



Recognition and Response: Child Sexual Exploitation- Guidance for Health Staff

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CONTENTS	PAGE
1. INTRODUCTION	3
2. DEFINITION	3
3. WHO ARE THE PERPETRATORS	4
4. IDENTIFYING CHILD SEXUAL EXPLOITATION	4
5. RISK INDICATORS	5
6. RISKS ASSOCIATED WITH THE INTERNET	6
7. GENDER	6
8. IDENTIFYING CHILD SEXUAL EXPLOITATION IN HEALTH SETTINGS	7
9. RESPONDING TO SEXUAL EXPLOITATION	7
10. REFERRAL	7
11. NON DISCLOSURE	8
12. KEY QUESTIONS TO CONSIDER	8
13. INFORMATION SHARING	9
14. WHAT TO DO IF YOU HAVE CONCERNS	9
15. KEY DOCUMENTS AND REFERENCES	9
16. TRAINING	10

1. Introduction: Purpose of this guidance

2.1 This guidance has been developed to aid in the identification and response to young people who are at risk of, or experiencing sexual exploitation. It is for all health professionals in NHSGGC.

1.2 This guidance is applicable to all young people under 18 yrs.

1.3 Children and young people who are sexually exploited can present across a range of health settings in a variety of ways: poor self-care, injuries, sexually transmitted infections, contraception, pregnancy, termination, drug and alcohol problems, medically unexplained symptoms, mental health problems, self-harming behaviours, problem behaviours, problems in relationships. They may not recognise they are being sexually exploited as they may perceive the perpetrator as meeting their needs in some way (giving them something they need or want). This may change over time as the perpetrator's behaviour becomes more coercive, but, a fear of potential consequences may stop them from disclosing. *Child Sexual Exploitation: Improving Recognition and Response in Health Settings, Academy of Medical Royal Colleges, 2014*

1.4 There are different ways in which sexual exploitation may take place such as:

- An inappropriate relationship often characterised by a significant age difference - the perpetrator exercises power over the young person through giving them something they need in exchange for sexual activity
- The 'boyfriend' model - the young person is groomed to view the person as a boyfriend but is then forced into performing sexual behaviours for others
- Peer-on-peer exploitation - the young person is drawn into sexual activities by their peers e.g. as part of the ritual of belonging to a gang.

Child Sexual Exploitation: Improving Recognition and Response in Health Settings, Academy of Medical Royal Colleges, 2014

1.5 Both girls and boys can be sexually exploited (72% of cases identified in the Office of Children's Commissioner's Inquiry were girls, 9% were boys, and 19% were not gender specified).

2. Definition: what is child sexual exploitation?

2.1 The sexual exploitation of children and young people is often a hidden form of child sexual abuse with distinctive elements of exploitation and exchange. In practice, the sexual exploitation of children and young people under 18 might involve young people being coerced, manipulated, forced or deceived into performing and/or others performing on them, sexual activities in exchange for receiving some form of material goods or other entity (for example, food, accommodation, drugs, alcohol, cigarettes, gifts, affection). Sexual

exploitation can occur through the use of technology and without the child's immediate recognition.

- 2.2 In all cases those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are often common features; involvement in exploitative relationships being characterised in the main by the child/young person's limited availability of choice resulting from their social, economic and/or emotional vulnerability. *Child Protection Guidance, Scottish Government, 2014*

3. Who are the perpetrators?

- 3.1 In 2012, Child Exploitation and Online Protection Centre (CEOP) found almost half of perpetrators were under 25 years of age, mostly men, of all ethnic groups.

- 3.2 The perpetrators of sexual exploitation are known to target areas where children and young people might gather with limited adult supervision such as shopping centres, cafes, takeaways, bus or train stations, local parks, playgrounds and taxi ranks, or through the use of social media. In some cases, perpetrators are known to use younger men, women, boys or girls to befriend the exploited child or young person. Children and young people who are themselves the victims of exploitation may introduce other young people to their abusers in an attempt to deflect the abuser's attention from themselves.

4. Identifying child sexual exploitation

- 4.1 Young people may have contact with health services due to a sexual health matter or their contact may be about another health matter. This guidance will consider presentations for sexual health or other risk taking/vulnerable presentations plus encourage staff to generally ask about well being at all health presentations.

- 4.2 The following are typical vulnerabilities in children prior to exploitation;
- Extreme poverty
 - Living in a chaotic or dysfunctional household (including parental substance use, domestic violence, parental mental health issues, parental criminality)
 - History of abuse (including familial child sexual abuse, risk of forced marriage, risk of 'honour'- based violence, physical and emotional abuse and neglect)
 - Recent bereavement or loss
 - Gang association either through relatives, peers or intimate relationships (in cases of gang associated CSE only)
 - Attending school or being friends with young people who are sexually exploited
 - Learning disabilities
 - Unsure about their sexual orientation or unable to disclose sexual orientation to their families

- Homeless
- Lacking friends from the same age group
- Living in a gang neighbourhood
- Living in residential care
- Living in hostel, bed and breakfast accommodation or a foyer
- Low self-esteem or self-confidence
- Young carer
- Some young people are trafficked with the purpose of being sexually exploited.

5. Risk indicators

5.1 Within family and relationships

- Hostility in relationship with parents/carers and other family members
- Sudden changes in behaviour or demeanour
- Regularly coming home late or going missing from home, care or education for any period of time whether reported or not
- Unknown older associates and isolation from safe relationships
- Multiple callers or being collected or returned in unknown cars
- Adult or older youths loitering outside place of residency
- Arriving back after long intervals in different clothing or appearing well cared for.

5.2 Health and mental well-being

- Accessing drugs or alcohol without money to pay for them
- Increasing use of drugs and alcohol
- Change in physical appearance-including more or new clothes
- Displaying inappropriate sexualised behaviour
- Repeat sexually-transmitted infections, pregnancy and terminations
- Physical injuries
- Expressions of despair including depression, self-harm, suicide thoughts or attempts
- Attendance at emergency departments due to intoxication.

5.3 Behaviour

- Emotional state upon return – unkempt, agitated, disoriented, hungry, distressed etc
- Secretiveness about whereabouts and/or associates
- Truancy/disengagement with education or considerable change in performance at school;
- Volatile behaviour exhibiting extreme array of mood swings or use of abusive language;
- Getting involved in petty crime such as shoplifting, stealing
- Risk taking behaviours.

5.4 Appearance and possessions

- Unexplained expensive clothes, gifts, money or goods

- Multiple mobile phones
- New social networks
- Receiving calls/texts on mobile phones and leaving soon after

5.5 Others

- Disclosure of unprotected sex or rape, but reluctance to notify police or go through a formal interview
- Associating with other young people involved in exploitation
- Recruiting others into exploitative situations.

5.6 It is important to note that not all situations that exhibit one, or even several, of these indicators will necessarily be sexual exploitation. Additionally children and young people that are the victims of sexual exploitation often do not recognise that they are being exploited.

6. Risks associated with the Internet

6.1 There are specific risks associated with the internet in terms of child sexual exploitation, including:

- Grooming children on-line for sexual abuse offline
- Children viewing abusive images of children/pornographic images
- Selling children on-line for abuse offline
- Making abusive images of children
- Viewing abusive images of children
- Access to chat lines via the internet or mobile phones
- Sexting (sending or receiving explicit text messages which can include photographs or sexually explicit images).

6.2 Therefore when undertaking an assessment around child sexual exploitation practitioners should consider what risks are posed to the child or young person through the internet, and those that are posed by the child or young person to other children or young people. *Child Protection Guidance, Scottish Government, 2014*

7. Gender

7.1 There is increase in concern that sexual exploitation of males is less likely to be recognised and is under reported, this should be borne in mind.

8. Identifying child sexual exploitation in health settings

PHYSICAL HEALTH presentations of CSE	MENTAL HEALTH presentations of CSE
These may include: <ul style="list-style-type: none"> • Poor self-care • Injuries • Sexually transmitted infections • Contraceptive advice • Termination • Pregnancy • Drug and alcohol problems • Medically unexplained symptoms. 	These may include: <ul style="list-style-type: none"> • Emotional symptoms • Trauma symptoms • Self-harming behaviour • Problem behaviours e.g. running away, risk-taking behaviours • Problems in relationships.

Child Sexual Exploitation: Improving Recognition and Response in Health Settings, Academy of Medical Royal Colleges, 2014

9. Responding to sexual exploitation

9.1 Focus group work has shown that young people prefer to be asked sensitive questions in a professional but conversational manner. Staff may need to rephrase questions to suit individuals, and avoid using language that may be unfamiliar to young people such as medical jargon.

Spotting the signs, a national proforma for identifying risk of child sexual exploitation in sexual health services, April 2014

9.2 When asking questions about sexual contact, find out what term the young person feels comfortable using as they may not perceive that person as a partner.

9.3 If you consider a young person is at risk from their replies to the questions you must follow your current local child protection processes or seek further advice from the Child Protection Unit (0141 451 6605).

10. Referral

10.1 Any health professional that has concerns that a child is at risk of abuse through sexual exploitation must make a referral in accordance with child protection procedures. This includes circumstances where there is a lack of evidence or where there may be concerns which cannot be substantiated. Referrals can help to build up a picture that a child may be suffering harm through sexual exploitation. It is important that practitioners do not wait for a disclosure from a young person or the accumulation of “hard” evidence, prior to making a referral.

10.2 Sexual exploitation is abuse and should be treated accordingly. Practitioners should be mindful that a “dual approach” is key in tackling CSE; whilst a young person must be both engaged with and supported, there must also be a focus on proactive investigation and prosecution of those involved in sexually exploiting the young person. *Child Protection Guidance, Scottish Government, 2014*

11. Non-disclosure

11.1 It is important that practitioners are aware that young people who are victims of CSE rarely directly disclose because they often do not recognise their own exploitation. For example, a young person may believe themselves to be in an “adult relationship” with their abuser. Disclosure of sexual exploitation can be particularly difficult for young people; the sophisticated grooming and priming processes conducted by perpetrators and the exchange element of this form of abuse can act as additional barriers to disclosure.

11.2 Examples of other reasons for non-disclosure include:

- Fear that perceived benefits of exploitation may outweigh the risks e.g. loss of: supply of alcohol, drugs, the “relationship” and associated “love” and attention
- Fear of retribution or that situation could get worse
- Fear of violence within exploitative relationship
- Shame
- Fear of not being believed
- Fear of labelling e.g. as a prostitute or gay
- Fear of separation from family and /or threat of secure
- Loss of control; fear of police involvement and court proceedings.

Child Protection Guidance, Scottish Government, 2014

12. Key questions to consider

12.1 Consider the following when seeing young people who present to health about their sexual health/risk taking behaviours/episodes of self harm/strong indicators of CSE;

- Who do you live with?
- How are things at home?
- Do you ever use drugs and/or alcohol?
- Do you feel you can talk to someone at home about;
 - Sex/relationships or
 - Substance misuse or
 - Self harm.
- Are you involved with any other agency or professional’s e.g. social work, mental health services?

12.2 Specifically about sexual health contacts;

- Are you having sexual contact with anyone?
- Are you happy in your current circumstance? I.e. with the person you’re going out with/having sex with?
- How old is the person you are having sex with?
- Where did you meet this person?
- Has anyone ever given you something like gifts, money, drugs or alcohol for sex?
- Have you been made to do something that you did not want to do or been intimidated?
- Do you feel you can say no?

- Have you ever been involved in sending or receiving messages of a sexual nature or does anyone have any pictures of you of a sexual nature?
- What contraception do you use?

12.3 Emotional well being;

- Do you suffer from feeling down/depression?
- Have you ever tried to hurt yourself or self harm?

12.4 All health contacts;

- Who do you live with?
- How are things at home?
- Do you have someone who you can talk to about things that concern you?
- Are you attending school regularly?
- Have you had any contact with any other health services recently?

13. Information sharing

13.1 Confidentiality must be explained properly to young people, including its parameters and the fact that you will need to seek advice if you believe they are at risk of significant harm. Of note is that a young person may perceive their situation as consensual when in fact they are being groomed.

14. What to do if you have concerns

14.1 Normal child protection procedures should be followed if you have concerns regarding the safety and well being of children and young people. Support and guidance is available via the Child Protection Unit as usual on 0141 201 9225 and via the Child Protection website.

15. Key Documents and References

1. NHS Choices Website
<http://www.nhs.uk/aboutnhschoices/professionals/healthandcareprofessionals/child-sexual-exploitation/pages/cse-guide-for-professionals.aspx>
2. Department for Education (2012) *what to do if you suspect a child is being sexually exploited. A step-by-step guide for frontline practitioners*
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/279511/step_by_step_guide.pdf
3. Made against Jimmy Savile. Metropolitan Police & NSPCC.
4. Derby Safeguarding Children Board (2013) *Operation Kern Learning Review*.
5. DCSF (2009) *Safeguarding Children and Young People from Sexual Exploitation*. Supplementary guidance to Working Together to Safeguard Children.
6. Berelowitz, S, Firmin, C, Edwards, G and Gulyurtlu, S (2012) '*I thought I was the only one. The only one in the world.*' The Office of

the Children's Commissioner's Inquiry into Child Sexual Exploitation in Gangs and Groups. Interim report.

7. Beckett, H (2011) '*Not a world away*' the sexual exploitation of children in Northern Ireland. Barnardo's Northern Ireland.
8. CEOP 2011 *Out of Mind, out of Sight. Breaking down the barriers to understanding child sexual exploitation.*
9. Radford, L, Corral, S, Bradley, C, Fisher, H, Bassett, C, Howat, N and Collishaw, S (2011) *Child abuse and neglect in the UK today.* London: NSPCC.
10. Barth, J, Bermetz, L, Heim, E, Trelle, S, Tonia, T (2012). *The current prevalence of child sexual abuse worldwide: A systematic review and meta-analysis.* Int J Public Health 2012, 58:469-483.
11. Berelowitz, S, Clifton, J, Firmin, C, Gulyurtlu, S, and Edwards, G (2013). "*If only someone had listened*" Office of the Children's Commissioner's Inquiry into Child Sexual Exploitation in Gangs and Groups. Final Report
12. Health Working Group Report on Child Sexual Exploitation. An independent group chaired by the Department of Health focusing on: Improving the outcomes for children by promoting effective engagement of health services and staff (2014)
13. Allnock, D, and Miller, P (2013) '*No one noticed, no one heard: a study of disclosures of childhood abuse*' NSPCC.
14. Department of Health (2013). *Information: To Share or not to Share.* Government Response to the Caldicott Review
15. Barnardos Scotland- Practitioner Resource <http://www.cne-siar.gov.uk/childProtectionCommittee/documents/guidance%20on%20child%20sexual%20exploitation.pdf>
16. Barnardos "Spot the signs" leaflet www.barnardos.org.uk/spotthesigns

16. Training

- 16.1 NHSGGC has produced a training module on child sexual exploitation that can be accessed via Learnpro.