**SOUTHWARK SAFEGUARDING CHILDREN BOARD**

**PROTOCOL FOR CHILDREN AT RISK OF SEXUAL EXPLOITATION**

1. **Introduction**

1.1 No single agency can respond alone or on a case by case basis to child sexual exploitation (CSE). A coherent local response to CSE is necessary to address the strategic objectives and operational agencies and services involved in the protection and safety of children and young people. A child centred approach is required, focussing on:

* Preventing the sexual exploitation of children
* Identifying, protecting and supporting the victims
* Disrupting and stopping perpetrators, securing justice for victims and obtaining convictions

1.2 This protocol establishes how professionals should raise concerns about CSE and respond to concerns about CSE. The protocol concerns both children and young people who are known to be, or have been, sexually exploited, and children and young people who are suspected to be at risk of sexual exploitation. It seeks to explain what CSE is, how to recognise it and what to do when you have concerns it might be happening.

1. **Definitions**

2.1 Child sexual exploitation involves exploitative contexts and relationships where young people under 18 receive ‘something’ (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of performing, and/or others performing on them, sexual activities”[[1]](#footnote-1).

2.2 CSE can occur without the child’s recognition for example the persuasion to post sexual images on the internet/mobile phones without immediate payment or gain. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength or economic or other resources. Perpetrators use this power they have over the victim to sexually abuse them.

2.3 A common feature of CSE is that the child or young person does not recognise the coercive nature of the relationship and does not see themselves as a victim of exploitation.

2.4 Sexually exploited children come from a range of backgrounds and may have no additional risk factors or vulnerabilities, therefore, professionals should always keep an open mind to the possibility that a child may be at risk of exploitation. However, children may be more vulnerable to sexual exploitation if they do have additional vulnerabilities, including:

* Living in a chaotic or dysfunctional household (including parental substance use, domestic violence, parental mental health issues, parental criminality)
* A history of abuse (including familial child sexual abuse, physical and emotional abuse and neglect)
* Learning disabilities
* Bereavement or loss
* Being black or from an ethnic minority group
* Having temporary leave to remain or being in the UK illegally
* Homelessness, including living in a hostel, bed and breakfast accommodation or a foyer
* Being a young carer
* Living in residential care
* Lacking friends from the same age group
* Having low self-esteem or self-confidence
* Living in a neighbourhood affected by gangs
* Gang association either through relatives, peers or intimate relationships
* Attending school with young people who are sexually exploited
* Friends with young people who are sexually exploited

2.5 Young people who do not conform to their family or community’s expectations of sexual identity and behaviour are more likely to feel isolated and unable to disclose sexual exploitation if they experience it. They might fear:

* Being judged and labelled - These fears are likely to be different for boys and girls. Girls are more likely to fear being judged as sexually available whilst boys may fear their masculinity and sexuality being questioned if they refuse sex
* Being forced into marriage
* Violence from family/community members who feel they have brought shame onto the group

2.6 In addition, perpetrators may target young people who they know come from families and/or communities with strongly held and negative views of sex outside of marriage, inter–racial / religious relationships and of homosexuality as this leaves those young people particularly vulnerable.

2.7 CSE heightens the risk for children and young people to other high risk concerns including radicalisation, slavery and honour based violence.

1. **Types of sexual exploitation**

**3.1 Boyfriend Model**

Here the offender befriends and grooms a young person into a ‘relationship’ and then coerces or forces them to have sex with friends or associates. The boyfriend may be significantly older than the victim, but not always.

**3.2 Peer on Peer Exploitation**

Young people can be sexually exploited by people of a similar age as well as adults. Research is increasingly demonstrating that a significant number of sexually exploited young people have been abused by their peers and a London Councils report in 2014 found that peer-on-peer exploitation was the most frequently identified form of child sexual exploitation in London.

Young people can be exploited by their peers in a number of ways. In some cases both young women and young men, who have been exploited themselves by adults or peers, will recruit other young people to be abused. In other instances, sexual bullying in schools and other social settings can result in the sexual exploitation of young people by their peers.

Sexual exploitation also occurs within and between street gangs, where sex is used in exchange for safety, protection, drugs and simply belonging. For 16 and 17 year olds who are in abusive relationships, what may appear to be a case of domestic violence may also involve sexual exploitation. In all cases of peer-on-peer exploitation, a power imbalance will still inform the relationship, but this inequality will not necessarily be the result of an age gap between the abuser and the abused.

**3.3 Organised/Networked sexual exploitation or trafficking**

Young people (often connected) are passed through networks, possibly over geographical distances, between towns and cities where they may be forced/coerced into sexual activity with multiple men. Often this occurs at ‘parties’ and young people who are involved may recruit others into the network. Some of this activity is described as serious organised crime and can involve the organised ‘buying and selling’ of young people by offenders.

Organised exploitation varies from spontaneous networking between groups of offenders, to more serious organised crime where young people are effectively ‘sold’. Children are known to be trafficked for sexual exploitation and this can occur anywhere within the UK, across local authority boundaries and across international borders.

**3.4 Inappropriate relationships**

These usually involve one offender who has inappropriate power or control over a young person (physical, emotional or financial). One indicator may be a significant age gap. The young person may believe they are in a loving relationship.

**3.5 Familial**

Young people can be individually exploited, or it may also involve other family members. The motivation is often financial and can involve substance use. Parents or family members control and facilitate the exploitation.

**3.6 Opportunistic**

This may occur quickly and without any form of grooming[[2]](#footnote-2). Typically older males identify vulnerable young people who may already have been groomed or sexually abused. The perpetrator will offer a young person a ‘reward’ or payment in exchange for sexual acts. The perpetrator is often linked with a network of abusive adults.

**3.7 On-Line CSE**

New technologies and social networking tools and platforms, chat rooms, dating sites and online gaming, present further opportunities for social interaction. They also bring new risks and increase the opportunity for offenders to target vulnerable young people. Offenders access social media platforms, for example, Facebook, Blackberry messaging (BBM) and Twitter to identify young people whom they can groom.

Technology can facilitate sexual exploitation of children. Where abusive images have been posted on, or shared via, the internet, there is little control over who can access them. This can lead to repeat victimisation. GPS technology available for mobile devices can be used to identify the location where a photograph was taken, which may increase the risk to the victim. The software can be downloaded freely and provides the coordinates of where the digital image was taken, to within a matter of yards.

CSE can occur through the use of technology without the child realising it. For example, a child or young person is persuaded to post images of themselves on the internet and/or mobile phones. In some cases, the images are subsequently used as a bargaining tool by the perpetrators and threats of violence and intimidation are used as methods of coercion.

**4. Key indicators of children being sexually exploited can include:**

* Going missing for periods of time or regularly coming home late
* Regularly missing school or education or not taking part in education
* Appearing with unexplained gifts or new possessions
* Association with other young people involved in exploitation
* Having older boyfriends or girlfriends
* Suffering from sexually transmitted infections, pregnancies, terminations
* Mood swings or changes in emotional wellbeing, self harm, suicidal
* Drug and alcohol misuse
* Displaying inappropriate sexualised behaviour
* Physical injuries

*“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 (OCC, November 2012)*

**5. The issue of Consent**

In assessing whether a child or young person is a victim of sexual exploitation, or at risk of becoming a victim, careful consideration should be given to consent.

It is important to bear in mind that:

* A child under the age of 13 is not legally capable of consenting to sex (it is statutory rape) or any other type of sexual touching
* Sexual activity with a child under 16 is also an offence
* It is an offence for a person to have a sexual relationship with a 16 or 17 year old if they hold a position of trust or authority in relation to them

* Where sexual activity with a 16 or 17 year old does not result in an offence being committed, it may still result in harm, or the likelihood of harm being suffered
* Non consensual sex is rape, whatever the age of the victim; and

* If the victim is incapacitated through drink or drugs, or the victim or his or her family has been subject to violence or the threat of it, they cannot be considered to have given true consent and therefore offences may have been committed

Child sexual exploitation is therefore potentially a child protection issue for all children under the age of 18 years and not just those in a specific age group.

For more information about the law regarding sexually active children see:

[*http://www.londoncp.co.uk/chapters/sg\_sex\_active\_ch.html*](http://www.londoncp.co.uk/chapters/sg_sex_active_ch.html)

**6. Raising a concern about a child and CSE**

**See Appendix 1 for the Southwark CSE process map**

6.1 Where child sexual exploitation, or the risk of it, is suspected, frontline practitioners across all agencies should discuss the case with a manager or their designated safeguarding lead. If after discussion there remain concerns about child sexual exploitation or the likelihood of it, a referral must be made to children’s social care. Practitioners can complete the Southwark CSE Screening risk assessment tool to inform their decision. **Appendix 2**

6.2 Any professional or individual concerned that a child is a victim of, or at risk of, CSE, should raise this concern directly with Southwark’s Multi Agency Safeguarding Hub (MASH). The MASH is the point of referral for all CSE concerns. Contact details: MASH@southwark.gov.uk, Tel: 0207 5251921

6.3 This also applies where a concern around CSE becomes apparent on a case that already has an allocated social worker and is open in a practice group. These cases must also be brought to the attention of MASH CSE lead by the allocated social worker.

6.4 The CAF referral requires the consent of the child, parent or carer, unless there is a clear reason why the need to consent may be overridden. In many cases, a child may be resistant to help or intervention, often because the perpetrator may have ‘groomed’ them and conditioned the victim’s responses such that the young person does not recognise the abuse that is taking place. A clear focus must be maintained on safeguarding and promoting the welfare of the child or young person.

6.5 If a practitioner is unsure about whether to make a referral, an experienced duty social worker in MASH is always available for consultation, without the need to share specific information about a particular child.

6.6 Front line police officers coming across CSE should report their concern straight onto CRIS and create a Merlin accordingly.

**7. Responding to a concern about a child/young person and CSE**

7.1 MASH will process all incoming CSE concerns in the form of CAFs or Merlins.

7.2 **Where the concern does not relate to an existing open social care case:**

* Within 24 hours of receipt of the referral, the MASH Duty Manager will initiate information sharing via the Multi Agency Information sharing System (MAISy)
* Police in MASH will create a CRIS (or add to an existing CRIS), which is then categorised in terms of risk by the MPS Sexual Exploitation Team (SET) within 24 hours
* The case will be allocated to a Social Worker for a Single Assessment to be carried out
* A Strategy Meeting will be held to determine the correct course of action, where the Police Risk Categorisation will be shared. Good practice requires us to hold Strategy meeting with all relevant professionals – Strategy (telephone) discussions should only be held if there are exceptional circumstances
* An assessment under Section 17 must be undertaken in all cases where CSE, or the likelihood of it, is suspected
* Where a strategy meeting confirms a concern that the child is suffering, or is likely to suffer, significant harm, a Section 47 enquiry must be initiated
* In complex CSE cases involving multiple victims/perpetrators, a CP Coordinator from the Quality Assurance Unit will chair Strategy Meetings. Invites should include Police, schools, health professionals e.g. Specialist Safeguarding Nurse and/or Senior Community Paediatrician

7.3 The Agenda of the Strategy meeting includes the following:

* Share and clarify information, including intelligence, concerning perpetrators and locations
* Establish exact nature of concerns
* Establish risk for any other children, including siblings
* Consider the likelihood of prosecution of relevant perpetrators
* Agree on action and make recommendations to address the concern
* Develop a safeguarding and support plan for the child and parent/carer
* Work towards a recovery strategy
* Health needs of the young person

* Consider young persons (including perpetrators) ethnicity, race and religion – and the significance of this in light of Rotherham findings

7.4 Where the Duty MASH Manager decides that a CSE referral should not proceed to Single Assessment under Section 17 or Section 47, the case must be escalated to the MASH Manager for review. In such instances, if there is multi- agency agreement that the case does not meet threshold for social care intervention, then the matter should be stepped down to Early Help services for on-going support.

7.5 A Southwark CSE Risk Assessment screening tool has been developed to support social workers in establishing the level of concern and help inform the outcome of the Single Assessment. These must be completed in all cases where CSE is suspected or identified **Appendix 2**.

7.6 The Single Assessment could conclude with a decision to:

* Develop a Child in Need Plan

* Convene a Child protection case conference

* Accommodate a young person under Section 20 Children Act 1989

* Commence Care Proceedings

* Step the case down for Early Help or Specialist Family Focus intervention with CSE concern clearly flagged in handover

* Refer to other agencies for other support or intervention, e.g. sexual health care

* Signpost to other agencies for other support.

7.7 **Where the concern relates to an existing and open social care case:**

The allocated social worker should request a consultation with CSE leads within the Quality Assurance Unit. The allocated social worker must complete the Southwark CSE Screening tool, and email this together with a CAF to MASH at mash@southwark.gov.uk, with a clear message that this is a CSE referral on open case within the Department.

7.8 The CSE MASH lead will work closely with the Police in MASH and inform them of the incoming CSE referral on an open case in the Department. The police will create a CRIS (or add to an existing CRIS) with reference to the risk categorisation tool in the MPS Pan London Protocol, which is then dealt with by the Sexual Exploitation Team within 24 hours.

7.9 Where the child is a Looked After Child (LAC) living in another borough, the Police in the local area are automatically notified via CRIS reporting. MASH social care member will contact relevant counterparts in the host borough to ensure risk assessment and investigation is under way as per local protocols.

7.10 The MASH CSE Lead will initiate and oversee information sharing (MAISy) within MASH and report back the outcome to the allocated social work practice group within MASH timescales according to the RAG rating applied (4 or 24 working hours respectively).

7.11 The allocated social worker must hold a Strategy meeting and consider the need for a Section 47 enquiry. Depending on the outcome they should complete a Single Assessment under Section 17 or Section 47 of the Children Act 1989. The outcome of this assessment will inform the next relevant case review or multi-agency meeting; CiN Plan review, Core Group meeting, CP Review Conference or LAC Review.

7.12 Where the child is LAC, the following factors should be taken into account:

* The risks to other children in placement
* Whether the child should remain in placement
* The feasibility of controlling the child’s movements and whether the placement can keep her/him safe
* Whether the child’s parents should be informed. Any decision not to inform the parents must be recorded on the child’s file

* Other children in the placement should be monitored to identify whether they are also at risk of harm or involved in sexual exploitation
* Foster carers and residential care workers should be asked to take positive action to clarify and record suspicions and minimise the child’s involvement in sexual exploitation
* If there is knowledge or suspicion that looked after children are involved in sexual exploitation together or are controlled by the same person there will need to be additional planning and consideration given to using child protection and /or organised abuse procedures

7.13 The Adapted SIPPS – Child Sexual Exploitation Risk assessment Worksheet is a more in-depth assessment that can be completed to support the on-going risk assessment and inform the outcome – **Appendix 3**

**8. Maintaining accurate data about children at risk of CSE**

8.1 It is the responsibility of the MASH CSE lead to maintain an accurate single central data record of CSE cases relating to children living in Southwark and children looked after by Southwark Council. This dataset should not go beyond what would otherwise be known by the local authority or its partners, i.e. a case should only be included in the dataset if it is open to social care or the police.

8.2 This record must include:

* Children where CSE was a reason for initial referral
* Children where CSE was identified in assessment

* Children in Need or children subject to a Child Protection Plan where CSE or the risk of it becomes apparent
* LAC where CSE, or the risk of it, becomes apparent, both those living in Southwark and those living elsewhere
* Other detail such as associates, social media, venues, school, Oyster Card, etc.
* Children going missing and missing from education

**9. Strategic Analysis and oversight**

9.1 The regular (monthly, but more frequent if necessary) Operational CSE meeting is lead by the MASH Strategic manager and MASH Police. The purpose of the meeting is to review the Central CSE Data record, ensuring close monitoring of those on the list. This meeting will review all new cases of CSE including all missing persons at risk of CSE.

9.2 An Analyst will support this meeting, analysing the intelligence on the cohort of young people being discussed, identifying patterns and trends. The meeting will cross reference young people who go missing who are at risk of CSE, are missing from education, being home educated and at risk of gang related issues.

9.3 The meeting co-ordinates the tactical responses to provide a problem solving approach and reduce risks to those young people, while ensuring effective links are maintained and information is shared with the operational professional network working with the young person. Outcome of case discussions will be minuted and fed back to allocated social workers by the CSE MASH lead worker. Wider discussions will also be minuted and the MASH manager will maintain these records.

9.4 The Lead CSE Advanced Practitioner in MASH will prepare for the monthly meeting by obtaining updates on all children subject to the central CSE data record that are due to be discussed. Allocated social workers will be required to complete a basic update form when a request is made and forward this back to the CSE lead.

9.5 This meeting will also manage the allocation of the Safer London Partnership Specialist CSE workers to specific cases. Membership of this operational meeting include: MASH Strategic Manager, Police, CSE MASH Lead, Social Care, Quality Assurance CSE leads, Early Help Service, Youth Offending Service, Children Looked After, Specialist Family Focus Team (Keeping Families Together), St Christopher’s, Safer London Foundation, Community Health.

9.6 During assessment work / intervention with families, social workers should be mindful to inform them of how we manage CSE in the borough and that having oversight of children via a central CSE list ensures increased safeguarding – this list is confidential to the MASH partners and a child’s name will no longer be subject to the list when all concerns about CSE have ended.

9.7 Southwark also holds a monthly MASE (Multi Agency Sexual Exploitation) Panel. This is a strategic meeting for the purposes of profiling, intelligence; identifying themes and trends both in borough and across borough to all suspected victims and perpetrators of CSE including missing young people and gangs/associates where appropriate. The Operational meeting outlined in paragraph 9.1 will feed into this meeting. MASE will ensure all possible powers and options are being utilised to protect victims and disrupt the offenders to reduce risk and safeguard young people.

9.8 The meeting ensures appropriate resource deployment and commissioning. Any actions taken are co-ordinated with other processes such as MARAC and MAPPA. The meeting is chaired by the Police Public Protection Desk Detective Inspector and records are kept by the MASE Administrator. Social workers do not refer to MASE. Invited leads from each agency are expected to attend these meetings, including:

**MASE membership**

|  |  |
| --- | --- |
| **Job title** | **Organisation** |
| DI - Public Protection | MPS - Southwark |
| Head of Community Safety | Southwark Council |
| Director, Children’s Social Care | Southwark Council |
| Head of Education | Southwark Council |
| Head of YOS | Southwark Council |
| Community Safety | Southwark Council |
| MASH Manager | Southwark Council |
| Housing Solutions Manager | Southwark Council |
| Community Safety Analyst | Southwark Council |
| Unit Support Officer | Southwark Council |
| DI - Sexual Exploitation Team | MPS - SCO17 |
| DI SOECA | MPS - SCO17 |
| DC - CSE Team | MPS - Southwark |
| Safeguarding Nurse | NHS |
| GSTT Trust WUSH - Sexual Health Outreach | NHS |
| CSE Worker | Safer London Foundation |
| Missing Person Project Manager | St Christopher’s |
| CSE Manager  | Safer London |

9.9 A Problem Profile Group led by the Police, which includes Police representatives and analysts, MASH manager, YOS and voluntary organisations, is looking at drawing both on the local statistics held by the partnerships and operational experiences of CSE to produce a Southwark specific CSE Problem Profile. The Group aims to identify: types of risk, location prevalence, and links with gangs, trends such as intra-familial occurrence, diversity and ethnicity patterns and any cross borough issues. Once complete, this comprehensive Problem Profile will be shared with Southwark Safeguarding Children’s Board who are responsible for oversight and ensuring partner agencies cooperate and are effective in tackling CSE.

9.10 The SSCB has a CSE sub- group which meets bi – monthly. The MASE panel provides the Sub-Group with information on the following:

* Volume of cases
* Patterns of CSE identified
* Activity against perpetrators
* Performance of individual agencies
* Number and type of disruptions e.g. civil orders, charging of offenders, closure of premises etc.

9.11 The CSE Subgroup is responsible for the following:

* To ensure that the local authority and its partners have a comprehensive action plan in place to tackle CSE
* To hold partners to account for the urgency and priority they give to their collective and individual contribution to the CSE action plan
* To critically evaluate how effective the activity and progress of each of the LSCB members is against the action plan and publish these findings in the LSCB annual report
* To ensure that all partners routinely follow child protection procedures for all children and young people at risk of or who have suffered from CSE
* To ensure that partners meet their statutory duties in relation to children returning from missing episodes where CSE is a potential or known risk factor
* To ensure that all partners carry out their responsibilities as defined in the locally agreed threshold document, which sets out the different levels of provision offered to individual children and young people at risk of or who have suffered from CSE in the area, based on their individual needs
* To ensure that an appropriate level of CSE training is available to all professionals in the local area who require it; specialist training should be targeted on those working with children and young people at risk of or suffering from CSE; attendance for both should be monitored with follow-up action taken where professionals fail to attend
* To evaluate the impact of training with a focus on how it makes a positive difference to keeping children and young people safer
* To include information relating to CSE activity in their performance framework. This should enable a clear understanding of how prevalent CSE is in their area and how effectively agencies are responding.
* To ensure feedback is obtained from victims of CSE on a routine basis and this feedback of their experiences, wishes and feelings both inform and are incorporated into the overall strategy in tackling CSE

9.12 Through consistent and responsive leadership and exemplary practice in every part of the system, the Southwark partnership sets out to achieve the following long term outcomes for children and young people at risk of, or suffering, sexual exploitation:

* Reducing episodes of going missing

* Improving school attendance
* Reducing alcohol and drug consumption
* Enhancing relationships with parent/carer
* Providing stable and secure accommodation

* Assisting the child to recognise abusive/exploitative behavior
* Encouraging the child to remain in regular contact with the service
* Improving knowledge of sexual health strategies
* Reducing association with risky peers/adults

* Improving ability to express feelings
* Improving knowledge of safety strategies

* Providing the family with access to support services

* Ensuring child becomes aware of own rights and those of others

And the following Criminal Justice Outcomes:

* Recording all interventions delivered to safeguard vulnerable children

* The identification and disruption of individuals and organised criminal networks (OCN) engaged in CSE

* The arrest of persons involved in CSE

* Charging offenders for CSE related offences
* Convictions of offenders for CSE related offences

**10. Useful Links**

**Rotherham enquiry -** [*http://www.rotherham.gov.uk/downloads/file/1407/independent\_inquiry\_cse\_in\_rotherhm*](http://www.rotherham.gov.uk/downloads/file/1407/independent_inquiry_cse_in_rotherhm)

**DfE Guidance** - [h*ttps://www.gov.uk/government/publications/what-to-do-if-you-suspect-a-child-is-being-sexually-exploited*](https://www.gov.uk/government/publications/what-to-do-if-you-suspect-a-child-is-being-sexually-exploited)

[*http://www.local.gov.uk/safeguarding-children/-/journal\_content/56/10180/6900361/*](http://www.local.gov.uk/safeguarding-children/-/journal_content/56/10180/6900361/)

**Met Pan London CSE Operating Protocol** - [*http://content.met.police.uk/Article/The-London-Child-Sexual-Exploitation-Operating-Protocol-March-2015/1400022286691/tellsomebody*](http://content.met.police.uk/Article/The-London-Child-Sexual-Exploitation-Operating-Protocol-March-2015/1400022286691/tellsomebody)

**NSPCC- Grooming** <http://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/grooming/>

**- Child trafficking** <http://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/child-trafficking/what-is-child-trafficking/>

**If Only someone had listened** *– Office of the Children’s Commissioners Inquiry into Child Sexual Exploitation in Gangs and Groups 2013*

**July 2015.**

**Appendix 1 –** **Southwark CSE Process Map**



**Appendix 2 - Southwark Child Sexual Exploitation Risk Screening Tool**

**Name:**

**Date of birth:**

**CF:**

**Name of person doing the assessment:**

**This tool is to be used:**

* **Where social worker has concerns or evidence that a young person is at risk of CSE.**
* **To review the safety of a young person in Care**
* **At any review point where there is a CSE intervention plan/CP plan/CiN plan.**

**Look at the categories below and tick the descriptions which best describes the current situation for the young person. Please add descriptive comments and analysis to explain your choices. Involve partner agencies in supporting the completion of this assessment**

|  |  |  |
| --- | --- | --- |
| 1. **Missing from home/care**
 | **y/n** | **comments** |
| No missing episodes.  |  | Times missing? Where do they go? Why do they go? Who are they meeting? Is carer aware of missing episode? |
| Stays out late, no missing. |  |
| Occasionally goes missing, for short or prolonged periods. |  |
| Frequent and short missing episodes,+ Identifiable patterns of absence?  |  |
| Frequent and prolonged missing episodes* Returns looking well cared for?
* Returns looking unkempt/tired?
* Returns with money/gifts?
 |  |

|  |  |  |
| --- | --- | --- |
| 1. **School/College attendance**
 | **y/n** | **comments** |
| Young person is attending education or training, or is In work/ actively seeking employment |  |  |
| Young person Is attending education or employment **but attendance/behaviour is a concern**. * Special educational needs?
* Behavioural difficulties?
 |  |
| Young person is on a reduced timetable, or* Is persistently absent from school, or
* There has been a sudden noticeable change in attendance, performance or behaviour at school
 |  |
| Young person is excluded from school with no planned provision, or is a NEET but where the young person is **showing an interest in accessing opportunities**. |  |
| Young person is not attending school or is a NEET and **shows no interest** in accessing educational or training opportunities. |  |

|  |  |  |
| --- | --- | --- |
| 1. **Misuse of drugs/alcohol**
 | **y/n** | **comments** |
| No concerns |  | Where do they take them? How do they fund it? Who with? Type / class of substance? |
| Some concerns about drugs or alcohol (or cigarettes in younger children) |  |
| Uses drugs or alcohol– increasing concerns |  |
| Alcohol/drug dependency suspected |  |
| Young person is dependent on alcohol / drugs. Known / disclosure or appears dependent on alcohol/ drugs. |  |

|  |  |  |
| --- | --- | --- |
| 1. **Parent/carer – Young person relationship**
 | **y/n** | **comments** |
| Parent/Carer and young person have a positive relationship and communicate effectively. Carer demonstrates emotional warmth and provides stability. Young person responds to boundaries. |  | Does young person live at home or with a foster carer/kinship carer?  |
| Parent/Carer and young person generally have a positive relationship. Appropriate boundaries are in place. The young person does not always adhere to them.  |  |
| The relationship between parent/carer and young person is strained |  |
| History of abuse within the family (emotional, neglect, physical or sexual) or observed poor or negative communication with young person not responding to boundaries |  |
| Current / suspected abuse within family (emotional, neglect, physical or sexual) or Domestic Abuse.Poor communication, low warmth, attachment or trust. Parent/Carer does not implement age appropriate boundaries. |  |

| 1. **Accommodation (Home or In Care)**
 | **y/n** | **comments** |
| --- | --- | --- |
| Young person & Assessor are satisfied that accommodation meets the young person’s needs i.e. the environment is a stable place where the young person feels safe. |  | Does the young person live with parents or in foster care/kinship care? Semi-independent accommodation? Are there concerns about other young people/adults in the home? |
| Young person & Assessor are generally satisfied with accommodation and accommodation meets most of the needs of young person, orsome concerns about longer term stability. |  |
| Unstable or unsuitable accommodation. Young person & assessor are not satisfied where the young person is living, or recent placement change |  |
| Frequent placement changesAdults or older youths ‘hanging round’ the area?  |  |
| Temporary Accommodation / sofa surfing / Homeless  |  |

|  |  |  |
| --- | --- | --- |
| 1. **Ability to identify abusive/exploitative behaviour – both young person and parent/carer**
 | **y/n** | **comments** |
| Young person has a good understanding of exploitative / abusive behaviour and can use it to keep themselves safe |  |  |
| Reasonable understanding of abusive / exploitative behaviour |  |
| Some understanding of abusive / exploitative behaviour. May recognise risks in theory or risks to their peers but cannot apply it to keep themselves safe.  |  |
| Very limited recognition of abusive / exploitative behaviourDisclosure of sexual physical assault followed by withdrawal of allegations? |  |
| No recognition of abusive / exploitative behaviour, orThe young person’s parent/carer cannot identify or recognise the risk of abuse or exploitation |  |
|  |  |  |
| **7 Engagement with appropriate services** | **y/n** | **comments** |
| Good engagement with all appropriate services |  | Who will the young person talk with?  |
| Reasonable engagement with all relevant services, orGood engagement with a single service provider but less so with others |  |
| Some engagement with services, occasional contact. |  |
| Brief engagement with service: early stages or sporadic contactor chaotic contact which is not followed up |  |
| Not engaging with any service / no contact |  |
|  |  |  |
| **8 Sexual Health Activities and Awareness** | **y/n** | **comments** |
| Young person is not sexually active but is aware of where to get support and advice when needed. No concerns re: sexual health |  |  |
| Young person is sexually active and in an equal/consensual relationship with someone of similar age.  Young person does not feel pressured, they feel they can say ‘no’ and is following ‘safe sex’ advice.  |  |
| Young person is not sexually active but is feeling pressured to become sexually active, or there are some sexual health concerns |  |
| Young person is sexually active but is not receiving support from any sexual health services. |  |
| Young person feels pressured to have sex or to perform sexual acts in exchange for status/protection, possessions, substances or affection, orYoung person is in a sexual relationship with an adult / there is a wide age gap, or* Young person is under 13 and sexually active, or
* Young person has many sexual partners / many tests for STIs or pregnancy, or
* Sex is non-consensual – young person is experiencing violence or coercion with sex, or are unable to consent due to intoxication, or Young person is made to watch sexual acts being performed on others.
 |  |

**Note: Consider referring young person for a full Sexual Health Assessment if they have not been referred in via this route.**

|  |  |  |
| --- | --- | --- |
| **9. Physical and emotional health and behaviour** | **y/n** | **comments** |
| Young person appears in good health and behaviour is age-appropriate |  |  |
| Young person involved in petty crime such as shop-lifting and stealing |  |
| Young person has low self-esteem and/orSome concerns about their physical/social presentation orSignificant loss or bereavement in the family?Young person has a serious medical condition  |  |
| Self harming behaviour displayed Concern about mental health and/ormood swings |  |
| Serious concerns about the young persons health – untreated health concerns/serious self harm/substance misuse/domestic abuse  |  |

|  |  |  |
| --- | --- | --- |
| **10 Association with gangs/criminals or adults and peers who pose a risk** | **y/n** | **Comments** |
| Young person is not at risk. May have some contact with vulnerable peers but has other positive networks. |  | What is evidence for gang/criminal involvement? Are police aware of this? If known person/s involved state name and any details known.  |
| Young person is aware of gang activity in their area but is not actively involved. |  |
| Young person socialises with vulnerable peers or is in contact with peers who pose a risk |  |
| Young person is in contact with risky adults. They are developing an awareness of risks/exploitation but contact has **not** significantly reduced |  |
| Young person is known to be habitually associating with risky adults and/or peers and does not act on this, orYoung person is actively involved with a gang or criminal group or associated to gang members through peers or family.Relationship of concern with a controlling/violent person. |  |

**NB. In this context ‘risky’ means that they either present a direct risk to the young person (i.e. in terms of domestic abuse / physical violence or sexual abuse / CSE) or they are likely to draw the young person towards other adults/peers who present this risk.**

|  |  |  |
| --- | --- | --- |
| **11. Social Media (Internet and mobile usage)** | **y/n** | **comments** |
| Young person uses the internet and or has an instant messaging account. They have good awareness of potential risks / danger of internet use and there are suitable parental controls in place |  | Does family/social worker have access to networking sites or phone? Can phone be confiscated if necessary?  |
| Young person has accessed one or more social networking sites and may have links to, or is ‘friends’ to numbers of unknown people (i.e.: doesn’t know them in real world)  |  |
| Unmonitored / secretive use of internet Young person receives texts/calls from unknown people orhas a mobile phone which parent /carer has no or only limited knowledge of. |  |
| Young person proactively exposes themselves to online dangers – for example Facebook, dating sites, tinder, broadcasts pin on BBM etc. Or regularly posts inappropriate images of themselves online unprompted.  |  |
| Young person has posted inappropriate language / information / sexual pictures when contacted by an adult / older peer / unknown person. Does not acknowledge the risks of this, or Young person plans to meet face to face a person they only know online |  |

**Consultation – this risk assessment should wherever possible be carried out in consultation with the young person involved and multi-agency partners**

|  |
| --- |
| **Comments/wishes and feelings of young person:** |
|  |
| **Information/comments from parents and multi-agency partners plus additional concerns not listed above:**  |

 **SUMMARY OF CSE RISK FACTORS AND REQUIRED ACTION:**

|  |  |  |  |
| --- | --- | --- | --- |
| **What are we concerned about?**  | **What needs to happen?**  | **Who will help and how?** | **Time-scale** |
|  |  |  |  |
|  |  |  |  |

* **When completed this screening tool must be discussed with your manager. Where there are clear identified concerns or risk of CSE a CAF referral should be sent to the MASH CSE lead including this completed screening tool.**
* **MASH will ensure that the CSE concern is logged on the Central CSE record so the case can be tracked at the monthly Operational CSE meeting.**

**Appendix 3 - The Adapted SIPPS – Child Sexual Exploitation Risk assessment Worksheet**

 January 2015

 

This worksheet and accompanying guidance manual is a part of the CSE Training Programme designed and delivered by Craig Barlow.

Permission is given for the worksheets and guidance manual to be reproduced for use within organisations that have purchased the associated training. It may not be reproduced in whole or in part for distribution to other agencies or organisations without the prior consent of the Author or the Author’s representatives.

The worksheets and guidance should not be altered in whole or in part without prior agreement or in consultation with the Author.

The Training programme remains the property of Craig Barlow and Craig Barlow Consultancy & Training Ltd.

© Craig Barlow January 2015-01-27

Milton Keynes

Buckinghamshire

United Kingdom

Contact craig.barlow@talktalk.net Tel: 07988 360291

**A Model of Assessment and Intervention**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**A Theoretical Framework**

Why Do We Need A Theoretical Framework?

Information concerning CSE has been generated from quantitative and qualitative research, news reports, practice experience of professionals and the personal accounts of victims. This information can always be interpreted in a variety of different ways which leads to the formation of different kinds of knowledge. Furthermore, knowledge is used differently depending on the needs of the user e.g. the needs of The Home Office may differ from the needs of a NGO which differ again from the needs of law enforcement and statutory agencies such as Local Authorities. Therefore there is a great deal of knowledge available to us but it is rather like having all the pieces of a jigsaw in a bag; the whole picture is in there somewhere but no-one knows quite what it’s meant to look like. Thus, knowledge alone is not enough. We need theory. Theory goes beyond description to provide explanations, it provides a framework that enables us to understand and make sense of observations, find explanations make informed judgements and interventions (Coulshed & Orme, 2012).

**A Systemic Perspective on CSE.**

At present there are difficulties associated with how CSE and trafficking cases are identified and differentiated from other crimes such as prostitution. This problem has been reflected internationally. Due to the fact that Trafficking and exploitation involves hidden communities, it has been extremely difficulty for researchers to obtain sample groups that are representative of trafficked and exploited groups as a whole. Furthermore there has been very little research on trafficking and exploitation in the Middle East, Africa and the Americas and the lack of research in general could be attributable to a lack of agreement concerning what exactly should be studied (Tyldum & Brunovskis, 2005).

In the UK the Modern Slavery Bill[[3]](#footnote-3) has finally offered a statutory response to the trafficking of human beings, slavery, servitude and exploitation of children and adults. It provides a legal process by which we can identify, prevent, investigate and prosecute these dreadful crimes against vulnerable people. However, to do so requires some understanding of the complexities of such cases; the varied forms of exploitation, vulnerabilities, interpersonal dynamics, roles, responsibilities and so on.

The exploitation of vulnerable children does not happen in a vacuum. A single case of CSE happens in the context of a sophisticated system that is made up of many people with different roles and functions. Protective agencies are also a part of that system. Tackling CSE therefore requires that we understand the nature of the problem from a systemic point of view: actions in any part of that system or network will have an effect throughout the whole of the network.

Reliance upon traditional methods of investigation and safeguarding of children in the context of any kind of organised exploitation is inadequate to the task. Existing methodologies are reactive; they are dependent upon the identification of or disclosure of abuse, an identifiable victim and perpetrator – the abuse has been detected and investigation and intervention follows an inductive or “top down” process to explain what happened, how it happened and how it will be remedied.

CSE, by its nature is covert and its victims are often hidden. Children and young people that have been sexually exploited do not necessarily know they’ve been, and if they do, may feel embarrassed about their predicament and do not trust law enforcement or social care agencies enough in order to report their situation. Indeed, some children and young people that are victims of sexual exploitation have been arrested numerous times for other offences such as prostitution, public order offences and petty crime before their real status has been recognised.

The level of violent coercion used by those that traffic and exploit children and young people is often under-estimated. Fear of retribution from perpetrators prevents disclosure and often causes victims to deny that they have been trafficked, falsely imprisoned or forced into sex work. The hidden nature of trafficking and sexual exploitation means that victims are kept in isolation and are often trapped by or dependent upon the abusers. Those trafficked from outside the country may be trafficked illegally and find themselves treated as illegal immigrants by police and border agencies before their real situation is realised. Other vulnerabilities, such as physical, cognitive and emotional disabilities, as well as language barriers have in some cases precluded trafficked people seeking help.

As we saw in Part 1 CSE is a wide reaching term that is essentially about the varied exploitation of vulnerable children, from and within a variety of contexts. It is a conduit to abuse but one that relies upon the mutual co-operation of those that trade and use children, the utilisation of legal loopholes, the inherent weaknesses and gaps within organisational structures and protocols, the corruption of officials and coercion of the victims.

 As a secret or hidden phenomenon it is surrounded by myths, assumptions and false perceptions. All these elements coalesce to form complex eco-systems in which abuse and exploitation is maintained. Like any ecosystem, CSE is constantly changing, adapting to new pressures and opportunities but at the same time maintaining coherence: changes in the various elements fit together to meet the needs and goals of the group that is perpetrating the abuse. This therefore has implications for all agencies working to identify, prevent, investigate and prosecute cases of Child Sexual Exploitation.

Instead of simply focusing upon the victim there needs to be recognition that the victim, their abusers *and* those agencies form a larger system. An effective response to CSE therefore cannot be one that “*Gives*” an intervention to the victim but rather one that promotes movements or perturbations in the entire system, identifies the effects and reveals the next relevant step in the enquiry (Dallos, 1992). What this comes down to is a change in our approach whereby we become more exploratory, looking for connections, themes and dependencies. Gradually, as the reality and extent of the case becomes clear, key members and mechanisms of the network are identified (whether they are perpetrators or victims), relationships and dependencies become understood and motivations and modus operandi emerge. By so doing we can simultaneously protect actual and potential victims, identify, disrupt and remove offenders and improve safeguarding and prosecutorial outcomes and reduce the risk of re-victimisation.

**An Emergent Constructivist Model of Assessment and Intervention**

This Course and Guide provides practitioners with a new approach to the assessment of and intervention in cases of CSE. It draws on the Systemic Investigation, Protection and Prosecution Strategy (SIPPS) (Barlow, et al., 2015) and begins with the systematic, inductive approach to collecting and, importantly, analysing information in order to develop the next question towards a theory of what has or is happening. This approach enables practitioners to account for the unpredictable dynamics of the abusive and exploitative relationship.

The model has 4 fundamental tenets:

1. Minimising preconceived ideas about the case and its characteristics.
2. Simultaneously uses information gathering and analysis to inform each other.
3. Remains open to varied explanations and/or understandings of the information
4. Focuses on information analysis to construct middle-range theories

(Charmaz, 2008)

When a systematic, comparative, and interactive approach is taken to the initial part of the assessment (gathering the immediate information and identifying the main concern) open ended strategies begin to emerge: The assessor / investigator can make conjectures and check them against empirical data and with colleagues and witnesses. This inevitably leads to deductive reasoning as the assessment / investigation proceeds. It prompts early analytic thinking and keeps practitioners interacting with their information and sources as well as their initial, loosely formed analysis.

The assessor / investigator must:

1. Be prepared to entertain a range of theoretical possibilities.
2. Examine their own epistemological premises, principles and practices.

For this reason, our CSE Risk Assessment tool does not provide a rigid list of “Signs and Signals” and numerical rating systems or risk categories. Rather the items should be used as an aide memoir, prompting thought and analysis of the available information and using this to undertake the next step in their enquiry (finding gaps and questions, identifying the next relevant source of information).

The items and descriptors should prompt the assessor to identify themes within the information and categories that relate to the main concern. The Worksheet facilitates the assessor / investigator in writing progressively analytic (as opposed to descriptive) notes and records.

Our model emphasises that CSE can be placed upon both a temporal and developmental continuum.

* It presupposes a past: Child Sexual Exploitation does not happen in a vacuum, it exists because there is a demand for it and some children may be more likely to be exploited than others. Therefore it is crucial to make sense of the context from which the child and abuser have come. The context provides the “Conditional” Factors that contribute to the existence of a situation in which abuse can occur.
* It assumes the immediacy of the present and the situation or context in which all the protagonists now find themselves: How do they make sense of their predicament, what are their beliefs and relationships to and with each other? In this regard direct interaction with children, their support networks and even the perpetrators is essential to understand their respective constructs and this requires us to listen to and analyse the discourse of Child Sexual Exploitation.
* Finally, this model implies a future: What will happen in the short, medium and long term both with and without intervention? What are the most likely scenarios? What needs to happen in order to keep the child or children safe and reduce the likelihood of re-victimisation.

**USING THE CSE RISK ASSESSMENT TOOL**

**Nature and Goals of the CSE Risk Assessment.**

CSE incorporates acts of sexual and non-sexual violence and intimidation. The acts can vary with respect to such things as relationship to the victim(s), severity of physical or psychological harm, use of weapons and implements, motivations etc. This can include implicit threats (e.g. the victim felt threatened and reasonably believed that the other person had present ability to cause them harm).

Child Sexual Exploitation Risk Assessment is defined as the process of evaluating individuals in order to:

1. Characterise the risk threat that a child will be sexually Exploited
2. Develop interventions to manage and reduce that risk

(Webster, et al., 1997)

The focus should then be on decision making about what the individuals were trying to achieve and not simply what happened. It is the task of professionals to understand how and why a person has come to be harmed or to harm others in the past in order to determine whether the antecedents to that event might lead to similar events re-occurring.

The ultimate goal is the prevention of child sexual exploitation and resultant harm. This assessment procedure aims to be reliable in terms of replicable, consistent results. It should be used to identify, evaluate and prioritise health, social care and legal services that can work together to manage the risk of child sexual exploitation.

This process is one of structured professional judgment; it helps professionals make explicit, as far as possible, the basis for their opinions, decisions and interventions (Webster, et al., 1997).

**Scope**

The CSE Risk Assessment tool is not a test or scale in the usual sense of the terms. Its purpose is not to provide an absolute or relative measure of risk using cut-off scores or norms as do actuarial tests such as psychometrics and other non-discretionary assessment tools including JSOAP and Risk Matrix 2000 SVC, although such data can be used to contribute to the overall assessment. The CSE Assessment Tool is designed to be accessible and useful to practitioners engaged in the assessment of risk in the child safeguarding arena.

The CSE Risk Assessment Tool is a structured risk assessment protocol intended principally for use in the assessment of risk of CSE and can be used to contribute to Single Assessments when there are CSE concerns.

The assessment items are based upon empirically-derived risk factors. It contains 26 items that are supported by clinical research and consensus of practitioner experience. Just like any risk assessment tool, the CSE Risk Assessment therefore remains a work in progress. As such it marks the start of a process towards achieving risk reducing strategies that flow from the identification of risk factors that are supported by research evidence. The CSE Risk Assessment and Intervention training programme has been developed to establish reliability and consistency of approach to implementing the assessment.

It works especially well in the context of multi-disciplinary or team settings and is well suited to the systemic unit model of social work. Nevertheless it can also be an effective tool for individual practitioners. It can be used as an initial assessment too, or as a method of monitoring and measuring progress i.e. applying and coding the items periodically during the implementation of safety plans and direct working with children and families.

The CSE Risk Assessment Tool is a set of guidelines that have been developed to reflect current knowledge within the discipline of Social Work and Child Safeguarding. The guidelines attempt to define the risk being considered; discuss the necessary qualifications for conducting an assessment; recommend what information should be considered; and identify a set of core risk factors that, according to academic and professional literature, should be considered as part of any comprehensive assessment. By so doing, this tool will improve the consistency and usefulness of decisions, as well as improve the transparency of decision making.

**Key Principles**

1. The assessment must gather information concerning multiple domains of the child and their family’s functioning. It reflects the fact that families that are troubled or at risk of Child Sexual Exploitation are not a heterogeneous group. Child Sexual Exploitation is itself is a multi-faceted problem.
2. The procedure uses multiple methods to gather information: Over-reliance on a particular method can result in an incomplete or biased assessment.
3. The procedure gathers data from multiple sources because people minimise or deny the harm they have caused or experienced (Webster, et al., 1997), are under pressure to present a positive self image or significantly over-estimate their strengths and abilities (Paulhus, 1998): Over-reliance on a particular source can result in an incomplete or biased assessment.
4. The procedure addresses vulnerability factors in children but also addresses risk factors associated with predatory adults and victim accessing behaviours.
5. The procedure allows practitioners to judge the credibility of various sources of information, reconcile contradictory information and judge whether information is sufficient to permit a valid decision.
6. The status of conditional and consequential factors fluctuates over time and such fluctuations can occur rapidly. Risk assessments should be re-evaluated at regular intervals or whenever there is a change to the status of the case.
7. The procedure aims to be comprehensible to people who must use the findings of the assessment.
8. The prevention of CSE is the primary goal of risk assessment. This procedure goes beyond making static predictions to develop responsive, flexible interventions.

**User Qualifications**

The CSE Risk Assessment tool is designed to assist in making clinical judgements and formulating safeguarding plans. Administration and Coding requires professional skill and judgement. It is anticipated that the CSE Risk Assessment Tool should be used only by professionals with qualifications, training and experience of working within statutory child safeguarding services.

The CSE Risk Assessment Tool is supported by a specific training programme. Practitioners should undertake the training prior to administering and coding the tool to ensure reliability and consistency.

**RISK**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What are Risk Factors?**

A risk factor is a personal characteristic or circumstance that is linked to a negative event that either causes or facilitates the event to occur and can be categorised thus:

*Static Risk Factors:* These are unchangeable in that they cannot be influenced by new circumstances or interventions. They are mostly historic e.g. history of violence, previous experiences of abuse, age etc.

*Dynamic Risk Factors:* These change over time and can be aspects of the individual or their environment and social context such as parenting or social deprivation. Because they are changeable, these factors are more amenable to management.

The dynamic risk factors that are quite stable and change slowly are often referred to as *Stable* or *Chronic* risk factors. Those that change rapidly are known as *Acute Dynamic Risk Factors* or *“Triggers”* (Department of Health, 2007)*.* Because these factors change rapidly, their influence on risk may be short lived but require a rapid response (Hart, et al., 2003).

The assessment of risk is the process of gathering information about people in order to make decisions regarding their risk of being victimised or perpetrators of abuse. That information needs to come from a variety of sources including perpetrator, victims, collateral sources such as friends and family, other service providers and records and reports (Hart, et al., 2003).

The items within the CSE Risk Assessment Tool consist of Conditional Factors and Consequential Factors.

The procedure gathers the

* Historic Conditional (static) Factors,
* Current Conditional (Stable dynamic) factors because dynamic factors
* Current Consequential (acute dynamic) factors

Historic Conditional Factors predispose the child to vulnerability to CSE. They are fixed and cannot be influenced by intervention or environmental factors.

Present State Conditional Factors aggravate Historical Conditional Factors to increase vulnerability and likelihood of CSE occurring.

Present State Factors are indicators that CSE is occurring or very likely to occur.

Conditional and Consequential factors are important in respect of evaluating short term or sudden fluctuations in risk and developing positive safety plans This unique system effectively differentiates between vulnerability factors that increase the likelihood by contributing to conditions under which CSE can Occur, and Markers for actual CSE.

**Risk Management / Safeguarding**

Risk Assessment identifies the circumstances in which CSE is most likely to occur and informs strategies to deal with the most relevant triggers.

A Risk Management or Safety Plan includes an awareness of the potential for changes in the level of risk over time, requiring an emphasis on the Present State Conditional stable dynamic) and Consequential (acute dynamic) risk factors. (Department of Health, 2007)

It is vital to understand that perpetrator behaviour (victim selection, victim access patterns, use of physical and psychological coercion and control, and opportunities to offend) will exacerbate pre-existing vulnerabilities and influence children and young people’s behaviour, disclosure patterns and on-going protection needs. This has significant implications then for investigation and intervention.

**Historic Conditional**

* Education: Academic performance and behaviour, history of truanting, non-attendance or exclusion, regular breakdown of school placement, degree of sex education.
* Home / Environment: Harmful home environment, Family or personal history of substance abuse, Rigid parenting, Parental Relationship Instability, Problems from others, Problems with Family, Exposure to De-stabilisers, pattern of street homelessness
* Behavioural: Emotional and behavioural problems (specify), Episodes of going missing /absconding, regular breakdown of residential placements due to behaviour, Criminal record, impulsivity, history of self harm ,Low mood, low self esteem, externalised locus of control.
* Psychological / Mental Health: History of stress /anxiety, LD, ASD, suicidal ideation, clinical depression,
* Physical Health: physical disability, chronic health problems, previous injuries, regular substance abuse, concern for drug dependency, chronic drug or alcohol use (specially crack or heroine)
* Sexual Health : Previous miscarriages, Terminations, STIs

**Current Conditional**

* Education: Changes in attainment /performance, is the child truanting? Is the child not attending or excluded?
* Home / Environment: Harmful home environment, Family or personal history of substance abuse, Rigid parenting, Parental Relationship Instability, Problems from others, Problems with Family, Exposure to Destabilisers, Having access to premises not known to parent /carer
* Behavioural: Emotional and behavioural problems (specify), Episodes of going missing /absconding, current placement breaking down likelihood breaking down due to behaviour, Current criminal activity\*, Sexualised Language\*, Aggression and Violence\*, Secretive use of Internet and adult networking sites\*,Impulsivity, self harming ,Low mood, low self esteem, externalised locus of control, regularly coming home late, absent without permission / returning late, frequently staying out overnight without explanation, going missing / absconding, experimenting with drugs /substances, withdrawal from previous activities, secretive

\* Salient in Boys and young men

* Psychological / Mental Health: stress /anxiety, LD, ASD, suicidal ideation, clinical depression, memory problems
* Physical Health: physical disability, chronic health problems, previous injuries headaches, fatigue, dizziness, stomach and pelvic pain
* Sexual Health: Sexual health anxiety, painful / sore genitalia, STI’s and non-sexually transmitted infections.

**Current Consequential**

* Education: Child is not attending school or is excluded; school placement has broken down due to behavioural problems.
* Home / Environment: Unaccounted for monies and or goods (especially mobile phone), associating with unknown adults and / or other exploited children, reduced or limited contact with family / friends, no contact with family or friends, abduction or forced imprisonment, disappeared from system (no contact with support system.
* Behaviour: overt sexualised dress / attire\*\*, wearing an unusual amount of clothing\*, getting into strangers’ cars, clipping, extensive use of phone (especially at night), reports from reliable sources, suggesting involvement in sexual exploitation or other forms of exploitation, seen in / picked up in known red light district, disclosure of assault followed by retraction, serious substance abuse, sexually harmful /offending behaviour\*

\* *Salient in Boys and young men* \*\* *Salient in Girls and Young Women*

* Physical Health: acute and chronic physical injuries (internal and external) e.g.: contusions, lacerations, abdominal trauma, joint dislocations, mechanical back pain, facial injuries, headaches, fatigue, dizziness, stomach and pelvic pain.
* Psychological emotional health: withdrawal, high levels of anxiety and emergence of phobias, PTSD/rape trauma syndrome,
* Sexual Health: Genital, lesions, anal lesions, bruising to the back of the throat, dental pain, urination pain, anal bleeding, vaginal bleeding (not menstruation), amenorrhea / dysmenorrhea, in the case of pregnancy placental abruption.

**Factors Associated with Suspected or Potential Abusers**

* Personal Details:Gender, Ethnicity, Name, Nicknames or Alias, Address, Age, Vehicle Make, Model Registration, Colour, Occupation.
* Social Network:Known Associates (include names and nicknames / aliases etc.), connections to other vulnerable or exploited children.
* Environment /Situation:Areas where there young people congregate and there is little or no adult supervision (e.g. Shopping centres, parks, taxi ranks, train stations, fast food outlets), takes child / young person to adult environments (e.g. pubs, clubs and bars), Contact with child young person occurs On-line (e.g. web sites and chat rooms and social media).
* Police Record: Convictions, Cautions, Warnings and Reprimands,Acquisitive offences, Violent offences inc. Domestic violence, sexual offences (including making / distributing child abuse images, extreme images and prohibited images), Non-sexual offences against children including neglect, cruelty and abduction, Miscellaneous offences e.g. supply /possession of drugs, public order offences, perverting the course of justice, harassment, driving offences, possession of an offensive weapon, criminal damage, arson and supervision breaches.
* Behaviour (Overcoming Internal Inhibitions): Cognitive Distortions e.g.: Post Hoc Rationalisation, Objectification of the victim, Behaviour is legitimised by other offenders within the network, Attitudes e.g. gender and sex role expectations, misogyny, attitudes that support or condone sexual violence, Generalised anti-social behaviour and attitudes.
* Victim Accessing (Grooming):Perceived as an older “Boyfriend”, Sex is exchanged for drugs, alcohol, clothes, commodities, Introduces victims to a wider group of men in various locations, child believes they owe a debt.
* Context of Abuse: Cruise (victim selection, searching out a victim, on foot or in car), Abuse occurred when offender had already socialised with the victim but not previously sexually abused them; “relationship” escalates to abuse, Recruits via girl (e.g.) “Girlfriend” is coerced into recruiting other girls (usually friends), offender may give specific instructions who to recruit, Re-Abuse, Offender is a “Pimp” – Motivated to obtain power and respect / reputation from peers.
* Coercion and Control: Mobile Phone as gift: Once the victim becomes dependent upon the offender and the phone for communication, he takes the phone away, Abuse is filmed on mobile phones – images are shared with other offenders and the victim is blackmailed, Victims often present when peers are abused by the offender group, often in the same room or somewhere else on the premises, Trafficking between large towns disorientates victim and increases reliance on the offender, Actual and threatened violence towards victim, threats to harm family, friends or pets if they disclose or do not comply.

 

**CONDITIONAL AND CONSEQUENTIAL FACTORS AND THE CSE CYCLE**

Consequential Items are strongly associated with the presence of CSE and can be taken as markers when in clusters or indicators of greater likelihood if only a few items are identified

*Current Conditional items do not indicate is definitely occurring only that likelihood is increased*

*Once Current Consequential Items are identified they subsequently become Historic Conditional Factors with the implication of vulnerability to re-victimisation*

|  |
| --- |
|  **Historical Conditional Items** |
|  **EDUCATION** | * **Item includes:** *Academic performance and behaviour, history of truanting, non-attendance or exclusion, regular breakdown of school placement, degree of sex education*.
 |
| **HOME /****ENVIRONMENT** | * **Item includes:** *Harmful home environment, Family or personal history of substance abuse, Rigid parenting, Parental Relationship Instability, Problems from others, Problems with Family, Exposure to De-stabilisers, pattern of street homelessness, previous victim of sexual abuse (individual abuser), previous victim of sexual exploitation (2 or more abusers)*
 |
|  **BEHAVIOUR** | * **Item Includes:** *Emotional and behavioural problems (specify) Episodes of going missing /absconding, regular breakdown of residential placements due to behaviour, Criminal record, impulsivity, history of self harm, Low mood, low self esteem, externalised locus of control.*
 |
| **PSYCHOLOGICAL / MENTAL HEALTH** | * **Item includes:** *History of stress /anxiety, LD, ASD, suicidal ideation, clinical depression.*
 |
|  **PHYSICAL HEALTH** | * **Item Includes:** Physical disability, chronic health problems, previous injuries, regular substance abuse, concern for drug dependency, chronic drug or alcohol use (especially crack or heroine)
 |
| **SEXUAL HEALTH** | * **Item includes:** *Previous miscarriages, Terminations, STIs.*
 |

|  |
| --- |
|  **Present State Conditional Items** |
|  **EDUCATION** | * **Item includes:** *Changes in attainment /performance, child is truanting, child is not attending or excluded.*
 |
|  **HOME / ENVIRONMENT** | * **Item Includes:** *Harmful Home Environment, Family Or Personal Engagement in Substance Abuse, Rigid Parenting, Parental Relationship Instability, Problems From Others, Problems With Family, Exposure To De-Stabilisers, Having Access To Premises Not Known To Parent /Carer, Older Boyfriend (5+ Years)*
 |
|  **BEHAVIOUR** | * **Item Includes:** *Emotional and behavioural problems (specify), Episodes of going missing /absconding, current placement breaking down likelihood breaking down due to behaviour, Current criminal activity\*, Sexualised Language\*, Aggression and Violence\*, Secretive use of Internet and adult networking sites\*,Impulsivity, self harming ,Low mood, low self esteem, externalised locus of control, regularly coming home late, absent without permission / returning late, frequently staying out overnight without explanation, going missing / absconding, experimenting with drugs /substances, withdrawal from previous activities, secretive*

\* Salient in Boys and young men |
| **PSYCHOLOGICAL / MENTAL HEALTH** | * **Item Includes:** *Stress /Anxiety, LD, ASD, Suicidal Ideation, Clinical Depression, Memory Problems*
 |
| **PHYSICAL HEALTH** | * **Item includes:** *Chronic Health Problems, Previous Injuries Headaches, Fatigue, Dizziness, Stomach and Pelvic Pain.*
 |
| **SEXUAL HEALTH** | * **Item Includes:** Sexual health anxiety, painful / sore genitalia, STI’s and non-sexually transmitted infections.
 |

|  |
| --- |
|  **Present State Consequential Items** |
|  **EDUCATION** | * **Item Includes:** *Child Is Not Attending School Or Is Excluded, School Placement Has Broken Down Due To Behavioural Problems.*
 |
| **HOME / ENVIRONMENT** | * **Item includes:** *Unaccounted for monies and or goods (especially mobile phone), associating with unknown adults and / or other exploited children, reduced or limited contact with family / friends, no contact with family or friends, abduction or forced imprisonment, disappeared from system (no contact with support system.*
 |
|  **BEHAVIOUR** | * **Item Includes:** *Overt sexualised dress / attire\*\*, Wearing an Unusual Amount of Clothing\*, getting into strangers’ cars, Clipping, extensive use of phone (especially at night), reports from reliable sources, suggesting involvement in sexual exploitation or other forms of exploitation, seen in / picked up in known red light district, disclosure of assault followed by retraction, serious substance abuse, Sexually Harmful /Offending behaviour\**

\* *Salient in Boys and young men* \*\* *Salient in Girls and Young Women* |
| **PSYCHOLOGICAL / MENTAL HEALTH** | * **Item Includes:** *withdrawal, high levels of anxiety and emergence of phobias,* *PTSD / Rape Trauma Syndrome,*
 |
| **PHYSICAL HEALTH** | * **Item Includes:** *Acute and Chronic Physical Injuries (Internal and External) E.G: Contusions, Lacerations, Abdominal Trauma, Joint Dislocations, Mechanical Back Pain, Facial Injuries, Headaches, Fatigue, Dizziness, Stomach and Pelvic Pain.*
 |
| **SEXUAL HEALTH** | * **Item Includes:** *Genital, lesions, anal lesions, bruising to the back of the throat, dental pain, urination pain, anal bleeding, vaginal bleeding (not menstruation), amenorrhea /* *dysmenorrhea, in the case of pregnancy placental abruption.*
 |

|  |
| --- |
|  **Suspected Or Potential Abusers** |
|  **PERSONAL DETAILS** | * **Item includes:** *Gender, Ethnicity, Name, Nicknames or Alias, Address, Age, Vehicle Make, Model Registration, Colour, Occupation*
 |
|  **SOCIAL NETWORK**  | * **Item Includes:** *, Known Associates (include names and nicknames / aliases etc.), connections to other vulnerable or exploited children,*

*Consider use of network diagram or eco-map* |
| **ENVIRONMENT / SITUATION** | * **Item includes:** *areas where there young people congregate and there is little or no adult supervision (e.g. Shopping centres, parks, taxi ranks, train stations, fast food outlets), takes child / young person to adult environments (e.g. pubs, clubs and bars), Contact with child young person occurs On-line (e.g. web sites and chat rooms and social media).*
 |
|  **POLICE RECORD** | * **Item Includes:** *Acquisitive offences, Violent offences inc. Domestic violence, sexual offences (including making / distributing child abuse images, extreme images and prohibited images), Non-sexual offences against children including neglect, cruelty and abduction, Miscellaneous offences e.g. supply /possession of drugs, public order offences, perverting the course of justice, harassment, driving offences, possession of an offensive weapon, criminal damage, arson and supervision breaches.*
 |
|  **BEHAVIOUR** **(*Overcoming Internal Inhibitions*)** | * **Item Includes:** *Cognitive Distortions e.g.: Post Hoc Rationalisation, Objectification of the victim, Behaviour is legitimised by other offenders within the network, Attitudes e.g. gender and sex role expectations, misogyny, attitudes that support or condone sexual violence, Generalised anti-social behaviour and attitudes,*
 |
| **GROOMING** | * **Item includes:** *Perceived as an older “Boyfriend”,* *Sex is exchanged for drugs, alcohol, clothes, commodities, Introduces victims to a wider group of men in various locations, child believes they owe a debt.*
 |
| **CONTEXT OF ABUSE** | * **Item Includes:** *Cruise (victim selection, searching out a victim, on foot or in car)*

*Abuse occurred when offender had already socialised with the victim but not previously sexually abused them; “relationship” escalates to abuse, Recruits via girl (e.g.) “Girlfriend” is coerced into recruiting other girls (usually friends), offender may give specific instructions who to recruit, Re-Abuse, Offender is a “Pimp” – Motivated to obtain power and respect / reputation from peers.* |
| **COERCION AND CONTROL** | * **Item Includes:** *Mobile Phone as gift: Once the victim becomes dependent upon the offender and the phone for communication, he takes the phone away, Abuse is filmed on mobile phones – images are shared with other offenders and the victim is blackmailed, Victims often present when peers are abused by the offender group, often in the same room or somewhere else on the premises, Trafficking between large towns disorientates victim and increases reliance on the offender, Actual and threatened violence towards victim, threats to harm family, friends or pets if they disclose or do not comply*
 |

|  |
| --- |
|  **Analysis: Risk**  |
|  **Main Concern**What is the nature of the exploitation that is likely to occur?Who are the Likely Victims?What is the perpetrator’s motivation? |  |
| **Impact**What would be the psychological or physical harm to the victim?Is there a chance that the sexual violence could escalate to serious or life threatening violence? |  |
| **Organised Crime Group**Are there 2 or more perpetrators?Is the group Hierarchical or Core?What is the motivation for the sexual exploitation (what are the perpetrators trying to achieve?) |  |
| **Imminence**How soon might sexual violence occur?Are there any warning signs that might signal that the risk is increasing or imminent? |  |

|  |  |
| --- | --- |
| **Frequency / Duration**How often might sexual violence / exploitation occur (e.g. once, several times, frequently?)Is the risk Chronic or Acute (i.e. Time Limited?) |  |
| **Likelihood**In General, how frequent or common is this type of sexual violence / exploitation?Based upon this child’s profile, how likely is it that sexual violence / exploitation will occur?Based upon the suspected perpetrator’s profile, how likely is it that sexual violence / exploitation will occur? |  |

|  |
| --- |
|  **ANALYSIS: CASE MANAGEMENT** |
| **Monitoring**What is the best way to monitor warning signs that the risks posed to the child may be increasing?What events, occurrences, or circumstances should trigger a re-assessment of risk? |  |
| **Treatment**What recovery strategies could be implemented to manage risks to the child?Which areas of psycho-social / emotional adjustment are high priorities for intervention? |  |
| **Supervision**What supervision or surveillance strategies could be implemented to manage risks posed to the child?What restrictions on activity movement association or communication are indicated for child, perpetrator or both? |  |
| **Safety Planning**What steps could be taken to enhance the safety of the child?How might the child’s physical security or self protective skills be improved? |  |
| **Other Considerations**Other events that may increase/decrease risk or better manage risk |  |

|  |
| --- |
|  **Child Sexual Exploitation Network Diagram** |
| * Include connections between suspected or actual Perpetrators, and links with and between victims and other vulnerable children
 |

# Bibliography

Barlow, C., 2014. *FRaSA FAmily Risk and SAfety Assessment.* s.l.:CRaig Barlow Consultancy & Training Ltd.

Barlow, C., Haughey, C. & Hafford, M., 2015. *SIPPS The Systemic Investgation, Protection and Prosecution Strategy.* s.l.:Unpublished.

Charmaz, C., 2008. Graounded Theory as an Emergent Method. In: *Handbook of Emergent Methods.* New York: The Guilford Press, pp. 155-172.

Coulshed, V. & Orme, J., 2012. *Social Work Practice.* 5th ed. Basingstoke: Palgrave Macmillan.

Dallos, R., 1992. *Family Belief Systems, Therapy and Change.* Bristol: Open University Press.

Department of Health, 2007. *best Practice in Managing risk: Principles and evidence for best practice in the assessment and management of risk to self and others in mental health services.* s.l.:DOH.

Douglas, K. S. et al., 2001. *HCR-20 Violence Risk Management Companion Guide.* British Columbia: Mental Health, Law and Policy Institute, Simon Fraser University.

Hart, S. D. et al., 2003. *RSVP) Structured Professional Guidelines for Assessing Risk of Sexual Violence.* s.l.:MHLPI, Pacific Psychological Assessment Corp., The British Columbia Institute Against Family Violence.

Paulhus, D. L., 1998. *Paulhus Deception Scales: the Balanced INventory of Desirable Responding - 7 User's Manual.* s.l.:Multi-Health Systems inc.

Tyldum, G. & Brunovskis, A., 2005. Describing the Unobserved:Methodological Challenges in Emprical Studies on Human Trafficking. In: F. Laczko & E. Gozdziac, eds. *Data and Research on Human Trafficking: A Global Survey.* s.l.:IOM International Organization for Migration.

1. This definition arises from joint work between project members of the National Working Group for Sexually Exploited Children and Young People (NWG) 2008. The National Working Group is a support group for individuals and service providers working with children and young people who are at risk of or who experience sexual exploitation. [↑](#footnote-ref-1)
2. Grooming is when someone builds an emotional connection with a child to gain their trust for the purposes of sexual abuse or exploitation (NSPCC). [↑](#footnote-ref-2)
3. The Modern Slavery Bill is expected to receive Royal assent and enactment in May 2015 [↑](#footnote-ref-3)