

Sexual exploitation of children involved in the Children's Hearings System

A research report by the Scottish Children's
Reporter Administration and Barnardo's Scotland

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System**

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Executive summary

This study is the first at a national level in Scotland on child sexual exploitation (CSE) and the first to consider the vulnerabilities to sexual exploitation experienced by both girls and boys. It is a collaboration between the Scottish Children's Reporter Administration (SCRA) and Barnardo's Scotland, and aimed to fill some of the gaps in our knowledge of why some children in Scotland become so vulnerable to sexual exploitation. Its focus is on children in the care system and involved in Children's Hearings, as these children have previously been identified as being particularly vulnerable. We aimed to answer four questions:

What are the pathways of children to becoming at risk of sexual exploitation?

When CSE vulnerability indicators first emerged, were these recognised as such by agencies and interventions made to protect and support the child?

What are the backgrounds, vulnerabilities and trajectories of boys most at risk of sexual exploitation in Scotland?

Is CSE considered in decision making by Children's Hearings for children who are victims of sexual exploitation?

Accompanying this report is a [policy paper](#) with recommendations arising from this research. The two reports should be read in parallel for a full understanding of the evidence and our recommendations.

What is child sexual exploitation?

Scotland's definition of CSE is:

'Child sexual exploitation is a form of child sexual abuse in which a person(s), of any age takes advantage of a power imbalance to force or entice a child into engaging in sexual activity in return for something received by the child and/or those perpetrating or facilitating the abuse. As with other forms of child sexual abuse, the presence of perceived consent does not undermine the abusive nature of the act.'

For the purposes of this definition, a child is anyone up to 18 years old.

Child sexual exploitation is a particularly hidden form of sexual abuse and crime. Victims may not be aware that they are being sexually exploited, such is the coercive nature of perpetrators and the control they exert over their victims. It is very rare for a child to disclose that they are a victim. There is very little information on the prevalence of CSE in Scotland and, until this research, no information on boys who are vulnerable to sexual exploitation.

Identification of victims and prevalence of CSE

The basis of the research was the case files held by SCRA of 213 children – 49 girls in secure care, 64 children with criminal remits and 100 children in residential care. From these, we identified 44 cases where CSE was reported by services and 30 where we assessed that the child was a likely victim of sexual exploitation. These 74 children, identified as victims or likely victims of sexual exploitation, came from rural and island communities, urban areas and mixed urban/rural areas. This means that there are children who are being sexually exploited right across Scotland.

We assessed that 63% of girls in secure care, 40% of girls in residential care and 62% of girls with criminal remits were CSE victims; for boys this was 21% of those in residential care and 10% of those with criminal remits.

Similarities and differences between boys and girls who are victims of sexual exploitation

There were 53 girls and 21 boys who were victims or likely victims of sexual exploitation. For almost a half, this abuse started before they were 13 years old – this was 43% of boys and 58% of girls; the youngest was 11 years old.

We found that there were many similarities between boys and girls in terms of their social, family and behavioural vulnerabilities, and their histories of care. Almost all were influenced by negative peers (95% boys, 96% girls) and/or older people (90% boys, 96% girls); and/or had not had a protective, nurturing adult at some point in their lives (86% boys, 77% girls). A half had experienced a significant bereavement (57% boys, 54% girls), around a third had been exposed to sexual behaviour (33% boys, 36% girls), and/or have a learning difficulty (38% boys, 26% girls).

The main difference was that girls were more likely to be identified as victims by services than boys - 91% were girls. In comparison, over half of the children we assessed to be likely victims were, in fact, boys (57%), but there was **no mention** that these 17 boys were so vulnerable in the reports presented as part of the Children's Hearings System.

Boys were more likely to be reported to have been exposed to violence (76% boys, 53% girls) and/or display sexually harmful behaviour (33% boys, 13% girls) than girls. Girls were more likely to be reported to have a much older boy/girlfriend (14% boys, 70% girls), be the victim of sexual abuse (24% boys, 55% girls), have attempted suicide (24% boys, 43% girls), self-harmed (48% boys, 85% girls) and/or be sexually active (48% boys, 85% girls). It is difficult to assess the extent that some of these differences are real or result from a bias towards reporting of such risks for girls. That **only four boys** in this study were reported in official documents as being victims leans toward the latter explanation that boys' vulnerabilities to sexual exploitation are not being recognised or taken seriously. It also means that the extent of CSE and boys is likely to be higher than known.

Pathways

We compared the backgrounds, vulnerability factors and care histories of the 74 children who were victims or likely victims of sexual exploitation with 33 children who were not assessed at such risk. These children had similar experiences of neglect and abuse within their families, abandonment, behavioural vulnerabilities, and histories in the care system - whether they became victims of sexual exploitation or not. What differentiated children who were victims from those who were not, related to the actions of others (often older people) with or towards the child. For those children assessed as being victims, these factors included having an older girl/boyfriend (54%), being influenced by older people (95%), being exposed to sexual behaviour (35%), concerning mobile phone/internet use (80%), being sexually active (74%), sexually risky behaviour (45%), having unexplained money or expensive items (47%), and/or visiting locations of CSE concern or prostitution (54%). There is therefore a need to look beyond a child's behaviour and family circumstances to who is associating with the child, why they are doing this and when this happens, to better identify and protect those vulnerable to sexual exploitation. One such approach is Contextual Safeguarding. This extends responsibilities for safeguarding a child to individuals and agencies who have influence over extra-familial contexts and that of the communities where the child lives, rather than the current more family-focused interventions.

Children's Hearings System and statutory interventions

The records of 220 Children's Hearings for the 44 children reported by services to be CSE victims were examined. The majority (71%) were provided with information that the child was a victim of sexual exploitation. However, when CSE was referenced in reports, this was often very briefly and was seldom included in social work recommendations to Children's Hearings (only 10% of recommendations referenced CSE), and in Hearings' decision making (11% of Hearings decisions included CSE and a further 16% alluded to it). Most Children's Hearings do not therefore appear to be considering the child as a CSE victim when making decisions on statutory interventions. This is likely a combination of Hearings only being provided with limited or no information on CSE, and a lack of awareness by Panel Members of the signs of CSE. For children to receive interventions and services to protect them from sexual exploitation, all involved in their care and welfare must have up to date information on children's vulnerabilities and the risks they face, to make effective decisions and plans. From this research, it would appear that this is not always happening.

1. Introduction

Background to this research

This study is the first at a national level in Scotland on child sexual exploitation (CSE) and the first to consider the vulnerabilities to sexual exploitation experienced by both girls and boys. There has been no previous national scoping or data gathering exercise regarding CSE in Scotland, and there has been no Scottish study that specifically looked at boys vulnerable to sexual exploitation.

In recognition of these gaps in our knowledge of CSE in Scotland, in late 2018 Barnardo's Scotland and the Scottish Children's Reporter Administration (SCRA) began exploring how they could bring together their expertise and information to carry out research on children who are victims of sexual exploitation. These two organisations were ideally placed to undertake this collaboration. Since 1992, Barnardo's Scotland has been at the forefront of delivering specialist services to directly support children and young people who are vulnerable to and/or harmed by sexual exploitation, raising awareness of the issues, and facilitating multi-agency work to increase public understanding of CSE through research publications and policy influencing (Barnardo's Scotland, 2019). SCRA is a statutory organisation that is responsible for the administration of the Children's Hearings System. It is the only organisation in Scotland that holds information on all children involved in the Hearings System at a national level and also has a research team with expertise on looked after children. The project was scoped by Barnardo's Scotland and SCRA, and the research proposal was presented to Scotland's National CSE Group which was also kept informed of progress. The research began in April 2019.

A [policy briefing](#), with recommendations arising from this research, accompanies this report. The two reports should be read in parallel for a full understanding of the evidence and our recommendations.

What is child sexual exploitation?

Child sexual exploitation is a type of child sexual abuse and a crime which can have hugely damaging and long-lasting consequences for its victims. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child into sexual activity in exchange for something the victim needs or wants, and/or for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. It does not always involve physical contact and can occur through the use of technology (Department for Education, 2017; Scottish Government, 2016).

That children can be sexually exploited has long been recognised. Articles 31 and 35 of the United Nations Convention on the Rights of the Child stipulate that children have the right to be protected from all forms of sexual exploitation, sexual abuse and trafficking (ratified December 1991). Barnardo's Scotland recruited its first specialist CSE practitioner in Glasgow in 1992. In Scotland, guidance on 'Vulnerable Children and Young People: Sexual Exploitation Through Prostitution' was in place in 2003 (Scottish Executive, 2003), followed by statutory provisions through the *Protection of Children and Prevention of Sexual Offences (Scotland) Act 2005*. Following an Inquiry by the Scottish Parliament's Public Petitions Committee (2014), in 2014 the Scottish Government introduced a national action plan to prevent and tackle CSE (Scottish Government, 2017).

Child sexual exploitation is not defined in law in Scotland. However, Scotland's National CSE Group developed a definition of CSE in 2016. Its purpose is to ensure that all practitioners and agencies use the same definition of CSE to facilitate joint risk assessments and effective multi-agency responses. Scotland's definition of CSE states that:

'Child sexual exploitation is a form of child sexual abuse in which a person(s), of any age takes advantage of a power imbalance to force or entice a child into engaging in sexual activity in return for something received by the child and/or those perpetrating or facilitating the abuse. As with other forms of child sexual abuse, the presence of perceived consent does not undermine the abusive nature of the act.'

For the purposes of this definition, a child is anyone up to 18 years old (Scottish Government, 2016).

All four nations of the UK have CSE specific definitions, however, it is only Scotland's definition that highlights the behaviours of the perpetrator at the start of the definition.

Child sexual exploitation can include:

- abuse through exchange of sexual activity for some form of payment, including non-financial exchanges such as food, shelter, protection and affection
- abuse through the production of indecent images and/or any other indecent material involving children whether photographs, films or other technologies
- abuse through grooming whether via direct contact or the use of technologies such as mobile phones and the internet
- abuse through trafficking for sexual purposes

(All Wales Child Protection Procedures Review Group, 2018).

Violence, coercion and intimidation are common characteristics of CSE, though not present in all cases. Involvement in exploitative relationships is characterised by the child's limited availability of choice, as a result of their social, economic or emotional vulnerability. The

child may not recognise the coercive nature of the relationship and may not see themselves as a victim of exploitation (Home Office, n.d).

Victims can be male or female - living independently, at home, with carers, or in residential care. Perpetrators can be male or female from any ethnicity or socio-economic background, operating as individuals, informal networks or organised groups. In recent years most media focus has been on adults outwith the children's usual social and family settings, but it is increasingly recognised that peers and family members or carers can be perpetrators. For example, in the recent Operation Betony in Glasgow which resulted in convictions, children were being groomed, exploited and passed on for further sexual abuse by their parents and family members (Glasgow Child Protection Committee, 2019). A study by England's Children's Commissioner (2019) identified links between gang associated children and young people and increased risk of CSE, with girls and young children being particularly at risk.

Child sexual exploitation is a particularly hidden form of abuse. As with other forms of sexual abuse, it is very rare for a child to disclose that they are a victim. Children can face many barriers to disclosing. These can include: being threatened by their abusers to keep quiet; there may be some form of perceived 'positive' relationship between a child and perpetrator and the child may not say anything to protect their abuser; they may fear they will not be believed or be worried about getting into trouble for something they shouldn't have done; or may feel shame and that they have some responsibility for the abuse making it difficult for them to disclose what happened or is happening (Lerpiniere et al, 2013). There are additional pressures for boys around concerns about homosexuality and issues of masculinity such as not wanting to appear vulnerable and helpless (Lerpiniere et al, 2013).

How many children are victims?

There is little reliable information on how many children are victims of sexual exploitation in the UK or in Scotland. This is due to a number of reasons including: the hidden nature of the abuse; a variety of methods for identifying CSE; inconsistencies between agencies in if they record CSE and, if they do, how they record cases due to lack of awareness by some professionals working with children (House of Commons Home Affairs Committee, 2013); and denial in some geographical areas that CSE may be happening (Lerpiniere et al, 2013; Friskney, 2019).

Estimates across local authorities in England (for 2016) were that there were between 1.1 to 137 children who were likely to be victims of CSE per 10,000 in the general population (Kelly & Karsna, 2017). More recent data from across England shows that CSE was assessed as a factor in abuse in 4% of referrals to children's services in 2018-19 (Office for National Statistics, 2020). A recent study of children in the care of one local authority in Wales,

found that there were strong indications that 26% of them had experienced sexual exploitation; and that around three quarters of them were girls (Hallet et al, 2019).

Information on numbers of children at risk of sexual exploitation in Scotland is even more limited, despite efforts in recent years by Scotland's National CSE Group to determine the scale, nature and prevalence of CSE in Scotland. A study carried out in 2012-13 on the prevalence of sexual exploitation amongst 75 looked after children in one local authority area, found that 21% were known or suspected to be victims (Lerpiniere et al, 2013). A study of 39 children in Glasgow found that 33% of young people looked after in residential units were at substantial risk or had been harmed by sexual exploitation (Rigby & Murie, 2013). An earlier study of girls in secure care in Scotland estimated that 40% to 90% were at risk of CSE (Creegan et al, 2005). More recently, the Scottish Independent Care Review (2020) noted that many girls in secure care are victims of sexual abuse and exploitation and have been placed in these settings to remove and protect them from such abuse.

It should be noted that most of the information that is available on CSE (and all of the information on CSE in Scotland) is based upon populations where the prevalence would be expected to be high due to the vulnerability of the children in those situations (Creegan et al, 2005; Lerpiniere et al, 2013; Rigby & Murie, 2013; Rigby et al, 2017). So while nationally the incidence of CSE is likely to be low, for certain groups of children and the people who work with them it is an area of high concern.

Why is it difficult to identify if a child has been sexually exploited?

Most studies do not compare victims with non-victim groups, or use other methodological designs that allow identification of variables that indicate increased risk. Nevertheless, researchers have talked to victims, or retrospectively examined a range of factors in samples of victims of CSE and the variables most commonly identified in these studies are outlined below. It is important that these factors are used cautiously, since it is not possible to qualify in each case whether a variable represents a risk factor (e.g. a variable that increases likelihood of experiencing CSE) or is an indicator that CSE has in fact occurred. Furthermore, a child experiencing, or vulnerable to experiencing, sexual exploitation may show none of these factors; and equally a child displaying many of these indicators will not necessarily be experiencing, or be vulnerable to, sexual exploitation.

Factors indicating CSE vulnerability have been identified in previous studies (Smeaton, 2013; Brown et al, 2016; Bovarnich et al, 2017) and include:

- Prior (sexual) abuse or neglect and family dysfunction (e.g. domestic violence, family breakdown, parental drug or alcohol misuse)
- Being in care (multiple placement moves, rejection, lack of positive attachments, peer introductions to exploitative adults)

- Having a disability
- Going missing or running away from home or a care placement, fleeing from an abusive situation
- Alcohol and drug misuse
- Disengagement in education
- Social isolation
- Low self-esteem
- Identity/demographic factors
- Family difficulties
- Association with gangs/groups
- First sexual contact at a young age
- Frequent and particular types of use of social media
- Fewer friends than average for age and stage
- Poor relationship with parents
- An isolated position combined with a setting in which a trusted relationship is formed.

Trajectories that can lead to children being vulnerable to CSE are many and varied, involving a complex interplay of factors, so caution must be exercised when examining children's experiences.

There is reliable evidence which demonstrates a correlation between increased vulnerability to CSE and two discrete factors: having a disability and being in care. These are the only two factors to have been identified in studies of CSE that have compared victims with suitable non-victim comparison groups, or used other methodological designs that allow us to be confident that the variables indicate increased risk. The invisibility of disabled children and those with learning difficulties in prevalence studies means that we do not know with any certainty how many children are victims (Franklin et al, 2015). The vulnerability of children in residential care was highlighted in the Inquiry into sexual exploitation of children in Rotherham (Jay, 2014) and in other CSE Inquiries in England¹. Within the wider literature on sexual violence, a third factor is identified as correlating with experience of sexual assault - having previous experience of sexual abuse (Ullman & Vasquez, 2015).

¹ A list of Inquiries and Serious Case Reviews (and links to them) is in the reference section of this report.

Boys who are victims of sexual exploitation

Most identified and suspected cases of CSE relate to girls. Boys can also be victims and this abuse is even more hidden; most often invisible. Societal values around masculinity and perceptions of males as perpetrators mask that boys can be victims too (Fox, 2016).

Differences between boys and girls who are victims of sexual exploitation have been reported (Fox, 2016):

- Boys are more likely to express their anger and trauma externally and be labelled as 'aggressive', 'violent', or an 'offender', whereas girls are more likely to internalise their distress. This external reaction to trauma has been seen as a likely reason for male victims gaining experience of the criminal justice system rather than social work support and being viewed as criminals rather than victims of abuse.
- Male victims are more likely to have a recorded disability than females.
- Male victims are more likely to be identified because of going missing; this is common for girls too but girls are also identified due to other concerns (such as inappropriate relationships).
- Historically, professionals did not recognise that boys could be victims of sexual exploitation. Male victims were not viewed as such or if they were the abuse was not seen to be as serious as that of girls.

There is very little information about boys as victims of or at risk of sexual exploitation in the UK, and what limited information there is mainly comes from studies in England and Wales (Beech et al, 2018; Barnardo's, 2014; Boys 2, 2018).

Research questions

This research aimed to fill some of the gaps in our knowledge of children vulnerable to or who are victims of sexual exploitation in Scotland. Its focus is on children in the care system and involved in Children's Hearings, as these children have been identified in previous studies as being particularly vulnerable (Creagan et al, 2005; Whitehead et al, 2010; Lerpiniere, 2013; Rigby & Murie, 2013; Rigby et al, 2017). It aimed to answer four questions:

- RQ1. What are the pathways of children to becoming at risk of sexual exploitation?
- RQ2. When CSE vulnerability indicators first emerged, were these recognised as such by agencies and interventions made to protect and support the child?
- RQ3. What are the backgrounds, vulnerabilities and trajectories of boys most at risk of sexual exploitation in Scotland?
- RQ4. Is CSE considered in decision making by Children's Hearings for children who are victims of sexual exploitation?

The research findings are reported in Chapters 3 to 10, and each Chapter addresses the research questions as follows:

3. Identifying children who are victims or likely victims of sexual exploitation - RQ1
4. Demographics and family backgrounds - RQ1, RQ3, RQ4
5. Boys who are victims or likely victims of sexual exploitation - RQ1, RQ2, RQ3
6. Girls who are victims or likely victims of sexual exploitation - RQ1, RQ2
7. Comparing CSE vulnerabilities in the lives of boys and girls – RQ1, RQ3
8. Care histories of children who are victims or likely victims of sexual exploitation – RQ1, RQ2
9. Children who were not identified as being vulnerable to sexual exploitation and how they differed from those who were – RQ1
10. Cases where CSE was included in reports and how this was considered in the Children’s Hearings System – RQ2, RQ4

Notes on use of language in this report

In Scotland, a **child** is generally considered to be someone under the age of 16 years. In terms of CSE a child is anyone up to 18 years old (Scottish Government, 2016). This research includes young people aged 16 and 17 years. In line with Scotland’s definition of CSE, all those under 18 years in this report are referred to as children.

The basis of this research was the identification of cases of children who are victims or likely victims of sexual exploitation. This was done through the application of **indicators** to assess the likelihood that a child is a victim of sexual exploitation. This means that there is often no certainty that a child is a victim but all the indications are that they are vulnerable to sexual exploitation. It can also mean that on a superficial reading of a child’s records they may appear as high risk, but examination of the wider evidence and context can find that they are not and there are other reasons for their apparent vulnerabilities.

The first indicators of CSE were developed in 2005 by Barnardo’s, however Barnardo’s now recognises the flaw in this and the fact that they were based on a narrow stereotype of direct practice experience. Indicator toolkits can often ‘screen’ particular groups of children out – children from BME backgrounds, boys, children groomed on-line, and often mix up risk and victimhood (Sewel, 2018).

In this report, a child is described as a ‘**victim**’ of sexual exploitation where this has been explicitly referenced in official documents and as a ‘**likely victim**’ where this was assessed by the research team on their close examination of the child’s case file.

Some of the language used in indicators to assess risk of CSE refers to a **child's behaviour**. Sexual exploitation is never the child's fault and while some behaviours may create risk for a child it is never our intention to infer that children 'put themselves at risk' and we recognise that many behaviours understood as 'challenging' and 'aggressive' are often signs of distress and trauma - or similar.

2. Methods

The primary data for this study were information held in SCRA's case files in its Case Management System (CMS). These case files hold statutory documentation, reports (e.g. those from social work, police, education, health, safeguarders, etc.), correspondence, and records of decisions by Children's Reporters and Children's Hearings.

Our aim was to study cases of children who were likely or actual victims of sexual exploitation to understand why they came to be so vulnerable (Figure 1). We therefore chose three groups to select the original sample where there was likely to be a higher prevalence of CSE:

1. Children remitted by criminal courts to Children's Hearings²

This group was selected to identify the cases of boys who were victims of sexual exploitation. The majority of children with criminal remits are male, they have all committed crimes, most have childhoods characterised by trauma, almost a half have been exposed to violence in their homes or by family members, and around a quarter have a recorded disability (Henderson, 2017). This group is therefore likely to include boys who may be vulnerable to sexual exploitation.

2. Girls in secure care³

This group was selected to identify cases of girls who were victims of sexual exploitation. Previous SCRA research has shown that girls in secure care have many of the vulnerabilities linked to sexual exploitation (Whitehead et al, 2010), and an earlier study found that 40% to 90% girls in secure care in Scotland were at such risk (Creegan et al, 2005). This high prevalence is likely because girls often enter secure care because of the risk of harm from sexual exploitation (Scottish Independent Care Review, 2020).

3. Children in residential care

Previous studies and Inquiries have identified that children in residential care may be particularly vulnerable to sexual exploitation; for example, a small scale study (39 cases) in Glasgow found that 33% of the children in residential units were at significant risk or had been harmed by sexual exploitation (Jay, 2014; Rigby & Murie, 2013). This group was chosen to ensure that cases of children in residential care in Scotland were included in this research.

There were four parts to the research:

² Sections 49(1) and (3) Criminal Procedure (Scotland) Act 1995

³ Section 83 Children's Hearings (Scotland) Act 2011

1. Research toolkit of indicators of child sexual exploitation

This is based on Scotland's definition of CSE and National Framework (Scottish Government 2016, 2017); All Wales Protocol and Risk Assessment Framework developed by Barnardo's (2018); the template developed by Glasgow City Council (GCC) and Stirling University for GCC's Child Protection Committee (Rigby & Murie, 2013); and review of Serious Case Reviews in England⁴.

The research toolkit uses a combination of vulnerability and risk factors:

- Vulnerability factors – circumstances which may make a child more likely to be at risk of sexual exploitation
- Moderate risk factors – indicators that are associated with risk of sexual exploitation.
- Significant risk factors – indicators that are highly prevalent in cases where children are known to be at risk of abuse or are being abused through sexual exploitation

Each vulnerability factor was assessed as to whether it has ever been present in the child's life.

Each risk factor was assessed as being present in the child's life at some point over the past 12 months.

The vulnerability and risk factors (i.e. research variables) were then recorded as present or absent, where absent meant either specified in the files as not present or simply not mentioned.

The toolkit developed for this research is shown below.

⁴ The list of Serious Case Reviews used is in the References section (page 79)

Research Toolkit

Vulnerability factors	Score
Abuse/ neglect by parent/carer/family member	1
Family history of domestic abuse	1
Family history of substance abuse	1
Family history of mental health difficulties	1
Breakdown of family relationships	1
Child is in residential care	1
Child has low self esteem	1
Child has a disability and/or learning difficulties	1
Vulnerability factors possible total = 8	
Moderate risk factors (child)	
Staying out late	1
Multiple callers (unknown adults/ older children)	1
Use of mobile phone that causes concern	1
Expressions of despair (self-harm, overdose, eating disorder, challenging behaviour, aggression)	1
Drug use	1
Alcohol use	1
Use of internet that causes concern	1
Isolated from peers/ social networks	1
Lack of positive relationships with a protective/nurturing adult	1
Unexplained absences or exclusion from school, or not engaged in education or training	1
Sexually active	1
Criminal activity	1
Family not engaging with services	1
Child under the influence of and/or intimidated by adult criminals	1
Child visiting locations/premises of concern	1
Concerns re. child's peer associations/influence	1
Moderate risk factors possible total = 16	
Significant risk factors (child)	
Going missing overnight or longer	5
Significantly older boy/girlfriend relationship	5
Physical/emotional abuse by that older boy/girlfriend	5
Entering/leaving vehicles alone driven by unknown adult(s)	5
Unexplained amounts of money or expensive items	5
Frequenting areas/premises known for prostitution or sexual exploitation	5
Physical injury without plausible explanation	5
Disclosure of physical or sexual assault; or disclosure of physical or sexual assault and withdrawal of allegation	5
Sexually risky behaviour (e.g. multiple partners; strangers)	5
Recurrent sexually transmitted diseases	5
Abducted/ forced imprisonment	5
Significant risk factors possible total = 55	
Overall possible total score = 79	

Overall scores indicate a child's risk of sexual exploitation as:

- 0 to 5 = not at risk. Likely to have one or more vulnerabilities and no risk factors.
- 6 to 10 = mild risk. Multiple vulnerability factors and two or more risk factors.
- 11 to 15 = moderate risk. Multiple vulnerability factors and multiple risk factors.
- 16+ = significant risk. Multiple vulnerability factors and multiple risk factors.

Toolkit pilot

The toolkit was piloted on nine cases selected randomly from children remitted from criminal courts or with secure authorisations made between 1 January and 31 March 2019. These cases were not then included in the research sample.

The pilot served two purposes:

- (i) Assessment of inter-rater reliability to ensure that there was consistency between the researchers in extraction of data from case files. The four researchers each independently applied the toolkit to the nine cases to assess the level of risk. All came to the same conclusion as to whether each child was assessed at no, mild, moderate or significant risk.
- (ii) To finalise the variables to be included in the toolkit. The variables were recorded as present or absent, where absent meant either specified in the files as not present or simply not mentioned. The toolkit was finalised based on the results of the pilot and feedback from the Research Advisory Group.

2. Identification of children who are victims or likely victims of sexual exploitation

The toolkit was used to identify children for the main research sample (Figure 1). This was done over June, July and August 2019.

The research toolkit was applied to the 213 cases in the original sample, as follows:

- Children remitted by criminal courts to Children's Hearings - the toolkit was applied to all 64 such cases in 2018 (i.e. 1 January to 31 December 2018). There are 13 girls and 51 boys who were aged from 15 to 17 years at the time of their remit Children's Hearing.
- All 49 girls with secure authorisations made by Children's Hearings in 2018. These girls were aged from 12 to 17 years at the time of their Children's Hearing that made the secure authorisation.
- Children in residential care - 100 children aged 10 years and over were selected at random from the 852 children with Compulsory Supervision Orders (CSOs) with conditions of residence in residential schools or units, and which were made in 2018. The toolkit was applied to the cases of 65 boys and 35 girls who were aged 10 to 17 years at the time of their Children's Hearing which made the CSO for residential care.

Of the 213 cases to which the toolkit was applied, 107 were identified as sitting in the 'significant risk of CSE' category as defined above, and these cases comprised the main research sample. Of these, only 44 named CSE within the SCRA case file (Figure 1).

3. Pathways/trajectories to vulnerability to sexual exploitation

The case files of all the 107 children in the main research sample were read in detail to follow their lives from birth to the point of data collection (which was between September 2019 to January 2020). This was to:

- Identify the critical age stages when CSE vulnerabilities emerged

- Characterise the family histories of these children
- Track their care histories and legal interventions made

4. Consideration of CSE in Children's Hearings decision making

This part of the research looked at the 44 children where CSE was explicitly referenced in their SCRA case file (see chapter 10). The papers presented to and the decision of each Children's Hearing, after CSE was first referenced, were examined to see if Hearings were provided with information on the child being a victim of sexual exploitation and if this was considered in their decisions. The records of a total of 220 Children's Hearings, for these 44 children, were examined.

Data collection

For all the 107 children in the main sample, the following types of data were collected:

- Demographics
- Dates – first known to services, first referred to Children's Reporter, first CSO.
- Family factors present in each of six age stages in the children's lives: pre-birth, 0 to 4 years, 5 to 8 years, 9 to 13 years, 14 and 15 years and 16 and 17 years⁵.
- Child's legal status - at end of each of five age stages (0 to 4 years, 5 to 8 years, 9 to 13 years, 14 to 15 years, 16 to 17 years); number of placement moves during each age stage.
- Social and family vulnerability factors - during each of five age stages (0 to 4 years, 5 to 8 years, 9 to 13 years, 14 to 15 years, 16 to 17 years)
- Behavioural vulnerability factors during each of five age stages (0 to 4 years, 5 to 8 years, 9 to 13 years, 14 to 15 years, 16 to 17 years)
- Researchers' assessment of whether the child is a victim of sexual exploitation - at end of each of five age stages (0 to 4 years, 5 to 8 years, 9 to 13 years, 14 to 15 years, 16 to 17 years);

The full list of data variables is given in Appendix 1. The variables were recorded as present or absent, where absent meant either specified in the case files as not present or was simply not mentioned.

Data were collated and analysed using MS EXCEL.

Ethical considerations

Confidentiality

Unique linkage identifiers for the 213 cases in the original sample and the 107 cases in the main sample were used for the purpose of data collection, and these were destroyed when this was completed. No identifiers (names, dates of birth, post codes, etc.) were collected

⁵ Six children were not yet 14 years and 34 were not yet 16 years at time of data collection

and used in any data analysis and reporting. Numbers less than five are suppressed in reporting wherever possible.

Only the SCRA researchers had access to information on children's cases held in CMS. Information shared with Barnardo's Scotland and the RAG was aggregated and anonymised.

Case studies (stories) are used throughout this report to give greater insight on the lives and vulnerabilities of children who are victims of sexual exploitation in Scotland. These are based on cases in the main sample with some details changed to ensure anonymity. The events described in the stories are real.

Security

SCRA is part of the Scottish Government's IT network which is a secure system. All data collected and analysed were held in a folder to which only the SCRA research team have access, and on encrypted devices.

The researchers are all PVG Scheme members in respect of regulated work with children⁶, and have all been trained on data protection law.

Ethical approval for the research was granted by SCRA's Research Ethics Committee on 5th April 2019.

A Research Advisory Group (RAG) provided oversight and advice on the research, peer reviewed the research report, and contributed to its accompanying policy work and recommendations. The membership of the RAG is given in Appendix 2.

Limitations of this research

The information used in this research was solely that which was available from the case files held by SCRA; in research terms this means that it is secondary data. SCRA case files contain reports from social work, police, schools, health professionals, Safeguarders, etc., as well as all decisions made by Children's Reporters and Hearings, and legal measures. This gives a comprehensive overview of the child and their circumstances. However, there may be other information that was not in the case files and therefore was not available for the research.

Child sexual exploitation is a particularly hidden form of abuse and crime. This makes identifying victims difficult for services and therefore limits the information recorded in reports on whether a child is vulnerable or a victim. This research is therefore based on factors which indicate CSE vulnerability. These factors were selected based on those identified in previous research, those in the research toolkit, the researchers own reading of

⁶ Section 52 of the Protection of Vulnerable Groups (Scotland) Act 2007

case files, and in consultation with Barnardo's Scotland's National Programme Manager for Child Sexual Exploitation.

Children can never be expected to predict, pre-empt or protect themselves from abuse/exploitation – they cannot influence or stop someone abusing/exploiting them. All children are vulnerable to abuse/exploitation – by virtue of being children. Neither individual nor contextual vulnerabilities cause exploitation or abuse – there has to be:

- a person/people who have the motive to exploit/abuse in order for abuse/exploitation to occur.
- an inadequate set of protective structures to mitigate risk or in place to disrupt them.
- a place or location (physical or digital) for harm to take place.

Responsibility for abuse/exploitation therefore always lies with the perpetrators who abuse/exploit children and cause them harm; irrespective of the behaviour or circumstances of a child – if there is no perpetrator, there will be no abuse/exploitation of a child.

3. Identifying children who are victims or likely victims of sexual exploitation

The first stage in this research was to identify children who are highly vulnerable and are likely to be victims of sexual exploitation. These children’s cases then formed the main sample for the remainder of the research.

Using the research toolkit, 107 cases were assessed as being of significant CSE risk, this is a half of the 213 children in the original sample (Table 1; Figure 1). Those assessed to be at significant risk (i.e. the main sample) were from the following types of cases:

- Girls with secure authorisations – 37 girls (76%)
- Children with criminal remits – 18 boys, eight girls (41%)
- Children in residential care – 27 boys, 17 girls (44%)

Table 1. Assessment of CSE risk using the research toolkit

Type of case	Assessed CSE risk (number of children)				Total
	None	Mild	Moderate	Significant	
Secure authorisation (girls)	0	2	10	37	49
Criminal remit	12	18	8	26	64
Residential care	1	29	26	44	100
Total children	13 (6%)	49 (23%)	44 (21%)	107 (50%)	213

The 107 children’s cases that were assessed as at significant CSE risk, and forming the main sample, were then read in detail from when they were first known to services to point of data collection (this reading was done between September 2019 and January 2020).

Identifying victims and likely victims from those assessed at significant CSE risk

From reading the case files it was apparent that not all the 107 children, assessed at significant risk using the toolkit, were vulnerable to sexual exploitation. This suggests limitations in the use of CSE assessment tools to identify children at risk, as has been found previously (Brown et al, 2017).

Three groups of cases emerged from close reading of the case files (Table 2):

- CSE referenced in case file as the child being identified as a victim or services stating concerns about the child being sexually exploited = Group 1
- CSE not referenced but child is likely to be a victim = Group 2
- No assessed CSE vulnerability = Group 3

The Group 1 cases were simply identified as those where CSE was explicitly mentioned in reports (usually police or social work reports – see Chapter 10).

Identifying Group 2 cases and distinguishing them from Group 3 cases was more difficult, and required examination of the different significant risk factors in the research toolkit; these are:

- Going missing overnight or longer
- Significantly older boy/girlfriend relationship
- Physical/emotional abuse by that older boy/girlfriend
- Entering/leaving vehicles alone driven by an unknown adult
- Unexplained amounts of money or expensive items
- Frequenting areas known for prostitution or sexual exploitation
- Physical injury without plausible explanation
- Disclosure of physical or sexual assault; or disclosure of physical or sexual assault and withdrawal of allegation
- Sexually risky behaviour
- Recurrent sexually transmitted diseases
- Abducted/ forced imprisonment

Group 3 cases were initially identified as those which scored as at significant risk and there was either no significant risk factor (two cases) or the only significant risk factor was going missing overnight and it was clear that the child was not vulnerable to sexual exploitation during that time (e.g. going missing from a residential unit to go the home of a family member who was not a CSE risk) (20 cases). However, there were some Group 3 cases where there were two or more significant risk factors or the only one was disclosure of physical or sexual assault. On further examination of these cases there were alternate reasons for these vulnerabilities, and in one case a CSE assessment had been carried out and services had concluded that the child was not at such risk.

Group 2 cases differed from those in Group 3 in that there were greater varieties and combinations of significant risk factors that indicated vulnerability to sexual exploitation. The single most common significant risk factors were disclosure of physical or sexual abuse, going missing overnight, and sexually risky behaviour. Group 2 cases also differed from those in Group 3 in that going missing overnight was commonly associated with other significant risk factors such as unexplained injury, significantly older boy/girlfriend, sexually risky behaviour, unexplained money or expensive items, and disclosure of physical or sexual assault.

There were differences between the three groups in the numbers of significant risk factors found using the research toolkit. Looking at those who had two or more significant risk factors this was:

- Group 1 (CSE referenced) – 33 of the 44 children in this group (75%)
- Group 2 (CSE likely) – 13 of the 30 children in this group (43%)
- Group 3 (no assessed CSE vulnerability) – nine of the 33 children in this group (27%)

Seventy four children (69%), 21 boys and 53 girls, were identified as being victims or likely victims of sexual exploitation (Table 2). They were:

- CSE referenced in case file (i.e. Group 1) – four boys and 40 girls = 44 children
- CSE not referenced but child was assessed by the researchers as likely to be a victim (i.e. Group 2) – 17 boys and 13 girls = 30 children.

This is an important finding as it means that 80% boys (compared with 25% girls) that were identified by the research team as likely victims of sexual exploitation were not identified in official reports as being victims.

There were 33 children (24 boys and nine girls) (31%) who were assessed at significant risk using the toolkit and where no CSE vulnerability was identified (i.e. Group 3) (Table 2).

Table 2. Identification of children who are victims or likely victims of sexual exploitation

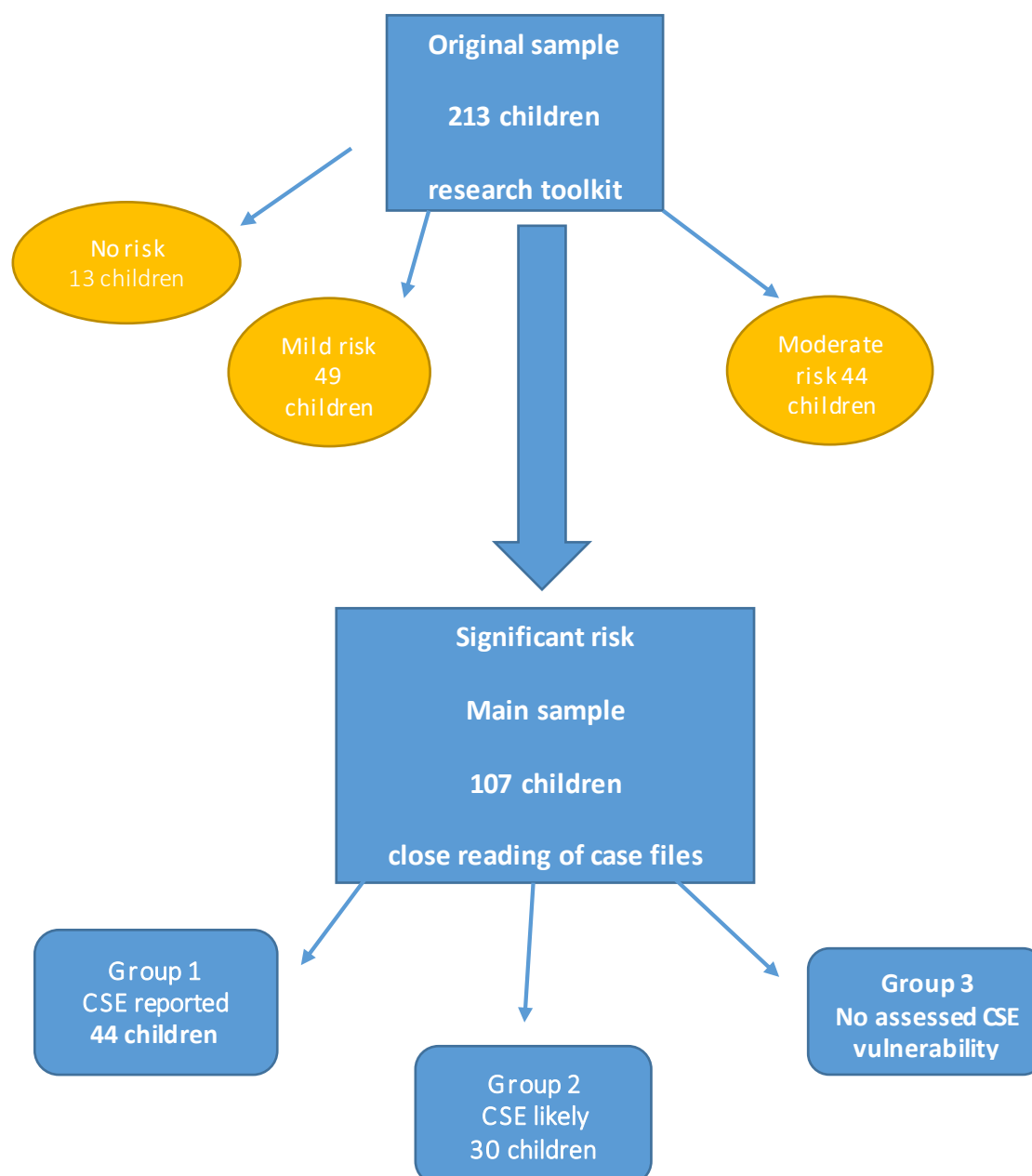
Case type	Boys			Girls		
	Group 1 CSE reported	Group 2 CSE likely	Group 3 No CSE vulnerability	Group 1 CSE reported	Group 2 CSE likely	Group 3 No CSE vulnerability
Secure authorisation	n/a	n/a	n/a	26	5	6
Criminal remit	<5	4	13	6	2	0
Residential care	<5	13	11	8	6	3
Total children	4 (9%)	17 (38%)	24 (53%)	40 (64%)	13 (21%)	9 (14%)

Total boys = 45; Total girls = 62; Total children = 107

Looking back to the original sample of 213 children, this means that:

- Girls with secure authorisations – 53% are victims and 10% are likely victims; overall - 63% are victims or likely CSE victims
- Girls in residential care – 23% are victims and 17% are likely victims; overall - 40% are victims or likely CSE victims
- Boys in residential care – 5% are victims and 20% are likely victims; overall - 25% are victims or likely CSE victims
- Girls with criminal remits – 46% are victims and 15% are likely victims; overall - 62% are victims or likely CSE victims
- Boys with criminal remits – 2% are victims and 8% are likely victims of sexual exploitation; overall - 10% are victims or likely CSE victims

Figure 1. Identification of children who are victims or likely victims of sexual exploitation



Local authority areas of children who are victims or likely victims of sexual exploitation

The 74 children in Group 1 (CSE referenced) and Group 2 (CSE likely) were from 27 of the 32 local authority areas in Scotland – representing island, rural, urban and mixed urban/rural areas (Table 3).

Highland had the most cases identified in this research, and in five of these eight cases CSE was referenced in reports. This does not necessarily mean that there were more such vulnerable children than in other areas; it could be that there is better identification and

reporting of CSE in Highland or that there had been a particular investigation and thus increased scrutiny.

Table 3. Local authority areas of children identified as victims or likely victims of sexual exploitation *

Local authority area**	Number of children
Aberdeen City	5
Aberdeenshire	<5
Angus	<5
Argyll & Bute	<5
Clackmannanshire	<5
Dumfries & Galloway	<5
Dundee	<5
East Ayrshire	<5
Edinburgh	<5
Falkirk	<5
Fife	<5
Glasgow	6
Highland	8
Inverclyde	<5
Midlothian	<5
Moray	<5
North Ayrshire	5
North Lanarkshire	<5
Perth & Kinross	<5
Renfrewshire	<5
Scottish Borders	<5
Shetland Islands	<5
South Ayrshire	5
South Lanarkshire	<5
Stirling	<5
West Dunbartonshire	<5
West Lothian	<5
Total	74

*Cases were CSE referenced (Group 1) and those assessed as likely victims (Group 2) are combined in this table due to low numbers

**East Dunbartonshire, East Lothian, East Renfrewshire, Eilean Siar, and Orkney are the only areas where no CSE cases were identified in this research. This does not mean no cases have occurred in these areas, only that they were not found in this research.

Robyn's story

Robyn's story is one of the cases identified by the researchers where the child was likely to be a victim but this was not reported by services (i.e. from Group 2). Robyn's story illustrates how CSE can happen in rural areas, the involvement of peers in introducing other children to abusive environments, how boys can be both perpetrators and victims, and families lack of recognition or denial that it can be happening.

Robyn lives with her parents and two brothers on the outskirts of a small rural town. When she's 14, she starts to truant from school and is referred to the Children's Reporter. She tells her social worker that she leaves school to be with her boyfriend Sam, who is slightly older. Her parents already know about Sam. They know his parents well and they tell the social worker that they will speak to them. As Robyn now says she will go to school and her parents are supporting her, the Reporter decides that a Children's Hearing is not necessary.

A few months later, Robyn is truanting again. Her behaviour deteriorates; she is suspended from school for aggression and violence, and once for selling cannabis to other pupils. When questioned by the police, she won't divulge who supplied the cannabis. The police refer her to the Reporter and a Children's Hearing is held which makes a CSO with Robyn to continue to live at home.

A few weeks after the Hearing, the social worker sees Robyn and another girl in a car with some older boys, and Robyn appears intoxicated. He speaks to her parents who say that she was with Sam and his friends, and they often give Robyn lifts home from town. When asked if Robyn was under the influence, her parents reply that she may have had some alcohol but she never gets 'really drunk' and Sam will look after her.

The social worker advises them that it's not appropriate for Robyn and her friends to be getting in a car with older boys; but Robyn's parents say that all the teenagers do it and if they didn't then they would never see their friends because of where they live. The social worker continues to work with Robyn and her parents. But Robyn continues to socialise with Sam and his friends and increasingly returns home intoxicated and unkempt, often with money and once with an expensive mobile phone. Robyn misses more school and retreats when at home, spending most of her time in her room.

The police are called to a party and there they find Robyn, two local girls and older local boys, including Sam, and some men from outwith the area. Robyn and all the other local teenagers are heavily intoxicated. The police return Robyn to her parents.

The police contact out of hours social work as three of the men at the party are known sex offenders, one of whom has committed sexual offences against underage girls. The next day Robyn tells her social worker that the men are friends of some of the older boys that she and Sam know, and she often goes to parties with the men when they come to the area on holidays and at weekends.

When asked what happens at these parties, Robyn gets tearful and says that the men give them alcohol and cannabis; they've also given her tablets but she doesn't know what they were. Robyn can't remember what happened, but after the parties she has woken up naked beside Sam once and another time with one of the men, and thinks she had sex with them. Robyn gives a statement to the police.

When the police interview Sam he tells them that one of his older friends, who is new to the area, helped him out with money he owed for a cannabis debt. After this the men started coming to visit the area, Sam was invited to their parties and they asked if there were any other young people he could bring along. At the start he took just his male friends, they were given drugs and alcohol and ended up owing the men quite a lot of money. The men soon told Sam to bring girls to the parties.

Sam is very upset in recounting this and said that, though he does not remember much of what happened at the parties, he knows he was made to have sex with Robyn when they were both heavily intoxicated. Robyn's parents are in disbelief; unaware of how this could happen without their knowledge and in such a small close knit community.

4. Demographics and family backgrounds

This chapter is about the family backgrounds of the 107 children assessed as at significant CSE risk using the research toolkit. It compares children identified as victims or likely victims (i.e. Groups 1 (44 children) and 2 (30 children)) with those with no assessed CSE vulnerability (i.e. Group 3 (33 children)).

Disabilities and learning difficulties

Boys

Of those in Groups 1 and 2, eight (38%) have learning difficulties and four (19%) have a disability.

There are 10 boys (42%) in Group 3 who have a learning difficulty and three (12%) who have a disability.

Girls

Groups 1 and 2 – 14 girls (26%) have a learning difficulty, and eight (15%) have a disability. In Group 3, less than five girls have learning difficulties or disabilities.

The proportions of children with disabilities in this study are slightly higher than the population of looked after children in Scotland. In 2018-2019, 11% of all looked after children were assessed to have a disability (for 18% this was not known/recorded) (Scottish Government, 2020).

Ethnicity

Across the three groups, all except five children, were described as White-Scottish or White-British (95%). This proportion is in line with all children in Scotland, 95% of whom are White. It is higher than for all looked after children - 85% of whom are White (for 11% their ethnicity is not known) (Scottish Government, 2020).

CSE perpetrators and their victims can come from any background. However, children from black and minority ethnic (BME)⁷ backgrounds are less likely to be recognised as victims. This is because there are specific vulnerabilities that BME children may face that are kept hidden, media and societal perceptions that victims are white girls, and barriers to services

⁷ 'BME' is used here as term to represent people in Scotland whose ethnic backgrounds are different from the White Scottish/British population. This includes: White (Irish, Gypsy or Irish Traveller, any other white background), Mixed/multiple ethnic groups (White and Black Caribbean, White and Black African, White and Asian, any other mixed background), Asian/Asian British (Indian, Pakistani, Bangladeshi, Chinese, any other Asian background), Black/African/Caribbean/Black British (Caribbean, African or any other Black background), Arab, and any other ethnic group.

identifying BME children who may be at risk (The Children's Society, 2018). Unfortunately, it was not possible to undertake any analysis of BME children in this research due to only five children not being from White-Scottish/British backgrounds.

Family backgrounds

The children's family backgrounds were followed across their lives using the information from reports in the SCRA case files. Information was collected on the family factors present at each of six age stages in the 107 children's lives: pre-birth, 0 to 4 years, 5 to 8 years, 9 to 13 years, 14 and 15 years and 16 and 17 years (NB. six children were not yet 14 years and 34 were not yet 16 years at time of data collection).

Alcohol misuse – 50% of children in Group 1, 40% in Group 2 and 48% in Group 3 had a parent who misused alcohol. For just under a half of these children this was from their early years.

Drug misuse - 52% of children in Group 1, 40% in Group 2 and 57% in Group 3 had a parent who misused drugs. Similar to parental alcohol misuse, parental drug misuse was a factor in the lives of around a half of these children from their earliest years.

A parent who is a perpetrator or victim of domestic abuse – this was a factor in the early lives of half of the children across the three groups.

There were high levels of **breakdown in family relationships** in these children's families. This was experienced at some stage in their lives by 78% of children in Group 1, 63% in Group 2 and 70% in Group 3. Numbers experiencing family breakdown increased as the children grew older.

Across the three groups, for those who had an older sibling, for 53% this sibling was known to services before the child in our sample was born. At some stage in their lives, 63% of children in Group 1, 48% in Group 2 and 71% in Group 3 had an **older sibling(s) who was known to services**.

Around a half of children had **families which did not engage with services**. This was 57% of children in Group 1, 46% in Group 2 and 53% of those in Group 3.

Before the age of 14 years, around a half of the children had been **disowned or abandoned by their parents**; this was 52% in Group 1, 34% in Group 2 and 48% in Group 3. For those children aged 16 or 17 years, 28% in Group 1, 18% in Group 2 and 30% in Group 3 had been wholly abandoned by their parents.

Andrew's story

Andrew's story is one of the cases identified by the researchers where the child is likely to be a victim but this was not reported by services (i.e. from **Group 2**). Andrew came to the attention of services for committing an offence and because of his behavior, and not because of concerns at home and the risks from those he was associating with.

Andrew is 14. He lives with his mum, stepdad and younger half-sister. His relationship with his stepdad is strained and Andrew spends increasing amounts of time outwith the family home. He becomes involved in low level anti-social behaviour and starts truanting from school for the odd period here and there. Andrew's relationship with his stepdad further deteriorates, he starts running away from home due to arguments and often stays with friends overnight.

After a particularly heated row, Andrew runs away from home and cannot find a place to stay. One of his friends has an older friend who's 23, who he suggests might be able to give Andrew somewhere to stay for the night. Andrew's friend has been to this man's flat before and says that he will want to help him. Together they go to the flat and explain the situation and the men there welcome them in. The men are all friendly and seem genuinely concerned about Andrew and listen as he recounts the row with his stepdad.

Andrew returns home the next day and his mum is concerned about where he spent the night. He tells her he stayed at a friend's. Because of the difficult relationship with his stepdad, which his mum struggles to manage, Andrew begins to disengage from his family and starts spending more time with his friend at the men's flat. Andrew enjoys spending time with them as they are all sympathetic of his circumstances.

On his 15th birthday he spends the night at the men's flat and they give him alcohol to celebrate. After this he drinks regularly with the men at the flat, often becoming so intoxicated that he cannot remember what has happened the night before. He begins to spend more and more time at the flat and away from home. Andrew does not tell his mum about the flat, just saying he's with friends.

Andrew's attendance at school is poor and, when he does attend, his teachers notice that he lacks concentration and no longer appears interested in learning. His behaviour has become challenging, he is increasingly disruptive in class and he has been found with cannabis, resulting in a number of suspensions.

His relationship with his mum deteriorates as she does not know how to deal with his behaviour, and he spends more time at the flat with his older friends. When he does go home he is often dropped off and collected in one of the men's cars.

It is discovered that Andrew has sent inappropriate images of himself to a girl at school and has encouraged her to do the same. The school contacts the police and Andrew is charged. During the police and social work investigation it is alleged that Andrew has been having sex with an 18 year old female. Andrew refuses to disclose any information.

Social work are aware of this older female as she is known to the police as a vulnerable person and for supplying cannabis to minors.

Andrew attends a Children's Hearing and is placed on a CSO with condition of residence at home and is allocated a social worker. Andrew's mum works with the social worker, but his stepdad refuses as he believes Andrew is trouble and cannot be helped. Andrew continues to distance himself from his family and their relationship breaks down.

Andrew's dad moves back to Scotland and Andrew goes to live with him and they re-establish their relationship. Andrew returns to school. After a while he no longer goes to the men's flat and reignites his old friendships at school.

Andrew leaves school and starts college where he begins a relationship with a girl his own age. Andrew's relationship with his mum and stepdad improves and he stays with them every fortnight for the weekend.

5. Boys who are victims or likely victims of sexual exploitation

This chapter is about the four boys where CSE concerns were referenced in their case files (i.e. Group 1) and the 17 boys identified by the researchers as being likely victims of sexual exploitation (i.e. Group 2) (total = 21 boys). It looks at the factors that contributed to their vulnerability and when in their lives these happened.

Information was collected from the case files on each of five age stages: 0 to 4 years, 5 to 8 years, 9 to 13 years, 14 and 15 years and 16 and 17 years. Information was available on all 21 boys up to the age of 13 years. Three boys were not yet 14 years and seven were not yet 16 years at the time of data collection. This means that there were 18 boys where there were data at 14 and 15 years, and 14 boys where there were data at 16 or 17 years old.

Victims of sexual exploitation

By the age of 13 years, nine of the boys (43%) were identified by the researchers as being victims or likely victims of sexual exploitation. By 15 years old, this was 14 boys (78%); and by 17 years old, this was seven boys (50%).

Five boys were identified as being victims or likely victims across the two age stages of nine to 13 years and 14 and 15 years. Seven boys were identified as being victims or likely victims across the two age stages of 14 and 15 years and 16 and 17 years. There were less than five boys who were victims or likely victims of sexual exploitation across three age stages covering nine to 17 years.

Separation and loss

Fifteen boys (71%) had been abandoned or disowned by their parents at some stage in their lives; and for seven of them this was before they were four years old.

Twelve (57%) had suffered a significant bereavement.

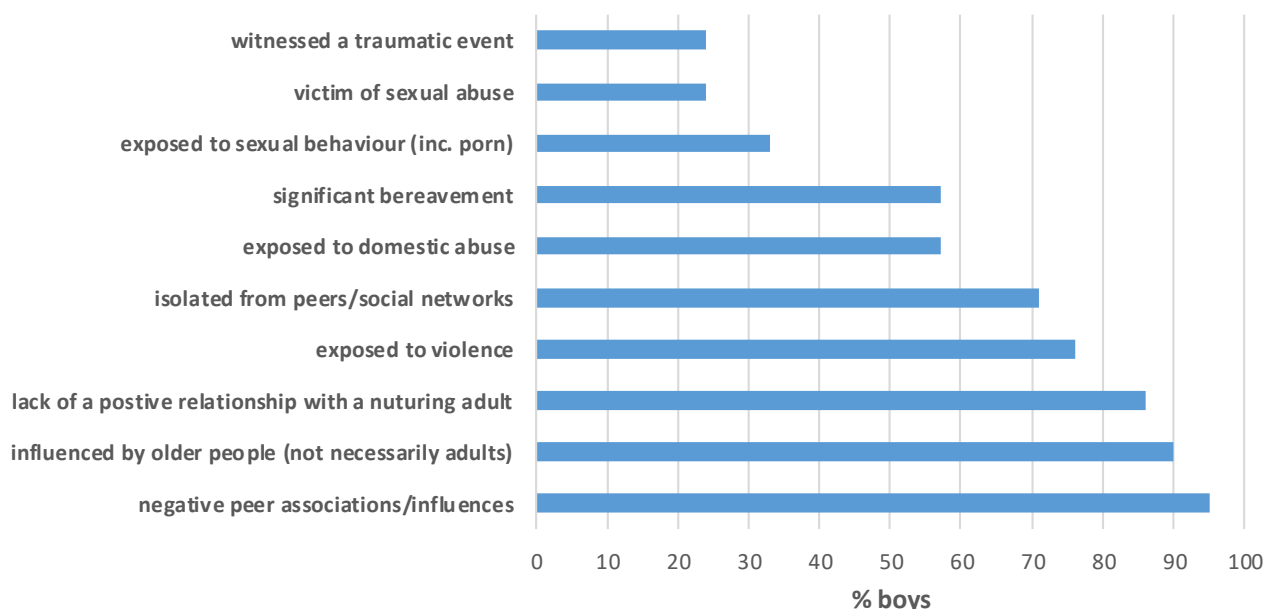
Almost all had experienced multiple placement moves over their childhoods – ranging from one to 15 moves, with an average of 6.8 moves. Eleven boys (52%) had experienced five or more moves, and six of them (29%) had 10 or more placement moves.

Vulnerability factors

Social and family vulnerabilities

At some point in their lives, these boys experienced the following vulnerabilities from within their families and communities as shown in Figure 2.

Figure 2. Social and family vulnerability factors present at some point in the lives of boys who are victims or likely victims of sexual exploitation*

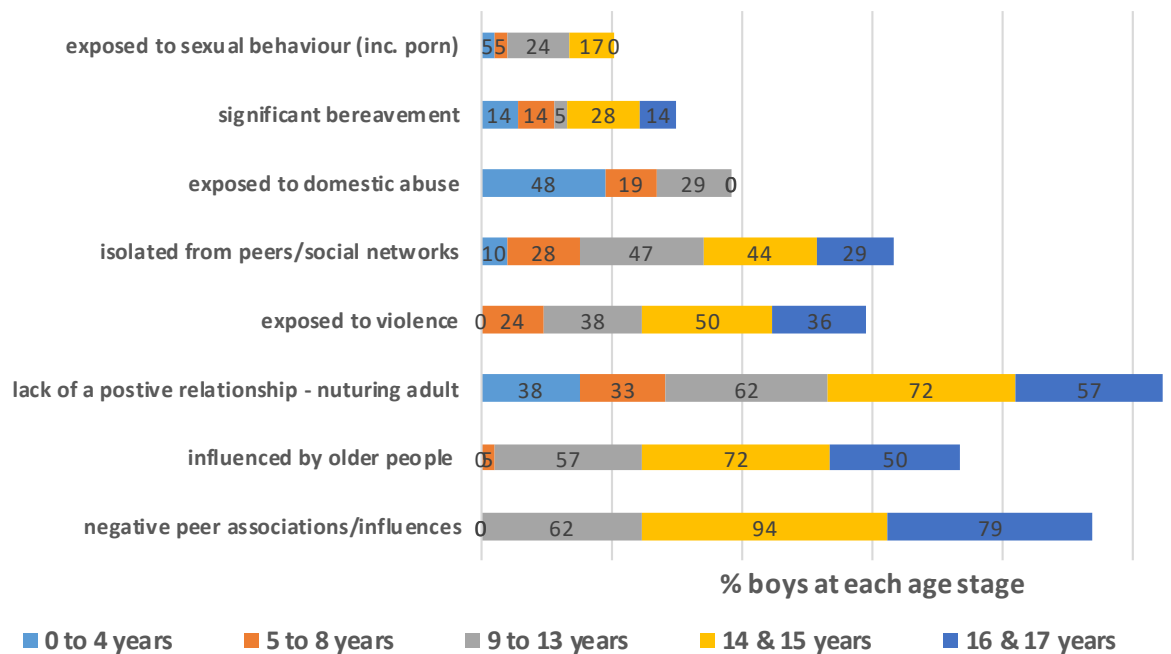


*Older boy/girlfriend is not included above as there were less than five cases where this was a factor.

Almost all the boys had been influenced by negative peers (n=20, 95%) and older people (n=19, 90%); and at some time 15 boys (71%) had been isolated from their peers. Most (n=16, 76%) had been exposed to violence in their homes or communities. Not having a relationship with a protective, nurturing adult had been part of the lives of 18 boys (86%).

Looking at when in their lives these vulnerabilities became apparent, for most boys this was from when they were 9 to 13 years old. These vulnerabilities were exposure to sexual behaviour (n=5, 24%) isolated from peers (n=10, 47%), exposed to violence (n=8, 38%), lack of a protective, nurturing adult (n=13, 62%), older peers (n=12, 57%) and negative peers (n=13, 62%). As they entered their teenage years, the number of boys exposed to violence, having older peers, having negative peers, and lacking a protective, nurturing relationship increased. The exception was exposure to domestic abuse which was part of the lives of 10 boys (48%) before they were 4 years old (Figure 3).

Figure 3. Age stages and social and family vulnerability factors for boys (% boys in each age stage)*

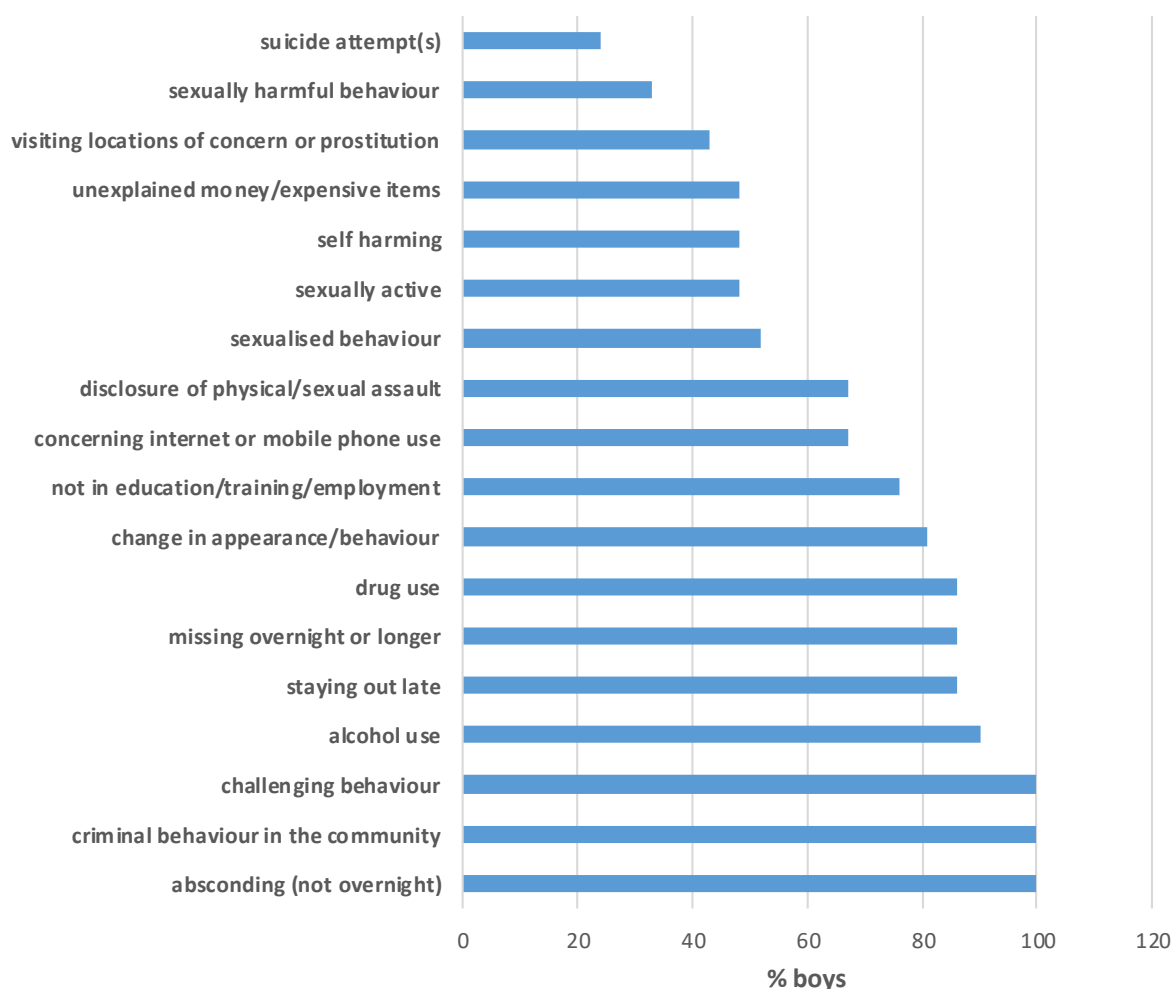


*Those factors where there were less than five boys in any single age stage are not included above (i.e. sexually abused, witnessed traumatic event, older boy/girlfriend).

Behavioural vulnerabilities

During their lives, all of the boys indicated vulnerabilities related to their own or other’s behaviour towards them. All 21 boys had displayed challenging behaviour, were involved in criminality and had absconded. Over three quarters had at some time not been going to school, had misused alcohol, taken drugs, stayed out late, had gone missing overnight or longer, and/or had changed in their behaviour or appearance. Over a half had displayed sexualised behaviours, had disclosed being physically or sexually assaulted, and/or there were concerns about their internet or mobile phone use (Figure 4).

Figure 4. Behavioural vulnerability factors present at some point in the lives of boys who are victims or likely victims of sexual exploitation *



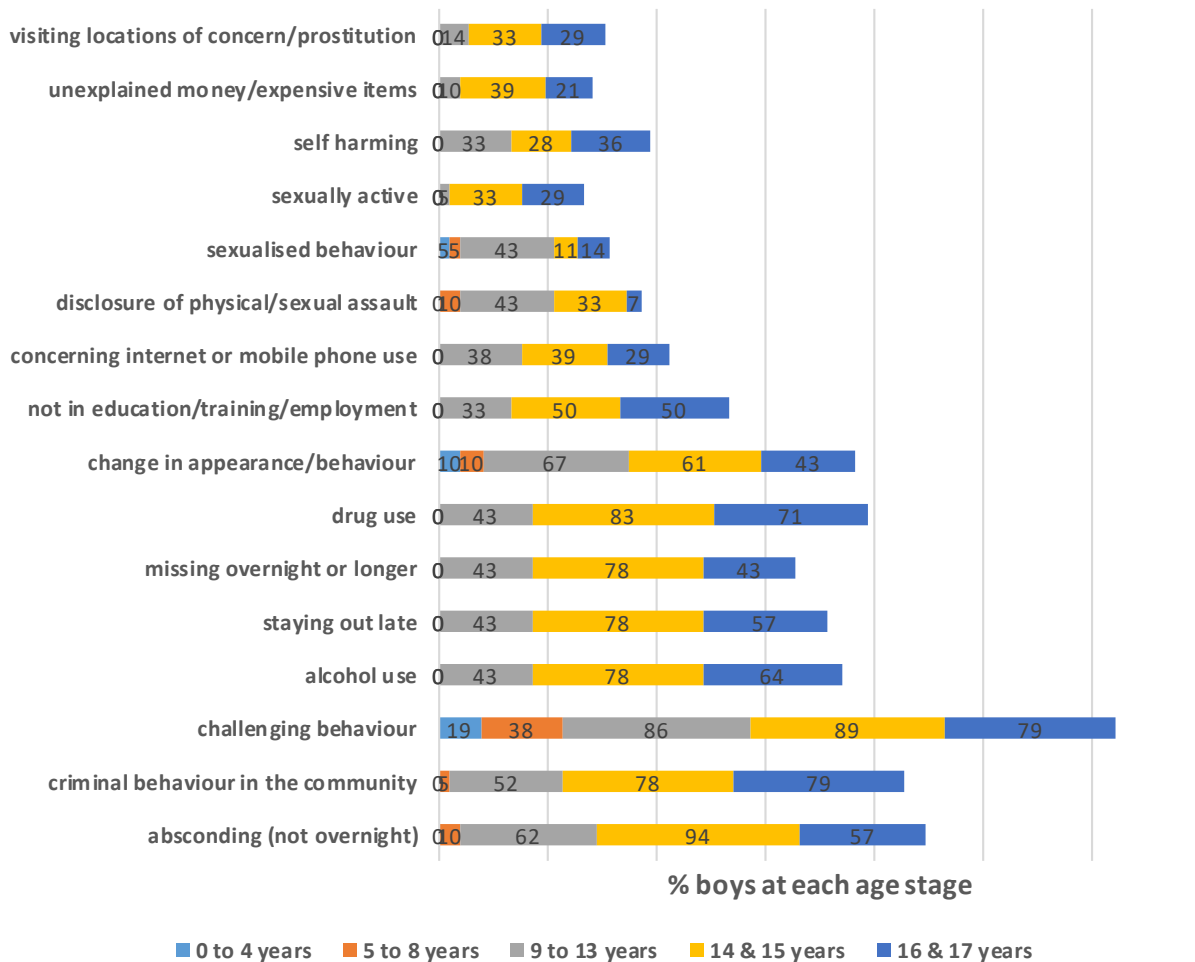
*Those factors where there were less than five boys are not included above (i.e. unexplained injury, entering vehicles alone driven by unknown adults, sexually risky behaviour).

The most common age stage when most of these vulnerabilities became a feature in these boys' lives was 9 to 13 years (Figure 5). These vulnerabilities were self-harming (n=7, 33%), concerns about internet or mobile phone use (n=8, 38%), not going to school (n=7, 33%), a change in their appearance or behaviour (n=14, 67%), criminality (n=11, 52%), absconding (n=13, 62%), disclosure of physical or sexual assault, sexualised behaviour, drug use, alcohol misuse, missing overnight or longer, and staying out late (all - nine boys, 43%). More boys displayed these vulnerabilities as they grew older, with most at the ages of 14 and 15 years misusing alcohol and drugs, going missing overnight or longer, staying out late, absconding, involved in criminality, and having challenging behaviour.

Those vulnerabilities that became apparent at 14 and 15 years were being sexually active (n=6, 33%) visiting places of concern for CSE or prostitution (n=6, 33%) and having unexplained money or expensive items (n=7, 39%).

Displaying challenging behaviour was earlier, with eight boys (38%) having this vulnerability from when they were 5 to 8 years old (Figure 5).

Figure 5. Age stages of behavioural vulnerability factors of boys (% boys in each age stage)*



*Those factors where there were less than five boys in any single age stage are not included above (i.e. sexually harmful behaviour, sexually risky behaviour, unexplained injury, suicide attempt(s), entering vehicles a lone driven by unknown adults).

Joe's story

Joe's story is one of the cases identified by the researchers where the child is likely to be a victim but this was not reported by services (i.e. from **Group 2**). Concerns about Joe and service involvement were centered on his offending and antisocial behavior. There was less attention paid to where he is and what's happening to him when he goes missing, how he obtained a new mobile phone and drugs, and who his 'friends' are.

Joe is now 16 and has autism. His CSO was made when he was 12 due to his parents' alcohol misuse, their lack of engagement with services and their use of inappropriate methods to manage Joe's behaviour. Despite attempts to keep Joe at home, he's moved to a residential unit when he's 14.

After moving to the unit, Joe becomes involved in offending including shoplifting, housebreaking, vandalism and threatening and abusive behaviour. At 15, he's referred to the Children's Reporter on offence grounds. Unit staff notice that he is more frequently returning under the influence of alcohol and/or drugs.

Joe consistently denies taking drugs despite staff smelling cannabis on his clothes and twice finding cannabis in his room. Joe has also been engaging in sexually inappropriate interactions with other children in the unit and has exposed himself to others a number of times. These concerns are discussed between unit staff and social work.

One evening a local shop is set on fire causing a significant amount of damage, and CCTV footage clearly shows Joe setting fire to the building. It also shows a number of individuals close by appearing to encourage his behaviour, although they cannot be identified from the footage. Joe is arrested and charged with wilful fire-raising and a joint report is submitted to the Procurator Fiscal and the Reporter due to the seriousness of the offence.

Whilst the case was originally retained by the Procurator Fiscal, the Sheriff remits the case to a Children's Hearing. The Hearing decides that Joe's placement is suitable and additional supports will be put in place for him. However, Joe's criminal behaviour continues to escalate in frequency and severity. He regularly comes to the attention of the police for antisocial, abusive and violent behaviour and has been charged for assaults and exposing himself in public. He completely disengages from education, and refuses to meet with his criminal justice youth worker.

His dad tries to intervene but often arrives at meetings under the influence. His maternal grandmother and Joe share a close relationship but she has recently been diagnosed with a significant health issue so can no longer visit Joe or attend meetings.

Because of his deteriorating behaviour, a Children's Hearing agrees that Joe meets the requirements for secure authorisation and he is placed in a secure unit. In the secure unit Joe engages well and staff are pleased with his progress.

After 4 months he is moved from the secure unit to his previous residential unit. He initially settles back quickly.

However, Joe's behaviour again deteriorates and within a few weeks he is regularly absconding, often for days at a time, saying only that he's been with friends. Unit staff find cannabis and a new mobile phone in Joe's room and he refuses to say where he got them from.

He is again regularly coming to the attention of the police, and is referred to the Reporter for offences including assault and threatening and abusive behaviour. Despite previously having a good relationship with his key worker in the unit, Joe has stopped talking to him.

It is explained to Joe that should he commit a serious offence again then it would likely be dealt with through the criminal justice system which could result in him being placed in a Young Offenders Institution. Joe says he doesn't care as his friends are the only people who care about him.

6. Girls who are victims or likely victims of sexual exploitation

This chapter is about the 40 girls where CSE concerns were referenced in their case files (i.e. Group 1) and the 13 identified by the researchers as being likely victims of sexual exploitation (i.e. Group 2) (total = 53 girls).

Information was collected at each of five age stages: 0 to 4 years, 5 to 8 years, 9 to 13 years, 14 and 15 years and 16 and 17 years. Information was available on all 53 girls up to the age of 15 years. Twenty girls were not yet 16 years at the time of data collection. This means that there were 33 girls where there were data at 16 or 17 years old.

Victims of sexual exploitation

By the age of 13 years, 31 girls (58%) were identified by the researchers as being victims or likely victims of sexual exploitation. At 14 and 15 years, this was 47 girls (89%); and at 16 or 17 years, this was 26 girls (78%).

Thirty girls (57%) were identified by the researchers as being victims or likely victims across the two age stages of nine to 13 years and 14 and 15 years. Eight of these girls were also identified as victims or likely victims across three age stages (i.e. from nine up to or including 17 years old). These eight children could therefore have been vulnerable to and/or victims of sexual exploitation for almost half of their lives.

Separation and loss

33 girls (62%) had been abandoned or disowned by their parents at some stage in their lives; and for 12 of them (36%) this was before they were four years old.

24 girls (54%) had suffered a significant bereavement (Figure 6).

41 girls (77%) had not had a positive relationship with a protective, nurturing adult at some time in their lives (Figure 6).

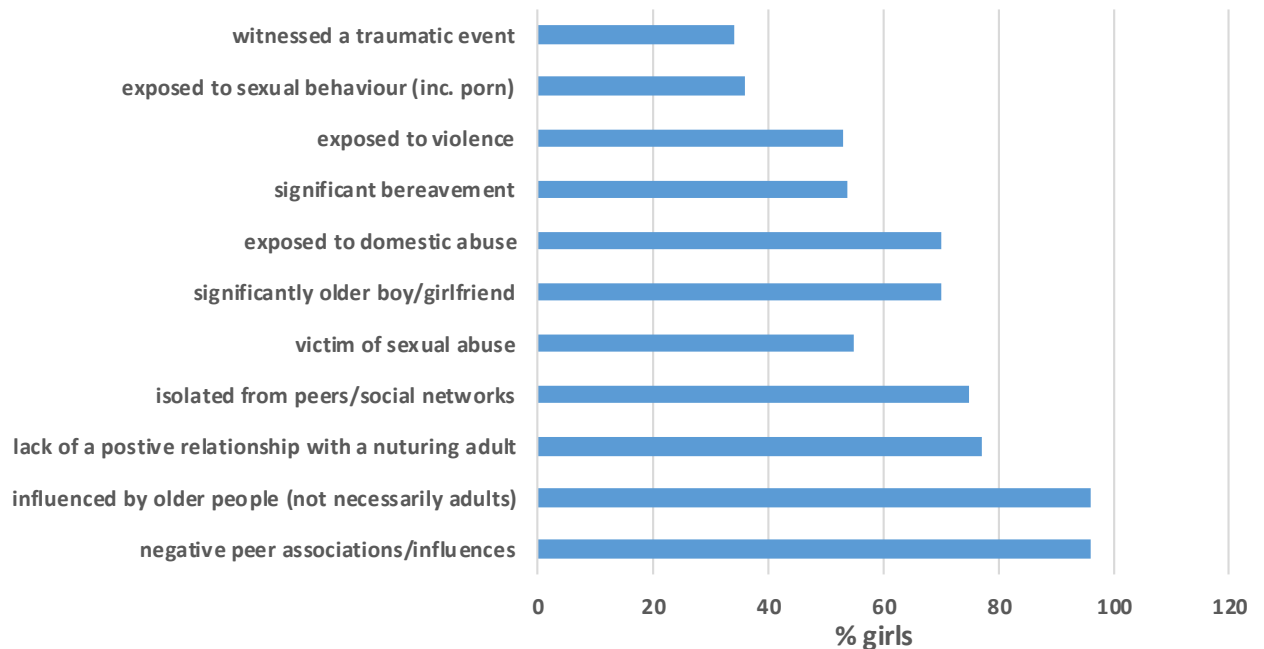
Almost all had experienced multiple placement moves over their childhoods – ranging from one to 17 moves, with an average of 6.7 moves. 36 girls (68%) had five or more moves, and 11 of them (21%) had experienced 10 or more placement moves.

Vulnerability factors

Social and family vulnerabilities

At some point in their lives, the girls experienced the following vulnerabilities from within their families and communities as shown in Figure 6.

Figure 6. Social and family vulnerability factors present at some point in the lives of girls who are victims or likely victims of sexual exploitation



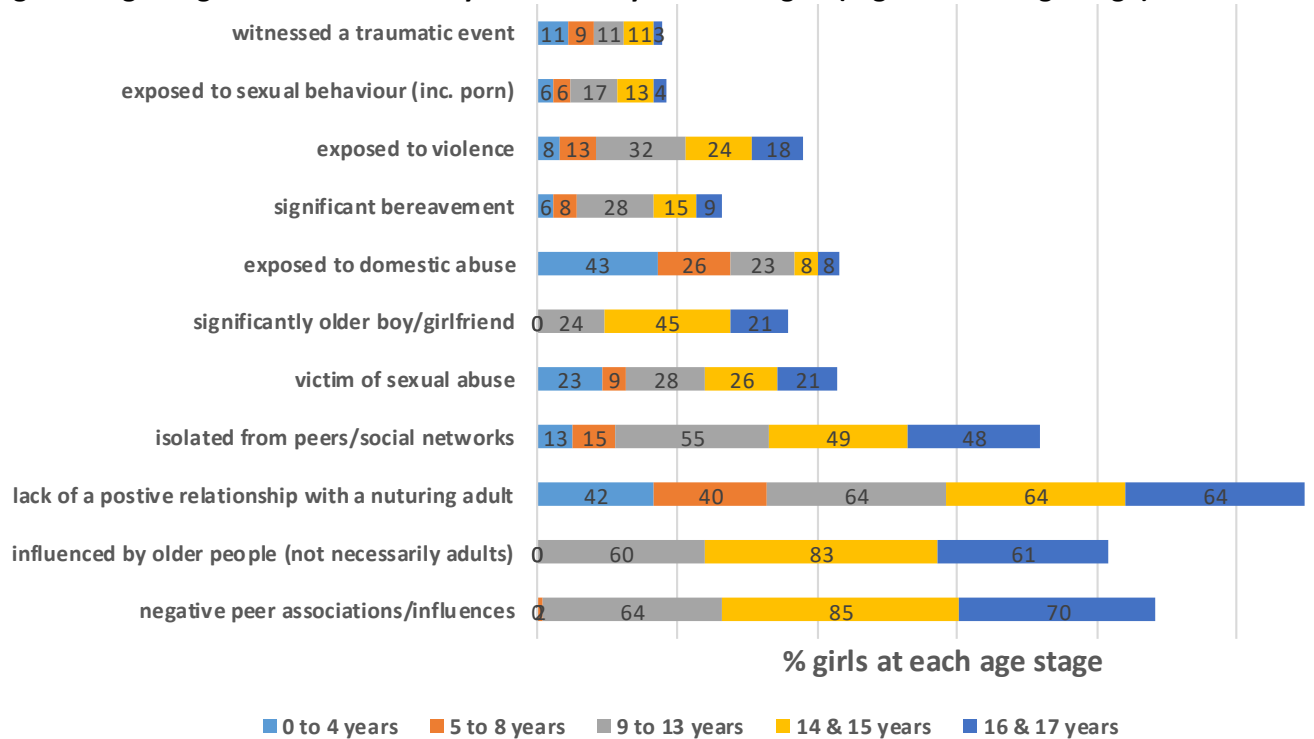
Fifty one girls (96%) had negative and older peer influences. Three quarters (n=40) had at some stage in their lives been isolated from their peers. 70% (n=37) had a significantly older boyfriend and/or been exposed to domestic abuse, and 53% (n=29) had been exposed to violence. Just over a third had witnessed a traumatic event (n=18) and/or been exposed to sexual behaviour (n=19).

Sexual abuse and sexual violence

There were 29 girls (55%) where it was recorded in the case files that they had been victims of sexual abuse and/or sexual violence (Figure 6). Sixteen had been abused by family members, 15 by peers or older children, and 14 by men in the community. For 12 girls (23%) this abuse began before they were 4 years old (Figure 7).

Fifteen girls (28%) had been sexually abused by multiple people (e.g. by family members and men in the community).

Figure 7. Age stages of social and family vulnerability factors for girls (% girls in each age stage)



For many girls, these vulnerabilities emerged when they were 9 to 13 years old. These were: negative peers (n=34, 64%), older peers (n=32, 60%), being isolated from peers (n=29, 55%), much older boyfriend (n=13, 24%), significant bereavement (n=15, 28%). Those vulnerabilities present before the age of 4 years were being exposed to domestic abuse (n=23, 43%), victim of sexual abuse (n=12, 23%), and lack of a protective, nurturing adult (n=22, 42%).

Behavioural vulnerabilities

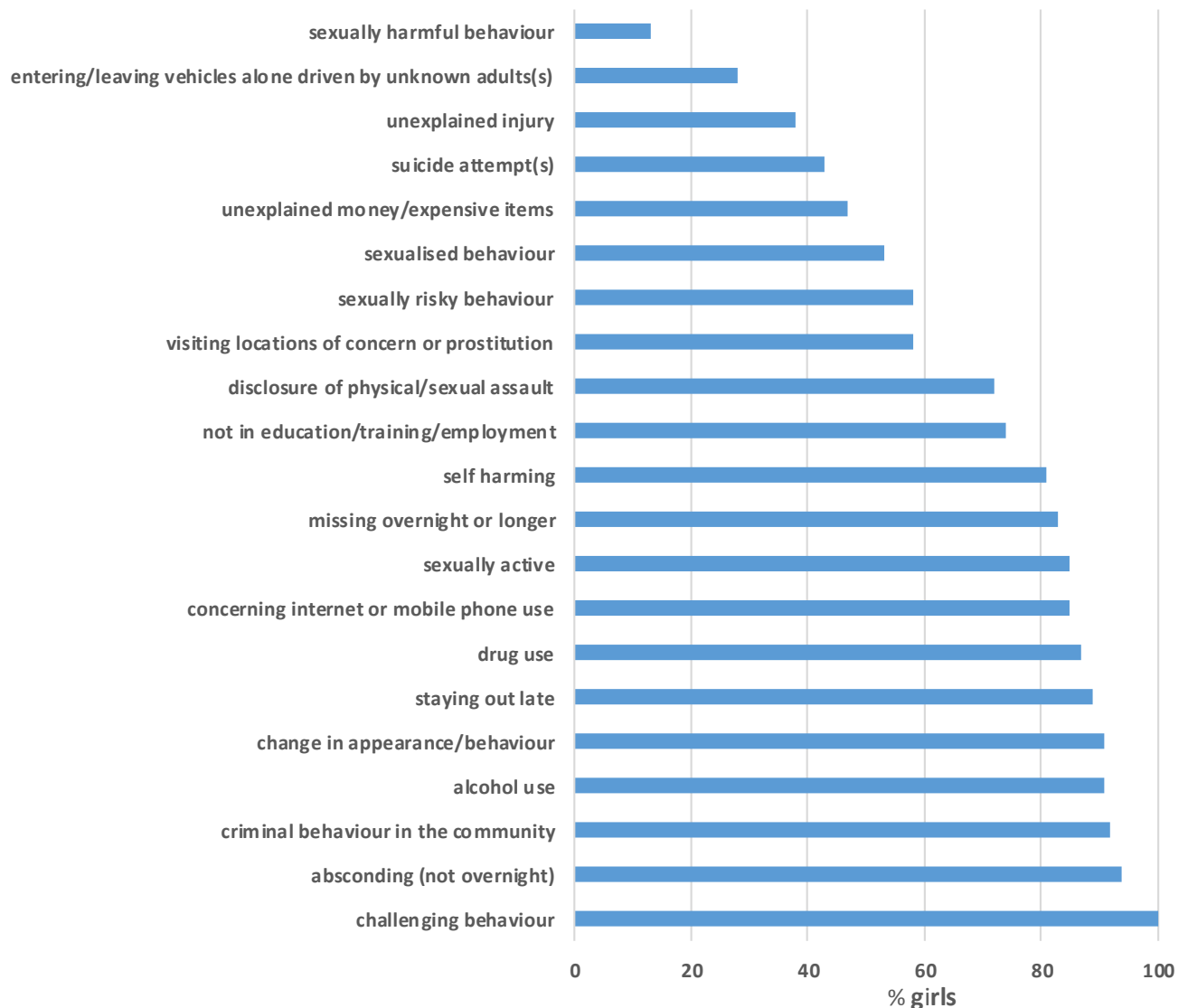
All these girls experienced vulnerabilities related to their own behaviour and from other's behaviour towards them (Figure 8).

Over 80% (n=43) had self-harmed, gone missing overnight or longer (n=44), were sexually active (n=45), there were concerns about their internet or mobile phone use (n=45), misused drugs (n=46) and/or alcohol (n=48), stayed out late (n=47), had changed in their appearance or behaviour (n=48), were involved in criminality (n=49), and/or were absconding (n=50). All had displayed challenging behaviour.

Over half had displayed sexualised behaviour (n=28), sexually risky behaviour (e.g. multiple partners, sex with strangers when under influence of drugs/alcohol) (n=31), visited locations of concern for CSE or prostitution (n=31), disclosed being physically or sexually assaulted (n=38), and/or were not going to school (n=39).

Almost a half had attempted suicide (n=23) and/or had unexplained money or expensive items (n=25).

Figure 8. Behavioural vulnerability factors present at some point in the lives of girls who are victims or likely victims of sexual exploitation



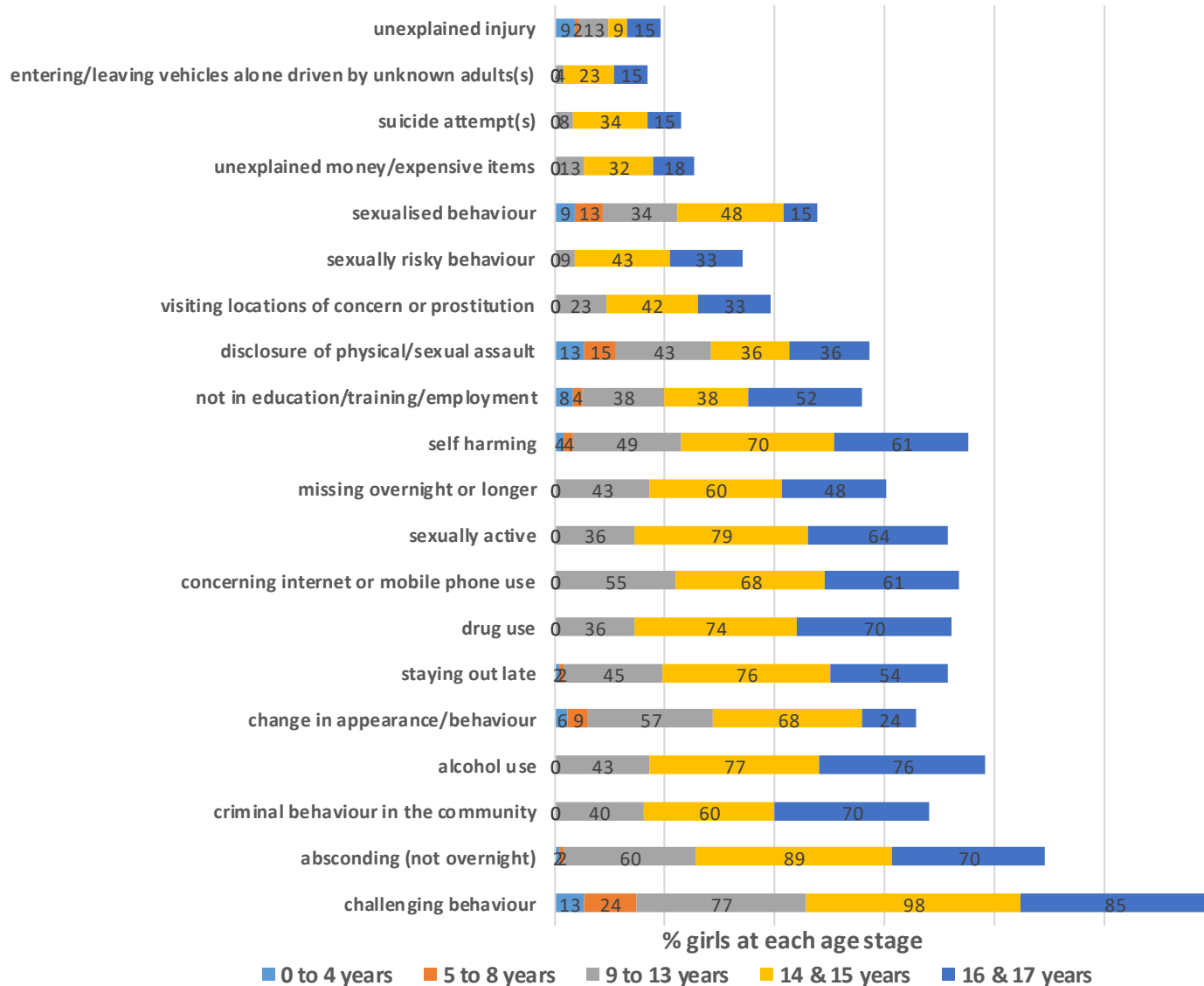
Most of these vulnerability factors became apparent at ages of 9 to 13 years old (Figure 9). The exceptions were suicide attempt(s) (n=13, 34%), entering/leaving vehicles driven by unknown adults (n=12, 23%), sexually risky behaviour (n=23, 43%) and having unexplained money or expensive items (n=17, 32%) – these vulnerabilities were more common when the girls were 14 or 15 years old.

The vulnerabilities that emerged between 9 and 13 years were: sexualised behaviour (n=18, 34%), visiting locations of concern for CSE or prostitution (n=12, 23%), disclosure of physical or sexual assault (n=23, 43%), not going to school (n=20, 38%), self-harming (n=26, 49%), missing overnight or longer (n=23, 43%), being sexually active (n=19, 36%), concerns about their internet or mobile phone use (n=29, 55%), misusing drugs (n=19, 36%) and/or alcohol (n=23, 43%), staying out late (n=24, 45%), change in appearance or behaviour (n=30, 57%),

criminality (n=21, 40%), absconding (n=27, 60%), and/or displaying challenging behaviour (n=41, 77%).

The numbers of girls with most of these vulnerabilities increased across their teenage years (Figure 9).

Figure 9. Age stages of behavioural CSE vulnerability factors for girls (% girls in each age stage)*



*The factor, sexually harmful behaviour is not included above as there were less than five girls in any single age stage.

Iona's story

Iona's story is from Group 1 because the police identified that she is a victim of sexual exploitation. Iona's story is about the sexual exploitation of children by their family members. It also shows that Iona was not recognised as a victim until she disclosed the abuse, despite her displaying many of the vulnerability factors associated with CSE.

Iona is 14 and lives with her parents. They are very strict about who she can see outwith school but Iona is close to her older cousins Jake and Cammy, who seem to be very protective of her. As her cousins are family, her parents allow them to take Iona out or they come round to the family home with her aunt and uncle. Iona also has two good friends, Mara and Shannon.

She can only be with them at school as her parents do not allow her to socialise with them and she is not allowed to have a mobile phone or access to social media. Iona is a good student and is rarely absent but her teachers are becoming concerned about her. She has come to school with bruises and, when questioned, was unable to give plausible explanations for them.

Iona then presents at A&E with a fractured wrist. The hospital contacts the police as Iona cannot give a credible explanation for the spiral fracture, that they consider is the result of force. The police interview Iona who is adamant the injury was caused by an accident whilst she was with her cousins; this is supported by Iona's parents account.

Despite these assurances, the police submit a child concern report to the Children's Reporter. As Iona and her family have never been known to services and there are no other concerns, the Reporter decides that statutory measures are not required.

Not long after Iona's 15th birthday, her school notices a change in her appearance; she often comes to school not in her uniform and/or with unwashed clothes or hair. Her guidance teacher tries to speak to Iona but she refuses to talk.

A few months later Mara and Shannon go to the guidance teacher to tell her that they have heard Iona in the toilet being sick and crying. The guidance teacher broaches this with Iona, who says she's okay and refuses to say more, only that she's meeting her cousins. Iona does not attend school for the remainder of the week; her parents say that she is on a family holiday.

On returning to school, Iona appears very tired and avoids speaking to her friends. Her school work starts to deteriorate. The school approaches her parents who advise that Iona has been feeling under a lot of stress recently, which is why they allowed her to go on the short break with her cousins.

A month later Iona goes on an overnight school trip and appears to be her old self, laughing and joking with her friends. But that night she takes an overdose of paracetamol and ibuprofen.

She is found unresponsive by her roommates Mara and Shannon who immediately get a teacher who phones an ambulance.

Upon admission to hospital, it's found that she is pregnant. Iona is very upset and confides to a nurse that she knew she was pregnant and she doesn't know who the father is.

When the nurse questions her further, Iona explains that her cousins have been taking her to their friends' houses and she has been made to have sex with their friends. She says her parents do not know.

She also says that one of her female cousins has been made to do the same along with female relatives of the other men, whom her cousins have sex with. The police are contacted and an investigation begins.

7. Comparing CSE vulnerability factors in the lives of boys and girls

This chapter compares the 21 boys and 53 girls who are victims or likely victims of sexual exploitation (i.e. Groups 1 and 2).

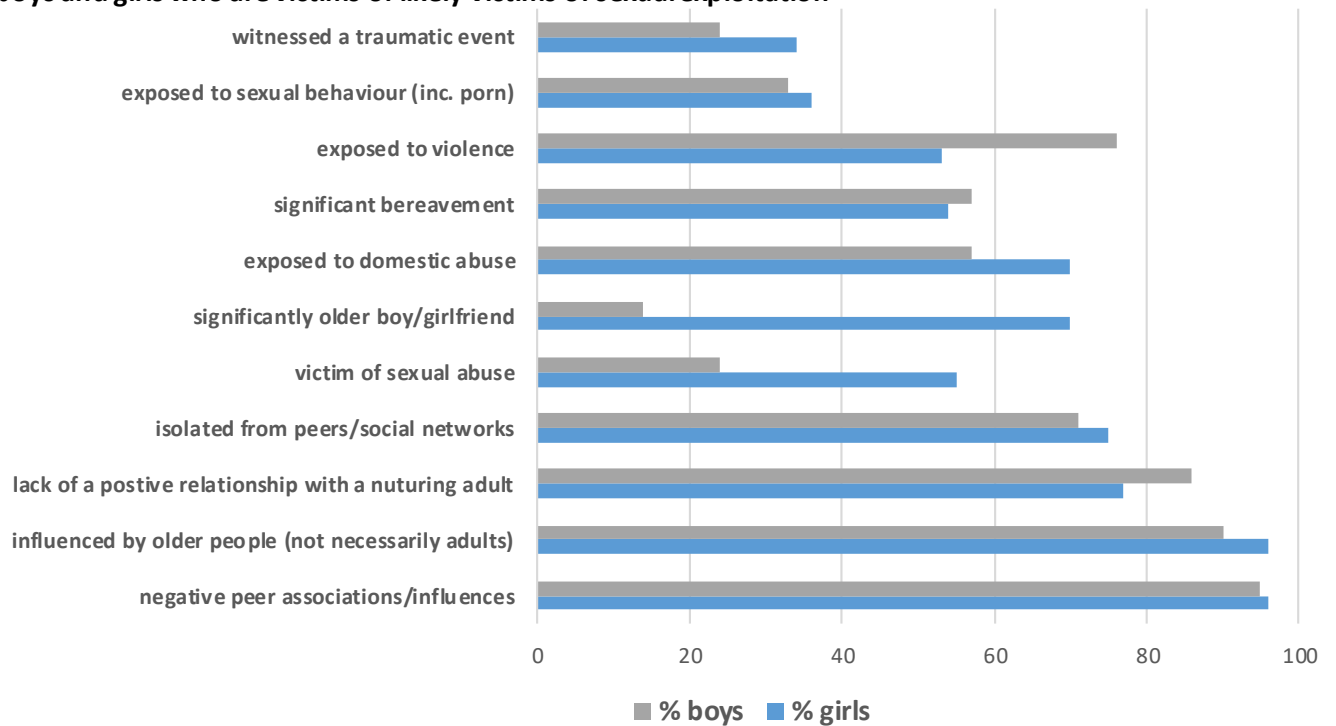
There are many similarities between boys and girls who are victims or are suspected to be victims of sexual exploitation. Many of the vulnerability factors were present in their lives, and most of these became apparent when they were aged between 9 to 13 years old. This was also the age when most of these children were first in care and with legal measures to protect them (page 55). Another commonality for over a quarter is having a learning difficulty (38% of boys, 26% of girls) (page 30).

Social and family vulnerabilities

Similar proportions of boys and girls had many of the vulnerabilities presented by their families or in the community. Almost all were influenced by negative peers (95% boys, 96% girls) and/or older people (90% boys, 96% girls); and/or had not had a protective, nurturing adult at some point in their lives (86% boys, 77% girls). A half had experienced a significant bereavement (57% boys, 54% girls), and/or around a third had been exposed to sexual behaviour (33% boys, 36% girls).

There were also differences. Boys were more likely to have been exposed to violence (76% boys, 53% girls); and girls were more likely to have had a much older boy/girlfriend (14% boys, 70% girls) and have been reported as being the victim of sexual abuse (24% boys, 55% girls) (Figure 10).

Figure 10. Comparing social and family vulnerability factors present at some stage in the lives of boys and girls who are victims or likely victims of sexual exploitation



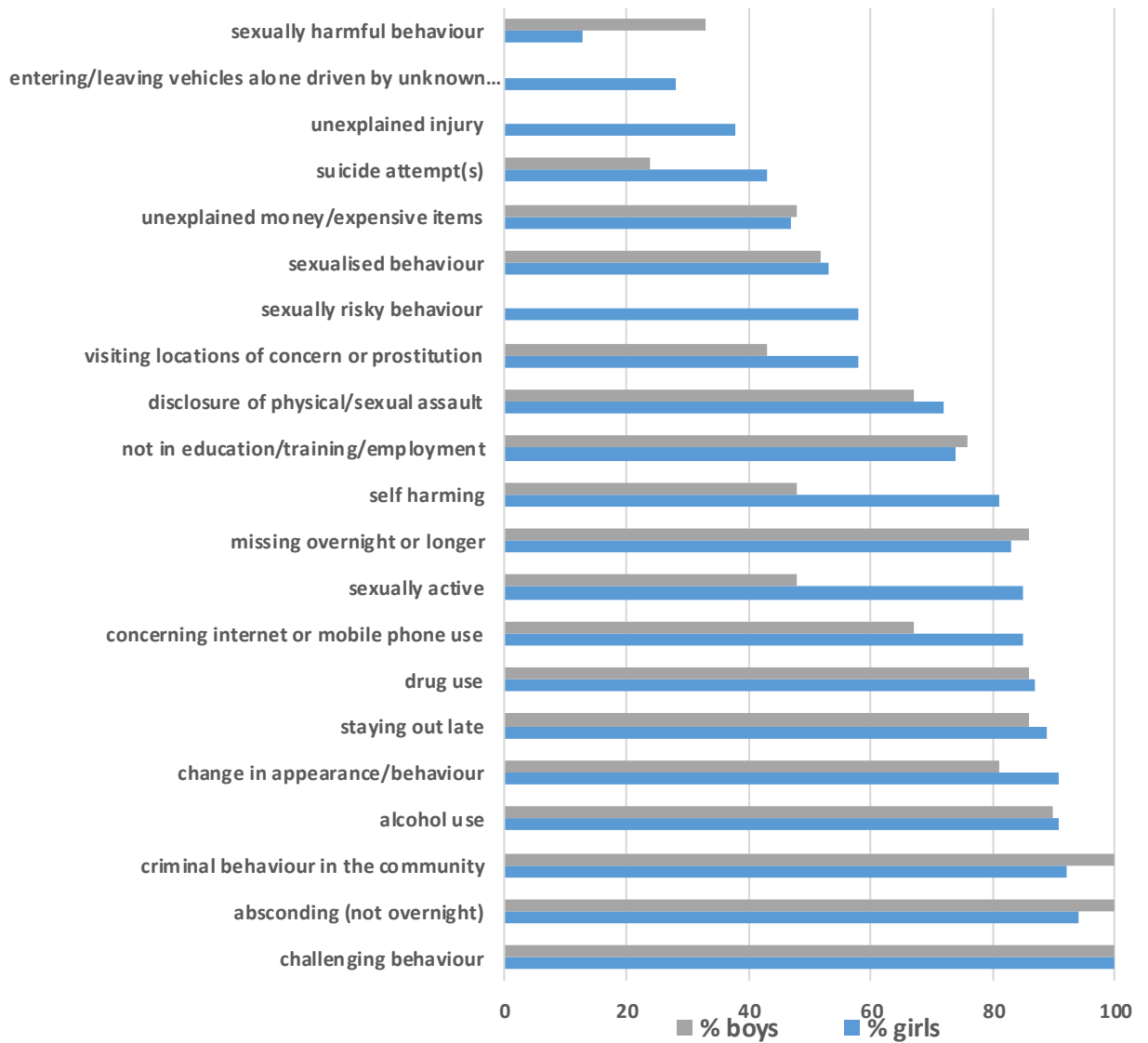
Behavioural vulnerabilities

Again, there were many similarities between boys and girls in the vulnerabilities they experienced from their own and others' behaviour towards them. All the boys and girls had displayed challenging behaviour, almost all had misused alcohol (90% boys, 91% girls) and/or drugs (86% boys, 87% girls), gone missing overnight or longer (86% boys, 83% girls), stayed out late (86% boys, 89% girls), absconded (100% boys, 94% girls), been involved in criminality (100% boys, 92% girls), had changed in their appearance or behaviour (81% boys, 91% girls), not gone to school (76% boys, 74% girls), and/or had disclosed being physically or sexual assaulted (67% boys, 72% girls). Around a half of both had been reported to have unexplained money or expensive items (48% boys, 47% girls), and/or had displayed sexualised behaviour (52% boys, 53% girls) (Figure 11).

Boys were more likely to be reported to display sexually harmful behaviour than girls (33% boys, 13% girls). Girls were more likely to have attempted suicide (24% boys, 43% girls), self-harmed (48% boys, 81% girls) and be sexually active (48% boys, 85% girls) (Figure 11).

There were vulnerability factors that appeared to be reported almost uniquely for girls. These were entering/leaving vehicles driven by unknown adults, unexplained injury, and sexually risky behaviour (Figure 11).

Figure 11. Comparing behavioural vulnerability factors present at some stage in the lives of boys and girls who are victims or likely victims of sexual exploitation



Those factors where there were less than five boys are not included above (i.e. unexplained injury, entering vehicles alone driven by unknown adults, sexually risky behaviour).

Fraser's story

Fraser's story it was his key worker in the residential unit that recognised that Fraser was a victim of sexual exploitation only after Fraser disclosed being abused (i.e. **Group 1**). Fraser's story shows how women, as well as men, can be perpetrators of CSE.

As a young child, **Fraser** lived with his mum and two older brothers. The children are known to services due to their mum's alcohol use. When he is 8, Fraser and his brothers move to live with their dad because of their mum's increasing substance misuse.

After only a few months with his dad, Fraser discloses to a teacher that his dad hits him. He is moved to live with his uncle and his brothers remain with their dad.

His school notes that Fraser often appears withdrawn and lacks friends. The placement with his uncle breaks down after a few months and he returns to live with his dad. During this time, Fraser had only very limited and sporadic contact with his mum.

When Fraser is 9, he is again assaulted by his dad and is moved to temporary foster care. His dad is convicted of this assault, and Fraser is referred to the Children's Reporter. Grounds of referral are established and a CSO made with a measure of residence in foster care.

Fraser's behaviour in school becomes challenging and he is often disruptive and aggressive in class. Inappropriate material from the internet, including pornography, is found on his phone. Fraser threatens to assault his foster carer.

After only a few weeks in foster care, Fraser fails to return to his placement and is reported missing to the police. Fraser's placement breaks down and he is moved to a residential unit on an emergency basis.

Fraser stays in the residential unit for 6 months. His behaviour at school continues to be challenging and he is regularly sent back to the unit, he is also placed on a reduced timetable. Staff at the unit are concerned about his mood and he has self-harm cuts on his arms. During this time, his mum gets back in touch with him and social work start an assessment on whether Fraser could be placed in her care.

Fraser returns to his mum's care when he is 13. Six months later, Fraser absconds and is found by the police in the early hours of the morning, he tells them that his mother has been drinking excessively and is very drunk.

He is accommodated in foster care on an emergency basis. Almost straight away Fraser is absconding, and several times the police find him in a local park intoxicated.

Fraser's CSO is varied to require him to stay in a residential unit. Shortly after arriving in the unit, Fraser starts talking of having suicidal thoughts.

He continues to abscond regularly and staff are concerned about his use of social networking sites, talking to older peers and the possibility of him being groomed.

Fraser goes missing from the unit overnight when he is 15. On returning, he tells staff that he was staying at an adult female's address and refuses to provide further details. Concerns continue to be raised about Fraser's use of the internet, with limits first being imposed on his access and then his computer being removed due to him accessing pornography.

When Fraser is 16, he allegedly inappropriately touches a young person in the unit. As a result, he is moved on an emergency basis to another unit in the same area. Staff in his new unit raise concerns about his mental health as he presents as having low mood and notes are found in his room which state that he no longer wishes to live. They try to talk to him about his feelings and a referral is made to CAMHS, but Fraser is reluctant to talk.

Over the following weeks, he regularly absconds from the unit including overnight, and the police are contacted. Fraser often returns under the influence of substances and refuses to say where he has been or who he has been with. On one occasion, he returns with a new pair of trainers and refuses to disclose how he got them. His behaviour in the unit deteriorates and he becomes disruptive and challenging towards staff.

A multi-agency planning meeting takes place which concludes that Fraser should be moved to secure accommodation; this is agreed at an emergency Children's Hearing.

Fraser initially struggles with secure accommodation. However, he gradually starts to settle and builds a good relationship with one staff member over their shared passion for football.

Over a number of weeks, Fraser slowly builds up the confidence to speak to this staff member about his feelings and past experiences. He describes sexual activity with older men and women whilst at 'parties' in adults' houses when he absconded. He would often be given money and gifts in return for carrying out sexual acts or he would be allowed to stay the night.

He also said they tried to encourage him to get other young people involved. With the support of his key worker, Fraser reports the abuse to the police and the police commence an investigation.

Megan's story

Megan's story, also from **Group 1**, is similar to Fraser's in that it was only when Megan disclosed being sexually abused that it was recognised that she was a victim of sexual exploitation.

When **Megan** is 8 she, along with her three siblings, move to their aunt's because of their parents substance misuse and concerns about their ability to care for their children. Referrals are made to the Children's Reporter and the children are each placed on a CSO with a measure of residence with their aunt and supervised contact with their parents. Whilst living with her aunt, Megan has regular contact with her parents, seeing them at least twice a week.

Two years after moving to her aunt's, her mum passes away unexpectedly and Megan's behaviour starts to become increasingly aggressive and challenging. She is moved on an emergency basis to a respite carer. Then to, what is planned to be, a long-term foster placement.

Megan initially settles well, however, after a few months her behaviour becomes more challenging and she has regular angry outbursts. She also starts running away and has to be returned by the police. Her foster carers discover that she is self-harming by cutting her arms. She discloses that she has been doing it since she was young when 'things get too hard for her to deal with'. Despite her carers trying to support Megan, and a referral being made to CAMHS, they feel that they are no longer able to keep her safe.

A Children's Hearing is held and she is moved to a residential unit. This means that Megan has to move school. She struggles to make friends in her new school and is often disruptive in class and is reported for bullying other pupils. She continues to self-harm and is discovered to be posting messages on social media expressing suicidal ideation. During a session with her key worker, she discloses that she was raped when she was 7 but refuses to provide further details to the police.

Megan starts spending longer away from the unit. She is found by the police several times in a local park with other youths drinking and returned to the unit. She starts to abscond from the unit regularly, including late at night. One night, staff find Megan in her room having taken an overdose of paracetamol. She is rushed to hospital where she is kept in overnight, before being discharged back into the care of unit staff.

Over the next few weeks, she continues to abscond from the unit and regularly returns intoxicated and/or under the influence of substances. Staff also notice that she is spending more time on her mobile phone and is secretive about who she is talking to.

When questioned by staff, she becomes defensive, shouting at them and telling them that it is nothing to do with them. Staff find Megan in her room with significant cuts to her arms from self-harming.

She is admitted to hospital and whilst there, discloses to her key worker that she has been having sex with an adult male when she has been absconding from the unit. She says that this man also encourages her to have sex with some of his friends in return for alcohol and money. She states that she does not want to report this to the police and will not divulge his identity because she believes he looks after her and she intends to continue visiting him. An emergency multi-agency meeting takes place and it is decided that she should be moved to secure accommodation for her own safety.

8. Care histories of children who are victims or likely victims of sexual exploitation

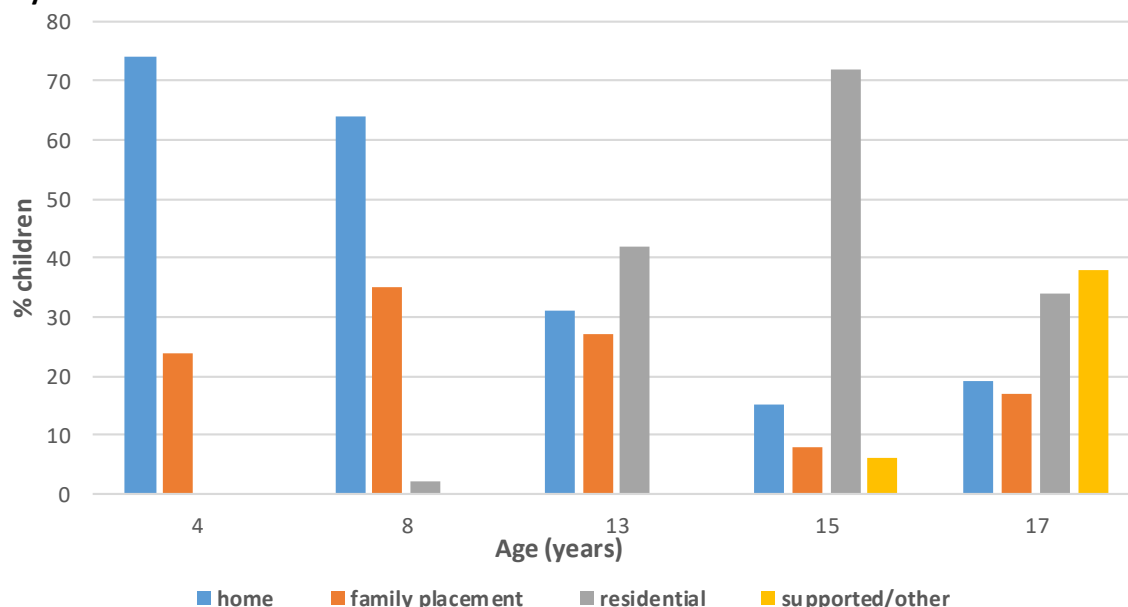
This chapter is about the histories in the care system of the 74 children (21 boys and 53 girls) who were identified in this research as being victims or likely victims of sexual exploitation (i.e. Groups 1 and 2).

Residence

Almost three quarters of the children (n=55) were living at home with their parent(s) up to when they were four years old, with the remainder (n=18) living away from the parental home in family placements. With time fewer children were at home and by 13 years old, 69% were either in a family placement (n=20, 27%) or in residential care (n=31, 42%). At 15 years, most (n=51, 72%) were in residential care. By 17 years, 38% (n=18) were living independently usually in supported accommodation, and 34% (n=16) were still in residential care (Figure 12). This pattern of residence types was very similar for boys and girls.

The periods when the children were most vulnerable to sexual exploitation correlated with when most of them were in care. This may not be because they were necessarily more vulnerable to sexual exploitation as they were in care, it could also be that they were placed in usually residential or secure care to protect them from abuse and for therapeutic and preventative support.

Figure 12. Care histories of children - living at home or in different placement types from 4 up to 17 years old



Family placement = foster care, kinship care, or prospective or actual adopters

Residential = residential schools or units, or secure care

Supported/other = supported accommodation, living with friends, student accommodation, or own tenancy

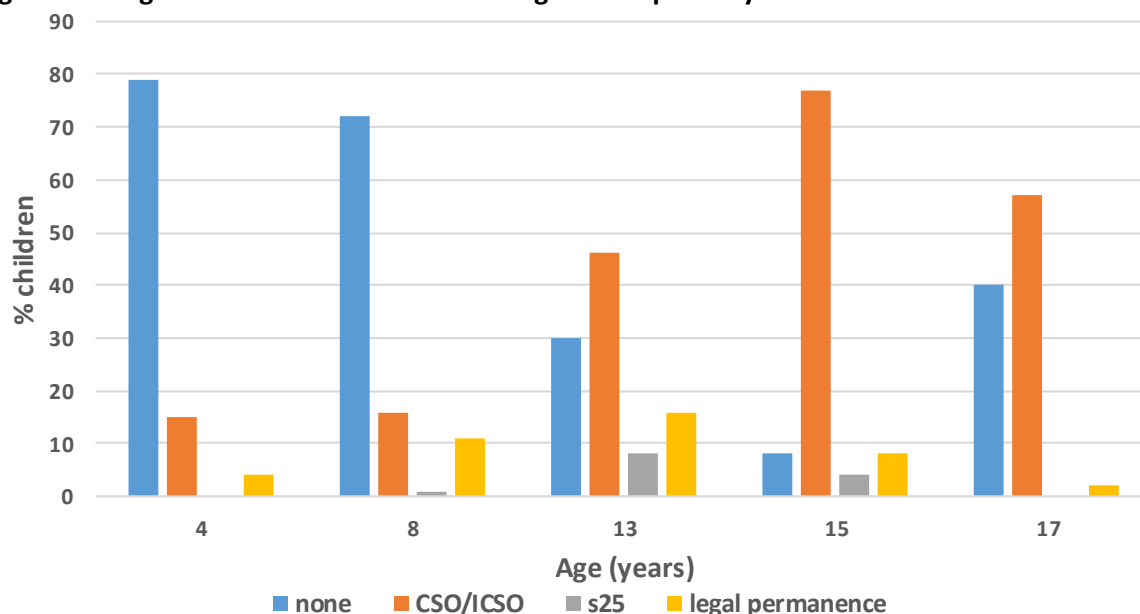
At 4, 8 and 13 years = 74 children; at 15 years = 71 children; at 17 years = 47 children.

Legal measures

All, except two children, had CSOs at some time in their lives.

Not surprisingly, the pattern of legal measures followed where the children were living (see above). Up till 8 years old, for most of the children there were no legal measures in place to protect them. At 13 years old, there were legal measures in place for 70% - these were CSOs (n=34, 46%); Adoption, Permanence or Residence Orders (n=12, 16%); or section 25 ('voluntary measures') (n=6, 8%). By age of 15 years, most of the children had CSOs (n=55, 77%), and at 17 years this was just over half (n=27, 57%) (Figure 13). This pattern of legal measures was very similar for boys and girls.

Figure 13. Legal measures for children from ages of 4 up to 17 years old



CSO/ICSO = Compulsory Supervision Order or Interim CSO

s25 = Section 25 of Children (Scotland) Act 1995 – looked after on a ‘voluntary’ basis

Legal permanence = Permanence Order, Adoption Order or Residence Order

At 4, 8 and 13 years = 74 children; at 15 years = 71 children; at 17 years = 47 children.

Boys

There were legal measures in place for all of the nine boys identified by the researchers as victims or likely victims of sexual exploitation at 13 years and all of the 14 such boys at 15 years old. There were legal measures in place for four of the seven boys at 16 or 17 years. There were 10 boys (48%) who were identified by the researchers as victims or likely victims across at least two age stages (see page 34), and all had legal measures in place over this time.

Girls

There were legal measures in place for 26 of the 31 girls (84%) identified, by the researchers, as victims or likely victims of sexual exploitation at 13 years old; this was 44 of the 48 girls (92%) at 15 years old; and 18 of the 26 girls (69%) at 16 or 17 years old. This drop in numbers of 16 and 17 year olds with legal measures can largely be explained by their CSOs being terminated by Children’s Hearings (Figure 13).

There were eight girls who were identified, by the researchers, as victims or likely victims of sexual exploitation across three age stages (i.e. from 9 to 13 up to 17 years old) (see page 41). There were legal measures in place for all of these girls across all of this time. That these children were so vulnerable for such a prolonged time, raises questions about the effectiveness of the legal measures that were in place in protecting them.

These eight girls’ cases and Children’s Hearings decision making was examined more closely to try to understand why the legal measures appear not to have been effective. Two of the

girls had Hearings decisions that made reference to CSE, and for each of them this was only on one occasion. Hearings tended to focus on the child's own behaviour (e.g. significant self-harm, offending and/or disruptive behaviour) as opposed to external risks. It is unclear whether or not CSE was considered by most of the Hearings for these eight girls.

Jasmine's story

Jasmine's story comes from **Group 1** because the police identify that Jasmine is a CSE victim. Jasmine's story shows how her vulnerability and need for love are targeted and exploited by adult males. It also shows that it was only after she has disclosed her abuse that she got the help she needed.

Jasmine is now 13, has a CSO and lives in a children's unit. She was first taken into care when she was 8 due to neglect, exposure to domestic abuse and her parents' substance misuse. She has had six different foster placements and never stayed in one for more than a year. Her last foster placement broke down due to her challenging behaviour following the death of her mother. Jasmine was refusing to adhere to her carers' boundaries and had begun using drugs and alcohol.

Following the breakdown of this last foster placement, Jasmine was moved to a children's unit. She found it hard to settle and did not get on with the other children. She refused to go to school and ran away on a regular basis, often being returned by the police. After 4 months, Jasmine had settled a little and seemed to be growing in confidence, although she was still spending a lot of time outside the unit. She starts to take age appropriate pride in her appearance.

She begins to spend overnights away from the unit and refuses to tell staff where she has been. A number of times she has returned under the influence of alcohol and/or drugs. Her appearance has deteriorated and she often returns after absconding looking dishevelled and occasionally dirty. Unit staff and social work are concerned but agree that the placement best fits her needs.

The police execute a drugs search warrant at a flat a couple of miles from Jasmine's unit. A number of adults are present in the flat, all of whom are under the influence of alcohol/substances; and there are lots of empty cans and bottles and drug paraphernalia lying around. Jasmine is also present and is heavily intoxicated. When questioned she says that she went to the flat of her own accord and that the adults in the flat are her friends. Police return Jasmine to the children's unit. A police concern report is sent to the Children's Reporter which outlines the police's concerns that Jasmine is being sexually exploited.

A joint investigation by the police and social work starts. During meetings with her social worker, Jasmine begins to open up about what happened to her over the past few months. She tells her worker that she struggled with the breakdown of her foster placements and the move to the unit, and would often run away and drink alcohol with other young people to 'forget' about her situation.

It was during one of these times that she met a man called Stuart who complimented her on the way she looks and bought her presents including jewellery and perfume, and gave her alcohol. Jasmine said his attention made her feel loved. But after a while, things began to change.

Stuart started to make Jasmine have sex with him, often when she was under the influence of alcohol, telling her that if she loved him she would do whatever he wanted. Before long, Stuart asked Jasmine to engage in sexual activities with his friends and other unknown males who came to his flat, telling her that if she did not do as he wanted he would finish their relationship. Following Jasmine's disclosure, social work inform the police, who take a statement from Jasmine, and Stuart is arrested and charged. Jasmine is very emotional after this and often refuses to leave her room in the unit. A referral is made for Jasmine to receive mental health and victim support.

9. Children who were not identified as being vulnerable to sexual exploitation and how they differed from those who were

This chapter is about the 33 children (24 boys and nine girls) of the 107 in the main sample (31%) who were assessed as at significant CSE risk using the research toolkit but were not considered to be vulnerable on closer examination of their case files (i.e. Group 3). It compares these children's backgrounds, care histories and vulnerability factors with those who were identified as being victims or likely victims of sexual exploitation (i.e. Groups 1 and 2) to try to find what the differences are between them.

Information was collected at each of five age stages: 0 to 4 years, 5 to 8 years, 9 to 13 years, 14 and 15 years and 16 and 17 years. Four children were not yet 14 years and nine were not yet 16 years at the time of data collection. This means that there were 29 children in Group 3 where there were data at 14 and 15 years and 24 children where there were data at 16 or 17 years.

Demographics and family backgrounds

Children in Group 3 were very similar as those in Groups 1 and 2 in terms of how many had disabilities and learning difficulties.

Their family backgrounds were also alike with similar proportions coming from families where there were concern about: parental alcohol and/or drug misuse; domestic abuse, breakdown in family relationships; older siblings already known to services; non-engaging family; and the child being abandoned or disowned by their parent(s) (see Chapter 3).

Care history

Placement moves

Most of the children in all three groups experienced multiple placement moves. In Group 3 all, except one child, had experienced two to 15 placement moves, with an average of 6.6 moves; 22 children (66%) had five or more moves and seven (21%) had ten or more moves. This is a very similar pattern to children in Groups 1 and 2 (see Chapters 5 and 6).

Residence

Most children were living at home until they were 9 years old. By 13 years, most were living in either residential care (40%) or in family placements (24%). By 15 years, 66% were in residential care. This is very similar to children in Groups 1 and 2 (Figure 12).

Where there was a difference was at ages of 16 and 17 years, with more children in Group 3 remaining in residential care (54%) and fewer in supported/other accommodation (21%) and family placements (4%). In comparison in Groups 1 and 2, at this age 34% were in residential care, 38% in supported/other accommodation and 17% in family placements (Figure 12).

Legal measures

The pattern in the proportions of children in Group 3 with legal measures at different age stages was largely the same as those in Groups 1 and 2. For Group 3 - at 4 years 21% had CSOs, at 8 years this was 36%, at 13 years this was 52%, at 15 years it was 79% and at 16 or 17 years it was 54%.

The difference was at 8 years old. For those in Groups 1 and 2, 16% had CSOs and 72% had no legal measures in place (Figure 13) at this age. For Group 3, 36% had CSOs and 54% had no legal measures.

Vulnerability factors

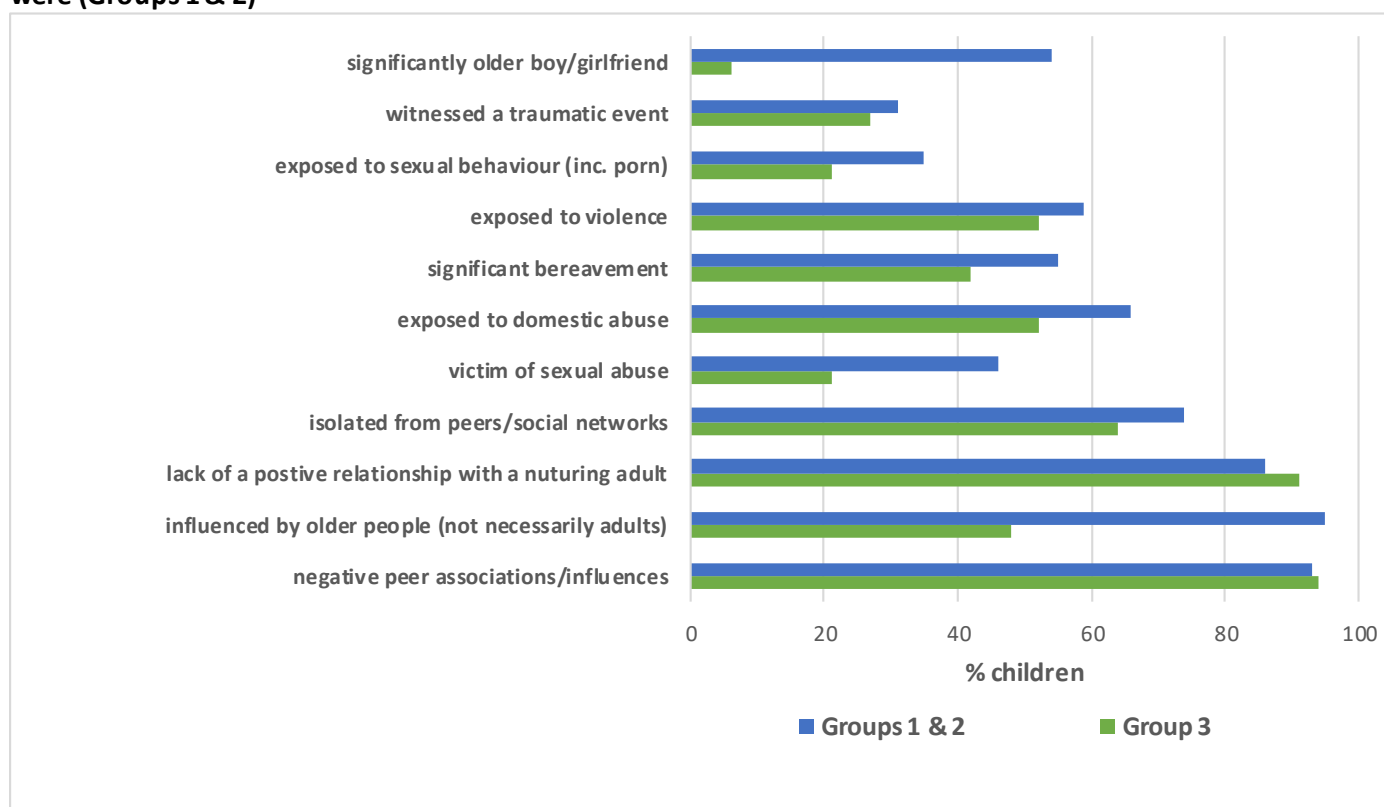
Social and family vulnerabilities

There were similarities between Group 3 and Groups 1 and 2 – the proportions of children who experienced significant bereavement; exposed to violence; lacked a protective, nurturing adult; had negative peer associations; exposed to domestic abuse; and witnessed a traumatic event were similar across the three groups (Figure 14).

There were also some clear differences, with some vulnerabilities being less prevalent in Group 3:

- Only two boys (8%) and no girls in Group 3 had a **significantly older boy/girlfriend**. This compares to 14% of boys and 70% of girls in Groups 1 and 2.
- Around a half of children in Group 3 were **influenced by older people**. In Groups 1 and 2, this was 90% of boys and 96% of girls.
- 54% of boys in Group 3 had been **isolated socially**; in Groups 1 and 2 this was 71% of boys.
- 21% of children in Group 3 had been exposed to **sexual behaviour**; in Groups 1 and 2 this was 33% of boys and 36% of girls.

Figure 14. Social and family vulnerability factors present at some point in the lives of children who were not identified as being vulnerable to sexual exploitation (Group 3) compared to those who were (Groups 1 & 2)



Behavioural vulnerabilities

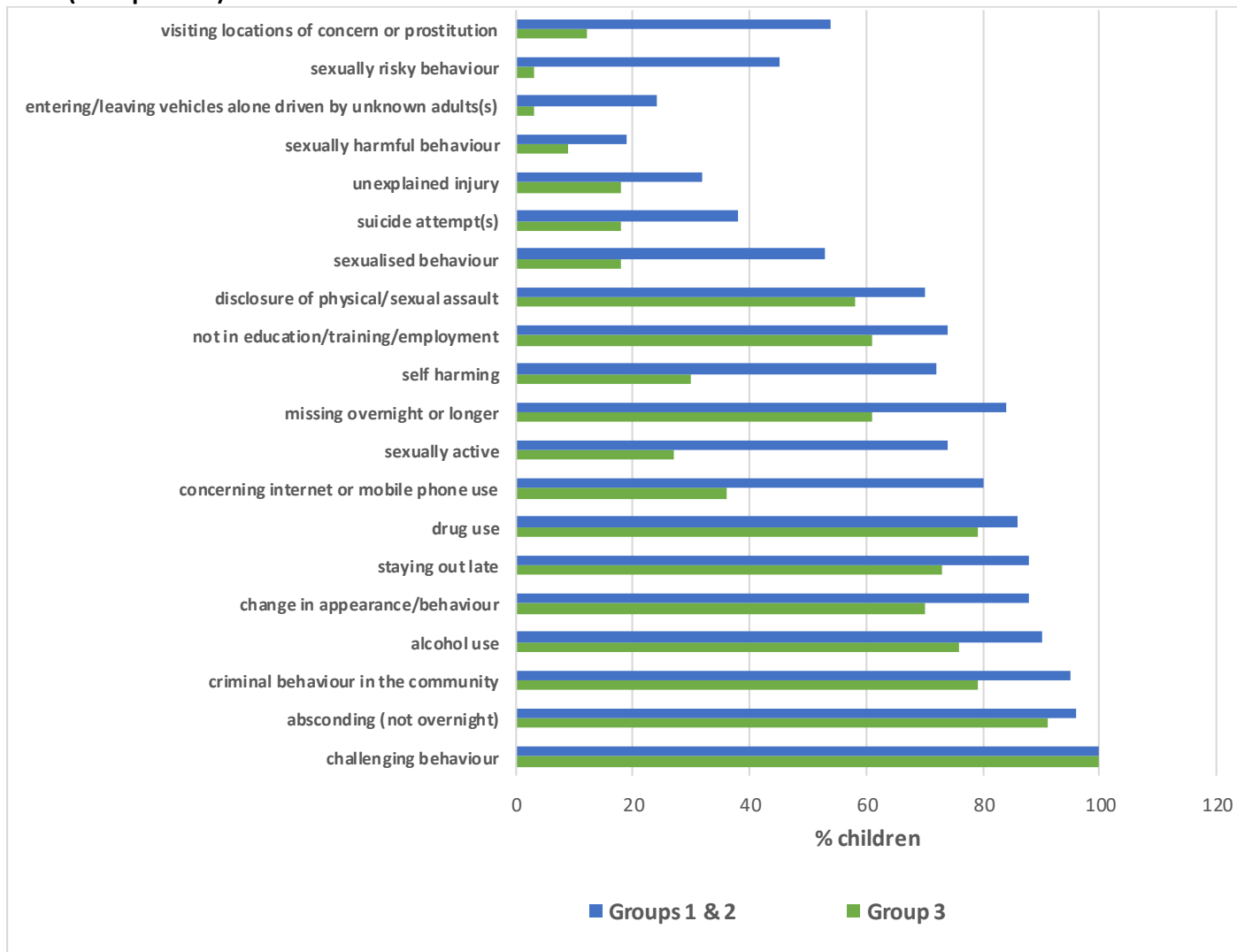
Again, there were similarities between Group 3 and Groups 1 and 2 – not in education; staying out late; going missing overnight or longer; absconding; drug and/or alcohol misuse; criminality; challenging behaviour; change in appearance or behaviour; disclosure of physical or sexual abuse; and self-harming and suicide attempts by girls, were all experienced by largely the same proportions of children (Figure 15).

There were also differences.

- **Concerning internet or mobile phone use** was a factor for 29% of boys and 55% of girls in Group 3. In Groups 1 and 2, this was a concern for 67% of boys and 85% of girls.
- Only three girls (33%) and six boys (25%) in Group 3 were reported to be **sexually active**. In Groups 1 and 2, this was 85% of girls and 48% of boys.
- No girls in Group 3 and only four boys (17%) were reported to be **visiting locations of concern or prostitution**. In Groups 1 and 2, this was a concern about 58% of girls and 43% of boys.
- No girls in Group 3 were reported to have **sexually risky behaviour**. In Groups 1 and 2, this was 58% of girls.
- Only one child in Group 3 was reported to be **leaving/entering vehicles with unknown adult(s)**. It was 28% of girls in Groups 1 and 2.

- 18% of children in Group 3 displayed **sexualised behaviour**. It was 52% of boys and 53% of girls in Groups 1 and 2.
- No girls in Group 3 had **unexplained money or expensive items**. In Groups 1 and 2 this was 47% of girls.

Figure 15. Behavioural vulnerability factors present at some point in the lives of children who were not identified as being vulnerable to sexual exploitation (Group 3) compared to those who were (Groups 1 & 2)



10. Cases where CSE was included in reports and how this was considered in the Children’s Hearings System

This chapter is about the 44 children, from the 107 in the main sample (41%), where CSE was explicitly referenced in their case files (i.e. Group 1), and their involvement with services and the Children’s Hearings System.

Identification and assessment of CSE

Child sexual exploitation was first identified in reports from the following sources:

- Social work – 21 children (48%)
- Police – 19 children (43%)
- Residential or secure unit, Children’s Reporter’s grounds - both less than five children (<5%)

Ten children (23%) were under 14 years old when they were first reported as being victims or suspected victims of sexual exploitation, the youngest was 11 years old. There were eight children (18%) who were 16 or 17 years when services first reported that they were being sexually exploited. The most common ages of the children when first reported to be victims was 14 and 15 years (n=26, 59%) (Table 4).

Table 4. Ages of children when CSE was first reported

Age when CSE first reported	Number of children	%
11 years	<5	<5%
12 years	<5	<5%
13 years	7	16%
14 years	12	27%
15 years	14	32%
16 years	<5	9%
17 years	<5	9%
Total children	44	

Where the children were living when CSE was first referenced in reports

The most common residence type at the time when services first reported that child was a victim of sexual exploitation was residential care (n=18, 41%), followed by secure care (n=10, 23%), none (n=9, 20%), and kinship or foster care (n=7, 16%).

Sixteen children (36%) were placed in secure care after services reported that they were victims of sexual exploitation.

Almost all the 44 children (n=41, 93%) were living in secure care (n=25, 57%) or in residential (n=16, 36%) care following services identifying them as victims.

Assessment of CSE risk

For 15 of the 44 children (34%), there was evidence in their case files that an assessment of CSE risk had been carried out. This was either by multiagency, police, social work, vulnerable young person's case conference/meeting, Multi-Systemic Therapy, Barnardo's Scotland, or residential unit. These assessments were not made available to the Children's Reporter or Children's Hearings.

Eight of these assessments had been carried out before the date of the report provided to SCRA that first referenced CSE - four were within 5 months, two were 11 months before, one was almost 2 years before and one over 3 years before this date.

Five assessments had been carried out within a month after the date of the report to SCRA that identified CSE. One assessment had been carried out over a year after CSE was first reported.

Length of time known to services and the Children's Hearings System before CSE reported

All of the children were known to services before they were reported as victims of sexual exploitation – for 61% (n=27) of them this was for over 10 years.

Similarly all, except one child, had been referred to the Children's Reporter before CSE was known; for just over a half of them (n=24, 54%), this first referral was over 10 years before.

Nine children (20%) did not have a CSO when CSE was identified, and their CSOs were made after this; there had been no measures in place for eight and one child had a legal permanence measure.

There were 10 children (23%) who had their first CSO made over 10 years before it was known that they were victims (Table 5).

Table 5. Times from known to services, first referral to Reporter, first CSO/ICSO to CSE first reported

Timescales	Number of children		
	1st known to services	1 st referred to Reporter	1 st CSO/ICSO
Up to 6 months after CSE first reported	0	<5	9 (20%)
<2 years before CSE first reported	<5	6	9
2 - <4 years	5	<5	<5
4 - <6 years	<5	<5	<5
6 - <8 years	<5	<5	5
8 - <10 years	5	<5	<5
10 - <12 years	<5	7	<5
12 - <14 years	9	8	<5
14 - <16 years	9	8	<5
16 - <18 years	6	<5	<5
Total before CSE reported	44 (100%)	42 (98%)	35 (80%)
Totals	44	43*	44

*One child – no information on 1st referral

Children’s Hearings

Our next step was to assess the extent to which Children’s Hearings were informed of CSE and how they considered this in their decision making.

We examined the papers presented to 220 Hearings (for these 44 children) and the associated reasons and decisions for each Hearing following the date of the report that first referenced CSE. This exercise covered the Hearings held for a period of up to 4 years and 5 months. There were up to 11 Hearings held for each child by time of data collection (Table 6).

The majority of the 220 Hearings (71%) were provided with information that the child was a victim of sexual exploitation, but around a quarter were not (Table 6). It should also be noted that although CSE was referenced in Hearings papers this was often very briefly. Examples of this: in a 22 page report there is one mention - child ‘considered to be at risk of CSE’; and in another case, in a nine page report, the only reference is ‘potentially at risk of sexual exploitation’. In both of these reports there was little information to explain why the children are considered to be at such risk.

There were only 23 Hearings (10%) where the social work recommendation included or referenced CSE.

Table 6. Information provided to Children’s Hearings about CSE

Hearing after CSE first referenced in report	No. Hearings papers that included CSE	Total Hearings	% Hearings papers that included CSE
1 st	35	44	80%
2 nd	30	42	71%
3 rd	26	36	72%
4 th	20	30	67%
5 th	16	21	76%
6 th	8	15	53%
7 th	7	12	58%
8 th	5	7	71%
9 - 11	9	13	69%
Total	156	220	71%

Looking now at the length of time from when CSE was first identified to when this information was provided to a Children’s Hearing (Table 7).

Table 7. Time to Children’s Hearings being informed of CSE

Time from CSE first referenced in reports to CSE included in Hearings papers	Number of children	%
<1 month	14	32%
1 - < 3 months	16	36%
3 - < 6 months	5	11%
6 - < 12 months	<5	<5%
1 – 2 years	<5	<5%
> 3 years	<5	<5%
Never	3	7%
Hearing not held at time of data collection	<5	<5%
Total children	44	

For 68% of children, their Hearings were being informed that they were victims of sexual exploitation within 3 months of this being identified by services. For a few children this took considerably longer.

Of the 156 Hearings that were provided with information that the child was being sexually exploited or this was suspected, 17 (11%) specifically referenced CSE in their reasons and decisions. Around another 25 Hearings (16%) alluded to CSE in their reasons with use of terms such as ‘extreme risk’, ‘risk taking behaviours’, ‘severe danger’, ‘moral welfare at risk’, ‘at risk from her sexual activities’, ‘placing herself in dangerous situations’, etc.

There were three children whose Hearings were never provided with information that they were being sexually exploited. For these three children, CSE was identified in police reports but this information was not included in the papers for any of their Children’s Hearings. This raises questions about the role of the Children’s Reporter in the provision of information to the Children’s Hearing. SCRA Practice Direction states that the Reporter is to provide the Hearing with ‘any other report or information which is relevant or material to the Hearing’s

consideration' (SCRA, 2015). This role becomes particularly relevant where, as in these three cases, the Reporter has received information that the child is a victim of CSE in a police concern report (not ordinarily provided to the Hearing), but there is no mention of CSE in the social work report (which is provided to the Hearing). The Reporter is in a position to act as an important check in the system - by having a discussion with social work, they can clarify whether the CSE concerns have been considered and question what is being done to safeguard the child. This might prompt social work to amend their report. If, however, social work do not intend to include the concerns, for whatever reason, in their report, the Reporter can and should consider whether the information in the police reports is relevant or material to the Hearing's consideration. If the Reporter considers that it is, it is open to them to write a note outlining the concerns that have been raised in relation to CSE and to include this in the papers to be provided to the Hearing. This might help to prevent the situation where a child is identified as being sexually exploited but this information is not provided to their Hearing.

Amy's story

Amy's story, the police and social work identify that Amy is likely to be a victim of sexual exploitation (i.e. **Group 1**). Due to the actions by agencies, Amy gets support and is protected from those who seek to abuse her.

Amy is first referred to the Reporter when she is 6, as there are concerns about her mum's alcohol use and low mood and domestic abuse perpetrated by her mum's partner. Amy's maternal grandfather is very involved with the family and is a protective factor. Social work advise they can work with the family without statutory intervention.

When she is 8, a neighbour raises concerns to social work about Amy's behaviour. A family support worker is allocated and after 6 months the case is closed to social work as the situation has improved.

Not long after Amy's 10th birthday, she is reported missing to the police. She is found by the police a few hours later and they advise Amy and her mum about keeping her safe. Around this time, Amy's grandfather contacts social work with concerns about his daughter's (Amy's mum's) excessive drinking and being back in a relationship with her former abusive partner. Social work carry out a home visit and Amy's mum agrees to engage with addiction support and to work with a social work assistant.

Amy is diagnosed with ADHD and is placed on medication when she is 12. She is reported missing to the police on several occasions and, when found, she is acting erratically. School is becoming increasingly concerned about Amy's mental health as she has suspected self-harm scars and an increasingly unkempt appearance.

By the age of 14, Amy is regularly getting into trouble at school. She often behaves in an aggressive and disruptive manner in class and has been excluded several times. Amy tells a teacher that she has taken ecstasy and regularly drinks alcohol. She's also been missing overnight and returns wearing different clothes. It's been reported to social work that Amy has been seen in the community with a woman who is a known sex-worker. A few weeks later, Amy goes missing for over 48 hours. A multi-agency assessment concludes that it is no longer safe for Amy to live at home and she is voluntarily accommodated in a residential unit. A referral is made to the Reporter which sets out that Amy is a child at risk of sexual exploitation. Following the grounds being established at the Sheriff Court, Amy is placed on a CSO with conditions of residence in the residential unit. Amy is getting support for her mental health, appears to have made some friends and has good relationships with staff.

Months later Amy confides to a friend in the unit that the woman she had been seen with had been trying to get her to sleep with men in exchange for alcohol and drugs. Her friend informs unit staff, they speak to Amy and she discloses that she had consensual sex with another young person one time she was missing. Amy is very upset and says that she doesn't think she had sex with anyone else, but isn't sure as sometimes she experiences blackouts when intoxicated.

11. Discussion

This study is the first at a national level in Scotland on CSE and the first to consider the vulnerabilities to sexual exploitation experienced by both girls and boys. There has been no previous national scoping or data gathering exercise regarding CSE in Scotland, and there has been no Scottish study that specifically looked at boys vulnerable to sexual exploitation. In addition, there has been very little evidence of data gathering regarding the scale and nature of CSE at local level that would inform the development of policy and practice. This meant that there was a lack of knowledge of the prevalence of CSE in Scotland (Brodie & Pearce, 2012; Scottish Parliament, 2014). It is hoped that this study will provide practitioners and policy makers with much needed evidence on why some children in Scotland become so vulnerable.

Identification and recognition of child sexual exploitation

CSE assessment tools

The hidden nature of CSE and that victims may not recognise themselves as such, makes it difficult to identify signs of this abuse. It also made finding cases for this research difficult.

Assessment tools have been developed to help identify children who may be at risk, such as the SERAF (Sexual Exploitation Risk Assessment Framework) tool developed by Barnardo's in 2005, which was used as the basis of our research toolkit. The use of this tool allowed the researchers to identify 30 children who were likely victims of sexual exploitation along with the 44 children whom services had reported as victims. However, there were 33 children who scored as high risk of CSE using the research tool, but there were alternative reasons for their apparent vulnerabilities. Our experience supports wider concerns raised about the limitations of assessment tools to identify children who are vulnerable to sexual exploitation (Brown et al, 2017, Sewel, 2018). CSE screening tools have a place as part of the identification of children at risk but we would suggest that it is professional judgement and knowledge of the issues that are more important in deciding how and when to intervene to protect a child.

Identification of victims of CSE

There were 44 cases in this study where CSE was referenced in reports (mostly by police or social work) and a further 30 where the researchers identified that the child was very likely a victim but there was no mention of this in official documents. Girls were more likely to be identified as victims by services than boys - 91% were girls. In comparison over half of the children found by the researchers to be likely victims were boys (57%), but there was no mention that these boys were so vulnerable in reports. On the basis of these findings, it may well be that services are not recognising when boys are vulnerable to CSE and acting to

protect them; a factor contributing to this may be that current CSE screening tools are highly gendered and inadvertently screen boys out.

Children's Hearings System and statutory interventions

One of our research questions was on if CSE is considered in decision making by Children's Hearings for CSE victims.

The majority (71%) of the 220 Children's Hearings (for 44 children) we examined were provided with information that the child was a victim of sexual exploitation. At some point, a Hearings for 93% of the 44 children reported to be victims were informed of this. However, when CSE was referenced in reports, this was often very briefly and was seldom included in social work recommendations to Children's Hearings (only 10% of recommendations referenced CSE), and in Hearings decision making (11% of Hearings decisions included CSE and a further 16% alluded to it). Where social work considers that a child is a victim of CSE, it is not enough to mention it very briefly - the Children's Hearing needs to know why the child has been identified as a victim, who the child is at risk of exploitation from, what is being put in place to protect the child, what services/supports being put in place, and what is the child's attitude to supports/services?

These findings are counter to those of the Care Inspectorate (2018) which found that there were good levels of recognition of CSE in care plans and inclusion of strategies to protect children. However, this discrepancy may be due to the Care Inspectorate's findings being on services such as care homes, residential schools, fostering agencies rather than local authorities and multi-agency groups responsible for Child Plans and implementing statutory measures.

Most Children's Hearings do not appear to be considering the child as a CSE victim when making decisions on statutory interventions. This is likely a combination of Hearings only being provided with limited or no information on CSE, and a lack of awareness by Children's Panel Members of the signs of CSE. For children to receive interventions and services to protect them from sexual exploitation, all involved in their care and welfare must have up to date information on children's vulnerabilities and the risks they face to make effective decisions and plans. From this research, it would appear that this is not always happening.

There is a need for greater transparency in Child Plans and Children's Hearings decision making of a child's vulnerability to sexual exploitation and the interventions to be taken to protect them from this. It may be that Children's Panel Members and Children's Reporters need to be better informed as well as empowered to ask questions when a child has many of the vulnerabilities associated with CSE but this is not named in reports, to enable them to make informed decisions.

The age of consent in Scotland is 16 years old. However, any child up to 18 years old can be a victim of sexual exploitation, and this includes those who can legally consent to have sex (Scottish Government, 2016).

A young person aged 16 or 17 cannot be referred to the Children's Reporter unless a pre-existing CSO has been continued past their 16th birthday. Those aged 16 and 17 can be remitted by criminal courts to Children's Hearings, but their numbers are few. This means that the protection provided by statutory interventions through the Children's Hearings System is not available to most 16 and 17 year olds.

We found that 50% of the 21 boys and 78% of the 53 girls, who were victims or likely victims, were being sexually exploited when they were aged 16 and/or 17 years, and for many this abuse started at a younger age. Of the 44 children where services had referenced CSE in official documents, for 18% this abuse was first reported when they were aged 16 and/or 17 years old. These findings show that age group is vulnerable to CSE, and support the inclusion children up to 18 years in Scotland's definition of CSE.

The vulnerability of 16 and 17 year olds did not appear to be always recognised by Children's Hearings. At age of 15 years, 77% of the 74 children identified as victims or likely victims had CSOs, by age of 17 years this was 57% of them. This drop is due to Children's Hearings terminating the CSOs for these children.

There is a disconnect between the recognition that 16 and 17 year olds can be victims of CSE (Scottish Government, 2016) and the availability of statutory interventions to protect and support them. At present, a child aged 16 years identified as being at risk due to sexual exploitation, who does not have a CSO, cannot be referred to the Children's Reporter. But even now, for those children who could have their CSOs continued until their 18th birthdays, Children's Hearings are not always taking this opportunity. The Scottish Government (2020) has published proposals to raise the age of referral to the Children's Reporter. This is in recognition that there are a number of vulnerable 16 and 17 year olds who currently fall out with the Children's Hearings System who need its protection and/or guidance to address significant issues in their lives. This research clearly demonstrates why this protection should be extended to 16 and 17 year olds.

Prevalence

The types of cases selected for this study were those that previous research had identified particular vulnerabilities to sexual exploitation, and these were children in secure and residential care, and those involved in criminality. It is therefore not unexpected that we found that high proportions of these children were victims of sexual exploitation. We assessed that 63% of girls in secure care, 40% of girls in residential care and 62% of girls with

criminal remits were CSE victims; for boys this was 21% of those in residential care and 10% of those with criminal remits.

These children came from island, rural and urban areas. We identified CSE cases in 27 of Scotland's 32 local authority areas. This does not mean that there are no cases in the remaining five, only that they were not found in this research. Barnardo's Scotland has in the last two years had requests for consultancy support, training as well as direct work to young people from some of the five local authority areas not represented in this research.

A recent study by Barnardo's Scotland of public understanding of CSE in Scotland, found that although people understand that CSE is an issue they think that it's happening elsewhere and not in their area (Friskney, 2019). These findings show that this perception is not the reality - there are children who are being sexually exploited right across Scotland.

Pathways and interventions

The children in this study had similar experiences of neglect and abuse within their families, abandonment, behavioural vulnerabilities, and histories in the care system - whether they became victims of sexual exploitation or not. This suggests that many aspects of family background present problems in identifying vulnerability, and that there are no clear pathways to victimisation.

It was not just then the vulnerability factors arising from their families and being in care that led to children becoming victims. In this research, what differentiated children who were victims from those who were not sexually exploited, related to the actions of others (often older people) with or towards the child. For those children assessed as victims, these factors included having an older girl/boyfriend (54%), being influenced by older people (95%), being exposed to sexual behaviour (35%), concerning mobile phone/internet use (80%), being sexually active (74%), sexually risky behaviour (45%), having unexplained money or expensive items (47%), and/or visiting locations of CSE concern or prostitution (54%). Most risk assessments/risk management planning focusses on the behaviours of children - it is unsurprising then that this may encourage professionals to focus on children's behaviours as the problem and as the risk. This means that our intervention planning may be more about stopping children from behaving that way rather than dealing with the person or places/spaces that present risk to them. There is therefore a need to look beyond a child's behaviour and family circumstances to who is associating with the child, why they are doing this and when this happens, to better identify and protect those vulnerable to sexual exploitation.

An alternate approach is therefore needed to look beyond the context of a child's family in seeking to protect a child, to the relationships a child has with their peers, within their communities and on-line. This would extend responsibilities for safeguarding a child to

individuals and agencies who have influence over extra-familial contexts and as well as that of the communities where the child lives. This approach of 'Contextual Safeguarding' (Firman, 2017), offers a way to do this and there may well be merit in its wider adoption in Scotland. Considering locations creates an opportunity to disrupt/change contexts associated with CSE and other related vulnerabilities. A key element of Contextual Safeguarding is the identification of ways through which to change the social conditions of neighbourhoods/housing schemes, schools or peer groups when they are conducive with CSE occurring. Without approaches that seek to change the nature of these contexts, safeguarding responses largely comprise interventions which either 1. support a child to better navigate an unsafe environment; or 2. relocate a child out of an unsafe environment.

Many of those children we found to be victims or likely victims of CSE had not experienced loving and respectful relationships with adults – 62% of girls and 71% of boys had experienced abandonment by their parents, and 77% of girls and 86% of boys had lacked a protective nurturing relationship with an adult. These children may not have had positive models of healthy sexual relationships. It is important for those working with children to help them understand about healthy and safe sexual relationships and the principles of respect and consent. These messages are being promoted by the Scottish Government for all professionals who work with children (Scottish Government, 2019).

Residential and secure care

Being in residential care has been recognised as a vulnerability factor for CSE and is included in the SERAF tool developed by Barnardo's. This comes from Inquiries of organised CSE in which being in care was found to put children at risk of exploitation, with perpetrators known to target girls in residential units (Jay, 2014). However, we found a more complex picture. For those 44 children identified by services as victims of sexual exploitation, 41% were in residential care and 23% in secure care when this was first reported (this does not necessarily mean that this was when the abuse happened, only when services first reported on it). After being identified as victims, almost all the children were living in either secure (57%) or residential (36%) care. It would appear then that, particularly, secure care is being used to protect children from the risks presented by others. This removed these children from immediate risk but did not necessarily address their vulnerabilities to those who would seek to abuse and exploit them.

It has been argued that to make a difference to the child what is needed are long-term interventions to understand them and support them out of exploitative relationships (Hallett et al, 2019). An example is the RISE (Reducing the Impact of Sexual Exploitation) service currently operating across Aberdeen City, Levenmouth, Glasgow City and Dundee that aims to prevent CSE by disrupting patterns of exploitation and to introduce a trauma informed approach, looking at vulnerable children through the lens of potential CSE by understanding that their distressed behaviour often has traumatic underpinnings (Callaghan et al, 2018).

Possible protective factors

We compared the care histories of 74 children identified in this research as victims or likely victims of sexual exploitation with the 33 who were not found to be victims. There were many similarities between these groups, however, there were two differences. Children who were not found to be victims were more likely to have CSOs in place by the age of 8 years (36%) than those who were victims or likely victims (16%). The second difference was when the children were 16 and 17 years, more of those who were not victims were still living in residential care (54%) than those who were victims or likely victims (34%). These findings raise questions about the impact of earlier intervention and if residential care can be a protective factor.

Differences between boys and girls who are victims of sexual exploitation

There have been a few studies on boys and child sexual exploitation. These have identified differences between boys and girls who are victims, with boys being more likely to hide their distress, react through externalising behaviour (i.e. conduct disorder, anger, violence), be identified as victims by going missing, and being involved in criminality (Fox, 2016, Beech et al, 2018; Barnardo's, 2014). In this research, we found that there were many similarities between boys and girls in terms of their social, family and behavioural vulnerabilities, and history of care.

There were some differences, however. We found that boys were more likely to have been exposed to violence (76% boys, 53% girls) and display sexually harmful behaviour (33% boys, 13% girls). Girls were more likely to be reported to have a much older boy/girlfriend (14% boys, 70% girls), be the victim of sexual abuse (24% boys, 55% girls), have attempted suicide (24% boys, 43% girls), self-harmed (48% boys, 85% girls) and be sexually active (48% boys, 85% girls). There were also vulnerability factors that appeared to be reported almost uniquely for girls - these were entering/leaving vehicles driven by unknown adults, unexplained injury, and sexually risky behaviour. It is difficult to assess the extent that some of these differences are real or result from a bias towards reporting of such risks for girls. That only four boys in this study were reported in official documents as being victims leans toward the latter explanation that boys' vulnerabilities to sexual exploitation are not being recognised or taken seriously.

There were more similarities than differences between boys and girls vulnerable to sexual exploitation. This research indicates that there is under-reporting of boys as victims and that the extent of CSE and boys is likely to be higher than known. There are also profound differences in societal perception of CSE by gender (Fox, 2016). If boys demonstrate expressions of behaviour which may have a CSE link and are less likely to vocalise that they have been victims, then the current service approach may be disadvantaging boys from reporting. It might also mean that boys' behaviours might be more readily 'blamed' on other things more routinely, and not investigated further. Recognising the true picture of

CSE for boys requires greater acknowledgment from services and statutory agencies that boys can be victims and that their behaviour may be a reaction to this abuse.

“You go into colleges and schools, and you go to the toilets, and they’ve all got these posters now on the back of doors like they have in service stations and everything else. And they talk about domestic violence, and there’s always pictures of women, and they talk about safeguarding, being exploited and abused, and there’s always pictures of women. I want to know, in the men’s toilet, have they got the same posters with pictures of boys? ‘Cause I don’t think there is. And it’s little messages like that, that send out the biggest impact”
(Practitioner, young people’s substance misuse service). Taken from Barnardo’s, 2014.

Michael's story

Michael's story is one of the cases identified by the researchers that the child was likely to be a victim but this was not reported by services (i.e. from **Group 2**). Michael's story shows how social media is used by perpetrators to groom and exploit children.

Michael is now 14 and lives with his mum and five younger siblings. His parents broke up 2 years ago and his dad still lives close by, with Michael seeing him at weekends. Michael has known for a while that he is gay but has not told his parents because he is frightened of how they'll react. He feels isolated at school and in his local community and he doesn't have any gay friends. He is keen to meet other young gay men and has started going online to try to find others who can provide him with advice and support. He finds an online chat group and starts chatting with other young men who are all really supportive, he starts to feel accepted and part of a community. Michael becomes particularly close to one male called Sean who says he is 16. Sean tells Michael that he is having a hard time at home and at school, and that it would really help if they could meet in person. When they meet up, Michael discovers that Sean is a lot older than he said and is, in fact, in his 20s. At first, Michael is a bit unsure about Sean being older; but Sean is really understanding of Michael's situation and says that he is always there if Michael needs someone to talk to.

Over the next few weeks Michael and Sean meet a number of times. Sean continually tells Michael how much he values their friendship, and for the first time Michael feels that he has someone he can talk to. Their friendship soon develops into a sexual relationship. At home, Michael's mum has noticed that he has become more withdrawn – he no longer plays or helps out with his younger siblings and, when he is at home, he spends much of his time alone in his room on his computer. At school, his teachers have noticed that he is no longer interested in school work, and has become irritable and short tempered. Both his mum and his teachers try to speak to him, but each time Michael responds angrily saying he just wants to be left alone.

Michael gets into an altercation with another pupil at school, resulting in the other pupil sustaining a cut lip and black eye. It is the first time that Michael has behaved in a physically abusive manner and results in him being suspended for 2 weeks. A police report is also submitted to the Children's Reporter. Following discussion with the school and duty social work, because it is an isolated incident, no further action is taken.

A month later the police attend Michael's home and he is arrested. Following an extensive police investigation, it has been discovered that Michael has been involved in encouraging girls to have sex with older men for money and alcohol. After being interviewed by the police, Michael returns home where he breaks down and discloses his sexual relationship with Sean. He further discloses that, without him knowing, Sean had taken photographs of them engaging in sexual activity, and has threatened to share these images on social media and with his friends and family unless Michael did what Sean wanted. Sean told Michael he had to bring girls to Sean's house for 'parties'. At these parties Michael and the girls would be given alcohol and drugs and made to have sex with Sean and his friends. Michael also discloses that he was made to have sex with the girls against his wishes. The police are notified, and Sean and his friends are charged.

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Glossary of terms

Accommodated under section 25 - Separately from the Children's Hearings System, social workers can take a child into care where a parent is unable to care for them and does not object. They have powers to accommodate a child: if no-one has parental responsibility for them, if they are lost or abandoned, or if the person caring for them is prevented from providing suitable accommodation or care (section 25 of Children (Scotland) Act 1995).

Children's Hearing - is a tribunal and is made up of three Children's Panel Members who are volunteers from the local community. Children's Hearings make decisions in the best interest of the child to help and protect them. The most common legal measure made by Children's hearings is a Compulsory Supervision Order (CSO).

Children's Hearings System - aims to provide a safety net for vulnerable children, and to work with partner agencies who deliver tailored solutions which meet the needs of the individuals involved and help to build stronger families and safer communities. In Scotland, children who face serious problems in their lives can sometimes be referred to a Children's Hearing. Some of these problems include; not attending school, getting into trouble with the police, or being abused and/or neglected at home by the people who look after them.

Children's Reporter - is the first contact that a child and family will have with the Children's Hearings System. Children are referred to the Reporter if it is considered that they may need compulsory measures of supervision. The Reporter investigates each referral and then makes a decision as to whether the child should be referred to a Children's Hearing.

Compulsory Supervision Order (CSO) – Made by a Children's Hearing under the Children's Hearings (Scotland) Act 2011. It specifies the implementation authority (local authority) and where the child is to reside. It can also contain other conditions such as regulation of contact with parents or other family members (in 2013, CSOs replaced Supervision Requirements which came under the Children (Scotland) Act 1995).

Criminal Remit - in certain circumstances a young person prosecuted for an offence(s) in a criminal court, and who has pled or been found guilty, can be legally regarded as a child and have their case dealt with by a Children's Hearing:

1. If a young person is subject to a CSO they are legally a child for the purposes of the Hearings System, and the Sheriff **must** (a Judge in the High Court **may**) request the advice of a Children's Hearing before disposing of their case. If the Sheriff (or Judge) considers it appropriate the young person's case can be remitted to a Children's Hearing for disposal.
2. Young people who are not subject to CSOs and are under 17 years and six months can be remitted by the criminal court to a Children's Hearing for advice on how the court should dispose of the case. Following receipt of that advice the court can remit the young person's case to a Children's Hearing for disposal.

Grounds of referral to the Children's Reporter - The reasons for the referral to the Reporter as listed in section 67(2) of the Children's Hearings (Scotland) Act 2011 (previously in section 52(2) of the Children (Scotland) Act 1995).

Looked After Child Review (LAC Review)_ The regular meeting between the child, carers, parents and social work department (and other agencies, if involved) to share information on progress and discuss ongoing/future plans and possible placements. The purpose of this meeting is to review and make sure the Child's Plan is meeting the needs of the child.

Procurator Fiscal - Are legally qualified civil servants who receive reports about crimes from the police and others and then decide what action to take in the public interest, including whether to prosecute someone. They also look into deaths that need further explanation and investigate allegations of criminal conduct against police officers.

Safeguarder_ A person appointed by a Children's Hearing or the court, to provide an independent assessment of what is in the child's best interests. He or she should speak to the child, carers, parents and professionals and submit their report and recommendations to the Children's Hearing or court.

Scottish Children's Reporter Administration (SCRA) - was formed under the Local Government (Scotland) Act 1994 and became fully operational on April 1, 1996. Its main responsibilities are set out in the Children's Hearings (Scotland) Act 2011:

- To facilitate the work of Children's Reporters
- To deploy and manage staff to carry out that work
- To provide suitable accommodation for Children's Hearings.

<https://www.scra.gov.uk/>

Secure authorisation - The Children's Hearings (Scotland) Act 2011 enables a Children's Hearing or a court, to include a secure accommodation authorisation in various types of Orders. The conditions for making a secure authorisation are:

- that the child has previously absconded and is likely to abscond again and, if the child were to abscond, it is likely that the child's physical, mental or moral welfare would be at risk,
- that the child is likely to engage in self-harming conduct,
- that the child is likely to cause injury to another person.

Sheriff court – In Scotland, the majority of civil and criminal cases are dealt with in the Sheriff Courts. Criminal cases are heard by a Sheriff and a jury (solemn procedure), but can be heard by a Sheriff alone (summary procedure).

Data variables

For the 107 cases in the main sample:

Demographics and family factors

- Child demographics – gender, age, disability and type, learning difficulty and type, ethnicity
- Family factors during six age stages (pre-birth; 0 to 4 years, 5 to 8 years, 9 to 13 years, 14 to 15 years, 16 to 17 years) – parental alcohol misuse, parental drug misuse, parent perpetrator/victim of domestic abuse, breakdown of family relationships, older siblings known to services, child disowned/abandoned by parent(s), non-engaging family

Child legal status

- Dates – First known to services, first referred to Children’s Reporter, first CSO
- At end of each of five age stages (0 to 4 years, 5 to 8 years, 9 to 13 years, 14 to 15 years, 16 to 17 years) – LAC status, number of placement moves in period, where living, Hearings decision on contact and other conditions

Social and family CSE vulnerability factors

During each of five age stages (0 to 4 years, 5 to 8 years, 9 to 13 years, 14 to 15 years, 16 to 17 years):

- Witnessed traumatic event, bereavement (significant), exposed to violence, exposed to domestic abuse, exposed to sexual behaviour (inc. porn), lack of positive relationship with protective nurturing adult, isolated from peers/social networks, negative peer associations, associating/influenced by older people (not necessarily adults), significantly older boy/girlfriend, victim of sexual abuse and who by

Behavioural CSE vulnerability factors

During each of five age stages (0 to 4 years, 5 to 8 years, 9 to 13 years, 14 to 15 years, 16 to 17 years):

- Not in education/training/employment, staying out late, going missing overnight or longer, absconding (not overnight), use of internet/mobile phone that is of concern, drug use, alcohol use, sexually active, criminal activity in community, visiting locations of concern or prostitution, sexualised behaviour, sexually harmful behaviour, self-harming, suicide attempt(s), challenging behaviour, change in appearance/behaviour, entering/leaving vehicles driven by unknown adults, unexplained amounts of money or expensive items, physical injury w/o plausible explanation, disclosure of physical or sexual assault or disclosure and withdrawal of allegation, sexually risky behaviour

In our (researcher's) judgement, during each of five age stages (0 to 4 years, 5 to 8 years, 9 to 13 years, 14 to 15 years, 16 to 17 years):

- Was the child a CSE victim? No, yes, possible.

Children's Hearings decision making

For the 44 cases in group 1 only:

- CSE first referenced – date, where referenced, who by
- CSE assessment made – date, where referenced, who by
- Then for each Children's Hearing, that made a substantive decision after CSE first referenced: CSE in social work recommendation, CSE in Hearings papers, CSE in Hearing's decision, date of Hearing.

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