

# 01 Legal Background

The decision whether or not to undertake a Serious Case Review (SCR) will be considered for every case where abuse or neglect is a known or suspected factor and either:

“A child dies; or a child is seriously harmed and there are concerns about how organisations or professionals worked together to safeguard the child”

Working Together (2015)

[Click here to read full report and recommendations](#)



# Case information 02

Molly was 4-years-old when it became known that she was the victim of sexual assault by her mother’s partner.



# 07

## Injury to Molly in April 2015

Molly was taken to the GP by her mother in April with symptoms of a genital bleed. During the day Molly was seen by four different doctors in three different hospitals, with different explanations given to each doctor. The initial appointment with the GP at 10 o’clock in the morning. She did not have her final medical examination until 9 o’clock that evening.

## Communication

An email from Police Scotland to Northumbria Police in June 2014 requested assistance in tracing mother’s partner regarding ongoing enquiries into sexual offences, including sexual assault against a child, neither Police Force appears to have considered that mother’s partner may pose a risk to Molly or her unborn sibling. Mother’s partner’s previous history of abuse and offences against children appear to have been overlooked in assessing risk

The lack of an accurate record of the status of mother’s partner in records is an important oversight; he was variously referred to as “father”, “husband”, “boyfriend” and “partner”. The first practice also assumed that he was Molly’s birth father. If accurate baseline information is not collected at the point when patients register, then inaccuracies can assume the status of “facts”

Molly presented with various genital symptoms often common in a child of her age. There was evidence child sexual abuse was ever considered.

# 05



# 03



## Criminal Outcome

Mother’s partner was convicted on numerous counts of rape and other sexual offences involving Molly and others. He was sentenced to 18 years in April 2016.

# 04

Molly’s family first moved to Northumberland in February 2014, at that time the family comprised, Molly, her mother, and mother’s partner. The relationship between Molly’s mother and her new partner was relatively new; they had only been together since January 2014.

The family registered with two separate GP practices in a relatively short period; the change of practice being the result of a change of address.



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The doctor then contacted Children’s Social Care to inform them that she had seen Molly and on balance, she felt that this was probably an accidental injury caused by Molly falling on her sandal. Social Care requested that Molly be admitted overnight as it was not entirely clear what had happened. The initial medical opinion was that this was disproportionately cautious given the presentation of a happy child with a likely medical explanation for the injury. However Social Care had obtained some information from the Police regarding the history of sexual offending by mother’s partner and took the view that they would prefer Molly to be admitted overnight to enable further assessments to be made.

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The section 47 investigation commenced on the day mother and her two children returned home from hospital. Because there was no reported history of offence against children and because the medical assessment at the time was that the injury to Molly was most likely to be accidental, the police played no active part in the section 47 enquiry. As part of this investigation mother’s partner was asked to leave the home while the enquiry was undertaken. A written working agreement was put in place to clarify the expectation that he would not reside in the family home and would not have unsupervised contact with the children for the duration of the enquiry.

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The working agreement was subsequently modified to allow mother’s partner to visit the home for 1 ½ hours each day. A second referral and further Sec 47 investigation was undertaken after a referral by the Police. They had arrested mother’s partner in relation to grooming allegations involving a 14-year-old female. He was released on bail the same day and the decision was subsequently made by the Crown Prosecution Service not to charge

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All agencies should review their participation and engagement in strategy meetings to ensure:

a)decisions about single/joint agency investigations should be made following consultation with Social Care

b)there are effective systems to ensure that there is full and comprehensive sharing of information

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3. Adults who pose a risk to children may require additional or forensic assessment, however from the evidence of this review it is important that social care staff have sufficient information to challenge unsafe assumptions about the level of risk based on previous offending.

All agencies should accept that while the key responsibility for obtaining and analysing this information rests with Social Care they also have a key responsibility in supporting the assessment process by providing information, specialist knowledge, explanation, and interpretation where necessary

2. Assessments of individuals with a history of domestic abuse should always consider the possibility that the current relationship may also become abusive. Assessments should also consider that an abusive relationship need not be overtly violent; and may also include coercive control and intimidation.

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Molly SCR  
"Think the  
unthinkable"

### Direct Practice recommendations

Face to Face multi agency strategy Meetings should always be held in cases of suspected Child Sexual Abuse and recorded as such.

Northumberland Children’s Social Care should seek to improve the quality of its assessments in three specific areas:

- 1.They must ensure that Assessments of families where children are at risk should consider **historical information** about the background of parents and carers. Wherever possible, this information should be corroborated and self-reported information should be treated with a degree of caution.
2. Assessments of individuals with a history of **domestic abuse** should always consider the possibility that the current relationship may also become abusive. Assessments should also consider that an abusive relationship need not be overtly violent; and may also include coercive control and intimidation.



It had been agreed that this section 47 enquiry would be a joint investigation by police and social workers. A Strategy Meeting was held and Molly had her second forensic medical where she disclosed that she had been sexually abused by her mother’s partner. Molly and her sibling remained in the care of her mother and grandparents for a while and subsequently went into care