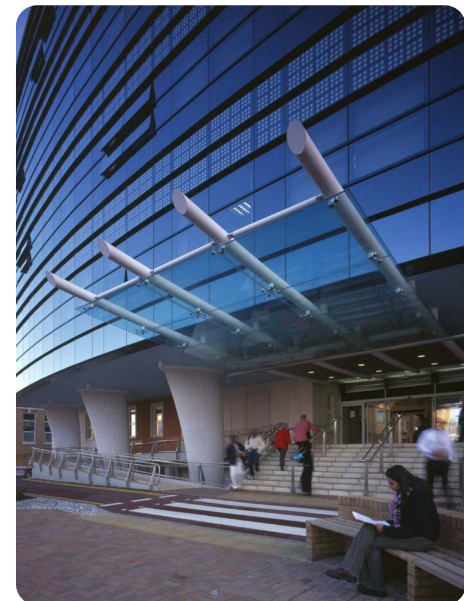
Meeting the needs of children and their carers following sexual abuse:

evaluating experience and outcomes associated with a new service delivery

Dr Andrea Goddard¹, Miss Sylvia McKelvie¹, Dr Dougal Hargreaves², Dr Sophie Khadr¹ and Prof Kaye Wellings³

(1) The Havens Sexual Assault Referral Centres, Kings College Hospital NHS Foundation Trust , (2) Department of Primary Care and Public Health, Imperial College London, (3) Faculty of Public Health and Policy, London School of Hygiene and Tropical Medicine

King's



- Estimated that 15% of girls and 5% of boys experience sexual abuse by age 16 (CSA Centre, 2018)
- **Review (2015)** of pathway following sexual assault for children and young people in London*
- Conclusion showed patchy services overall in London and at Havens, children under 13 seen only during **narrow forensic window**
- Lacking **post assault access** to medical, specialist advocacy and psychology/counselling
- Review identified key issues including...

**Only 1 in 4
children offered
medical support**

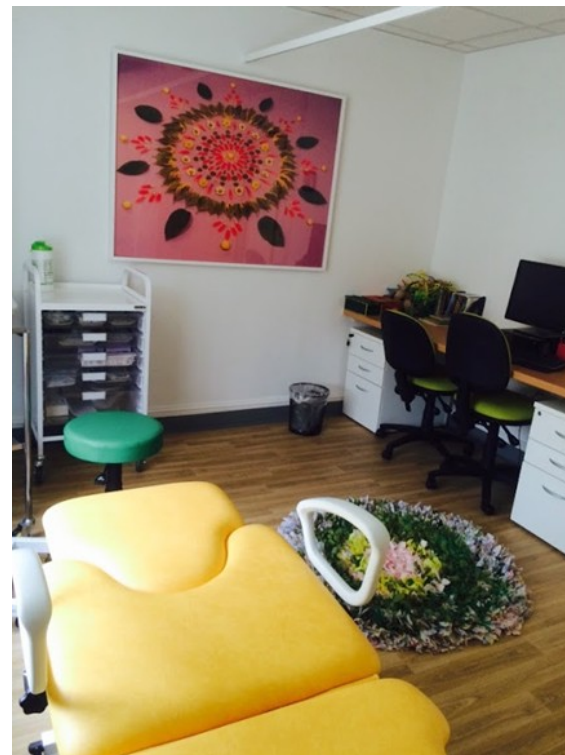
**High thresholds and long waits for
therapy from mental health -
usually no therapy**

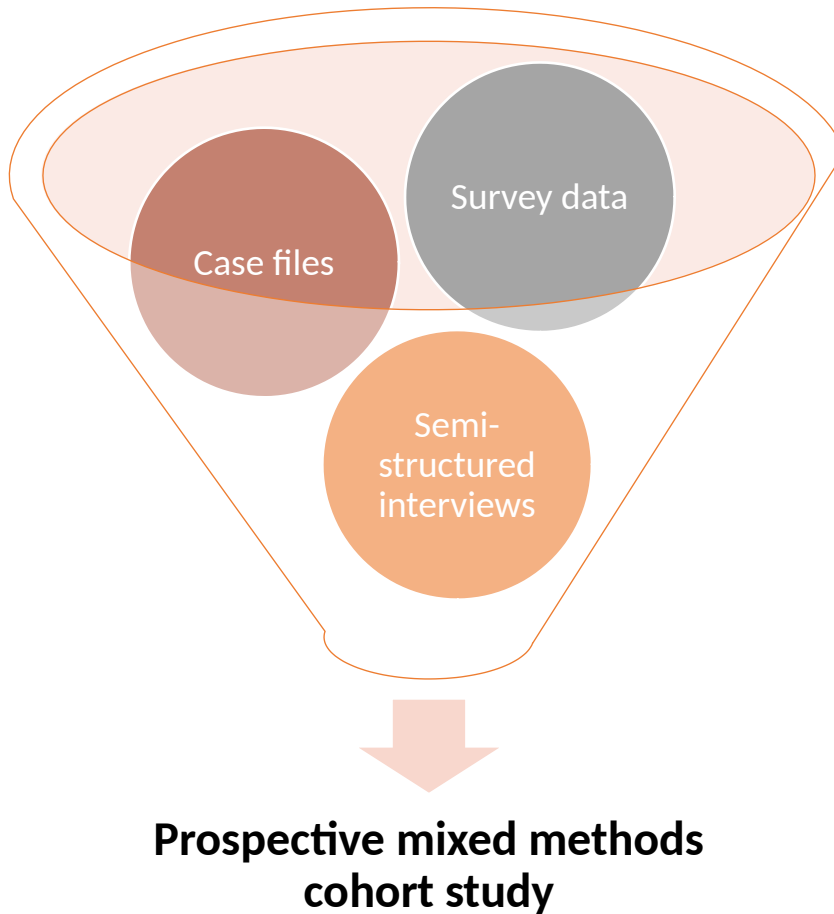
**Lack of long-term, relational
support for children and their
families**

* <https://www.england.nhs.uk/london/wp-content/uploads/sites/8/2015/03/review-pathway-cyp-london-report.pdf>

Children and Young People's Haven Service (CYP)

- Pilot **acute paediatric service** for sexual abuse up to about three weeks after most recent occurrence
- Equitable with adult services: daytime services, follow-up care, medical and advocacy
- In-house child psychologist for assessment and bridging therapy
- ABE interviews with clinical psychologists—national first
- Modelled on Barnahus principles: child-friendly and holistic support





Aims of the study...

1. Measure health, social and judicial **outcomes** after attending child-centred service
2. Assess the **unmet needs** of children and their carers
3. Improve child protection **strategies** for sexual violence

Identified **156 children** assessed during 15 month period

Collated demographic and assault-related characteristics from **case files**

34 carers recruited for **telephone interviews** six months to one year after attending

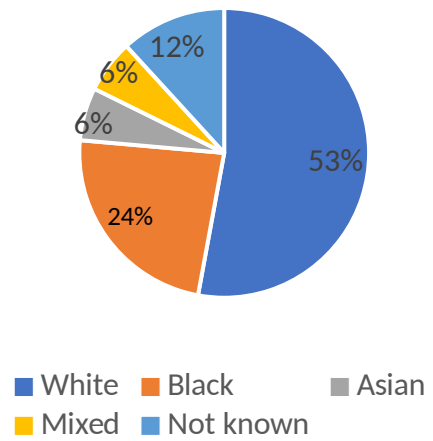
17 carers participated in semi-structured **in-person interviews**

(1) Demographics

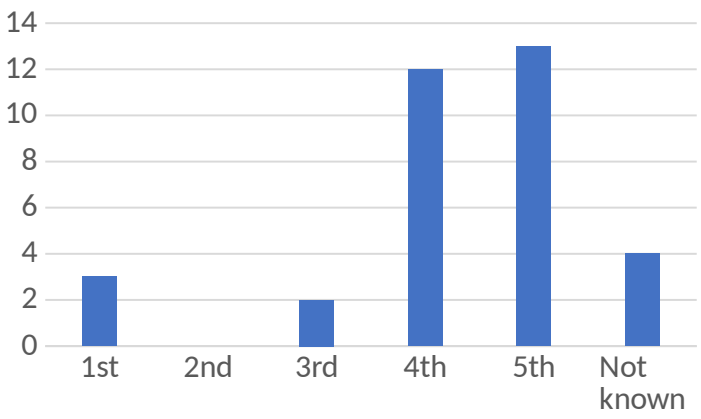
Table 1 Child details

	Participants (N=34)	
	N	%
Sex		
Female	22	64.7%
Male	12	35.3%
Age		
Mean age	6.54	-
Median	6	-
Mode	12	-

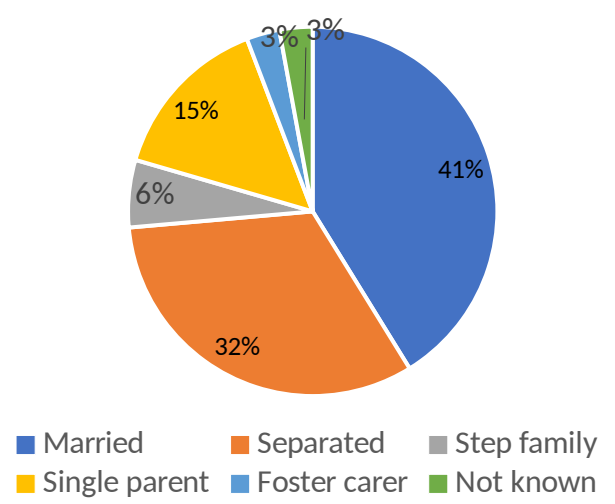
Child Ethnicity



SES (Deprivation Quartile)



Family Composition



(2) Assault details and findings



Perpretrator Ethnicity

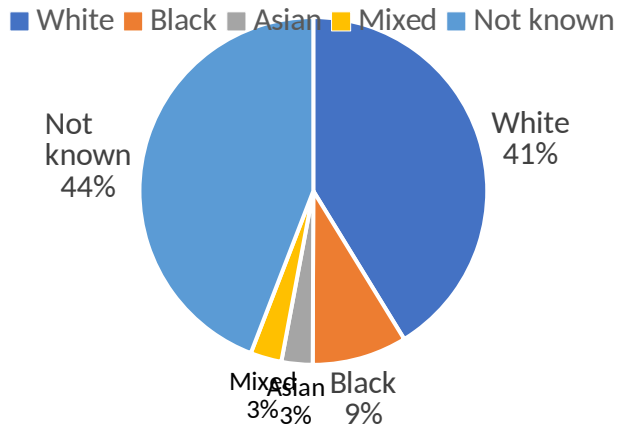
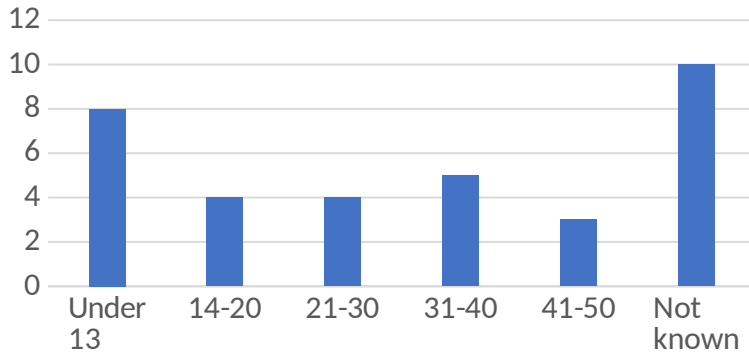


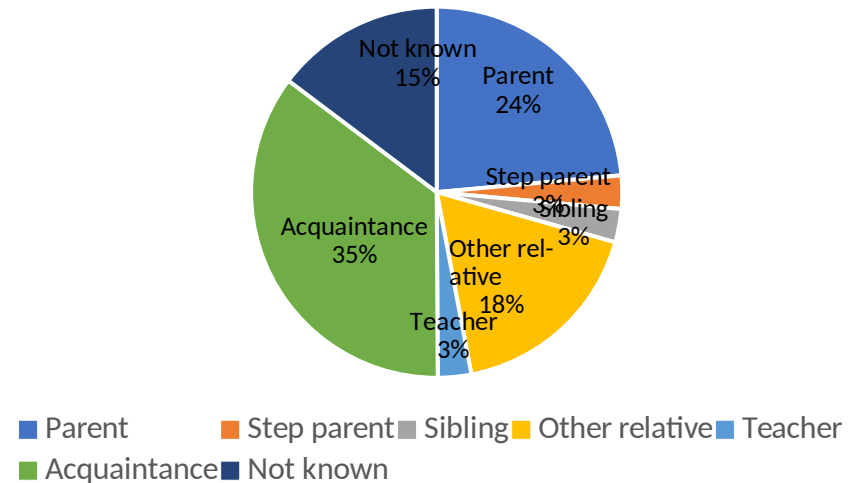
Table 2 Alleged perpetrator details

	Participants (N=34)	
	N	%
Perpetrator sex		
Male	28	82.4%
Female	1	2.9%
Not known	5	14.7%

Perpretrator Age (years)



Relationship to Victim



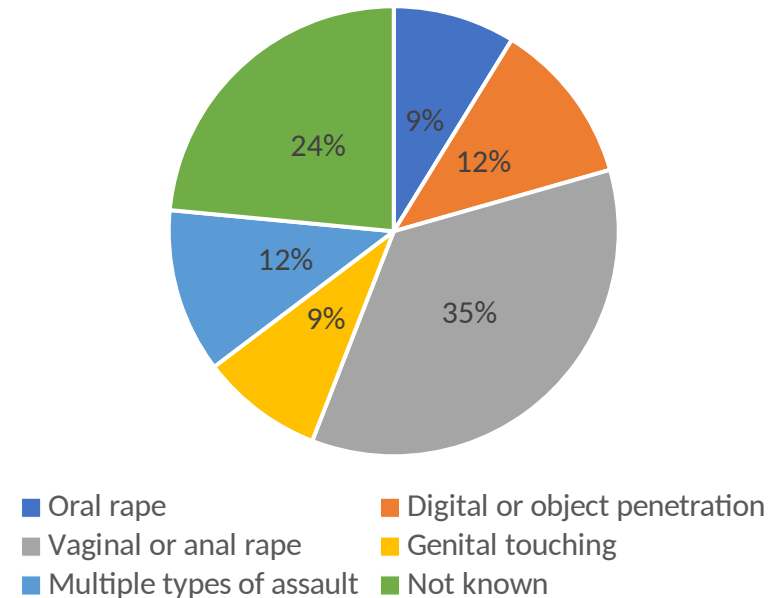
(3) Findings at CYP Service

Findings during examination		
Genital injuries, not diagnostic	3	8.8%
Genital injuries, diagnostic	1	2.9%
Extragenital injuries	1	2.9%
No physical findings	28	82.4%
Not known	1	2.9%

STI results		
Positive	4	11.8%
Negative	22	64.7%
Not known	8	23.5%

Other assault details		
Multiple perpetrators	1	2.9%
Ongoing abuse	8	23.5%

Nature of alleged assault





Educational wellbeing		
School missed		
0-5 days	22	64.7%
1-2 weeks	6	17.6%
2-4 weeks	3	8.8%
More than 4 weeks	3	8.8%
Change of schools	8	23.5%

Voluntary sector and mental health		
Accessed NGO services	12	35.3%
Counselling for child		
CAMHS (NHS)	10	29.4%
School	1	2.9%
Havens	1	2.9%
Private	3	8.8%

Criminal justice system		
Police interviewed child	23	67.6%
Proceeded to criminal court	4	11.8%
Perpetrator found guilty	2	5.8%
Attended family court	7	20.6%
Accessed victim services	2	5.9%

Social care involvement		
Case still open	18	52.9%
Case conference	17	50.0%
Child protection plan	13	38.2%

Key service and interagency outcomes:

1. Decreased school attendance and change of school
2. Significant lack of uptake of psychology services
3. Few cases resulted in sentencing or summons
4. More than half of cases were still open to social care (up to one year after attending CYP service)





- Tension between **expectations** and the “conclusiveness” of examinations
- 67.9% of case notes for all cases (156) indicated clear disclosure
- 28.2% of CYP medical reports noted physical findings; 10.9% were diagnostic genital findings
- Fear of examinations (and lack of knowledge) tempered by expertise, staff and environment

I just wanted to know **is her virginity gone or really sexually he did the abuse** or any injury or she got any disease, like Aids or anything.

- Biological mother
(female child age 9, Asian)

[The social worker] said it's **appropriate for children**, especially, which is the best thing, it's not like you're taking your child to some **adult sexual clinic** [...] So I felt quite in peace of mind that you guys work specifically with children only for these sensitive cases.

- Biological mother
(male child age 6, Black-British)



This is the main concern now, **I just really need to make a status here**. Because they said, I can only stay here 28 more days [...] they have to make a decision within these 28 days. If they make it positive then I can apply for Home Office application [...] **I fear for my child's life and future and mine and everything.**

- Biological mother
(female child age 9, Asian)

- 16/34 (47.1%) of cases closed by social care at time of interview; 13/34 (38.2%) had child protection plan in place
- 1/34 (2.9%) accessed Havens psychology
- Alternative mental health referrals:
 - CAMHS – 10/34 (29.4%)
 - Other NGO – 8/34 (23.5%)
 - Private – 3/34 (8.8%)
 - School – 1/34 (2.9%)
- Key reasons for **selective uptake**:
 1. Partial or delayed disclosure
 2. Carer's desire to move on and concerns about child's wellbeing
 3. Emotional fallout of relationships



Originally, after going to the Havens they explained to me, go to your doctor and ask for a referral to CAMHS, which I did and **the doctor said no**. So then I went back to the Havens and that's when we went through the NSPCC through to CAMHS [...] but to be honest with you **it's too little too late**, the damage has been done now and it's irreversible.

- Biological mother
(female child age 12, white)

That's something I need to get some help with as time goes on, is if she asks me and she has a memory of anything, and says, "Oh, mum, did [redacted] do this to me when I was younger?" I wouldn't ever lie to her about what's happened [...] that's one of the things that worries me for the future is **how to explain what happened**.

- Biological mother
(female child age 5, white)



- 23/34 (67.6%) of children were interviewed by police; 25/34 (73.5%) of cases were closed by police or CPS
- 4/34 (11.8%) had already been to criminal court
- 2/34 (5.8%) participants self-reported that perpetrators were convicted; in both cases the accused entered guilty plea
- Compared to other services, participants generally rated their experiences with the criminal justice system as the **lowest**
- Dissatisfaction attributed to confusion over **lack of evidence** and desire for closure
- Carers felt clear disclosure from child made no difference in CPS decision

The police said there was no further action because there was **insufficient evidence**. Fine. But obviously since then [child] has disclosed more information about what happened, like just in little random bits.

- Biological mother
(male child age 4, white)



(1) Medical Assessments

- Need to better manage concerns about the nature of the examination; this is a guardian and interagency issue
- Many carers expect that the medical examination will “show” what happened to the child
- Not infrequently social care and police have the same view

(2) Mental health & support

- Children may need more time to process abuse before they can talk about it
- Carers or legal guardians feel that they are not equipped to talk to the child about what happened, short and long term

(3) Criminal justice

- Carers feel that even when a child makes a clear disclosure, more importance is given to physical evidence by the police

(4) Education

- High rates of changing or missing school highlights need to consider impact of CSA on child's education

Thanks to

- All staff at the Havens
- Research team

Disclaimer - This paper is based on independent research funded by the British Medical Association Scholarship Grant (2016). The views expressed are those of the author(s) and not necessarily those of the NHS, the British Medical Association or other bodies.



King's College Hospital 
NHS Foundation Trust

LONDON
SCHOOL of
HYGIENE
& TROPICAL
MEDICINE



Imperial College
London

What happens at the Havens...

<https://www.thehavens.org.uk/visiting-us/what-happens-at-the-havens/under-18s/>

Contact us for more information on the study...

Andrea Goddard, Clinical Lead & Principal Investigator
andrea.goddard@nhs.net



@goddard_ag

Sylvia McKelvie, Research Assistant
sylvia.mckelvie@nhs.net