

“I thought I was the only one. The only one in the world”

The Office of the Children’s Commissioner’s Inquiry
into Child Sexual Exploitation In Gangs and Groups

INTERIM REPORT

November 2012



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APPENDIX A: WARNING SIGNS AND VULNERABILITIES CHECKLIST

The following are typical vulnerabilities in children prior to abuse:

- Living in a chaotic or dysfunctional household (including parental substance use, domestic violence, parental mental health issues, parental criminality).
- History of abuse (including familial child sexual abuse, risk of forced marriage, risk of 'honour'-based violence, physical and emotional abuse and neglect).
- Recent bereavement or loss.
- Gang association either through relatives, peers or intimate relationships (in cases of gang-associated CSE only).
- Attending school with young people who are sexually exploited.
- Learning disabilities.
- Unsure about their sexual orientation or unable to disclose sexual orientation to their families.
- Friends with young people who are sexually exploited.
- Homeless.
- Lacking friends from the same age group.
- Living in a gang neighbourhood.
- Living in residential care.
- Living in hostel, bed and breakfast accommodation or a foyer.
- Low self-esteem or self-confidence.
- Young carer.

The following signs and behaviour are generally seen in children who are already being sexually exploited.

- Missing from home or care.
- Physical injuries.
- Drug or alcohol misuse.
- Involvement in offending.
- Repeat sexually-transmitted infections, pregnancy and terminations.
- Absent from school.
- Change in physical appearance.
- Evidence of sexual bullying and/or vulnerability through the internet and/or social networking sites.
- Estranged from their family.
- Receipt of gifts from unknown sources.
- Recruiting others into exploitative situations.
- Poor mental health.
- Self-harm.
- Thoughts of or attempts at suicide.

Evidence shows that any child displaying several vulnerabilities from the above lists should be considered to be at high risk of sexual exploitation. Professionals should immediately start an investigation to determine the risk, along with preventative and protective action as required.

However, it is important to note that children without pre-existing vulnerabilities can still be sexually exploited. Therefore, any child showing risk indicators in the second list, but none of the vulnerabilities in the first, should also be considered as a potential victim, with appropriate assessment and action put in place as required.

The following organisations and agencies need to take account of the above list and work together to identify children showing the warning signs of, or who are vulnerable to, child sexual exploitation, and act accordingly:

- Accident and Emergency.
- CAMHS services.
- Children's Social Care (including family support/early intervention teams, child protection/duty and assessment teams, looked-after children teams, leaving care teams).
- Drop-in clinics and community based health services.
- Drugs and alcohol misuse services.
- Educational institutions (including schools, pupil referral units, academies, private schools, special schools, and extra-curricular provision).
- Fire service.
- Gangs and serious youth violence projects.
- GP surgeries.
- GUM and family planning clinics.
- Housing (including foyers, hostels, refuges, bed and breakfast, and housing associations)
- Midwifery and health visitors.
- Police (including neighbourhood policing, missing, safer schools officers, gangs and youth violence, organised crime, trafficking, child abuse investigation teams, sexual offences teams)
- Residential children's homes.
- Sexual Assault Referral Centres.
- Violence against women agencies (including rape crisis and refuge provision).
- Youth Justice agencies (including youth offending services, secure training centres and youth offending institutions).
- Youth service and specialist agencies working with children and young people (including mentoring services, those working with disabled children, LGBT children, BME children)

In order to identify children who show the above risk indicators, professionals could begin by bringing together data that is already collected, adopting a similar approach to that which has been used by the Inquiry to produce the CSEGG dataset. Data is not routinely collected on all of the risk indicators identified, but to assist with the risk assessment process we are publishing the list of indicators that the Inquiry used for the CSEGG dataset, and the data sources from which they were accessed.

Table 18: CSEGG indicators, dataset and source

	Indicator	Dataset	Source
1.	Missing from home or care	Children reported missing Or Children reported to be 'absconding' or 'breaching'.	Police YOT data via ASSET
2.	Victim of a sexual offence	Children reported as victims of rape	Police
3.	Engagement in offending	Young people known to youth offending services	YOT data via ASSET
4.	Lacking friends from the same age group	Children lacking age appropriate friends	YOT data via ASSET
5.	Repeat sexually-transmitted infections, pregnancy and terminations Or Poor mental health	Children putting their health at risk	YOT data via ASSET
6.	Recruiting others into exploitative situations	Children displaying sexually inappropriate behaviour	YOT data via ASSET
7.	Living in a chaotic or dysfunctional household (including parental substance use, domestic violence, parental mental health issues, parental criminality) Or History of abuse (including familial child sexual abuse, risk of forced marriage, risk of honour-based violence, physical and emotional abuse and neglect) Or Children in care	Children referred to as 'children in need' Or Children 'looked after' under both S31 and S20 orders	Local authority Local authority
8.	Absent from school	Children persistently absent from school	Local authority
9.	Excluded from education	Children permanently excluded from school	Local authority
10.	Self-harm Or Thoughts of or attempts at suicide	Children who are self-harming or showing suicidal intent.	PCT/Child and Adolescent Mental Health Service
11.	Drug or alcohol misuse	Children misusing drugs and/or alcohol	PCT/Drug and Alcohol Team