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# Reflections on Child Sexual Abuse/Sexual Exploitation Research: Relevance for Professional Practice

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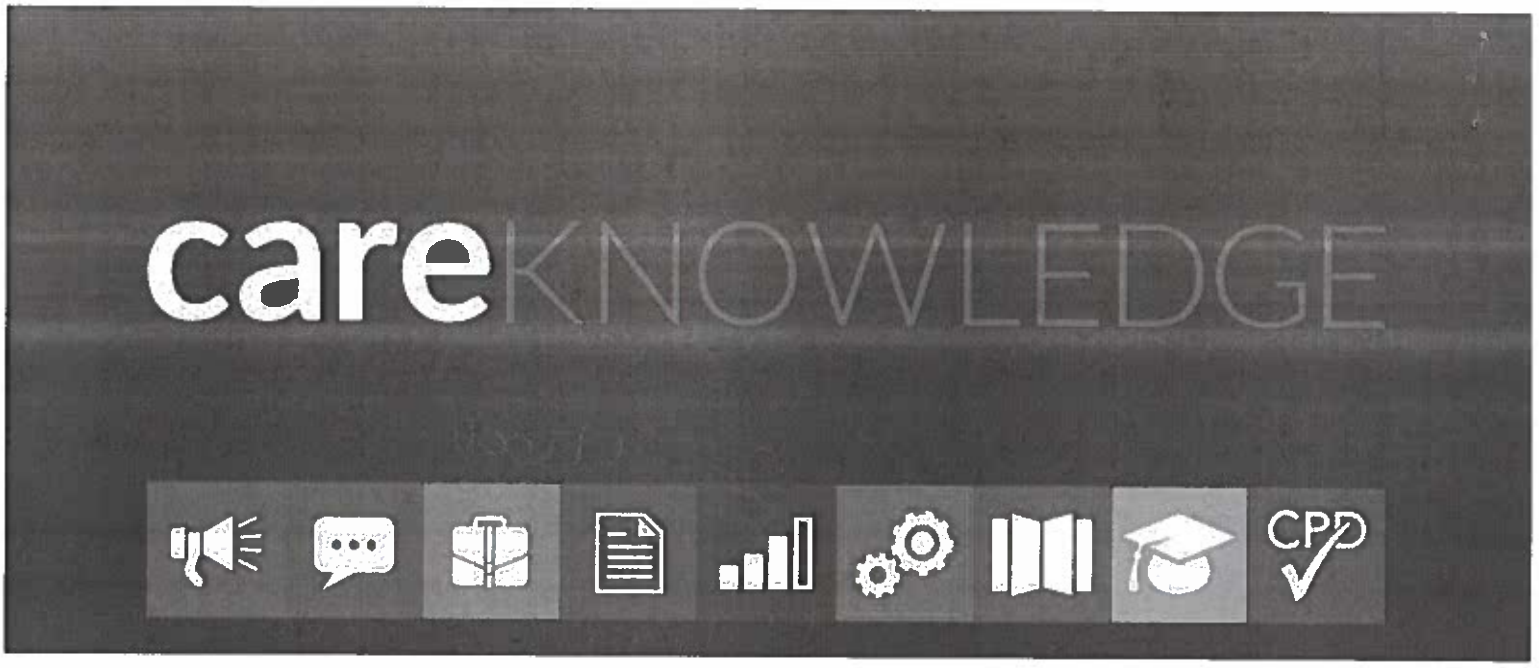
**Special Report**

**June 2018**

Pavilion

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## Introduction

Professionals working to prevent and/or respond to Child Sexual Abuse/Sexual Exploitation (CSA/E) are often struggling to keep up with the changing terrain. There are several levels of concern to consider in the lives of professionals and practitioners – changes in terminology and definition; the development of different models and ways of understanding what CSE in particular looks like; the variation in the approaches of different professions; the delineation of roles in responding to protect victims or pursue perpetrators; and knowledge about, and confidence in, responding appropriately.

Recent research at Coventry University is aiming to shed light on the challenges that professionals have been grappling with for some time. Building on professional experiential knowledge of the issues raised above, the research has been commissioned in order to provide evidence that can be used in creating a firmer base from which professionals can operate.

This report will set the context and introduce findings from research undertaken that may be of interest and have applicability for social work and other professional practice. Some implications for practice and further learning will be drawn out at the close, with an overarching concern to improve safeguarding and outcomes for children and young people. It is recognised that whilst there is a place for academic journal articles, there is also a pressing need for academic contributions to be clear and practical sources of information which have relevance to frontline and strategic work in this field. Research also has a role in stimulating thinking and, in some cases, articulating concerns that are being experienced in practice, yet are hard to voice.

## The meaning of CSA/E

Turning to defining what is meant by CSE, there is no globally recognised definition or an agreed UK definition (Kelly and Karsna, 2017). The most recent definition of CSE, in guidance released by the Department for Education in England, affirms that CSE is a form of CSA. The DfE's guidance on safeguarding children notes that there is an imbalance of power where the abuser coerces, intimidates, exploits and may use violence or enticement (DfE, 2017). There is still debate about whether this is the most appropriate definition to capture all of the various models and forms of CSE. It is recognised that a multi-agency response is required in order to safeguard children and that children and young people's needs should be at the centre of the practice of all agencies.

CSA/E work is complex – professionals with a remit for responding to sexual abuse need experience, knowledge, skills and consistency to build trust with children and families and to keep children safe. One of the ways of becoming 'expert' is by experiencing cases, which then leads to the question of whether individuals and their agencies should be regarded as experts, or whether expertise should be integrated into mainstream practice.

## Recent developments in CSA/E research

In a study commissioned by the NSPCC, which was specifically focused on the knowledge of one professional group, namely social workers, (Martin, *et al.* 2014) it emerged that the fluid and ever changing UK sexual abuse environment was difficult to keep track of – familial abuse, trafficking of children, internet-based grooming, CSE networks, CSE by individuals or peers, transmission of explicit sexual images and dialogue (termed sexting or revenge porn). Admitting that they may not know what the terms were referring to and having the confidence to say so was vitally important to social workers across the six participating Local Authorities (LAs) as it would have an impact on their actions and ability to assess risk and identify concerns. For example, the different terminology and definition of CSA or CSE could lead some social workers to be confused as to when, and if, Section 47 safeguarding procedures apply and in relation to their role in ensuring the safety of children and young people in danger of being groomed.

Far more confidence was shown in cases of CSA, as this work is more familiar, and skills are developed in working with families around this issue. In cases of CSE that were more 'Police led', social workers sometimes felt that their role was ill-defined and that they lacked authority. This affected their confidence in managing cases; their role in working with the individual child and family appeared to be subjugated to the criminal investigation.

One way to increase knowledge and confidence is through training and awareness-raising, yet pre-qualifying social work courses did not necessarily prepare social workers for the work involved in cases of sexual abuse. Theoretical knowledge was regarded as useful in helping to develop an understanding, but the time spent on teaching about CSA/E was often limited. Participants would have liked further teaching and training on identifying children who may be 'at risk', disclosure interviewing skills, understanding grooming, recognising concerning behaviour in children, and abuse linked to the internet. One participant said that they would then '*be confident enough to go into practice and say "I can do this*"'. Placements, therefore, played an important role in preparing social workers for work around CSA. Only a minority of newly qualified social workers were exposed to, and therefore experienced, CSA work during their training.

In the above research study, training within Local Authorities varied in terms of content and mode of delivery. In some, there was no mandatory CSA/E training, whilst in others, investigations could not be undertaken without having completed specific training. There was an emphasis in some local authorities on social workers taking responsibility for their own professional development in this field and participants would seek out the most appropriate courses and ask permission to undertake them, if there was a cost implication the response could be variable. Multi-agency or disciplinary training was quite rare, although social workers found training alongside police, health, education, the judiciary and other family support services to be beneficial. This was thought to be a positive way of overcoming what could be a dissonance between each agency's understanding of the work involved in responding to concerns relating to CSA/E.

Understanding and communicating with children, young people and families emerged as being central to the role of the social worker in cases of CSA. Previous work experiences were often referred to as establishing a knowledge base to draw on when engaged in this work – play-work, residential work, direct work with perpetrators, telephone counselling. The skills learnt were valued and brought to bear, this appeared to be central to knowledge and confidence in CSA work and more significant than qualifying or on-the-job training. So whilst focusing on abuse and knowing about forms of abuse was important, *understanding children and how to communicate was just as vital.*

Across all of the participating local authorities, caseloads were high and complex. There was variable practice in the allocation of cases. For example, some LAs allocate on the basis of capacity, whilst others consider the knowledge and experience of social workers and also the complexity of the case. Newly qualified social workers should not be allocated Section 47 cases, although this does happen when caseloads are high and work is being shared out.

This resource issue – the allocation of children according to staff availability rather than need – is an issue also raised in our later research with other professionals working in the area of CSA/E. In assessing the risk of moving children from a Child Protection Plan to Child In Need, there is a danger that children may become overlooked, as in some LAs there is little capacity to manage or work the CIN cases.

Carrying out this research highlighted how levels of confidence, knowledge, skill and understanding vary in CSA/E work. This makes it all the more important to ensure a strategic and structured approach to the development of social work teams. Undertaking work which goes beyond procedural requirements and involves relationship-building with children and families is important to social work practice in this field, as is managing difficult conversations about children's sexual development and activity and understanding the social context that shapes the life chances and experiences of all children. We recommended that practice guidance be developed for social workers in both investigative and post-investigative work, clarifying their role in multi-agency working so that the well-being of the child or young person was kept central.

This research began to raise the question of whether Child Protection procedures are as suitable and appropriate for CSE as they are generally regarded for CSA.

**'Risk' and 'protective' factors in CSA/E**

In 2016 Coventry University researchers were commissioned by the Early Intervention Foundation to conduct a Home Office funded review to examine what we know about identifying risk indicators for the possibility of being a perpetrator or victim of CSE. We also attempted to define what might make

young people resilient. Alongside the literature review, and in light of the evidence found, we also examined a sample of risk assessment tools and checklists to review their suitability (Brown, *et al.* 2016).

The work involved a rapid evidence review of research papers published since 1st January 2000 and listed in online databases, Google Scholar and the web pages of UK charities and organisations (e.g., NSPCC, Barnardo's). We then reviewed a sample of ten risk screening tools and checklists currently used in areas of England and Wales, provided to us by the EIF.

Our first key finding was that evidence about the indicators of risk of perpetration or risk of being a victim was lacking.

***Perpetrators***

There is a lack of research in relation to factors during childhood that increase risk of perpetration. The main reasons for this are, firstly, the predominant research focus on characteristics that are present during adulthood (e.g., cognitions, atypical sexual fantasies, and empathy deficits investigated in adults convicted of CSA/E that may or may not have been present during childhood) rather than on factors during childhood; and, secondly, research designs where individuals who have sexually abused or exploited others have not been compared to control groups of individuals who have not committed CSA/E and/or other offences.

In terms of risk of becoming a perpetrator, there were a small number of increased risks found in the literature: being a victim of sexual abuse, being a victim of other forms of abuse and neglect, and having atypical sexual interests or fantasies. It is important to note, however, that these indicators do not cause somebody to become a perpetrator.

***Victims***

Although studies have been conducted that examine risk indicators for victimisation, most recently in relation to CSE, the majority of these studies did not have research designs that enabled us to determine if the factors identified increase risk of CSE. For example, although 'running away/going missing from home' has been frequently associated with CSE victimisation, many children who run away from home do not become victims of CSE and many who are victims of CSE have not run away from home. In addition, some who run away from home have experienced many difficulties that might increase their risk of both CSE and running away from home. Importantly, since the studies published to date have not compared CSE victims who have run away with those who have run away but not experienced CSE, or children who have not run away and experienced CSE, or the relationship with CSA, it was not possible to identify the specific nature of links between running away and CSE and CSA.

Two indicators of increased risk of becoming a victim were found: being disabled, and being in residential care. Caution needs to be exercised in interpreting these findings, however, as there is a great deal of variability in

disabled children and their circumstances and in residential care populations, with some children being potentially at greater risk than others. The pathways to victimisation involve a complex interplay of factors and neither being disabled nor being in residential care should be regarded as causal or necessary for CSA/E victimisation.

***Reducing victimisation, perpetration or increasing resilience***

We were unable to locate research in which factors that reduce the likelihood of perpetration or victimisation of CSA/E had been identified. Although we can theorise that children with none of the indicators of increased risk might be less likely to experience CSA/E victimisation, or commit abuse/exploitation themselves, we also know that not all those with the risk indicators experience or perpetrate abuse. Some factors appear to reduce the likelihood even when risk factors are present, or reduce risk in groups without these risk indicators.

A number of educational programmes have been designed and developed, aimed at reducing the risk of victimisation. The completion of these may be protective but have also come under increasing criticism for potentially being 'victim-blaming'. Crucially, none of the studies identified in our review examined the long term impacts of the programmes, so we do not know if they reduce victimisation or perpetration, or increase resilience. Even if we can identify factors that increase vulnerability, it is not possible to predict who will be abused and therefore difficult to target prevention strategies. When a professional engages a young person in preventative work how can they know that without the intervention they would have gone on to be abused?

So, the limited evidence base means that we were not able to identify risk and protective indicators. We concluded that the risk tools and checklists currently used in England and Wales to assess risk of CSE are not evidence-based and most have not been evaluated. For example, 'alcohol/substance misuse' appears as a risk indicator on some standardised assessment tools and as a variable in the literature, yet it is rarely specified whether drinking alcohol is present *prior* to becoming a victim, used as self-medication *following* abuse/exploitation or alcohol was supplied *in order to abuse* a child. It is also of note that all of these explanations focus on the behaviour of the victim. Our reporting of a lack of clarity and evidence is a highly pertinent message for those with a remit for identifying CSE and offering a response; what, then, have ideas of 'risk' been based on? How can we talk of 'risky lifestyles', 'risky behaviours' and 'risky choices' of children and young people if we do not know what the link between any of the above and being abused or exploited actually is?

These findings have led us to recommend the need for large scale studies identifying risk and protective factors, comparing indicators in those who have experienced/perpetrated CSA/E as well as in those who have not. We also suggested that where screening tools are to be used there should be rationalisation and development of tools across partners and stakeholders involved in safeguarding and protection of children and young people. Reviewing the quality of any screening tools to be used, and testing their

usefulness through evaluation was also felt to be crucial. Other practice and policy recommendations are detailed in the final report (Brown, *et al.* 2016).

**Appropriate tools for keeping young people safe and identifying risk?**

Following on from this review of the evidence of indicators and a small sample of tools in use, more recently Coventry University was commissioned by the newly established Centre for Expertise in Child Sexual Abuse, a partnership led by Barnardo's, to research professionals' use of tools and checklists to assess risk of CSE (Brown, *et al.* 2017). We aimed to discover *how the tools are being used*, how *practice might vary* across locations and between professional teams, to understand what *course of action was taken* based on the score or outcome of screening and to address the *strengths and limitations* of using such tools. We gathered the views of a range of professionals via an on-line survey, advertised through the National Working Group on CSE's newsletter and CSE networks. We also interviewed 17 professionals across a range of services, statutory and voluntary sector.

Whilst there was generally support for using tools – practitioners like to have guidance in this area – the participants seemed to indicate that it was important to exercise caution in using them, often stating that professional judgement was important too and that professionals should not be overly confident in the risk indicators. As found in our previous research, referred to above (Brown et al. 2016), a lack of evidence on the validity of such tools should mean that they should not be used as a stand-alone mechanism to determine decision-making. There were certainly a number of issues raised concerning the variation in processes and procedures and the range of indicators of risk and scoring systems in use.

Over-reliance on screening tools to assess a child's needs or risk of being a victim of CSE concerned experienced specialist practitioners:

*"I think if it's an experienced practitioner using the tool, and it can be, it's not experienced in social care, it can be within education, health, social work, then they're much more likely to use professional judgement, but if you've got a newer qualified worker then the score fairly much becomes the holy grail, so it's the score that's relied upon which is something that again over the past 12 months we're trying to say to our partners don't get hung up on the score, it's a guide, it's meant to create a certain safeguarding response, but whether the child's at 13 or 23, the child still is likely to need safeguarding. If you're scoring 13 then there's still enough concern there that increased safeguarding needs to be considered...there's still a need but, yeah, if they don't get to that magic 16 sometimes it is a case of oh well, they're not at risk."* (*CSE Service Manager*)

The 'tick box' culture could be said to have emerged out of professionals' fear of not complying or of missing an opportunity to safeguard:

*'when you're feeling vulnerable the easiest solution is to be about a compliance focus and a compliance focus is about a process and in a process you lose the child' (LSCB Chair)*

Professional judgement was not always encouraged and in some cases was discouraged:

*'I'm getting delegates saying the toolkit comes out medium risk but they are absolutely sure the child is currently being exploited and they're writing on the bottom of it 'This is what I think is happening, this is my professional judgement [...]', they're getting emails back saying 'Do not write on this tool, I've taken off your comments' (CSE Trainer)*

Of particular concern was the conflation of 'risk' of harm to a young person and actual harm already having happened. We identified this in our earlier study above, and practitioners in this qualitative research further suggested that the focus was often on the identification of harm but the language and terminology of 'risk' was still used. So children may be categorised as 'high risk' or at 'serious risk of harm' when they are actually already coerced, controlled and entrenched in sexual exploitation.

The question of whether CSE does or does not sit within existing Child Protection procedures also arose in this research. Some felt that existing procedures did not work in cases of CSE, whilst others said that the standard initial assessment carried out with Child Protection procedures is suitable and does not necessarily need a specialist CSE approach:

*'It is as though we are saying this is a type of abuse that social workers cannot identify in the same way they can identify all the other types of abuse that they've been trained to identify and have been identifying for years' (Social Worker)*

So, in summarising learning for practice, for social work and for all who care for and support children and young people, there are some key messages which may be useful.

**Key practice learning:**

*Tools and checklists*

- Screening tools and assessment tools have their place but can be over-used, to the detriment of the promotion of professional judgement and professional practice. Tools should be used not to provide a tick box, visual and binding assessment of risk, but as guidance.

- There should not be an over-focus on the development of a protocol, professionals need to have the knowledge, confidence and skills to undertake assessments with young people or of young people's needs.

- Screening and assessment tools should clearly delineate between children who are currently being/have been harmed and those that are *at risk of* harm.

- Tools should not use terms and language which can be described as 'victim-blaming' and should avoid an over-focus on the behaviour of young people.

*Education and training*

- Universities have a role to play in educating social workers to understand CSA/E, including the legal and policy context. Placements are valuable for social workers to be able to apply theory and to develop practice skills with children and their families.

- Practice needs to be informed and subject to continuing development. Multi-agency training, where views, beliefs and learning about roles are shared, enhances working relationships. It is also a space and opportunity for professionals to recognise that whilst they may still lack knowledge about CSE, they actually know a lot about other similar issues (CSA, domestic abuse) where knowledge can be brought to bear in understanding CSE – a particular form of sexual abuse.

*Children – the focus of professional attention*

- Whilst specialist CSE teams are important, an over-reliance on the knowledge of more experienced specialist colleagues can lead to de-skilling of social workers/professionals who do not develop knowledge and skills in CSA/E.

- As children do not neatly disclose only to the person with the specialist skills and training and are likely to speak to a trusted person, it is important for non-specialists to also have knowledge of CSA/E. In social work practice, cases that may not appear to be complex initially, can quite quickly become complex.

- Learning about children and young people, their healthy development, healthy relationships and contemporary ideas about childhood is important – as is the general ability to communicate well with children across the age-spectrum.

- Recognising the emotional, practical and psychological impact on professionals and practitioners of this challenging work with children and families and providing supervisory or managerial support, is crucial.

**Concluding reflections**

Whilst CSE seems to have a prominent position in the media and in the public eye and is high on the UK policy agenda, the evidence base for practice in this area is still developing; there are particular issues which have received less

attention and where the research evidence is under-developed (Kelly and Karsna, 2017).

Importantly, the field would be greatly enriched by further knowledge of the views of young people. Misconceptions still exist about who may be more vulnerable to becoming a victim of CSE, which leads to certain young people being neglected – such as disabled children, learning-disabled children, boys and young men, Black and minority ethnic children and young people. Therefore the processes being used to identify young people who may be at risk of CSE or have been abused need to be examined. The tools being relied upon by professionals should be developed out of an evidence base that supports their use. It is clearly important that any tool should also be evaluated and validated.

Taken together, the research indicates that:

- prevention as well as support has to be prioritised
- a focus solely on victims or potential victims will leave a gap, and work must take place with those who perpetrate abuse and violence against children and young people
- focus on potential perpetrators must include thinking about the places and spaces where groups of children can be found and who has access to form relationships with children, appropriate or otherwise. (Our review referred to above (Brown et al 2016) identified pro-social and sporting activities as settings which provide opportunities for perpetrators to access children and abuse them, given the development of trusting relationships with influential adults. (This was an area that had been paid less attention but has since become more central in the media, with a light being shone onto various professions such as cycling, gymnastics and football in recent months.)

A number of messages for practice emerge from this research:

- First comes the need to understand the importance of finding time and space for reflection to think carefully about how children and young people are described, how their activities are referred to, and whether they remain a person with needs, at the centre of professional activity, rather than a case file or a number
- Then, think about what kind of things score as 'high risk' on your screening tool – are they all risks or are any actual signs of harm to that child? Are they already a victim?
- In particular, really think about 'indicators', 'variables', 'risk scoring of High, Medium and Low' and what that means
- How have you included the child or young person in the assessment of their needs, if at all?
- Is the tool you are currently using even suitable for the task at hand?
- Is the pathway of action which is indicated by the score or outcome clear and appropriate for the child?

- If your assessment finds that children are being coerced, controlled, targeted, abused or exploited that is not a 'risk', that child is a victim of harm.
- If the outcome of scoring does not seem to make sense, given what you know about a situation, then question it and remember that the patterns of scoring vary, the threshold for accessing support varies, some are overly specific and, as stated above, not all are based on research evidence
- Professional judgement is most certainly still needed alongside the use of such instruments. Remember '*some of the scoring methods suggest a confidence in the risk indicators that is not matched by the research evidence. Hence these tools should be used to underpin, rather than determine, decision-making*'. Understanding the limitation of the current tools in use is important for practice.

Two of the above research studies report contributions from professionals who have considerable knowledge and experience to draw upon. It was not difficult to identify challenges in this area of work and limitations with processes, training and multi-disciplinary working. Improved responses to children should draw on professional experience and research evidence. In March 2017 the Chief Social Worker for Children and Families reminded Directors of Children's Services that 'Decision making tools can be helpful but they should only ever be used to *assist* in decision-making. Operational implementation of assessment tools should only ever proceed once their validity has been seriously explored'. The take-home message from this article is that professionals should feel emboldened to question procedures, policies, attitudes and responses that do not seem to fully address the needs of children and young people.

**About the author**

Dr Geraldine Brady is a Reader in Sociology of Childhood and Youth at Coventry University. Her research takes a sociological approach to understanding social issues, she researches and publishes in the areas of teenage pregnancy and motherhood, sexual consent, child sexual abuse and exploitation, children's mental health and disability and childhood inequalities. She also reflects on the ethics and politics of research with children and young people and aims to influence the development of socially just policy and practice approaches.

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