

Police make a single or joint agency visit

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1. Who is this document for?

This practice guide is for the Officer in the Case when a criminal investigation into concerns around child sexual abuse has been launched, and to any other police officer accompanying them when they visit the child¹ and the family. It explains how they can minimise trauma and take account of the child's needs and best interests during their visit – whether it relates to concerns of harm or abuse within or outside the family.

A social worker may visit the child with the police as part of a joint social work and police enquiry, as agreed at a strategy discussion. This document may be read alongside our practice guide [Children's social care lead a child protection enquiry](#).

This document is also relevant for other professionals involved with the child, to help them understand what this stage of the criminal justice process involves and

¹ In this document we use the term 'child' to refer to anyone under the age of 18. See [An introduction to the child sexual abuse response pathway](#) for more about terminology.

to enable support to the child(ren) and their family and to help them understand the processes in place.

2. When will a single-agency or joint visit happen?

Before this point, the police may already have made an immediate safety visit to the child in response to a report of suspected child sexual abuse. (See our practice guide [Police log the concerns and make an immediate response](#).) If that has happened, evidence will have been gathered and the child spoken to; this may have led to the arrest of a suspect or suspects, or the removal of the child to a place of safety. The child may or may not have told the attending officer that they are being or have been sexually abused; either way, the child and their family will have been told that the police will be in touch again.

A multi-disciplinary strategy discussion will usually have taken place to consider the circumstances and decide what actions need to be taken to safeguard the child; see our practice guide [A multi-disciplinary strategy discussion is held](#). In this meeting it will have decided whether the police investigation is to be part of a joint enquiry with children's social care, because there are ongoing safeguarding concerns in addition to the concern that a crime has been committed. **A joint enquiry must be carefully planned to ensure that each process informs the other, and that there is good information sharing by both agencies.**

If the visit is part of a joint enquiry, it will usually be made by you (as the Officer in the Case) with a social worker; if it is a single-agency visit, it will usually be made by you and another police officer.

It may take the form of a single visit to the child's home, or separate visits – one to talk to the child at a different location (such as their school), and the other to talk to family members at the family home. It is essential to provide the child with the best possible opportunity to feel comfortable and express themselves. The CPS Guidance on prosecuting cases of child sexual abuse acknowledges that children need time. More than one or two visits may be necessary.

3. How may the child be feeling?

Whether or not the police have already made an immediate safety visit, the child may welcome police and social work intervention to stop and/or investigate the abuse – but they may think that they have done something wrong, or be understandably anxious about what the police and social work involvement will mean for them, their family and even the person who has abused them. This is especially likely if that person who has abused them has warned them of consequences if the abuse becomes known.

"I was scared because my rapist said never tell the police because I'll kill your family – so I was petrified for my family. But also I thought I need to tell – but I'm risking my life and my family's life. It took me a long time to realise that the police finding out was the best thing that could have happened." (1)

Depending on how the investigation is handled, the child may feel that they have no control over what is happening, and that the police have taken over and disrupted all aspects of their life. That is why helping the child understand processes and keeping them updated supports them to regain some of the control that has been taken away from them during the abuse.

"The police officer was like six foot tall and really skinny, [and] the social worker was like really big and also six foot tall. So at the time I was 11, to an 11 year old that's kind of scary." (1)

"If you report a crime, [the police] walk into your front door, and they take charge, you know; it's not 'Come in', it's 'Boom!', right into the house, so it renders you completely irrelevant and at their beck and call." (2)

"[The police] come to your school and say, 'We need to talk to this student' so then you have to get taken out of class and your friends are all like 'where are you going?' and you have to make something up." (3)

"[The police officer] held me, she looked after me and she looked after my Mam, she put her arm around me, she wasn't harsh, she understood." (4)

Some children who have been sexually abused – for example those who have been sexually abused in the context of sexual or criminal exploitation – may not see themselves as being abused or exploited due to the impact of the grooming process; they may resent any police interference in their life, or be scared of the consequences of police involvement. This must not override the fact that what is happening (or is at risk of happening) to them is sexual abuse and intervention is necessary to protect them.

Where social workers are involved, children may also worry about what this means for them and their family; they may fear the impact on their non-abusing parent(s),² for example, and/or may have been told by the person abusing them that they or their siblings will be 'taken into care'.

² By 'parent' we mean someone in a parental or principal care-giving role to a child; this may be their biological parent, step-parent, adoptive parent, foster parent or other relative fulfilling that role. We use the term 'non-abusing' to mean a parent or other family member who is *not considered to have been involved in sexually abusing the child*, even if they may have previously come to agencies' attention for other reasons.

Children may be experiencing a mix of feelings:

- **relief** and **hope** that something will be done and that the abuse, if it is ongoing, will stop
- **anxiety** about what may happen to them, their family and/or the person who has abused them
- **apprehension** about the police visiting their home and what will happen next, particularly the impact for them and their family.
- They may have **had previous involvement** with the police and/or social workers or other services, and this might influence how they are feeling. They may also have negative messages about services from their family or community, which may need to be responded to.

4. How can you best help the child when planning the visit?

Ensure that you have all the information about the child and the concerns raised, including any evidence obtained to date, as recorded in the incident log – and any other available information about the child, their family and the suspect from Police National Computer checks and social care records.

If this is to be a joint visit with a social worker there will need to be a planning discussion about how the visit will be conducted, roles and responsibilities and how the needs of the child and their family will be met.

Use this information to think about the child's individual characteristics –

their **age** and **stage of development**; their **sex**, their **ethnicity**, **religion** and **culture**; their **social class**, **any disabilities or learning difficulties** they have; and their **sexual orientation** and **gender identity**. – and their experiences and how you should tailor your approach to them. For example, is there anything to suggest that the child or their family members may be unwilling to talk to or trust authority figures?

Do not make assumptions that someone else will arrange interpreters or communication aids, this will need to be part of your planning before visits. Establish whether the child has any communication needs – these may be based on their developmental stage, their spoken language (English as a second language), or any disability or communication needs they may have.

See our [Taking account of diversity when responding to child sexual abuse](#) for further information.

Be sure **not to make assumptions** about the child based on their characteristics – for example, don't assume that a child of a certain age, sex or social class is

less likely to experience some forms of sexual abuse, and don't regard children from some ethnic backgrounds as more 'adult' than others. This is often referred to as Adultification and is a process whereby ideas of innocence and vulnerability are not afforded to certain children because of their personal characteristics, socio-economic influences and/or lived experiences. The impact results in children's rights being either diminished or not upheld.

Think to about the nature of the suspected abuse, and how to tailor your visit accordingly. These CSA Centre publications may be useful in the specific circumstances:

- Our resource [Managing Risk and Trauma after Online Sexual Offending](#) sets out a positive response to families where a parent has been found to have viewed child sexual abuse imagery – also known as indecent images of children (IIOC) – or committed other online offences
- Our practice guide [When images of child sexual abuse have been discovered](#) outlines good practice when working with children whose images have been shared online.
- Our [guide to assessing and responding to sibling sexual behaviour](#) details a range of sexual behaviours that siblings may engage in, from appropriate to abusive behaviours, and describes supportive responses to them.

Decide *where* you will visit and talk to the child – in the family home or elsewhere, and if a joint visit, discuss with the social worker.

Wherever the visit(s) take place, plan how to make them as discreet as possible, (e.g. using an unmarked vehicle, and with radios on silent). This will help make your visit less obvious to neighbours as well as less frightening for the child.

If you are visiting the family home to talk to family members, have a plan of action if the person suspected of sexually abusing the child is in the home when you visit and what action will be taken to ensure the child has a safe place to talk.

If you are doing a single agency police visit, you will have another officer with you; if you are not a child protection officer, this should ideally be a Sexual Offences Investigation Trained Officer (SOIT)/Sexual Offences Trained Investigator (SOTI)/Sexual Offences Liaison Officer (SOLO). Decide which of you is best placed to speak to the child, bearing in mind that they may appreciate talking to an officer of the same sex and ethnicity – but remember that the dynamics of the visit once you arrive may dictate which of you is the primary person speaking to them.

Ideally speak with the child in the room they are in and speak with the adult(s) in a separate room. Considerations for the officer who will be speaking with the child:

- Use your first name when introducing yourself. Formalities don't work, as it reminds them of school and rules. Rules mean being quiet and listening, which is the opposite of what you want to achieve.
- Children are not little adults. Get down to their level but don't demand eye contact.
- Children can remember a lot of detail when given the chance to tell.
- Younger children may believe that adults know everything. They may not tell you something because they think you know already! Empower the child by telling them that you need their help, as you weren't there and you don't know what happened.

Other considerations depend on whether a social worker will be accompanying you on the visit:

- If it is a joint visit, be clear in advance about your different but complementary roles and responsibilities. Your role will focus on collecting evidence, whereas the social worker's role will be to ensure the child's safety and welfare. You will both be responsible for ensuring that the child is safe, using the civil and criminal powers and orders available.
- A [paediatric medical examination](#) – a holistic assessment of the child's wellbeing and health needs, as well as an opportunity to look for supportive evidence and gather forensic samples – should be considered *whenever* child sexual abuse is suspected or reported. During the visit, it will normally be for a police officer to talk to the child and their non-abusing parent(s) about considering a medical examination, and in a joint visit you and the social worker should decide beforehand who will take the lead on this. Note that *only professionals who are knowledgeable about medical examinations should talk to the child and the parent(s) about them*.

If you will be talking to the child and their parent(s) about a medical examination, you can use our [video](#) and [research report](#) to remind you of the key points and help you prepare for any questions they may have. Additionally, your local sexual assault referral centre (SARC) may have resources, similar to these examples, which you can give the child:

- [Visiting Our SARC: A Guide for Children \(Mountain Healthcare\)](#).
- [Visiting Our SARC: A Guide for Young People \(Mountain Healthcare\)](#).
- [Guide to Our SARC for Adults and Young People \(The Elms; a document tailored to people with learning difficulties\)](#).

5. How can you best help the child during the visit?

As the Officer in the Case, your role focuses on protecting the child, identifying suspect(s), and securing physical and other evidence.

a) Protecting the child

Whatever the context of the suspected abuse, your priority when you visit the family home is to consider whether the child is at immediate risk of significant harm, and to ensure their immediate safety.

If the suspect lives in the family home

Where the person suspected of sexually abusing the child is an adult or child who is in the family home when you visit, your first action is to ensure that they are not present while police/social work enquiries are under way.

If the child says that the suspect has sexually abused them, there will be reasonable grounds for you to **arrest the suspect**. If there is no direct evidence of abuse (because, for example, your visit is based on suspicions raised by a third party), you may advise the suspect to leave the home for the duration of your visit.

- If the suspect is arrested but will be **released on bail**, they will have to meet certain requirements, such as living at a specified address or not contacting a specified person, in order to safeguard the victim and any witnesses. Work with the child (where appropriate given their age and understanding), their non-abusing parent(s) and other professionals (such as their social worker, if they have one) to decide which **bail conditions** will best ensure the child's safety. Explain to the child and their parent(s) that the suspect can be rearrested if they breach their bail conditions, and check that they know to contact you urgently if there is a breach. Under the Police, Crime, Sentencing and Courts Act 2022, there is now a presumption that appropriate bail conditions will be placed on the suspect to best safeguard the child while the investigation is ongoing. Talk to the child about their worries about the bail conditions, and ensure the social worker and other professionals are aware of these.
- If the suspect is not arrested, or will be **released under investigation (RUI)**, there will be no bail conditions to prevent them from making contact with the child. This can be unsettling for the child, and this will need to be addressed with them. Nevertheless, you can use an appropriate **civil order** (e.g. a sexual risk order or a warning notice) to deny them access to the child.

Where an adult in the family home is suspected of **viewing child sexual abuse imagery**, raising concerns that they are a risk to children in the family home, they will be arrested and released on bail conditions as described above.

Where there is evidence from the child that they have been sexually harmed by a **sibling** or other child residing in the family home who is above the criminal age of responsibility, it may be necessary to arrest that child in order to preserve evidence. It is important to be mindful that children suspected of sexual offences may themselves be victims of abuse, and to explore this during your investigation. See our [Sibling sexual abuse and behaviour guide](#) for more information.

If the sexual abuse concerns relate to someone who does not live with the child, you will need to obtain details of the alleged suspect – their name, a description of their last appearance (e.g. clothing), etc – so they can be located as soon as possible.

If the concerns raised relate to **harmful sexual behaviour by another child** (including a sibling or other family member), you will need to consider the welfare of the child who has harmed as well as the child who has been harmed. Remember that a child who has harmed is still a child; furthermore, they themselves may be a victim of abuse or neglect.

Does the child need to be removed from the family home?

If there are immediate concerns about the child's safety which are not addressed by arresting the suspect (where this is possible), you may decide it is necessary to take the child to a place of safety:

- You can use **police powers of protection** to safeguard the child for up to 72 hours by removing them to suitable accommodation such as a relative's home (after appropriate checks have been carried out), a hospital, a foster placement, a children's home or another suitable place. See the Home Office's [User Guide to Police Powers and Procedures](#) (2021).
- If you are conducting a joint visit, you and the social worker can also discuss the need for an **emergency protection order** (EPO) under Section 44 of the Children Act 1989; the social worker can ask the court to make an EPO which lasts for up to eight days and can be extended by the court for a further seven days; it can only be extended once.
- Alternatively, during a joint visit, the social worker can suggest to the non-abusing parent(s) that the child moves temporarily to stay with a relative or be

placed with foster carers while further enquiries are underway, in a voluntary agreement under Section 20 of the Children Act 1989. This is a temporary measure, and a decision will need be made in a timely way for the child to resume living at home or for more permanent legal proceedings to be put in place.

The priority is to ensure the child who has been harmed is safe. If they have reported sexual abuse by a sibling or another child in the home, alternative living arrangements for the child who is reported to have harmed should be made, rather than for the child who has been harmed, if possible. See our [Sibling sexual abuse and behaviour guide](#) for more information.

Securing physical evidence

Whatever form the suspected abuse has taken, and whether it is suspected to have taken place inside or outside the family home, try to gather as much evidence as possible; this may help to support a prosecution. If there has already been an immediate safety visit, this should already have gathered some evidence.

Depending on the nature of the suspected abuse, evidence to be gathered could include bedclothes, other clothing, and any telephones, video cameras, computers, games consoles or other electronic devices. Consider using the [Signs and indicators template](#) to establish additional evidence.

Be sensitive to how the removal of personal items may affect the child. Explain why it is necessary to take the items and if, when and how they will be returned; this includes any items removed during an immediate safety visit. Do not make any promises that you are not certain you can keep.

If you remove the child's mobile phone (or if it was removed during an immediate safety visit), make sure the child is provided with a replacement and arrange for their contacts to be listed; it will be important for the child to keep in touch with friends and access support. Consider the practical implications, such as the need for the child's phone contract to continue being paid while the phone is in the police's possession.

To preserve possible evidence, you may want to advise the child not to dispose of any personal possessions.

Depending on how recently the abuse is thought to have taken place, and the speed with which a medical examination can be arranged, you may also want to advise them not to shower or go to the toilet until after they have had a medical examination or collection of evidence using an Early Evidence Kit (EEK).

b) Communicating with the child and their family members

You will need to communicate with the child in a way that is reassuring, non-judgemental and empathetic, while remaining impartial and professional. To find out more, see our [Communicating with Children Guide](#) and the College of Policing's [briefing note for first responders](#).

Remember that the child is likely to have fears and worries about statutory agencies' involvement (see section 3); in particular, they may feel responsible for any distress caused to their family, and may be blamed for this distress by family members. During your visit, you (or the social worker, in the case of a joint visit) should ask the child about their concerns, providing reassurance where possible – and, if you are visiting them in the family home, observe how family members behave around them.

If the child is not able to ready to tell you what has happened to them, you can use our [Signs and Indicators Template](#) to identify and record possible signs of child sexual abuse in their behaviour and the behaviour of those around them, as well as possible physical signs and signs in their environment.

Explain what is going on

It's important for the child (if they are of sufficient age and understanding) and their non-abusing parent(s) – or another safe adult, if the child has been removed from the family home – know what is happening.

Tell them that you and who else will be their single point of contact during the investigation, and explain to them:

- how an investigation is carried out
- what your own role will be during the investigation
- how long the investigation is likely to take, without making any promises which cannot be kept
- how a decision to charge or not to charge the suspect will be taken
- How they and their family will be kept updated.

Gather verbal evidence from the child

Before talking to the child about what has happened to them, it is critical that you:

- ask the child where they will feel safe and comfortable to speak to you
- Check with them *privately* whether they want to speak to you on their own or with someone else – if the child is of opposite sex to the speaking officer, ask the child if they would like to speak with an officer of the same sex. This may not be immediately possible but should be arranged – it is important to know and comply with their preference.

- College of policing guidance re same sex interaction only goes as far as searches.
- ensure that any other adult present is safe and appropriate, is unlikely to have relevant evidence which could make them a witness at any trial, and could not pose a risk to the child or make them feel uncomfortable or inhibited when speaking to you
- Ensure their specific communication needs have been met

(If you are talking to the child at their school, a safe adult such as the Designated Safeguarding Lead should initially be present, but if the child then says they want to talk to you alone they can do so.)

If you will be talking to the child alongside the social worker or another police officer, it is best if only one of you speaks to the child at a time and others do not interrupt.

Remember that the child may be experiencing complex feelings about the abuse and about your visit (see section 3 above) – and they may have been groomed to be wary or afraid of other adults. Put them at their ease as far as is possible, and be child-friendly in your approach, manner and tone:

- Use simple language that they can easily understand.
- If other people are present, address the child directly wherever possible.
- Try to assure them that it is safe to talk to you.
- Consider how you are coming across to them in your appearance, manner and willingness to take in what they are saying; many children are good at interpreting body language.
- Engage with them in a positive way, remaining calm and reassuring.
- Keep in mind any barriers to the child's engagement with you – for example, they may appear very fluent in English but may not have had any exposure to words describing sex or sexual acts.
- Find out what terms they prefer to use for private parts of their body.
- Tailor your approach if you think the child does not view what has happened to them as abuse; they may have strong feelings about the person with whom they believe they are in a 'relationship', and want to protect them.

To help gather the information you need:

- Listen to the child and let them finish what they want to say before asking questions – and be open and listen to them if they want to tell you something different. It is important never to close a child down.

- Do not press them for too much information – focus on the information you need at this point in order to safeguard them. The evidential interview will follow. Nevertheless, the Ministry of Justice's *Achieving Best Evidence* guidance and the College of Policing's Authorised Professional Practice (see page 1) should be adhered to at all times.
- Record information in the child's own words
- Ensure that the child has been asked directly about what has happened to them and any concerns they have.

Remember that the child may not be ready to tell you about the abuse. The person abusing them may have made them think the abuse was their fault, and/or threatened to harm them or others if they tell. They also may be scared of talking to the police – and, particularly in cases of child sexual exploitation, they may not realise that what has happened to them is sexual abuse. If they don't tell you about the abuse or they retract details, this doesn't mean that it hasn't happened; you may need to try a different approach at another time.

Gather information from other family members

Members of the child's family who are not suspected of involvement in the abuse can provide valuable information, especially if the child is unable to tell you about what has happened to them. In cases of abuse outside the immediate family, their observations and detail often help to identify a suspect.

Talk about the next steps

Explain to the child and their non-abusing parent(s) – or another safe adult, if the child has been removed from the family home – **what action** you will be taking, **why** you are taking that course of action, and **what will happen next**.

Agree with them how you will provide updates on progress (including the preferred location, if you will meet them in person), and how often you will do so – find out if they have a preference for particular days or times of day.

Provide them with the reference number on the incident log, and the telephone number of the police station. Explain that quoting the reference number will route them to you or someone else on your team. If this is a joint visit, the child and their family will also need to know about the contact details for any social work involvement.

Make clear to the child and those supporting them (including other professionals) that they can access specialist professional therapy during this period – see the Crown Prosecution Service's 2022 legal guidance [Pre-trial Therapy](#). Additionally, and contrary to popular misconception, professionals can talk with the child about how they are feeling and the impact on them and their family, as long as the

Achieving Best Evidence (ABE) interview has taken place, and the information of what has been disclosed in this interview is not re-visited. During subsequent conversations or interventions the child may tell someone more information or detail about what happened to them, in which case a further ABE interview will need to be planned.

Make sure that the child is offered a medical examination, but ensure that whichever professional talks to them and their parent(s)/safe adult about this has sufficient knowledge of these examinations. Remember to:

- explain what the medical examination involves
- point out that it is an opportunity to assess the child's wellbeing as well as gather evidence
- reassure them that they have control and choice – they can choose which aspects of the medical examination they want and can change their mind at any time.

c) Supporting the child

The strategy discussion should have decided on a process for referring the child to the local **sexual assault referral centre (SARC)**; if this task falls to you (or if it was decided not to make a referral but you consider during your visit that one is needed), refer the child as soon as possible so you can arrange for a medical examination and/or other support. Give the SARC all the information available about what has been said, what the concerns are, and what you know about the child.

Any child going through the criminal justice system, whether their abuse was recent or not, should be offered access to an **independent sexual violence adviser (ISVA)** or a **child and young person's sexual violence advocate (CYPSVA³)** for support. You or the SARC should make a referral on the child's behalf. For more information about ISVAs, see the Home Office's guide, [The Role of the Independent Sexual Violence Adviser](#).

Liaise with the child's social worker, if they have one, to refer the child to **victim support services**.

Waiting lists for therapeutic services are often long, but professionals around the child can do much to help them while they are waiting; our practice guide [Supporting children's emotional health and wellbeing](#) contains more information.

³ Also abbreviated to CHISVA or ChISVA.

Be mindful that the child's non-abusing parent(s)/safe adult may have their own experiences of harm (including domestic abuse and/or child sexual abuse) and need support with these – see our [Supporting Parents and Carers Guide](#) for details of the support available.

6. How can you best help the child after the visit?

After the visit, ensure that all the available and known evidence, including any report following the medical examination, is collated, secured and preserved. Identify what further evidence (if any) is needed to establish that an offence has taken place.

If a suspect who does not live with the child needs to be **arrested** in order to safeguard the child (and other children), and/or to secure and preserve evidence, our practice guide [Police arrest the suspect or invite them for interview](#) explain how you can best help the child at that stage.

Where the suspect is a child who is above the criminal age of responsibility, you may need to arrest them – but bear in mind that they may themselves be victims of abuse, and explore this during your investigation. You may find it useful to read the [NSPCC harmful sexual behaviour framework](#).

Where there is insufficient evidence to arrest a suspect (because the child has not yet told you what has happened to them, for example), consider using appropriate **civil orders**, such as a child abduction warning notice, to protect the child from the suspect.

If the child's personal possessions have been removed, ensure that these are returned to them as soon as is practically possible, keeping the child updated on any delays.

If the visit was made with a social worker as part of a joint enquiry, continue to liaise with the social worker with a view to establishing what child protection arrangements are necessary.

Keep the child and their non-abusing parent(s)/safe adult updated about the investigation regularly, as agreed at the end of your visit.

7. Where next?

- [The child has a medical examination.](#)
- [The child is formally interviewed.](#)
- [Police arrest the suspect or invite them in for interview.](#)
- [Children's social care lead a child protection enquiry.](#)
- [An initial child protection conference is held.](#)

Or [return to the response pathway](#).

Sources of quotes

The quotations in this practice guide, from children who have received a criminal justice response after being sexually abused, illustrate how the child may be feeling at this point.

- (1) Warrington, C., Beckett, H., Ackerley, E., Walker, M. and Allnock, D. (2017) [Making Noise: Children's Voices for Positive Change after Sexual Abuse. Children's Experiences of Help-seeking and Support after Sexual Abuse in the Family Environment](#). Luton: University of Bedfordshire
- (2) Rodger, H., Hurcombe, R., Redmond, T. and George, R. (2020) ["People Don't Talk about It": Child Sexual Abuse in Ethnic Minority Communities](#). London: Independent Inquiry into Child Sexual Abuse.
- (3) Fransman, A., Jones, A., Jackson, C., Knight, R. and Gibson, E. (2021) [Engagement with Children and Young People](#). London: Independent Inquiry into Child Sexual Abuse.
- (4) Beckett, H. and Warrington, C. (2015) [Making Justice Work: Experiences of Criminal Justice for Children and Young People Affected by Sexual Exploitation as Victims and Witnesses](#). Luton: University of Bedfordshire.

Procedures to be followed in cases of child abuse are set out in the UK Government's statutory guidance for England, [Working together to safeguard children 2026: statutory guidance](#); in the [Wales Safeguarding Procedures \(2020\)](#); and in the College of Policing's Authorised Professional Practice, [Investigating child abuse and safeguarding children \(2022\)](#), which includes content specific to child sexual abuse investigations. The Ministry of Justice's [Achieving Best Evidence in Criminal Proceedings \(updated 2023\)](#) is also relevant.

This practice guide is underpinned by the above documents and is not intended to repeat or replace them. It should be read alongside your local child protection procedures.

This guide is part of our [child sexual abuse response pathway](#), designed to ensure that professional responses to concerns about child sexual abuse meet the needs of children and their families. It aims to bring clarity to key response points, helping you keep the child's needs and perspectives central.