Overview

The objectives of this presentation are to:

• Define CSE
• Provide and estimate of the extent of the problem
• Examine who the exploiters target and identify the risk factors
• Highlight the issues faced in identifying victims and to suggest possibly ways of enhancing timely identification.
• Explore the issue of victim resistance to being rescued from the exploitative situation and to consider potential solutions
• Consider the consequences of the failure to intervene effectively with this group of victims.
What is CSE?

Government’s consultation on producing a statutory definition of CSE (March 2016) – proposed definition is:

- Child sexual exploitation is a form of child abuse.
- It occurs where anyone under the age of 18 is persuaded, coerced or forced into sexual activity in exchange for, amongst other things, money, drugs/alcohol, gifts, affection or status.
- Consent is irrelevant, even where a child may believe they are voluntarily engaging in sexual activity with the person who is exploiting them.
- Child sexual exploitation does not always involve physical contact and may occur online.

- Child sexual exploitation can occur through use of technology without the child’s immediate recognition, (e.g. the persuasion to post sexual images on the internet/mobile phones with no immediate payment or gain).
- In all cases those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources.
- Violence, coercion and intimidation are common.
- Involvement in exploitative relationships being characterised in the main by the child or young person’s limited availability of choice resulting from their social/economic and/or emotional vulnerability (DCSF, 2009: 9).
How many young people are affected?

- Problems with estimating the dark-figure or victimisation
- Official statistics - Not a separate crime or child protection category
- Self reports – victims don’t recognise their experience as abusive

There were 1400 cases of CSE in Rotherham between 1997-2013 (Jay, 2014).

- The CLG inquiry indicated that Rotherham was not an outlier and CSE in the UK is large scale, nationwide and increasing (CLG Committee, 2014).

2409 children were known to be victims of CSE by gangs August 2010-October 2011.

- 16,500 from across England were identified as being at high risk of CSE (April 2010 - March 2011) (Berelowitz et al, 2013).
Who do the exploiters target?

The available data indicates that:

- 2038 victims of CSE (localised grooming, rather than online grooming, trafficking, or peer-on-peer abuse) were reported to CEOP in 2011
- 311 were in Local Authority Care,
- 842 were known to have been reported missing at least once,
- Disengaged from school (victim of bullying, truanting, disruptive, disinterested)
- 61% were white,
- most came into contact with agencies at the ages of 14 or 15 (CEOP, 2011).
- 45 reports of online CSE were received by CEOP in 2012. 80% of victims were female. 13-14 year olds were the largest victim group at 35% (CEOP, 2013).
- Next slide – adapted version of Reid’s 2012 model of risks across the developmental stages (Wager and Wager, 2016)
Points to consider when thinking about the extent of the problem

APPG Joint Inquiry 2012 – In England alone there were 65,000 children living in care
- 7% living in children’s homes
- 10,000 children go missing from care in a year
- Children in care are 3X more likely to run away or go missing

Why focus on victim identification

- Prevention has been the primary focus of most academic outputs and far less emphasis has been placed on rescue/recover and rehabilitation of children who have experienced CSE.

- The first step in rescue and protection is the ability to identify victims in a timely manner and to be able to offer appropriate assistance to ensure their (and others) safety, and their ameliorate their trauma and adaptation needs (Brunovskis & Surtees, 2012)
The problem of victim identification

- Victims unable to perceive their experience as victimisation and thus many are unlikely to come forward and seek help.

- When victims have disclosed to professionals they haven’t been believed or no action has been taken.

- When victims do come into contact with professionals it is typically because of their anti-social, disruptive or criminal behaviour – thus their victim status is subordinated to their ‘offender’ status.

Rafferty (2016) – Situational challenges to victim identification

- Not all governments have taken full ownership of the problem

- The nature and context of CSE appears to be dynamic (rapidly so in the context of commercial CSE)

- The lack of awareness about the problem amongst those who are likely to come into contact with victims

- There has been a lack of consistency in the definitions used

- Lack of recognition that boys could be victims

- Less emphasis has been placed on internally trafficked victims (Bradley & Cockbain, 2014)

- Lack of training for frontline staff (teachers, police, healthcare practitioners (Greenbaum, 2014))
Child related challenges

- Psychological challenges that emanate from the grooming methods used by the perpetrators.
- The victims don’t wish to be identified or rescued
- They may not perceived themselves as victims
  - Lack of understanding of the law and consent
  - Survival sex
  - Normal way of life
  - feel relatively privileged
  - introduced to this context by peers
- Economic challenges and lack of alternatives
- Persisting risk factors in family setting
- Cultural norms/narratives – duty and gratitude

Grooming strategies that prevent victims from seeking help

<table>
<thead>
<tr>
<th>Strategies that reduce likelihood of recognising self-as-victim</th>
<th>Strategies that mean self-aware victims are fearful of seeking help</th>
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</thead>
<tbody>
<tr>
<td>Target vulnerable and rejected children – show interest in them as people</td>
<td>Threats of violence against the victim or their families</td>
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<tr>
<td>Create the illusion of a strong intimate bond with the young person</td>
<td>Forced criminality</td>
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<tr>
<td>Encourage disengagement from, and conflict with family and support workers</td>
<td>Told that others will reject them because they are damaged and disgusting</td>
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<tr>
<td>Provide gifts and a lifestyle that are outside of the normal experiences</td>
<td>Threat of releasing images to destroy the young person’s reputation</td>
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Enhancing victim identification

• We need to reframe the problem (Mary Boyle, 2003) From ‘Children who fail to identify as victims’—‘Children whose victim status goes unrecognised by authorities who have a responsibility for safeguarding’

• All service providers who come into contact with individuals who they think are potentially victims need to feel confident to ask a few questions.

• Many victims say – ‘if only someone had asked me…’

Victim identification in health care settings

• 88% of victims of commercial CSE visit a healthcare provider during their period of exploitation (Leder & Wetzel, 2014)

• 46% of victims has seen a medical provider in the previous 2 months (Varma, Gillespie, McCracken & Greenbaum, 2015)

• Presenting issues included:
  - Drug ingestion
  - pregnancy complications / request for termination
  - seeking contraceptives
  - STIs / Testing for STIs and HIV
  - Injuries consistent with physical and sexual violence
Suggests that screening by healthcare providers might identify potential victims

So…Varma et al. conducted a retrospective matched-control study of 12-18 year old patients who presented at emergency departments who were presenting as victims of commercial CSE (n=27) or CSA (n = 57)

Their aim was to see if the medical records contained information that would indicate whether a patient is at risk of CSE

**Factors which distinguished the two groups**

CSE victims were more likely to:

- Report being sexually active
- Have been sexually active for more than a year
- Have a history of STIs
- Be using contraception
- Have a history of violence with caregivers and sex
- Engage in substance use and poly drug use
- Have a history of running away
- Have a history of involvement with the police and child protection services
Victim identification by educators

- Truanting
- Change in level of interest / engagement
- Change in demeanour, dress, etc.
- Isolation from previous friends
- Changing friendship groups
- Being picked up from school by young men in cars

Victim resistance

- Victims are not always forthcoming for support to leave their exploitative situation, in fact many service providers often report a tendency of victims to resist interventions (West and Loeffler, 2015)
- West and Loeffler (2015) conducted a qualitative study exploring the experiences of 15 service providers who worked with victims of child trafficking (internal and international, mostly CSE).
- They identified several constructs relating to victim resistance:
  - non-compliance,
  - avoidance
  - refusal of support.
• West and Loeffler (2015) suggest that victim resistance can be attributed to five central behaviours and beliefs, including:

• the ideology of a ‘good victim’ and self as undeserving – self-identity

• a bond with the trafficker/exploiter

• an inability to identify as a victim

• an inability to trust others

• a lack of empowerment.

Theoretical explanations

• Stockholm Syndrome (Graham, 1994)

• Traumatic bonding (Dutton and Painter, 1993)

• Silence Compliance model (Johnson, 2011)

• Cognitive dissonance (Festinger and Carlsmith, 1959)
Overcoming victim resistance

- Building trust – takes time – don’t condemn the perpetrator when engaging with the victim
- Need to be non-judgemental and to offer compassion – any negative engagement will lead the victim straight back to the perpetrator
- Avoid processes that risk criminalising the victim
- Media campaigns which are designed to help victims to come forward and to let them know where they can seek assistance
- Ensuring action is taken against the perpetrators
- Ensuring that others who have been threatened by the perpetrator can be made safe

The consequences of not identifying victims and failing to intervene

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<tr>
<th>Consequences for the child</th>
<th>Consequences for society</th>
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<td>Continue to have their human rights violated</td>
<td>Offenders continue to this child and others</td>
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<tr>
<td>Unable to access protective and therapeutic services</td>
<td>Offenders’ crimes are left unrecorded and unprosecuted</td>
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<td>High rates of violence related injuries and possibly deaths</td>
<td>On-going healthcare costs</td>
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<td>High rates of STIs</td>
<td>Cost of providing care for the dependant children</td>
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<td>Pregnancy (58% - Muftic &amp; Finn, 2013)</td>
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<td>Untreated chronic medical conditions</td>
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<td>Depression, anxiety and PTSD</td>
<td>Lack of citizenship and income through taxation</td>
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<td>Suicidal ideation and attempts</td>
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Selected References

• Rafferty, Y. (2016). Challenges to the rapid identification of children who have been trafficked for commercial sexual exploitation, *Child Abuse and Neglect*, 52: 158-168


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