Child sexual exploitation: Considerations for those who care

Alexandra Giordano

Abstract

Children who are in residential care are especially vulnerable for becoming prey to child sexual exploitation due to a number of different factors they have experienced throughout their lives. Due to the changing nature of exploitation, it may be notoriously difficult to identify and intervene. In the past decade, new policy and literature examines risk assessment toolkits and intervention strategies that are helpful for those working directly with looked after children.

Keywords

Child sexual exploitation, risk assessment, building relationships, COVID-19

Corresponding author:

Alexandra Giordano, social work student/residential worker, Glasgow City Council, alexandra.giordano.2019@uni.strath.ac.uk

Introduction

In the past decade, there has been a growing concern worldwide about the prevalence of child sexual exploitation (CSE) especially among looked after children. Beckett, Brodie, Factor, Melrose, Pearce, Pitts, Shuker and Warrington (2012) noted that a factor associated with risk of CSE is experience of the care system. A history of poor parenting, insecure attachments, and forms of neglect or abuse are common backgrounds for later exploitation according to Scott and Skidmore (2006), which many looked after children have experienced. The Centre for Excellence for Children's Care and Protection (CELCIS, n.d.) defines CSE as a form of child abuse, whereby a power imbalance is used to force or entice a child into engaging in sexual activities in return for something tangible or intangible such as gifts, money, affection or status. Children may be unaware of what is actually happening therefore it is classed as abuse regardless of perceived consent. Policy, data, and literature in the UK have been rapidly evolving over the past decade. In 2015, the UK's coalition government acknowledged CSE to be a national threat and suggested various proposals for assessing and managing risks. Many recent studies have proposed relevant findings involving policy, practice, management, and inspection of current CSE standards.

Considerations when assessing risk

As more data has been published, risk assessment and management methods have evolved and informed innovative frameworks. Different ideas of 'good practice' have been implemented through many initiatives. The Scottish Government published the National Action Plan to Tackle Child Sexual Exploitation: Final Report (2020) which compiles all of the changes to risk management since 2016. Since risk factors and the nature of CSE make it challenging for looked after children to recognise they are being abused (Berelowitz, 2013), the government has promoted CSE awareness and education programmes in schools. There has been a focus on early identification of CSE and online resources have been developed for residential staff and other

professionals to be able to identify abuse. Identification of CSE is an important first step to referring young people for further risk assessments.

In 2012, the Scottish Government introduced a National Risk Framework to Support the Assessment of Children and Young People as a toolkit for practitioners. The guidance is set firmly within Scotland's Getting It Right For Every Child (GIRFEC) policy framework and uses Wellbeing Indicators (SHANARRI). The GIRFEC model provides a framework for practitioners to understand what support children may need based on strengths or pressures in their lives. A child's plan is created based on SHANARRI indicators as residential staff analyse whether the child is meeting the indicators and how better outcomes can be achieved. Barnardo's has also developed the Sexual Exploitation Risk Assessment Framework (SERAF) to be used alongsidethe national framework.

While having toolkits to be able to firstly assess risk is integral to managing risks in looked after children's lives, we must also recognise how they apply in practice. Naturally, there have been some criticisms of the current frameworks from workers and young people. Barnardo's with the Scottish Children's Reporter Administration carried out research resulting in the report, Sexual Exploitation of Children Involved in the Children's Hearings system (Henderson, Parry, Baird, Dagon & Kirkman, 2020), in which they suggest these tools struggle to distinguish between risk or vulnerability from the factors that indicate CSE is occurring. It was also noted that the 'tick-box' approach may be discouraging to young people and eliminates professional judgement due to an overemphasis on scoring. Checklists may potentially distract the practitioner from engaging with the child and getting to know them. There is a lack of research evidence on how to base risk assessment tools which are developed instead based on case conference reviews, experience, and emerging studies. One notable issue identified is that tools may be developed with a particular type of CSE in mind and newer forms of CSE may be missing from assessment. There is a concern about the quality of evidence that informs the grounds of assessment tools which continue to improve as more data is collected. Continuing to research CSE is of utmost importance as it strongly informs assessment tools available for practitioners.

Building relationships while assessing risk

Risk assessments ideally should be designed age-appropriately for children and adolescents who have a growing sense of autonomy. Exploited young people may be experiencing a loss of control and disempowerment that permeates their exploitive relationships; therefore, services should move towards open, child-centred practice. Unfortunately, in this area, young person-centred participatory practice is ill-defined and irregularly integrated into CSE services. Directly involving a young person in making decisions about managing their risk is more difficult than fostering a risk averse approach where decisions are made for them. However, young people's agency should ideally be reframed as a resource rather than a problem that requires restrictive measures (Warrington, 2013).

Gaining a young person's trust is a vital precursor and foundation to successful risk management. Trauma-informed relationship building between young people and residential staff is an integral part of a residential worker's job. Relationships between practitioners and young people are more difficult to build as it requires a practitioner to give consistent attention over a period of time. In turn, successful outcomes are harder to achieve through time-limited interventions (Bovarnick, Scott & Pearce, 2017). For that reason, residential workers have the crucial responsibility of maintaining close relationships with young people as they may be more likely to disclose CSE-related information to someone they trust. Being persistent and reliable with the young person is crucial for them to recognise trust. Even if a young person is not ready to engage in risk management interventions, there will be an entrusted professional available when they are (Jago, Arocha, Brodie, Melrose, Pearce & Warrington, 2011). Children need time to process their experiences at their own pace which is difficult to achieve due to timescale limitations (Lefevre, Hickle, Luckock & Ruch, 2017). It takes time for workers to get to know the child's experiences enough to respond in a way that the child feels safe. CSE is a multi-faceted problem that involves persistence and time from both the young person and the worker alike. The young person needs time to process their experiences and the worker should also take time and utilise careful theory when creating a risk assessment for them (Hallett, 2016).

Research has consistently shown that CSE interventions should be done through an integrated approach, providing comprehensive, co-ordinated, consistent risk management (Dodsworth, 2014). In line with personalisation theories, Warrington (2013) argues that the views of the young person should be involved with their intervention at both policy and practice level. Hickle and Hallett (2016) have advocated a harm-reduction approach to be applied to CSE risk management. This approach supports worker's efforts to promote children's rights in practice by providing services for marginalised children who may be hesitant to disclose or are not yet able to engage in programmes that involve a high level of commitment. Young people may demonstrate what is perceived as low motivation to escape exploitative situations and may not feel ready to leave relationships or give up the sense of belonging that sometimes accompanies exploitation (Reid, 2014). Instead of the often used 'rescue' rhetoric for addressing exploited children whereby services rescue the child from their perpetrators by moving them to secure or different residential care, Gilligan (2015) suggests that young people may engage with services and then go missing for periods of time. Therefore, practitioners should focus on being a stable and trusted adult throughout these episodes. When working with looked after young people, it is important to recognise their agency and utilise it at the centre of their risk management plan. Personalised approaches may empower the young person and emphasise their agency while being rights-centred and innovative with their risk assessment (Hickle & Hallett, 2016).

The current impact of COVID-19

Multi-agency workers continue to play an integral role in responding to the coronavirus (COVID-19) crisis and have upheld the human rights of service users despite facing new challenges. In terms of looked-after children at risk of CSE, nation-wide lockdowns may hopefully separate some young people from potentially harmful situations, but this also isolates them from protective factors such as friends, school environments and other trusted adults and organisations that offer respite from their circumstances (ECPAT, 2020). There have been indications that conditions caused by COVID-19 have heightened the vulnerability of young people to online abuse as more people use technology

(Romanou & Belton, 2020). This presents a new danger which practitioners must be able to recognise in risk assessments. Europol (2020) has raised the issue of children spending more time online during COVID-19, where they can be exposed to offenders through gaming, chat groups, phishing attempts via email, social media contact and online educational applications. Many children, especially looked after young people, are increasingly lonely and isolated in this situation. They may be more likely to be taken advantage of such as arranging to meet offenders in person or producing and sharing explicit material.

Interpol (2020) has described a delayed reporting of CSE since services and resources are reduced, and court closures lead to delays in processing cases. Young people are experiencing limited access to community support services which often play a key role in detecting and reporting CSE cases. Residential staff working with looked after children must be vigilant in identifying possible CSE during this time as they are currently the primary contacts for accommodated young people.   It is important that workers are able to identify CSE indicators and be able to have open and trusting conversations with young people.

Conclusion

Child-centred practice starts with the principle that no child, whatever age, can consent to their own abuse, which is why residential staff and practitioners must explore why they appear to be 'choosing' abusive relationships (Barnardo's, 2011). Literature has noted that workers must build relationships with young people over time by supporting them through different situations, absconding, and challenging behaviours (Pearce, 2014). Risk assessment and intervention strategies rely strongly on these relationships as a young person may be more likely to disclose CSE to adults they are comfortable with. Care experiences, systems and a young person's relationships with their carer sit at the crux of CSE response and prevention. CSE is never the fault of the child and vulnerable, looked-after children must be safeguarded, supported and advocated for in trauma-informed ways that accommodate their diverse life experiences.

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About the author

Alexandra Giordano is currently completing her Master of Social Work degree at the University of Strathclyde, Scotland. Since the COVID-19 crisis, Alexandra has enjoyed working in a residential children's unit. Alexandra has also worked in mental health and social care services for several years and has worked with a variety of different service user groups. Alexandra would like to work towards developing specific child-centred, trauma-informed practices for looked after children to best suit their varying needs.