**FOI Ref: 6346**

**Category(ies): Clinical – Service Activity**

**Subject: CAMHS and SARC**

**Date Received: 19/04/2022**

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| **Your request:** | **Our response:** |
| I am interested in understanding NHS responses to OCSA. Current literature examining the psychological impact of OCSA on young people highlights the difficulty many young people face when trying to access services or explain their experience of online abuse to healthcare professionals (Hamilton-Giachritsis et al., 2020; Martin, 2014). This often makes the healing process more difficult for victims. Likewise, literature exploring healthcare professionals’ perspectives of OCSA, has shown that many practitioners find the assessment tools used to assess for child sexual abuse (CSA) to be too general to also assess for OCSA (El-Asam et al., 2021). This past year the National Centre for Missing and Exploited Children (NCMEC) has seen a 100% increase in the reports from the public of online sexual abuse, and the incidence of online grooming significantly increased (WeProtect, 2021). Qualitative interview-based studies are important for gaining a foundational understanding of how practitioners respond to OCSA. **However, due to the rapid increase of OCSA in the past year, it is also valuable to understand treatment availability for OCSA from a wider service level.** Therefore, I am **sending Freedom of Information requests to NHS Trusts, with affiliated Sexual Assault Referral Centre (SARC) or Child and Adolescent Mental Health Services (CAMHS).** This will help highlight gaps in current response procedures for OCSA and inform future intervention methods. **Below is a list of questions categorised by service (i.e., SARC and CAMHS). Please answer the questions for the service(s) affiliated with your Trust**. Also contained is the definition of technology facilitated sexual abuse.Technology-facilitated sexual abuse is sexual abuse where any element of the abuse can occur online. This includes when a child is forced to make, view or share child abuse images or videos. It can also refer to a child engaging in a sexual relationship online, where the relationship involves the coercion/manipulation/encouragement of a child to perform sexual acts in front of a webcam or smartphone. Technology-facilitated sexual abuse is an umbrella term for the following abuse: A child is anyone under the age of 18. 1. Online child sexual exploitation (colloquially referred to as ‘online grooming’):
	1. This means identifying and/or grooming a potential child online (e.g., communicating with them through social media) with the intention to cause harm. Online grooming often involves encouraging/manipulating/threatening the child to perform sexual acts in front of a webcam, and/or distribution and dissemination of sexual images or videos. Online grooming can also involve an offline meet or knowing the person offline prior to making contact online.
2. Youth-produced sexual image (also referred to as ‘sexting’). This can also involve:
	1. Sextortion: blackmailing a person with self-generated images to extort sexual favours. It is also often done for money or other threats. This is commonly found in a grooming relationship, but it is not bound to one; for example, it is also common in intimate partner violence.
	2. Non-consensual re-sharing of youth-produced sexual images: either the non-consensual sharing or re-sharing of sexual images. Currently, sending and taking sexual images has become a norm in peer circles. However, while the initial taking of a sexual image is consensual, it can often be the case that peers re-share the image non-consensually.
3. Live streaming:
	1. This involves child sexual abuse that is ‘streamed’ live online to other viewers. This means viewing live contact sexual abuse or indecent images of children with other offenders. In addition to, coercing a child to perform sexual acts for a live stream. These viewers are often located globally. It is an instantaneous abuse, where a viewer can also not only watch but also engage with the individual ‘hosting’ the live.
4. Abuse through production, dissemination or possession of child sexual abuse material (videos or images):
	1. This abuse can often occur concurrently with online child sexual exploitation. An abuser will manipulate or coerce a young person to produce sexual images or videos either by forcing self-production or the abuser will take the image (this can involve an offline contact or images done through screenshots on webcams). These images are often shared and disseminated online either on the open or dark web.
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| **Child and Adolescent Mental Health Services (CAMHS)** |
| 1. When sexual abuse is disclosed (at any point in assessment/treatment) is there a local policy or a standard way in which this should be recorded (e.g., description within case notes)?
	1. Do these policies refer to sexual abuse that occurs online (e.g., social media, internet contact made, sharing images)?
 | RDASH are the CAMHS provider for the area.This section of the FOI request needs to be addressed to the Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH) who can be contacted via email at rdash.foirdash@nhs.net |
| 1. List all assessment tools that make references to a patient’s online life (i.e., assessment mentioning young people engaging with social media, frequency of use of the internet)
	1. Indicate if assessment tools ask about:
		1. Online child sexual exploitation (colloquially referred to as ‘online grooming’) Y/N
		2. Youth-produced sexual image
			1. Sextortion Y/N
			2. Non-consensual sexual images Y/N
		3. Live streaming Y/N
		4. Abuse through production, dissemination, or possession of child sexual abuse material (videos or images) Y/N
 | RDASH are the CAMHS provider for the area.This section of the FOI request needs to be addressed to the Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH) who can be contacted via email at rdash.foirdash@nhs.net |
| 1. What support and interventions do you offer to a service user who has experienced technology-assisted sexual abuse?
	1. Is the support or intervention offered specific to technology-facilitated sexual abuse?
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| 1. Is training provided to staff on online harms and the impact of technology-assisted sexual abuse young people?
	1. If yes, what does the training cover?
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| 1. Any further comments.
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| **SARC** |
| 1. Are there policies or a standard way to record technology-assisted sexual abuse when it is disclosed (at any point in assessment/treatment)?
	1. If yes, please list the policies.
 | These are not services we provide. This section of the FOI request needs to be addressed to the Sheffield Children’s NHS Foundation Trust who can be contacted via email at Scn-tr.schfoi@nhs.net |
| 1. Are there assessment methods that are used to assess for technology-assisted sexual abuse?
	1. If yes, list the assessment methods that reference the following:
		1. Online child sexual exploitation (colloquially referred to as ‘online grooming’)
		2. Youth-produced sexual image
			1. Sextortion
			2. Non-consensual sexual images
		3. Live streaming
		4. Abuse through production, dissemination, or possession of child sexual abuse material (videos or images)
 | These are not services we provide. This section of the FOI request needs to be addressed to the Sheffield Children’s NHS Foundation Trust who can be contacted via email at Scn-tr.schfoi@nhs.net |
| 1. What support and interventions do you offer to a service user who has experienced technology-assisted sexual abuse?
	1. Do these support or interventions involve referral to mental health services?
		1. If yes, are these mental health services located outside or within the NHS system?
 | These are not services we provide. This section of the FOI request needs to be addressed to the Sheffield Children’s NHS Foundation Trust who can be contacted via email at Scn-tr.schfoi@nhs.net |
| 1. Is training provided to staff on online harms and the impact of technology-assisted sexual abuse young people?
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