

Child Sexual Exploitation:

Awareness, Identification and Initial Management of Victims

A Guide for Health Workers

What is Child Sexual Exploitation (CSE)?

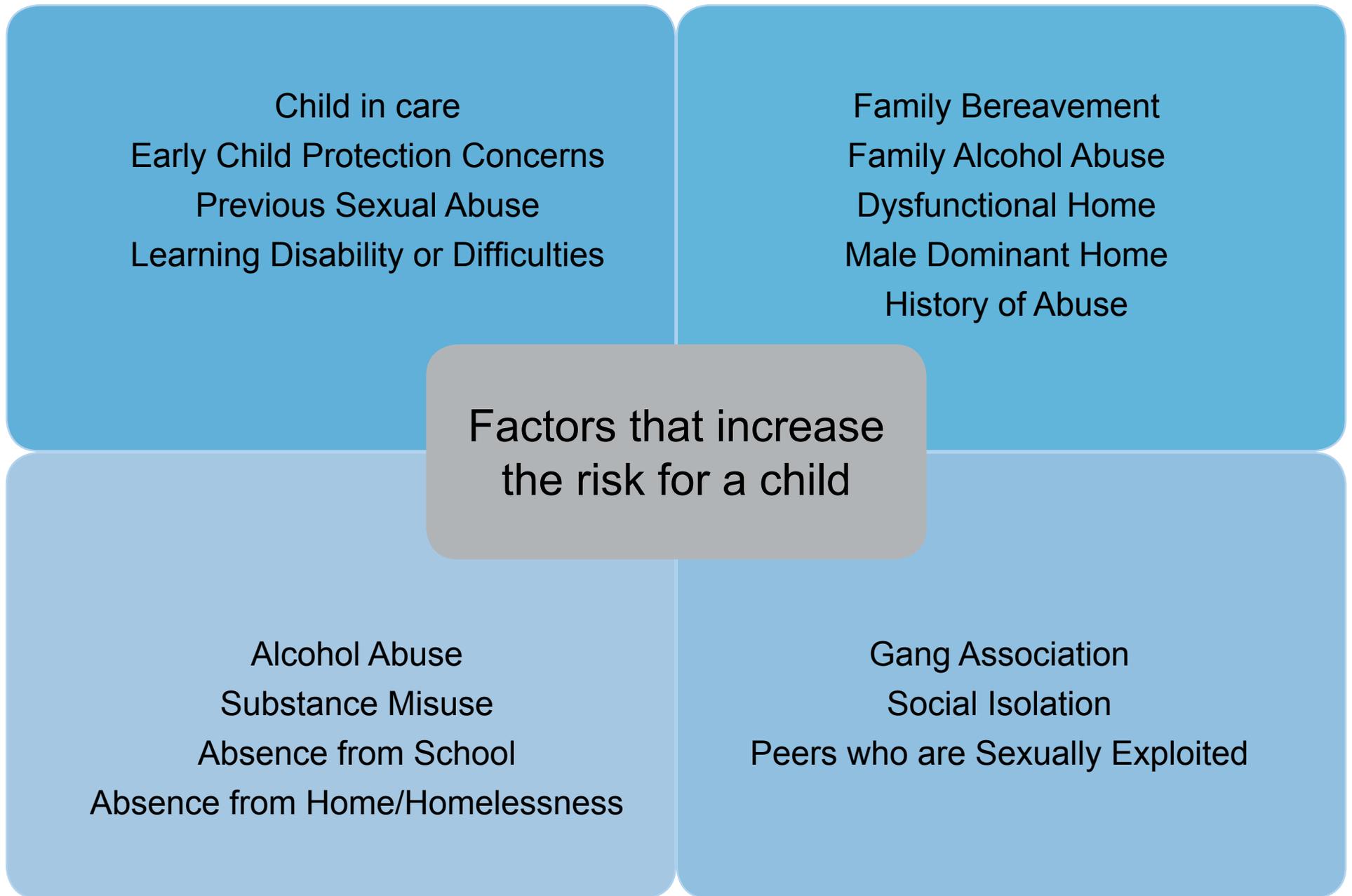
The sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) may receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of performing, and/or others performing on them, sexual activities.

Who might be a victim?

Any young person, boy or girl and from any sector of society can be a victim of CSE. But there are children who may be at greater risk due to their circumstances.

Risk Factors

Fig 1



Presenting signs and indicators of Possible CSE?

Physical

Late Presentation of untreated injuries or illnesses

Self Harm

Unexplained Injuries

Rapid change in appearance

'Revolving door' with A&E or Police

Repeat STI testing

Pelvic-inflammatory disease

Repeat pregnancy

Repeat alcohol abuse

Drugs and solvent abuse

Physical injuries

Low self esteem

Psychological

Mental health problems

Suicide ideation

Unexplained injuries

Multiple personality disorders

Dissociation

Psychosis

Depression

Sleep disorders

Eating disorders

Post-traumatic stress disorder

Alcohol abuse

Self-harming

Behavioural

Running away/missing from home

Sexualised behaviour

Repeated absence from school

Bully as a victim or perpetrator

Lethargy

Suicide and suicide attempts

Self blame (big problem even with successes)

Disruptive or challenging behaviour at school

In all cases, trust and act on your clinical instinct that something is not quite right. It is often a combination of trigger factors, an inconsistent story and a pattern of symptoms that may cause you to suspect CSE

It should be noted that many of the mental health problems will persist into adulthood

Where are young people likely to be initially groomed and hence become victims of CSE?

Any area where young people congregate in the absence of parental supervision or where they can easily be accessed including:

- Shopping centres
- Social networks and game sites
- Arcades
- Cafes
- Areas with no parental supervision e.g. fairground, circus, rollerball, parks, cinema complexes
- Take away food outlets
- Sheesha (Hookah) bars
- Alcohol outlets including corner shops with liquor licenses: effective use of licensing officers can disrupt
- Taxi drivers
- 'Mascots' (people dressed up as friendly animals)

What methods are used to groom or to enforce CSE on the victims?

It should be recognised that there is always power imbalance and the perpetrators have control over their victims. The child is often encouraged to believe they are in control of the relationship. They may use one or more of these:

- Presents: especially in the grooming phase
- Drugs: either supply or paying off drug debt
- Fear
- Alcohol
- Food treats
- Rewards e.g. mobile phone top ups
- Psychological cultural control (magic, religion etc)
- Blackmail
- Paying off debt
- Physical violence
- Mental manipulation

If you suspect that your patient may be a victim of CSE what do you do next?

- Ensure you address the health needs of the person by continuing to provide care
- Ensure the person knows that the health facility is a safe place
- Explain confidentiality and also your responsibilities to safeguard and share information to protect them and other children
- Ensure that the accompanying adult is a trusted person, and who they say they are
- Try to find out more and speak to the person in private without anyone who accompanied them (make sure mobile phones are switched off). Do not be afraid of asking questions about sexual partners
- Reassure them that it is safe for them to speak
- Allow them time to tell you their experiences
- Ask for consent to share information, and let them know who you will share with (no surprises)
- Do not make promises you cannot keep
- Speak to manager, colleagues or local safeguarding leads for support and advice
- Think about support and referral

If your suspicions are reconfirmed or you remain in any doubt

- Follow your Child Protection Guidelines
- Speak to your designated Child Protection Lead
- Out of hours: contact your Local Children's Social Service or Police where you have evidence of an offence

Human Trafficking Tool

Children can be trafficked across borders but also inside a country; it is often over quite short distances but enough to disorientate the child. This is an important aspect for conviction of perpetrators. Health professionals need to be aware that the young people may not see themselves as being exploited due to the processes of grooming and their own life experience. Health Workers can make this worse if they make assumptions about the child's capacity to consent based on age or lifestyle

Confidentiality Sharing information and condoned Consent

Please note that all health professionals have a legal obligation to safeguard children that present to them. Children are defined as those under the age of 18 years (Working Together to Safeguard Children 2013)

Fig 2



Be open and honest with the person (and/or their family where appropriate) at the outset about why, what, how and with whom information will be shared with.

The Understanding of Abused Consent (Pearce J 2013) is important when assessing competency to consent. Financial needs, Peer Pressure and grooming can underlie the young person's belief that they have agency but professionals can also contribute negatively by making assumptions about young peoples lives, normalizing the abusive relationship.

LOCAL CONTACT DETAILS:

Local designated Child Protection Lead
Name
Telephone
e-mail

[Empty rounded rectangular box for contact details]