

How safe are our children? 2020

An overview of data on
abuse of adolescents

➤ **Adolescents**



This report would not have been possible without the input of many individuals.

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Foreword

In the past six months, no one has been left unaffected by the pandemic, by lockdown or by the uncertainties we are living through. For adolescents, already navigating perhaps the most challenging period of their lives, the impact is likely to be significant and, in some cases, lasting.

Cut off from friends and extended family, and missing the support of schools and teachers, all with limited access to open space; these, amongst other things, have made normal teen life almost unrecognisable.

Many will be feeling less in control of their futures with the economy shaken, while closed schools and cancelled exams left progression to the next phase in their lives uncertain. And while the Black Lives Matters movement gave young people a voice to confidently speak out about hatred and discrimination, we know from calls to Childline how racism is making some teenagers feel targeted and scared of violent attacks in the UK in 2020.

We know the risk of abuse and neglect has been compounded by the pandemic. It has put children out of reach of the adults who can keep them safe, for long periods of time. Contacts to the NSPCC helpline with concerns about children suffering abuse and neglect have increased. Worries about emotional abuse have doubled.

Children continue to turn to Childline for support about their mental health. The uncertainty of local lockdowns and spikes in the virus are just added strain to their emotional wellbeing.

It is in this context that the NSPCC release our annual *How safe are our children?* report. While the report focusses on adolescence, it could not come at a more important time in all children's lives.

It sets out how many adolescents face heightened risks of some forms of harm – including sexual abuse, online grooming and physical abuse offences – while being less likely to be the subject of a child protection plan or on a child protection register.

Across the UK, governments must show concerted leadership to implement strategies on tackling abuse. These strategies must put the experiences

and needs of children and young people at their heart, and be effective in preventing abuse and helping young people recover.

If the pandemic has given us one positive, it's the knowledge that we can work together and achieve real change for children. Our staff and volunteers have gone to great lengths to help us ensure that as many children as possible can engage directly and confidentially with Childline. Face-to-face services began to be delivered online so young people can get support when they need it most. And staff across the children's sector have adapted and increased their efforts to keep children safe.

As the number of calls to helplines with concerns about domestic abuse increased, charities came together to ask the government to recognise the impact that living with this violence has on children. They listened and changed the definition in the Domestic Abuse Bill. We now need to see a commitment to providing statutory services in the community to help children and families recover, if this change is to have a meaningful impact.

Lockdown also created a perfect storm for online groomers.

We don't know the true scale of online abuse during the pandemic, but we know young people have been spending longer on platforms with fewer human moderators. We also know that offenders viewed the pandemic as an opportunity to target vulnerable and lonely children.

The risks children face when enjoying the benefits of the online world, to communicate, socialise and, increasingly, to receive education, are unacceptable and preventable.

The storm has been fueled by this public health emergency, but it is the product of industry inaction. The failure to design basic child protection into



online service platforms and the failure to invest sufficiently in technology that could disrupt abuse, means that social networks are easy to exploit.

A duty of care approach to online safety is now more urgent than ever. It will ensure that, in future, children will not have to face the risks they are dealing with right now. An Online Harms Bill delivered by the end of 2021 will show the Prime Minister's commitment to making the UK the safest place for young people to discover the online world.

Just as children and adolescents should not be expected to cope with the online world without protection, they must not be left to cope with the effects of the coronavirus restrictions alone.

Children and adolescents can recover from the negative things they have experienced, with the right support. As pupils return to education, we need to be prepared to make sure schools, teachers, children's social care, and other safeguarding partners are ready to support every young person who has suffered during lockdown.

We pulled together and got behind the NHS and essential support services during the pandemic, and now we need to do the same for the key services and workers who will be crucial to supporting children during the next phase of this crisis.

An ambitious recovery and rebuilding plan is needed, so that no child who has suffered is left without support, and childhoods are not derailed by the pandemic.

A handwritten signature in black ink, which appears to read 'Peter Wanless'. The signature is fluid and cursive.

Peter Wanless
Chief Executive of the NSPCC

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How safe are adolescents?

When we first set ourselves the task of answering the question ‘how safe are our adolescents?’ the world was a very different place. Since then, a global pandemic has disrupted the lives of young people, with lockdown putting a stop to many of the everyday experiences of being a teenager. Young people stopped going to school and seeing friends. They also spent a lot more time at home with parents and carers, who were often struggling with the impact of the pandemic on their own lives.

Around the UK, professionals have responded with compassion and dedication. They’ve quickly redesigned services to ensure that contact and support remains in place for children, and continued to attempt to protect them from risk. However, the sheer scale of the challenge of adjusting to lockdown has meant that many young people have lost important sources of support. The NSPCC’s research publication *Isolated and struggling: social isolation and the risk of child maltreatment, in lockdown and beyond*¹ found the pandemic had increased stressors to parents and caregivers, increased children and young people’s vulnerability, and reduced normal protective services.

The indicators show that adolescence is a time of heightened risk of some forms of harm, and emerging evidence suggests some risks may have been exacerbated by the pandemic.

In this year’s *How safe are our children?* report, we’ve focused on long-term trends in adolescents’ experiences of abuse and neglect, while also looking at what the data can tell us about the impact of the pandemic on children and young people’s safety. The indicators show that adolescence is a time of heightened risk of some forms of harm, and emerging evidence suggests some risks may have been exacerbated by the pandemic. Below, we have set out the overarching findings from this year’s report. Full information on the data used can be found in the report indicator pages, along with the section on what data can tell us about the impact of coronavirus on the safety of children and young people.

Sexual abuse

The data in our report shows that the police record higher rates of sexual offences against adolescents compared with younger children, and that the numbers of offences have increased over time. Girls are particularly vulnerable to sexual abuse, accounting for around 90 per cent of victims of recorded rape offences against 13- to 15-year-olds in England, Wales and Scotland - the three nations for which this data is available.²

Research also shows that around a third of child sexual abuse is committed by other children and young people.³

An analysis of data from Childline and the NSPCC helpline from 23 March – 31 May found that contacts and counselling sessions about child sexual abuse within the family had increased since pandemic restrictions were imposed. Some children told Childline that sexual abuse had become more frequent during lockdown, as they were spending more time with their abuser.

While, for some adults, the stay-at-home rules were the catalyst for them to speak out about their concerns that a child was being sexually abused by a family member.⁴

The 2020 joint targeted area inspection into the multi-agency response to child sexual abuse in England found that, “in the absence of clear national and local strategies and approaches, professionals across all agencies lack the training and knowledge they need to identify and protect these children.” The review highlighted significant gaps in prevention with a lack of prioritisation within local services, and an often disjointed, and sometimes inadequate, response from therapeutic services and the criminal justice system.⁵

We’re calling for:

- governments to ensure support for children who have experienced sexual abuse is embedded in recovery planning. In England, this must also include the publication and implementation of a comprehensive, cross-government strategy for tackling child sexual abuse.
- across the UK, strategies need to focus on effective prevention measures and ensure that children and young people who have experienced abuse can access timely, specialist support that meets their needs. This includes through Child House initiatives where health, policing, social work, therapeutic and other services provide support to children and young people under one roof
- all children to receive high quality, consistent and age-appropriate education on healthy relationships. The implementation of mandatory Relationships and Sex/Sexuality Education (RSE) in England and

1 Eleni Romanou and Emma Belton. (2020) *Isolated and struggling: social isolation and the risk of child maltreatment, in lockdown and beyond*. London: NSPCC.

2 See indicator 4 for full data.

3 Hackett, S. (2014) *Children and young people with harmful sexual behaviours*. London: Research in Practice.

4 NSPCC (2020) *The impact of the coronavirus pandemic on child welfare: sexual abuse*. London: NSPCC.

5 Her Majesty’s Inspectorate of Probation, Her Majesty’s Inspectorate of Constabulary and Fire & Rescue Services, Care Quality Commission and OFSTED (2020) *The multi-agency response to child sexual abuse in the family environment: prevention, identification, protection and support*. Manchester: Ofsted.

Wales should be fully resourced, to provide teachers with the training and support they need to ensure the success of the curriculum. This needs to sit alongside a whole school approach to RSE, which should include a proactive strategy. The strategy should support teachers to identify and (working with partners in health and social care) respond sensitively to a child who discloses abuse and to pupils displaying harmful sexual behaviour.

Online harm

Data in our report shows that older children are almost twice as likely to report seeing something worrying or nasty online compared to younger children, and higher rates of police-recorded online grooming offences against adolescents than younger children.⁶

During lockdown, young people spent more time online for education and entertainment as well as socialising.⁷ However this also increased children's risk of online abuse with potentially less supervision and less intervention from over-stretched online moderators.⁸ Data compiled by Europol shows significant increases in activity relating to child sexual abuse and exploitation during lockdown. This includes a rise in the number of referrals from the National Center for Missing and Exploited Children about child sexual abuse material.⁹

At the recent Hidden Harms Summit, the Prime Minister told NSPCC CEO Peter Wanless about his determination to proceed with tough new regulation to address online harms. We're calling for:

- an Online Harms Bill which delivers a comprehensive duty of care requirement on social networks and gaming companies, backed up with a regulator with robust powers to oversee and enforce compliance by firms

- the effective introduction of the Age-Appropriate Design Code
- the publication of the interim *Code of practice on tackling child sexual abuse*
- implementation of Ofcom's regulatory framework for the *Audiovisual Media Services Directive* that prevents video-sharing platforms from displaying content that might harm children.

Neglect

Neglect is the most common form of harm for adolescents who were the subject of a child protection plan or on a child protection register in 2019 in both England and Northern Ireland, and the second most common in Wales and Scotland. It is a factor for over a third of all adolescents on plans or registers across the UK.¹⁰

Children's growing independence in adolescence can lead to a common assumption that they both want and need less direct care than younger children. While the nature of the care shifts over time, the importance of stable, supportive relationships does not diminish in this period. The absence of these relationships can have significant short and long-term consequences, including higher rates of mental health problems in adulthood.¹¹

Adolescents living in situations of neglect may be particularly vulnerable to having their needs, and the risks they face, overlooked.

Recognising and responding to neglect of older children can be challenging for professionals at any time. The Triennial Review of Serious Case Reviews 2014-17 in England concludes that, "adolescents living in situations of neglect may be particularly vulnerable to having their needs, and the risks they face, overlooked."¹² This has become increasingly challenging at a time when many young people's contact with professionals, such as teachers and youth workers, has been cut off.

Building and maintaining consistent and supportive relationships with adolescents is at the core of protective social work, but reductions in funding have undermined the ability of local authorities and voluntary sector organisations to maintain this provision. A joint analysis by the NSPCC, Action for Children, Barnardo's, Children's Society and the National Children's Bureau (NCB) found that before the additional pressure of the pandemic, local authorities in England were already struggling to manage increasing demand for statutory children's services. Spending on services for young people has been particularly hard hit, falling by 71 per cent between 2010/11 and 2018/19.¹³

That's why, in the Comprehensive Spending Review (CSR) the government must:

- ensure that local authorities in England have the resources they need to invest in services for young people
- address the imbalance of funding allocation that has seen local authorities with the most deprived communities experience the greatest reductions in spending power over the last decade.¹⁴

6 See indicator 5 for full data.

7 UNICEF et al. (2020) *Coronavirus Disease (COVID-19) and its implications for protecting children online*. London: UNICEF.

8 Matsakis, L. and Martineau, P. (2020) *Coronavirus Disrupts Social Media's First Line of Defense*. Wired, 18 March. [Accessed 27/07/2020]

9 Europol (2020) *Exploiting isolation: offenders and victims of online child sexual abuse during the COVID-19 pandemic*. The Hague: European Union Agency for Law Enforcement Cooperation.

10 See indicator 7 for full data.

11 Child Welfare Information Gateway (2009) *Understanding the effects of maltreatment on brain development (PDF)*. Washington, D.C.: United States Department of Health and Human Services.

12 Brandon, M. et al (2020) *Complexity and challenge: a triennial analysis of SCRs 2014-2017: final report*. London: Department for Education.

13 Action for Children et al. (2020) *Under pressure: children's and young people's services 2010/11 to 2018/19: a summary*. London: Children's Society

14 Action for Children et al. (2020) *Under pressure: children's and young people's services 2010/11 to 2018/19: a summary*. London: Children's Society.

Violence and criminal exploitation

Our indicators show that, after infants, young people aged 16 to 24 are the second most likely age group to be victims of homicide in England and Wales.¹⁵ Recorded rates of physical abuse offences are also higher among adolescents,¹⁶ and they are far more likely to be killed or seriously harmed by someone outside the family home than younger children. In England, the only nation for which data is available, the most common relationship recorded by the police between the victim and the perpetrator in homicide cases in 2018/19 was stranger, followed by friend or acquaintance. For younger children, the most common recorded relationship was parent-child.¹⁷

In recent years there has been an increased focus on the risks that young people face outside the home from violent crime associated with criminal exploitation, including 'county lines' activity. Data from the National Referral Mechanism (NRM), the UK framework for identifying victims of human trafficking and modern slavery, shows sharply increasing numbers of under-18-year-olds are being referred as potential victims of exploitation,¹⁸ with new data suggesting around half of NRM referrals relate to criminal exploitation.¹⁹ The first thematic review from the new Children Safeguarding Practice Review Panel in England focused on adolescent deaths or serious harm where criminal exploitation was a factor. It found that black and minority ethnic boys were significantly overrepresented in cases, as were victims who had been excluded from education.²⁰

It is difficult to ascertain the immediate impact of the pandemic. Lockdown restrictions may have temporarily insulated some young people from harm. However, they may also have intensified risks to others, as most young people were not attending school and adult supervision of public

spaces was significantly reduced. The long-term impact of the pandemic may lead to heightened poverty and inequality – known drivers of serious violence.²¹

Lockdown restrictions may have temporarily insulated some young people from harm. However, they may also have intensified risks to others.

That's why we're calling for governments to:

- ▶ work with local partners to embed a multi-agency contextual safeguarding approach that would enable early identification of risks, and develop practices to mitigate and tackle the risks. This should learn from the success of the Scottish model in delivering dramatic reductions in adolescent homicide
- ▶ work with local governments and schools to ensure that, given the relationship between exclusion from education and risk of criminal exploitation, steps are taken to minimise the risks of children not returning to education, or returning and then facing exclusion.

Care

With the exception in some nations of infants under the age of one, older children are more likely than younger children to be in care. Numbers of older children in care are increasing in all parts of the UK except Scotland. Data for England and Wales also shows a small, but increasing, number of looked after children are being placed in unregulated accommodation.²² Evidence shows these placements can be unsafe or unsuitable because of the limited care and lack of support available to young people.²³

The pandemic is likely to have a significant impact on young people in care, not least the amendments to legislation in England which removed timescales by which social workers must visit children in care and carry out reviews.

We're calling for:

- ▶ children's care across the UK to prioritise the provision of ongoing, supportive relationships to allow young people to recover from trauma
- ▶ the Scottish government to deliver on the recommendations of *The Promise*, the final report of the Scottish Independent Care Review. This is to support care-experienced young people in the transition to adulthood, and give them access to supportive, caring services for as long as they need them²⁴
- ▶ the upcoming independent review of the care system in England to address both the drivers and consequences of the increasing numbers of older children being taken into care, and to set out a plan to build a care system that provides the appropriate care, stability and support that adolescents need. We believe all children in care must be entitled to received care and support up until the point they transition to care leaver support at 18.

Mental Health

The data in this year's *How safe are our children?* report show that 31 per cent of all Childline counselling sessions with adolescents across the UK were about mental and emotional health in 2019/20; this proportion has increased every year for the past six years. The proportion of Childline counselling sessions with adolescents that were about suicidal thoughts and feelings has increased every year for the past ten years,²⁵ while the five-year annual average suicide rates of 15- to 19-year-olds have also started to increase in England and Wales.²⁶

15 See indicator 2 for full data.

16 See indicator 3 for full data.

17 See indicator 2 for full data.

18 Home Office (2020) *National Referral Mechanism statistics UK: end of year summary 2019*. London: Home Office.

19 Home Office (2020) *National Referral Mechanism statistics UK, quarter 1 2020: January to March*. London: Home Office.

20 Child Safeguarding Practice Review Panel (2020) *It was hard to escape: safeguarding children at risk from criminal exploitation*. London: HM Government.

21 Irwin-Rogers, K., Muthoo, A. Billingham, L. (2020) *Youth violence commission: final report*. London: Youth Violence Commission.

22 See indicator 8 for full data.

23 Greatbatch, D. and Tate, S. (2020) *Use of unregulated and unregistered provision for children in care: research report*. London: Department for Education; Crellin, R. and Pona, I. (2015) *On your own now: the risks of unsuitable accommodation for older teenagers*. London: Children's Society.

24 Independent Care Review (2020) *The promise*. [Accessed 07/08/2020].

25 See indicator 10 for full data.

26 See indicator 1 for full data.

It is likely that, for many children, the pandemic may have caused or intensified feelings of anxiety, apprehension and stress, with day-to-day routines disrupted and in-person support paused. The number and proportion of Childline counselling sessions about mental and emotional health have increased since lockdown, and 80 per cent of surveyed children with pre-existing mental health problems said the pandemic had made their mental health worse.²⁷ There are also indications that child suicide deaths may have increased during lockdown, although it is too early to say whether this is a definite trend.²⁸

We're calling on governments across the UK to ensure that schools, local authorities, the NHS and the voluntary sector are able to respond to what is likely to be an increase in children's

need for support for their mental health and emotional wellbeing. This should include:

- ensuring all young people can access school or community-based mental health support when they need it
- delivering significant and sustained investment in children's mental health services, ensuring this investment includes specialist mental health services for children who need support to recover from abuse and neglect.

Beyond the pandemic

Central and local government, social services, the NHS, schools and the thousands of community organisations that are part of children and young people's lives all have a role to play in addressing the immediate aftermath

of the pandemic. This includes tackling the causes and consequences of abuse and neglect that were here long before COVID-19.

We're calling on governments across the UK to:

- invest in recovery planning that will provide local multi-agency partnerships with the resources to identify and respond to the risks children and young people have experienced in lockdown
- ensure schools are equipped to recognise and respond sensitively and consistently to students who may have experienced abuse, trauma, or adverse experiences during lockdown
- bring forward measures to regulate the online environment and keep children safe from online harms.

27 Young Minds (2020) *Coronavirus: impact on young people with mental health needs*. London: Young Minds.

28 Odd, D. et al. (2020) *Child suicide rates during the COVID-19 pandemic in England: real-time surveillance*. Bristol: National Child Mortality Database (NCMD).

Adolescents, abuse and child protection

Rates of police-recorded crime against adolescents were around...



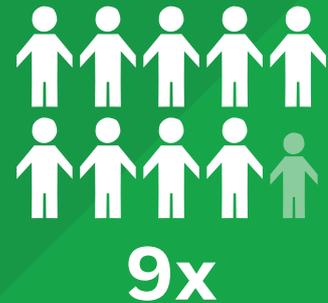
the rate for younger children for physical abuse offences

Nations' rates vary from three to four times as high.



the rate for younger children for sexual offences

Nations' rates vary from three to seven times as high.



the rate for younger children for online grooming offences

Nations' rates vary from five to 12 times as high.



Adolescents



Younger children

Rates of adolescents in the child protection system were around...



the rate for younger children for being subject to a child protection plan or on a child protection register

Nations' rates vary from 0.4 to 0.7 times as high.



the rate for younger children for being in care

Nations' rates vary from 1.4 to 2.3 times as high.

This infographic combines the best available data for 2018/19 from each nation, to illustrate differences between the experiences of older and younger children in the UK. All comparisons are based on rates. Age ranges and measures differ between nations, as set out below. A more in-depth overview of each nation's data is available in the indicator pages.

- Physical abuse data is for England, Wales and Northern Ireland and compares rates for 11- to 18-year-olds with under-11-year-olds
- Sexual offence data is for the whole of the UK. For England, Wales and Scotland it compares rates for sexual offences which by their definition can only be perpetrated against 13- to 15-year-olds with offences which can only be perpetrated against under-13-year-olds. For Northern Ireland, it compares rates for all sexual offences against 11- to 18-year-olds with under-11-year-olds
- Online grooming offence data is for the whole of the UK and relates to the offence of sexual communication with a child in England, Wales and Northern Ireland and communicating indecently with a child in Scotland. England and Wales data compares rates of offences against 12- to 15-year-olds with under-12-year-olds, Northern Ireland data compares rates of offences against 11- to 15-year-olds with under-11-year-olds and Scotland data compares rates of offences against 13- to 15-year-olds with under-13-year-olds.
- Children protection plan and register data is for the whole of the UK. Data for England compares the rate of 10- to 17-year-olds who are the subject of a child protection plan with under-10-year-olds, data for Wales compares the rate of 10- to 17-year-olds on a child protection register with under-10-year-olds, data for Northern Ireland compares the rate of 12- to 17-year-olds on a child protection register with under-12-year-olds and data for Scotland compares the rate of 11- to 17-year-olds on a child protection register with under-11-year-olds.
- Looked after children data is for the whole of the UK. Data for England and Wales compares the rates of looked after children aged 11 to 17 with under 11-year-olds, data for Northern Ireland compares the rate of looked after children aged 12 to 17 with under-12-year-olds and Scotland data compares the rate of children looked after away from home aged 12 to 17 with under-12-year-olds.

What data can tell us about the impact of coronavirus on the safety of children and young people

Much has been said on the potential impact of the coronavirus pandemic on children and young people's safety and wellbeing, including the NSPCC's comprehensive and evidence-based report, *Isolated and struggling: social isolation and the risk of child maltreatment in lockdown and beyond* which sets out factors contributing to a heightened risk of child abuse and neglect during and beyond the pandemic.¹

Most of the data in this year's *How safe are our children?* report will not, however, show these effects. The publication schedules for annual child protection, crime and mortality statistics releases mean that most of the official data used in the indicator pages relates to 2018/19, which was more than a year before the pandemic hit. Indicators 9 and 10, which look at data from our own NSPCC helpline and Childline, use figures from the last full

year for which data is available (up to the 31 March 2020), just as a lockdown was introduced in the UK. So, to try to fill in some of these gaps, we have pulled together the latest data around children's experiences during the pandemic. Not all this data is as robust or comprehensive as the measures used in our indicator pages, but it does help to build up a picture of what is happening right now.

Levels of abuse and neglect

Abuse often goes unidentified, unreported or unrecorded, making it hard to know how many children have been affected. One of the best ways to measure the prevalence of abuse and neglect is to survey children about their own experiences. However, the last prevalence study took place in 2009.² The Office for National Statistics' (ONS) final decision about whether to conduct a new survey is yet to be made, with findings from a feasibility study expected later in 2020.

Available data on abuse and neglect

Some data has been released by services supporting children and young people during the pandemic. For example, data is available on contacts to our NSPCC helpline and Childline counselling sessions about abuse and neglect.

NSPCC helpline and Childline data does not reflect the overall prevalence of abuse; instead it tells us the concerns of the adults and children who have chosen to contact us.

Overall, we have seen an increase in the number and proportion of contacts and counselling sessions to our NSPCC helpline and Childline services about abuse and neglect.

Contacts and counselling sessions about emotional abuse saw the biggest increases, while contacts to the NSPCC helpline about sexual abuse decreased and Childline counselling sessions about sexual abuse remained at pre-lockdown levels. However, reports of sexual abuse within the family to both helplines have increased.³

Physical abuse

Some additional information on levels of physical abuse is available from statistics on children attending hospital with non-accidental injuries. Although there has been a drop in the overall number of children and young people attending accident and emergency departments,⁴ data from Great Ormond Street suggests a potential increase in the incidence of abusive head trauma. Ten children attended the hospital with suspected abusive head trauma between 23 March and 23 April 2020, compared to an average of 0.67 cases over the same period for the three previous years.⁵

1 Romanou, E. and Belton, E. (2020) *Isolated and struggling: social isolation and the risk of child maltreatment, in lockdown and beyond*. London: NSPCC.

2 Radford, L. et al. (2011) *Child abuse and neglect in the UK today*. London: NSPCC.

3 NSPCC (2020) *The impact of the coronavirus pandemic on child welfare: sexual abuse*. London: NSPCC.

4 Royal College of Paediatrics and Child Health (RCPCH) (2020) *Impact of COVID-19 on child health services tool: results*. [Accessed 27/07/2020].

5 Sidpra J. et al. (2020) *Rise in the incidence of abusive head trauma during the COVID-19 pandemic*. Archives of Disease in Childhood, Published Online First: 2 July 2020.

		Monthly average about abuse and neglect: number and % of all contacts/counselling sessions				
		Neglect	Physical abuse	Emotional abuse	Sexual abuse	All abuse and neglect
NSPCC helpline contacts	Pre-restrictions (6 January – 22 March 2020)	775 (14%)	696 (12%)	568 (10%)	709 (13%)	2,748 (49%)
	Since restrictions (1 April – 31 July 2020)	1,099 (15%)	1,066 (15%)	1,175 (16%)	734 (10%)	4,074 (56%)
Childline counselling sessions	Pre-restrictions (6 January – 22 March 2020)	30 (<1%)	420 (2%)	303 (2%)	572 (3%)	1,325 (7%)
	Since restrictions (1 April – 31 July 2020)	45 (<1%)	514 (3%)	466 (2%)	594 (3%)	1,619 (9%)

Domestic abuse

Data also suggests that children are increasingly being exposed to domestic abuse. By June, the charity Refuge was reporting that the average weekly number of calls and contacts to its National Domestic Abuse Helpline had

increased by 77 per cent and visits to its website had increased by 800 per cent compared with pre-coronavirus figures. Reports reached new heights as restrictions eased, partly driven by an increase in need for emergency accommodation.⁶ Meanwhile, our

NSPCC helpline has seen an increase in the number and proportion of contacts from adults with concerns about children being exposed to domestic abuse, although the number of Childline counselling sessions about domestic abuse remains low.

		Monthly average contacts/counselling sessions which mentioned domestic abuse ⁷	
		Number	% of all contacts/counselling sessions
NSPCC helpline contacts	Pre-restrictions (6 January – 22 March 2020)	607	11%
	Since restrictions (1 April – 31 July 2020)	925	13%
Childline counselling sessions	Pre-restrictions (6 January – 22 March 2020)	212	1%
	Since restrictions (1 April – 31 July 2020)	255	1%

Online abuse

Children have been spending more time online⁸ with potentially less supervision, and less intervention from over-stretched online moderators.⁹ This has exposed children to an increased risk of online abuse. Data compiled by Europol shows significant increases in activity relating to child sexual abuse and exploitation, including a rise in the number of referrals from the National Center for Missing and Exploited Children to Europol about child sexual abuse material.¹⁰ The Internet Watch Foundation (IWF) received 44,809

reports from members of the public about child sexual abuse material online between March 23 and July 9 this year, compared to 29,698 reports over the same time period in 2019, an increase of over 50 per cent.¹¹

Abuse outside the home

Although the majority of children and young people are likely to have been spending more time at home, those who aren't may be at increased risk as adult supervision of public spaces has been significantly reduced.¹² A representative survey of girls aged 14 to 21 found that 28 per cent felt less

safe going out in public than before lockdown. The most common reason was feeling that there were fewer people around to help if something happened to them.¹³ Although police data across all four nations showed a sharp drop in recorded crime when restrictions were first introduced, including sexual and violent offences,¹⁴ crime levels are starting to increase. In particular, research suggests that this period has created new recruitment opportunities for gangs and a refocusing of recruitment of young people away from urban centres to local areas.¹⁵

6 Refuge (2020) *Refuge records rise in demand for its Helpline, and for emergency accommodation, as lockdown eases*. [Accessed 27/07/2020].
 7 Data from Childline and helpline about domestic abuse comes from contacts and counselling sessions where domestic abuse was noted as a 'sub-concern'. Every contact or counselling session is assigned one main concern (for example physical abuse or parental health/behaviour), but can have multiple sub-concerns. This means that contacts or counselling sessions that mention domestic abuse may also be included in the count for contacts or counselling sessions about, for example, physical abuse.
 8 UNICEF et al. (2020) *Coronavirus Disease (COVID-19) and its implications for protecting children online*. London: UNICEF.
 9 Matsakis, L. and Martineau, P. (2020) *Coronavirus Disrupts Social Media's First Line of Defense*. Wired, 18 March. [Accessed 27/07/2020]
 10 Europol (2020) *Exploiting isolation: offenders and victims of online child sexual abuse during the COVID-19 pandemic*. The Hague: European Union Agency for Law Enforcement Cooperation.
 11 Internet Watch Foundation (IWF) (2020) *'Definite jump' as hotline sees 50% increase in public reports of online child sexual abuse during lockdown*. [Accessed 10/08/2020]
 12 Holmes, D. (2020) *Young people facing risk outside the home: exploring the implications of COVID-19*. Research in Practice, 21 April. [Accessed 27/07/2020].
 13 Plan International UK (2020) *The state of girls' rights in the UK: early insights into the impact of the coronavirus pandemic on girls*. London: Plan International UK.
 14 National Police Chiefs' Council (NPCC) (2020) *Police continue to see falls in crime during lockdown* [Accessed 27/07/2020]; Police Scotland (2020) *Recorded crime down during Scotland's coronavirus response*. [Accessed 27/07/2020]; Police Service of Northern Ireland (PSNI) (2020) *Police recorded crime in Northern Ireland: levels recorded since lockdown measures were introduced*. Belfast: PSNI
 15 Sagers, T. (2020) *Part 2: how COVID-19 is affecting county lines*. Strategic Hub for Organised Crime Research (SHOC), 3 April 2020 [Accessed 27/07/2020]; National Youth Agency (NYA) (2020) *Out of sight? Vulnerable young people: COVID-19 response*. Leicester: NYA; Caluori, J. (2020) *County lines after COVID: a new threat?* Crest Advisory, 19 May 2020 [Accessed 27/07/2020].

Increased pressures on families

The coronavirus pandemic has placed many families under heightened pressure. Data shows it has had an impact on many people's financial situations, and their physical and mental health. These pressures combined have the potential to change what were previously low-risk concerns around children's safety into much more serious concerns.¹⁶

Alcohol and substance misuse

There are signs that some people are turning to drugs or alcohol during the

pandemic, both of which are associated with an increased risk of child abuse.¹⁷ Although there is evidence of a decline in supply and demand for some types of drugs, there has been a rise in the use of others. Among UK respondents to a Global Drug Survey who use cannabis, 44 per cent reported an increase in the number of days they were using it during lockdown. While many people have reported cutting back on drinking during lockdown, for some the situation has increased their intake; 33 per cent of UK respondents to the same survey

reported that their levels of binge drinking¹⁸ had increased by either a little or a lot.¹⁹ In early April, Alcoholics Anonymous reported that there had been a 22 per cent increase in calls to their helpline since the beginning of lockdown.²⁰ Our NSPCC helpline has also seen an increase in the number and proportion of contacts about parental substance misuse, while levels of Childline counselling sessions about this topic remain low.

Monthly average contacts/counselling sessions which mentioned parental substance misuse²¹

		Number	% of all contacts/ counselling sessions
NSPCC helpline contacts	Pre-restrictions (6 January – 22 March 2020)	709	13%
	Since restrictions (1 April – 31 July 2020)	1,164	16%
Childline counselling sessions	Pre-restrictions (6 January – 22 March 2020)	81	<1%
	Since restrictions (1 April – 31 July 2020)	81	<1%

Financial problems

The pandemic has hit many people financially, and analysis by the ONS suggests that parents have been particularly badly affected. During the initial weeks of lockdown, 29 per cent of parents reported reduced income, compared to 14 per cent of non-parents.²² Financial problems have led to some families struggling to meet their basic needs. Research from the Joseph Rowntree Foundation and Save the Children suggests that among people with children on Universal Credit or Child Tax Credits: 70 per cent have had to cut back on food and other essentials; 50 per cent have fallen behind on rent or other household bills;

The Trussell Trust reported a 95 per cent increase in emergency food parcels given to families with children during April 2020 compared to the same month last year.

and 60 per cent have had to borrow money.²³ This is reflected in rising demand for foodbanks, with the UK-

wide charity the Trussell Trust reporting a 95 per cent increase in emergency food parcels given to families with children during April 2020 compared to the same month last year.²⁴ Research from the Food Foundation suggests that the number of households unable to get enough food to live healthily in May increased by almost 250 per cent on pre-coronavirus levels. By the end of May 2020, 12 per cent of all UK children were living in households experiencing food insecurity, with households which included a black, Asian or minority ethnic adult or a disabled adult the most at risk.²⁵

16 Romanou, E. and Belton, E. (2020) *Isolated and struggling: social isolation and the risk of child maltreatment, in lockdown and beyond*. London: NSPCC.

17 National Institute for Health and Care Excellence (NICE) (2017) *Child abuse and neglect: recognising, assessing and responding to abuse and neglect of children and young people (NICE Guideline NG76)*. London and Manchester: NICE; Laslett, A.M. et al. (2012) *Alcohol's involvement in recurrent child abuse and neglect cases*. *Addiction*, 107(10): 1786–1793.

18 Five or more drinks in a single session.

19 Winstock, A.R. et al. (2020) *Global drug survey: special edition on covid-19 global interim report*. [Accessed 27/07/2020]

20 Alcoholics Anonymous (2020) *Alcoholics Anonymous goes online during Covid-19 pandemic*. [Accessed 27/07/2020]

21 Data from Childline and helpline about parental substance misuse comes from contacts and counselling sessions where parental substance misuse was noted as a 'sub-concern'. Every contact or counselling session is assigned one main concern (for example physical abuse or parental health/behaviour), but can have multiple sub-concerns. This means that contacts or counselling sessions that mention parental substance misuse may also be included in the count for contacts or counselling sessions about, for example, parental health/behaviour.

22 Office for National Statistics (ONS) (2020) *Personal and economic well-being in Great Britain: June 2020*. Newport: ONS.

23 Save the Children (2020) *Nearly two thirds of families on Universal Credit forced into lockdown debt 'nightmare'*. [Accessed 27/07/2020].

24 Trussell Trust (2020) *UK food banks report busiest month ever, as coalition urgently calls for funding to get money into people's pockets quickly during pandemic*. [Accessed 27/07/2020].

25 Food Foundation (2020) *New food foundation data: food insecurity and debt are the new reality under lockdown*. [Accessed 27/07/2020].

Parental mental health

Living in a household where parents or carers have mental health problems does not mean that a child will be negatively affected. However, sometimes, when parental mental health problems occur alongside other stressful life experiences, it can make it very hard for parents to provide their children with the care that they need.

Surveys suggest that restrictions brought in in response to the pandemic are having a negative impact on some

people's mental health. The ONS found that levels of reported anxiety among adults rose sharply at the beginning of lockdown, and have remained at elevated levels since. The average level of anxiety rose from 3.0 out of 10 before lockdown, peaked at 5.2 in the early days of lockdown, before dropping down to 3.8 by the middle of June.²⁶ There is some evidence to suggest that parents and carers have been particularly hard hit, with one survey finding that 46 per cent of mothers and 36 per cent of fathers of under-

11-year-olds reported anxiety above a 7 on a scale of 0 to 10, compared to 32 per cent of women and 24 per cent of men who were not parents of young children.²⁷ However, despite a slight increase in the number of times both our helplines heard about parental mental health concerns following the introduction of coronavirus restrictions, the number and proportion of contacts to the NSPCC helpline and Childline counselling sessions about this topic have remained low.

Monthly average contacts/counselling sessions which mentioned parental mental health²⁸

		Number	% of all contacts/ counselling sessions
NSPCC helpline contacts	Pre-restrictions (6 January – 22 March 2020)	236	4%
	Since restrictions (1 April – 31 July 2020)	317	4%
Childline counselling sessions	Pre-restrictions (6 January – 22 March 2020)	55	<1%
	Since restrictions (1 April – 31 July 2020)	67	<1%

Child wellbeing and mental health

Children and young people have also felt the effects of the pandemic on their mental and emotional health and wellbeing. Around 80 per cent of surveyed children with pre-existing mental health problems said that the pandemic had made their mental health worse.²⁹ A survey of 8- to 24-year-olds found that 41 per cent felt more lonely; 38 per cent felt more worried; 37 per cent more sad; and 34 per cent more stressed.³⁰ Requests for help to an online mental health support service for young people also increased during the pandemic. A comparison of levels of demand in March to May 2019 with March to May 2020 showed that

help seeking from black, Asian and minority ethnic (BAME) young people increased the most; with requests for help around anxiety or stress up by 11 per cent, compared with a 3 per cent increase for under-18-year-olds from a white background.³¹ The number and proportion of Childline counselling sessions about mental and emotional health and wellbeing have also increased since restrictions were introduced, accounting for more than half of all counselling sessions. The number of contacts to the NSPCC helpline from adults concerned about a children's mental and emotional health and wellbeing have remained low.

Emerging data also suggests that child suicide deaths may have increased, although it is too early to say whether this is a definite trend. There were 26 probable child suicides during the 82 days before lockdown, and a further 25 in the first 56 days of lockdown in England. In 12 (48 per cent) of the 25 post-lockdown deaths, factors related to coronavirus or lockdown were thought to have contributed to the deaths. These factors included: restrictions on education and other activities, disruption to care and support services, tensions at home and isolation.³²

Monthly average contacts/counselling sessions about child mental and emotional health and wellbeing³³

		Number	% of all contacts/ counselling sessions
NSPCC helpline contacts	Pre-restrictions (6 January – 22 March 2020)	157	3%
	Since restrictions (1 April – 31 July 2020)	172	2%
Childline counselling sessions	Pre-restrictions (6 January – 22 March 2020)	9,431	50%
	Since restrictions (1 April – 31 July 2020)	9,973	53%

26 ONS (2020) *Coronavirus and anxiety, Great Britain: 3 April 2020 to 10 May 2020*. Newport: ONS

27 Fawcett Society (2020) *Parents are struggling to cope financially and women key workers are more anxious*. [Accessed 27/07/2020].

28 Data from Childline and helpline about parental mental health comes from contacts and counselling sessions where parental mental health was noted as a 'sub-concern'. Every contact or counselling session is assigned one main concern (for example physical abuse or parental health/behaviour), but can have multiple sub-concerns. This means that contacts or counselling sessions that mention parental mental health may also be included in the count for contacts or counselling sessions about, for example, parental health/behaviour.

29 Young Minds (2020) *Coronavirus: Impact on young people with mental health needs: survey 2: summer 2020*. London: Young Minds.

30 Barnardo's (2020) *Generation lockdown: a third of children and young people experience increased mental health difficulties*. [Accessed 27/07/2020].

31 Campbell, D. (2020) *Covid-19 affects BAME youth mental health more than white peers: study*. The Guardian, 21 June.

32 Odd, D. et al. (2020) *Child suicide rates during the COVID-19 pandemic in England: real-time surveillance*. Bristol: National Child Mortality Database (NCMD).

33 Mental and emotional health and wellbeing is a category which includes young people's concerns about mental and emotional health, suicidal thoughts or feelings and self-harm.

Children not being seen face-to-face by professionals

Services that would usually be in contact with children and families have found their ability to support and protect children curtailed by restrictions introduced in response to the pandemic.

Schools and early years

Guidance across all four nations advised that only the children of keyworkers and vulnerable children should continue going in to school or childcare. Many of the children considered most vulnerable did not attend school, although figures gradually increased in the weeks following the introduction of restrictions.

- ▶ In England on 16 July, an estimated 27 per cent of all children and young people classified as 'Children in Need' or who have an Education, Health and Care Plan were physically attending school, while an estimated 25 per cent of vulnerable children attended an early years setting.³⁴ Numbers have risen steadily since the start of lockdown, with all children expected to return to school in September.
- ▶ In Wales, all children returned to school, for limited time periods, from 29 June. The previous week an average of 6 per cent of vulnerable children attended educational settings.³⁵
- ▶ In Scotland on 27 March, 533 vulnerable children attended an education setting (less than 1 per cent of children with multi-agency child's plans). By 14 May this had increased to 2,058,³⁶ with all children beginning the return to education from 11 August.
- ▶ In Northern Ireland during the week of 22 June to 26 June, an average of 454 vulnerable children attended open settings. The figure steadily increased since the start

of lockdown, although numbers dropped off towards the end of the school year.³⁷ A phased return to school for all children began on 24 August 2020.

Youth services

Lockdown measures have also meant that many youth work projects were shut down, or severely restricted.

A survey of youth organisations between April and June found that 68 per cent had stopped or paused more than half their provision.³⁸ 17 per cent of youth organisations surveyed in March 2020 said permanent closure was likely.³⁹

Health services

Health services have also seen a reduction in contact with patients, although numbers have increased over time. Data collected by the Royal College of Paediatrics and Child Health from Trust and Health Board Organisations in the UK found that, on 3 July, 41 per cent of organisations reported a decrease in the levels of children attending hospital as inpatients, while 60 per cent reported a decrease in child outpatients and 46 per cent reported a decline in attendances for urgent care or to the emergency department.⁴⁰ Evidence also suggests that parents were waiting longer than normal before seeking medical assistance. A survey of paediatric consultants in the UK and Ireland found that 32 per cent of paediatricians had seen a child later than they would have expected to prior to the pandemic.⁴¹

A similar decline in contact has been seen in experimental data about GP services. In May 2020, 17 million GP appointments were estimated to have taken place in England, compared to 25.3 million in May 2019. Nearly half – 48 per cent – of all appointments

took place over the phone, compared to 14 per cent in May 2019. Numbers for June show numbers of appointments are starting to increase, up to 21 million, but remain below pre-coronavirus levels.⁴²

32 per cent of paediatricians had seen a child later than they would have expected to prior to the pandemic.

There has also been a decline in people accessing mental health services. Before lockdown, around 150,000 people a month were referred to the NHS's Improving Access to Psychological Therapies (IAPT) programme in England, which usually gives people face-to-face counselling. In April fewer than 60,000 referrals were made.⁴³ Young Mind found that, among more than 1,000 young people who were accessing mental health support in the three months leading up to the crisis, 31 per cent said they were no longer able to access support but still needed it.⁴⁴

Children's services

A reduction in contact with services is particularly concerning as data available for England and Northern Ireland⁴⁵ shows that under normal circumstances, the majority of child protection referrals are made by professionals. In both nations, less than a tenth of referrals to children's services were known to have come from members of the public.⁴⁶

There are some signs that members of the public are stepping in to fill this gap. The average number of contacts

34 Department for Education (DfE) (2020) *Attendance in education and early years settings during the coronavirus (COVID-19) outbreak: 23 March to 17 July 2020*. London: DfE.

35 Welsh Government (2020) *Attendance at local authority settings during the coronavirus (COVID-19) pandemic: 22 to 26 June 2020*. Cardiff: Welsh Government.

36 Scottish Government (2020) *Vulnerable children report: 15 May 2020*. Edinburgh: Scottish Government.

37 Northern Ireland Statistics and Research Agency (NISRA) (2020) *Management Information relating to Attendance at educational settings during the COVID-19 outbreak*. Belfast: NISRA.

38 National Youth Agency (NYA) (2020) *A youth work response to COVID-19: July 2020*. Leicester: NYA.

39 National Youth Agency (NYA) (2020) *The impact of COVID-19 on young people and the youth sector*. Leicester: NYA.

40 RCPCH (2020) *op. cit.*

41 Lynn, R.M. et al. (2020) *Delayed access to care and late presentations in children during the COVID-19 pandemic: a snapshot survey of 4075 paediatricians in the UK and Ireland*. Archives of Disease in Childhood Published Online First: 25 June 2020.

42 NHS Digital (2020) *Appointments in General Practice June 2020*. Leeds: NHS Digital.

43 Campbell, D. and Savage, M. (2020) *Therapists and teachers warn of looming mental health crisis*. The Observer, 19 July 2020.

44 Young Minds (2020) *Coronavirus: impact on young people with mental health needs*. London: Young Minds.

45 Department for Education (DfE) (2019) *Characteristics of children in need: 2018 to 2019*. London: DfE; Department of Health (DoH) (2019) *Children's social care statistics for Northern Ireland 2018/19*. Belfast: DoH.

46 In 2018/19, 8 per cent of all referrals to children's services in England and 7 per cent of referrals for children assessed as in need in Northern Ireland were made by 'individuals'. The category individuals includes relatives and self-referrals. In England it also includes acquaintances.

to the NSPCC helpline from people with concerns about the welfare of a child has increased from a monthly average of 5,593 contacts pre-lockdown (6 January – 22 March) to 7,269 in April to July 2020 – a 30 per cent increase. However, this rise cannot fully compensate for the fact that professionals, who would normally be spotting signs of abuse and neglect and making referrals, have not been seeing children and families as regularly as usual.

This is reflected in significant drops in levels of child protection referrals across the UK at the start of lockdown, although numbers are reported to have increased as restrictions have relaxed:⁴⁷

- ▶ In April *The Guardian* reported that child protection referrals had

decreased by more than 50 per cent in some parts of England.⁴⁸

- ▶ The Children's Commissioner in Wales reported that the majority of local authorities were seeing a reduction in safeguarding referrals, with one authority reporting a 50 per cent drop compared to the same period last year.⁴⁹
- ▶ In Northern Ireland, the number of child protection referrals dropped from a pre-coronavirus weekly average of 56, to a low of 24 referrals in the week commencing 20 April. By July numbers had begun to return to pre-lockdown levels.⁵⁰
- ▶ The Children's Hearing System, Scotland's care and justice system for children and young people who commit offences or who need care and protection, saw a 27 per cent

reduction in non-offence-related referrals for 23 March to 5 May 2020 compared with the same period the previous year.⁵¹

At the same time, some children and families already known to be at risk or in need of additional support are experiencing decreased levels of contact, as guidance prioritises the highest risk children, while children assessed as 'lower risk' are more likely to get support through virtual contact.⁵² A survey of social workers in England conducted by Community Care found that 77 per cent of respondents felt the restrictions had significantly affected the ability of their service to carry out its role; while almost 90 per cent felt the pandemic, or restrictions associated with it, had negatively affected their service users.⁵³

Beyond the pandemic

Although it is too early to understand the full effects of coronavirus on the safety of children and young people, the available data paints a worrying picture. Many of the risk factors associated with abuse and neglect have been exacerbated, while the support services that would traditionally identify and respond to these concerns have been unable to see many of the children and families they work with face-to-face.

As restrictions continue to ease, and more children and families return to the public spaces they frequented before the pandemic, the data shows that reports of child protection concerns have started to increase. This trend is expected to accelerate as many more children return to school. There are increasing concerns about the child protection system's ability to cope with a potential influx of newly identified concerns.⁵⁴ A thematic analysis of

coronavirus-related concerns within paediatric health also found that responding to a backlog or delay in safeguarding cases, as restrictions are lifted and more cases come to light, was the most commonly expressed concern among clinical leaders.⁵⁵

There are increasing concerns about the child protection system's ability to cope with a potential influx of newly identified concerns.

At the same time, police have expressed concern about a potential spike in child criminal exploitation and youth

violence as restrictions ease and drug supply chains reopen.⁵⁶ Concerns have also been expressed about future funding for services to support children and young people affected by the pandemic, at a time when spending power is threatened by a decline in business rates, council tax and other revenue streams due to the economic impact of the pandemic.⁵⁷

An effective response is vital, and that can only come with a clear understanding of the issues we face. That's why it's more important than ever to collect and share high quality data. While many gaps in our knowledge remain, it has been encouraging to see so many organisations sharing their data, both nationally and locally.⁵⁸ It is to be hoped that this spirit of transparency and collaboration will continue long after the pandemic is over, to help protect children now and in the future.

47 Baginsky, M. and Manthorpe, J. (2020) *Managing through COVID-19: the experiences of children's social care in 15 English local authorities*. London: NIHR Policy Research Unit in Health and Social Care Workforce, The Policy Institute, King's College London.

48 Weale, S. (2020) *Fears for child welfare as protection referrals plummet in England*. *The Guardian*, 8 April 2020.

49 Children's Commissioner for Wales (2020) *Coronavirus: Commissioner says parents should continue to get medical help for their children*. [Accessed 27/07/2020].

50 Department of Health (DOH) (2020) *Northern Ireland children's social services data during COVID-19*. Belfast: DOH

51 Scottish Government (2020) *op. cit.*

52 Children's Commissioner for England (2020) *We're all in this together? Local area profiles of child vulnerability*. London: Children's Commissioner for England.

53 Turner, A. (2020) *Most social workers say Covid-19 has negatively hit their work and the lives of those they support*. *Community Care*, 28 May 2020

54 British Association of Social Workers (BASW) (2020) *Social workers could be overwhelmed when children return to school*. [Accessed 27/07/2020]; Wilson, H. and Waddell, S. (2020) *Covid-19 and early intervention: understanding the impact, preparing for recovery*. London: Early Intervention Foundation (EIF).

55 Data provided by the RCPCH Workforce Team, 2020.

56 Siggers, T. (2020) *op. cit.*; National Youth Agency (NYA) (2020) *Out of sight? Vulnerable young people: COVID-19 response*. Leicester: NYA and Caluori, J. (2020) *op. cit.*

57 Action for Children et al. (2020) *Children and young people's services: funding and spending 2010/11 to 2018/19*. Ilford: Barnardo's

58 Wilson, H. and Waddell, S. (2020) *op. cit.*

Measuring how safe adolescents are in the UK

Developments in data collection

There have been some important developments over the past year in the collection of data around child abuse and neglect. This progress reflects an increasing awareness of the need to better understand the scale and nature of child abuse. We welcome the steps taken so far and are working closely with the Office for National Statistics (ONS), alongside other stakeholders, to help to develop the knowledge base. However, there is still much work to be done.

In January 2020, the ONS published its first compendium of child abuse statistics for England and Wales.¹ The compendium takes on the important role, previously fulfilled by our *How safe are our children?* report, of pulling together the latest and most robust child protection data. However, to get a more comprehensive picture, we'd like to see the compendium cover all four UK nations. The ONS is also currently scoping the potential for a new prevalence survey with children and young people, which would help to fill some of the gaps in our knowledge. Findings from this scoping exercise are expected later this year.

The coronavirus pandemic has had an impact on data, with some collection requirements being relaxed and others being delayed. Conversely, it has also prompted greater immediacy and transparency in data sharing among organisations, to help develop a clearer picture of what is happening.

Why this year's report focuses on data about adolescent abuse

Because the ONS publication examines the overall scale of abuse and neglect, this frees us to take a deeper dive into the data on specific topics. This year, we chose to look in more detail at available data around abuse experienced by adolescents.

Adolescence is one of the most rapid phases of development. It is a time of exploration and experimentation, when children develop the knowledge and skills they need for the transition to adulthood.

But it can also be a period of heightened risk. Our 2011 research into the prevalence of abuse found that 11- to 17-year-olds were much more likely to have experienced some forms of abuse, most noticeably sexual abuse, than younger children; and that older children were more likely to have been abused by someone outside the home, with particularly heightened risk for peer abuse or exposure to community violence.² The most recent analysis of serious case reviews published in England found that, after infants, adolescents were the age group most likely to be the subject of a case review.³

After infants, adolescents were the age group most likely to be the subject of a case review.

However, studies also suggest that practitioners sometimes overestimate the ability of adolescents to look after themselves,⁴ and there can be a tendency for professionals to focus on adolescents' own behaviour, rather than the causes behind it.⁵

Who do we mean by adolescents?

Throughout this report we have chosen, where data is available, to focus on children and young people aged between 11 and 18. We have used this age range as a convenient way to define adolescents but recognise that age is only one characteristic of this period of development.

What data is available and where are the gaps?

Despite research suggesting that adolescence can be a time of heightened risk, data about abuse is not always available, and, when it is, it is not always broken down in a way that allows for a specific examination of the experiences of adolescents.

The quality and detail of demographic data collected by agencies varies significantly across the UK. For example, when examining data on violent and sexual offences against under-18-year-olds:

- ▶ the Police Service for Northern Ireland (PSNI) publishes data by individual year of age
- ▶ the Home Office Data Hub provides experimental police-recorded crime data for only a subsection of police forces in England and Wales by age

1 Office for National Statistics (ONS) (2020) *Child abuse in England and Wales: January 2020*. Newport: Office for National Statistics.

2 Radford, L. et al. (2011) *Child abuse and neglect in the UK today*. London: NSPCC.

3 Brandon, M. et al. (2020) *Complexity and challenge: a triennial analysis of SCRs 2014-2017: final report*. London: Department for Education.

4 Raws, P. (2019) *Adolescent neglect: messages from research for policy and practice*. *Child Abuse Review*, 28(3): 240–247.

5 Brandon et al. (2020) *op. cit.*

- Police Scotland was unable to provide any information on offences broken down by age.

Where data on age is published, it is often broken down into broad age brackets, some of which group together children with adults. For example, mortality data is available for 10- to 14-year-olds and 15- to 19-year-olds.

There are also some areas which are known to be key risks for adolescents which we have not been able to look at in this report. For example, the National Crime Agency only provides information on whether a potential victim of trafficking or modern slavery is an adult or minor, preventing us from using this source as an indication of how many adolescents are vulnerable to exploitation.

Risk factors cannot be fully understood unless demographic data is systematically collected and shared.

We know that a wide variety of factors can influence a young person's risk of experiencing abuse. But these risk factors cannot be fully understood unless demographic data is systematically collected and shared. This report shows just how far we have to go before we can gain a clear insight from the data about even the most basic demographic factors.

The true scale of abuse against adolescents is unknown because data from agencies (such as the police, children's services and the NSPCC helplines) only includes information about abuse that is identified or reported. Self-report survey data has a key role to play in building up a true picture of the nature, scale of and response to adolescent abuse. However, the most recent UK-wide representative survey of children's own experiences of abuse took place back in 2009. We hope the ONS's work on scoping the potential for a new prevalence survey may lead to more data being available in the future.

What data have we included in the report?

In an effort to understand the extent, nature and response to adolescent abuse in the UK today we have compiled ten different indicators based on the data that is currently available. Our aim has been to provide the most robust and comprehensive picture of abuse against adolescents in the UK as possible, so we have chosen indicators that:

- provide different insights on the extent of and the response to abuse against adolescents
- use robust data, wherever possible based on a large sample and on standardised measures – where there are weaknesses in the data we state these
- are UK-based
- are current, and where possible use data that can be tracked over time.

How have we presented the data?

Data sources

For each indicator we have provided a reference for the most recent data release. Historical data is available from the data provider either in published reports or on request.

Time-series data

The time series provided for each of the indicators is determined by the availability of data. For some indicators, the way the data is recorded has changed over time. Where data is not comparable year-on-year, this has been clearly marked.

Data on adolescents

For the purposes of this report, an adolescent is defined as anyone aged 11 to 18. Data is not always published for this age group, and where it has not been possible to include data for all 11- to 18-year-olds, this has been noted.

Population data

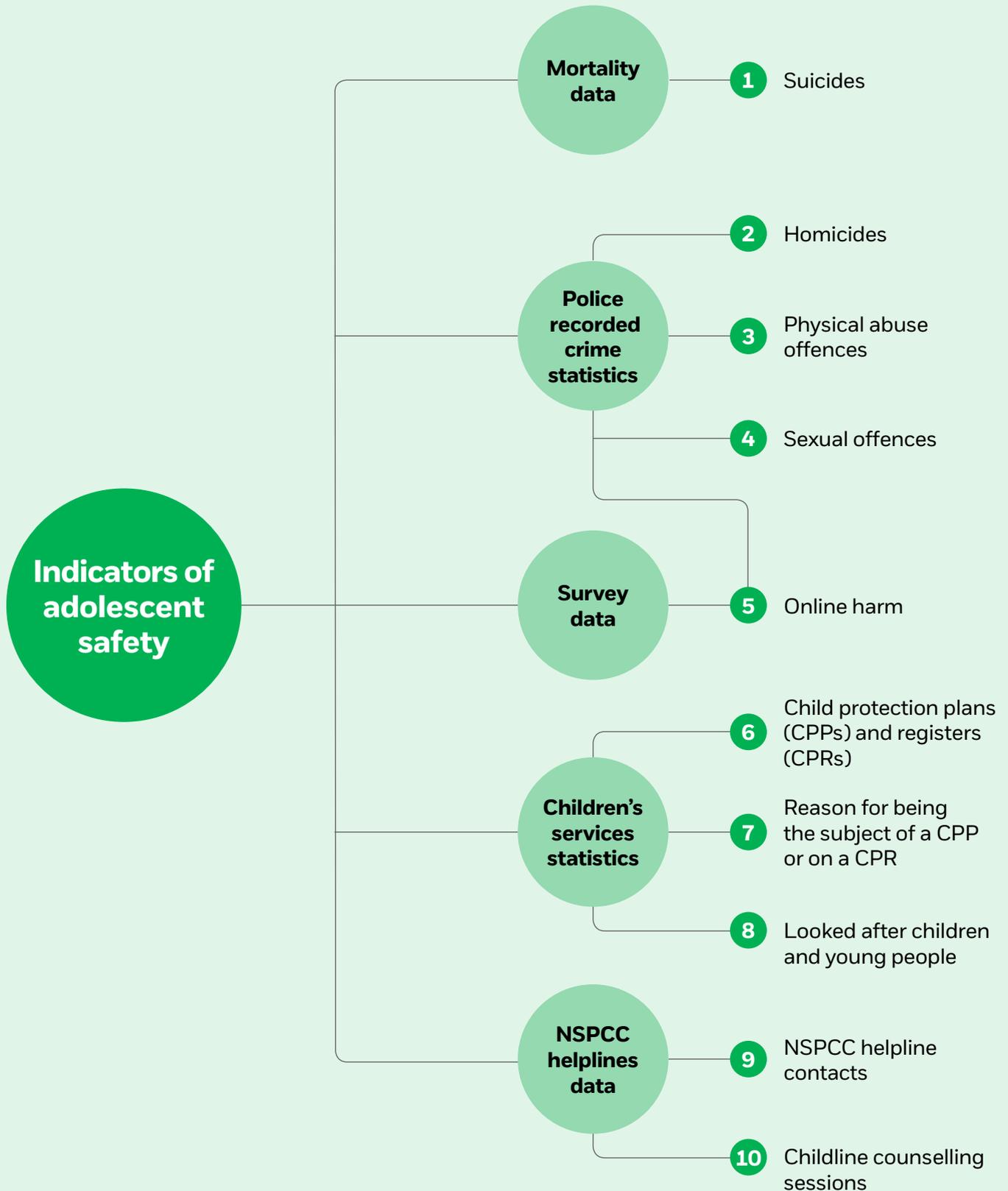
Where we have provided data on rates we have used mid-year UK population estimates published by the ONS.

Geographical coverage of the data

In some cases, because of differing recording practices or nation-specific research projects, data is only available for specific UK nations. The geographical coverage of the data has been noted within each indicator.

An overview of the ten indicators

This diagram sets out the different types of data used across the ten indicators.



Indicator 1

Suicides

Key messages

- There were 16 suicides of 10- to 14-year-olds and 247¹ suicides of 15- to 19-year-olds registered in the UK in 2018, a five-year annual average rate of 3.3 per million 10- to 14-year-olds and 56.3 per million 15- to 19-year-olds.
- The five-year annual average suicide rates among 15- to 19-year-olds in England and Wales have started to increase.
- In Northern Ireland and Scotland there has been a downward trend in five-year annual average suicide rates among 15- to 19-year-olds in recent years, although rates in both nations increased in 2018.

Why is this measure important?

Information on the number of suicides is an important measure of the safety of children and young people. Suicide may often be the result of a combination of other factors, such as abuse, neglect, family problems or mental health issues.

Tracking the numbers of children and young people who take their own lives shows the number who feel that there is no way out of their problems and for whom the right help is not there. It therefore shows a subset of the preventable deaths of children and young people.

Points to consider when looking at this data

This indicator uses mortality statistics. While these give an important insight, there are some key points that must be considered before using this information.

- Data is published in age bands, so data for all adolescents aged 11 to 18 years is not readily available. Instead we have looked at data for 10- to 14-year-olds and for 15- to 19-year-olds.
- Data relates to the year in which a death was registered, as opposed

to the year in which it occurred. Due to the length of time it takes to complete an inquest, it can take months or even years for a suicide to be registered.

- The National Statistics definition of suicide includes all deaths where the underlying cause was recorded as intentional self-harm. For young people aged 15 and over, the definition also includes deaths caused by injury or poisoning where the intent was undetermined, due to insufficient evidence as to whether the deceased intended to kill themselves. The suicide data for 10- to 14-year-olds does not include deaths where the intent was undetermined, due to a higher probability that they were caused by unverifiable accidents, neglect or abuse.
- All rates are calculated using the Office for National Statistics (ONS) mid-year population estimates. The five-year annual average rate is calculated by taking an average from the rates for each of the five years involved.
- Although numbers are starting to rise in some UK nations, suicide rates among children and young people remain relatively low compared to other countries.²
- Because the number of suicides recorded each year is relatively low, a small change in the number of deaths has a significant impact on rates. We have tried to compensate for this by looking at five-year annual averages. However, for Wales, Northern Ireland and Scotland, rate data may be unreliable.
- Data on suicides from mortality statistics is affected by difficulties in recording the cause of death where intent is unclear. There may be difficulties in recording a death, either as a suicide or as an accident.
- Data on attempted suicides is not available and is not reflected in these statistics, nor is data on self-harm. Many more young people will have either suicidal thoughts or feelings, or will attempt suicide or self-harm. Available data suggests that rates of self-harm, specifically among adolescent girls have also been increasing.³ There is more data on self-harm and suicidal thoughts and feelings in Indicator 10, which looks at what young people talk to Childline about.
- Research suggests that social and economic factors influence the risk of suicide.⁴ Prevention strategies can also have an impact on suicide rates.

1 Data for the England and Wales graphs shown in this indicator is based on postcodes. Because of this, data does not include deaths of non-resident children. This means that totals are slightly smaller when data for England and Wales is separated out than when combined within this UK total. There were three additional deaths by suicide of 15- to 19-year-olds in England and Wales not captured in the nation-specific data.

2 World Health Organization, *Mortality database* [Accessed 02/06/2020].

3 Morgan, C. et al. (2017) *Incidence, clinical management, and mortality risk following self harm among children and adolescents: cohort study in primary care*, *British Medical Journal* 359.

4 Sun, B. Q. and Zhang, J. (2016) *Economic and sociological correlates of suicides: multilevel analysis of the time series data in the United Kingdom*, *Journal of Forensic Sciences*, 61(2): 345–51.

- Changes in recording practices also affect data. For example, Northern Ireland saw a sharp increase in the suicide rate between 2004 and 2006. In April 2006, following a review of the Coroner’s Service, Northern Ireland’s coroner districts were centralised into one Coroner’s Service. It is likely that the increase was the result of the under-recording of suicides under the old system. In England and Wales, the standard of proof used by coroners was lowered to the ‘civil standard’ in July 2018, which may have affected the most recent figures.⁵
- In 2011, the ONS, the National Records of Scotland (NRS) and the Northern Ireland Statistics and Research Agency (NISRA) adopted a change in the classification

of deaths in line with the new coding rules of the World Health Organization (WHO). The change resulted in some deaths previously coded under ‘mental and behavioural disorders’ now being classified as ‘self-poisoning of undetermined intent’ and therefore included in the suicide figures. This could mean that more deaths could be coded with an underlying cause of ‘event of undetermined intent’, which is included in the National Statistics definition of suicide.⁶

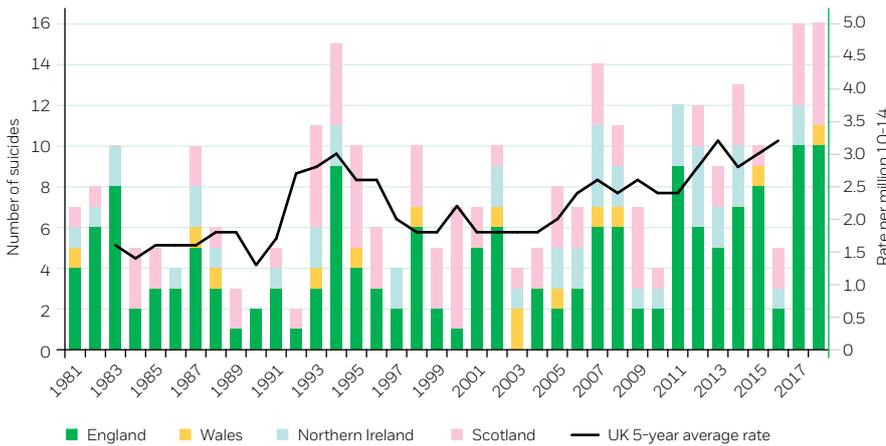
- Mortality data coded under the International Statistical Classification of Diseases and Related Health Problems (ICD) is available for all UK nations. In 2001, a new version of ICD was released, meaning that figures

from before 2001 are not directly equivalent to those after that date. Differences in the death registration systems used in each nation may also have an impact on the comparability of the data. The codes used in official statistics to measure deaths by suicide in England and Wales are different to those used in Scotland and Northern Ireland.⁷ These differences are set out in the Glossary at the end of the report.

- Data has been split out for England and Wales based on postcodes. Because of this, data does not include deaths of non-resident children. This means that totals may be slightly smaller when data for England and Wales is separated than when combined.

United Kingdom

Suicide numbers and rate per million 10- to 14-year-olds

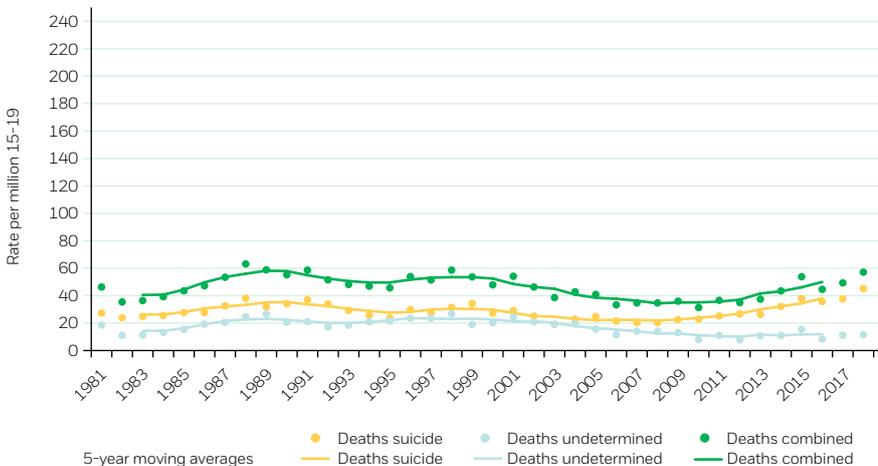


There were 16 deaths of 10- to 14-year-olds where death was recorded as by intentional self-harm in the UK in 2018: ten in England, one in Wales, none in Northern Ireland and five in Scotland.

Numbers for all nations are low, meaning that a small increase in actual numbers can lead to a large increase in national rates, and that rate numbers may be unreliable. However, looking at the UK-wide five-year annual average rates, long-term trends have varied from a low of 1.3 per million 10- to 14-year-olds for 1988 to 1992 to a high of 3.2 per million for 2011 to 2015 and 2014 to 2018.

England

Suicide rate per million 15- to 19-year-olds



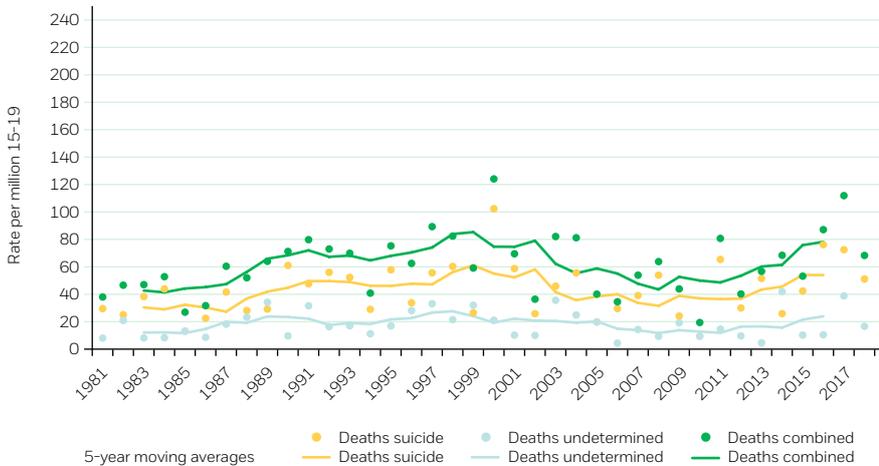
There were 141 suicides where death was recorded as by intentional self-harm in England, and a further 37 deaths by undetermined intent of 15- to 19-year-olds in 2018.

The most recent five-year annual average combined rate was 50.0 suicides per million 15- to 19-year-olds. The five-year combined annual average rate among 15- to 19-year-olds had been steadily declining for more than a decade, and has decreased since the early 1990s from a high of 58.2 per million for 1987 to 1991. However, since reaching a low of 34.4 per million for 2006 to 2010, the five-year annual average suicide rates have begun to rise.

5 Office for National Statistics (ONS) (2019) [Suicides in the UK: 2018 registrations](#). Newport: ONS.
 6 Office for National Statistics (ONS) (2019) [Suicide rates in the UK QMI](#). Newport: ONS.
 7 Office for National Statistics (ONS) (2019) [Suicides in the UK: 2018 registrations](#). Newport: ONS.

Wales

Suicide rate per million 15- to 19-year-olds

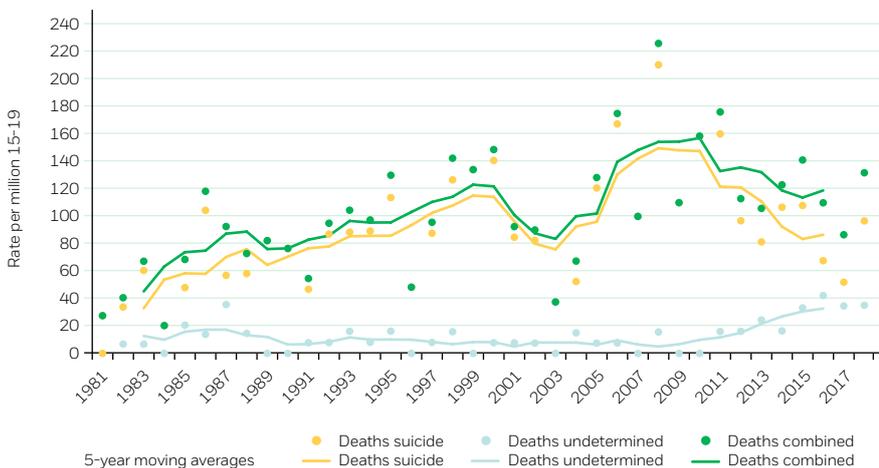


There were nine suicides in Wales where death was recorded as by intentional self-harm, and a further three deaths by undetermined intent of 15- to 19-year-olds in 2018.

The most recent five-year annual average combined rate is 78.4 per million 15- to 19-year-olds. The five-year combined annual average rate among 15- to 19-year-olds peaked at 85.5 per million for 1997 to 2001, and then declined, reaching a low of 43.7 suicides per million for 2006 to 2010. Since then rates have begun to increase. However, because of the small numbers of deaths involved, rate numbers may be unreliable.

Northern Ireland

Suicide rate per million 15- to 19-year-olds

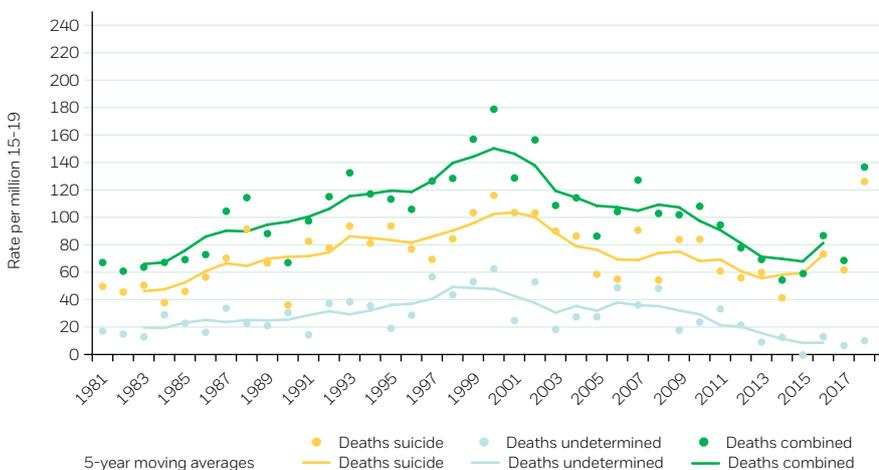


In Northern Ireland, there were 11 suicides where death was recorded as by intentional self-harm and a further four by undetermined intent of 15- to 19-year-olds in 2018.

The most recent five-year annual average combined rate is 118.4 suicides per million 15- to 19-year-olds. The five-year combined annual average rate among 15- to 19-year-olds has increased from 44.8 per million for 1981 to 1985. Since peaking at 156.6 per million from 2008 to 2012, the five-year combined annual average rate has started to decline, although there was a slight increase in the most recent five-year rate. Because of the small numbers of deaths involved, rate numbers may be unreliable.

Scotland

Suicide rate per million 15- to 19-year-olds



In Scotland, there were 36 suicides where death was recorded as by intentional self-harm, and three deaths by undetermined intent of 15- to 19-year-olds in 2018.

The most recent five-year annual average combined rate is 81.4 per million 15- to 19-year-olds. Five-year annual average rates have declined from a peak of 150.3 for the period 1998 to 2002 to 67.9 for 2013 to 2017, although there was a slight increase in the most recent five-year rate. Because of the small numbers of deaths involved, rate numbers may be unreliable.

Data sources

England and Wales: Office for National Statistics (ONS) (2019) *Mortality statistics: underlying cause, sex and age*. Newport: Office for National Statistics.

Northern Ireland: Northern Ireland Statistics and Research Agency (NISRA) (2019) *Registrar General Northern Ireland: annual report 2018*. Belfast: Northern Ireland Statistics and Research Agency (NISRA).

Scotland: National Records of Scotland (2019) *Probable Suicides: Deaths which are the Result of Intentional Self-harm or Events of Undetermined Intent*. Edinburgh: National Records of Scotland.

Indicator 2

Homicides

Key messages

- There were 52 homicides of 11- to 18-year-olds in the UK in 2018/19 and the most recent five-year average homicide rate was 8.6 per million 11- to 18-year-olds.
- In England the five-year average homicide rate for 11- to 18-year-olds has started to increase.
- In Wales and Scotland the five-year average homicide rate for 11- to 18-year-olds has declined.
- In Northern Ireland the five-year average homicide rates for 11- to 18-year-olds has remained relatively stable.
- In England the most common relationship recorded by the police between the victim and the perpetrator was stranger, followed by friend or acquaintance. For younger children, the most common recorded relationship was of parent–child. Equivalent data is not available for the other UK nations.

Why is this measure important?

The homicide rate for children and young people is an important measure of child safety. It shows the numbers of children and young people killed by another person. The statistics give an indication of how many children and young people are dying directly as a result of violence or abuse. Historical data is available and consistent recording methods allow robust comparison over time.

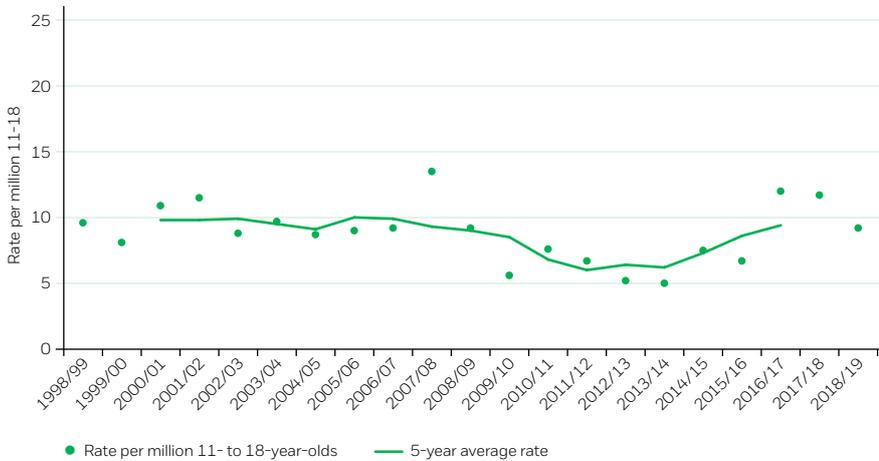
Points to consider when looking at this data

- Police-recorded homicide statistics should accurately reflect the number of child homicides reported each year. However, they will only record cases where there is sufficient evidence that a homicide has taken place.
- Studies have indicated that the number of child deaths where abuse or neglect is suspected as a factor is higher than shown in the police-recorded homicide figures.¹
- Homicide data can give an indication of the scale of the problem, but cannot help us understand the preventable factors behind child deaths.
- All rates are calculated using the ONS mid-year population estimates. The five-year annual average rate is calculated by taking an average from the rates for each of the five years involved.
- Because the number of child homicides recorded each year is relatively low, a small change in the number of deaths has a significant impact on rates. We have tried to compensate for this by looking at five-year annual averages. However, for Wales, Northern Ireland and Scotland, rate data may be unreliable.
- Data was provided for the last 20 years for England, Wales and Scotland. In Northern Ireland data is only available by victim age from 2007/08, as the record management system that holds this information was introduced for police-recorded crime data in April 2007.

1 Brandon, M. et al. (2012) *New learning from serious case reviews: a two year report for 2009–2011*, London: DfE.

England

Homicide rate per million 11- to 18-year-olds



There were 46 homicides of 11- to 18-year-olds in 2018/19 in England. After a number of years in decline, the five-year average homicide rate has started to increase from a low of 6.0 per million in the period 2009/10 to 2013/14, rising to 9.4 per million in the period 2014/15 to 2018/19. By comparison, the five-year average homicide rate for children under the age of 11 has not seen a similar rise in recent years, changing from 5.9 to 5.7 homicides per million children under the age of 11 over the same time period.

Published data shows that children under one year old are the age group most likely to be the victim of homicide in England and Wales, followed by young people aged 16 to 24.²

In 2018/19, in 17 cases the perpetrator was known to the victim. Of these, ten were friends or acquaintances of the victim. In 15 cases, the perpetrator was a stranger, and in the remaining cases the relationship between the victim and perpetrator was unknown. By comparison, for younger children the perpetrator was most likely to be a parent.

Wales

Homicide rate per million 11- to 18-year-olds



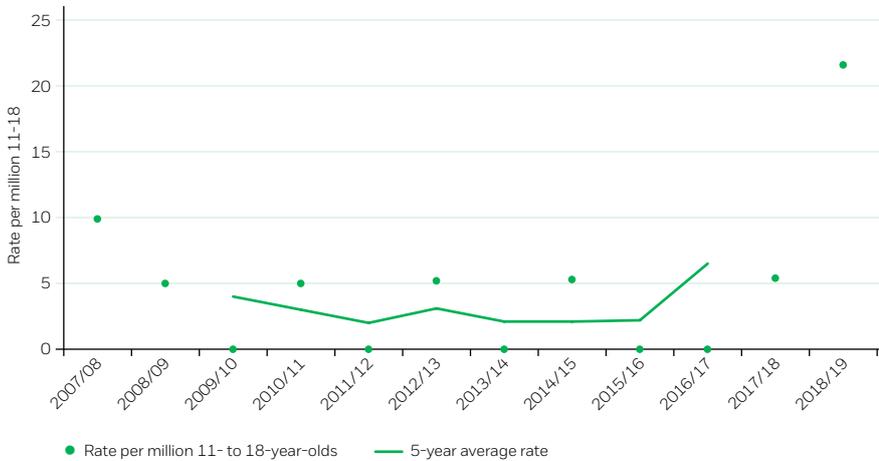
In Wales, there were no homicides of 11- to 18-year-olds in 2018/19. The five-year average homicide rate has been in gradual decline, from 9.2 per million 11- to 18-year-olds in the period 1998/99 to 2002/03, falling to 2.9 per million 11- to 18-year-olds in the period 2014/15 to 2018/19. This compares to a five-year average homicide rate of 3.6 per million children under the age of 11 for the period 2014/15 to 2018/19. However, because of the small numbers of deaths involved, rate numbers may be unreliable.

Published data shows that children under one year old are the age group most likely to be the victim of homicide in England and Wales followed by young people aged 16 to 24.³

² Office for National Statistics (ONS) (2020) [Appendix tables: homicide in England and Wales](#). Newport: ONS
³ Ibid.

Northern Ireland

Homicide rate per million 11- to 18-year-olds



There were four homicides of 11- to 18-year-olds in 2018/19 in Northern Ireland.

The five-year average homicide rate per million 11- to 18-year-olds has varied from 2.0 to 6.5 per million. The five-year average homicide rate per million under-11-year-olds has ranged from 2.2 to 8.6 per million. However, because of the small numbers of deaths involved, rate numbers may be unreliable.

In 2018/19 in one case, the perpetrator was known to the victim. In the remaining three homicide offences, all of which related to the same incident, there was no known relationship between the victim and the suspect.

Scotland

Homicide rate per million 11- to 18-year-olds



There were two homicides of 11- to 18-year-olds in Scotland in 2018/19.

The five-year average homicide rate decreased from 14.5 per million 11- to 18-year-olds in the period 1998/99 to 2002/03, to 4.0 per million in the period 2014/15 to 2018/19. The five-year average homicide rate for under-11-year-olds has also declined over the same time period, from 9.7 per million to 5.6 per million under-11-year-olds for 2014/15 to 2018/19. However, because of the small numbers of deaths involved rate numbers may be unreliable.

Data sources

England and Wales: Office for National Statistics (ONS) (2020) [Child physical abuse in England and Wales: year ending March 2019](#). Newport: ONS. Historical data and data for 11- to 18-year-olds for England and Wales provided to the NSPCC by the Home Office.

Scotland: Scottish Government recorded crime statistics (Data provided to NSPCC).

Northern Ireland: Police Service of Northern Ireland statistics branch (Data provided to NSPCC).

Expert insight: The adolescent brain and ‘keeping safe’

Adolescence is a time of great change – physically, socially and emotionally. Among other things, young people are developing their sense of self and their social identity, often expanding their social networks and exploring new avenues for socialisation. Here **Professor Catherine Hamilton-Giachritsis** and **Dr Graeme Fairchild** look at the ways in which brain development in adolescence can increase young people’s chances of experiencing harm compared to younger children or adults; and the importance of providing an environment where adolescents can be safe to develop and transition to adulthood.

The adolescent brain

Magnetic Resonance Imaging (MRI) has been used to study how the brain develops at a structural level (i.e., how the shape and size of the brain changes over childhood and adolescence). It is also used to study the functioning of different parts of the brain - this is called ‘functional MRI’ or fMRI. Brain imaging studies using fMRI have shown that the brain’s response to unexpected positive events is much larger in adolescents than in children or adults, and this has been linked to changes in the dopamine neurotransmitter system that occur during this developmental period.¹ Dopamine has been shown to be important in decision-making and rewarding experiences, but also in mood regulation, addiction, self-control and some mental health disorders. There is also evidence that adolescents are uniquely tuned into social cues and are more responsive to social feedback than either children or adults.²

An increasingly influential way of thinking about how the brain develops

during adolescence is that there is an imbalance between the development

Brain regions involved in learning and reward-processing develop faster, and are more sensitive during adolescence than brain regions involved in inhibitory control and regulation.

of more basic, subcortical regions of the brain and higher-order regions of the brain involved in executive functions and inhibitory control.² The central idea is that brain regions involved in learning and reward-processing develop faster, and are more sensitive during adolescence than brain regions involved in inhibitory control and regulation



► Professor Catherine Hamilton-Giachritsis

Professor Catherine Hamilton-Giachritsis is a Forensic and Clinical Psychologist at the University of Bath. Having previously worked in Children’s Services, her research interests include the risk and impact of child maltreatment (particularly technology-assisted child sexual abuse) and early institutionalisation of young children.



► Dr Graeme Fairchild

Dr Graeme Fairchild is a Reader (Associate Professor) in Developmental Psychopathology in the Department of Psychology at the University of Bath. He is interested in understanding the impact of trauma and adversity on the development of the brain in childhood and adolescence.

1 Somerville, L.H., Hare, T., & Casey, B.J. (2011). Frontostriatal maturation predicts cognitive control failure to appetitive cues in adolescents. *Journal of Cognitive Neuroscience*, 23(9), 2123–34.
2 Casey, B.J. (2015). *Beyond simple models of self-control to circuit-based accounts of adolescent behavior*. *Annual Reviews of Psychology* 66:295–319.

(the parts that would act as ‘brakes’). In contrast, by adulthood the brain regions involved in regulating strong emotions and impulses have caught up with the subcortical regions and the two systems are more in balance.

Sensitive periods in development

We know that early childhood is a very sensitive time for brain development. For example, studies of children raised in institutions and then adopted showed that severe deprivation in early childhood can have long-term effects on the size of the brain even 20 years later.³ However, it has also been found that children can be incredibly resilient to such experiences, particularly if they are removed into a positive caring environment, preferably before the age of six months.⁴ This is known as neural plasticity – the brain continues to change in response to new experiences and this can allow the child to overcome even very difficult early experiences, albeit with some limitations, i.e., not always to the same extent as if no negative experiences had occurred.

Adolescence is also a sensitive period for brain development. For example, a recent fMRI study found that maltreatment during this period leads to heightened amygdala responses to angry or fearful faces.⁵ The amygdala is part of the brain’s ‘early warning system’, so a heightened brain response to threatening (angry or fearful) facial expressions may, in turn, lead to a heightened reaction to provocation in social situations. Peer victimisation or emotional abuse in adolescence appeared to have a particularly damaging effect on brain functioning. Thus, this hyperactive response may be more prominent in adolescents who have experienced peer victimisation. Given the high rates of bullying that occur in secondary school, we need to remain very mindful of the potential

consequences for brain development, while also being aware that these effects most likely stem from severe, chronic bullying – which emphasises the importance of addressing problems with bullying as quickly and effectively as possible.

Impact on behaviour

The mismatch between heightened sensitivity to (social) rewards and a diminished ability to regulate or control one’s impulses or emotions in adolescence can leave young people more susceptible to peer pressure and more likely to engage in risky behaviours to enhance their reputations or gain the respect of their peers. Thus, we need to be aware that, due to their stage of development, adolescents may be particularly vulnerable to exploitation by those seeking to harm them.

Developmentally, adolescents are likely to have less awareness of the consequences of their actions and a greater desire for social interaction.

For example, in the recent lockdown during the Covid-19 pandemic, face-to-face socialisation almost ceased, whilst time spent online increased (often dramatically) for many young people. Yet, alongside the many positive aspects that technology offers in terms of facilitating social contact, it also creates more opportunities for those seeking to harm young people, including technology-assisted sexual abuse.⁶ Developmentally, adolescents are likely to have less awareness of the consequences of their actions and a greater desire for social interaction – offenders who are trying to make

contact with potential victims via technology seek to exploit these characteristics. After ‘befriending’ a teenager, some offenders then use the threat of public exposure to maintain and escalate abuse. Therefore, it is imperative that we work to ensure the internet is a safe environment for adolescents. This may include the technology industry putting in place better safeguards to prevent abuse, but also enabling the permanent removal of images (‘right to remove’).

More broadly, there are now several studies showing that risk-taking in driving simulation and gambling is increased in the presence of a peer to a much greater degree in adolescents than children or adults.⁷ At the same time, brain systems responsible for processing punishment cues or harm avoidance may be working less well. As a concrete example of this, when adolescents take drugs or drink alcohol, they mainly experience positive effects (whereas adults experience a mix of positive and negative effects, including hangovers after drinking), making it more likely for them to develop problematic patterns of alcohol or drug use or even addiction. In addition, the brain may be more susceptible to alcohol- or drug-induced damage during this time of rapid development.⁸

Similarly, adolescents may have heightened sensitivity to the cues in online games that are designed to ‘hook’ players in and keep them engaged, or with online gambling, which again is based on immediate gratification. Again, as a society, we need to consider how the environment may be elevating risk for adolescents, rather than seeking to keep them safe, e.g., by considering features within games that target these vulnerabilities.

3 Mackes, N. et al. (2020). *Early childhood deprivation is associated with alterations in adult brain structure despite subsequent environmental enrichment*. Proceedings of the National Academy of Sciences USA, 117:641–649.

4 Johnson, R., Browne, K., & Hamilton-Giachritsis, C. (2006). Young children in institutional care at risk of harm. *Trauma, Violence & Abuse*, 7(1), 34–60.

5 Zhu, J. Et al. (2019). *Association of prepubertal and postpubertal exposure to childhood maltreatment with adult amygdala function*. *JAMA Psychiatry*, 76(8), 843–853.

6 Hamilton-Giachritsis, C.E. et al. (2017). *The impact of online and offline child sexual abuse: ‘Everyone deserves to be safe and happy’*. London: NSPCC; Hamilton-Giachritsis, C.E. et al. (in press) *Technology-assisted child sexual abuse: professionals’ perceptions of risk and impact on children and young people*. *Child Abuse & Neglect*.

7 Chein, J. Et al. (2011). *Peers increase adolescent risk taking by enhancing activity in the brain’s reward circuitry*. *Developmental Science*, 14(2), 1–10.

8 Meier, M.H. et al. (2012). *Persistent cannabis users show neuropsychological decline from childhood to midlife*. Proceedings of the National Academy of Sciences USA 109(40), E2657–64.

9 Joss, D., Lazar, S., & Teicher, M.H. (2020). *Effects of a mindfulness based behavioral intervention for young adults with childhood maltreatment history on hippocampal morphometry: a pilot MRI study with voxel-based morphometry*. *Psychiatry Research: Neuroimaging*, 301. early online view.

Using evidence from neuroscience to inform safeguarding

A key question is how our knowledge about adolescent brain development can be used positively to help keep young people safe. Specifically, can we adapt our approaches to prevention and intervention in a way that takes account of the increased risk, but also of the opportunities offered by this unique and transformational period of development?

In terms of specific interventions, one study has indicated the possible benefits of a mindfulness-based intervention, where the effects of child abuse on the hippocampus were partially reversed and led to reductions in anxiety and perceived stress⁹. Looking more broadly at adolescent behaviour, there is also a new approach being investigated using real-time fMRI neurofeedback, when people are trained to increase or decrease activity in certain parts of their brain while lying in a MRI scanner. For example, in one study, this technique has been used to help teenagers with ADHD increase their self-control,¹⁰ indicating the potential benefits of such strategies on behaviour. Indeed, such knowledge could be used to inform positive online experiences, such as online games that incorporate elements of biofeedback (e.g., heart rate monitors) to increase emotion regulation.

More generally, there are many things that parents, teachers and society can do to encourage positive development during adolescence because it is a time when self-awareness increases. If we provide accurate and unbiased information, adolescents can make more informed choices than they would have been capable of making

in younger childhood. We can support adolescents to understand how the neurological and cognitive changes they are going through can affect their decision-making and behaviour, which potentially makes them more at risk of exploitation by others.

This period of rapid social, emotional and cognitive development can offer invaluable opportunities for engaging young people in positive activities.

Specific examples of approaches with young people include:

- ▶ promoting positive social communication: encourage positive friendship groups, based on mutual support and occurring offline, as well as online
- ▶ promoting physical health: be clear about the benefits of 'healthy' living, such as the impact on the brain of taking exercise, eating healthily and getting enough sleep, as well as the positive effects of these behaviours on mental wellbeing
- ▶ promoting a variety of interests: hobbies can be a potential route to increased self-esteem, autonomy and a positive sense of self, as well as positive social rewards

- ▶ providing accurate and unbiased information:
 - to enable informed choices – for example, about being safe in the digital world, negative impacts of substance use, and fake media
 - to help young people understand that some choices may have long-term effects on their cognitive abilities and wellbeing.

More broadly, we should:

- ▶ consider whether curricula – for example the new Relationships and Sex Education plan – are grounded in our knowledge of adolescent brain development or whether this evidence base could be used to inform new developments
- ▶ ensure technologies are designed with adolescents' well-being in mind – the solution is not to stop young people using technology, but to ensure they can do so safely.

In summary, the way in which the brain develops in adolescence can increase young people's chances of experiencing harm. The increased desire for peer approval, reduced ability to delay gratification, and tendency to make more impulsive decisions, particularly when peers are present, can all increase risk. On the other hand, this period of rapid social, emotional and cognitive development can offer invaluable opportunities for engaging young people in positive activities to promote healthy social interactions and physical and mental wellbeing, as well as improving emotional regulation abilities and developing a positive sense of self. Learning more about how the adolescent brain works provides us with opportunities to ensure we create safe environments for young people to take risks, grow and develop.

10 Rubia, K. et al. (2019). Functional connectivity changes associated with fMRI neurofeedback of right inferior frontal cortex in adolescents with ADHD. *Neuroimage*. 188, 43-58.

Indicator 3

Physical abuse offences

Key messages

- The numbers and rates of recorded physical abuse offences against 11- to 18-year-olds in England and Wales have increased since 2014/15.
- The numbers and rates of physical abuse offences against 11- to 18-year-olds in Northern Ireland were in decline, but have fluctuated up and down for the last six years.
- In all three nations for which data was available, police were much more likely to record physical abuse offences against 11- to 18-year-olds than against under-11-year-olds.

Why is this measure important?

This measure shows the number of physical abuse offences committed against children and young people that were reported to and recorded by the police. While police-recorded offence statistics do not reflect the total number of physical abuse crimes that are being committed, they do provide an important part of the picture. It also helps us to understand the scale of the problem that the police are trying to tackle.

Points to consider when looking at this data

This indicator uses police-recorded crime statistics. While these give an important insight into children's and young people's experiences of abuse, there are some key points that must be considered before using this information.

- Police-recorded offence statistics do not reflect the total number of crimes committed. Not all crimes are reported, identified or recorded by the police.
 - All data reflect the year in which an offence was reported or identified, which will not always be the year in which it was committed.
 - Police data relies on the age of the victim being recorded. This information is not always provided, so not all recorded physical abuse offences against 11- to 18-year-olds can be identified.
 - Data broken down by age is only available for England, Wales and Northern Ireland.
 - An increase in the number of police-recorded physical abuse offences does not necessarily mean that there has been a rise in the number of crimes committed. Other factors which could contribute to an increase include: greater awareness of child abuse leading to increased reporting; improvements in recording processes; and a rise in investigations into child abuse.
 - The UK Statistics Authority removed the National Statistics designation from recorded crime data in England and Wales following concerns about the data's reliability in 2014.¹ Additional data broken down by age, provided by the Home Office, was designated as 'experimental statistics' due to relying on the 'age of victim' entry, which was part of an emerging collection.² Crime data retains National Statistics status in Northern Ireland.
 - Legislation, offence categories and recording methods vary across the UK, limiting cross-nation comparability.³
 - Data for England and Wales comes from the Home Office Data Hub.
- In England, 32 out of 39 police forces, and in Wales, three out of four forces provided data broken down by age of victim to the Hub. Results can therefore only provide a partial picture of the total number of offences recorded.
- Home Office Data Hub figures relate to physical abuse offences against children that can be identified, which will vary between years. Conclusions about the total number of physical abuse offences recorded by the police cannot be drawn from these figures.
 - There were some recording anomalies in the data provided on physical abuse offences for England and Wales. This data was removed to improve accuracy.
 - The indicator uses the ONS definition of physical abuse offences, as set out in the Glossary. Data excludes homicides, which are looked at separately in Indicator 2.
 - Data is available for different time periods for the three nations. In Northern Ireland data is available by victim age from 2007/08, as the record management system that holds this information was introduced for police-recorded crime data in April 2007. The Home Office Data Hub has provided data on age of victim for England and Wales back to 2014/15.

¹ UK Statistics Authority (2014) *Assessment of compliance with the code of practice for official statistics: statistics on crime in England and Wales*. London: UK Statistics Authority.

² Office for National Statistics (ONS) (2016) *Guide to experimental statistics*. Newport: ONS

³ In England and Wales, recording of crimes is based on the *National Crime Recording Standard (NCRS)* and *Home Office Counting Rules for Recorded Crime (HOCR)*. The Police Service in Northern Ireland (PSNI) follows and applies the same recording practice, but differences in legislation between the two jurisdictions must be taken into account when comparisons are made.

England

Recorded physical abuse offences against 11- to 18-year-olds

	2014/15	2015/16	2016/17	2017/18	2018/19
Physical abuse offences with injury (excluding homicide)	26,925	40,754	48,194	49,201	45,484
Physical abuse offences without injury	24,048	37,609	48,151	55,541	53,655
All physical abuse offences (excluding homicide)	50,973	78,363	96,345	104,742	99,139
Rate per 10,000 11- to 18-year-olds	103.2	159.1	195.6	211.1	197.4

There were 99,139 recorded physical abuse offences against children and young people aged 11 to 18 in England in 2018/19. This is a recorded rate of 197.4 physical abuse offences per 10,000 11- to 18-year-olds, compared with a rate of 48.7 per 10,000 children aged under 11.

Although there are limitations to how much we can say about trends from this data, as police identification of age is likely to vary across years, there are some general trends that can be observed. Overall there has been an increase in the number of physical abuse offences recorded by the police since 2014/15, although numbers and rates dropped slightly last year.

Although numbers and rates of recorded physical abuse offences with and without injury have both increased since 2014/15, the biggest increase has been in offences without injury (such as assault without injury and cruelty to children/young people).

Wales

Recorded physical abuse offences against 11- to 18-year-olds

	2014/15	2015/16	2016/17	2017/18	2018/19
Physical abuse offences with injury (excluding homicide)	2,105	2,649	2,977	2,867	3,034
Physical abuse offences without injury	1,615	2,218	2,689	3,036	3,563
All physical abuse offences (excluding homicide)	3,720	4,867	5,666	5,903	6,597
Rate per 10,000 11- to 18-year-olds	132.6	175.6	206.8	215.8	240.1

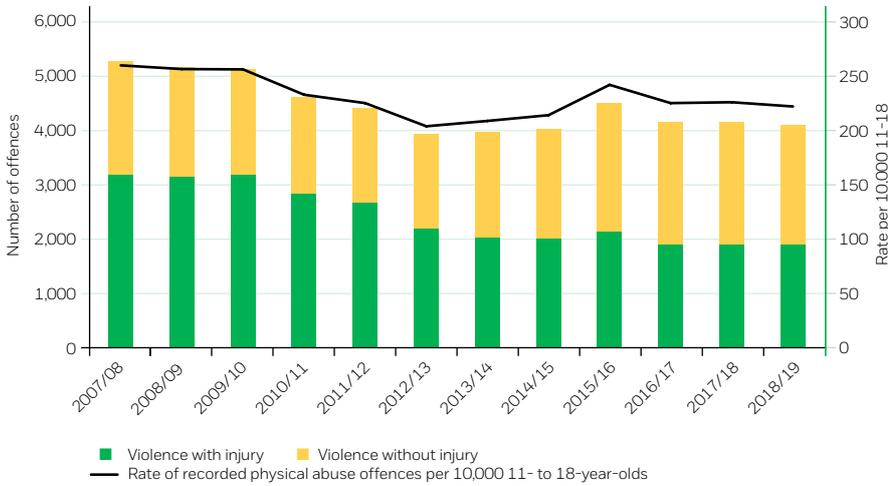
There were 6,597 recorded physical abuse offences against young people aged 11 to 18 in 2018/19 in Wales. This is a recorded rate of 240.1 physical abuse offences per 10,000 11- to 18-year-olds, compared with a rate of 70.5 per 10,000 children aged under 11.

Although there are limitations to how much we can say about trends from this data, as police identification of age is likely to vary across years, there are some general trends that can be observed. There has been an upward trend in the overall number and rate of recorded physical abuse offences against 11- to 18-year-olds.

Although numbers and rates of physical abuse offences with and without injury have both increased since 2014/15, the biggest increase has been in offences without injury (such as assault without injury and cruelty to children/young people).

Northern Ireland

Recorded physical abuse offences against 11- to 18-year-olds



In Northern Ireland, there were 4,106 recorded physical abuse offences against children and young people aged 11 to 18 in 2018/19. This is a recorded rate of 222.1 physical abuse offences per 10,000 11- to 18-year-olds, compared with a rate of 60.1 per 10,000 children aged under 11.

Between 2007/08 and 2012/13 there was a downward trend in the overall recorded physical abuse offences against 11- to 18-year-olds, from 259.9 per 10,000 11- to 18-year-olds to 203.9 per 10,000 11- to 18-year-olds. Since then numbers and rates have fluctuated year on year.

Although overall numbers and rates of physical abuse offences have decreased since 2007/08, there has been a slight increase in the number and rate of offences without injury (such as assault without injury and cruelty to children/young people) over this time period.

Data sources

England and Wales: Home Office (Data provided to NSPCC).

Northern Ireland: Police Service of Northern Ireland (PSNI) (2019) [Trends in police recorded crime in Northern Ireland 1998/99 to 2018/19](#). Belfast: PSNI (Additional data provided to the NSPCC).

Indicator 4

Sexual offences

Key messages

- The number and rate of recorded sexual offences against older children¹ in all four nations have increased since 2014/15.
- In all four nations, police were much more likely to record sexual offences against older than younger children.
- In England, Wales and Scotland, the three nations for which data is available, around 90 per cent of recorded offences of rape against a 13- to 15-year-old were against girls.

Why is this measure important?

This measure shows available data on the number of sexual offences committed against adolescents that were reported to and recorded by the police. The data covers a range of sexual offences including rape, sexual assault, sexual activity with a child and sexual grooming. While police-recorded offence statistics do not reflect the total number of sexual offences being committed against adolescents, they do provide an important part of the picture. They also help us to understand the scale of the problem that the police are trying to tackle.

Points to consider when looking at this data

This indicator uses police-recorded crime statistics. While these give an important insight into adolescents' experiences of sexual abuse, there are some key points that must be taken into consideration before using this information.

- Police-recorded offence statistics do not reflect the total number of crimes committed. Not all crimes are reported, identified or recorded by the police.
- All data reflect the year in which an offence was reported or identified, which may not be the year in which it was committed.
- Police data relies on the age of the person the crime was committed against being recorded. This information is not always provided, so not all sexual offences against 11- to 18-year-olds recorded by the police can be identified.
- An increase in the number of police-recorded sexual offences does not necessarily mean that there has been a rise in the number of crimes committed. Other factors which could contribute to an increase include: greater awareness of child abuse leading to increased reporting; improvements in recording processes; and a rise in investigations into child abuse.
- The UK Statistics Authority removed the ONS designation from recorded crime data in England and Wales following concerns about the data's reliability in 2014.² Additional data broken down by age, provided by the Home Office, was designated as 'experimental statistics' due to relying on the 'age of victim' entry, which was part of an emerging collection.³ Crime data retains National Statistics status in Northern Ireland and Scotland.
- Legislation, offence categories and recording methods vary across the UK, limiting cross-nation comparability.⁴
- Most of the data for England and Wales comes from the Home Office Data Hub. In England, 32 out of 39 police forces and in Wales, three out of four forces provided data broken down by the age of the person the crime was committed against to the Hub. Results can therefore only provide a partial picture of the total number of offences recorded. Where data was available for offences specifically against young people in the 11- to 18-year-old age range (i.e. sexual activity with a child aged 13 to 15 and rape of a child aged 13 to 15) this data was used in preference to the Home Office data hub statistics. These figures provide a more comprehensive picture of the total number of offences perpetrated against adolescents.
- Home Office Data Hub figures relate to sexual offences against children who can be identified, which will vary between years. Conclusions about the total number of child sexual abuse offences recorded by the police cannot be made from these figures.
- There were some recording anomalies in the data provided on sexual offences for England and Wales. This data was removed to improve accuracy.
- In Scotland offence data is not available broken down by the age of the person the crime was

¹ Data is broken down into different age brackets in different nations. In England and Wales 'older children' refers to children aged 11 to 18; in Northern Ireland to young people aged 11 to 17; and in Scotland to young people aged 13 to 15.

² UK Statistics Authority (2014) *Assessment of compliance with the code of practice for official statistics: statistics on crime in England and Wales*. London: UK Statistics Authority.

³ Office for National Statistics (ONS) (2016) *Guide to experimental statistics*. Newport: ONS

⁴ In England and Wales, recording of crimes is based on the *National Crime Recording Standard (NCRS)* and *Home Office Counting Rules for Recorded Crime (HOCR)*. The Police Service in Northern Ireland (PSNI) follows and applies the same recording practice, but differences in legislation between the two jurisdictions must be taken into account when comparisons are made. The *Scotland Crime Recording System (SCRS)* is not as comparable to systems used in the rest of the UK.

committed against. Instead data relates to offences that can only be perpetrated against 13- to 15-year-olds (such as rape involving a child aged 13 to 15). These offence categories do not capture all sexual offences against 13- to 15-year-olds (for example, the offence of sexual grooming covers offences against any child under the age of 16, meaning offences against 13- to 15-year-olds cannot be extracted).

- Age breakdowns for recorded sexual offences against adolescents were different across the four nations, meaning that data cannot be

compared. Data relates to 11- to 18-year-olds in England and Wales, 11- to 17-year-olds in Northern Ireland and 13- to 15-year-olds in Scotland.

- Data is available for different time periods for the four nations. In Northern Ireland data is available for offences against 11- to 17-year-olds from 2007/08, as the record management system that holds this information was introduced for police-recorded crime data in April 2007. The Home Office Data Hub has provided 'age of victim' data for England and Wales back to 2014/15.

Data for Scotland is available from 2011/12, the first full year after The Sexual Offences (Scotland) Act 2009 came into force. The Act introduced sexual offence categories (such as rape of a child aged 13 to 15) where age was specified.

- Research suggests that around a third of child sexual abuse is committed by other adolescents.⁵ However, reliable data is not available from crime statistics on levels of peer abuse. The expert insight which follows this indicator looks at specific concerns around harmful sexual behaviour and adolescents.

England

Recorded sexual offences against adolescents aged 11 to 18

	2014/15	2015/16	2016/17	2017/18	2018/19
Number of offences	23,222	30,794	36,146	42,796	43,078
Rate of offences	47.0	62.5	73.4	86.2	85.8

Recorded sexual offences specified as being against 13- to 15-year-olds in the definition of the offence

Offence category	2017/18		2018/19	
	Number of recorded offences	Rate per 10,000 13- to 15-year-olds	Number of recorded offences	Rate per 10,000 13- to 15-year-olds
Rape against a girl aged 13 to 15	7,223	82.1	7,497	82.9
Rape against a boy aged 13 to 15	829	9.0	925	9.7
Rape against a 13- to 15-year-old	8,052	44.6	8,422	45.4
Sexual activity with a 13- to 15-year-old*	13,266	73.5	14,279	77.0

*Category includes offences where gender is not specified.

In 2018/19, there were 43,078 recorded sexual offences in England where it was possible from the data to identify that the person the crime was committed against was between 11 and 18 years of age. This is a recorded rate of 85.8 sexual offences per 10,000 11- to 18-year-olds.

The total figures for recorded sexual offences were calculated by combining:

- data where the age of the child was specified in the definition of the offence
- additional data for all other sexual offences broken down by age provided by the Home Office Data Hub.

Due to the experimental nature of the Home Office Data Hub data, and the lack of information from seven of England's 39 police forces, these totals are a significant under-representation of the true number of offences against young people in this age group. Although there are limitations to how much we can say about trends from this data, as police identification of age is likely to vary across years, there has been an upward trend in the number of sexual offences against adolescents aged 11 to 18 recorded by the police over time.

The subsection of data on offences which by their definition can only be perpetrated against adolescents is more accurate. This covers the offences of rape against a 13- to 15-year-old and sexual activity with a 13- to 15-year-old. Numbers of these recorded offences have increased by 5 per cent and 8 per cent respectively in the past year. 89 per cent of recorded rape offences against 13- to 15-year-olds were against girls.

In 2018/19 there was a recorded rate of 45.4 rape offences per 10,000 13- to 15-year-olds and 77.0 offences of sexual activity with a child per 10,000 13- to 15-year-olds; compared with a rate of 9.0 rape offences per 10,000 under-13-year-olds and 9.8 offences of sexual activity with a child per 10,000 under-13-year-olds.

5 Hackett, S. (2014) Children and young people with harmful sexual behaviours. London: Research in Practice.

Wales

Recorded sexual offences against adolescents aged 11 to 18

	2014/15	2015/16	2016/17	2017/18	2018/19
Number of offences	1,411	1,871	2,197	3,292	3,160
Rate of offences	50.3	67.5	80.2	120.3	115.0

Recorded sexual offences specified as being against 13- to 15-year-olds in the definition of the offence

Offence category	2017/18		2018/19	
	Number of recorded offences	Rate per 10,000 13- to 15-year-olds	Number of recorded offences	Rate per 10,000 13- to 15-year-olds
Rape against a girl aged 13 to 15	386	80.7	384	78.2
Rape against a boy aged 13 to 15	60	11.8	51	9.9
Rape against a 13- to 15-year-old	446	45.3	435	43.2
Sexual activity with a 13- to 15-year-old*	1481	150.4	1188	118.0

*Category includes offences where gender is not specified.

In 2018/19, there were 3,160 recorded sexual offences in Wales where it was possible from the data to identify that the person the crime was committed against was between 11 and 18 years of age. This is a recorded rate of 115.0 sexual offences per 10,000 11- to 18-year-olds.

The total figures for recorded sexual offences were calculated by combining:

- data where the age of the child was specified in the definition of the offence
- additional data for all other sexual offences broken down by age provided by the Home Office Data Hub.

Due to the experimental nature of the Home Office Data Hub data, and the lack of information from one of Wales's four police forces, these totals are a significant under-representation of the true number of offences against young people in this age group. Although there are limitations to how much we can say about trends from this data, as police identification of age is likely to vary across years, overall there has been an increase in the number and rate of sexual offences against adolescents aged 11 to 18 recorded by the police over time, although figures show a slight decrease in the last year.

The subsection of data on offences which by their definition can only be perpetrated against adolescents is more accurate. This covers the offences of rape against a 13- to 15-year-old and sexual activity with a 13- to 15-year-old. Numbers of these recorded offences have decreased by 2 per cent and 20 per cent respectively in the past year. 88 per cent of recorded rape offences against 13- to 15-year-olds were against girls.

In 2018/19 there was a recorded rate of 43.2 rapes per 10,000 13- to 15-year-olds and 118.0 offences of sexual activity with a child per 10,000 13- to 15-year-olds; compared with a rate of 10.6 rapes per 10,000 under-13-year-olds and 17.2 offences of sexual activity with a child per 10,000 under-13-year-olds.

Northern Ireland

Recorded sexual offences against adolescents aged 11 to 17



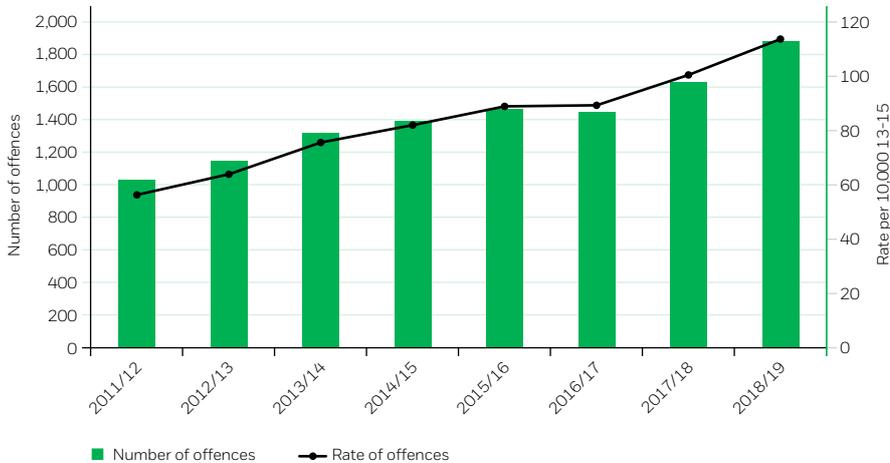
There were 1,264 recorded sexual offences against adolescents aged 11 to 17 in 2018/19 in Northern Ireland. This is a rate of 78.3 sexual offences per 10,000 11- to 17-year-olds, compared with a rate of 27.9 per 10,000 children under 11.

There has been an ongoing increasing trend in the number and rate of recorded sexual offences against adolescents aged 11 to 17 since 2012/13.

The number of recorded sexual offences against 11- to 17-year-olds has increased by 82 per cent in the past decade, from 693 to 1,264. The rate of offences per 10,000 11- to 17-year-olds has nearly doubled over the same time period, up from 39.6 to 78.3 per 10,000 11- to 17-year-olds.

Scotland

Recorded sexual offences against adolescents aged 13 to 15



In 2018/19, there were 1,884 recorded sexual offences in Scotland where it was possible from the data to identify that the person the crime was committed against was between 13 and 15 years of age. This is a rate of 113.7 recorded sexual offences per 10,000 13- to 15-year-olds, compared with a rate of 20.4 per 10,000 children under the age of 13.

There has been an increasing trend in recorded sexual offences against adolescents aged 13 to 15. Since 2011/12, the total number of recorded offences has risen by 83 per cent, from 1,028 in 2011/12 to 1,884 in 2018/19. The rate of recorded sexual offences against 13- to 15-year-olds has doubled in the last seven years, from 56.3 per 10,000 13- to 15-year-olds to 113.7.

Recorded sexual offences against adolescents aged 13 to 15 by offence category

Offence category	2017/18		2018/19	
	Number of recorded offences	Rate per 10,000 13- to 15-year-olds	Number of recorded offences 13- to 15-year olds	Rate per 10,000 13- to 15-year-olds
Rape against a girl aged 13 to 15	268	33.9	303	37.6
Rape against a boy aged 13 to 15	10	1.2	21	2.5
Rape against a 13- to 15-year-old	278	17.1	324	19.6
Sexual assault against a girl aged 13 to 15	556	70.2	586	72.7
Sexual assault against a boy aged 13 to 15	70	8.4	75	8.8
Sexual assault against a 13- to 15-year-old	626	38.6	661	39.9
Sexual activity with a girl aged 13 to 15	289	36.5	299	37.1
Sexual activity with a boy aged 13 to 15	44	5.3	52	6.1
Sexual activity with a 13- to 15-year-old*	475	29.3	540	32.6
Other sexual offences against a 13- to 15-year-old*	250	15.4	359	21.7

The breakdown by offence category shows that sexual offences were much more likely to be recorded against girls than boys. 94 per cent of recorded rape offences and 89 per cent of sexual assault offences against 13- to 15-year-olds were against girls.

Year-on-year changes within the Scotland sexual offences figures include:

- a 44 per cent increase in 'other sexual offences' against 13- to 15-year-olds, including a 43 per cent increase in offences involving indecent communication with a 13- to 15-year-old (from 203 to 290);
- a 17 per cent increase in recorded rape offences;
- a 14 per cent increase in recorded offences of sexual activity with a 13- to 15-year-old, including a 33 per cent increase in offences that involved causing an older child aged 13 to 15 to be present/look at sexual activity (from 142 to 189).

*Category includes offences where gender is not specified.

Data sources

England and Wales: Home Office (2020) [Police recorded crime and outcomes open data tables](#). London: Home Office. (Additional data provided to NSPCC from the Home Office Data Hub).

Scotland: Scottish Government recorded crime statistics (Data provided to NSPCC).

Northern Ireland: Police Service of Northern Ireland (PNSI) (2019) [Trends in police recorded crime in Northern Ireland 1998/99 to 2018/19](#). Belfast: Police Service of Northern Ireland.

Expert insight: Adolescent harmful sexual behaviour

The previous indicator looked at the number of police-recorded sexual offences against adolescents in the UK. Due to a lack of robust data it did not include information on the perpetrators of these offences. However, there has been a growing consensus over the last 20 years amongst child care practitioners and policy makers that a significant minority of child sexual abuse is perpetrated by children and young people themselves. Although younger children do sometimes display harmful sexual behaviours, the average onset is amongst boys in early adolescence, coinciding with onset of puberty.¹ Here **Stuart Allardyce** and **Sian Meader** look in more detail at adolescent harmful sexual behaviour.

What are the challenges in collecting data?

Sourcing credible UK data on harmful sexual behaviour is surprisingly difficult. There are three main reasons for this.

The first is that sexual abuse is typically committed in a context of secrecy, and most victims and survivors don't report their crimes at the time. This explains why self-report surveys of children's and young people's experiences of sexual violence often show a relatively high prevalence, while figures are typically lower when criminal justice system data is considered. This was highlighted when in 2020 the Scottish Government published the UK's first strategic document on preventing adolescent harmful sexual behaviour. In that document,² the authors concluded that the disparity arising from different legal data sources and self-report surveys meant that it was difficult, "to

establish exact numbers of incidents that can be described as harmful sexual behaviour by a child or young person that involves another child or young person".

The second reason why data-gathering is challenging is that harmful sexual behaviour displayed by children and young people covers many issues. It can involve peer-on-peer sexual abuse and exploitation in schools and outside the family home. It can involve intrafamilial sexual abuse, including sexual abuse of siblings and close family relatives. It can involve online harm such as coercing peers to share self-produced sexual images. It can involve sexually inappropriate behaviour displayed by young people with additional support needs. In short, we are talking about lots of different kinds of behaviour in different kinds of contexts, perpetrated by different kinds of children and young people, with different kinds of victims.



▶ Stuart Allardyce

Stuart Allardyce is a Director at the Lucy Faithfull Foundation with responsibilities for Stop it Now! services in Scotland and research and international development across the whole organisation. He is a qualified social worker, and has worked with young people who have displayed harmful sexual behaviour for almost 20 years.



▶ Sian Meader

Sian Meader is Clinical Manager for Young People's Services at the Lucy Faithfull Foundation, overseeing young people related clinical work and training, expanding young people's services and developing resources. She has a background in the National Probation Service and Youth Justice.

1 Ryan, G. et al (1996) *Trends in a national sample of sexually abusive youths*. Journal of the American Academy of Child & Adolescent Psychiatry, 35(1):17–25; Taylor, J. (2003) *Children and young people accused of child sexual abuse: a study within a community*. Journal of Sexual Aggression, 9(1):57–70; Hackett, S. et al (2013) *Individual, family and abuse characteristics of 700 British child and adolescent sexual abusers*. Child Abuse Review, 22(4):232–245.

2 Scottish Government (2020) *The Expert Group on Preventing Sexual Offending Involving Children and Young People*. Edinburgh: Scottish Government.

The third reason gets to the heart of this subject. The law in relation to sexual offences was never developed with the needs of children and young people who display harmful sexual behaviours in mind, making it often an ineffective and stigmatising process for dealing with incidents of harmful sexual behaviour amongst adolescents.

The law in relation to sexual offences is often an ineffective and stigmatising process for dealing with incidents of harmful sexual behaviour.

Our systems were not designed to prosecute children for sexual offences, and so there is inconsistency in how laws – designed to respond to adult behaviours – are applied by different police forces across the UK when a child sexually abuses another child.

What do we really know about harmful sexual behaviour in adolescence?

Despite this, there are some consistent findings in the literature.

- Research indicates that under-18s are responsible for at least one third of recorded sexual offences against children and young people in the UK.³
- The vast majority of abuse is perpetrated by boys, with girls typically over-represented among victims.⁴
- The average onset of harmful sexual behaviour among boys tends to be around the ages of 13 to 14, coinciding with onset of puberty.⁵
- Learning disability and autism are over-represented among young people who have displayed harmful sexual behaviour.⁶
- The majority of abuse takes place in the family home, but abuse online and in schools is common.⁷
- Around half of young people who have displayed harmful sexual behaviour have experienced sexual abuse themselves.⁸
- The vast majority of young people who display harmful sexual behaviour do not persist with such behaviours into adulthood⁹ – but non-sexual criminality rates are higher for this cohort of young people, and welfare outcomes in adulthood for many are poor.¹⁰

What does this mean for how we respond to harmful sexual behaviour practice?

There is now a large body of scientific evidence to support the view that children and young people who have displayed harmful sexual behaviour are not 'mini adult sex offenders'. Over the past 20 years, this has led to the evolution of practice approaches that recognise the importance of the developmental status of this client group. However, this progress is continually compromised by insensitive policies and legislation, which results in ever-growing numbers of children and young people being criminalised for issues relating to sexual misconduct. As well as the harm that is caused by behaviour of this nature, we are increasingly learning that charging someone under the age of 18 with a sexual offence can be a stigmatising and distressing experience for both the young person and their family, with potentially significant implications for outcomes such as employment and housing, as well as mental and physical health, and their capacity to build positive relations in adulthood.

One young person working with The Lucy Faithfull Foundation recently said that he felt that he has a "label stuck on his forehead" as historical harmful sexual behaviour was the first thing any new professional talked to him about. It seems he was justified; his file was littered with stigmatising language marking him out as potentially risky years later, which clearly was a barrier to his engagement with positive activities and hindered his ability to move on with a positive, abuse-free identity. This is an all too common scenario. As professionals, we need to make a concerted effort to avoid contributing to any sense of stigmatisation among young people who have displayed harmful sexual behaviours.

While the criminal justice system responds to a young person's act of abuse, other professionals can feel unable to provide support. Legal processes can take a year or more before there is closure, meaning that many young people don't get the help they need when they need it. Many are excluded from school during this period, isolated from peers and subject to strict safety plans without these decisions being backed by a clear risk assessment. When decisions are made to take no further action by police, this is often interpreted as meaning the incident didn't happen. Subsequently, doors to support and intervention are closed. We need a welfare response that doesn't rely so heavily on criminal justice responses as the gateway to interventions. Decisions need to be made based on what is right for the young people involved and progressed at the right time for the family rather than professionals.

3 Office of the Children's Commissioner (2015) *Protecting children from harm: A critical assessment of child sexual abuse in the family network in England and priorities for action*. London: Office of the Children's Commissioner.

4 Taylor, J. (2003) op. cit.; Vizard, E., et al (2007) *Children and adolescents who present with sexually abusive behaviour: a UK descriptive study*. The Journal of Forensic Psychiatry & Psychology, 18(1):59–73; Finkelhor, D., Ormrod, R. and Chaffin, M. (2009) *Juveniles who commit sex offenses against minors*. Juvenile Justice Bulletin. Washington, DC: Office of Juvenile Justice and Delinquency Prevention, US Department of Justice; Hackett, S. et al (2013) op. cit.

5 Ryan, G. et al (1996) op. cit.; Taylor, J. (2003) op. cit.; Hackett, S. et al (2013) op. cit.

6 Hackett, S. et al (2013) op. cit.

7 Finkelhor, D., Ormrod, R. and Chaffin, M. (2009) op. cit.

8 Hackett, S. et al (2013) op. cit.

9 McCann, K., Lussier, P., (2008), *Antisociality, sexual deviance, and sexual reoffending in juvenile sex offenders: a meta-analytical investigation*. Youth violence and juvenile justice, 6(4):363–385.

10 Caldwell, M. (2002) *What we do not know about juvenile sexual reoffense risk*. Child Maltreatment, 7(4):291–302.

Decisions need to be made based on what is right for the young people involved and progressed at the right time for the family rather than professionals.



Preventing children and young people who have displayed harmful sexual behaviour from abusing further victims is a key safeguarding goal. But young people who have displayed these behaviours also need to be protected and, like their victims, have a right to nurture, respect, family life, education and social inclusion. That means embedding these rights in responses for young people who have displayed

harmful sexual behaviour, even when their actions have caused considerable harm to others. We still have some distance to travel before our systems align with this goal across all parts of the UK.

What do young people need to prevent harmful sexual behaviour?

- ▶ All young people need to have support and guidance from trusted adults, to answer their questions and help them to navigate their sexual development in a safe and positive way.
- ▶ All need positive and consistent messages from the adults responsible for their welfare (professionally or otherwise) about sex and relationships, and about keeping safe and being respectful on- and offline.

- ▶ Some need an anonymous space to get help about things that worry them about their sexual behaviour.
- ▶ Some need specialist input, which involves their carers, to develop their understanding of the behaviour and about how to make changes for a better and safer life.
- ▶ A minority will need to work with social care or criminal justice professionals, to keep themselves and others safe. Timely, evidence-led and community-based services need to be made available to make this possible.
- ▶ All young people need hope for the future.

Indicator 5

Online harms

Key messages

- Older children¹ were more likely than younger children to have an online grooming offence against them recorded by the police.
- The number of URLs identified by the Internet Watch Foundation as containing sexual abuse imagery involving adolescents is increasing.
- 12- to 15-year-olds were almost twice as likely to report seeing something worrying or nasty online compared to 8- to 11-year-olds.

Why is this measure important?

Social media is ever-present in the lives of adolescents, with 70 per cent of 12- to 15-year-olds saying that they have a social media account.²

Alongside amazing opportunities, social networks open up a wide range of potential harms. The NSPCC defines online abuse as “abuse that is facilitated using internet-connected technology”. It may take place through social media, online games, or other channels of digital communication. Research suggests that online abuse can have as big an impact on young people as abuse that takes place face-to-face.³

Points to consider when looking at this data

This indicator uses a variety of different data sources to measure the level of online harm against adolescents. While these measures give an important insight into adolescents’ experiences of online harm, there are some key points that must be taken into consideration before using this information.

- Changes over time as to how and when adolescents access the internet, including rising use of personal mobile devices,⁴ have increased their potential exposure to online harms.

- Data is broken down for different age ranges and time periods by different data providers, limiting cross-comparability between nations and measures.

- Much of the data in this indicator looks at child sexual abuse images. Not all images will have originally been produced or shared non-consensually. ‘Sexting’ between young people is complex and comprises a range of behaviours that can be sexual or non-sexual and happen in different ways, from images shared consensually to more harmful and abusive forms of image sharing. The expert insight that follows this indicator looks in more detail at sexting among adolescents.

- The police-recorded offence statistics used in this indicator do not reflect the total number of crimes committed. Not all crimes are reported, identified or recorded.

- The UK Statistics Authority removed the National Statistics designation from recorded crime data in England and Wales in 2014 following concerns about the data’s reliability.⁵ Additional data broken down by age, provided by the Home Office, was designated as ‘experimental statistics’ due to relying on the ‘age of victim’ entry, which was part of an emerging collection.⁶ Crime data retain National Statistics status in Northern Ireland and Scotland.

- All police-recorded crime data reflect the year in which an offence was reported or identified, which will not always be the year in which it was committed.

- An increase in the number of police-recorded online offences does not necessarily mean that there has been a rise in the number of crimes committed. Other factors which could contribute to an increase include: greater awareness of online child abuse leading to increased reporting; improvements in recording processes; and a rise in investigations into child online abuse.

- Legislation, offence categories and recording methods vary across the UK, limiting cross-nation comparability.⁷ Scottish police use a significantly different set of crime codes to the rest of the UK. For example, unlike in the other UK nations, the offence of ‘communicating indecently with an older child’ is only recorded in Scotland if the child or young person has consented to the communication. If the child or young person has not consented to the communication, the offence is instead recorded under the separate code of ‘communicating indecently’, which covers crimes against both children and adults, and for which we cannot extract data specifically against adolescents. See the Glossary for more information.

1 Data was provided for different age brackets in different nations. In England and Wales ‘older children’ refers to children aged 12 to 15 for offences of sexual communication with a child and aged 11 to 18 for obscene publication offences; in Northern Ireland to young people aged 11 to 15; and in Scotland to young people aged 13 to 15.

2 Ofcom (2020) *Children and parents: media use and attitudes report 2019*. London: Ofcom

3 Hamilton-Giachritsis, C. et al. (2017) *‘Everyone deserves to be happy and safe’: a mixed methods study exploring how online and offline child sexual abuse impact young people and how professionals respond to it*. London: NSPCC.

4 Ofcom (2020) *Children and parents: media use and attitudes report 2019*. London: Ofcom

5 UK Statistics Authority (2014) *Assessment of compliance with the code of practice for official statistics: statistics on crime in England and Wales*. London: UK Statistics Authority

6 Office for National Statistics (ONS) (2016) *Guide to experimental statistics*. Newport: ONS

7 In England and Wales, recording of crimes is based on the *National Crime Recording Standard (NCRS)* and *Home Office Counting Rules for Recorded Crime (HOCR)*. The Police Service in Northern Ireland (PSNI) has a comparable system to that used in England and Wales. The *Scotland Crime Recording System (SCRS)* is not as comparable to systems used in the rest of the UK.

- ▶ Data for England and Wales on the number of offences of sexual communication with a child come from freedom of information (FOI) requests sent by the NSPCC to individual police forces. In 2018/19 all but two police forces responded to the NSPCC's requests, so results only provide a partial picture of the total number of offences recorded.
- ▶ Data on obscene publication offences broken down by age has been supplied to the Home Office by 33 police forces in England and Wales. As such, it will not represent the total counts of offences for this age group. The data has not been quality-assured to the same level

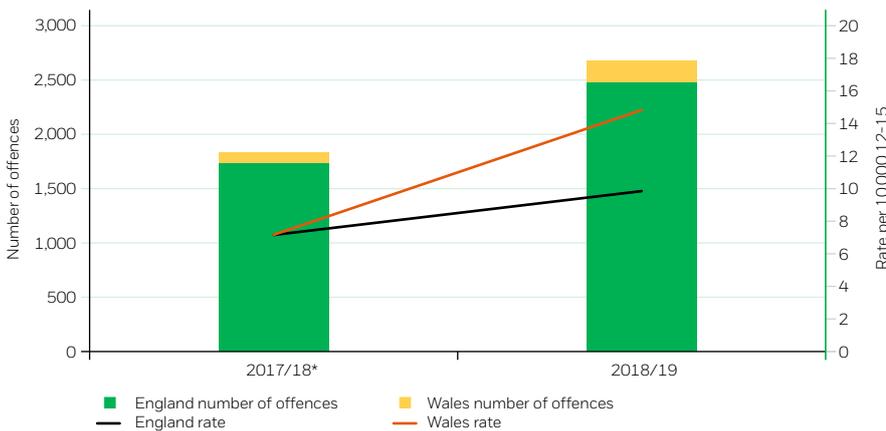
as for official statistics publications. Equivalent data is not available for Northern Ireland and Scotland.

- ▶ Child sexual abuse imagery URLs identified by the Internet Watch Foundation (IWF) are URLs confirmed as containing child sexual abuse imagery, having links to the imagery, or advertising it. Unlike other measures in this report, data is global rather than specific to the UK. Figures relate to images reported to or identified by the IWF, and do not reflect the total quantity of harmful content available online, or the number of children and young people harmed.

- ▶ Ofcom figures are based on a survey of children, young people and parents in the UK. In April-July 2019, 2,343 in-home interviews with parents of 5- to 15-year-olds and children and young people aged 8 to 15 were conducted, along with 900 interviews with parents of children aged 3 to 4. Data on the proportion of adolescents who have seen something that they found worrying or nasty are based on adolescents' own responses to the content they have seen. Adolescents may have seen content that adults would consider worrying or nasty, but which adolescents themselves did not.

England and Wales

Recorded sexual communication with a child offences against 12- to 15-year-olds



*A further seven offences were recorded by the British Transport Police in Wales in 2017/18.

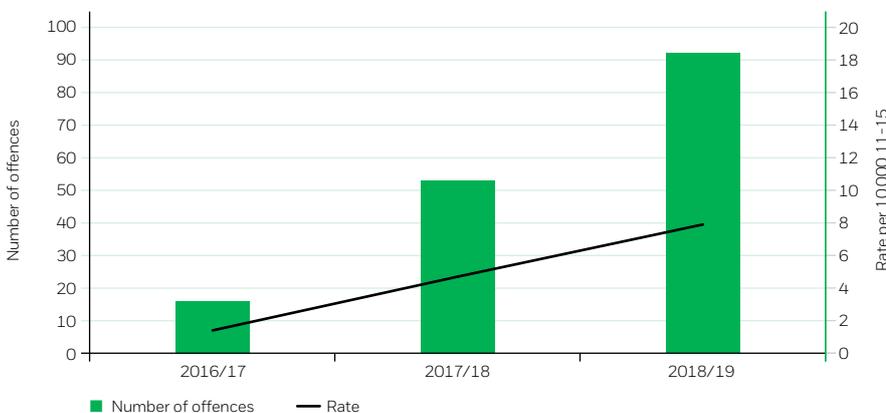
The offence of sexual communication with a child was introduced in England and Wales in April 2017. In the first two years since sexual communication with a child became an offence, 4,517 offences against adolescents aged 12 to 15 had been recorded by police forces in England, Wales and the British Transport Police. Further data collected for the first half of 2019/20 showed that the number of offences had reached 5,635.

In 2018/19, the rate of recorded offences against adolescents in England was 9.9 per 10,000 12- to 15-year-olds, compared to a rate of 0.8 per 10,000 under-12-year-olds. The rate of recorded offences against adolescents in Wales was 14.8 per 10,000 12- to 15-year-olds, compared to a rate of 1.8 per 10,000 under-12-year-olds.

There has been a year-on-year increase in the number and rate of sexual communication with a child offences against adolescents aged 12 to 15.

Northern Ireland

Recorded sexual communication with a child offences against 11- to 15-year-olds



The offence of sexual communication with a child was introduced in Northern Ireland in February 2016, with 2016/17 being the first full year for which there is data. Since the offence was introduced there has been a total of 194 offences recorded against 11- to 15-year-olds.

In 2018/19, the rate of recorded offences against adolescents in Northern Ireland was 7.9 per 10,000 11- to 15-year-olds, compared to a rate of 1.3 per 10,000 under-11-year olds.

The total number of recorded sexual communication offences against adolescents aged 11 to 15 was 92, which represents a 575 per cent increase from 16 recorded offences in 2016/17.

Scotland

Recorded communicating indecently with a child offences against 13- to 15-year-olds



The crime codes used in Scotland are different to those used in the rest of the UK. Data relating to the offence of communicating indecently with a child should therefore not directly be compared to data on sexual communication with a child for the rest of the UK.

The offence of communicating indecently with a child was introduced in Scotland in December 2010, with 2011/12 being the first full year for which there is data. Since the offence was introduced there have been a total of 1,615 offences recorded against 13- to 15-year-olds.

In 2018/19 the total number of recorded offences against adolescents aged 13 to 15 was 290. This was a rate of 17.5 per 10,000 13- to 15-year-olds, compared to a rate of 3.9 per 10,000 under-13-year-olds.

There has been a general upward trend in the rate of recorded offences of communicating indecently with adolescents aged 13 to 15 since the offence was introduced in 2010.

England and Wales

Recorded obscene publication offences against 11- to 18-year-olds

	2014/15	2015/16	2016/17	2017/18	2018/19
England number of offences	432	985	1,787	2,223	1,749
Wales number of offences	36	71	136	133	146

In 2018/19 the number of obscene publications recorded by police as being committed against 11- to 18-year-olds in England was 1,749, with a further 146 recorded in Wales. This compares to 1,109 obscene publications offences recorded against children aged under 11 in England and a further ten recorded in Wales.

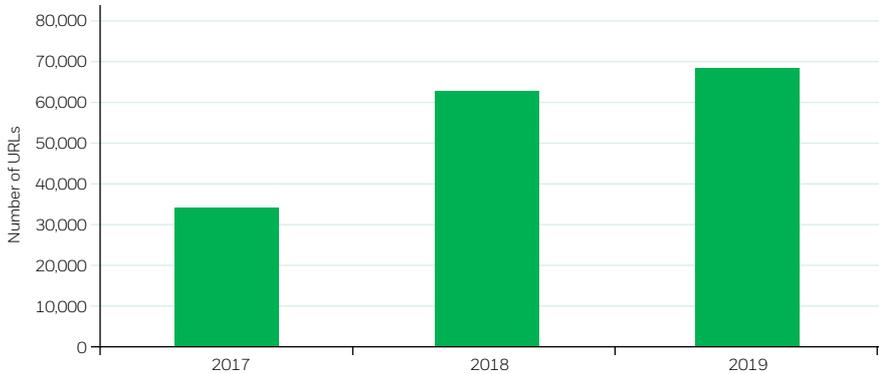
Due to the experimental nature of this data and the lack of information from some police forces, this is a significant under-representation of the true number of offences recorded against young people in this age group.

Although there are limitations as to how much we can say about trends from this data, as police identification of age is likely to vary across years, there are some general trends that can be observed.

Overall there has been an increase in the number of obscene publication offences recorded by the police in England and Wales over time, although numbers decreased last year.

Global

Children and young people who appeared to be aged 11 to 17 in child sexual abuse URLs analysed by the IWF



The IWF confirmed 68,443 URLs as containing child sexual abuse imagery involving adolescents aged 11 to 17 in 2019. Images were hosted in countries around the world, with just 0.1 per cent of online child sexual abuse content hosted in the UK.

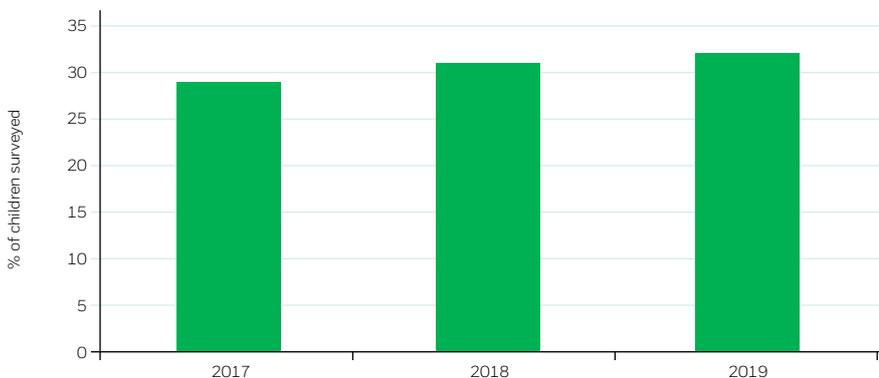
For the second year running, more than half (51 per cent) of all URLs involving child sexual abuse imagery were assessed as involving adolescents aged 11 or older.

The IWF partially attributes the increase in images involving this age group to a rise in the sharing of images in 'self-produced' content created by young people and then shared online.

In 2019, 47 per cent of images involving 11- to 13-year-olds were self-generated, as were 35 per cent of images involving 13- to 15-year-olds and 61 per cent of images involving 16- to 17-year-olds. By comparison, 12 per cent of images involving 7- to 10-year-olds were self-generated.

UK

12- to 15-year-olds' reports of ever having seen online content that they considered worrying or nasty



In 2019, 32 per cent of 12- to 15-year-olds said that they had ever seen online content that they found worrying or nasty. There has been a slight increase in the proportion of 12- to 15-year-olds reporting seeing something worrying or nasty, up from 29 per cent in 2017.

This age group are almost twice as likely as 8- to 11-year-olds (18 per cent) to see this type of content online.

Data sources

England and Wales: Home Office Data Hub (Data provided to NSPCC).

Scotland: Scottish Government-recorded crime statistics (Data provided to NSPCC).

Northern Ireland: Police Service of Northern Ireland (PSNI) [Police recorded crime in Northern Ireland: update to 31 March 2019](#). Belfast: PSNI (Additional data provided to NSPCC).

General: Ofcom (2020) [Children and parents: media use and attitudes report 2019](#). London: Ofcom; Internet Watch Foundation (IWF) (2020) [Annual report 2019: zero tolerance](#). Cambridge: IWF.

Expert insight: Understanding and responding to sexting

The previous indicator looked at adolescents' experiences of online harm. It includes data from the Internet Watch Foundation (IWF), which shows that increasing numbers of online sexual abuse images involving adolescents are being identified. This rise is partly driven by an increase in 'self-produced' content, where young people had taken and shared images themselves. Here **Dr Jenny Lloyd** and **Dr Emily Setty** look at why adolescents sext, when this behaviour becomes harmful and what can be done to tackle it.

This year, more than ever, we have begun to rely on technology and digital communication in order to feel connected to each other. As we have all seen, these forms of communication offer a range of opportunities, but also risks. One issue that often draws attention is 'sexting' particularly by children and young people. While sexting, or sending 'nudes' or 'dick pics' happens in a range of ways, including grooming by adults, in this article we focus on image-sharing among children and young people and what we can do to prevent harm.

A key concern about adolescent sexting is the risk that images will be widely shared, causing emotional distress and 'reputational damage'. This is often a result of the harmful norms and rules in the context that images are viewed as opposed to the images themselves. The harmful sharing of images represents a minority of cases¹ – 5 per cent of young people report having a sexual image shared following a relationship break-up.² However, the impacts can be devastating for young people, who have to return to school with the knowledge that others have seen intimate details of their lives.

Important, however, is recognising that 'sexting' between young people is complex and comprises a range of behaviours that can be sexual or non-sexual, and happens in different ways, from images shared consensually to more harmful and abusive forms. Additionally, the meaning and use of images can change – an image shared consensually and non-sexually could be used and interpreted differently by someone else, making the task of defining harm and safety in relation to adolescent sexting even harder.

The challenge is that, regardless of the reason for peer-to-peer sharing, in the UK all sexual images taken by and shared by young people under the age of 18 are technically defined as illegal.³ As the police consistently reiterate, this law was never intended to criminalise young people; however, when adults prioritise the law they undermine young people's safety.

Context to harmful sexting practices

What actually makes sexting harmful? Privacy and consent are key issues, but we need to put them in context. When



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young people share a private image without the consent of the person in the image, for example, they are making a choice to do this. Often, we find that this choice is made in line with social cultures of objectification, shame and stigma. Young people talk about how girls are at particular risk, both because boys like looking at images of girls and because the girls in the images are seen as having done something 'wrong'

1 Wolak, J. and Finkelhor, D. (2011) *Sexting: a typology*. Durham, NH: Crimes Against Children Research Center.

2 McGeeney, E. and Hanson, E. (2017) *Digital romance: a research project exploring young people's use of technology in their romantic relationships and love lives*. London: National Crime Agency and Brook.

3 Sexual Offences Act 2013

Types of image sharing

- Non-sexual – joking and fun with friends, self-expression and seeking feedback
- Consensual – subject, sender and recipient all agree and define the exchange positively
- Non-consensual – pressure (peer/social, interpersonal or cultural), coercion (direct or indirect threats e.g. to end a relationship or release images), ‘catfishing’ (obscuring ‘true’ identity or posing as someone else), sending unwanted images (e.g. ‘dick pics’) and sharing images without the consent of the subject.
- Blurred lines of consent – may desire some aspects of sexting such as receiving a compliment or feeling connected to the recipient but not other aspects, such as the worry about unauthorised distribution.

because sexual expression among girls is still seen as ‘slutty’ and ‘unfeminine’.⁴

Boys can, and do, however, also have their images shared. While some boys may be able to claim ‘lad points’ through sexting, many actually struggle to do this in reality because they lack the stereotypically ‘masculine’ attributes so often celebrated in youth culture.⁵ For example, some boys may be praised for looking ‘cool’ or ‘fit’ for sexting, while others may be labelled as ‘creepy’ or ‘desperate’ if they don’t look good in the images. While often brushed off as ‘banter’, these experiences can be damaging for boys.

Pressured, coerced and unwanted sexting, while not unique to young people, is likewise linked to these social contexts.⁶ A ‘boys will be boys’-type narrative, endorsed both by young people and adults at times, normalises the idea that boys will pressure girls to sext or will send girls images that they don’t want to see. Girls, meanwhile,

are often perceived as lacking interest in sex and so are sexting because of low self-worth and low self-esteem, which they seek to address through attracting the attention of boys.⁷ These narratives often come out in research with young people. However, these assumptions prevent more inclusive discussions about the benefits and risks of sexting with regards to gender and sexuality. Girls, for example, do not always perceive sexting to be harmful and exploitative. Same-sex attracted young people, meanwhile, report engaging in sexting and may experience risk and harm themselves despite the absence of an opposite-sex gender dynamic.

While many young people will never share images, they act as bystanders, playing a role in shaping what makes sexting harmful. Young people’s peer cultures therefore matter as much as the individuals who produce and share the images. It is within these cultures that harmful practices are normalised, and even celebrated.

Tackling abusive sexting

To change the culture of harmful sexting, we need to look first at the messages young people receive about images. Across the UK we see increasingly risk-averse responses – “just say no” and “sexting is stupid” – due to the cautionary tales of “sexting gone wrong” that have proliferated over the years. While perhaps well-intentioned and common sense, these messages lead to victim-blaming both by adults and young people.⁸

Young people are told “not to share in the first place”. This feeds into the line, repeated by young people and adults, that “it’s your fault for sending it in the first place”.⁹ Because of this, young people sometimes tell us that if they found themselves in a harmful situation, “you would never tell anyone because it was the teachers who told you not to share in the first place”.¹⁰

We need to go beyond blaming individual sexters and holding them responsible. Instead, we need to look

at the sexism and double standards – that long pre-date sexting – both within youth culture and society as a whole.¹¹ This includes victim-blaming. Even unsolicited image-sharing is often seen by young people as inevitable and best addressed through imploring girls to just ignore boys who send them unwanted ‘dick pics’.

We need to look at the sexism and double standards – that long pre-date sexting – both within youth culture and society as a whole.

So how can we balance the need to protect young people from abuse through image-sharing while at the same time acknowledge their sexual development within a digital age?

- Adults need to understand the range of ways in which young people send images – from consensual through to abusive.
- While it is important that young people understand the law, the focus should be on laws that target the illegal distribution of images.
- Efforts to address abusive image-sharing should recognise the underlying power dynamics and cultures that facilitate this harm and stop focusing only on sexting.
- Schools should prioritise prevention education that focuses on abusive and exploitative image-sharing rather than preventing “taking it in the first place”.
- We need to tackle victim-blaming, start listening to young people and share the message that we will support young people and help them whether they shared images consensually or not.

4 Ringrose, J. et al. (2012) *A qualitative study of children, young people and ‘sexting’: a report prepared for the NSPCC*. London: NSPCC

5 Setty, E. (2019) ‘Confident’ and ‘hot’ or ‘desperate’ and ‘cowardly’? Meanings of young men’s sexting practices in youth sexting culture. *Journal of Youth Studies*, 1-17

6 Setty, E. (2019) *A rights-based approach to youth sexting: challenging risk, shame and the denial of rights to bodily and sexual expression within youth digital culture*. *International Journal of Bullying Prevention*, 1, 298-311

7 Hasinoff, A. A. (2012) *Sexting as media production: Rethinking social media and sexuality*. *New Media and Society*, 15(4): 449-65.

8 De Ridder, S. (2018) *Sexting as sexual stigma: the paradox of sexual self-representation in digital youth cultures*. *European Journal of Cultural Studies*, 22(5-6): 563-78.

9 Lloyd, J. (2018) *Abuse through sexual image sharing in schools: response and responsibility*. *Gender and Education*, pp.1-19.

10 Contextual Safeguarding Network (2018) *Beyond Referrals: Schools* [Accessed 22/07/2020]

11 Dobson, A. S. (2018) *Sexting, intimate and sexual media practices, and social justice*, in Dobson, A. S., Robards, B. and Carah, N. (eds) *Digital intimate publics and social media*. Palgrave Macmillan (pp. 3-27).

Indicator 6

Child protection plans or registers

Key messages

- In England and Wales there has been a long-term upward trend in the rates of 10- to 17-year-olds who were the subject of a child protection plan (CPP) or were on a child protection register (CPR), although rates decreased slightly this year.
- In Northern Ireland there has been a general increase in the rate of 12- to 17-year-olds who were on a CPR since 2013.
- In Scotland the rate of 12- to 17-year olds on a CPR has remained broadly stable.
- In each UK nation, older children¹ were less likely to be the subject of a CPP or on a CPR than younger children.

Why is this measure important?

Children and young people are made the subject of a child protection plan or added to a child protection register because they are considered to be at risk of harm. In being made the subject of a plan or being added to a register, the hope is that children's services can help keep the children and young people concerned safe.

Points to consider when looking at this data

This indicator uses child protection plan and register statistics. While these give an important insight into children and young people's experiences of abuse, there are some key points that must be taken into consideration before using this information.

- All four nations publish data on the number of children and young people who are the subject of child protection plans (CPPs) or on a child protection register (CPR). England, Wales and Northern Ireland collect data for the year ending 31 March. Scotland began to collect data

for the year ending 31 July (rather than 31 March) from 2011. Despite a difference in the terminology, data about CPPs and CPRs are largely similar. Both record information about children and young people whose safety is an ongoing concern.

- We have collated data on the number of young people who are the subject of CPPs or on a CPR at a specific point in time, as opposed to at any point during the year.
- Age groups used in data collection vary between the UK nations: England and Wales provide data on 10- to 15-year-olds; Northern Ireland, on 12- to 15-year-olds; and Scotland, on 11- to 15-year-olds. All nations collect data on young people aged 16 and over.
- The number of children and young people who are the subject of a CPP or on a CPR does not reflect all those who are at risk of harm. Not all instances of children and young people who are at risk of harm are identified or recorded. These figures should therefore not be interpreted as a record of all abuse.

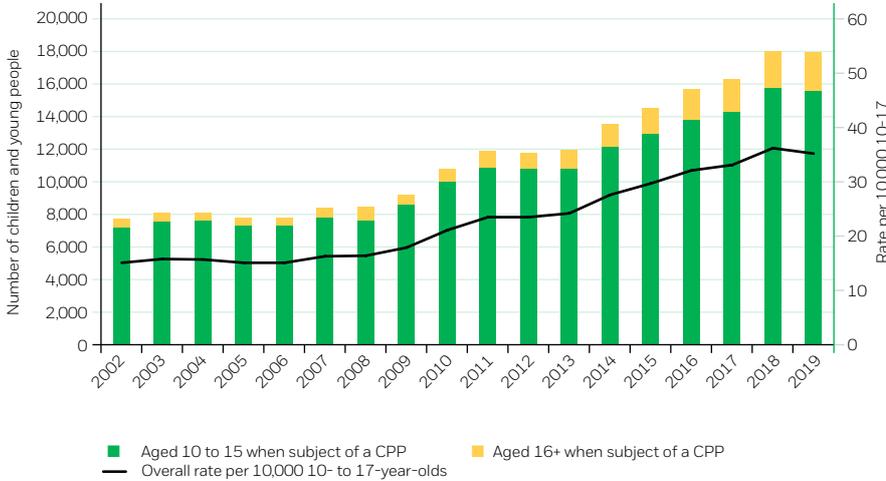
- In Wales, data is not available for 2015/16. This is because the scope of social services recording requirements was reduced while changes were made to data requirements for 2016/17, following the Social Services and Well-being (Wales) Act 2014 coming into force. This also means that Welsh data for 2016/17 onwards is not directly comparable to previous years.
- Numbers of children and young people who are the subject of CPPs or on a CPR may be affected by a wide range of external factors, including: increased public awareness of child abuse and neglect, a greater willingness to take action to protect children at potential risk of harm, or cuts to early intervention services resulting in more children reaching crisis point before receiving support.²

¹ Data is broken down into different age brackets in different nations. In England and Wales 'older children' refers to children aged 10 or over; in Northern Ireland to young people aged 12 or over; and in Scotland to young people aged 11 or over.

² Action for Children et al. (2020) *Under pressure: children's and young people's services 2010/11 to 2018/19: a summary*. London: Children's Society.

England

Number of 10- to 17-year-olds who were the subject of a CPP



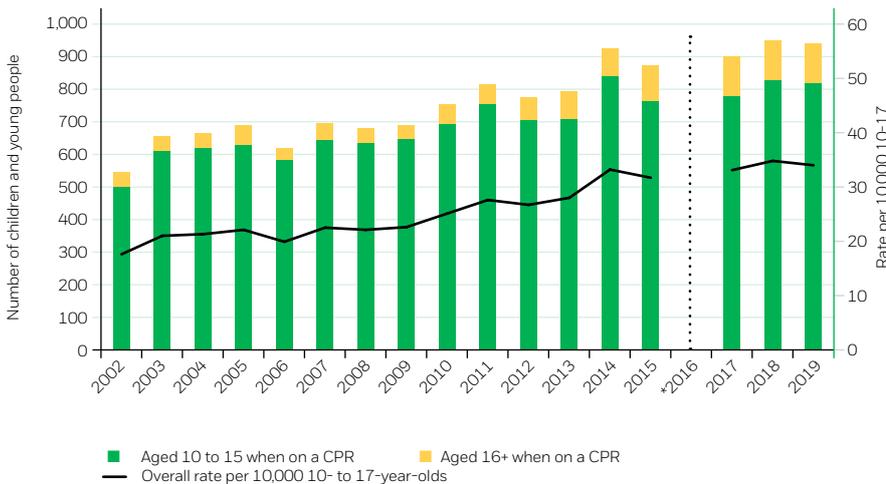
In England, 15,580 children and young people aged 10 to 15 and 2,340 young people aged 16 or over were the subject of a child protection plan (CPP) on 31 March 2019. This gives a total of 17,920 children and young people aged 10 or older who were the subject of a CPP.

This is a rate of 35.2 per 10,000 children and young people aged 10 to 17, compared to a rate of 48.2 per 10,000 children aged under 10.

There has been a small decrease in the number and rate of 10- to 17-year-olds on a CPP in the last year, following six consecutive years of increases. This decrease is due to a decrease in the number of 10- to 15-year-olds on CPPs; the number of young people aged 16 or older on CPPs has continued to increase.

Wales

Number of 10- to 17-year-olds on a CPR



In Wales, 820 children and young people aged 10 to 15 and 120 young people aged 16 or over were on a CPR on 31 March 2019, giving a total of 940 children and young people aged 10 or older who were on a CPR.

This is a rate of 34.0 children and young people on a CPR per 10,000 10- to 17-year-olds, compared to a rate of 53.2 per 10,000 children aged under 10.

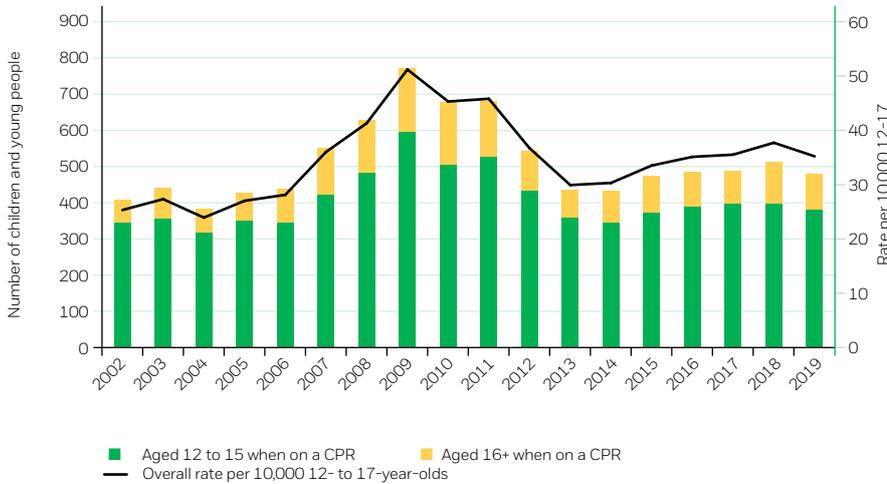
Between 2002 and 2015, the number of children and young people on a CPR increased by 61 per cent. The rate per 10,000 increased by 81 per cent.

Because of changes to data collection, data is not available for 2016, and data from 2017 onwards is not directly comparable with previous years. Between 2017 and 2019, the number of 10- to 17-year-olds on a CPR has increased by 4 per cent and the rate per 10,000 has increased by 3 per cent, although both decreased slightly between 2018 and 2019.

*Data is not available for 2016 due to a temporary reduction in the scope of recording requirements while changes were made following the Social Services and Well-being (Wales) Act 2014. Data for 2017 onwards is not directly comparable to previous years.

Northern Ireland

Number of 12- to 17-year-olds on a CPR



There were 382 young people aged 12 to 15 and 99 young people aged 16 or over on a CPR on 31 March 2019, giving a total of 481 children and young people aged 12 or older who were on a CPR in Northern Ireland.

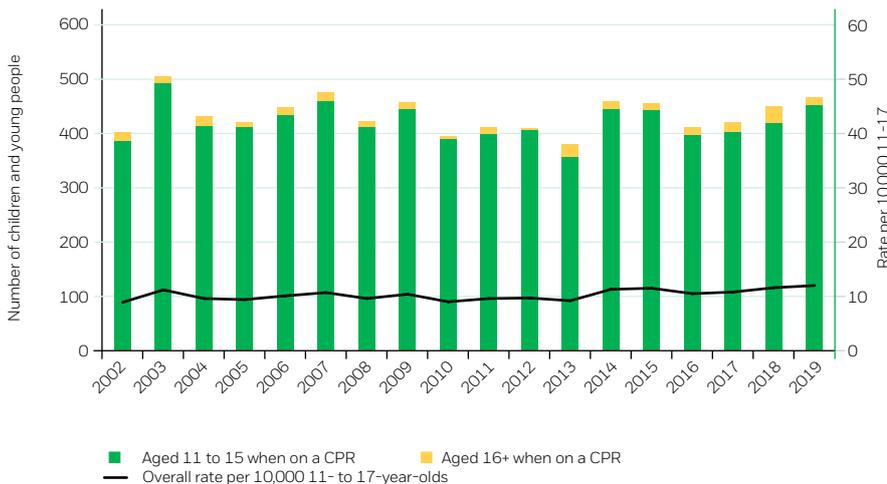
This is a rate of 35.2 children and young people on a CPR per 10,000 12- to 17-year-olds, compared to a rate of 57.3 per 10,000 children aged under 12.

The number of 12- to 17-year-olds on a CPR steeply decreased from a 17-year high of 771 in 2009, to 434 in 2014. Since 2014 there has been a general increase in the number of older children on a CPR.

Northern Ireland has the highest rate of young people aged 16 or over on a CPR in the UK.

Scotland

Number of 11- to 17-year-olds on a CPR



In Scotland, 453 young people aged 11 to 15 and 14 young people aged 16 or over were on a CPR on 31 July 2019, giving a total of 467 young people aged 11 or older who were on a CPR.

This is a rate of 12.0 young people on a CPR per 10,000 11- to 17-year-olds, compared to a rate of 33.4 per 10,000 children aged under 11.

Between 2002 and 2019 the number of young people on a CPR increased by 16 per cent. The rate per 10,000 increased by 34 per cent.

There has been a year-on-year increase in the number of children and young people on a CPR since 2016.

Scotland has the lowest rate of young people aged 16 or over on a CPR in the UK.

Data sources

England: Department for Education (2019) *Characteristics of children in need: 2018 to 2019*. London: Department for Education.

Wales: Welsh Government (2019) *Children on child protection register by local authority, category of abuse and age group*. Cardiff: StatsWales.

Northern Ireland: Department of Health, Social Services and Public Safety (2019) *Children's social care statistics for Northern Ireland 2018/19*. Belfast: Department of Health, Social Services and Public Safety.

Scotland: Scottish Government (2019) *Children's social work statistics Scotland, 2018-2019*. Edinburgh: Scottish Government.

Indicator 7

Reasons for a child protection plan or being on a child protection register

Key messages

- In England and Northern Ireland, neglect is the most common reason for older children¹ to be the subject of a child protection plan (CPP) or on a child protection register (CPR).
- There has been a long-term upward trend in the proportion of older children who were the subject of a CPP or on a CPR because of neglect or emotional abuse in both England and Northern Ireland.
- In Scotland and Wales, emotional abuse is the most commonly identified concern among older children² on a CPR.
- There has been an upwards trend in the proportion of 10- to 17-year-olds on a CPR because of emotional/psychological abuse in Wales, while in Scotland emotional abuse has consistently been the most common form of abuse identified at case conferences for 11- to 17-year-olds on a CPR.

Why is this measure important?

This data shows the reasons why a child or young person who is the subject of a child protection plan (CPP) or is on a child protection register (CPR) is judged to be at ongoing risk of harm.

Points to consider when looking at this data

This indicator uses child protection plan (CPP) and child protection register (CPR) statistics. While these give an important insight into children's and young people's experiences of abuse, there are some key points that must be taken into consideration before using this information.

- The four nations collect data on different age ranges. For England and Wales we have grouped together data for 10- to 17-year-olds, while for Northern Ireland and Scotland we have grouped together data for 11- to 17-year-olds. In Scotland and Wales, where data for young people aged 16 and over has been suppressed due to the small numbers involved, we have used available data for 11- to 15-year-olds.
- Due either to changes in recording methods, or the availability of published data, different time series are available for the four nations. Here we have selected data from 2002 to 2019 for England and Wales; from 2010 to 2019 for Northern Ireland; and from 2013 to 2019 for Scotland.
- In Wales, data is not available broken down by age and category of abuse for 2015/16. This is because the scope of social services recording requirements was reduced in order to ease the burden on local authorities while they made preparations for the change to data requirements for 2016/17, after the Social Services and Well-being (Wales) Act 2014 came into force. This also means that Welsh data for 2016/17 onwards is not directly comparable to previous years.
- In England, data is not available broken down by age and category of abuse for 2009/10.
- Data from Northern Ireland is based on figures from three out of five health and social care trusts (HSCTs): Belfast HSCT, Northern HSCT and South Eastern HSCT. These three trusts represent 59 per cent of all children on CPRs in 2019. Figures broken down by age for Western and Southern HSCTs were unavailable.
- In England, Northern Ireland and Wales, the data shows the reasons why a child or young person is the subject of a CPP or on a CPR by initial category of abuse. This is the category as assessed when the CPP or CPR registration commenced.
- The method of recording in Scotland changed in 2012 to enable multiple concerns to be recorded at each case conference. Since this change, Scotland records additional concerns, including parental substance misuse and parental mental health, as well as child abuse-related concerns. In this indicator, we have focused on instances where concerns about the four main categories of abuse have been recorded. It should be noted

¹ Data is broken down into different age brackets in different nations. In England 'older children' refers to children aged 10 or over and in Northern Ireland to young people aged 11 or over.
² Data is broken down into different age brackets in different nations. In Wales 'older children' refers to children aged 10 or over, and in Scotland to young people aged 11 or over.

that more than one concern may be recorded for each child or young person, and on average two or three concerns are recorded per child case conference. The change to the method of recording in Scotland means that figures on concerns

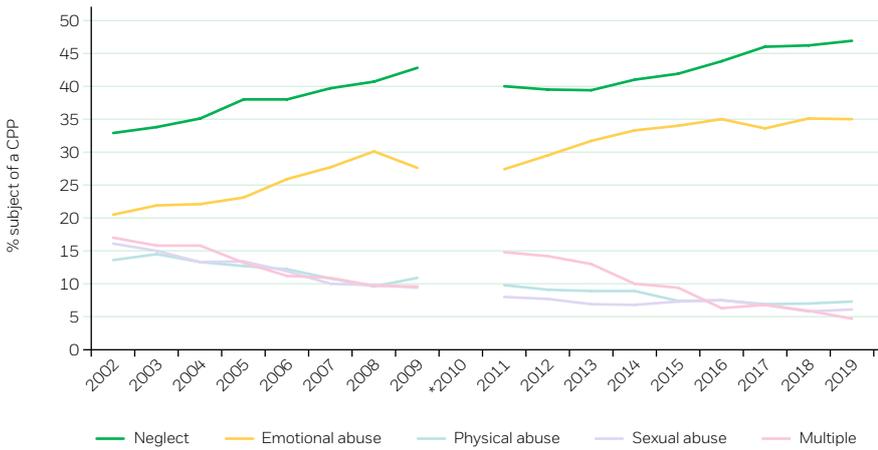
identified in Scotland are not directly comparable to data from the other nations.

- ◆ Trends in reasons for children or young people being made the subject of CPPs or on a CPR may be affected by a wide range of external

factors, including: increased public awareness of specific types of abuse or neglect; a greater willingness to take action to protect children at potential risk of harm from specific types of abuse or neglect; and the impact of economic factors.³

England

Reasons why 10- to 17-year-olds were the subject of a CPP



*Data broken down by age not published in 2010

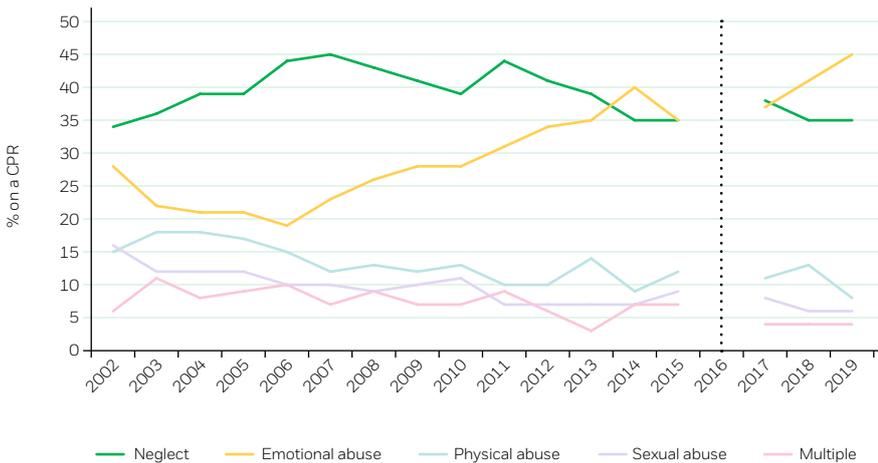
At 31 March 2019, the breakdown of reasons for young people aged 10 and over being the subject of a CPP in England was as follows: 47 per cent neglect; 35 per cent emotional abuse; 7 per cent physical abuse; 6 per cent sexual abuse; and 5 per cent multiple reasons.

In 2019, 9 per cent of young people aged 16 and over were the subject of a CPP because of sexual abuse, a higher proportion than for 10- to 15-year-olds (6 per cent) or for all children (4 per cent). By comparison, 30 per cent of young people aged 16 and over were the subject of a CPP because of emotional abuse, a lower proportion than for 10- to 15-year olds (36 per cent) and for all children (35 per cent).

The proportion of 10- to 17-year-olds who were the subject of a CPP because of neglect or emotional abuse has increased since 2002. By contrast, there has been an overall decrease in the proportion of 10- to 17-year-olds who were the subject of a CPP because of physical or sexual abuse.

Wales

Reasons why 10- to 17-year-olds were on a CPR



*Data is not available for 2016 due to a temporary reduction in the scope of recording requirements while changes were made following the Social Services and Well-being (Wales) Act 2014. Data for 2017 onwards is not directly comparable to previous years.

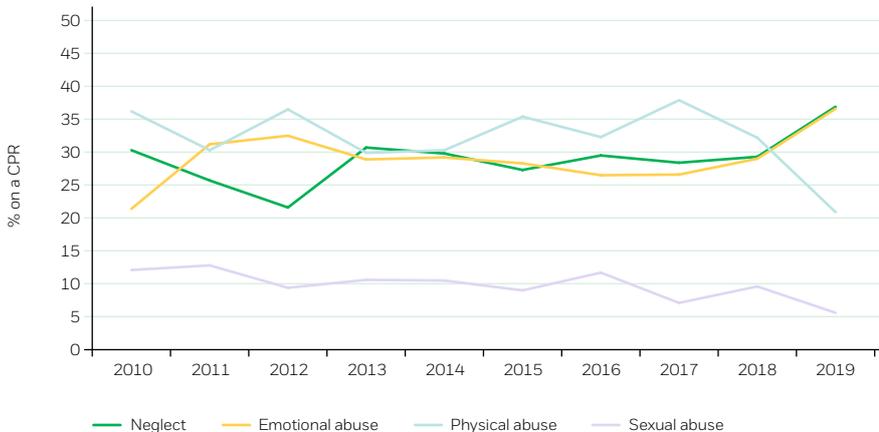
At 31 March 2019, the breakdown of reasons for children and young people aged 10 to 17 being on a CPR in Wales was as follows: 35 per cent neglect; 45 per cent emotional/psychological abuse; 8 per cent physical abuse; 6 per cent sexual abuse; and 4 per cent multiple reasons..

In 2019, 8 per cent of 16- to 17-year-olds were on a CPR because of sexual abuse, a higher proportion than for 10- to 15-year-olds (6 per cent) or for all children (4 per cent). By comparison, 42 per cent of 16- to 17-year-olds were on a CPR because of emotional abuse, a lower proportion than for 10- to 15-year-olds (45 per cent) and for all children (46 per cent).

Data from 2017 onwards is not directly comparable to earlier years. However, there has been an upwards trend in the proportion of 10- to 17-year-olds on a CPR because of emotional/psychological abuse, while the proportion of 10- to 17-year-olds on a CPR because of sexual abuse and physical abuse has decreased.

Northern Ireland

Reasons why 11- to 18-year-olds were on a CPR



Data for Northern Ireland relates to the three out of five health and social care trusts (HSCTs) that were able to supply the relevant information.

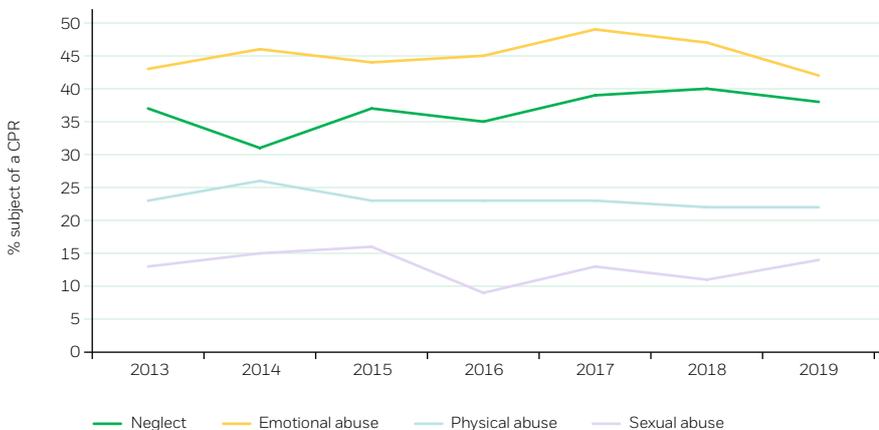
At 31 March 2019, the breakdown of reasons for 11- to 18-year-olds in Northern Ireland being on a CPR was as follows: 37 per cent neglect; 37 per cent emotional abuse; 21 per cent physical abuse; and 6 per cent sexual abuse.

The proportion of 11- to 18-year-olds on a CPR was higher than the average for all children for neglect, emotional abuse and sexual abuse (for whom the proportions were 35 per cent, 32 per cent and 5 per cent respectively); and lower than the average for all children for physical abuse (for whom the proportion was 27 per cent).

There has been an overall upwards trend in the proportion of older children on a CPR because of emotional abuse and neglect. There has been a downwards trend in the proportion of older children on a CPR because of sexual abuse, and that proportion has halved since 2010.

Scotland

Abuse-related concerns identified at case conference for 11- to 17-year-olds on a CPR



At 31 July 2019, the proportion of 11- to 17-year-olds on a CPR in Scotland who had one or more form of abuse identified at case conference was as follows: 38 per cent neglect, 42 per cent emotional abuse, 22 per cent physical abuse and 14 per cent sexual abuse. One young person can have more than one form of abuse identified.

The proportion of 11- to 17-year-olds on a CPR identified at case conference as having concerns around sexual abuse and emotional abuse were higher than the average for all children (for whom the proportions were 9 per cent and 40 per cent respectively); and lower than the average for all children for neglect and physical abuse (for whom the proportions were 41 per cent and 24 per cent respectively).

Proportions have remained fairly stable since 2013, with emotional abuse consistently the most common concern identified, followed by neglect, then physical abuse, then sexual abuse.

Data sources

England: Department for Education (DfE) (2019) *Characteristics of children in need: 2018-2019*. London: Department for Education (DfE).
Wales: StatsWales (2019) *Children on child protection register by local authority, category of abuse and age group*. Cardiff: Welsh Government.
Northern Ireland: NSPCC (2020) Freedom of information (FOI) requests sent to each health and social care trust (HSCT).
Scotland: NSPCC (2020) FOI request sent to Scottish Government.

Indicator 8

Looked after children and young people

Key messages

- The numbers of looked after children and young people in older age categories¹ are increasing in England, Wales and Northern Ireland, while in Scotland numbers of looked after adolescents accommodated away from home have started to decline.
- With the exception in some nations of infants under the age of one, older children are more likely than younger children to be in care.
- The majority of looked after children and young people aged 10 to 17 are looked after due to abuse or neglect in England (57 per cent) and Wales (65 per cent).
- There is an upward trend in the number of looked after children and young people placed in unregulated semi-independent accommodation in England and Wales.

Why is this measure important?

This measure gives an indication of the number of young people in care at any one point in time. Looked after children and young people come from a range of different backgrounds and have varied experiences of care. However, research suggests that experiences before and during care can make looked after children a particularly vulnerable group of young people.²

For England and Wales, the two nations for which data is available, we have included information about children and young people who were looked after because of abuse or neglect. We have also included data on adolescents living in independent or semi-independent care settings, which in England and Wales are not required to be registered or regulated by Ofsted or the Care Inspectorate Wales. Evidence shows that some unregulated provision can be unsafe and unsuitable, because of the lack of or limited care and support available to young people.³ This data provides an important picture of where the risk of harm from abuse and neglect was considered serious enough to remove a child or young person from parental care. It also provides an important picture of the number of

looked after children and young people living in unregulated settings.

Points to consider when looking at this data

This indicator uses looked after children and young people statistics. While these give an important insight, there are some key points that must be taken into consideration before using this information.

- Each UK nation has a slightly different definition of children in care, but in general, the term 'looked after children' refers to those children and young people who are cared for by the state.
- There are many reasons why the state might be a corporate parent, including because a child has suffered abuse or neglect or is disabled, the parent is ill or disabled, or because parents are absent. We have included, where available, statistics for children and young people who are looked after due to abuse or neglect.
- Data for each nation relates to the total number of children in care on a specific date (31 March in England, Wales and Northern Ireland and

31 July in Scotland). It does not tell you the number of children becoming looked after during the year.

- Looked after children statistics published from 2016 onwards are designated 'experimental' in Wales, following changes brought in by the Social Services and Well-being (Wales) Act. Looked after children statistics are designated as National Statistics in all other UK nations.
- Numbers of looked after children and young people may be affected by a wide range of external factors, including: public awareness of child abuse and neglect, willingness to take action to protect children at potential risk of harm, numbers of unaccompanied asylum-seeking children, or availability of early intervention services.⁴
- Data is published for all four nations on looked after children and young people. In England and Wales there are similar data collections, including data on the number of children who are looked after due to abuse or neglect. Northern Ireland and Scotland do not publish data on the reasons why children become looked after.

1 Data is broken down into different age brackets in different nations. In England and Wales 'older children' refers to children aged 10 or over; in Northern Ireland and in Scotland to young people aged 12 or over.

2 Bazalgette, L., Rahilly, T. and Trevelyan, G. (2015) *Achieving emotional wellbeing for looked after children: a whole system approach*. [London]: NSPCC; Luke, N. et al. (2014) *What works in preventing and treating poor mental health in looked after children?* London: NSPCC; Rahilly, T. and Hendry, E. (eds) (2014) *Promoting the wellbeing of children in care: messages from research*. London: NSPCC; Coffey, A., and All Party Parliamentary Group for Runaway and Missing Children and Adults and All Party Parliamentary Group for Looked after Children and Care Leavers (2012) *Report from the joint inquiry into children who go missing from care*. London: All Party Parliamentary Group (APPG) for Runaway and Missing Children and Adults.

3 Greatbatch, D. and Tate, S. (2020) *Use of unregulated and unregistered provision for children in care: research report*. London: Department for Education; Crellin, R. and Pona, I. (2015) *On your own now: the risks of unsuitable accommodation for older teenagers*. London: Children's Society.

4 Action for Children et al. (2020) *Under pressure: children's and young people's services 2010/11 to 2018/19: a summary*. London: Children's Society.

- In England and Wales when a child or young person first becomes looked after, their primary category of need is recorded. This may not be the only category relevant to that child for the period during which they are looked after.
- Unlike the rest of the UK, in Scotland children looked after at home require a supervision order from the children's panel, making them looked

after children. To make Scottish figures more comparable, children accommodated at home with their parents have been excluded from the looked after children figures.

- We have only been able to obtain data about the use of semi-independent accommodation broken down by age in England and Wales, the two nations in which this form of accommodation is unregulated.

There are differences in the child protection systems in England and Wales, meaning that placement type data is not directly comparable between nations.

- Data is available for different time periods in the different nations. Here we have chosen to present data back to 2010, to provide the same time span across all four nations.

England Looked after 10- to 17-year-olds



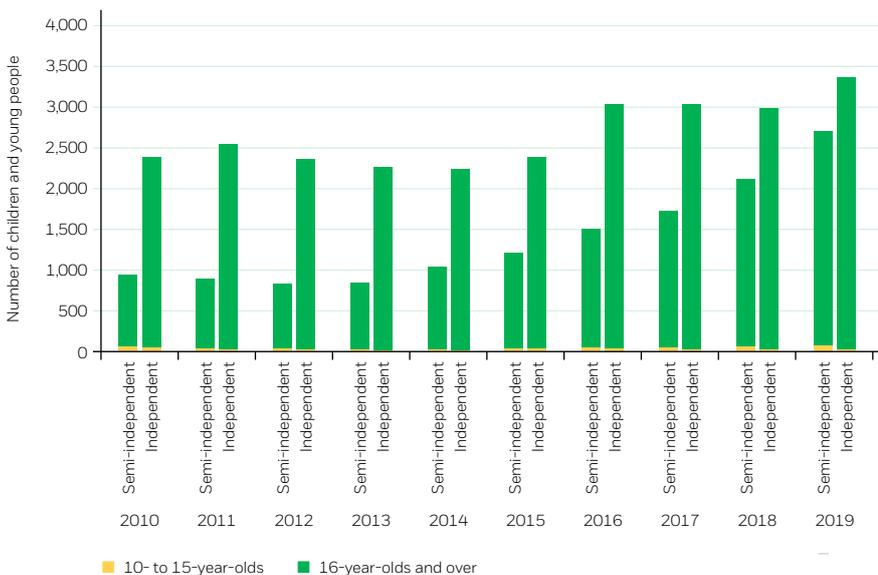
There were 49,160 looked after children and young people aged 10 or over in England at 31 March 2019. The majority, 28,000 (57 per cent), were looked after because of abuse or neglect. The older the age group, the less likely the child or young person was to be looked after due to abuse or neglect, ranging from 78 per cent of under-ones to 45 per cent of looked after young people aged 16 or over.

There was a rate of 96.7 looked after children per 10,000 10- to 17-year-olds, and 55.1 children looked after due to abuse or neglect per 10,000 10- to 17-year-olds at 31 March 2019. This compares to a rate of 42.2 looked after children per 10,000 under-10-year-olds, and 31.4 children looked after due to abuse or neglect per 10,000 under-10-year-olds.

The number of looked after children and young people aged 10 or over has increased every year since 2012. Meanwhile the number of children and young people aged 10 or over who were looked after because of abuse and neglect has been increasing since 2011.

According to the Department for Education (DfE), over the last five years, the average age of looked after children has been steadily increasing, partially due to an increase in the number of unaccompanied asylum-seeking children.⁵

Children and young people living in independent and semi-independent accommodation



In 2019 there were 2,710 young people aged 16 or over living in semi-independent accommodation and 3,370 living in independent accommodation in England. Both numbers have increased since 2010, when there were 940 children and young people in semi-independent settings and 2,390 in independent settings.

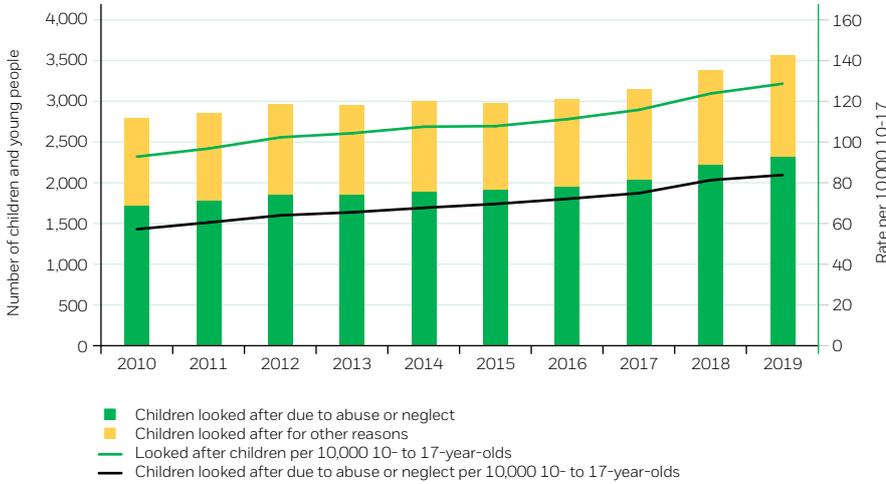
There were 70 children and young people aged 10 to 15 in semi-independent settings in 2019, and 20 in independent settings. Numbers have remained low, with some year-on-year variation, over time.

The DfE is in the process of analysing feedback from its consultation into the placement of children in unregulated settings, including a submission from the NSPCC. Proposals include a ban on using unregulated provision for under-16s.⁶

⁵ Department for Education (DfE) (2019) *Children looked after in England (including adoption), year ending 31 March 2019*. London: DfE.
⁶ Department for Education (DfE) (2020) *Unregulated provision for children in care and care leavers*. London: DfE.

Wales

Looked after 10- to 17-year-olds

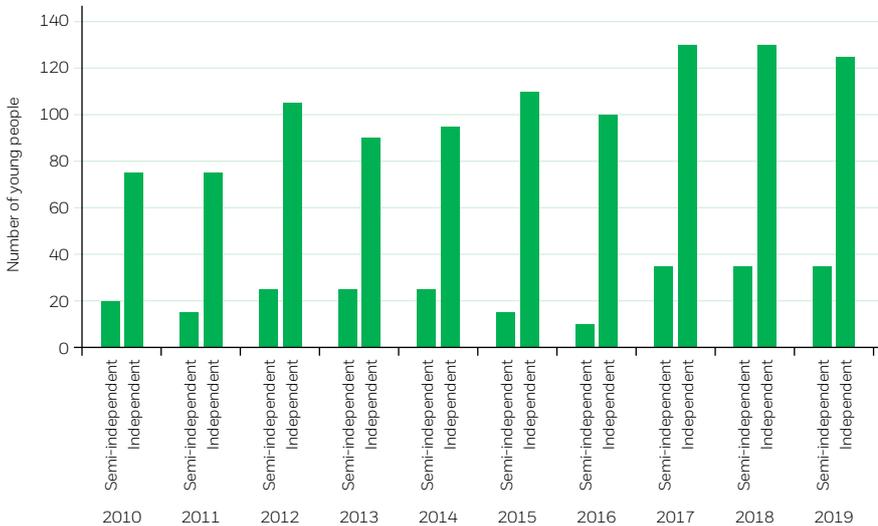


There were 3,560 looked after children and young people aged 10 or over in Wales at 31 March 2019. The majority, 2,320 (65 per cent), were looked after due to abuse or neglect. Older age groups were less likely to be looked after due to abuse or neglect than younger age groups. For younger age groups, 75 per cent of under-one-year-olds were looked after due to abuse and 76 per cent of both 1- to 4-year-olds and 5- to 9-year-olds, compared to 68 per cent of 10- to 15-year-olds and 58 per cent of looked after children aged 16 or over.

There was a rate of 128.7 looked after children and young people per 10,000 10- to 17-year-olds, and 83.9 looked after due to abuse or neglect per 10,000 10- to 17-year-olds at 31 March 2019. This compares to a rate of 92.9 looked after children per 10,000 under-10-year-olds, and 70.5 children looked after due to abuse or neglect per 10,000 under-10-year-olds.

The number and rate of looked after children and young people aged 10 or over have both been increasing since 2015. Meanwhile the number and rate of children aged 10 or over who were looked after because of abuse and neglect have both been increasing since 2013.

Young people living in independent or semi-independent accommodation

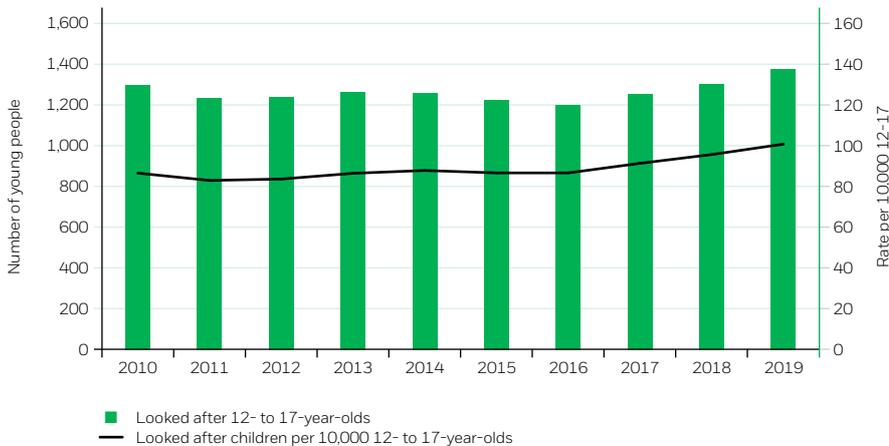


In 2019 there were 35 young people aged 15 or over living in semi-independent accommodation and 125 living in independent accommodation in Wales.

This is a slight decrease on the 2018 figures, when 35 young people lived in semi-independent accommodation and 130 lived in independent accommodation. However, there has been an upward trend since 2010, when 20 young people lived in semi-independent accommodation and 75 lived in independent accommodation.

Northern Ireland

Looked after 12- to 17-year-olds



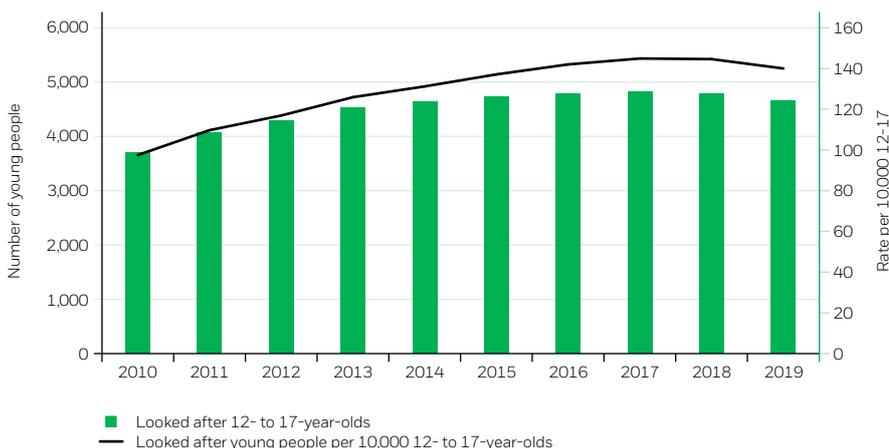
There were 1,378 looked after adolescents aged 12 or over in Northern Ireland at 31 March 2019.

This is a rate of 100.8 looked after adolescents per 10,000 12- to 17-year-olds. This compares to a rate of 63.1 looked after children and young people per 10,000 under-12-year-olds.

The number and rate of looked after adolescents aged 12 or over have increased every year since 2016.

Scotland

Looked after 12- to 17-year-olds accommodated away from home



There were 4,648 looked after adolescents aged 12 or over who were accommodated away from home in Scotland at 31 July 2019.

This is a rate of 140.0 looked after adolescents accommodated away from home per 10,000 12- to 17-year-olds. This compares to a rate of 82.5 looked after children and young people who were accommodated away from home per 10,000 under-12-year-olds.

Between 2010 and 2017 the number and rate of adolescents aged 12 or over who were looked after away from home increased every year, but in the past two years numbers have started to decline.

Data sources

England and Wales: Office for National Statistics (ONS) (2020) *Child abuse extent and nature: appendix tables*. Newport: ONS.

England: Department for Education (DfE) (2019) *Children looked after in England including adoption: 2018 to 2019*. London: DfE.

Wales: StatsWales (2019) *Children looked after at 31 March by local authority, gender and age*. Cardiff: Welsh Government.

Northern Ireland: Department of Health (DOH) (2019) *Children's social care statistics for Northern Ireland 2018/19*. Belfast: Department of Health.

Scotland: Scottish Government (2020) *Children's social work statistics: 2018-2019*. Edinburgh: Scottish Government.

Indicator 9

Helpline contacts

Key messages

- Only a quarter of referrals (7,758 out of 30,920) from the NSPCC helpline related to concerns about the welfare of adolescents. The remaining three-quarters related to children under the age of 11.
- The most common reason for concerns about adolescents to be referred from the helpline to local agencies was neglect.
- Concerns about adolescents that resulted in a referral were over twice as likely to relate to sexual abuse as those for younger children.

Why is this measure important?

The NSPCC helpline offers an advice and support service for anyone worried about the safety or welfare of a child or young person. Information from the helpline gives us an indication of the levels of concern among the public and professionals about adolescents' welfare, the nature of these concerns and whether they are serious enough to warrant a referral to police or children's services for further assessments. This is also a useful indicator to assist in future service planning for local authorities.

Points to consider when looking at this data

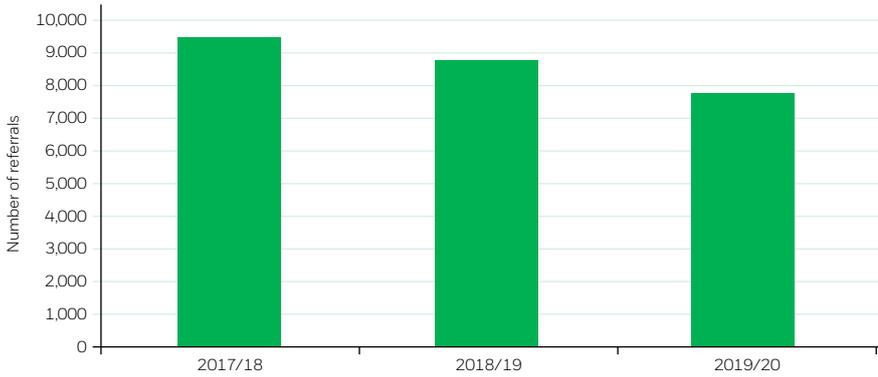
This indicator uses data from the NSPCC helpline. While this gives an important insight into adolescents' experiences of abuse, there are some key points that must be considered before using this information.

- Contacts to the helpline are based on people's own perceptions of abuse and neglect, and therefore the data only captures instances that have been identified by concerned adults.
- News coverage and NSPCC campaigns can affect the number and reasons for contacting the helpline.
- Data on the age of the children and young people is only available for contacts that result in a referral.

In 2019/20, 40 per cent of contacts resulted in a referral. This means the data only reflects a subset of all contacts to the NSPCC helpline. As a referral is usually made when there are serious concerns about the safety of a child or young person, this data reflects the most serious concerns that adults contact the helpline about.

- Data is only available for young people aged 11 to 17; data on 18-year-olds is not included.
- As the NSPCC helpline is a UK-wide helpline, figures are provided for the whole of the UK as opposed to for the separate UK nations.
- Due to changes in recording practice, comparable statistics are only available for the past three years.

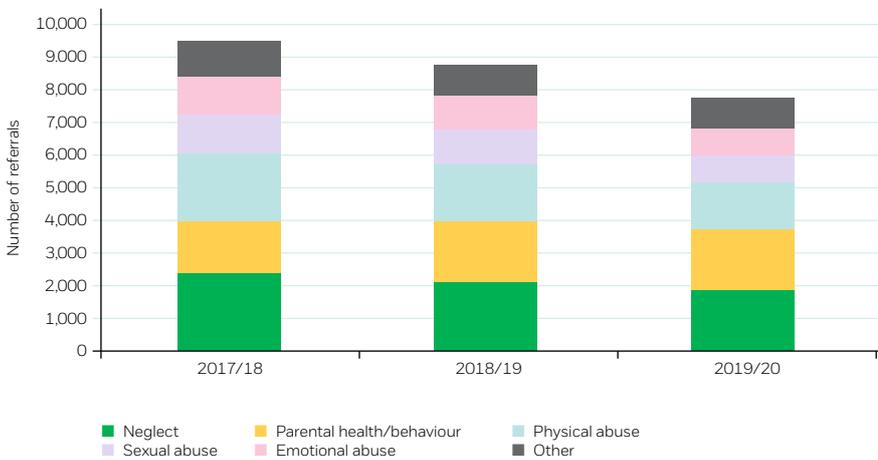
NSPCC helpline referrals of 11- to 17-year-olds



There were 7,758 referrals of adolescents aged 11 to 17 from the NSPCC helpline in 2019/20. This made up 25 per cent of all referrals, with the remaining 75 per cent relating to children under the age of 11.

There has been a slight decline in the number of referrals from the NSPCC helpline about adolescents in the past two years. This reflects trends in the overall number of referrals from the NSPCC helpline, which have also been in decline. The proportion of all referrals that relate to older children has remained consistent over this same time period.

Referrals involving 11- to 17-year-olds by main concern



In 2019/20, neglect was the most common reason for concerns about an adolescent aged 11 to 17 to be referred from the NSPCC helpline to local agencies. There were 1,868 referrals to local agencies relating to concerns about 11- to 17-year-olds due to neglect, making up 24 per cent of all referred concerns about young people in this age group.

In comparison, the most common reason for referrals of concerns about children under the age of 11 to local agencies was around parental health/behaviour. That category includes parental substance misuse, domestic abuse, parental mental health issues, parental physical health issues, parental disabilities and parental criminal behaviour. This was the main reason for 31 per cent of referrals of younger children.

Referred concerns about adolescents were proportionately less likely than concerns about children under 11 to relate to all forms of abuse and neglect apart from sexual abuse. 11 per cent of concerns about 11- to 17-year-olds were referred due to sexual abuse, compared to 5 per cent of referred concerns about under-11s.

The top five reasons that concerns about 11- to 17-year-olds were referred by the helpline have remained consistent over the past three years. However, the proportion of concerns around parental health/behaviour has increased, from 17 per cent in 2017/18 to 24 per cent in 2019/20.

Indicator 10

Childline counselling sessions

Key messages

- There were 164,220 Childline counselling sessions with adolescents in 2019/20.
- The proportion of Childline counselling sessions with adolescents about mental/emotional health has increased every year for the last six years.
- Sexual abuse remains the most common form of abuse that adolescents talk to Childline about.
- There has been an upward trend in the number and proportion of referrals from Childline due to concerns about 12- to 18-year-olds with suicidal thoughts or feelings.

Why is this measure important?

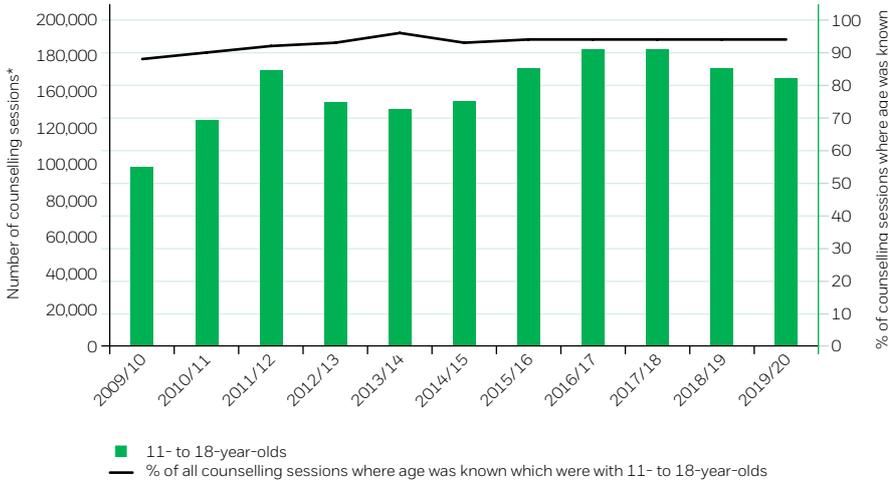
Childline is the NSPCC's national service for children and young people. It provides a safe and confidential space for children and young people to work through a wide range of issues. Data on counselling sessions provide a unique indication of the nature and levels of concerns among adolescents. It allows us to identify emerging trends in the issues that adolescents are facing, including concerns not covered in official crime or child protection statistics.

Points to consider when looking at this data

Data on Childline counselling sessions provide an important insight into the types of issues that adolescents are encountering. However, there are some key points that must be considered before using this information.

- Adolescents contact Childline when they need to talk about something that has worried or upset them. This means that the experiences of adolescents contacting Childline should not be considered as representative of all experiences in that age group.
- Childline is a confidential service, and adolescents can choose how much or how little they tell us about themselves, including about their age. Because of this we only know the age of children and young people in a subset of all counselling sessions, so this data under-represents the true number of adolescents talking to Childline.
- Data relates to the number of Childline counselling sessions about a specific issue. It is not possible to identify the number of individuals whom these counselling sessions relate to because the same adolescent may have multiple counselling sessions with Childline.
- Because of differences in recording practices, data for Childline counselling sessions is available for young people aged 11 to 18, while data on referrals from Childline is only available for young people aged 12 to 18.
- As part of Childline recording practices, each counselling session is assigned a main concern. The main concern reflects the topic that the young person focused on during their counselling session. It may not be the only concern the young person raised. This means the figures presented in this indicator are likely to be an under-representation of the total number of adolescents who speak to Childline about any one specific concern.
- The number of counselling sessions can be affected by news coverage, Childline campaigns and the introduction of new ways to contact Childline, such as the Childline app.
- As Childline data comes from a recording system that is used by over 1,400 volunteers, it has limitations when compared with a more controlled collection and analysis of data designed around a specific research framework.
- Some children are more likely to use Childline than others, so counselling sessions will disproportionately reflect their experiences. Most children who speak to Childline are in their mid-teens, the average age is 15, and girls are more likely than boys to choose to speak to Childline.

Counselling sessions with 11- to 18-year-olds

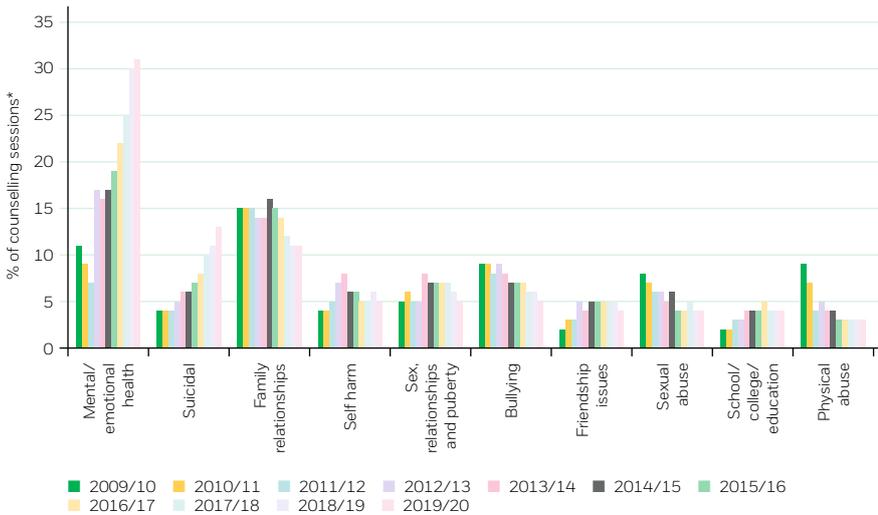


In 2019/20, 164,220 Childline counselling sessions were with adolescents aged 11 to 18. This made up 94 per cent of all counselling sessions where the age of the child or young person was known.

The proportion of Childline counselling sessions with adolescents has increased slightly in ten years (in 2009/10, 88 per cent of sessions were with this age group). This may be related to the increasing popularity of online counselling, a medium preferred by older children.

*Excluding counselling sessions where children discussed concerns about another child, rather than their own concerns.

Main concerns mentioned in counselling sessions with 11- to 18-year-olds

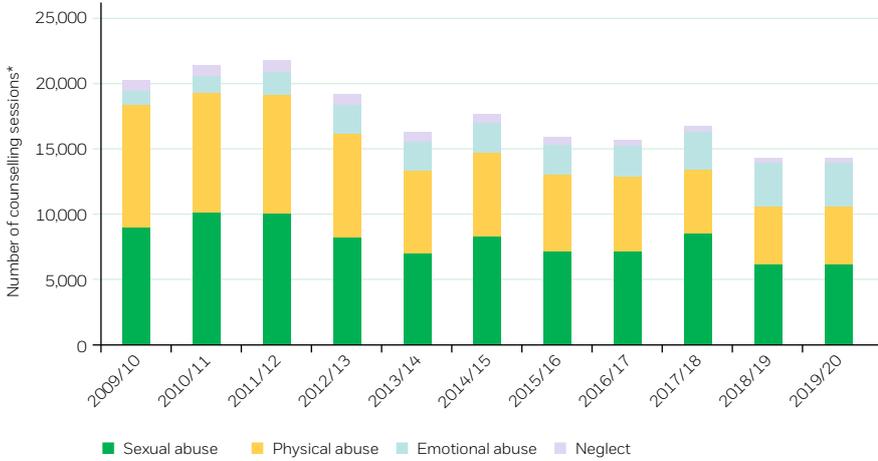


Mental/emotional health, suicidal thoughts and feelings, and family relationships were the three most common main concerns among adolescents recorded in Childline counselling sessions in 2019/20. By comparison, the top three main concerns for younger children were mental/emotional health, family relationships and bullying.

The proportion of Childline counselling sessions which relate to mental/emotional health has increased every year for the past six years, while the proportion of counselling sessions about suicidal thoughts and feelings has increased every year for the past ten years.

*Excluding counselling sessions where children discussed concerns about another child, rather than their own concerns. Data shown for the top ten concerns as in 2019/20.

Number of counselling sessions with 11- to 18-year-olds about abuse



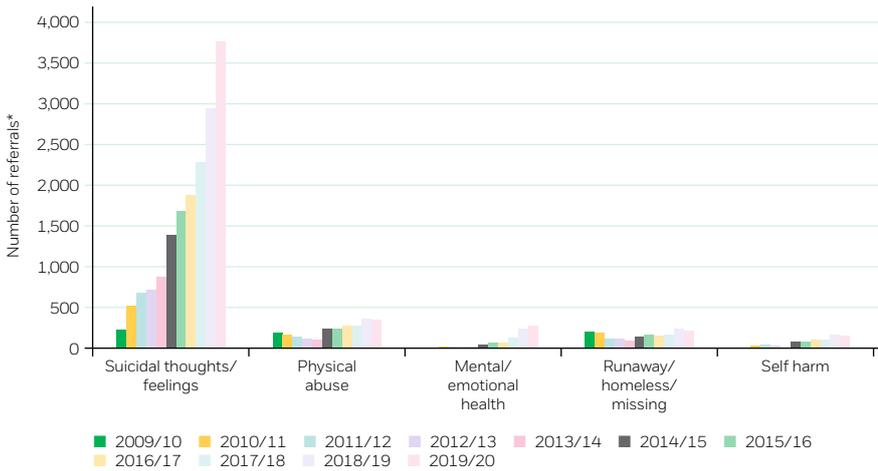
*Excluding counselling sessions where children discussed concerns about another child, rather than their own concerns.

In 2019/20 the most common type of abuse that adolescents talked to us about was sexual abuse, mentioned in 6,173 counselling sessions, followed by physical abuse (4,437); emotional abuse (3,326); and lastly neglect (353). In comparison, younger children were most likely to talk to Childline about physical abuse, followed by sexual abuse, emotional abuse and neglect.

There has been a shift in the types of things that adolescents choose to talk to Childline about over time. There has been a decline in the number of counselling sessions about issues around abuse, and an increase in counselling sessions around other issues such as mental/emotional health, and suicidal thoughts and feelings.

The proportion of counselling sessions about physical abuse has decreased over time, while the proportion of sessions about emotional abuse has increased.

Reasons 12- to 18-year-olds are referred from Childline



*Data shown for the top five reasons for a referral in 2019/20.

In exceptional circumstances, for example if a child is in a life-threatening situation, or if they are requesting direct help, we may need to share their details with another agency who can help them.

The most common reason for a referral for 12- to 18-year-olds in 2019/20 was because of suicidal thoughts or feelings. This has been the most common reason for a referral every year for which data is available. There has been an upward trend in the number and proportion of referrals that relate to suicidal thoughts or feelings over the past decade.

Physical abuse has been the second most common reason for a referral for 12- to 18-year-olds every year apart from 2009/10 and 2010/11, when running away/homelessness was the second most common reason.

Mental/emotional health was the third most common reason for a referral in 2019/20, and has only been in the top five reasons for a referral for 12- to 18-year-olds for the past three years.

Suicidal thoughts or feelings and physical abuse were also the two most common reasons for a referral for younger children. However, unlike for adolescents, neglect, bullying and family relationships also featured in the top five reasons for younger children.

Expert insight: Adolescents and relationships and sex education

The last indicator looked at what adolescents talk to Childline about. One of the concerns that has consistently been in the top ten is Sex, relationships and puberty. It's clear from our data it's an area that young people want more information on, and it's widely evidenced that better informed adolescents are more likely to start having sex later and that this sex is more likely to be consensual and safe.¹ Here **Sally Thomas** looks in more detail at the important role that relationships and sex education (RSE) has to play in informing and empowering young people, alongside recent developments in guidance and policy.



► Sally Thomas

Sally Thomas is a Policy Specialist at the National Education Union (NEU). She works on areas of social justice and equity in education, specialising in gender equality and child mental health.

Why is high quality RSE so important?

The National Education Union (NEU) has long argued for the need for high-quality RSE in every school. These subjects are critical for keeping children happy and healthy, and they provide a host of positive and protective outcomes for children and young people.

Increasingly, we are coming to understand that high-quality RSE not only helps adolescents to make informed decisions about their reproductive and sexual health, but that it also empowers them to explore and challenge unequal power relationships that play out in school and society – from the everyday sexism, sexist stereotypes and sexual harassment that girls experience² to widespread racist and homo/bi/transphobic bullying. In this regard, RSE can be an important vehicle for engaging parents/carers and the wider community in efforts

to protect children from abuse. These findings point to the importance of RSE for creating a culture of safeguarding within schools and for protecting children's rights throughout their lives.

RSE not only helps adolescents to make informed decisions, but also empowers them to explore and challenge unequal power relationships.

There is consensus within the education profession about the value of RSE and a commitment to teach the subject well. But what does RSE provision really look like on the ground and is it meeting the needs of children and young people?

Changes to RSE

For more than a decade, education policy in parts of the UK has failed to give RSE the status it deserves in the curriculum or to empower schools to deliver it confidently or consistently. This is reflected by the fact that RSE has not been mandatory in England, Wales and Scotland; and by young people's reports that they do not receive the information they need, when they need it.³

Improvements have been made in the past couple of years, with the English and Welsh governments introducing statutory Relationships and Sex/ Sexuality Education for schools. In England, Health Education has also been made statutory.

There is much to welcome in the new statutory relationships, sex and health education (RSHE) guidance in England. The new curriculum will help to ensure that all children learn what is a positive, equal and enjoyable relationship and

1 Sex Education Forum (2015) *SRE – the evidence*. London: NCB for the Sex Education Forum.

2 National Education Union (NEU) and UK Feminista (2017) *"It's just everywhere": a study of sexism in schools and how we tackle it*. London: NEU.

3 Ofsted (2012) *Not yet good enough: personal, social, health and economic education in schools*. Manchester: Ofsted; UK Youth Parliament (2007) *SRE: are you getting it?* London: UK Youth Parliament; House of Commons Education Committee (2015) *Life lessons: PSHE and SRE in schools*. London: The Stationery Office Limited.

Status of relationships and sex education (RSE) across the UK

England

Relationships education for primary schools (maintained, non-maintained and independent) and RSE for secondary schools (maintained, non-maintained and independent) will be statutory from September 2020. Health Education was also made statutory for all maintained and non-maintained primary and secondary schools from September 2020. Schools should start teaching from that date if they meet the statutory requirements. If they are not ready, or are unable to meet the requirements, they should begin teaching by at least the start of the summer term 2021.

Wales

In Wales, RSE will become mandatory in all funded non-maintained settings and maintained schools for learners aged 3 to 16 from September 2022.

Northern Ireland

RSE has been covered as a mandatory component of the curriculum since 2007.

Scotland

The Scottish Government has issued guidance on relationships, sexual health and parenthood education but it is not mandatory to teach this in schools.

what is an abusive one. The introduction of long-awaited topics such as online relationships, online safety, mental health and wellbeing is also a key improvement to ensuring RSE and Health Education better reflect the lives of children and young people.

Importantly, there is recognition that RSE must meet the needs of *all* pupils. This means ensuring that RSE is inclusive of lesbian, gay, bisexual, transgender + (LGBT+) and special educational needs and disabilities (SEND) students. It also means taking into account the experiences of women and girls. Schools have been advised to be “alive to the issues of everyday sexism and misogyny”.⁴ At secondary level, schools will teach about the spectrum of gender-based violence including sexual exploitation, grooming, female genital mutilation (FGM), rape, harassment and domestic violence. Taken together, there is a real opportunity for the new guidance to help to promote gender equality and social justice in education.

Not yet good enough?

Nevertheless, there remain concerns that the new guidance does not go far enough. The NEU and others have been critical that some curriculum areas come too late to meet the needs of young people, and in other instances,

fail entirely to teach RSE properly. In primary schools, for example, sex education is not statutory (although aspects will be covered through the Health and Science curriculum). Notably, there is a tension between giving schools flexibility to deliver the curriculum and the need for RSE to promote equality and inclusion at all stages of a child’s education. This tension is highlighted most clearly in the lack of clarity and government leadership on whether Relationships Education should be LGBT+ inclusive for primary-aged children. This lack of leadership has enabled parents and communities to protest against this teaching across England, to the detriment of all and particularly for LGBT+ staff and students. The NEU will always stand in support of educators who are working to make schools more inclusive and who are celebrating LGBT+ diversity.

Meanwhile, in the middle of this, teachers and school leaders are left trying to deliver RSE. Yet many feel ill-equipped and lack the confidence to do so. In a recent NEU and NSPCC poll of more than 2,000 teachers in England, more than half (52 per cent) of respondents said that they are “not sure” that their school would be ready to deliver the new RSE/Relationships Education in September 2020. Topics

considered more ‘sensitive’ – for example, FGM, pornography – are where teachers say they need more support. Unsurprisingly, these are often the areas that young people say they want to learn more about.⁵

Perhaps this is the final, fundamental point: if we are truly to reap the benefits of the new statutory curriculum, teachers must have access to the right training and resources. Training must be free in order to remove financial barriers that many schools face. It should be face-to-face in order to effectively build confidence and allow teachers to learn from each other.⁶ It must cover not only topics that teachers lack confidence in but also equip them with the pedagogical skills to deliver RSE and Health Education in a way that is inclusive, trauma-informed, needs-led and empowering for children and young people. Schools must have access to quality-assured resources for use in the classroom and outside it, to support learning and a whole-school approach. Most challengingly, schools must be given the time and space to teach these subjects in what is an already overcrowded curriculum.

If we are truly to reap the benefits of the new statutory curriculum, teachers must have access to the right training and resources.

So far, governments in England and Wales have committed to supporting schools through a number of training packages.⁷ Only time will tell if this support is good enough. Whether in government, as a teacher, or as a parent, we all have a role to play. Getting this right will be crucial for determining how RSE, in whatever nation, meets the needs of all children and young people, and answers the questions they have as they make the transition from childhood to adulthood.

⁴ Department for Education (DfE) (2019) *Relationships education, relationships and sex education (RSE) and health education guidance*. London: DfE.

⁵ Sex Education Forum (2019) *Young People’s RSE Poll 2019*. London: National Children’s Bureau.

⁶ National Education Union (NEU) and NSPCC (2019) *NEU and NSPCC survey into school readiness for RSE lessons 2020* [Accessed 23/07/2020].

⁷ Henshaw, P. (2019, 6 March) *DfE pledges £6m support fund for RSE and health education*. SecEd.; Welsh Parliament (2018) *Statement by the Cabinet Secretary for Education: relationships and sexuality education*. [Accessed 23/07/2020].

Glossary

Adolescents

An adolescent is a young person in the transitional phase of growth and development between childhood and adulthood. Throughout this report we have chosen to focus on children and young people aged between 11 and 18. We have used this age range as a convenient way to define adolescents but we recognise that age is only one characteristic of this period of development.

Child abuse

A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by others (eg, via the internet). They may be abused by an adult or adults, or another child or children.¹

Child criminal exploitation

Child criminal exploitation occurs where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18. The victim may have been criminally exploited even if the activity appears consensual. Child criminal exploitation does not always involve physical contact; it can also occur through the use of technology.²

Child protection plan / child protection register

Children who are the subject of a child protection plan or on a child protection register are deemed to be at ongoing risk of harm. Plans and registers record details regarding children where there are concerns about their safety. Despite a difference in terminology between nations, plans and registers serve the same purpose.

Child protection systems in the UK

Services to safeguard and protect children in the UK are underpinned by legislation, guidance and policies. The UK's four nations – England, Northern Ireland, Scotland and Wales – each have their own child protection system and laws to help protect children from abuse and neglect. Each UK nation is responsible for its own policies and laws around education, health and social welfare. This covers most aspects of safeguarding and child protection.

Each nation's approach is founded on key pieces of child protection legislation about the welfare of children, covering support for children in need of support or protection. In England these are the Children Acts of 1989 and 2004 and the Children and Social Work Act 2017; in Wales, the Social Services and Well-being (Wales) Act 2014 and the Children Acts of 1989 and 2004; in Northern Ireland, the Children (Northern Ireland) Order 1995 and Safeguarding Board for Northern Ireland Act 2011; and in Scotland, the Children (Scotland) Act 1995 and the Children and Young People (Scotland) Act 2014.

England

The Department for Education (DfE) is responsible for child protection in England. It sets out policy, legislation and statutory guidance on how the child protection system should work. Local safeguarding partners are responsible for child protection policy, procedure and guidance at a local level. The local safeguarding arrangements are led by three statutory safeguarding partners:

- the local authority
- the clinical commissioning group
- the police.

Working together with other relevant agencies, they must coordinate and ensure the effectiveness of work to protect and promote the welfare

of children, including making arrangements to identify and support children at risk of harm.

Working Together to Safeguard Children (2018) provides the key statutory guidance for anyone working with children in England. It sets out how organisations and individuals should work together and how practitioners should conduct the assessment of children.

Wales

Child protection in Wales is the responsibility of the Welsh Government. All professionals in Wales work to a common set of safeguarding procedures overseen by the safeguarding children boards at a regional level. They coordinate and ensure the effectiveness of work to protect and promote the welfare of children. They are responsible for local child protection policy, procedure and guidance. Each board includes any of the following that falls within the safeguarding board area:

- local authority
- chief officer of police
- local health board
- NHS trust
- provider of probation services.

Working together to safeguard people guidance (2019) sets out social services requirements for local authorities in Wales. The *Wales Safeguarding Procedures* (2019) provides a common set of child and adult protection procedures for every safeguarding board in Wales.

Northern Ireland

The Northern Ireland Executive, through the Department of Health, is responsible for child protection in Northern Ireland. It sets out policy, legislation and statutory guidance on how the child protection system should work. The Safeguarding Board for Northern Ireland (SBNI) coordinates and ensures the effectiveness of work

¹ Department for Education (2018) *Working together to safeguard children: a guide to inter-agency working to safeguard and promote the welfare of children*. London: Department for Education.

² Home Office (2018) *Serious violence strategy*. London: Home Office.

to protect and promote the welfare of children. It is responsible for developing policies and procedures to improve how different agencies work together. The board includes representatives from:

- health
- social care
- the police
- the probation board
- youth justice
- education
- district councils
- the NSPCC.

Five Safeguarding Panels support the SBNI's work at a Health and Social Care Trust (HSCT) level.

Department of Health guidance, *Co-operating to safeguard children and young people in Northern Ireland* (2017) provides the overarching policy framework for safeguarding children and young people in the statutory, private, independent, community, voluntary and faith sectors. Revised *Regional core child protection policies and procedures for Northern Ireland* (2018) set out the actions that must be taken when there are concerns about the welfare of a child or young person.

Scotland

Child protection in Scotland is the responsibility of the Scottish Government. It sets out policy, legislation and statutory guidance on how the child protection system should work. Child Protection Committees (CPCs) are responsible for multi-agency child protection policy, procedure, guidance and practice. Within each local authority, CPCs work with local agencies, such as children's social work, health services and the police, to protect children.

Each local authority and its relevant health board are required to jointly prepare a Children's Services Plan for each three-year period. This relates to services which have a significant effect on the wellbeing of, or are of benefit to, children and young people.

The key guidance for anyone working with children in Scotland is the *National guidance for child protection in Scotland* (2014). It provides the current guidance and a national framework for anyone who could face child protection issues at work.

Child sexual abuse images

Child sexual abuse images are a visual record of the sexual abuse of a child. They can include images, photographs, pseudo-photographs, animations, drawings, tracings, videos and films. They are defined in a number of pieces of UK legislation.³

Childline counselling sessions

Childline is a UK-wide helpline for children and young people. Because Childline is an anonymous helpline, it is not always possible to know if people are contacting multiple times. Therefore data for Childline relates to counselling sessions rather than the number of individuals who contact the service. Children and young people can decide what they want to talk to Childline about, and they may raise a number of concerns during a counselling session. It is up to children and young people to decide how much, or how little, information they want to share. The recording system helps to capture information about what children and young people are telling Childline, and enables supervisors to decide what action needs to be taken if there is a safety concern. The issue that the young person talks about the most is recorded as the 'main concern'. Other issues that come up during the counselling session are recorded as 'sub-concerns'. As Childline data comes from a recording system that is used by more than 1,400 volunteers, it has limitations when compared with a more controlled collection and analysis of data designed around a specific research framework.

Communicating indecently with a child offence

This offence, which applies to Scotland only, is similar to, but not the same as the offence of sexual communication with a child in England, Wales and Northern Ireland. The offence is committed when a person aged 16 or older intentionally sends a sexual written communication or directs a sexual verbal communication to a child, with the child's consent; where the person is doing it for their own sexual gratification or to humiliate, distress or alarm the child. In cases where the communication is received without the child's consent, or without any reasonable belief of the child's consent, the offence of 'Communicating indecently', which covers offences against both children and adults, is used.⁴

County lines

'County lines' is a term used by the police to describe the way urban gangs supply drugs to suburban areas, market towns and coastal towns. It is a form of criminal exploitation involving violence and coercion. The gangs often use children to move drugs and/or money via public transport; and may take over the homes of vulnerable adults in outlying areas to use as a base for their illegal activity. Gangs are known to target vulnerable people, for example, those who have experienced abuse or neglect, children whose families are facing adversity, or children in care. Indicators that a child may be involved in county lines include persistently going missing without an explanation; being found out-of-area; acquiring money or possessions without an explanation; and receiving an excessive amount of texts or phone calls from unknown numbers. There is evidence to suggest that some children who are involved with county lines gangs are sexually abused.

³ Protection of Children Act 1978 (England and Wales); Civic Govt Act 1982 (Scotland); Sexual Offences Act: key changes England and Wales; Memorandum of sexual offences: section 46 of Sexual Offences Act 2003; Police and Justice Act 2006; Criminal Justice and Immigration Act 2008.

⁴ Police Scotland (2016) *Scottish crime recording standard*. Glasgow: Police Scotland.

Death by suicide

Causes of death are coded using the International Classification of Diseases Tenth Revision (ICD-10) from 2001 and the Ninth Revision (ICD-9) from 1981 to 2000. The codes used for deaths by suicide⁵ are:

ICD-9 codes	ICD-10 codes	Description
E950–E959	X60–X84	Intentional self-harm
E980–E989 ^{a,b}	Y10–Y34 ^{b,c}	Injury/poisoning of undetermined intent
	Y87.0–Y87.2 ^d	Sequelae of intentional self-harm/event of undetermined intent

- a. Excluding E988.8 for England and Wales.
- b. Excluding injury/poisoning of undetermined intent for persons aged 10 to 14 years.
- c. Excluding Y33.9 where the coroner's verdict was pending in England and Wales for the years 2001 to 2006.
- d. Y87.0 and Y87.2 are not included for England and Wales.

Death by intentional self-harm

Death by purposely self-inflicted poisoning or injury.

Death by undetermined intent

Events where available information is insufficient to enable a medical or legal authority to make a distinction between accident, self-harm and assault. It includes self-inflicted injuries, but not poisoning, when not specified whether accidental or with intent to harm.

Emotional abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities

to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child from participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.⁶

Experimental statistics

Newly developed or innovative statistics. These are published so that users and stakeholders can be involved in the assessment of their suitability and quality at an early stage.

Five-year annual average rate

All rates are calculated using the ONS's mid-year population estimates. The five-year annual average rate is calculated by taking an average from the individual rates for each of the five years involved.

Harmful sexual behaviour

Children's sexual behaviour exists on a wide continuum, from normal and developmentally expected to inappropriate, problematic, abusive and violent. Problematic, abusive and violent sexual behaviour is developmentally inappropriate and may cause developmental damage. A useful umbrella term is 'harmful sexual behaviour'. Harmful sexual behaviour can occur online and/or offline and can also occur simultaneously between the

two. Harmful sexual behaviour should be considered in a child protection context.⁷

Homicide

Homicide includes the offences of murder, manslaughter, corporate manslaughter and infanticide.

International Classification of Diseases

The International Classification of Diseases (ICD) is the standard tool used to classify causes of death. It provides World Health Organization (WHO) member states with a common language for reporting and monitoring causes of death between countries and over periods of time. All member states use the ICD, which has been translated into 43 languages.

Looked after children

The term 'looked after children' is generally used to mean those looked after by the state. Each nation – England, Northern Ireland, Scotland and Wales – has specific legislation that defines who is looked after. This includes those who are subject to a care order or temporarily classed as looked after on a planned basis for short breaks or respite care.

Looked after at home with parent(s)

In Scotland, where the child or young person is subject to a Supervision Requirement with the condition of residence at home with parent(s) or 'relevant person(s)' as defined in Sec. 93(2)(b) of the Children's (Scotland) Act 1995.

National statistics

Statistics which have been assessed by the Office for Statistics Regulation as fully compliant with the Code of Practice for Statistics.

⁵ Office for National Statistics (ONS) (2016) *Suicides in the United Kingdom: 2014 registrations*. Newport: Office for National Statistics.

⁶ Department for Education (2018) *op. cit.*

⁷ Department for Education (DfE) (2018) *Sexual violence and sexual harassment between children in schools and colleges: advice for governing bodies, proprietors, headteachers, principals, senior leadership teams and designated safeguarding leads*. London: DfE.

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: provide adequate food, clothing and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate care-givers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.⁸

NSPCC helpline contacts

The NSPCC helpline offers advice and support to adults who are worried about the safety or welfare of a child. Adults can contact the helpline by phone or online to get advice or share their concerns about a child, anonymously if they wish. A contact to the helpline may result in advice, or it may result in a referral being made to an external agency, such as children's services or the police. Recording systems for the helpline are primarily designed to allow practitioners to respond appropriately to the concerns of adults. The data also provides useful information about the types of issues affecting children. However, it does have its limitations when compared with more controlled collection and analysis of data designed around a specific research framework.

Obscene publications offences

Obscene publications is an offence group used in recorded crime statistics in England, Wales and Northern Ireland which includes offences involving child sexual abuse images. It also covers offences involving extreme pornographic images.

Online harm and abuse

Online abuse is abuse that is facilitated using internet-connected technology. It may take place through social media, online games, or other channels of digital communication. Children can also be re-victimised if evidence of their abuse is recorded or uploaded online. Technology can facilitate a number of illegal abusive behaviours including, but not limited to: harassment; stalking; threatening behaviour; child sexual abuse material; inciting a child to sexual activity; sexual exploitation; grooming; sexual communication with a child; and, causing a child to view images or watch videos of a sexual act. Using technology to facilitate any of the above activities is online abuse.

Alongside those illegal activities that are perpetrated online and constitute abuse, children may also be exposed to online harms, such as inappropriate behaviours or content online. For instance, children may be bullied online by their peers or they might, either accidentally or intentionally, view content which is intended for adults. Both online abuse and exposure to unsuitable content or behaviour can have a long-lasting impact on the wellbeing of children and young people.

Physical abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.⁹

Physical abuse offences

For the purposes of this report we have adopted the definition used by the Office for National Statistics (ONS) in its compendium of child abuse statistics.¹⁰ This covers a wide range of offences divided into the following categories:

- Violence with injury: Attempted murder, Intentional destruction of viable unborn child, Assault with intent to cause serious harm, Endangering life, Causing or allowing death or serious physical harm of child or vulnerable person, Assault with injury, Racially or religiously aggravated assault with injury.
- Violence without injury: Conspiracy to murder, Threats to kill, Cruelty to children/young persons, Child abduction, Procuring illegal abortion, Kidnapping, Assault without injury, Racially or religiously aggravated assault without injury and Modern Slavery.
- Homicide: A third category of Homicide is also used in the ONS definition of physical abuse offences. We have excluded this category from our data on physical abuse offences, as these offences are counted in a separate indicator on homicides (Indicator 2).

Recorded offences

Police record a crime if, on the balance of probabilities, the circumstances as reported amount to a crime defined by law and if there is no credible evidence to the contrary.

Sexting

Sexting is the exchange of sexual messages or self-generated sexual images or videos through mobile phones or the internet.

Sexual abuse

Sexual abuse 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

⁸ Ibid.

⁹ Ibid.

¹⁰ Office for National Statistics (ONS) (2020) Table 18 in [Child physical abuse: appendix tables](#). Newport: ONS

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.¹¹

Sexual offences

Sexual offences covers a range of crimes including rape, sexual assault, sexual exploitation, exposure and voyeurism, and other sexual offences. For some offences different codes are used depending on the age and sex of the victim. Categories include:

- Rape: the intentional penetration with a penis of the vagina, anus or mouth of another person without their consent.
- Sexual activity: the intentional sexual touching of an under-16-year-old by an adult.
- Sexual assault: the intentional sexual touching of another person without their consent.

Sexual communication with a child offence

This offence is similar to, but not the same as, the offence of communicating indecently with a child in Scotland. The offence is committed when a person aged 18 or over intentionally communicates with a child under 16, whom the adult does not reasonably believe to be 16 or over, if the communication is sexual or if it is intended to encourage the child to make a communication which is sexual; where the person is doing it for their own sexual gratification.

¹¹ Department for Education (2018) *Working together to safeguard children: a guide to inter-agency working to safeguard and promote the welfare of children*. London: Department for Education.

NSPCC Learning¹

Everyone who comes into contact with children and young people has a responsibility to keep them safe. At the NSPCC, we help individuals and organisations to do this.

We provide a range of online and face-to-face training courses. We keep you up-to-date with the latest child protection policy, practice and research and help you to understand and respond to your safeguarding challenges. And we share our knowledge of what works to help you deliver services for children and families.

It means together we can help children who've been abused to rebuild their lives. Together we can protect children at risk. And, together, we can find the best ways of preventing child abuse from ever happening.

But it's only with your support, working together, that we can be there to make children safer right across the UK.

nspcc.org.uk/learning