**Intra-Familial Child Sexual Abuse Referral Risk Matrix**

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| **Referral** |  | **Review** |  |

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| **Named worker leading on the Risk Assessment** |  | **Contact Details & Agency** |  | **Date** |  |
| **Authorising line manager** |  | **Contact Details & Agency** |  | **Date** |  |

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| **Child’s full name (+ aliases)** | **D.O.B.** | **Age** | **Home Address** | **LL ID** |
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| **Disability** | **Gender Identity** | **Ethnicity** | **First language** | **Child Legal Status** |
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| * **Child’s Pen Picture / What has happened to this child /Be clear about whether the child made allegations or is there suspected abuse and if so why. Tell us who the child and who is in their network, include the family genogram/ecomap.** |
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**Intra-Familial Child Sex Abuse Referral Risk Matrix**

**The Intra-Familial Child Sex Abuse Referral Risk Matrix is a tool to determine suitability of a child/young person to be discussed at the Sexual Harm Consultation Group. It should be developed alongside with and complimenting any other plan for the young person’s welfare. This does not replace the IFCSA Procedures already in place and should not be used as a threshold document in relation to level of involvement, this is a referral tool for the consultation group. Please use this tool in line with local Safeguarding Partnership Procedures**

**Professional Assessment of Safeguarding Risk Indicators for Referral to the Sexual Harm Consultation Group**

* The Matrix should be completed by the child or young person’s Social Worker or Key Worker with the input of the child/young person, family and partner agencies. That does not mean that the questions should be directly asked, these should be formatted into family friendly signs of safety best questions.
* All risk indicators should be completed with supporting evidence which is mandatory, think about your mapping or evidence from the harm matrix such as first, last and worst. Consider the impact on the child/young person.
* The heading risk indicators are not exhaustive; they are simply those mostly commonly recognised which may indicate a risk of Intra-Familial Child Sex Abuse; there may be other relevant factors present which require consideration and analysis. One tick in a high-risk box, or several in low-risk may indicate a serious risk, alternatively this might be an indication of other concerns that require addressing via the child’s overall plan, or by accessing other appropriate services. A degree of professional judgement is required when making an overall outcome.
* The risk and vulnerability factors provided against each of the risk indicator headings are also not exhaustive; they are simply prompts for consideration. Consequently, the recorded risk for each of the risk indicators does not necessarily need to correspond with the risk and vulnerability factors highlighted. There may also be two risk indicators relevant to that child based on their own unique circumstances. It is important to provide analysis to evidence how the assessment of an individual risk indicator has been achieved, the Intra-Familial Child Sex Abuse Toolkit should be referred to as supporting evidence where relevant.
* When assessing a child or young person’s risk of harm, it is essential to highlight if the concerns and the information being provided is current or historic. If the concern or information is historic but relevant, it necessary to evidence how this relates to the current assessed risk.

\*Please indicate a level of assesses risk against **ALL** the following risk indicators

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|  | **Risk Indicator – Where a member of the family/household is suspected of a sexual offence** | **Indicator** | **Evidence/Consider information from mapping/harm matrix, first, last, worst** |
| **LOW** | * Alleged offence is an isolated allegation by an adult known to the person * Alleged abuser is no longer in the family home or having any contact with the child, the safety plan is fully supported by all family |  |  |
| **MEDIUM** | * Alleged offence is historical by another child/young person and the person was a child themselves at the time of the allegation with no further allegations or red flags * Alleged offence is by an adult with some additional worries such as a multiple allegations/history of sexual violence * Alleged abuser is no longer in the family home but has regular contact with the children where there is a firm safety plan and supervision by a person fully assessed as having capacity to protect |  |  |
| **HIGH** | * Alleged offence is by a child/young person within the family * Alleged offence is by a child/young person outside the family * Alleged offence is historical by another child/young person the person was a child themselves at the time of the allegation but there has been further behaviours/allegations during adulthood which are red flags * Alleged offence is against an adult with significant additional worries such as a multiple allegations/history of sexual violence and deviance * Alleged abuser shows behaviours that are red flags such as; keeping secrets, favouring a child and buying them gifts, playfighting, using sexual language * Alleged abuser remains in the family home or has regular contact with the children where there remains worries |  |  |

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|  | **Risk Indicator – Indicators of child sexual abuse/Red flags** | **Indicator** | **Evidence/Consider information from mapping/harm matrix, first, last, worst** |
| **LOW** | * No red flags identified |  |  |
| **MEDIUM** | * Physical health needs such as; discharge or bleeding from genitals, genital soreness, UTIs, bedwetting, soiling, constipation * Child/Young Person has night terrors and problems sleeping * Child/Young Person changes the way they dress, this could be dressing provocatively or covering up * Changes in personal hygiene, this could be poor or excessive * Child/Young Person talks about a new/secret friend or relationship * Child/Young Person suddenly has money or gifts without explanation |  |  |
| **HIGH** | * Physical health needs such as; Recurrent abdomen pain, recurrent UTI’s, Genital warts, tears to genitals, unusual bruising around the genitals or which suggest being held down * Sexually transmitted infections or pregnancy * Self-harming of the Child/Young Person’s genitals * Child/Young Person is showing signs of inappropriate sexual behaviour * Child/Young Person removes clothes at inappropriate times and mimics sexualised behaviours with toys * Child/Young Person shows fear of closeness/being touched |  |  |

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|  | **Risk Indicator – Child/Young person Vulnerabilities/Characteristics** | **Indicator** | **Evidence/Consider information from mapping/harm matrix, first, last, worst** |
| **LOW** | * Child/Young Person has no additional learning needs * Child/Young Person displays good social skills and has a positive peer network * Child/Young Person has some difficulties with identity and confusion around sexuality which identify a support need |  |  |
| **MEDIUM** | * Child is baby or toddler who cannot verbalise any worries * Child/Young Person is going through or recently gone through puberty which is a time teenagers often communicate less with parents, experiment with alcohol/drugs and become more sexually curious * Child/Young Person is a victim of some low level physical abuse or neglect * Child/Young Person has some additional learning needs * Child/Young Person displays some difficulties with social skills and has a limited peer network * Child/Young Person has some difficulties with identity and confusion around sexuality which appears problematic and unsupported * Child/Young Person may be over-compliant or quiet * Child/Young Person is home schooled * Child/Young Person has been a victim of neglect or other form of abuse |  |  |
| **HIGH** | * Child/Young Person has suffered significant trauma and has been a victim of physical abuse or neglect resulting in them suffering significant harm * Child/Young Person has significant learning needs making their understanding low * Child/Young Person has a disability, especially if they are non-verbal or have personal care needs * Child/Young Person has distorted views of sexuality and what a healthy relationship may look like * Child/Young Person is home schooled, there is evidence of no education and child is isolated * Child/Young Person has missing episodes, not wanting to be at home or avoiding the alleged abuser |  |  |

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|  | **Risk Indicator – Relationships** | **Indicator** | **Evidence/Consider information from mapping/harm matrix, first, last, worst** |
| **LOW** | * Parents/Carers show warmth, support the child/young person and have positive communication with the child/young person. * Parents/Carers have a positive family network who demonstrate positive attitudes and behaviours * The young person has positive relationships with family members * Primarily positive friendship groups |  |  |
| **MEDIUM** | * Child/Young Person has an inconsistent relationship with the non-abusing parent/s making it more difficult to share worries * Child/Young Person has limited friendship groups and social networks |  |  |
| **HIGH** | * Child/Young Person has a very difficult relationship with the non-abusing parent/s making it more difficult to share worries * Child/Young Person displays significant difficulties with social skills and has no positive peer network, they are isolated * Child/Young Person spends a significant amount of time talking to unknown people online with no safety settings or oversight |  |  |

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|  | **Risk Indicator – Parents/Carers capacity to protect** | **Indicator** | **Evidence/Consider information from mapping/harm matrix, first, last, worst** |
| **LOW** | * Parents/Carers show appropriate understanding of safeguarding based on risk, or show a strong desire to put appropriate safeguards in place and follow guidance but may require some support in this area from professionals involved to build on confidence and understanding * Non-abusing parent has been assessed as having capacity to protect using appropriate tools and evidence based assessment |  |  |
| **MEDIUM** | * Parents/Carers have a limited support network or Family relationships are strained * Parents/Carers demonstrate their own difficulties in life which may impact on their ability to provide adequate support or safeguards such as learning needs, poor mental ill health, substance misuse or domestic abuse * Parents/Carers lack understanding, tolerance and at times warmth towards the young person. * Parents/Carers struggle to implement rules, boundaries and consequences and require support in this area * Suspected abuse in family (emotional, neglect, physical). * Unclear if non-abusing parent has capacity to protect / assessment may be ongoing but some positive indicators |  |  |
| **HIGH** | * Parents/Carers demonstrate their own significant difficulties in life such as learning needs, poor mental ill health, substance misuse or domestic abuse which it is evidenced impacts on their ability to provide adequate support or safeguards * Parents/Carers have low self-esteem and are emotionally insecure * Parents/Carers do not believe the child/young person, they show no empathy * Parents/Carers express anger or blame towards the victims, they deny, minimise or excuse the issues and show little or no insight into the risks * Parents/Carers view the alleged abuser to be a positive person, someone who provides or looks after the family and there is evidence of reliability * Parents/Carers do not acknowledge the behaviour due to religious or cultural beliefs * Parents/Carers do not engage with professionals or follow advice * Parents/Carers do not report worries * Parents/Carers have been victims of sexual abuse * Suspected sexual abuse within the household/family, Family, friends or peers are suspected or known offenders * Parents/Carers have a distorted view of relationships and children’s sexuality * Non-abusing parent assessed as not having capacity to protect / assessment may be ongoing with little or no positive indicators |  |  |

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|  | **Risk Indicator – Professional Support** | **Indicator** | **Evidence/Consider information from mapping/harm matrix, first, last, worst** |
| **LOW** | * All areas of support are in place for the Child/Young Person * Strategy meeting has been held for information sharing and ensure safety * Referrals made to SARC, The Meadows, Forensic CAMHS, NSPCC, Barnardo’s, or alternative support for therapeutic support and interventions * Full Circle Consultation has been arranged or discussed * Child/Young Person, other children in the home, parents and family network have been involved in support sessions such as “pants work” “safe touch” “online safety” * Resources accessed from Sexual Harm Toolkit * Effective Safety planning in place at home which includes the child/young person, other children in the home, parents, family network * Effective Safety planning in place in school and the community |  |  |
| **MEDIUM** | * Some support has been identified as above but not fully * Advice has been sought from some agencies as listed above but unable to provide support/interventions due to ongoing police investigation or lack of resource available |  |  |
| **HIGH** | * There has been no strategy meeting held for information sharing, safeguarding or advice * No support/Interventions have been identified * No effective safety planning is in place at home or school |  |  |

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|  | **Risk Indicator – Emotional Wellbeing** | **Indicator** | **Evidence/Consider information from mapping/harm matrix, first, last, worst** |
| **LOW** | * Child/Young Person is generally in good mental health * Low level concerns regarding some low mood, low self-esteem, * Child/Young Person and is accessing support for any impact on their own wellbeing |  |  |
| **MEDIUM** | * Low self-esteem or self-confidence, at times expression of despair. * Internal Self-harm: Cutting, Overdosing, Eating disorder. * Trauma-related symptoms. * Distracted/Withdrawn * Some external (acting out) Bullying or threatening behaviour, aggression, violent outbursts, offending behaviour. |  |  |
| **HIGH** | * Chronic low self-esteem or self- confidence, finds their own body repulsive/bad/dirty * Mental health problems or expression of despair. * Suicidal thoughts or suicide attempts. * External (intensive acting out): Bullying or threatening behaviour, violent outbursts, Offending behaviour. * Dependency on substances or alcohol. * Trauma-related symptoms. * Withdrawn, secretive behaviours * Child/Young Person has previously suffered sexual harm |  |  |

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|  | **Risk Indicator – Sexual Health** | **Indicator** | **Evidence/Consider information from mapping/harm matrix, first, last, worst** |
| **LOW** | * Child/Young Person is aware of where to get support and advice when needed, they feel able to speak to parents/carers, a teacher or peers. * Child or young person demonstrates a basic knowledge of sex education * Child or young person has good sexual health |  |  |
| **MEDIUM** | * Child or young person has limited knowledge of sex education * Child or young person has poor sexual health * Young person is sexually active, is not practising safe sex and is not accessing or willing to access support from any sexual health services. * Suspected STI’s or pregnancy |  |  |
| **HIGH** | * Recurring, untreated or multiple STIs. * Miscarriage(s), termination(s), pregnancy. * Child or young person has very poor knowledge of sex education, distorted views of normal sexual relationships * Child or young person has very poor sexual health |  |  |

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| **Additional Information / Scaling Questions (include scaling from last TAF/Core group ect)** |
| **Voice/views of the child or young person** |
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| **Views of the parent / carer / other agencies** |
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| **Detail current support family and professional, agencies in place or already explored** |
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| **Any additional relevant information** |
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**What Next**

* On completion of this risk identification tool, please make an initial judgement about the level of risk of harmful sexual behaviour for the child / young person. Please **tick** against your assessed level of risk and discuss this with your Team Manager. The Matrix should be emailed to [sexualharmconsultation group@durham.gov.uk](mailto:sexualharmconsultation%20group@durham.gov.uk) for consideration to be discussed at the Sexual Harm Consultation Group. You should take appropriate action to manage the risks, in accordance with the Local Authority / Safeguarding Partnership procedures.

**Overall Assessed Level of Harmful Sexual Behaviour**

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| **Risk** | **Risk Indicators** | **Indicator** | **Evidence** |
| **Low Risk** | The indicators and assessment raise some concerns that the child/young person is at risk of Harmful Sexual Behaviour but these are at a low level and support can be implemented to reduce this risk |  |  |
| **Medium Risk** | The indicators and assessment raise concerns that the child/young person is at risk of Harmful Sexual Behaviour. |  |  |
| **High Risk** | The indicators and assessment raise significant concerns that the child/young person is at risk of Harmful Sexual Behaviour. |  |  |

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| **Team Manager – Name/Signature** | **Risk level agreed** | **Date agreed** |
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**To be completed during Sexual Harm Consultation Group Pre-Screening**

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| **Sexual Harm Pre-Screening members** | **Risk level agreed** | **Date agreed** | **Additional Comments** | **Pre-screening Outcome** |
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**To be completed during Sexual Harm Consultation Group**

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| --- | --- | --- | --- | --- |
| **Sexual Harm Consultation Group members** | **Risk level agreed** | **Panel Date** | **Discussion** | **Actions** |
|  |  |  |  |  |