

CHILD SEXUAL EXPLOITATION

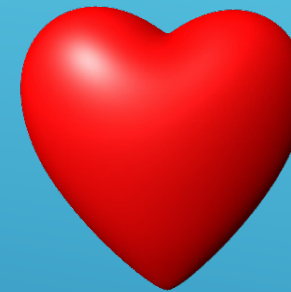
Identifying, Assessing and Protecting
Young People At Potential Risk Of
Child Sexual Exploitation

Charmaine McNally

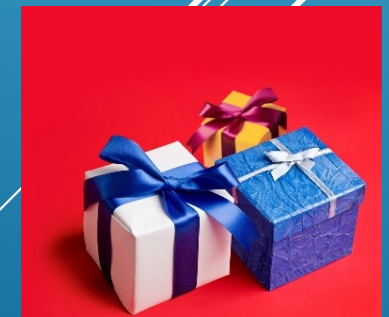
- ▶ Child Sexual Exploitation – otherwise referred to as CSE, is “A form of sexual abuse in which a person(s) exploits, coerces and / or manipulates a child or young person into engaging in some form of sexual activity, in return for something the child needs or desires, and / or for the gain of the person(s) perpetrating or facilitating the abuse.” (SBNI 2014)

DEFINITION

- ▶ Something received
- ▶ Gain
- ▶ Fear
- ▶ Online V offline
- ▶ Age
- ▶ Victims both male and female

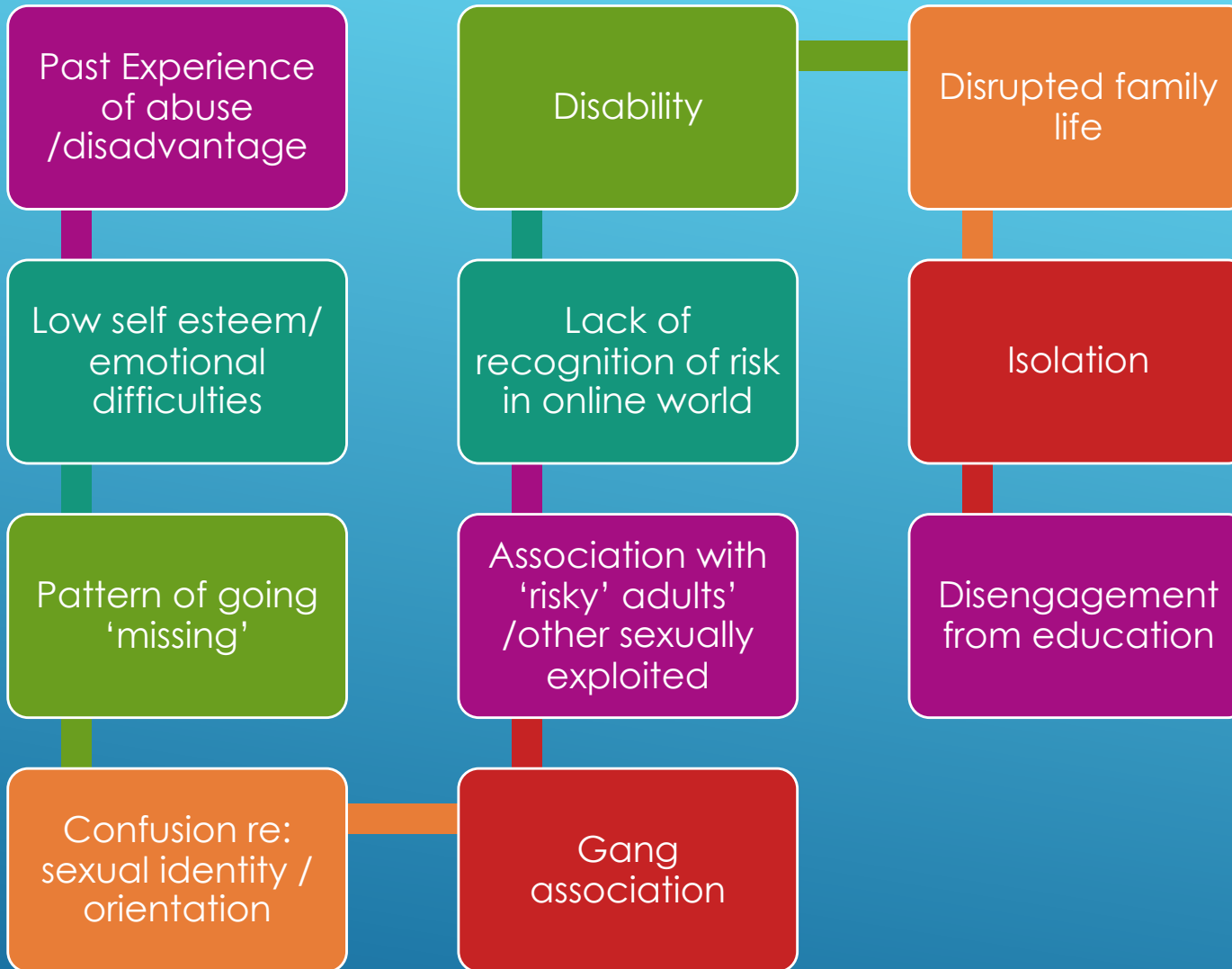


EXPLANATION

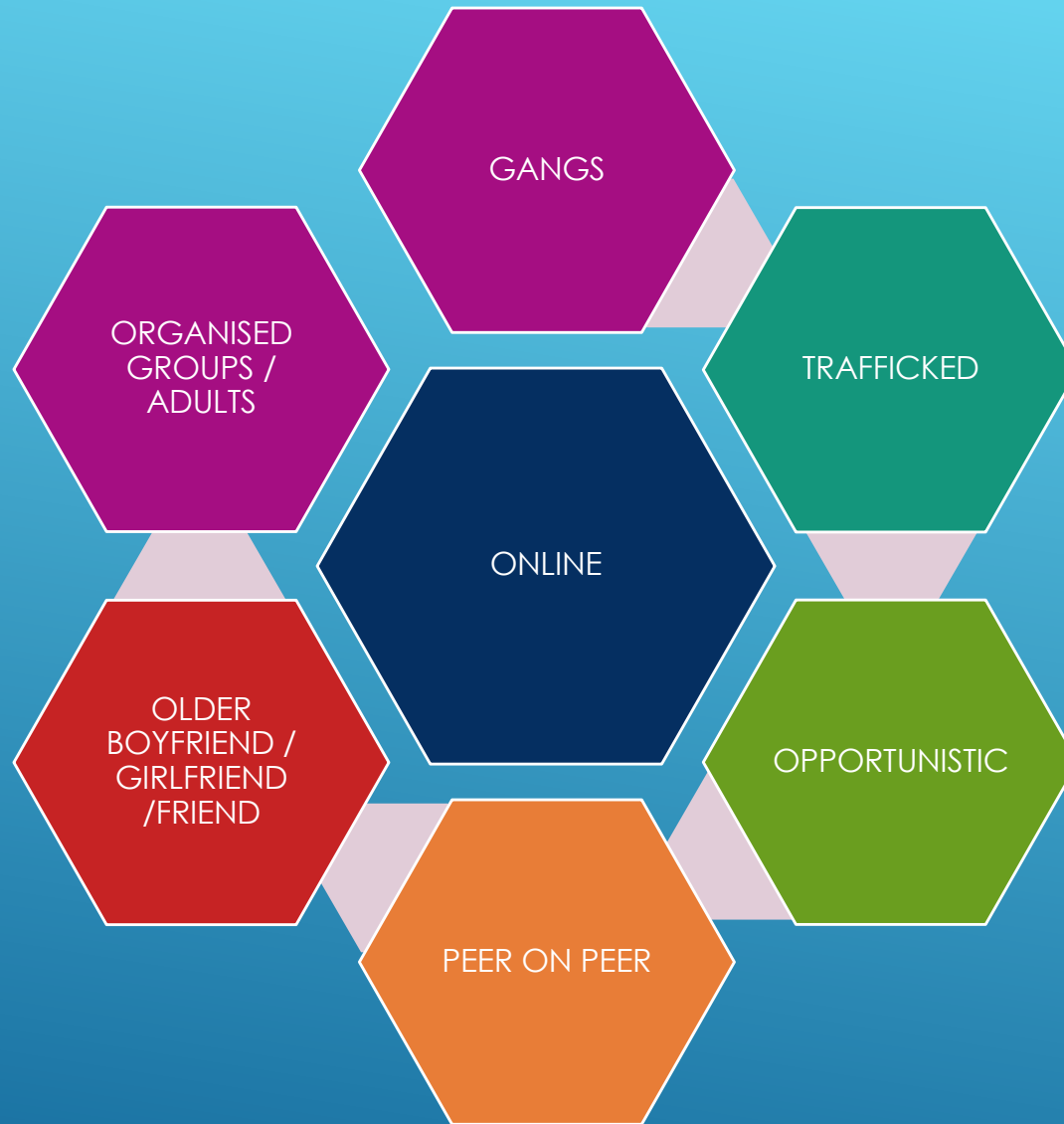


- ▶ Misunderstanding of grooming process - *assume* young person willing participant in a relationship, rather than a victim of sexual abuse.
- ▶ “just because a young person receives something they need or desire, does not mean that they are not being abused. Taking advantage of this need or desire, and making the young person think they are in control because they are getting something in return, is part of the abusive process.” (SBNI 2014)
- ▶ Some young people may feel that they have no choice other than to exchange sex or sexual activity.
- ▶ For some young people who have experienced abuse / multiple adversities in life, sex can be a way of trying to assert themselves, albeit in a skewed way, and an attempt to regain power over their bodies
- ▶ Some *do not recognise the exploitative relationships or interactions* they are involved in.

MISUNDERSTANDING



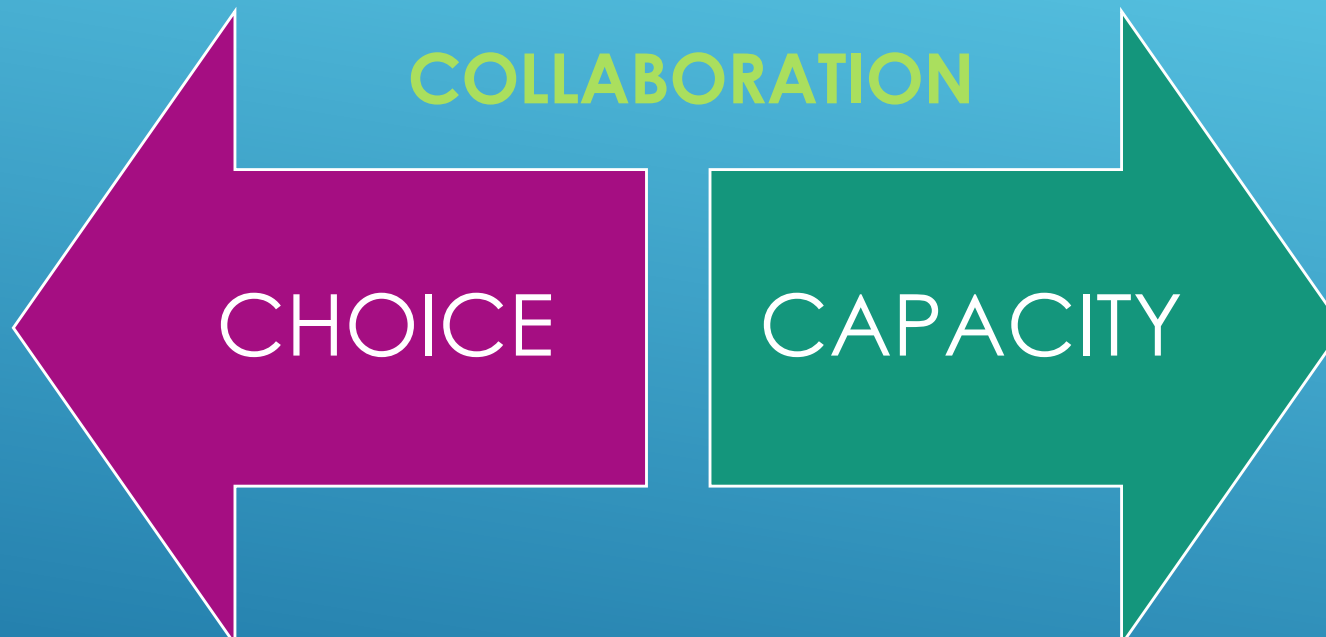
RISK FACTORS



FORMS OF C.S.E

- ▶ Grooming is the process whereby someone builds an emotional connection with a child or young person to gain trust, for the purposes of sexual abuse or exploitation.
- ▶ It can occur in the real world / online / by a stranger / someone known to child.
- ▶ Groomer may be male / female / young person / older adult
- ▶ Those who sexually exploit are highly manipulative individuals, who exert power / control over a young person. This power or control may take the form of real or threatened violence, emotional manipulation or blackmail, and / or financial pressure
- ▶ **Consent Vs Compliance – can be misinterpreted.**

GROOMING



CONSENT

COERCION

CONSENT VS COERCION

PHYSICAL HEALTH

- STIs
- Pregnancy
- Injury
- Sleep Disturbance
- Chronic pain
- Gynaecological problems
- Gastrointestinal problems

EMOTIONAL & MENTAL HEALTH

- Anxiety & depression
- PTSD
- Self-harm /suicidal thoughts
- Eating problems
- Dissociation
- Memory problems

SOCIAL WELLBEING

- Alcohol / substance misuse
- Behaviour changes
- Disengagement
- Engagement in anti-social /criminal activity

RELATIONSHIPS

- Increased susceptibility to unhealthy /abusive relationships
- Mistrusting
- Confused / skewed beliefs re: relationships and boundaries within

IMPACT OF CSE ON HEALTH AND WELLBEING

Feelings of guilt / shame / powerlessness / self-blame	Fear	Lack of Trust
Not recognising self as victim / the abusive process	Distorted attachment	Limited support network
Misinterpretation of choice / lifestyle	Manipulation by abuser	Victim simply not ready to disclose

BARRIERS TO IDENTIFICATION

- ▶ Awareness raising among the whole health care family within primary care
- ▶ Trauma informed approach to practice
- ▶ Professional curiosity
- ▶ Application of safeguarding processes
- ▶ Education
- ▶ Information sharing

**HOW CAN STAFF IN GENERAL
PRACTICE RESPOND?**



- ▶ Age
- ▶ Sexual activity which causes concern Level of maturity / learning / communication issues
- ▶ Sudden changes in behaviour / presentation
- ▶ Unexplained acquisition of gifts, money, alcohol or drugs etc.
- ▶ Missing from home /whereabouts unknown
- ▶ Alcohol / drugs
- ▶ Concerns re: being controlled, manipulated or coercion
- ▶ Isolation or low self esteem
- ▶ Frequenting of 'party houses' / places of concern
- ▶ Use of internet /website / phone that gives rise to concern

ISSUES TO CONSIDER FOR IDENTIFICATION

- ▶ Any learning needs / communication issues?
- ▶ Has the Y.P. ever felt scared of / uncomfortable by the person they have sexual contact with?
- ▶ Has the Y.P. ever received money, gifts, alcohol, drugs or anything else in return for sex?
- ▶ Has the person that the Y.P. has sexual contact with, ever asked them to engage in sexual activity with others?

FURTHER POINTS TO CONSIDER

- ▶ Number of consultations regarding sexual activity /visits to sexual health clinic?
- ▶ Does the young person often have to have taken alcohol / drugs before having sex?
- ▶ Evidence of physical injury / restraint?
- ▶ Are there any concerns in respect of anyone who may be accompanying Y.P to appointments?
- ▶ How would the young person view their sexual health or relationships?

FURTHER POINTS FOR CONSIDERATION

- ▶ **Initiation of safeguarding procedures**
- ▶ **CSE risk assessment**
- ▶ **Safety planning**
- ▶ **Education and therapeutic support for young people**
- ▶ **Utilizing safe spaces**
- ▶ **Designated Senior Social Work Practitioner in each Trust area**
– co-located with police
- ▶ **Acquiring legal orders to manage risk and persons identified as being of concern**
- ▶ **Monthly operational liaison group meetings with PSNI**
- ▶ **Training and awareness raising**

WHAT ARE TRUSTS DOING TO TACKLE C.S.E?