Diogelu Gwent
Gwent Safeguarding

Child Sexual Abuse

Regional Multi-Agency Guidance

Ratified by Board
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Protocols & Procedures
Sub Group

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Contents

1, Introduction

1.1 Research indicates the one in ten children in England and Wales will experience some form of child sexual abuse before the age of 16. Child sexual abuse involves forcing or enticing a child or young person to take part in sexual activities. The child may or may not be aware that what is happening is sexual abuse. It can take many forms, including contact and non-contact abuse, child sexual exploitation, intrafamilial or extrafamilial abuse, and peer on peer abuse. The impact of child sexual abuse can be traumatic and long-lasting for a child, yet the majority of child sexual abuse is not identified or responded to.

1.2 The CSA Centre of Expertise suggests that sexual abuse may be as common as other forms of childhood abuse, such as emotional abuse or neglect, but it is much less likely to be identified by professionals. The CSA Centre of Expertise (Home | CSA) Centre have highlighted that Gwent has low reporting rates of CSA, low referrals, low child protection registrations and this is linked to low numbers of criminal prosecutions and police investigations. In order to address this, practitioners working with children need a clear understanding of the signs that can indicate sexual abuse and the actions they can take when they are concerned a child may be, or has been, sexually abused. Supporting practitioners to enhance their understanding of child sexual abuse will also help to ensure the safety and well-being of every child.

2. Purpose

2.1 The Gwent Safeguarding Board recognises the need to deliver a coordinated multi-agency approach to the prevention of, identification of, and response to, child sexual abuse. This guidance is intended to support practitioners to increase their understanding of the various forms of child sexual abuse, the signs and indicators that abuse might be taking place, and ways to respond that meets the needs of children and families.

2.2 This guidance has been developed on a multi-agency basis with input from local authorities, health, police, education, youth justice services, and the specialist sector. It is intended to support practitioners to use their professional curiosity and professional judgement, and should be read in conjunction with your organisations own policies and guidance in respect of child sexual abuse as well as the Wales Safeguarding Procedures All Wales Practice Guides which can be found here Safeguarding Wales.

2.3 The guidance seeks to recognise the challenges faced by practitioners when working with child sexual abuse and whilst it is acknowledged that it cannot provide answers to all circumstances and difficulties, it aims to support and empower practitioners to learn more about the role they can play to support and protect children in this context.

2.4 The document first sets context by outlining relevant legislation, policy, and guidance, before supporting practitioners to increase their understanding of the complex nature and different forms of child sexual abuse. It then considers how practitioners can identify and respond to child sexual abuse, before outlining a range of resources.

3. Legislation, Policy, and Guidance

3.1 Legislation

Statutory guidance across Wales and the UK highlights the responsibility of practitioners working with children and families to safeguard children from all forms of abuse and neglect, including child sexual abuse. This guidance should be read in conjunction with key pieces of legislation as well as national policy and guidance on child sexual abuse.

The key legislation relating to child protection in Wales is the Social Services and Well-being (Wales) Act 2014and the key legislation in relation to child sexual abuse is the Sexual Offences Act 2003.

Other relevant pieces of legislation may include:

- Children Act 1989
- United Nations Convention on the Rights of the Child 1989
- Female Genital Mutilation Act 2003
- Children Act 2004
- The Sexual Offences Act 2003 (Amendment of Schedules 3 and 5) Order 2007
- Equality Act 2010
- Modern Slavery Act 2015
- Serious Crime Act 2015
- Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015

3.2 Policy and Guidance

In Wales, the Wales Safeguarding Procedures (Safeguarding Wales) and Working Together to Safeguard People Volume 5 (Safeguarding children at risk of abuse or neglect | GOV.WALES) are key pieces of guidance to inform practice relating to the safeguarding of children and young people. The Wales Safeguarding Procedures also contains specific practice guides in relation to different areas of child sexual abuse including child sexual exploitation, harmful sexual behaviour, online abuse, and trafficking, which can be found here: Safeguarding Wales This guidance should be read in conjunction with these national documents.

There are also key pieces of guidance, research, and reports which can inform the practice of specific agencies and organisations, and which be a useful point of reference for further information. Examples are included below, although this is not an exhaustive list:

- Rape and Sexual Offences - Chapter 1: Introduction | The Crown Prosecution Service
- Child Sexual Abuse: Guidelines on Prosecuting Cases of Child Sexual Abuse | The Crown Prosecution Service
- guidance-for-education-settings-on-peer-sexual-abuse-exploitation-and-harmful-sexual-behaviour.pdf
- The Report of the Independent Inquiry into Child Sexual Abuse | IICSA Independent Inquiry into Child Sexual Abuse
- The Child Safeguarding Practice Review Panel - I wanted them all to notice
- Physical signs of child sexual abuse (Purple Book) - RCPCH Child Protection Portal

4. Understanding Child Sexual Abuse

This section seeks to support practitioners in increasing their understanding of child sexual abuse by providing information on key principles such as consent and grooming, and outlining types of child sexual abuse, child sexual exploitation, and harmful sexualised behaviour.

Although examples have been given under these separate headings it is important to remember that these categories are not mutually exclusive and concerns may overlap (for example, a child who has been sexually exploited may also display harmful sexualised behaviour through being coerced into recruiting other children to be exploited).

4.1 Consent

Consent is a core concept in assessing whether sexual behaviour is harmful. Any alleged sexual activity concerning a child under 13 years and another child must be considered in line with the Wales Safeguarding Procedures 2019.

Children under the age of 13 years are unable to legally give consent to sexual activity. Anyone engaging in sexual activity with a child who is 12 or younger will be subject to penalties set out under the Sexual Offences Act 2003. The age of consent in the UK is 16 years old (the legal age to have sex).

Consent must be:

- Freely given (no coercion or manipulation)
- Informed (understanding the nature and consequences)
- Capable (not under the influence of substances or lacking mental capacity)

4.2 Contact and Non-Contact Abuse

Contact abuse is where an abuser makes physical contact with a child or forces the child to make physical contact with someone else. This includes:

- sexual touching of any part of a child's body, whether they're clothed or not
- using a body part or object to rape or penetrate a child
- forcing a child to take part in sexual activities
- making a child undress or touch someone else.

Contact abuse can include touching, kissing and oral sex – sexual abuse isn't just penetrative.

Non-contact abuse is where a child is abused without being touched by the abuser. This can be in person or online and includes:

- exposing or flashing
- showing pornography
- exposing a child to sexual acts
- making them masturbate
- forcing a child to make, view or share child abuse images or videos
- making, viewing or distributing child abuse images or videos
- forcing a child to take part in sexual activities or conversations online or through a smartphone.

Both contact and non-contact abuse may involve an element of grooming, which is when someone builds a relationship, trust and emotional connection with a child or young person so they can manipulate, exploit and abuse them.

4.3 Grooming

Anybody can be a groomer, no matter their age, gender or race. Grooming can take place over a short or long period of time – from weeks to years. Groomers may also build a relationship with the child or young person's family or friends to make them seem trustworthy or authoritative. It should also be noted that a

groomer may be a family member, family friend, or a person in a position of trust (for example a teacher or sports coach). Perpetrators of child sexual abuse may also groom environments as well as people in order to allow their abuse to go undetected (See Gwynedd Child Practice Review – North Wales Safeguarding Board).

It is important to note that there is a distinction between grooming and coercive control, both of which can be used by offenders committing child sexual abuse. Whereas grooming focuses on the perpetrator building a relationship with the child and/or their family, coercive control is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish or frighten their victim (Women's Aid, 2024).

Grooming may take place in person or online. The Wales Safeguarding Procedures 2019 Practice Guide on Safeguarding Children from Online Abuse has more information on the grooming process which can be found here Safeguarding Wales.

Signs of Grooming

Key indicators can include:

- Secrecy about online activity or their whereabouts
- Unexplained gifts, money, or possessions
- Older relationships (e.g. older boyfriend/girlfriend)
- Sexualised behaviour or language inappropriate for age/ stage of development
- Changes in mood, for examples, becoming withdrawn, anxious, distressed – behaviour that may be out of character for the child or young person
- Going missing or spending more time away from home and refusal to say who they have been with or where they have been
- Isolation from friends and family
- Use of "secrets" or blackmail to control the child

4.4 Child Sexual Abuse

4.4.1 Intrafamilial

Sexual abuse within the family can be understood as '*sexual abuse by a relative, for example, a parent, stepparent, sibling or grandparent, those closely linked to the family, such as a parent's partner, or someone within the home environment with caring responsibilities, such as a foster carer,'* (I Wanted Them

All To Notice, 2024). There is often overlap with others forms of sexual abuse, for example the majority of indecent imagery of children is created by a family member.

Practitioners can often face difficulties in identifying intrafamilial sexual abuse. This may be influenced by unconscious bias or stereotypes as to victims and those who harm, and a lack of understanding of grooming and coercive control, which make it more difficult for practitioners to identify the signs and indicators that sexual abuse is taking place. Effective recording of any potential signs and indicators of sexual abuse is vital, particularly when it is considered that it is rare for children to make direct disclosures. It is important that practitioners receive support and the opportunity to reflect upon this challenging area of work through good supervision. The use of the CSA Centre of Expertise Signs and Indicators Toolkit can help practitioners to formulate their thinking and build a picture of concerns. Signs and indicators of child sexual abuse | CSA Centre

When child sexual abuse is suspected, services must be clear that the threshold for a safeguarding response differs from that of the criminal threshold; the balance of probabilities is sufficient to warrant safeguards being put in place and abuse does not need to be proven to be beyond reasonable doubt. It is also important to consider other children that the suspected perpetrator may have access to when considering safeguarding, for example within the extended family, or in the capacity of their employment or voluntary work.

4.4.2 Extra-familial

Child sexual abuse can also take place outside of the family. This may involve other children or older young people, intimate partners, strangers, family friends or acquaintances, those in a position of trust (for example teachers, sports/drama/dance coaches etc). Children may also be sexually exploited or experience sexual abuse in an organised or institutional setting. Further information on organised/institutional abuse can be found below

4.4.3 Contextual Safeguarding

Contextual safeguarding is a crucial approach in addressing child sexual abuse by focusing on the environments where abuse can occur outside the family home. It recognises that children can experience harm in various settings like schools, online spaces, and communities, requiring a proactive approach to mitigate risks and promote safety in these contexts. This may include:

Online Safety: Addressing concerns about child sexual exploitation online, including the creation of safe online environments and teaching children about online risks.

School Settings: Implementing robust safeguarding policies in schools and training staff to recognise and respond to CSA concerns. Consideration should be given to local context as well as being informed by all Wales guidance which can be found here guidance-for-education-settings-on-peer-sexual-abuse-exploitation-and-harmful-sexual-behaviour.pdf.

Community Activities: Promoting safe community spaces and addressing issues like gang involvement and county lines, as these can contribute to children's vulnerability.

More information regarding child sexual abuse in extra-familial context, for example institutional abuse can be found below.

4.4.4 Institutional Abuse/ Abuse by those in a Position of Trust

The CSA Centre of Expertise states that the term institutional abuse is used to distinguish this type of abuse from that which occurs in a family or other setting. The term ‘institution’ includes not only bricks and mortar environments such as schools and hospitals, but also organisations working with children, young people and families in community settings, such as social care services, sports clubs and religious groups. One in 10 victims and survivors of child sexual abuse involving physical contact were abused by a person in a position of trust or authority.

Child sexual abuse in institutional contexts may be perpetrated by a single individual on a single victim, although those who commit abuse in an institutional setting frequently have multiple victims, and several people may commit abuse within the same institution. To gain compliance, abusers may use threats and force, but they may also use rewards, favouritism and alienation from family and friends. They may also seek to normalise potentially abusive activities.

When sexual abuse takes place within an institutional setting it is very often not disclosed until years later, if at all. This has been compounded by many cases where institutions have ignored or hidden suspicions of abuse rather than investigating them and protecting victims.

Child sexual abuse in an institutional context has become a significant concern in recent years due to recent high-profile cases which triggered the Independent Inquiry into Child Sexual Abuse (IICSA). This highlighted that institutions too often responded to abuse by ‘moving on, perpetrators and protected individual or institutional reputations over the protection of children. Where safeguarding policies existed, they were often not followed (Jay et all, 2022).

Institutional abuse can have additional consequences for children who experience it due to its nature, including a sense of betrayal and a reluctance

to seek help due to a mistrust of organisations and/or those in a position of trust or authority. Responses need to take into account the specific needs of survivors in this context.

For more detailed guidance on responding to complex or institutional abuse, please see the Gwent Safeguarding Board Child Complex Abuse Protocol Children Complex Abuse Protocol - Final December 2022. The CSA Centre of Expertise also has further information Key messages from research on child sexual abuse in institutional contexts.

Consideration should also be given to the recommendations of the North Wales Child Practice Review Gwynedd Child Practice Review – North Wales Safeguarding Board which took place following the conviction of a Head Teacher for multiple sexual offences against pupils.

4.4.5 Female Genital Mutilation

Female genital mutilation (FGM) is the partial or total removal of the external female genitalia for non-medical reasons. It's also known as female circumcision or cutting. FGM is often performed by someone with no medical training who uses instruments such as a knife, scalpel, scissors, glass or razor blade. Children are rarely given anaesthetic or antiseptic treatment and are often forcibly restrained.

The age at which FGM is carried out varies. It may take place:

- when a female baby is newborn
- during childhood or adolescence
- just before marriage
- during pregnancy.

There are four main types of FGM:

- Type 1 (clitoridectomy) – removing part or all of the clitoris.
- Type 2 (excision) – removing part or all of the clitoris and cutting the inner and/or outer labia.
- Type 3 (infibulation) – narrowing the vaginal opening.
- Type 4 – other harmful procedures to the female genitals including pricking, piercing, cutting, scraping or burning (NHS Choices, 2021).

Labia elongation (also referred to as labia stretching or labia pulling) involves stretching the labia minora, sometimes using sticks, harnesses or weights (AFRUCA, 2016).

FGM is child abuse and is illegal in the UK. It can be extremely dangerous and can cause physical harm including severe pain, shock, bleeding, infection such as tetanus, HIV, Hepatitis B and C, organ damage, blood loss and infections, or in some cases may even result in death of the child. It is also likely to result in emotional and psychological harm for the child.

Sometimes religious, social and cultural reasons are given to justify FGM, however it is a dangerous practice and can cause long-lasting health problems that continue throughout a child's life, including:

- frequent or chronic vaginal, pelvic or urinary infections
- menstrual problems
- Incontinence and difficulty urinating
- kidney damage and possible kidney failure
- cysts and abscesses
- pain during sex
- infertility
- complications during pregnancy and childbirth
- emotional and mental health problems (NHS Choices, 2021).

Professionals who suspect a girl or woman is at risk of FGM should report the matter to the local authority through submission of a Duty to Report. The matter should also be reported to the Police under the mandatory reporting requirement. If the child or woman is believed to be at immediate risk, emergency services should be contacted. The UK Government has produced multi-agency statutory guidelines which provide advice and support to frontline professionals who have responsibilities to safeguard children and protect and support adults from the abuses associated with FGM. The guidance provides information on:

- identifying when a girl (including an unborn girl) or young woman may be at risk of FGM and responding appropriately to protect them
- identifying when a girl or young woman has had FGM and responding appropriately to support them.

You can apply for a protection order if someone you know is at risk of female genital mutilation (FGM). This will help to keep the person you know, safe from another person. There is also guidance for health practitioners in the NHS All

Wales Clinical pathway wisdom.nhs.wales/all-wales-guidelines/all-wales-guidelines/fgm-clinical-pathway-v2-2-final/.

Individuals who have undergone FGM require a multi-agency response to look after their physical and mental well-being. There should therefore be co-operation between services across the third sector, child protection, health care, the police and the prosecution services. If you are working with people who have disclosed that they have had FGM, you should:

- create an opportunity for the individual to disclose by speaking to them alone and in private
- ensure no family or community member is present – consider using an appropriate adult rather than a family member when interviewing a minor.
- make no assumptions
- give the individual time to talk
- be sensitive to the intimate nature of the subject
- be sensitive to the fact that the individual may be loyal to their parents
- be non-judgmental
- use simple language and ask straightforward questions
- avoid loaded or offensive terminology such as 'mutilation'
- adopt a victim-centred approach – offer accurate information about the person's choices and rights and respect their wishes where possible.

It is important that all professionals can signpost victims appropriately and offer immediate safety advice to clients. This forms the basis of more detailed safety planning and may include:

- Ensuring the client knows to call 999 in an emergency.
- Have details of local specialist services and the Live Fear Free Helpline on hand to share with clients.
- Advise the client to try and keep their mobile phone with them at all times.
- Encourage the client to engage with services which can help them and their children.
- Engage in multi-agency discussions such as local MARACs or the Multi Agency Safeguarding Hubs.

4.5 Harmful Sexualised Behaviour

4.5.1 Harmful Sexualised Behaviour

The term ‘harmful sexualised behaviour’ (HSB) describes a continuum of behaviours displayed by children and young people under 18, ranging from those considered ‘inappropriate’ at a particular age or developmental stage to ‘problematic’, ‘abusive’ and ‘violent’ behaviours. This can include contact and non-contact behaviours, peer abuse and sibling abuse, and technology-assisted sexual harm. It is important to remember that some sexualised behaviour can be a normative part of child development and behaviours must be considered in context alongside the child or young person’s stage of development. Guidance to support practitioners in understanding such behaviours can be found through the Hackett continuum Responding to children who display sexualised behaviour and the Brook Traffic Light Tool Brook Traffic Lights: age.

Some examples of behaviours that may be indicative of HSB include:

- Using sexual language or gestures that are not age-appropriate for the child's stage of development
- Simulating sexual acts with toys, objects, or peers
- Excessive interest in sexual content or pornography
- Hiding behaviours or lying about interactions
- Avoiding supervision or seeking isolation with others
- Sudden mood swings, aggression, or withdrawal
- Coercive or Aggressive Behaviour
- Forcing or pressuring others into sexual activity
- Ignoring boundaries or consent
- Using threats or manipulation in relationships
- Patterns of behaviour that become more frequent or severe over time
- Involvement in multiple incidents with different individuals
- Low self-esteem or signs of depression.

First and foremost, it is important that any child or young person who displays a HSB is considered as a child first, and their needs for care and support should be addressed in the same way as any other child. Responses to HSB must include early support in order to prevent further harm or escalation. It is also important to ensure that children and young people are not labelled and to ensure they are not stigmatised.

In many cases, children and adolescents who display HSB have experienced adverse childhood experiences or trauma, which may include sexual abuse.

However, not all children who display HSB have experienced sexual abuse themselves, and not all children who experience sexual abuse go on to display HSB. Other factors can also influence sexualised behaviour, such as emotional regulation, sexual knowledge and understanding, self-esteem, and additional learning needs. An assessment may be required in order to determine what is influencing the behaviour and to identify a child or young person's needs. A child who has displayed HSB should also be considered for a child protection medical, given the holistic benefits that this process can have, as well as considering physical indictors of sexual harm.

The Importance of a Multi-Agency Response to Harmful Sexualised Behaviour

The Wales Safeguarding Procedures 2019 provides guidance as to the process that should be followed in order to respond to concerns in relation to HSB, including when a Duty to Report is required, and when a multi-agency strategy meeting should be convened. Each local authority within Gwent will have their own procedures for managing harmful sexualised behaviour and this guidance should be read in conjunction with these processes. As well as the needs of the child displaying the behaviour, any multi agency strategy meetings/discussions must include a consideration of keeping other children who reside with, or with whom the child has contact, safe. Consideration should be given to any risk management measures which may be necessary. It is important that these are proportionate and do not stigmatise the child displaying the behaviours. The Wales Safeguarding Procedures Harmful Sexualised Behaviours Guidance can be found here Safeguarding Wales.

Further information in respect of harmful sexualised behaviour and services that can offer support can be found below:

Understanding sexualised behaviour in children | NSPCC Learning

Children and young people who display harmful sexual behaviour | CSA Centre

Preventing harmful sexual behaviour in children - Stop It Now

WG - Harmful Sexual Behaviour - PROFESSIONAL GUIDE.pdf (barnardos.org.uk)

Better Futures Cymru | Barnardo's (barnardos.org.uk)

Children & Young People - New Pathways

4.5.2 Peer-on Peer

Sexual abuse can happen between children of any age and sex and takes many forms along a continuum ranging from sexual harassment through to contact

sexual abuse, including peer sexual exploitation and harmful sexual behaviour. Increasingly, peer sexual abuse is taking place through digital platforms, which can make it more complex for practitioners to address. Peer sexual abuse involves children of similar ages/year groups whereas other types of harmful sexual behaviour could involve a large difference in age.

It is important that when a child has engaged in peer-on-peer sexual abuse, responses are tailored to the needs of both children and that the child displaying the harmful behaviour is recognised as a child first and foremost and is responded to in accordance with safeguarding procedures as they may also be a victim of harm.

Sexualised behaviours displayed by children should be viewed on a continuum from those that are normal and developmentally expected, to inappropriate, problematic, abusive, and violent (Hackett, 2010). Responses should be proportionate to the behaviour displayed. Where behaviours are deemed inappropriate or problematic, an educative or preventative response may be suitable but consideration should also be given to the submission of a Duty to Report. Those deemed abusive or violent would always require the submission of a Duty to Report to prompt an appropriate safeguarding response. Guidance to support practitioners in understanding such behaviours can be found through the Hackett continuum Responding to children who display sexualised behaviour and the Brook Traffic Light Tool Brook Traffic Lights: age.

It is also important to consider whether incidents are isolated or form part of a recurring pattern, which may amount to sexual harassment, and can occur offline or online. Sexual harassment is defined as ‘persistent unwanted conduct of a sexual nature’ by a child towards another child. It is important that such behaviours are challenged, particularly within education settings, as if left unaddressed they can create an environment where inappropriate sexualised behaviours are normalised and may escalate to become abusive or violent. The Welsh Government provides detailed guidance for education settings on responding to peer-on-peer sexual abuse which can be found here guidance-for-education-settings-on-peer-sexual-abuse-exploitation-and-harmful-sexual-behaviour.pdf

4.6 Child Sexual Exploitation (including organised/complex abuse)

Child sexual exploitation (CSE) is a form of child sexual abuse. Child sexual exploitation is a term used to describe where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child under the age of 18 into sexual activity. The child may have been sexually exploited even where the sexual activity appears consensual. For instance, the

child might have been led to believe they are in a consensual relationship with the person.

Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology, such as social media and gaming apps. It's important that people recognise that exploitation is child sexual abuse.

One of the key factors found in most cases of child sexual exploitation is the presence of some form of exchange (sexual activity in return for something); for the victim and/or perpetrator or facilitator.

When it is the victim who is offered, promised or given something they need or want, the exchange can include both tangible rewards such as money, drugs or alcohol, and intangible rewards such as status, protection or perceived receipt of love or affection.

It is critical to remember the unequal power dynamic within which this exchange occurs and to remember that the receipt of something by a child/young person does not make them any less of a victim. It is also important to note that the prevention of something negative can also fulfil the requirement for exchange, for example a child who engages in sexual activity to stop someone carrying out a threat to harm his/her family.

The gain is only for the perpetrator/facilitator, there is most likely a financial gain (money, discharge of a debt or free/discounted goods or services) or increased status as a result of the abuse.

If there are concerns that a child has been sexually exploited the child should be referred into the National Referral Mechanism (NRM) process. Child victims do not have to consent to be referred into the NRM and must first be safeguarded and then referred into the NRM process.

The NRM is a framework for identifying and referring potential victims of modern slavery and ensuring they receive the appropriate support.

The NRM decision making model is intrinsically linked to local safeguarding structures to ensure a more holistic approach to protecting child victims of trafficking and preventing further exploitation. The process ensures that timely, quality decisions are made by trained safeguarding partners, who are at a minimum local authority, Police and health.

Further guidance regarding the NRM process is available here National referral mechanism guidance: adult (England and Wales) - GOV.UK and the online referral form can be found here Report modern slavery – Report modern slavery – GOV.UK

4.7 Technology Facilitated Sexual Abuse (including AI, sexting, sextortion, social media, exposure to pornography)

Online/Technology Assisted Child Sexual Abuse refers to any form of sexual exploitation or abuse of a child that occurs through electronic devices, the internet or digital platforms which may include:

- Social networking (Facebook, Instagram)
- Microblogging (X – previously Twitter)
- Image sharing (Instagram, Snapchat)
- Video sharing (YouTube)
- Live Streaming (Instagram, Snapchat, Facebook)
- Instant messaging (WhatsApp)
- Discussion threads (Reddit)
- Reviewing (Trip adviser, Trust pilot)
- Online gaming (Minecraft, Roblox, Fortnite)
- Online Dating (Tinder, Hinge, Bumble)

Online/Technology Assisted Child Sexual Abuse and Exploitation can come in many forms including:

Sexual Communication

Sending sexually explicit messages or attempting to elicit sexual conversations with a child.

Online Grooming

The act of developing a relationship with a child to enable their abuse and exploitation both online and offline. This may be done via online platforms, such as social networking, messaging and/or online gaming.

Live streaming

This can be used by Child Sex Offenders to encourage victims to commit or watch sexual acts via webcam. Offenders may also stream or watch live contact sexual abuse or indecent images of children with other offenders and/or may pay facilitators to stream live contact abuse, with the offender directing what sexual acts are perpetrated against the victim.

Indecent Images of Children

Defined as images of, or depicting, a child or part of a child which are judged to be indecent. Examples of images considered to be indecent are those depicting a child engaging in sexual activity or in a sexual manner, through posing, actions, clothing etc. This includes photographs, videos, pseudo-photographs and tracings and further guidance of the grading of indecent imagery of children can be found here Possession of indecent photograph of child/ Indecent photographs of children.

Prohibited Images of Children

Non-photographic images, for example computer generated images, artificial intelligence (AI), Hentai or cartoons which portray a child engaging in sexual activity, a sexual act being performed in the presence of a child or focus on the child's genital or anal region.

Possession, Production and Sharing of Indecent Images of Children and/or Prohibited Images

The use of online platforms to store and share indecent and/or prohibited images of children. Online platforms can also be used to facilitate the production of such images, for example screen-recording of abuse perpetrated over live streaming.

Intimate Image Abuse

The act of sharing intimate images or videos of someone either on or offline, without their consent. Anyone under the age of 18 cannot consent therefore it is illegal for intimate images of anyone under 18 to be taken, sent, received, viewed or kept.

Online Coercion and Blackmail - 'Sextortion'

A form of blackmail that involves threatening to publish sexual or nude information, photographs or videos, for the purposes of sexual gain (e.g. to obtain new IIOC or bring about a sexual encounter), financial gain or other personal gain. Photos or videos are often made without the victim realising or consenting. The perpetrator may also be making false claims of having access to such materials.

What can you do:

Learn what social media apps young people use – start a conversation about the risks and ways to keep themselves safe.

Privacy settings - most apps default privacy settings are open which means anyone can contact them and see what they are sharing. Make sure that children know the importance of privacy settings and location sharing and that they need to manually change them in their settings.
NSPCC have a range of online resources with information on how to keep children safe on each of the digital platforms.
A range of resources that are regularly updated and are useful for children/young people, practitioners, and parents/carers can be found here https://hwb.gov.wales/keeping-safe-online/ .
Instagram example - Is Instagram safe for my child? | NSPCC

Any form of child online/technology assisted sexual abuse is an offence and must be reported.

5. Identifying, and Responding to Child Sexual Abuse

The forms of child sexual abuse, child sexual exploitation, and harmful sexualised behaviour outlined above can be difficult to identify and very often children will not make disclosures. It is therefore important that practitioners are aware of potential signs and indicators that a child may be experiencing sexual abuse. This section supports practitioners to use their professional judgement to identify potential indicators and consider appropriate responses.

5.1 Identifying Child Sexual Abuse

It can be very challenging to identify child sexual abuse, particularly as children and young people can face a range of barriers to disclosure. These involve a complex interplay of individual, familial, contextual, societal and cultural issues. Some examples could be -

- Fear of disrupting family relationships or breaking up the family,
- A sense of loyalty to the perpetrator of the abuse.
- Fear of not being believed, or of being told by the perpetrator that they would not be believed
- Being scared, threatened with violence by the perpetrator or told by them not to tell anyone
- Having no one to whom they felt able to disclose, which may be due to a lack of trust, a feeling of isolation, a lack of opportunity to speak to a social worker on their own, or not having the same social worker for a sustained period
- Feeling embarrassed, ashamed or guilty, including because of grooming
- Not understanding what was happening at the time or seeing the abuse as normal, possibly due to grooming or past abuse

- Thinking that disclosure was not worthwhile, including due to a negative response to previous disclosure or because staff were involved or implicated in some way in the abuse
- Inhibition by shock, trauma or mental health problems caused by the abuse.
- Fear that disclosure would affect their next placement
- Feeling that they have found some stability or having an affection for the perpetrator or their family member and fearing that they will lose control of the process once they disclose.

It is therefore important for practitioners to be aware of signs and indicators that may alert them to when CSA is taking place.

5.2 Behaviours that may give cause for concern

Children and young people who have experienced CSA often display a range of behavioural impacts that reflect trauma, confusion, and distress. These behaviours can vary widely depending on the child's age, developmental stage, relationship to the abuser, and the nature of the abuse. Below are some behaviours which may give cause for concern, however these should be considered within context.

Children may exhibit:

- Withdrawal or isolation – avoiding social interaction or becoming unusually quiet
- Aggression or anger – sudden outbursts, defiance, or hostility
- Clinginess or separation anxiety – especially with trusted adults
- Low self-esteem – feelings of shame, guilt, or worthlessness
- Mood swings – rapid changes in emotional state without clear cause
- Nightmares or night terrors
- Bedwetting or soiling (especially if previously toilet trained)
- Changes in appetite – overeating or loss of interest in food
- Externalising behaviours: substance misuse, risky sexual behaviour, offending
- Internalising behaviours: withdrawal, fearfulness, avoidance
- Attachment difficulties and challenges in forming healthy relationships
- Educational disengagement or overachievement as a coping mechanism

- These behaviours can be misinterpreted as defiance or delinquency, rather than signs of trauma
- Peer relationships – trust issues, isolation, or vulnerability to further exploitation

5.3 Health Indicators that may give Cause for Concern

There are some indicators in a health context that can give cause for concern in respect of the potential for a child having experienced sexual abuse and health practitioners should refer to the Purple Book Physical signs of child sexual abuse (Purple Book) - RCPCH Child Protection Portal for guidance.

In addition to this, Aneurin Bevan University Health Board have issued specific guidance for practitioners in Gwent in relation to anogenital warts. This indicates that sexual abuse **must** be considered in any child presenting with anogenital warts and a Duty to Report must be submitted in any pre-pubertal child diagnosed with genital warts. In post-pubertal children, the risk of child sexual abuse and child sexual exploitation must still be considered and a Duty to Report submitted if appropriate. When a child is diagnosed with anogenital warts, even when there is no disclosure regarding sexual abuse or exploitation, STI testing should be undertaken to exclude co-infection with other STIs. For further information, please see Appendix One.

Health practitioners should also be mindful when a child or young person is accompanied to a health appointment by an adult/older young person other than a parent or carer and use professional curiosity in these circumstances. This has been highlighted as a potential risk indicator in the recent North Wales Child Practice Review regarding sexual abuse perpetrated against school pupils by a head teacher. For more information, please see here. Gwynedd Child Practice Review – North Wales Safeguarding Board

5.4 Signs and Indicators Tool

The CSA Centre of Expertise Signs and Indicators tool is designed to help practitioners identify and assess potential signs and indicators of child sexual abuse and build a picture of their concerns. This can be found here Signs and indicators: A template for identifying and recording concerns of child sexual abuse

5.5 What Can Increase a Child or Young Person's Risk of Experiencing Child Sexual Abuse

Disability

Research commissioned by Barnardo's in 2015 highlighted specific factors that increased the vulnerability of children with learning disabilities to sexual exploitation. These included overprotection, disempowerment and social isolation, and a lack of accessible sex and relationships education and information. There is also a reported lack of knowledge, understanding, awareness and training, specifically about the sexual exploitation of children with learning disabilities.

Research funded by the Home Office in 2016 suggested that children with disabilities in all settings are at a high risk of sexual violence and that some factors, such as limited understanding of social cues and social interaction, can make young people more at risk of exploitation. Social isolation can also potentially make young people with disabilities more vulnerable to grooming and exploitation.

Children who are deaf or have a physical disability are considered to be three times more likely in general to experience abuse than those without a disability. Perpetrators target children they identify as vulnerable, which can include vulnerability due to disabilities. (*Child Sexual Abuse and Exploitation: Understanding Risk and Vulnerability*, Coventry University, August 2021)

The Independent Inquiry into Child Sexual Abuse highlights that disabled children were frequently missed by practitioners who had often interpreted signs and indicators of sexual abuse as being a result of the child's impairments, including both physical and behavioural difficulties. Equally, practitioners misunderstood the behaviour of children who had been sexually abused as indicative of a possible disability, rather than signs of sexual abuse. In addition, practitioners did not sufficiently connect children's emotional distress or changes in behaviour with the possibility of child sexual abuse, even when this had previously been a concern. Children with disabilities-| IICSA Independent Inquiry into Child Sexual Abuse

Previous abuse or neglect

Prior experiences of abuse (sexual or otherwise) are linked to increased risk of re-victimisation.

5.6 Responding to Child Sexual Abuse -

If you have concerns that a child is experiencing, or has experienced child sexual abuse or exploitation, or has been involved in harmful sexualised behaviour you must submit a Duty to Report. The Duty to Report form and contact details for all five Gwent local authorities can be found here Report a child at risk - Gwent Safeguarding. The regional threshold guidance may also help to support practitioners in using their professional judgement when making

decisions around the submission of a Duty to Report. Children's DTR Continuum of Support and Threshold Guidance March 2024.

Where there is an immediate need to protect a child because they are at immediate risk of suffering significant harm, contact the Police without delay.

It is usually appropriate to share concerns practitioners have with families, and advise them of the report to Social Services, **unless** it is felt that to do so may place the child at further risk of harm, or this may interfere with the collection of evidence, or any subsequent enquiries (for example where intrafamilial abuse is suspected). Further information around consent can be found in the Wales Safeguarding Procedures https://safeguarding.wales/chi/c2/c2.p16.html

Local authorities have a duty to respond to all reports about children at risk of harm, abuse, or neglect. Social Services will gather information to determine the action that should follow. A decision should be made by the end of the next working day following receipt of a report. Social Services should acknowledge receipt in writing within seven working days of receiving the report. If this is not received, the practitioner submitting the report must contact Social Services again. The outcome of any discussion and the resulting decision must be recorded by the practitioner making the report.

If no action is to be taken, the practitioner must still be informed. It is the responsibility of the practitioner to ensure that their concerns about a child at risk of harm are taken seriously and followed through. If a practitioner remains concerned about a child, they should inform their own line manager and the designated safeguarding person within their organisation. If the practitioner remains concerned about the child, they should bring the matter to the immediate attention of the senior manager within social services with responsibility for safeguarding in the area. Should a practitioner or agency disagree with the actions taken by the local authority, guidance can be sought from the Gwent Regional Safeguarding Board Multi Agency Protocol for Resolving Practitioner Differences Protocol - January 2023.

Where child sexual abuse is suspected, an appropriate Strategy Discussion/Meeting must be held.

5.7 Strategy Discussions/Meetings

A Strategy Discussion should be convened where there are concerns that HSB has been displayed. An allegation of non-consensual sexual activity concerning children, even where they are of a similar age, must be properly investigated in line with the Wales Safeguarding Procedures, 2019.

Key considerations of the Strategy Discussion should include, but not limited to:

- Ensure all key agencies are present such as Education, Health, YOS and any other key agency involved with child / family
- Who is the perpetrator, is this child at risk also
- Who are the identified victims, what support might they need
- Provide relevant background on the child/young person and family (both)
- Consider the views of the child and family (for both if available)
- Consider if the behaviour was age-appropriate or concerning
- Was there consent, coercion, or secrecy involved
- History of trauma, abuse, or exposure to sexual content (ACES)
- Consider patterns of behaviour and escalation
- Share any known vulnerabilities
- Supportive family or carers
- School engagement and peer relationships
- Identify any immediate safeguarding concerns
- Is there a risk of recurrence
- What supervision or safety planning is needed
- Assess the level of risk to the child and others
- Emotional wellbeing of child and victim
- Decide if an AIM Assessment is deemed appropriate at this stage
- Risk Assessment to be implemented
- Police consent may be needed for support services for the perpetrator if a criminal investigation is underway.
- All children/young people to be considered
- The meeting must be multi-agency- police, SSD, education, health, YOS and any other agency involved with the child or young person (s)
- If agencies cannot attend information should be requested to inform decision making
- All children's needs and information to be recorded in the minutes

- If S47 enquiries are to be undertaken, separate enquiries and investigations must be pursued in respect of the victim and alleged perpetrator as per the actions agreed at the strategy meeting/discussion
- Clear actions and safeguards to be considered for all children and young people
- Any other identified children to be considered and DTR's submitted as required
- Consider whether CP medical is required for the alleged victim and alleged perpetrator
- Different Social Workers must be allocated to the victim and the alleged perpetrator, including when living in the same household.
- Children are entitled to an active offer of advocacy, this should be offered at the earliest opportunity
- Safety plans for all children must be considered and actioned

Actions of the Strategy Discussion

If S47 enquiries are to be undertaken, separate enquiries and investigations must be pursued in respect of the victim and alleged perpetrator. Different Social Workers should be allocated to the victim and the alleged perpetrator, including when living in the same household. Further Information regarding Strategy Meetings and Section 47 Enquiries can be found here: Interagency Protocol for Conducting Section 47 Child Protection Enquiries - October 2025

5.8 Child Protection Medicals

In any case of suspected child sexual abuse, a child protection medical should be considered. All relevant children should be considered in regard to medical assessment, including where there is an allegation of harmful sexualised behaviour or peer on peer sexual harm where it should be ensured that both children/young people are considered for a Child Protection Medical. It is also important to consider the holistic benefits of a Child Protection Medical and that these are not solely for the purpose of gathering forensic evidence.

The timing and location of the examination should be agreed, taking account of the best interests of the child, including where possible the voice of the child, and any need for urgent medical treatment, or a forensic examination. This should take place with enough time to allow for any necessary safeguards to be put in place within office hours. Guidance should be sought from Health colleagues and decisions made on a multi-agency basis.

Further information regarding Child Protection Medicals can be found here: 7 minute briefing (CSA medical)

5.9 Responding to Disclosures

Disclosure can vary according to each individual child and very often a child will not make a verbal disclosure, but will make attempts to disclose via their behaviour. The signs and Indicators tool discussed above can be helpful in understanding some of these behaviours.

When a child does make a disclosure, either verbal or by other means, it is important that this is responded to appropriately. Some key principles are outlined below and more detailed guidance can be found here: Identifying and responding to disclosures of child sexual abuse | CSA Centre

- Listen carefully be mindful of body language and facial expressions
- Make accurate notes using the child's own language/words
- Reassure the child that they have done the right thing by sharing their experiences
- Explain to the child that you cannot guarantee confidentiality and that the information will need to be shared with appropriate services in order to ensure they are safeguarded
- Be mindful not to stop a child who has started to disclose and avoid using leading questions
- Record detailed and accurate notes in accordance with your agency policy as soon as possible and consider what safeguarding measures may be needed.

5.10 Voice of the Child/Communication

As practitioners we should take account of the child's views and feelings and understand the impact on them and their family. Children and young people have a right to have a voice in the matters that affect them. Their voice, both individual and collective, needs to be heard, acknowledged and responded to.

When considering the definition of the 'Voice of the Child' the scope of the definition is much wider than the name may suggest. The voice of the child encompasses babies, children and young people. It is not merely about the words they use but how they express whether it be through words, silence, behaviours, symbols, cries, sign language, pictures, play, interactions, smiles, eye contact, body language, facial expression.

It is key that no matter how the child reflects their views practitioners must:

- Value and Respect them

- Build Trust
- Develop Relationships
- Listen to or find out What it is like to be them, their feelings, their wishes, their daily lived experience and their view
- Be Inclusive
- Engaging

Communicating with children guide has been produced by the Centre of Expertise for CSA and it helps give professionals the knowledge and confidence to speak to children about sexual abuse. Communicating with children: A guide for those working with children who have or may have been sexually abused.

Gwent Safeguarding Board have also produced a regional 7 minute on the Voice of the Child which can be found here: 7 Minute Briefing voice of the child

5.11 Mental Health and Adverse Childhood Experiences

Children and young people who experience CSA often face a wide range of health impacts, both immediate and long-term. These effects can be physical, psychological, behavioural, and social, and may persist into adulthood if not addressed with appropriate support.

Practitioners working with children who have been subjected to CSA and also children / young people who have sexually offended can be difficult and demanding. Such indicators in children and young people may include -

- Depression and anxiety
- Post-Traumatic Stress Disorder (PTSD) – up to 73% of CSA survivors may experience PTSD (iicsa.org.uk)
- Self-harm –
- Suicidal ideation and attempts – risk can be up to six times higher than in the general population
- Dissociation, sleep disturbances, and eating disorders
- Low self-esteem and emotional dysregulation

Child sexual abuse can be considered as an adverse childhood experience (ACE) and may often take place in combination with other ACEs such as witnessing domestic abuse, parental substance misuse, parental mental health difficulties. It is well documented that ACEs have a long-lasting impact and can

lead to increased risk of anxiety, depression, post-traumatic stress disorder, and toxic stress, and that these can continue into adulthood.

It is therefore important that practitioners consider this when supporting those who have experienced child sexual abuse and prioritise timely support appropriate to the individual and their needs.

5.12 Advocacy

Advocacy for children affected by CSA is essential to ensure their rights, voices, and needs are recognised and acted upon throughout their recovery and safeguarding journey.

Independent Advocacy

- Provided by trained professionals who are not part of the children's services teams.
- Helps children understand their rights and options.
- Supports them in meetings, court proceedings, and safeguarding meetings.

Children Independent Sexual Violence Advisors (ISVAs)

- A Children's ISVA is able to support you whilst police are investigating what has happened. They do this by explaining the police process, explaining your rights and by answering any questions you have as they arise. They will also offer you court support if the police investigation goes to trial and offer emotional support and connect children with services.

5.13 Pre Trial Therapy

Exposure to criminal offending, in particular sexual violence, can lead to significant psychological and emotional difficulties, and victims will often be assisted in their recovery by obtaining therapy. The fear of causing a criminal prosecution to fail has in some instances resulted in therapeutic support to victims being delayed until after the trial on the basis that it might be argued that the treatment could have tainted the victim's evidence by interfering with the accuracy of their recall of the incident(s). This fear is speculative and conflicts with the need to ensure that victims are able to receive, as soon as possible, effective treatment and therapeutic support to assist their recovery. This 2022 guidance is clear that therapy should not be delayed for any reason connected with a criminal investigation or prosecution. Pre-Trial Therapy | The Crown Prosecution Service.

Pre Trial-Therapy for children Fundamental Principles - June 2023

5.14 What helps to Improve Outcomes for children

As discussed above, child sexual abuse can impact children in a variety of ways and these impacts can often be long lasting however there are some factors, both individual and social, that can help to mitigate the impact for victim-survivors, both at the time of the abuse and in later life.

The importance of a national strategy has been highlighted by research (children_and_young_people_with_harmful_sexual_behaviours_research_review_2014.pdf) and Welsh Government have a 10 year National Strategy for Preventing and Responding to Child Sexual Abuse. The Gwent Regional Safeguarding Board Child Sexual Abuse Task Group will ensure that the actions from this strategy are implemented across the region.

The CSA Centre of Expertise(The impacts of child sexual abuse | CSA Centre) highlight that individual factors such as self-esteem and coping skills can help improve outcomes, and that engagement in education can serve as a protective factor. In terms of social factors, it identifies that support from family and friends is key protective factor.

As services, early identification of child sexual abuse and a supportive response can help to reduce long term adverse effects, as can support in adulthood. Recognising and responding to disclosures and/or signs and indicators of child sexual abuse in a consistent and compassionate way is one of the most important things a practitioner can do.

6. Resources

- **Stop It Now - Preventing child sexual abuse**

  Anonymous Stop It Now helpline support with expert advisors who can help anyone with concerns about child sexual abuse and its prevention. Facilitated by the Lucy Faithfull Foundation.

- **Tackling child sexual abuse under the online safety regime - Ofcom**

  Resources and information aimed at the prevention of online sexual abuse of children.

- **CEOP Education**

  National Crime Agency's education team aim to help protect children and young people from online sexual abuse by providing training, resources and information to professionals working with children, young people and their families

- **Homepage - UK Safer Internet Centre**

  UK Safer Internet Centre with resources including information on coerced online child sexual abuse, cyberflashing, pornography.

- **Report Remove | Childline**

  This resource is designed to help young people under 18 in the UK to confidentially report sexual images and videos of themselves and remove them from the internet.

- **Sexual abuse | NSPCC**

  NSPCC information and advice with regarding to child sexual abuse.

- **boys-2-workbook-english.pdf**

  Barnardo's Boys 2 Workbook aimed at supporting boys and young men to develop healthy sexual relationships.

- **Chapter 1**

  Welsh Government Guidance on safeguarding children and young people from sexual exploitation.

- Lucy Faithfull Foundation - Preventing child sexual abuse

  Support for anyone with concerns regarding child sexual abuse.

- Home - Shore

  A safe space for teenagers worried about sexual behaviour.

- **Child Sexual Abuse Response Pathway | CSA Centre**

  An interactive online resource to guide professionals through how they can protect and support children and their families when there are concerns of sexual abuse.

- New Pathways Rape crisis and sexual abuse support services.

  Specialist support services for adults, children and young people who have been affected by rape, sexual assault or abuse

- The AIM Project - The AIM Project

  Providers of training and a comprehensive, interlinking suite of models, frameworks and practice guidance, for children and adolescents with Harmful Sexualised Behaviour.

- Better Futures Cymru | Barnardo's

  Access to assessment and longer-term therapeutic intervention services for children and young people with sexualised histories across Wales, including young people who have been the victims of sexual abuse; young people who

display problematic or Harmful Sexual Behaviour; and young people who are at risk of or are abused through Child Sexual Exploitation.

- Resources to help identify and engage young people at risk of sexual abuse and exploitation | Barnardo's

  Barnardo's tools developed in Wales to help identify and engage children and young people at risk of sexual exploitation and sexual abuse.

- New film exposes AI's role in online child sexual exploitation and calls for urgent global action - We Protect Global Alliance

  Video and other resources relating to the role of artificial intelligence in child sexual abuse and online child sexual abuse material.

- https://cyfannol.org.uk/organisation/horizon-svs/

  Counselling, sexual exploitation advocacy and groupwork for anyone who's been affected by sexual violence at any time in their lives.

- Home - ACE Hub Wales

  Information relating to adverse childhood experiences and working with a trauma informed approach.

- The Survivors Trust - Rape & Sexual Abuse Services UK

  A range of information and resources to support specialist rape and sexual abuse services across the UK, including a 24-hour helpline.

- **Crime and Policing Bill: Child sexual abuse material factsheet - GOV.UK**

  Information about legislation aimed at tackling online child sexual abuse material.

Appendix One: Aneurin Bevan University Health Board Anogenital Warts Proforma.

Guideline for Anogenital Warts in Children
Updated Jan 2026
Review: Jan 2028

Authors: Dr Abigail Collis-Smith, Paediatric ST4

Dr Nicole McGrath, Community Paediatrician

Jodie Witcomb, Lead nurse for safeguarding and public protection

Resources used:

1. Physical Signs of Child Sexual Abuse (Purple book), Chapter 10, 2024 edition
2. Cardiff & Vale University Health Board guidelines
3. Dr C Simpson, Consultant Community Paediatrician, background information, August 2024

Background:

Anogenital warts are caused by the human papilloma virus (HPV). In adults, the timeframe between infection and appearance of warts is highly variable, however, appears to be shorter in women (3 months) than men (11 months). Anogenital warts may be asymptomatic, but can also cause itching, pain and bleeding.

In children, the latency period between acquiring the virus, and showing clinical features, is unknown, with data varying suggesting spans of time between months and several years. Anogenital warts can regress spontaneously.

Purple Book Recommendations for Practice:

- Sexual abuse must be considered in any child presenting with anogenital warts
- The diagnosis of genital warts in prepubertal children necessitates referral to children's social care and children <5 years old need to be considered on a case-by-case basis
- Following the diagnosis of anogenital warts in post pubertal children, CSE risk should be considered and actively explored

- In children, warts may occur at multiple body sites including the anogenital region through autoinoculation, heteroinoculation and fomite transmission
- The older the child with a new AGW presentation, the greater the need for sexual abuse to be considered as the primary source of HPV acquisition
- In a child with anogenital warts, even if there is no reported CSA disclosure, comprehensive STI testing should be undertaken to exclude co-infection with other STIs including BBV, with STI testing at genital and extra-genital sites to exclude multi-site infection

Evidence statement from the purple book:

- In nine studies, 12%-58% of children with anogenital warts were sexually abused
- The presence of anogenital warts in a child is suggestive of sexual abuse when vertical transmission and voluntary sexual transmission are clinically unlikely
- The evidence does not help to establish the age at which the possibility of vertical transmission can be excluded