

Somerset Phoenix Project

Information Guide for Professionals



Working alongside professionals and supporting children, young people and families affected by sexual abuse



“The help and support we have received from the Somerset Phoenix Project has been invaluable. They have picked us up on the darkest of days and helped us to start to piece our lives back together. I’m not sure we would still be standing as the strong family we are today without the amazing support we have been given and for that we will be eternally grateful”



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What is the Somerset Phoenix Project?

The Somerset Phoenix Project is a specialist support service for professionals working with children and young people, aged 5-18, and their families, who have been affected by childhood sexual abuse (CSA). It is commissioned by Public Health, Somerset County Council and delivered by partnership between Barnardo's and SARSAS (Somerset & Avon Rape and Sexual Abuse Support).

The Project will reduce the negative impact CSA has on the lives of children and families living in Somerset by:

-  offering support, training, consultation and signposting to professionals who are supporting children and young people affected by CSA
-  supporting parents and carers via information sharing and peer support

Somerset Phoenix Project staff will support professionals, who are supporting a child or young person affected by CSA, providing them with:

-  support
-  signposting
-  information and training
-  consultation
-  reflective supervision

Following an assessment of need, a limited number of children and young people will be able to access specialist support and counselling sessions or creative therapy sessions.

The Somerset Phoenix Project is not a crisis service. If you need crisis intervention please refer to Useful Contacts: page 44.

“I shall be taking my learning from working with the Phoenix Team back to the senior leaders in the school and rewriting our policies to reflect better trauma informed practice for all the staff”

“From the training I have a better awareness of the signs of sexual abuse and feel really confident in knowing what I have to do about them”

“Working with The Somerset Phoenix Project has increased my knowledge on brain science and trauma”





“The training has helped me better understand how trauma impacts on a child’s life and the ripples it has on the people around them”

Definitions of Childhood Sexual Abuse








A child is sexually abused when they are forced or persuaded to take part in sexual activities. This doesn't have to be physical contact and it can happen online. Sometimes the child won't understand that what's happening to them is abuse. They may not even understand that it's wrong.

There are two different types of child sexual abuse: **contact abuse** and **non-contact** abuse.

Contact abuse involves touching activities where an abuser makes physical contact with a child, including penetration. It includes:

-  sexual touching of any part of the body whether the child's wearing clothes or not
-  rape or penetration by putting an object or body part inside a child's mouth, vagina or anus
-  forcing or encouraging a child to take part in sexual activity
-  making a child take their clothes off, touch someone else's genitals or masturbate.

Non-contact abuse involves non-touching activities, such as grooming, exploitation, persuading children to perform sexual acts over the internet and flashing. It includes:

-  encouraging a child to watch or hear sexual acts
-  not taking proper measures to prevent a child being exposed to sexual activities by others
-  meeting a child following sexual grooming with the intent of abusing them
-  online abuse including making, viewing or distributing child abuse images
-  allowing someone else to make, view or distribute child abuse images
-  showing pornography to a child
-  sexually exploiting a child for money, power or status (child exploitation).

(Taken from NSPCC website: <https://www.nspcc.org.uk>)

Current legislation in England states:

"[CSA]...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."

(HM Government, Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children, 2015)

Due to the nature of sexual abuse and how it can be perpetrated the survivor could also be classed as having suffered from physical, emotional, domestic and psychological abuse as well as neglect too.

Information about local safeguarding procedures in Somerset can be found here, including available training.

<http://sscb.safeguardingsomerset.org.uk/>

Statistics

3,090 children on child protection plans for sexual abuse in England and Wales in 2015/16

(Source: Department of Education Children in Need census 2015/16 and Welsh Government Children in Need census 2015/16)

28,600 children assessed at risk of CSA by children's services in England in 2015/16

(Source: Department for Education Children in Need census 2015/16)

In Somerset it is estimated that between 132 and 330 0 to 10 year olds are affected by CSA every year.

Statistics from Avon & Somerset Police

In Somerset it is estimated between 725 and 1345 11 to 17 year olds are affected by CSA every year.

Statistics from Avon & Somerset Police

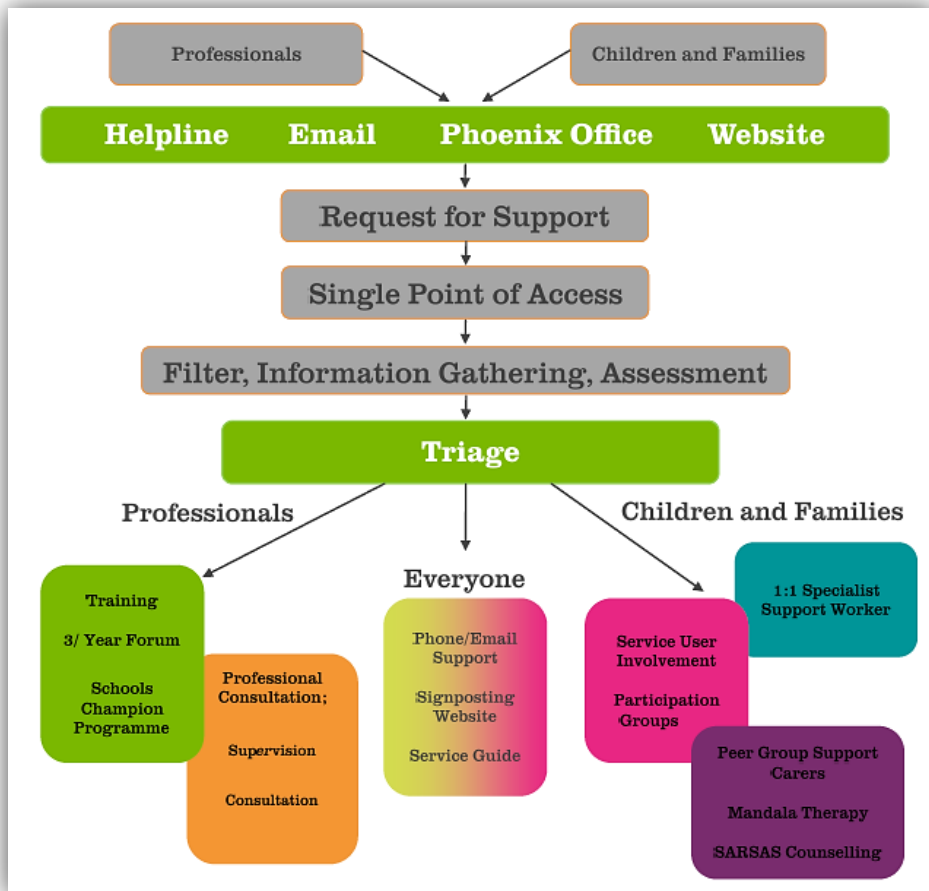
53,811 CSA offences recorded by police in England and Wales in 2015/16

Source: Police recorded crime and outcomes open data tables, updated 27 April 2017

785,000 children aged 11-17 experienced any type of sexual abuse during their childhood; 228,000 experienced contact sexual abuse in their childhood (2009)

Source: Radford et al 2011, Childhood abuse and neglect in the UK today. Figures calculated using reported rates of victimisation and extrapolated using ONS mid-2009 population figures.

Somerset Phoenix Project Service Overview



Support Options available from Somerset Phoenix Project

The primary aim of our service is to support professionals and parents/carers and families to develop their skills and knowledge. This guide will offer you many helpful tips and tools to develop your practice.

Training

We offer full day training courses to increase the skills and confidence of professionals supporting children in Somerset who have experienced sexual abuse. There are two courses, the foundation course with a focus on how you can work in a trauma informed way. The advanced course will focus on how to help the child/young person manage the 'symptoms' of abuse and also the key adults in their lives.

We can also offer bespoke training to staff groups by arrangement. In all cases contact the office for more details.

Professional Forums

We offer three multi-agency forums per year to provide training and a reflective space to develop effective practice amongst professionals working with children and young people and their families who have experienced sexual abuse. The forums will also provide an opportunity to develop and improve the work of the service drawing on service user and professional feedback and challenge.

Schools Champion Programme

SARSAS has already trained 12 Sexual Violence Support Champions in Somerset. The Somerset Phoenix Project will build on the programme to deliver a specialist CSA Champions Scheme in schools across Somerset. The aim is to support schools to develop their understanding and response to children and young people affected by sexual abuse.

Professional Consultation

Our consultation service provides an opportunity for a professional to talk through a sexual abuse related case with an experienced practitioner, using an informed evidence base, in order to help them:

- 👉 reflect on their practice,
- 👉 overcome case related problems,
- 👉 discuss intervention options,
- 👉 create an action plan,
- 👉 discuss ways in which a clear support plan can be developed in partnership with their service user/client.

Peer Group Supporting Parents and Carers

Our peer group support for parents/carers who have children and young people who have been affected by sexual abuse will offer group sessions facilitated by Phoenix staff to allow the development of understanding of how trauma affects children and young people.

Following assessment a small number of children will receive specialist one to one support, counselling or creative therapy.

We have also produced a **Service Guide for parents and carers** and one for children and young people available on our website.

SARSAS Helpline & Somerset Phoenix Project Website

Further support can be found via our contact information p50.







www.barnardos.org.uk/somersetphoenixproject



Criteria for Receiving Support from Somerset Phoenix Project

The Somerset Phoenix Project offers **limited** one to one support to a number of children and young people and their parents. While we don't take referrals we do have a request for support option. This will require the person making contact to work with the service throughout this process.

Criteria for Support:

-  Service users **must** be resident in the Somerset Local Authority area.
-  Children and young people must be aged 5-18 (21 if they have additional needs) at time of the request for support. Professionals may request consultation related to their work with children aged 5 – 18.
-  Professionals / Safeguarding Leads who are working alongside a child or young person who has been sexually abused, will be able to contact the service to discuss training, support and consultation options available.
-  Children/young people must be safe from harm – Somerset Phoenix Project is a recovery service not a crisis service.
-  We will prioritise support to children/young people who have not been able to disclose or are not already receiving another support service.
-  This service will focus on providing support for children aged 5 - 18 years and their families who have experienced sexual abuse and who fall outside the threshold for admission to specialist mental health services and /or other specialist services.










- 👉 We will prioritise children where Phoenix staff assess this to be the best service to meet the needs of the child or young person as a result of child sexual abuse.
- 👉 Young people over the age of 13 who we know have experienced a one off incident of rape or sexual assault by another young person will be referred to SRSAS directly
- 👉 The service will prioritise sexual abuse which has involved physical contact.
- 👉 We will work in partnership with specialist CSE (Child Sexual Exploitation) services to ascertain whether it is appropriate for Somerset Phoenix Project to support a child/young person affected by CSE.
- 👉 When we have established contact with a professional wanting to request support for children and young people the Project will ask for an up to date Early Help Assessment (EHA) to be provided if appropriate.







Advice to professionals working with children and young people affected by CSA

Barriers to Disclosure

Children / young people often do not disclose because:

-  They don't know how to name what has happened to them
-  They have not realised it was rape or sexual abuse
-  Fear of getting into trouble
-  Fear of not being believed
-  Fear of what the perpetrator may do
-  Fear of police involvement
-  Fear it may break the family up
-  Shame and embarrassment
-  Experiencing negative reactions when / if disclose





There are four general types of negative reactions experienced by survivors:

-  Being blamed
-  Receiving insensitive reactions
-  Disclosures that go nowhere
-  Receiving inappropriate support




Barriers to Enquiring About CSA for Professionals

Professionals may be worried about a child / young person making a disclosure to them or about asking a child / young person if they may be experiencing sexual abuse. Worries can include:








Lack of knowledge or expertise

-  Personal discomfort
-  Too complex
-  Lack of confidence in the subject
-  Unclear of what to do if a child discloses

Limited Opportunities

-  Enquiry is not part of their job role
-  Time restraints
-  CSA is not the priority

Fear

-  It is not their place to ask
-  Of re-traumatisation
-  Of upsetting the young person / child / family
-  Of changing the level of engagement
-  Of disengagement
-  Of not knowing how to react, reassure or empathise
-  Getting it wrong

What to Do if a Child / Young Person Does Disclose to You

If a child / young person tells you they have been abused or makes further disclosures about the abuse they have experienced it is because they trust and feel safe enough with you to do so.

If a child / young person does disclose to you it is important to:

- **Listen** – don't be tempted to take over and tell the child / young person what they should be doing.
- **Don't make promises you can't keep**, e.g. keeping it a secret, as you will have to follow safeguarding procedures
- **Believe** what you are told – 96% of disclosures are found to be true. This is one of the most powerful things to do for a survivor of sexual abuse
- **Create a safe, private space** where the child / young person can begin to feel in control
- **Support** – ask the child / young person what support they want; don't make assumptions about what they need.
- **Signpost** – to appropriate services, e.g. police, The Bridge, Safelink, SARSAS (see contacts section)

Remember: your role is **not** to investigate or question just be there and listen.

Safeguarding

If you have a safeguarding concern in Somerset please follow the advice outline of the Local Somerset Safeguarding Board website <http://sscb.safeguardingsomerset.org.uk/>

Think about:














- 👉 Are there any safeguarding issues you need to act upon?
- 👉 Is the person disclosing under 18 or a vulnerable adult?
- 👉 Is the abuser still in a position where they have access to other young people or vulnerable adults?
- 👉 If I do nothing, or if nothing changes, in what way is the child likely to be harmed?
- 👉 What is it I am most worried about?
- 👉 Is the child / young person in immediate danger?
- 👉 Do I need to call Somerset Direct? 0300 123 2224
- 👉 Follow your organisational safeguarding policy



How does Sexual Abuse Affect Children and Young People?

Being sexually abused will traumatise children and young people and as a result they may show some of these signs and symptoms both before and after disclosure:

Emotional:

-  Fears / phobias, e.g. dark places; certain smells, sounds and places
-  Guilt
-  Self-blame
-  Confusion
-  Insecurity
-  Loss of confidence and self-esteem
-  Anger
-  Anxiety
-  Depression
-  Helplessness
-  Mistrust
-  Self-loathing
-  Fear of intimacy and closeness

Behavioural:





-  Anger, aggression, tantrums or bullying
-  Sudden mood swings
-  Soiling / wetting / smearing
-  Sexually inappropriate behaviour or play
-  Become promiscuous
-  Sexually inappropriate / not age appropriate language
-  Masturbation
-  Not able to concentrate
-  Withdrawal / isolating themselves
-  Compulsive behaviours

- 👉 **Clingy**
- 👉 **Dissociation – zoning out or ‘mental flight’**
- 👉 **Self-harm**
- 👉 **Attention seeking**
- 👉 **Telling everyone their story of the abuse**
- 👉 **Drug / alcohol use**
- 👉 **Panic attacks**
- 👉 **Altering the clothes they wear, e.g. not wanting to wear underwear / having something tight round their crotch**
- 👉 **May not want to see certain people / groups of people**
- 👉 **Poor self-care**
- 👉 **Starts talking about their body in a negative way, e.g. it is dirty, repulsive**





Physical:

- 👉 **Tiredness and exhaustion**
- 👉 **Hyperactivity**
- 👉 **Diarrhoea / constipation**
- 👉 **Ache and pains – stomach aches / headaches / muscle tension**
- 👉 **Constant colds**
- 👉 **Asthma / eczema**
- 👉 **Dizzy spells**
- 👉 **Eating problems: eating more or less than is normal for them**
- 👉 **Flashbacks**
- 👉 **Unusual memory loss / poor memory**
- 👉 **Soreness in the genital area**
- 👉 **Regular occurrence of UTI's**
- 👉 **Unexplained bleeding from the genitals or anus**
- 👉 **Unexplained discharges from genitals or anus**
- 👉 **Regular or persistent pain when urinating or emptying bowels**
- 👉 **STD's**
- 👉 **Pregnancy**

Bedtimes:

-  Not wanting to go to bed
-  Insomnia
-  Bed wetting
-  Nightmares or night-terrors

School:

-  Not want to go to school
-  Truancy
-  Difficulties concentrating and learning
-  Overachieving or underachieving

Almost all of the above reactions are stress responses to the trauma they have suffered. These reactions are natural and normal safety mechanisms and are all due to the way in which the brain manages trauma. Trauma is held in the body long after the actual trauma event is over and can be re-triggered through the senses and the brain's reaction to these senses.

“The problem for traumatized children is that when they transition into a safe environment, the primitive brain does not turn off, so the child stays continuously in survival mode. We see these children operating constantly in Fight/Flight/Freeze/ mode; and normal every-day events signal danger to their brain. The child is developmentally stuck in their brain-stem, very little information can get passed up to the higher parts of their brain... Whilst they are stuck here, they cannot form secure bonds with people; manage their emotions or behaviour; think, learn, problem solve or reflect because they are simply trying to stay alive in a world that they feel is highly dangerous.”

Extract taken from: *The Repair Of Early Trauma A “Bottom Up” Approach*. Written by Dr Shoshanah Lyons, Clinical Psychologist and Clinical Director of Beacon House, a specialist mental health and trauma team based in Sussex. January 2017

Why Does this Happen?

The reactions are 'toxic stress' responses to the trauma they have suffered. They are also sometimes called a 'threat' response or a 'panic alarm' response. The body has gone into survival mode. Although upsetting, challenging, frustrating, worrying and possibly overwhelming for the adults around them, these reactions are natural and normal safety mechanisms the body uses due to the way in which the brain manages the trauma they experienced. This is the reason they may appear to be playing up or behaving badly; there is an unconscious reason for them reacting to adults the way they are.

The problem for traumatised children is that when they are safe and the abuse is over, the trauma does not 'turn off', the child stays continuously in survival mode. This means that normal every-day things such as certain events, sounds, smells, sights, places, people and sensations signal danger to their brain which can lead them to become emotionally overwhelmed and have a 'melt down'. It may also mean that they appear fine one moment and the next they have an emotional or behaviour outburst, e.g. they suddenly become angry / aggressive / crying etc. with no apparent trigger. They may also be displaying behaviours that would seem more appropriate for a much younger child, e.g. a 10 year old throwing a tantrum like a 2 year old. They are simply trying to stay alive in a world that their brain is telling them is dangerous.

While they are stuck in survival mode they will find it very difficult to manage their emotions or behaviour, concentrate, think, explain things in words or learn because the part of the brain responsible for these functions is not working properly because of the trauma.

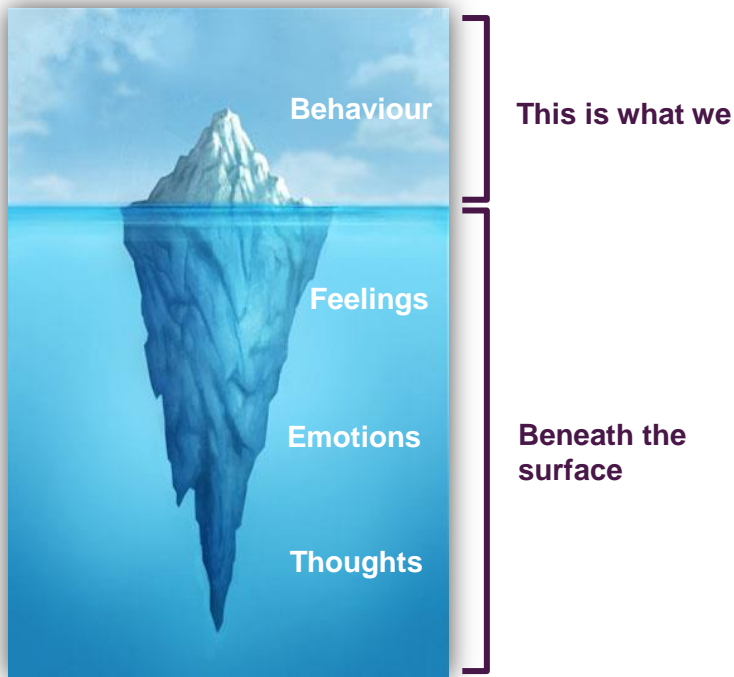
Many parents/carers feel that it is best to just 'move on' from the abuse, this is unlikely to be best for your child or you in the long run as by doing this they are likely to remain in survival mode.

However, with the right help and support, children can cope with and recover from the trauma of sexual abuse.

The Tip of the Iceberg

The behaviour your child displays is being driven by their underlying feelings, thoughts and emotions and by the fact that they are in survival mode. Their behaviour is just their way of telling you that they are, e.g. hurting, scared and/or anxious inside. For example when a child appears to be angry they may actually be feeling scared.

Like an iceberg you can't always see what lies underneath.



Myths About Sexual Abuse

MYTH: Children are usually abused by strangers.

FACT: Over 90% of children are abused by someone they know i.e. family members, relatives and/or close friends. Indeed, the people likely to abuse children are those who have the most opportunity and access to them.

MYTH: Sexual abuse is a rare occurrence.

FACT: 1 in 20 children in the UK have been sexually abused. Over 47,000 sexual offences against children were recorded in the UK in 2016.

MYTH: Sexual abuse only happens in lower income and/or isolated families.

FACT: Sexual abuse crosses all socio-economic, race and class barriers. It happens in both rural and urban environments.

MYTH: Men of certain races are more likely to commit sexual abuse.

FACT: There is no typical abuser. Abusers can be men and women and can come from every economic, ethnic, racial, age and social group.

MYTH: Only young girls are the victims of sexual abuse.

FACT: Girls and boys are equally vulnerable to sexual abuse.

MYTH: People who sexually abused are mentally ill or monsters.

FACT: Studies have indicated that as few as 5% of men and 7.5% of women (taken from a clinical study of 40 women: Faller KC: Women who sexually abuse children. Violence and Victims 1987; 2:263-276) are psychotic at the time of their crimes.

MYTH: Children lie about sexual abuse.

FACT: Children rarely have the sexual knowledge to allow them to talk about sexual incidents unless they have experienced it. False accusations represent only 4 per cent of all allegations (Trocmé and Bala's, 2005). Of this 4%, many of the false allegations are connected with arrangements for children after divorce or separation, with the accusation more often than not made by the non-resident parent rather than the child (Trocmé and Bala, 2005; Bala and Schuman, 2000).

MYTH: Sexual abuse is a once or twice occurrence.

FACT: Sexual abuse typically goes on for about 3 ½ years prior to discovery.

MYTH: It is better not to talk about sexual abuse; the child will forget.

FACT: The child will not forget as the trauma can be re-triggered via the brain's reaction to the senses.

MYTH: Sexual abuse is always perpetrated by adults.

FACT: About 1/3 of all sexual abuse that occurs in the UK is perpetrated by other children or young people.









MYTH: children who 'take back' (recantation) the disclosure of abuse must have been lying in the first place.





FACT: Most children who recant are telling the truth when they originally disclose. They may recant for a number of reasons; mixed feelings about their abuser and about what has happened as a result of the disclosure; if sworn to secrecy by the abuser they may be trying to protect the secret by taking it back; denial; pressure from other people due to the disruption caused or fear of the legal process.



Practical Tips to Help Children and Young People you Support

The following tips may help you. These will need to be adapted to the age and level of understanding of the child or young person. Please contact the Somerset Phoenix Project if you want to discuss.

-  Listen to them (it can come out at any time so stop what you are doing and pay attention). Allow them to talk about the pain and grief. Acknowledge how they are feeling (It's okay to feel).
-  Talk about it with them when they are ready, either verbally or via drawings, paintings. They may act out to get your attention if they feel unheard or confused.
-  As children grow their ability to understand and think about what happened to them changes so as they get older they will continue to need time to talk and ask questions.
-  If you can, take some time on a regular basis to have 1:1 time with them, e.g. playing, reading, making something. This creates a much needed safe, emotional connection for them. Doing this need only be for short periods of time.
-  Be patient! If they do not want to talk don't push them.
-  Be kind! Respond with kindness if at all possible rather than with negative emotions.
-  Acknowledge that it may be difficult or scary for them to talk to you about what happened and how they feel. This is important because once they start talking about it; it becomes less scary for them.
-  Give the child affirmations even if their behaviour is challenging, 'I'm glad you are here.' 'I like who you are.' This is to remind them that you are there for them.

-  Play with children as often as you can. It has been scientifically proven that play helps to calm children. If the child you are supporting is older, try to spend time with them doing something they enjoy.
-  Find ways for them to relax, if possible on a daily basis. Relaxation also helps to calm the body.
-  If they have a flashback or panic attack help them to focus on the present – what they can see, hear, feel and smell. Encourage them to take slow deep breaths with the out breath being longer than the in breath.
-  Family memory jar - on slips of paper draw or write about a positive family moment and store this in a jar. Objects that do not rot can also be put in, e.g. shell / pebble. On 31st December empty the jar out and look back over the year. Start the jar again on 1st January. The time scale can be shortened, e.g. weekly, monthly, depending upon the age of your child/children and circumstances.

Give children outlets for their feelings. Ideas to do this:

Throwaway bag: A bag can be drawn, made or used that you place negative feelings, thoughts, words or drawings inside. The bag is then thrown away or kept depending upon the child.

Using their imaginative play: Be a part of it, join in and allow them to express their feelings via mediums such as play dough, paint, sand, water, model toys - even if their play is aggressive. Allowing them to play gives them a safe outlet for their emotions.

Calm zone: Create a special, safe place for children that they can go to when they start to feel emotionally upset. Put calming items in this space, e.g. books, teddies, blankets they can wrap themselves up in, something that has a favourite smell, an object(s) from the family memory jar etc. Pop up tents are good for this.

Paper and pens: Allow your child/children to have access to crayons and paper or colouring sheets so they can draw or write or colour. Perhaps they could make a happy book.

Music: Listen to music. Dance to some loud music or relax to some calming music.

Bad dreams: Allow them access to paper and pens/crayons so they can draw their bad dream. They may want to show it to you and talk about it, afterwards screw the drawing up and throw it away. Drawings of good dreams can be kept.

Playdough / Slime Putty: Squeeze it hard until it squidges through their fingers or press it really hard onto a plate to make pancakes – screw it up and make some more. This can be done with pizza dough or bread dough too.

Swing Ball / Trampoline / Star jumps / Kicking a ball / Running / Swimming: physical exercise is very good at calming the system down as well as releasing aggressive energy.



Useful Video Clips

Please note: the Phoenix Team cannot accept any responsibility for the content of You Tube videos.

Below is a list of You Tube clips that you may find helpful either for yourself or the families and children you are supporting. Just type the title(s) below into the You Tube search engine and it should find them for you. An image of the first screen you see has been added below to help you check you have got the right clip.

Some of these clips may be distressing to watch, these have been marked with a *

10 Reasons Children Don't Disclose Abuse



Hope and Healing Lauren's Kids



Brene Brown on Empathy



Dan Siegel Name It To Tame It



Dan Siegel – “Flipping Your Lid:” – A Scientific Explanation



Focus on the section from 0:00 – 01:58 especially

Taming And Tending Your Meerkat Brain | Jane Evans | TEDxBristol

This is a long clip, if you do not feel you have the time to watch it all focus on the section from 08:13 – 16:07



Clips for Children and Parents/Carers

Before showing any of these to your children please make sure you have watched them first so you can decide whether it is appropriate to share with them.

Take 5 Breathing: A Calm Down Technique for Kids

CALM DOWN WITH TAKE 5 BREATHING



"Just Breathe" by Julie Bayer Salzman & Josh Salzman (Wavecrest Films)



Kids Explain Mindfulness



Calm Down and Release Your Amygdala



Your Fantastic Elastic Brain



There are several versions of this on You Tube, e.g. Kristi Oster, find one that suits you / your child best.

A Secret Safe To Tell by Naomi Hunter



The Court Process

Preparing for Court, Giving Evidence and Post Trial

Evidence

After a disclosure has been made and it has been reported to the police, the police will gather evidence. One piece of evidence they gather is from the child/young person via an Achieving Best Evidence (ABE) interview. These are videotaped.

A trained intermediary may be used to help the child/young person communicate with the police. They will meet the child/young person and their family before the ABE is undertaken. They can also support the child/young person through the court process if the case goes to trial.

The Role of the CPS

The decision to charge is made by the Crown Prosecution Service (CPS). When making a decision to charge, the CPS will look at the available evidence and ask:

- 1) Is there enough evidence for a realistic conviction?
- 2) Is it in the public interest to prosecute?

This is referred to as the two stage test.

The views of the child/young person can be taken into account but ultimately it is the decision of the CPS. A child/young person may withdraw their complaint by making a statement. The CPS may still continue with the prosecution without the victim's evidence or they may summon them to court. This would be done under number 2 above – public interest.

If a decision is made not to prosecute (not to go to trial), the victim has the right to appeal against the decision under the Victim's Right to Review scheme (VRR). The decision not to prosecute is communicated in writing.

From the CPS' decision to go to trial to the actual trial occurring can be up to a year. During this time, the defendant (the person being accused of the crime) can be kept on remand (in prison) or be out on bail. There are likely to be bail conditions, e.g. no contact with XX. They may also be tagged. A 'Treat As Urgent' (TAU) marker may be placed on their victim's property address. If they breach their bail conditions they will be arrested and reminded of the conditions.

Which Court

All criminal cases start at the Magistrates Court, with more serious crimes such as sexual violence, being transferred to Crown Court. Local Crown Courts are Taunton, Bristol, Bath and Exeter.

When the defendant is a young person, he / she may be tried in a Youth Court. A Youth Court is part of the Magistrate Court. In the Youth Court no public are allowed to attend and there is no jury. The case is heard by a District Judge or 3 Magistrates. The Youth Court does not have the same sentencing powers as the Crown Court. Often the young person may choose to go to Crown Court for a full trial because there is a jury.

Preparing for Trial

It may take 6 – 12 months between making the decision to prosecute and the trial.

During this time the Prosecution (arguing for the victim) and Defence (arguing that the accused is innocent) will meet to prepare the case. There may be other court hearings, e.g. the defendant will have to enter his / her plea, to arrange issues like special measures (see separate section) or for the Judge to give direction on things that need to be done before the trial.

The child/young person DOES NOT need to be present at any of these hearings but updates should be provided by the 'Victim and Witness Care Officer' (see explanation below). If the person is under 18 years of age all communication is sent to their parents / carers.

Everyone has the right to a fair trial therefore the CPS has to show all evidence to the defence so they can prepare their case.

Victim and Witness Care Officer

They work for the police but they do not investigate the crime. They are responsible for ensuring the victim or their parents/carers if the victim is under 18 years of age is given court updates and is offered the relevant referrals to specialist agencies for the person's wellbeing as a victim of crime.

What are Special Measures?

There are practical arrangements that are made to assist the child/young person to give their best evidence in court. All victims of sexual violence should request special measures; this can be done by the police on their behalf.

Special Measures can include:

- A screen around the witness box
- Giving evidence via a live link (with this option the victim can only see the person speaking to them, e.g. barristers / judge, but the whole court room can see them)
- Removal of wigs and gowns
- Video evidence
- Examination of a witness through an intermediary – this is someone appointed by the court to assist a witness because they have a disability that effects their ability to communicate or they are a young witness
- Examination using communication aids
- Make provision for the presence of a supporter to the witness in the live link room – this cannot be a member of their family but has to be someone independent, e.g. Independent Sexual Violence Advisor (ISVA) / Intermediary

Note of Caution: It is not unknown, however, for special measures to be agreed, e.g. screen in court, and for the witness to turn up and find that these have been overturned as the defendant's barrister has fought to get them removed.

Before Giving Evidence

Memory Refresh:

Because it may have been several months or up to a year since the victim was interviewed by the police, the week before or even the day before the trial, a victim will be given the opportunity to watch their video / ABE interview and read any written statements they may have made.

Sometimes an ISVA / Intermediary can be present sometimes not – there are no clear guidelines on this.

Pre-Trial Visits:

The ISVA or Lighthouse can liaise with the Witness Care Service (see below) so a visit can be organised before the trial to have a look around the court and witness waiting areas.

The ISVA can accompany the victim. Family and other support can also attend.

Witness Care Service:

The witness care service is part of the Citizens Advice Bureau. They are based in court and can assist with pre-trial visits to view the court building and court room. They can also be in the court room during the trial to support the victim. They do not know the details of the case.

Defendant:

The defendant can change his / her plea at any time before or during the trial. They may choose to enter a guilty plea, more than likely to any lesser offences. If this happens the CPS and Police will consult with the victim to decide what happens next, e.g. accept the plea or continue to trial.

The Trial

The victim will meet the prosecution barrister before the trial commences. There will also be an opportunity to meet the defence barrister and the judge if the request is made.

The Jury will be sworn in.

Opening speeches are given by the prosecution. This is the first time the jury get to find out what the case is about.

The video / ABE interview will be played to the court room. This is the evidence-in-chief. If a written statement was provided, the prosecution barrister will talk through it.

The Judge will tend to be the first person to speak to the victim giving evidence.

Following the judge, the defence barrister will cross examine the victim / witness.

The victim / witness is re-examined by the prosecution. Possible questions from others, e.g. judge / jury could then be asked.

If the child/young person is giving evidence in a separate room their parent / carer is not allowed to be in there with them. The ISVA / Intermediary is sometimes allowed in.

After this the victim / witness is allowed to leave.

The trial will then continue with the prosecution presenting their case and then the defence presenting their side of the case. The defence barrister will sum up the case last and then the judge will give the jury some direction about the law to assist them to make their decision.

After the Trial

In Magistrates court there is no jury so the District Judge or 3 Magistrates will decide if the defendant is guilty or not guilty. The Magistrates do not all need to agree.

In Crown Court the jury need to reach a verdict upon which they ALL agree. If a decision cannot be made upon which they all agree, they can be told by the judge that they can return with a majority verdict – this is not common.

Hung Jury - If the jury cannot decide on a verdict this is classed as a Hung Jury. In this case the defendant is neither convicted nor acquitted. If this happens the victim is given a couple of days to decide whether they wish to go for a re-trial. If they do, the process will start again with a new set of jurors.

Not Guilty – the prosecution will not be able to prove the defendant's guilt to the very high standard required. The victim does not have the right to appeal.

Guilty – sentence may be passed immediately or the case may be adjourned to enable pre-sentence reports to be prepared. The victim and his / her family can be present for the sentencing. The ISVA / Intermediary can go with them. While the case is adjourned before sentencing the defendant can be out on court bail even though they have been found guilty. The defendant does have the right to appeal against the decision and there could be a re-trial as a result of the appeal.

Each offence in the Sexual offences Act carries and maximum and minimum sentence. It is the judge's decision to sentence.

Victim Impact Statement (VIS) or Victim Personal Statement (VPS)

When there is a guilty verdict a VIS or VPS is an opportunity for the victim to write down how the crime has affected them. This will be taken into account by the judge when sentencing. The VIS / VPS can be read out by the victim in court or they can have someone else (e.g. judge / barrister) read it out for them.

A parent / carer can write this statement on behalf of a young child. ISVA's can support their clients to write these statements.

VIS / VPS's can be taken more than once during the process, e.g. at disclosure and police interview; after re-watching their ABE interview and after the trial.

Any breaches of bail conditions will also be taken into consideration by the judge when considering sentencing.

Criminal Injuries Compensation

This is a government scheme to compensate victims of violent crime for their physical and mental injuries.

An application must be made as soon as possible. There is a 2 year limit BUT it is advisable to wait until there is an outcome, such as after court. Applications for compensation will be disclosed to the defence and can be used to undermine the victim's account.

This can be done online at:

<https://www.gov.uk/government/organisations/criminal-injuries-compensation-authority>

Useful Links for Court Information

Rights of Women

www.rightsofwomen.org.uk

This provides legal guides and handbooks containing vital legal information to help women and children through the law. 'From Report to Court' and 'Your rights, Your Body, Your Life: Sexual Violence and the Law: a YP's Guide' are both good documents.

Victim Support

www.victimsupport.org.uk

This charity helps survivors of crime. The website includes a section on going to court before trial, during trial and after trial.

You and Co

www.youandco.org.uk

This is Victim Support's youth programme. It helps young people cope with the impact and effects of crime. It includes an online interactive court room.

Government

www.gov.uk/going-to-court-victim-witness

Citizens Advice

www.citizensadvice.org.uk

(The above information about court was provided courtesy of SafeLink.)

Supporting a Child / Young Person During a Police Investigation / Trial Process

The advice often given to parents / carers is not to talk to their child about the evidence or what happened to them. They are allowed, however, to talk to their child about the court process: who's who, the building, facts about the process, possible outcomes etc. If the child talks to them they are advised to not guide, question, lead or get them to re-tell it again. They are advised to just listen.

As a professional you may be supporting a child or young person who has made a disclosure that is currently being investigated or is going to trial. If you are supporting a child the same rules apply to you as to parents.

If a child or young person does tell you about something related to the sexual abuse or makes a disclosure:

DO:

- Listen
- Be supportive
- Be empathic

DO NOT:

- Question them
- Lead them
- Ask for details

Ask them if they have told anyone else or if they have told the police. If they haven't, listen very carefully and note down the FACTS only. If you are able, note down their exact words.

Write up your notes clearly and precisely – facts only – as soon after the session as possible while it is still fresh in your mind. Remember your notes could be called as evidence or you could be called as a witness.

Inform your safe guarding lead as soon as possible and if necessary contact the police to inform them of what has been said to you.

LISTEN – RECORD - REPORT

Useful Contacts

Please note: the Somerset Phoenix Project cannot accept any responsibility for the content of external websites.

LOCAL SUPPORT

SARSAS (Somerset & Avon Rape and Sexual Abuse Support)

SARSAS offer a Helpline service.

For numbers and operating times see above.

SARSAS have also developed a number of self-help guides on sexual abuse.

www.sarsas.org.uk



The Bridge

The Bridge provides crisis intervention and support around collection of evidence that sexual abuse has occurred. They have a 24 hour phone line and a separate friends and family service.

SARC – also provide counselling for recent sexual assault for Men, Women and young people 14+

www.thebridgecanhelp.org.uk

0117 342 6999



Safelink

Safelink provides Independent Sexual Violence Advisors (ISVA). This includes advocacy support when reporting to the police and going to court.

www.safelinksupport.co.uk

0333 323 1543



Somerset Sexual Violence Services Pathway

For more information about any sexual violence services in the South West:

www.survivorpathway.org.uk



The Green House

The Greenhouse is a registered charity which provides free, confidential specialist counselling / therapy and support for men, women and children who have experienced or been affected by sexual trauma at any point in their lives. Although the counselling is mostly within Bristol there are useful resources on their website.

www.the-green-house.org.uk
0117 935 1707



Trauma Recovery Centre (TRC)

The TRC facilitates recovery for children and young people as they process trauma as well as providing training for professionals.

<http://www.trc-uk.org/>
Email: admin@trc-uk.org



Young Victims Service

Young Victims Service is for young people from 8 to 18 (can be up to 25 for those with additional needs) who need help and support having been victims of crime and/or anti-social behaviour.

<https://youngvictims.wordpress.com/>
01275 88 44 88



SIDAS

This is the local domestic abuse support service.

[http://www.sometsurvivors.org.uk/somerset-integrated-domestic-abuse-service/](http://www.somerset survivors.org.uk/somerset-integrated-domestic-abuse-service/)
0800 69 49 999

Somerset Survivors
Working together to reduce domestic abuse in Somerset

Kooth

Offers free, safe and anonymous online support for young people.

<https://xenzone.com/kooth/> <https://kooth.com/>
0845 330 7090



The Somerset County Council Children's Social Care

www.somerset.gov.uk/organisation/departments/childrens-social-care

NATIONAL SUPPORT

Please note: the Somerset Phoenix Project cannot accept any responsibility for the content of external websites.

NSPCC

The NSPCC has some useful resources designed to help support children affected by child sexual abuse. The NSPCC also provide helpful definitions of sexual abuse.

www.nspcc.org.uk

The NSPCC logo consists of the letters "NSPCC" in a bold, green, sans-serif font.

Rape Crisis England and Wales

Provides information about rape and sexual abuse.

<https://rapecrisis.org.uk/>

0808 802 9999

The logo for Rape Crisis England & Wales features the words "RAPE" and "CRISIS" in a stylized, hand-drawn font. "RAPE" is in purple and "CRISIS" is in green. Below the text, it says "England & Wales" in a smaller, black font.

Mosac

Mosac offer a national helpline for parents and carers of children who have been sexually abused.

<http://www.mosac.org.uk/>

<http://www.mosac.net/> (this is the Australian version and has lots of very helpful information pages on it)

0800 980 1958 freefone (or 020 8293 9990) weekdays

The Mosac logo features a stylized icon of a person and a child, followed by the word "mosac" in a lowercase, sans-serif font. Below the name, it says "supporting non-abusing parents and carers of sexually abused children" in a smaller font.

Stop It Now

It is a child sexual abuse prevention campaign run by the Lucy Faithfull Foundation. They support adults to play their part in prevention through

providing sound information, educating members of the public, training those who work with children and families and running their freephone confidential helpline.

<https://www.stopitnow.org.uk/>

0808 1000 900

The logo for Stop It Now! UK & Ireland features the words "stop it" in white on a red background, followed by "now!" in white on a black background. Below the logo, it says "UK & Ireland" and "Together we can prevent child sexual abuse" in a smaller font.

GENERAL SUPPORT

Childline

This is a private and confidential service for children and young people up to the age of 19.

They are able to contact a counsellor to talk about any issues.

<https://www.childline.org.uk/>

0800 1111



Victim Support

This is an independent charity supporting

people who have been affected by a crime or traumatic event.

They aim to help people feel safer and find the strength to move forward after a crime.

<https://www.victimsupport.org.uk/>

0300 303 1972



The Lighthouse

A team of staff from the police and victim support organisations, who work together to

guide, advise and support victims and witnesses of crime.

<https://www.lighthousevictimcare.org/>

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Young Minds

UK's leading charity committed to improving

the emotional wellbeing and mental health of children and young people.

www.youngminds.org.uk

0808 802 5544



Centre of Expertise on Child Sexual Abuse

www.csacentre.org.uk

www.barnardos.org.uk

Glossary of Useful CSA Terms and Acronyms

Note: You will not find all the following terms and acronyms used or referenced in this guide but you may come across them in other CSA related documents.

Achieving Best Evidence:

This is the video recorded evidence taken by the police.

Digital Penetration:

This is penetration where the fingers of the perpetrator are forced/inserted into the vagina or anus of the victim.

Dissociation:

This is often described as zoning out or mental flight, body and mind separate. Dissociation is a way in which some children survive abuse by escaping mentally to a safe place while the abuse is happening. Children may dissociate in different ways.

Flashbacks:

These are a sudden, powerful, re-experiencing of a past experience or elements of a past experience.

Independent Sexual Violence Advisor (ISVA):

These are professionals trained to provide emotional and practical support to survivors of rape, sexual abuse and sexual assault who have reported to the police or are considering reporting to the police. They provide support from the moment of reporting to the police through to the court stages.

Locally these are provided by Safelink – see contacts section.

Intra-Familial Sexual Abuse:

This means sexual abuse that occurs within the family. In this form of abuse, a family member involves a child in (or exposes a child to) sexual behaviours or activities. The “family member” may not be a blood relative, but could be someone who is considered “part of the family,” such as a godparent or very close friend.

Sexual Assault Referral Centre (SARC):

This is a special facility where survivors of rape or sexual assault can receive immediate help and support. They offer STD and pregnancy tests and forensic medical examinations from trained staff. They also provide crisis workers who can support the survivor. **Our local one is The Bridge – see contacts section.**

Sexual Offences Prevention Order:

Sexual Offences Prevention Orders (SOPOs) are a type of civil order. A SOPO can prohibit the defendant from doing anything outlined in the order. This is what is considered ‘necessary to protect the public from serious sexual harm by the defendant.’ They can be imposed either at the time of conviction or post-conviction if an application for such an order is made.

Child Protection Officer:

These are officers who are part of the investigation team. They have an increased level of training and they would also act as the equivalent of the Family Liaison Officer throughout the investigation.

Sexual Violence Multi Agency Risk Assessment Conference:

This meets each month and is attended by representatives from a range of statutory and voluntary agencies. Each meeting looks at 6 victims, all who have complex needs. They work together to draw up a multi-agency action plan to prevent re-victimisation.

Acronyms

ABE – Achieving Best Evidence

CPS – Crown Prosecution Service

CSA – Child Sexual Abuse

CSE – Child Sexual Exploitation

ISVA – Independent Sexual Violence Advisor

SARC – Sexual Assault Referral Centre

SOPO – Sexual Offences Prevention Order

CPO – Child Protection Officer

SV MARAC – Sexual Violence Multi Agency Risk Assessment Conference

VRI – Video Recorded Interview



Somerset Phoenix Project Contact Information

You can phone or text the Somerset Phoenix Project to request support

07590 627693

Alternatively you can email us on:

somersetphoenixproject@barnardos.org.uk

You can take a look at our website

www.barnardos.org.uk/somersetphoenixproject

You can also call the Somerset & Avon Rape and Sexual Abuse Support (SARSAS) Helpline

Women and Girls **0808 801 0456**

Lines are open:

Monday and Friday 11:00am – 2:00 pm

Tuesday, Wednesday and Thursday 6:00pm – 8:30pm

Men and boys **0808 801 0464**

Lines are open:

Monday 11:00am – 2:00pm

Tuesday 6:00pm – 8:30om

SARSAS email support: **support@sarsas.org.uk**

Published March 2018. Barnardo's Registered Charity No's. 216250 and SC037605