

# Child Sexual Exploitation

## A Guide for Health Practitioners



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## **Key Learning Outcomes**

- **Be aware and alert to possible indicators of child sexual exploitation.**
- **Ask questions when you have concerns.**
- **Consider accessing further information from health record systems or by calling another health professional who may know the young person.**
- **Use the screening/risk assessment tools available to record concerns and guide your decisions.**
- **If in doubt, seek advice from a more experienced colleague, e.g. Child Protection Paediatrician or Child Protection Advisor.**
- **If you have a concern, make a referral in line with local Child Protection procedures.**

## 1. Introduction

Child sexual exploitation is child abuse and like any form of abuse can have a devastating impact on victims and their families.

It is vital that we are able to identify a child or young person at risk of or experiencing sexual exploitation in the first instance, in order to remove their risk of harm and ensure that they receive appropriate, high quality support.

Tackling child sexual exploitation is set within the wider context of Scottish Government activity to improve the wellbeing of children and young people, and to tackle all forms of child abuse and neglect.

The National Action Plan to Prevent and Tackle Child Sexual Exploitation, updated in 2016 set outcomes to be progressed to achieve our aim of eliminating child sexual exploitation in Scotland. The following guidance contributes to the outcomes of reducing the risk of sexual exploitation through prevention and early identification.

### Purpose of Guidance

Children and young people at risk of child sexual exploitation may present across a range of health settings and in a variety of ways.

This guidance is for health practitioners in Scotland, to outline their role in identifying and responding to a child or young person who may be at risk or affected by sexual exploitation.

It aims to:

- Ensure **practitioners are alert to** this form of complex child abuse.
- Help practitioners **spot the signs** that a child or young person may be at risk of, or be experiencing child sexual exploitation.
- Emphasise that **child sexual exploitation is a form of child abuse**, and **requires a child protection response**.
- Outline the **responsibilities of health practitioners to take action** in line with local NHS Board and Child Protection Committee Child Protection procedures, including sharing information.
- Highlight the **importance of appropriate communication** with children and young people in helping to identify and respond to disclosures.

The guidance expands on information on child sexual exploitation contained within existing National Guidance for Child Protection in Scotland, 2014 and encourages a response in line with local Child or Adult Protection processes, and should be read in conjunction with those documents.

Practitioners should make use of existing resources, tools and training available to them within their local NHS Board area.

## Vulnerable Young People

Any young person until the age of 18 can be vulnerable to child sexual exploitation. Where the young person is between the ages of 16 and 18, the procedures to be followed will depend on the circumstances and relevant legislation. Where Child Protection Procedures do not apply, perhaps due to their age or specific circumstances, consideration should be given to the use of Adult Protection Procedures. If in doubt, advice should be sought from your Child Protection lead/team.

## 2. Definition

**Child sexual exploitation is a form of child sexual abuse in which a person(s), of any age take 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.**

The National definition of child sexual exploitation for Scotland was revised in October 2016, to improve consistency in identification of cases of child sexual exploitation and aid effective multi-agency responses for those children who may be at risk of, or victims of child sexual exploitation.

Child sexual exploitation is defined as a form of child sexual abuse. Further information on child sexual exploitation, including the different models, how the definition should be applied and Scottish legislative context around it, can be found in the accompanying Summary Paper.

### Points to note:

- For the purposes of the definition, a child is anyone under the age of 18 years old.
- In all cases of child sexual exploitation, a power imbalance exists in favour of the perpetrator/abuser.
- The key distinguishing factor of child sexual exploitation from other forms of sexual abuse is the presence of **an exchange of something** in return for the sexual activity.

- This can take the form of a tangible or intangible reward (money, drugs, alcohol, protection or perceived love or affection). For the child, this could also be prevention of something negative, for example a child who engages in sexual activity in order to avoid harm to other friends, family or pets.
- Child sexual exploitation can involve physical contact or occur through non-physical contact (for example, online via a webcam, being persuaded to watch pornography or posting sexual images).
- Child sexual exploitation happens to boys and girls.

### **3. Why Health Practitioners should be aware of child sexual exploitation**

Health is a universal provider for children and young people, and practitioners may have opportunities to spot indicators that a young person may be a victim, or at risk of child sexual exploitation. The nature of health service relationships, based on trust and the creation of a safe space, can also provide further opportunity to identify this type of abuse (a patient may choose to disclose information about themselves or another person which may raise a Child Protection concern).

Health practitioners have a duty to respond to concerns about the safety and wellbeing of a child or young person. Local Child Protection procedures will provide further guidance on how to respond meet your duties to keep that child safe. Aspects of that response may include:

- Providing direct support;
- Discussing concerns with a line manager or more experienced colleague;
- Seeking more information from the child or others;
- Recording information about your concerns;
- Making an initial referral to social work or police;
- Participating in a multi-agency response;
- Referring a person to local support services.

When it is recognised that a Child Protection response is required, it is in the best interests of the child or young person that information is shared between agencies (for example other health services, education, police, social work), to enable an appropriate assessment of the situation and a fully informed response. Anyone working with children and young people who have a concern that a child or young person may be at risk of child sexual exploitation must share those concerns in line with their local Child and Adult Protection procedures.

The requirement to share information when a child or young person may be at risk of significant harm will always override a professional or agency requirement to keep information confidential.

If in doubt as to whether sharing information would be in the best interest of the child or others, a discussion should be had with the local Health Board Child Protection Advisor or Child Protection Team.

Confidentiality must be explained properly to young people, including its parameters and the fact that you will need to seek advice if you believe they are at risk of significant harm.

### Case Study

A 15 year old attended her local Sexual Health Service several times over three months, receiving screening and treatment for Chlamydia and two negative pregnancy tests. The Sexual Health Service had noted deterioration in her physical appearance and personal hygiene. After several appointments the 15 year old disclosed that she was staying out all night; she was not getting on well with her mum and her older sister had moved out. She went on to disclose that her boyfriend had forced her to have sex with him and wanted her to have sex with his friends.

The Sexual Health Nurse contacted her local Child Protection lead for advice. The Sexual Health Nurse used a CSE screening tool to discuss the situation with the 15 year old, who was then confident in the next steps when the Nurse went on to make a referral to social work.

### Case Study

A 16 year old boy attends the Emergency Department with a leg injury he claims came from falling awkwardly getting out of a car. He is accompanied by a male in his mid-20s who insists on being present throughout; the ED staff feel that the boy is very watchful of the older male.

The boy's ED records show he has 12 attendances in three years, with six in the last six months, all for injuries; staff also notice significant bruising on his arms and upper legs. Local health record systems show that he has been in care since he was 12.

The ED staff try unsuccessfully to speak to the boy alone. Still concerned, they seek further information from the local Looked After Children (LAC) Nurse. The staff record their observations and the information they have gathered, and decide to make a formal referral to Social Work due to concerns about child sexual exploitation

## 4. Spotting the signs of child sexual exploitation

If a practitioner spots the signs of child sexual exploitation, although this does not necessarily mean abuse is taking place, it should raise a degree of suspicion and lead to further enquiry .

Child sexual exploitation can present across a range of different health settings, and may be spotted by health practitioners working with children but also those working with adults who have dependent children. Health practitioners likely to be interacting with children at risk of or affected by child sexual exploitation, and who should therefore consider and suspect child sexual exploitation, include<sup>1</sup>;

- Addiction services;
- Dental professionals;
- Emergency health services;
- Family nurses;
- GP and practice nurses;
- Health Visitors
- Homeless services;
- Mental health services;
- Paediatric services;
- Paramedics and ambulance staff;
- Pharmacists;
- School nurses and LAC;(looked after children) specialist health staff;
- Sexual Health services;
- The 'gatekeepers', e.g. reception staff.

This list is not exhaustive and any health practitioner may be in a position to identify or suspect child sexual exploitation.

### Scenario

A 15 year old approaches a pharmacist for the morning after pill. She says she does not need to go through all the advice as she has been through it before. She keeps her mobile phone on all the time that she is talking to the pharmacist and reacts to messages arriving with fear. She has a large amount of cash available to pay for the medication. An older man is present in the pharmacy while she is talking to the pharmacist and leaves with her.<sup>2</sup>

Many indicators of child sexual exploitation may be visible to health practitioners; examples can include<sup>3</sup>;

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<sup>1</sup> Adapted from Kirtley, P (2013) "If you Shine a Light you will probably find it" Report of a Grass Roots Survey of Health Professionals with Regard to their Experiences in Dealing with Child Sexual Exploitation. NWG Network.

<sup>2</sup> This fictional scenario is presented in the Health Education England training video, available at [https://www.youtube.com/watch?v=sC4Nn\\_mYKu0](https://www.youtube.com/watch?v=sC4Nn_mYKu0)

<sup>3</sup> This is a condensed list of indicators of CSE. Other sources of indicators include the Academy of Medical Royal Colleges (2014) Child Sexual Exploitation: Improving recognition and response in health settings; Department of Health/Brook e-learning: Combating CSE. <http://cse.brook.org.uk/story.html>; Dagon, D. and Wray, N. (2014) Guidance on Child Sexual



1. What you might notice in their circumstances:

- Presence of a controlling or older adult or 'boyfriend/girlfriend';
- Evidence that a young person is being monitored through their mobile phone;
- Young person with unexplained amounts of money or expensive presents or possessions;
- Young people who fail to attend follow-up appointments and disengage from health services or school;
- Changes in behaviour, including changes in eating habits;
- Inappropriate sexualised behaviour.

2. What you might notice in what they say:

- Young people who describe peers or friends as involved in sexual exploitation;
- Young people who have been staying out late or have unexplained absences from home or school;
- Young people with multiple sexual partners;
- Young people who describe being in or taken to (or who were found in) houses/flats/hotel rooms where they engaged in sexual activity with multiple or older adults.

3. What you might notice in their health needs:

- Young people repeatedly seeking emergency contraception or terminations, or with repeat STIs;
- Young people expressing despair (e.g. challenging behaviour, aggression, self-harm);
- Young people presenting intoxicated or misusing alcohol or drugs;
- Late presentation of or unexplained injuries or symptoms;
- Disclosure of sexual/physical assault, followed by withdrawal of allegation;
- Evidence of physical abuse associated with sexual contact.

There are resources available to health practitioners to support identification of young people at risk of or affected by child sexual exploitation, some of which are outlined in Appendix 1.

## 5. Barriers to disclosing

“It was just the norm for me sort of so I didn’t think anything was sort of wrong with what was going on until I’d gotten older.”<sup>4</sup>

Due to the complex nature of this abuse, a child or young person may not be willing to disclose that he/she is being exploited. Reasons for not disclosing include:

- Not being aware that they are being exploited (for instance they may feel that there are in a consensual relationship with a perpetrator). Although often older, the perpetrator may be of similar age to the victim.
- Fear that perceived benefits of exploitation may outweigh the risks e.g. loss of: supply of alcohol, drugs; the “relationship” and associated “love” and attention;
- Fear of retribution or that situation could get worse;
- Fear of violence within exploitative relationship;
- Shame;
- Fear of not being believed;
- Fear of labelling e.g. as a prostitute or gay;
- Fear of separation from family ;
- Loss of control; fear of Police involvement and court proceedings.

“I didn’t want to cause anyone any distress, and I certainly didn’t want to be err, found out. I suppose. And so, that’s why I only told them a very small part of the story to start with, And that, the reaction to that was bad enough, so I umm, I would never have considered police involvement. Even if I was old enough to think about it.”<sup>5</sup>

## 6. Young people at particular risk of child sexual exploitation

Child sexual exploitation can affect any young person, from any religion or background. This can include a young person with no previously identified vulnerabilities; for example a young person may become exploited through a friendship with someone who has a relationship with a perpetrator, or through the internet.<sup>6</sup>

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<sup>4</sup> Account given by female, sexually abused, from Allnock, D. and Miller, P. (2013) No one noticed, no one heard: A study of disclosures of childhood abuse, p.27. Quotations are from young people about their experiences of a range of different types of abuse.

<sup>5</sup> Account given by male, sexually abused, from Allnock, D. and Miller, P. (2013) No one noticed, no one heard: A study of disclosures of childhood abuse, p.29.

<sup>6</sup> Dagon, D. and Wray, N. (2014) Guidance on Child Sexual Exploitation: A practitioners’ resource pack. Barnardo’s, in partnership with the West of Scotland Child Protection Consortium.

Nevertheless, there are life experiences which are associated with increased risk of child sexual exploitation, including:

- A history of abuse, neglect and/or disadvantage;
- Being looked after, or formerly looked after;
- Disrupted family life, including family breakdown, bereavement, and/or domestic abuse;
- Multiple and fractured attachment patterns;
- Disengagement from education, isolation from other support mechanisms;
- Going missing from home or care environments;
- Drug or alcohol misuse;
- Poverty, living in a deprived community, homelessness;
- Poor health and wellbeing, social isolation, bullying;
- Low self-esteem, poor self-image, self-harm;
- Gang association;
- Having a disability, including learning disabilities/difficulties and mental health difficulties.

### Low Parental Monitoring

Low parental monitoring (through lack of awareness, understanding or control of a child or young person's activity – on or offline) may increase the likelihood of that child or young person being at risk of child sexual exploitation. Low parental monitoring is of equal concern from those whose parental responsibility lies with the state to those whose family unit include two working parents who leave the child with unsupervised internet access until they return from work.

Child sexual exploitation can affect any young person under age 18.

### Age of consensual sexual activity

Children under the age of 13 years cannot consent to sexual activity under any circumstances; therefore any sexual activity involving a child under the age of 13 **must** be passed on in accordance with local Child Protection procedures. The average age when concerns regarding child sexual exploitation are first identified is 12-15, although younger children are being increasingly identified.

The Sexual Offences (Scotland) Act 2009 takes account of the circumstances when two similar aged older children consent to sexual activity. It is unlikely to be in the public interest to prosecute in the absence of any concerns regarding exploitation.

## 7. What young people want from a health practitioner

Work with young people<sup>7</sup> has provided some clear messages about what they want from health and other professionals:

- **Professional curiosity.** Young people who did not feel able to disclose abuse have said that they would have liked someone to notice their struggles and ask them about it; some young people who have disclosed abuse said they were able to do so because someone noticed the signs or impact of abuse and asked about it. There is also evidence that young people who were asked about abuse at a time when they were not ready to disclose that abuse or did not recognise that they were being exploited later used that experience as a pathway to disclose abuse.

“But I never really erm, I never really, I didn’t understand what was wrong and I never went and asked for help, but no one ever asked me if I needed help and I think, looking back it was, like, I don’t know, kind of the indicators you get if someone’s being abused were there.”<sup>8</sup>

- **Calm and safe communication.** Young people have expressed preferences to be asked about child sexual exploitation in a professional but conversational way; to be provided with a safe space in which to talk; for confidentiality to be explained; and for communication to be accessible (age/developmentally appropriate, responsive to their own terminology, e.g. for a person they are having sex with).

“I felt like that (the police) were getting really annoyed with me ’cause I didn’t have the words for a lot of the things. So I was trying to explain things to them, and they were just looking at me, and they were like, ‘why don’t you know what it’s called? And I was just, ‘I don’t know’. So, they said that I was a irrel – unreliable witness, because, I didn’t have umm, the correct words.”<sup>9</sup>

- **Respect, action and support.** Key features where young people had positive experiences of trying to disclose abuse were that the practitioner believed them, that action was taken to protect the young person and that the young person had access to some form of emotional support.

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<sup>7</sup> Rogstad, K. and Johnston, G. (2014) Spotting the signs. A national proforma for identifying risk of child sexual exploitation in sexual health services. BASHH/Brook; Allnock, D. and Miller, P. (2013) No one noticed, no one heard: A study of disclosures of childhood abuse. NSPCC. This section contains quotes from young people obtained in the latter study, relating to a range of types of abuse.

<sup>8</sup> Account given by female, sexually abused, from Allnock, D. and Miller, P. (2013) No one noticed, no one heard: A study of disclosures of childhood abuse, p.30.

<sup>9</sup> Account given by a female, sexual abuse, from Allnock, D. and Miller, P. (2013) No one noticed, no one heard: A study of disclosures of childhood abuse, p.43.

- **Information and explanation.** Young people wanted to be involved in and informed about decisions that were taken, plans that were made, and how the process was progressing. This was described as particularly important because the experience of exploitation may have left the young person with anxieties around loss of control.

“I’ve told the doctor. I hate doctors. Went in several times and said OK something is wrong, I need some help – I cut myself, I feel entirely depressed, I’ve tried to kill myself. Every time they’d just say I’m being silly and to go home and grow up.”<sup>10</sup>

For information on resources about working with and talking to children and young people, see Appendix 1

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<sup>10</sup> Account given by female, range of abuse, from Allnock, D. and Miller, P. (2013) No one noticed, no one heard: A study of disclosures of childhood abuse, p.29

## 8. Responding

Child sexual exploitation is child abuse and concerns should be raised and responded to in line with local NHS Board Child Protection training and Procedures.

**If you believe a child or young person is in immediate danger, you should contact the police.**

### Key Learning Outcomes

- **Be aware and alert to possible indicators of child sexual exploitation.**
- **Ask questions when you have concerns.**
- **Consider accessing further information from health record systems or by calling another health professional who may know the young person.**
- **Use the screening/risk assessment tools available to record concerns and guide your decisions.**
- **If in doubt, seek advice from a more experienced colleague, e.g. Child Protection Paediatrician or Child Protection Advisor.**
- **If you have a concern, make a referral in line with local Child Protection Procedures.**

Further examples of tools and resources available to help identify child sexual exploitation and communicate with young people are listed at Appendix 1.

## Appendix 1: Resources

### Useful organisations offering information and advice on child sexual exploitation

- [NSPCC](#)
- [Barnardo's Scotland](#)

### National guidance on child sexual exploitation

- [National Action Plan to Prevent and Tackle Child Sexual Exploitation Update, 2016](#)
- [Child Sexual Exploitation: Definition and Summary, 2016](#)
- [Child Sexual Exploitation: Definition and Practitioner Briefing Paper, 2016](#)
- [Scotland's National CSE Campaign Website](#)
- [NHS Choices Child sexual exploitation: a practical guide for professionals](#)

### Communicating with young people

- [0-18 years guidance: Communication, General Medical Council](#)
- [Safeguarding Children Toolkit for General Practice, Royal College of General Practitioners](#)

### National Guidance on Child Protection

- [The National Guidance for Child Protection in Scotland, 2014](#)
- [Child Protection Guidance for Health Professionals, 2013](#)

## Other resources

- **Child Sexual Exploitation, Improving Recognition and Response in Health Settings, Academy of Medical Royal Colleges, 2014**
- **Child maltreatment: when to suspect maltreatment in under 18s**  
National Institute for Health and Care Excellence, 2009
- **Spotting the SIGNS, A National Pro Forma for identifying risks of child sexual exploitation in sexual health services**



## Appendix 2: References

Academy of Medical Royal Colleges (2014) Child Sexual Exploitation: Improving recognition and response in health settings. [http://www.aomrc.org.uk/wp-content/uploads/2016/05/Child\\_Sexual\\_Exploitation\\_0914.pdf](http://www.aomrc.org.uk/wp-content/uploads/2016/05/Child_Sexual_Exploitation_0914.pdf)

Allnock, D. and Miller, P. (2013) No one noticed, no one heard: A study of disclosures of childhood abuse. NSPCC. <https://www.nspcc.org.uk/globalassets/documents/research-reports/no-one-noticed-no-one-heard-report.pdf>

Dagon, D. and Wray, N. (2014) Guidance on Child Sexual Exploitation: A practitioners' resource pack. Barnardo's, in partnership with the West of Scotland Child Protection Consortium.

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Scottish Government (2014) The National Guidance for Child Protection in Scotland. <http://www.gov.scot/Resource/0045/00450733.pdf>

Scottish Government (2016) Child Sexual Exploitation: Definition and Practitioner Briefing Paper <http://www.gov.scot/Resource/0050/00508563.pdf>



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