Working with children who are victims or at risk of sexual exploitation:

Barnardo's model of practice

Believe in children

Barnardo's

Authors

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1. Introduction

Barnardo's has been providing services to prevent child sexual exploitation (CSE) and support children out of abuse since 1992. We have campaigned on the issue for over 20 years, shaping government strategies and influencing local authority policy and practice. We now have more than 40 specialist CSE services in over 40 locations – and in 2015–16, they worked with 2,486 children, young people, parents and carers.

From the inception of our work, we have focused on ensuring that the service we provide meets the needs of the individual children but is also adapted to tackle the changing face of sexual exploitation. Throughout this time, Barnardo's work has been based on four principles: Assertive outreach, Advocacy, Attention and Access (the '4 As').

This paper first sets out the issue of child sexual exploitation and the models and processes used to exploit children and young people, and then explains the '4 As' from a practitioner perspective. It has been developed for a broad audience, including those who wish to learn about effective and evidence-based engagement with children at risk of, and those who have been victims of, sexual exploitation.

1.1 What is child sexual exploitation?

Defining child sexual exploitation (CSE) is difficult, as the boundaries between sexual abuse (which includes CSE) and exploitation are often hard to determine. Additionally, as models of CSE have changed, the definition has had to be adapted to reflect this. Due to different administrations and practices, each of the four UK nations has its own definition of CSE (all four can be found in the annex of this report). However, the following points show the factors that are common to all the definitions:

- It is a form of sexual abuse
- It involves under-18s
- It is an exploitative situation in which a young person is manipulated, coerced or deceived into sexual activity in order to receive something they want or need, or it is to the advantage of the perpetrator
- There is an imbalance of power
- The abuse does not always have to be physical and can be perpetrated through the use of technology.

1.2 Who is at risk of child sexual exploitation?

The diversity of victims of CSE cuts across all cultures, social backgrounds, ethnicities and gender identities.[1, 2] Recent research by Barnardo's highlighted the fact that victims come from different backgrounds and that what makes one child vulnerable to CSE is individual to them. However, there are also certain factors that increase a child's vulnerability, such as having a learning disability, or going online to talk to strangers about gender identity and sexuality. Evidence from Barnardo's clearly indicates that CSE victimisation is not exclusive to young females, identifying that 33% of service users were male,[3] yet they are often not identified as victims due to societal attitudes towards masculinity and homosexuality.[4, 5]

While it is impossible to generalise, research indicates that victims of both sexes have a common range of factors that increase their risk of exploitation.[6, 7, 8] Among these are: experiences of childhood abuse; poverty; family conflict; poor parental role models; an unsettled care history; a history of running away; homelessness; learning and mental health difficulties; drug and alcohol misuse; and the financial problems caused by addictions.[9, 10, 11, 12, 13, 14] However, Barnardo's *Digital Dangers* report[15] also highlights the fact that children without any predisposing vulnerabilities or risk factors are also at risk of exploitation through the use of the internet, social media and gaming.

1.3 Why are some children more vulnerable to sexual exploitation than others?

There is now a wealth of research that links attachment, child development, neuroscience, and social and economic factors such as poverty and neglect, to levels of aspiration and achievement.[16, 17] Government policies and strategies have focused on the impact of – and possible routes out of – poverty. A key aim in all these strategies is to raise the aspirations of children through positive activities and engagement in education, training and employment.

The emerging findings from neuroscience are identifying that childhood abuse and neglect renders children vulnerable to repeated patterns of trauma and abuse when neuropathways have not been fully or healthily developed – due in some cases to ineffective parenting, fractured attachments and/or trauma.[18] When a child experiences severe trauma, sections of the brain appear to overdevelop, which can result in the child acting more impulsively as they overreact to safety and stress responses.[19]

This is not to say that children cannot recover from past and current trauma, but that we need to understand how to facilitate this recovery differently to the traditional therapeutic models of intervention that we use currently.

The importance of attachment cannot be underestimated.[20, 21] It is believed that babies are born with the ability and drive to form attachments as an evolutionary necessity. The nature of the interaction with a baby and how well the caregiver is 'tuned in' to the child may affect how that child's brain develops. It is thought that if the child's attachments are secure, they will grow and form a secure base, with the brain developing the right connections to emotionally self-regulate, develop empathy and relate to others then and in later life. However, if an insecure attachment occurs, the developing brain may overcompensate with the release of the stress hormone cortisol. A chronically traumatised child could then struggle to make rational choices, lack skills in assertiveness and may have developed rigid patterns of thinking, which can render them more vulnerable to feelings of worthlessness, low self-esteem and indifference.[22]

In the worst-case scenario, it is suggested that brain connections are lost as the brain lets go of underused surplus connections.[23] However, the child's brain develops well into adulthood and, with intervention, these pathways can be reignited and worked with to improve outcomes, albeit perhaps not always achieving the full original potential.

It is important that practitioners clearly understand the developmental adolescent stage, and how best to engage with this age group. By definition, a teenager is someone between childhood and adulthood – a child developing a sense of who they are and who they are not, complicated by the onset of puberty and increased physiological and psychological change. As the body matures, so too does the cognitive structure of the developing adolescent brain. It accumulates knowledge and begins to make sense of past experiences, including the current and psychosocial environment that surrounds them.

'It is the combination of these factors that affects the development of the child's personality during various age periods. Failing to successfully negotiate all the developmental hurdles associated with this period can have serious physical and psychosocial consequences (teenage pregnancy, suicide, disruption of social relationships, poor school performance).'[24]

It is believed that the need to be involved in physical activity, and in social exploration and experimentation, is a natural part of the developmental phase of adolescence.[25] This is a time when children are likely to be curious and consider wider issues that may concern or trouble them. Their worries and concerns can be at a macro and micro level, as they are often beginning to further explore their world, where they belong, and their identity. They may seek more freedom to develop their circle of peers and to explore intimate relationships and their sexual identity. For some, this can lead to increased risk-taking behaviours.

Children may transit through their adolescence based on their early experiences of attachment, trauma, and physical and brain development.[26] Those children who have experienced a loving and connected sense of belonging, with a family/significant other that helps to nurture their sense of responsibility to self and others, tend to have better than average academic attainment and leadership skills, take fewer risks with their health and safety, and develop resilience and coping strategies to deal with life stressors. Therefore, those children who do not experience this are likely to be more vulnerable.

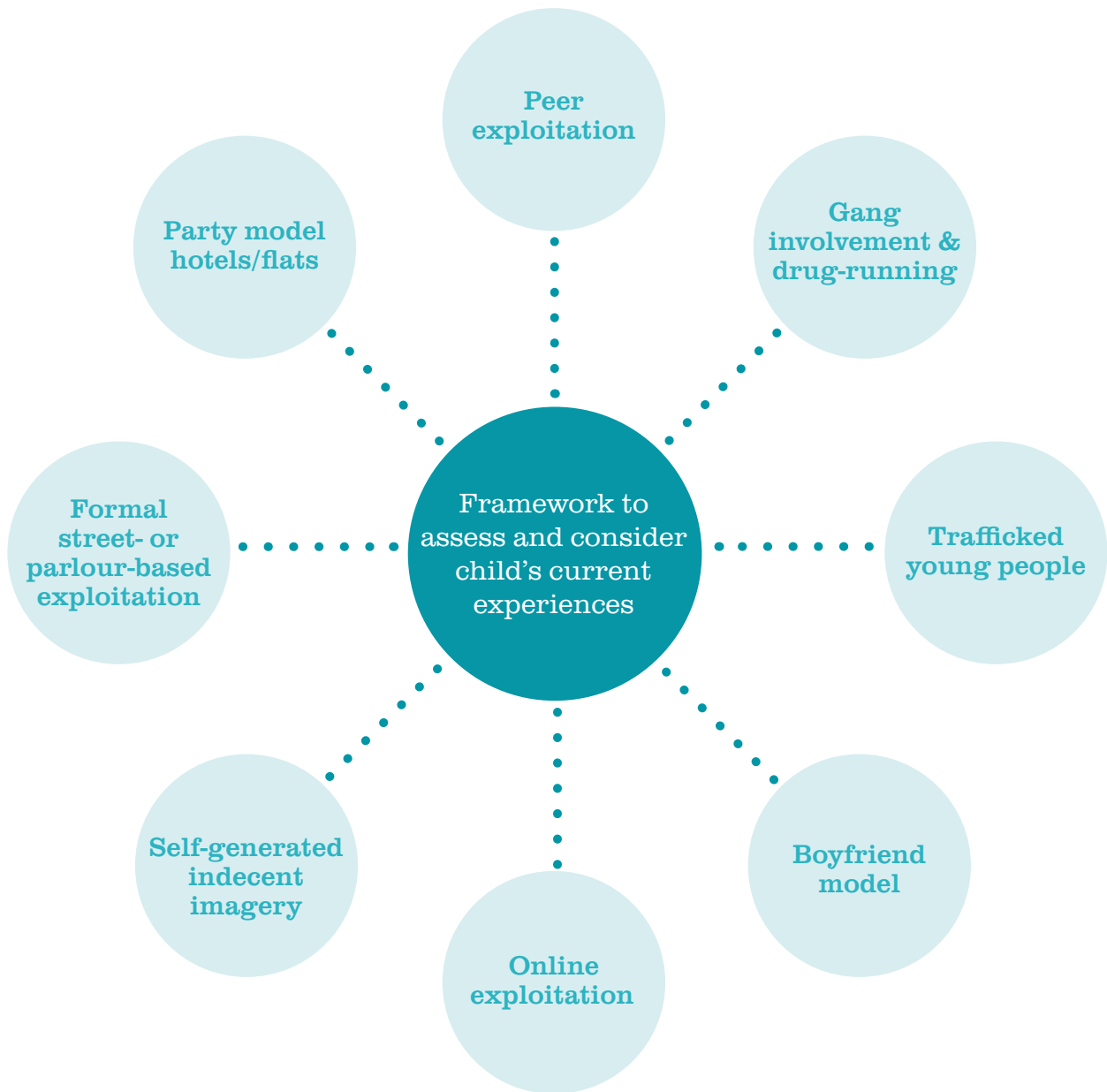# 2. Child sexual exploitation models

In 1992, Barnardo's started providing services to young people affected by CSE in Glasgow. The city-centre initiative offered a service to young people at risk (primarily those who were missing from home or care) as part of a multi-agency team providing street-work and resettlement. The service also started specifically working with boys and CSE in 1993. In 1994, Barnardo's set up a CSE service in Bradford. It began as a pilot project, originally working with children who were linked to street adult 'prostitution'. Barnardo's published *Whose Daughter Next?* in 1998, suggesting it was often younger girls who were targeted for sexual exploitation.[27] At the time, these children were not seen as victims, but very much as criminals. Treated as adult prostitutes, they were subject to police arrest and prosecution. Barnardo's campaigned for these children to be seen as victims of CSE, asking that they not be labelled as child prostitutes by society, as they were often under the legal age of consent and unable to 'consent to' their own abuse.

From over two decades of practical experience and research,[28, 29] we know that the means by which children are sexually exploited are as diverse as the children themselves. Assessing the means by which a perpetrator is accessing, grooming and sexually exploiting a young person is fundamental to formulating an appropriate and effective response. We must continue to challenge the perception that there is a single structure by which children are sexually exploited, as this risks overlooking or minimising the existence of many others.

We also know from experience that greater scrutiny and focus on perpetrators leads them to adapt their abusive behaviour and the models they utilise to exploit. For example, when the first specialist CSE projects were opened by Barnardo's over 20 years ago, it was in response to children being sexually exploited openly in the street, often alongside adult women exploited through prostitution. Intensive outreach work and greater professional and police intervention has changed this, with comparatively few children being exploited openly on the streets and exploitative adults moving their abuse to private dwellings. This highlights the importance of a child-centred approach that seeks to understand an individual's experience of sexual exploitation rather than impose rigid definitions.

We know that many children will experience multiple models of sexual exploitation, that these models are complex and overlapping. Often, perpetrators use a variety of models to trap a child that limit both their choices and their ability to exit the abuse. The list below is not exhaustive; for example, it does not include the involvement of family members or opportunistic exploitation and draws on only a few pieces of research from the diverse array available on models of CSE. It is, however, a useful framework that Barnardo's uses to regularly assess and consider a child's current experiences, as illustrated in the following diagram:[30]

Peer exploitation

Gang involvement & drug-running

Party model hotels/flats

Framework to assess and consider child's current experiences

Trafficked young people

Formal street- or parlour-based exploitation

Self-generated indecent imagery

Online exploitation

Boyfriend model

2.1 Peer exploitation

This form of exploitation takes place within age-appropriate associations – for example, a young person being given alcohol or drugs in exchange for sex. Our experience shows that peer exploitation sometimes occurs concurrently with peer domestic abuse, although it can also be linked to gang involvement. Although the age of the perpetrator and victim might be the same or similar, there will inevitably be a form of power, control, manipulation or coercion.

Separate welfare and safeguarding responses should be implemented for any children involved in power-imbalanced relationships; both those who display exploitative behaviour and those experiencing sexual exploitation need safeguarding. Peer exploitation affects a young person's sense of identity and understanding of relationship norms, and increases their emotional vulnerability. This can act as a gateway for further victimisation by older exploitative individuals, whereby children are groomed as 'introducers'.

'Peer-on-peer abuse does not occur in a vacuum, it occurs in a society where there are structures and norms that shape young people's views, their experiences and behaviour, as well as responses towards them.'[31]

2.2 Gang involvement

Gang exploitation is broad in nature, being used both within internal gang hierarchy and as a weapon of retribution against other gangs.[32] Furthermore, the sexual exploitation of young people as a means of making money can be the purpose or an element of a gang's organised criminality.

Internal gang sexual exploitation
Children who want to be accepted into a particular gang may be made to perform a sexual act on one or more existing gang members as part of their initiation. Once part of this gang, victims are under a perceived protection as part of this exchange for sex or sexual acts. Other perpetrators will use the gang hierarchy to sexually exploit less powerful members. Shared language, such as sexually exploited gang members being referred to as 'links' or 'wifeys', reinforces an impression of normalcy.

External retribution
Sexual violence can also be used to punish young people in rival gangs, by targeting them, their girlfriend or boyfriend, or family members. Other young people may have to infiltrate another gang by posing as a girlfriend or boyfriend of a rival gang member.

Serious organised crime
The sexual exploitation of children can involve significant sums of money. Some gangs may facilitate the sexual exploitation of children, rather than commit direct sexual acts against them themselves, in order to make money. Often, these gangs are also involved in other criminality such as drug-growing, drug-running, drug-selling, forging money, trafficking, benefit fraud, etc. Involving young people in the other criminal activities while sexually exploiting them creates a further bind in preventing disclosures.

2.3 Boyfriend/girlfriend

The perpetrator befriends and grooms a child into a 'relationship' whereby the child believes them to be their boyfriend or girlfriend. The child is likely to believe they are in a loving relationship initially. The perpetrator may then coerce or force them to have sex with friends or associates.

Within this model, a traumatic bond is often formed. As a result, children will often experience extreme feelings of guilt and a desire to protect the perpetrator, even when they recognise their behaviour as exploitative and abusive.

Perpetrators of this type of CSE will particularly draw on children's feelings of loneliness, their need for care, and their desire to be loved. This is compounded for children with underlying vulnerabilities stemming from insecure or disorganised attachments, as shown in the table below.[33]

Insecure attachments (avoidant, ambivalent, disorganised)	Beliefs reinforced by perpetrators
■ I am bad, unwanted, unloveable. ■ Caregivers are hurtful, insensitive, untrustworthy and unresponsive to my needs. Other people will also let me down. ■ The world is unsafe. It is best not to do anything. Bad times always follow good times.	■ The abuse is your fault ■ You enjoy the abuse ■ This is what love looks like ■ No one cares about you except me ■ You are mature – they are babying you ■ They will try and keep us apart because they don't want you to be happy ■ This is what you are used to so it must be right and they must be wrong ■ What did you expect would happen?!!

2.4 Party

In this model, illicit or adult venues are used as a draw to encourage children into risky spaces. Parties in flats, hotels, squats, warehouses and so on are established to lure children into these places, where they are targeted, groomed and then coerced into sexually exploitative situations. Sometimes, a network of abusers operates within the model and moves the children around different venues to exploit them. Usually, drugs and alcohol are present and used to lower inhibitions and ensure compliance, or they are exchanged for sexual acts. In this model, children can feel a heightened sense of blame due to using alcohol and drugs, and as a side-effect, they will struggle to recall events or have clear memories of the exploitation due to their intoxication.

2.5 Online/technology

This model uses technology to target and exploit young people alongside grooming and exploitation through texts and picture messages. The online model can be used by perpetrators to commit offences internationally, as young people can be accessed through apps, sites and games. We must be aware that anywhere a child could have

contact with a risky adult is a location where they are at risk of CSE. This means that the online model includes the use of online gaming both on the web and through games consoles with wifi connectivity.

Other routes include social media networking sites and instant messaging. Across these many channels, perpetrators can contact young people through a range of methods. They may change their own profile picture to look like a young person and pretend to be someone they are not. Perpetrators may also use technology to encourage young people to generate and send them personal images, which they can ultimately use to blackmail the child into other exploitative situations or distribute to networks of exploitative and sexually abusive individuals.

Online models often interact with community-based exploitation and should not be viewed in isolation. Young people who are targeted online may be encouraged to meet the perpetrator (or perpetrators) in person, in a place where they are then sexually exploited. Technology may also be used as a means of controlling young people, by viewing where they are and maintaining constant contact. This use of media and technology by perpetrators means that young people have no respite from sexual exploitation and live in a constant state of control and anxiety. Resultant trauma symptoms are often evident in their interactions with technology, such as heightened states of anxiety about responding to texts and calls, or disproportionate agitation when separated from devices.

2.6 Self-generated

Self-generated images are sent from one person to another using channels such as email, instant messaging and social networking sites. However, this model also includes one-to-one video chat over websites and videos that can be uploaded to video-hosting websites. Once shared, these images remain in the public domain forever.[34] Children are targeted by perpetrators and coerced to take pictures or videos of themselves, often with promises that the image won't be shared and is part of developing a relationship. The images may be used for distribution or sale to other perpetrators. They may be used to blackmail the victim to do further sexual acts or to threaten the child to keep quiet or risk the images being distributed to friends and family, or the wider public.

2.7 Trafficking

Children can be trafficked both internally, within the country, and internationally, both into and out of the United Kingdom. Children are passed through networks of perpetrators, across and between towns and cities where they may be forced or coerced into sexual activity with multiple perpetrators.

Some young people who are trafficked may also be used as 'agents' to recruit others into the network, in a similar way as described for other forms of CSE above. In these cases, the children's behaviour and the risk they may pose to other children should be understood as a symptom of their own abuse, and Barnardo's would advocate against the criminalisation of these young people.[35] Some of this activity is linked with serious organised crime and can involve the organised 'buying and selling' of young people by perpetrators.

Organised exploitation varies from spontaneous networking between groups of perpetrators to more serious organised crime where children are effectively 'sold'. The facilitation of exploitation through trafficking increases the risk to young people, due to factors such as: young people not knowing where they have been taken; being reliant on perpetrators for all basic needs; being unable to alert 'safe people' to their risk; and being unable to return to safety.

2.8 Commercial sexual exploitation of children

The commercial sexual exploitation of children (CSEC), previously referred to as 'child prostitution', still takes place on the street and in private and public places. In this model, a young person exchanges sex for money or drugs – often a 'transaction' which does not involve being groomed by the abuser. A young person may become involved in commercial sexual exploitation because of 'survival' or because they are being controlled by a third party – in some cases, the third party may target the young person because they have identified that they are already being exploited and are vulnerable. In the former case, even when the young person feels they are doing it out of 'choice', it is only because of constrained choices and is still a form of exploitation. In the majority of cases the young person will be controlled by a third party, who takes the majority – if not all – of the money paid by the abuser, and may only give enough money or drugs to keep the young person under their control. However, violence, rape and drug dependency are often used to maintain control without having to give any money to the young person. Additionally, CSEC, like the other models, may not be the only form of sexual exploitation a young person is subjected to. Another form of commercial sexual exploitation may include the production of child abuse images and films, and the young person may receive some money for taking part.

Some so-called 'massage parlours/saunas' are used as a place where sexual activity is carried out in exchange for money. These are within the adult sex industry, but the parlour presents itself as a legitimate business providing massages to clients. The children – some of whom have been trafficked from abroad (see section 2.7) – may have been groomed and coerced to work in the parlours, while others are forced to exchange sexual acts with abusers. The child may, or may not, receive some of the money paid by the abuser to the exploiter. Issues such as debt bondage and immigration status are often used to maintain control over the child, to ensure that they remain trapped in the exploitation.

2.9 The grooming process

Barnardo's identifies four stages within the grooming and exploitation process.

- Targeting stage
- Friendship-forming stage
- Loving relationship stage, and finally
- The abusive relationship stage

This 'grooming line' is based on Barnardo's experience from work with children and young people who have been victims of sexual exploitation as well as theoretical work from other experts in this field, such as Finkelhor.[36]

This grooming process – or grooming line[37] – which is applicable to nearly all models of exploitation, is described in more detail below. However, the time it takes to groom a child varies widely, and there is no set timeframe for this. For example, a child groomed online may be lured into exchanging sexual images quickly, while another child exploited through the girlfriend/boyfriend model may be groomed for much longer.

1 Targeting the victim
A groomer will identify some type of vulnerability within the intended victim. Children with less involved parents are more desirable, although all young people are potential victims.

2 Gaining the victim's trust
The groomer gains their victim's trust by gathering information about the child, their needs and how to fill them. They make the child feel understood and valued.

3 **Filling a need**
Once the groomer has discovered what the child's needs are, they begin to fill the void. They may provide drink, drugs, somewhere to stay, thoughtful gifts, etc – but most significantly, the groomer will make the child feel loved and special.

4 **Isolating the child**
The groomer will encourage the child to sever protective contacts with family and friends and assume a protective and understanding position.

5 **Sexualising the relationship**
After the emotional attachment and trust of the child has been obtained, the groomer progressively sexualises the relationship. Desensitisation of the child may occur through talking, watching pornography and having sexual contact. The child may begin to see their relationship in more special terms.

6 **Maintaining control**
Once the sexual abuse has begun, child sex abusers use secrecy, blame and threats to manipulate the child into silence and participation. Threats may be made against the child's family and friends. The abuser may also threaten to circulate indecent/abusive images.

2.10 A social model of consent

Barnardo's refers to Pearce's social model of 'abused consent' to aid its understanding and practice – and influence that of others – in relation to a young person's ability to consent to sexual activity.[38] This framework enables consent to be contextualised according to social and environmental factors that might affect a young person's capacity to consent. It includes:

- Targeting stage
- Coerced consent, where the young person is manipulated through some form of coercion into consenting to sexual activity
- Normalised consent, where attitudes within certain elements of society are such that exploitation and violence are inherently normal within sexual relationships
- Survival consent, where poverty can be a factor that pushes young people into exchanging sex for money or other gifts
- Condoned consent, where practitioners fail – either through a lack of knowledge or purposefully – to deal with the young person as a victim of exploitation, and instead, through a variety of actions or inaction and misuse of language, place the blame on the young person.

There are increasing concerns expressed by parents and professionals over the commercialisation and sexualisation of children, the ease with which sexually explicit imagery is accessed through the internet and the way in which young people use text messages and emails to exchange sexually explicit images.[39, 40, 41, 42] The rise of sexual bullying and 'sexting' – whereby people send sexually explicit text messages and images – may be a result of hyper-sexualisation. Children may often feel victimised by a culture of commercial sexualisation and can be forced to do things they do not feel comfortable with in an environment where there is pressure to conform and comply. Pornography also often plays a significant role in young people's lives, shaping their perceptions and expectations.

'It's bad enough that lads expect sex to be like porn and now we have 50 Shades of Grey we will be expected to be tied up as well.' (Young woman, aged 17, Barnardo's 2014).[43]

'There is no respect whatsoever from the boys on this estate. They are just obsessed with getting their leg over. They are all just out for a quick jump and that is it. It's the culture.'
(Young woman, Real Voices report 2014).[44]

2.11 What are the barriers to victims accessing support services?

Sexual exploitation is a form of child abuse that raises unique issues for safeguarding agencies.[45] Often, victims may be considered 'hard-to-reach' because they are not known to agencies. Where they are known, they may be considered 'challenging', as they often remain disengaged from services, and/or may not recognise the exploitative nature of their relationships. In some cases, emotional links with perpetrators, and with others in criminal networks, as well as personal involvement in criminal activity such as drug use and/or dealing, may encourage victims to make ongoing 'constrained choices' about their lifestyle.[46] Victims may exhibit extreme forms of defensiveness, demonstrated through anger and hostility if concerns about their lifestyles are expressed.[47]

Fear, stigma and shame can make it difficult for young people to disclose their experiences of sexual exploitation to support agencies.[48] Young men in particular may have experienced exploitation that presents particular challenges for agency workers.[49] Some male victims describe having been attracted to the social aspects of relationships with older men, and/or the opportunity to explore their sexuality. In many cases, statutory agencies working within the remit of child protection may not always recognise a young person over the age of 18 as a victim of exploitation.[50]

Other agency staff may offer a response of disbelief and/or make accusations that a victim consented, which can discourage them from seeking any further support.[51] In some cases, victims may remove themselves from exploitative circumstances only to return to estranged families. In the absence of police disruption and/or legal prosecution, perpetrators may continue to control them – for example, via text and mobile phone contact.[52]

3. A model for engaging and working with children at risk of sexual exploitation: The '4 As'

In 2006, Barnardo's published a report setting out its model of practice for direct work with young people who were at risk of, or victims of, sexual exploitation.[53] This model was made up of the four strands of Assertive outreach, Advocacy, Attention, and Access, and was named the '4 As' model.

The '4 As' underpin Barnardo's approach to CSE and focus on the challenge of developing best practice in engaging and working with vulnerable children in a structured way to enable them to rebuild their lives. Unless we can effectively engage with children, we cannot begin to help them identify and expand the range of choices open to them.

The model comprises four main processes:	■ Assertive outreach ■ Advocacy ■ Attention ■ Access

Children and young people involved in sexual exploitation usually have a complex range of needs. Therefore, meeting their needs requires a coordinated, multi-agency approach involving partnerships with health, housing, police, substance misuse and children's services.[54] Pearce[55] identifies how some young people may have a poor relationship history with statutory services. Additionally, Pearce emphasises how specialist non-statutory agencies are often better placed to engage victims, build trusting relationships and coordinate support. Jago and Pearce[56] suggest specialist agencies are more likely to offer a flexible approach to supporting children and young people beyond the age of 18, from their initial referral through to the possible conviction of perpetrators. The researchers advocate intelligence-based models of practice that involve mapping local exploitation activity to identify 'hotspots', while collating evidence to support statutory interventions leading to disruption and conviction of perpetrators. Hester and Westmarland[57] identify how specialist support services often employ assertive-outreach approaches to practice, which entail skilled workers proactively seeking to identify where children are deemed at risk of sexual exploitation and then to intervene.

We work with children up to 18 years of age who are at risk of – or victims of – sexual exploitation. Barnardo's will be flexible in providing a response beyond 18 years of age – for example, to care leavers or those with additional learning needs, or where support has commenced before the service user's 18th birthday and intervention is not yet complete.

Delivery of the '4 As' is not linear and can be viewed from different perspectives:

■ The intervention aims at each stage
■ The approaches required by the practitioner and inter-agency partnerships
■ The impact of the intervention on both service user and practitioner.

3.1 Assertive outreach

Establishing and maintaining contact is achieved through a range of methods, including regular texting, calls and cards, as well as by arranging to meet on the young person's 'home ground' or at venues where they feel comfortable. Such persistent engagement techniques are particularly important to counteract the influence of abusive adults who are often equally persistent.

Aims of this intervention

Barnardo's services go into the community to engage children in their surroundings. We take time to build their trust, showing them patience and consistency. Through these supportive engagement techniques, we show children genuine concern and care, building their confidence to engage with our service and to access support. This means that sometimes we can't be a 9–5 weekday service. We may need to go out at night or at weekends to find and reach children who are vulnerable and at risk of being sexually exploited.

The aim at this stage is to identify and engage vulnerable children at risk of sexual exploitation, by providing information about the service and employing assertive outreach techniques in order to engage with them. For instance: delivering outreach sessions in communities, parks and other areas frequented by children; building up a relationship; showing a genuine concern in getting to know the child; taking them for a drink or snack; and accessing drop-in sessions before offering opportunities for individual or group work activities.

The children referred to services might be difficult to engage for a number of reasons, and approaches must take this into account. Practitioners need to be creative. A letter can sometimes seem too formal to a child and appointments too daunting; drop-in and assertive outreach services can be a good start to the contact while also considering how to reach children when it suits them and in a place of their choice. It will take a consistent and persistent approach to engage with children and build a rapport; initially, this is done by allocating a specific key practitioner to each child so that they can begin to form a trusting relationship with someone they can turn to at times of need.

In the UK, the Child Protection All Party Parliamentary Group report *Recommendations for the prevention of child sexual abuse and better support for victims* stated:

'Unsurprisingly, young people said having friendly, approachable staff was crucial in ensuring children felt comfortable and able to raise concerns. They particularly value staff who are flexible in the way they work, and enable the young person to direct the interaction.'[58]

In the initial engagement phase, a child's case may be held open without any specific actions apart from outreach contact, until eventually the child trusts enough to access support and begin to engage in an agreed goal.

Engagement is an ongoing process and develops through all stages. In the initial stages of meeting with children, the majority of effort is likely to come from the practitioner. As the relationship and trust develops, children will begin to engage more freely and give more to the exchange.

Children are more likely to engage with services if they can see some tangible benefit to doing so – for example, access to facilities that meet their basic needs, such as showering, washing, clothing and having a meal. These are vitally important to socially excluded groups and can be an important start to creating and firming the relationship and engagement process. Once a child has accessed the service, other much-needed advice and signposting can be given, such as information about housing and benefits, substance misuse assessments, and health appointments. Therefore, basic needs for food, shelter, hygiene and safety are a priority at the beginning of the engagement process, developing a relational model of working towards a healthier attachment.

This model takes into account an individual's relationship and attachment patterns from childhood to the present by creating a respectful, reassuring and trusting relationship based on empathy and clearly-set goals and boundaries.[59] By modelling a safe and positive relationship, the goal is to empower children with self-confidence and an understanding of past relationship trauma so they can recognise and create healthy relationships now and in the future.[60, 61]

'The more healthy relationships a child has, the more likely he will be to recover from trauma and thrive. Relationships are the agents of change and the most powerful therapy is human love.'

'Relationships matter: the currency for systemic change was trust, and trust comes through forming healthy working relationships. People, not programs, change people.'[62]

Approaches and skills relevant to the engagement process

Approaches and skills include:

- Meeting basic needs, including a risk assessment of immediate and ongoing safety, child protection and health risks. Consider possible options for action (identifying risks and exploring options)
- Assessing and reinforcing support networks, including engaging with families (more support leads to more likelihood of success and resilience)
- Persistence
- Flexible approach
- Consistency and reliability of service provision
- Key worker allocation
- Observation and assessment skills
- Relationship building, trust development and awareness of attachment patterns
- Motivating
- Giving and receiving information
- Containing the situation
- Injection of hope
- Looking for small steps to take, and setting small, achievable and realistic goals, providing a structure and identifying the child's strengths.

The process of building positive relationships is imperative to the maintenance and support needed to promote change. Children who have experienced previous abuse, fractured attachments and trauma hold a deep mistrust of adults and services. In order to rebuild trust, practitioners must recreate an attachment consisting of a trusting and non-collusive relationship. We must not underestimate the significance and influence this has on a child; practitioners need to recognise and acknowledge that they are creating an attachment that for some children may be the first non-collusive attachment they have experienced for some time, if ever. Moreover, we need to recognise and acknowledge other significant figures in a child's life, such as a boyfriend or girlfriend, family member or abuser who, though exploiting them, is also often meeting some of their basic needs.

Exploited children, particularly those with patterns of historical abuse who have not experienced a sense of belonging, sometimes find a false sense of safety, security and a feeling of belonging with their abusers, even where fear and coercion has been exerted.[63] Trauma bonding must therefore be seen as another form of attachment pattern.

'Trauma bonding is a relationship based on terror. The goals of submission & obedience can be reached almost immediately. Trauma-bonded persons commonly experience their abuser as being in total control & feel their lives are in danger. The relief victims experience when not killed, is often expressed as gratitude towards the perpetrator.'[64]

Our role must not in any way be coercive or collusive and repeat/replay these patterns or events. Practitioners must be totally non-collusive with young people; we must be clear that sexual exploitation is unacceptable, particularly as children will normalise it for themselves. It is from a protective and empathic parenting style that practitioners must gently raise awareness and challenge children. They then know that practitioners will be there to support them, but also know when a worker cannot support or agree with some decisions that might harm them or others. It is important to share the rationale for our thinking with the child, as well as an acknowledgement that our desire to protect them may not be something they can share, or that they wish to acknowledge to themselves at that particular time.

It is important for practitioners to be aware of the different types of attachment pattern a child may have experienced:[65, 66]

Secure attachment
Child is responsive, independent and confident
Ambivalent attachment
Child refuses to interact, avoids other people, may display anxiety and fear
Avoidant
Child does not seek comfort or contact and shows no preference between a parent or complete stranger
Disorganised
Expresses fear or ambivalent behaviour, which could involve running away from caregivers.

As we become aware, we need to adapt our approaches to a child's current and previous attachment patterns and identified behaviours, and respond appropriately. This should be done alongside regular, effective and reflective clinical and case supervision by practitioners.[67] Additionally, practitioners need to be aware of how disorganised children can present very differently on different days, and the importance of maintaining consistency in their approach, while flexibly engaging children.

Children may also have developed a natural physical response to trauma: **fight, flight, freeze or flop**. Therefore, practitioners must be aware of these patterns in order to help the child gain self-awareness and emotional regulation.[68]

Fight is a survival strategy. The threatened child may respond with overt aggression or more subtle 'fight behaviours' – for example, saying 'no'.

Flight is any means the child uses to put space between themselves and the threat. It may involve them running away from the perceived danger, but is more likely to be exhibited as backing away or hiding.

Freeze is where a child may respond with a lack of movement and emotion in the hope that they will be left alone.

Flop is where the child, as a survival mechanism, is very submissive and will make little or no outward protest about what is happening to them. They will comply with the will of the person perceived as threatening in an attempt to stay alive. In extreme traumatic situations, they may also lose consciousness and faint.

Service user response to the intervention may include:

- Self-protection and defensiveness
- Resistance based on failures and insecure attachments
- Denial of or disassociation with the problem
- Feelings of being too overwhelmed to act
- Testing out and rejecting behaviours
- Feelings of shame and guilt
- Projection of multiple feelings onto the practitioner
- Lack of understanding about consent and ability to give it.

3.2 Advocacy

Effective support for children has to involve a range of agencies. Many of the young people receiving a service from Barnardo's have been failed by previous services and a key role of staff is to ensure that they can advocate for the provision they need.

Aims of this intervention

We believe that effective support has to involve a range of agencies that provide a coordinated and synchronised approach. That's why our services support children to get what they need from other agencies – from a safe home to facilitating a return to school or training. We know that advocacy for the right kind of support at the right time can provide an important 'turning point' in a child's life.

As practitioners advocate on behalf of children, this can reassure the child of their genuine commitment to the 'helping' relationship, and children need to see and experience this. These situations sometimes begin to repair the damage of previous failed promises and attachments. During the early stages of the process, children come from a disempowered position. It is difficult to request services when you don't know if support is going to be helpful, available or appropriate. Practitioners need to champion children until they find their own voice and are empowered enough to do this for themselves and on behalf of others. Some children will have been let down previously and so may be anxious about engaging with services. Some may have had several services which they have not found helpful.

Recent reports and investigations into CSE have focused heavily upon the voice of the child and the need for services and practitioners to listen to children and work in a person-centred or child-centred way when engaging with and supporting those who are involved in or at risk of and vulnerable to CSE.[69, 70]

The Office of the Children's Commissioner for England's 2013 inquiry introduced the 'See Me, Hear Me' Framework[71] for action based on seven principles of good practice when working with children and young people affected by CSE. Highlighted below are the three main objectives for ensuring that children are seen, heard, supported and understood.

- The child's best interests must be top priority
- Participation of children and young people
- Enduring relationships
- Comprehensive problem-profiling
- Effective information-sharing across agencies
- Supervision and training of staff
- Evaluation and review.

Barnardo's CSE services reflect these seven principles by working in partnership with the police, social workers, health professionals and other agencies in sharing information and continually assessing risk, and evaluating and reviewing outcomes, while providing an accessible independent service.

Barnardo's also focuses on working with its partners in other ways:

- Preventing the sexual exploitation of children
- Identifying, protecting and supporting victims
- Supporting the police to identify perpetrators, disrupt their activities, secure convictions and obtain justice for victims.

Practitioners need to be aware of the parallel process that is demonstrated during this stage. When trying to secure service resources, we must ensure that agencies recognise the level of risks and dangers a child is exposed to. Our work can become chaotic and collusive unless we vigilantly ensure clarity, honesty and planned intervention that addresses the differing thresholds and expectations between agencies. Services are all overstretched and under-resourced but this should never prevent the level of intervention required by agencies to protect children.

We also need to build a child's confidence to use their own voice. We provide them with opportunities to represent themselves and our services as peer supporters/ mentors and, when appropriate, skill them to speak about their life experiences to professionals and other children so they can build their understanding of sexual exploitation and its impacts.

This is how we help a vulnerable child to grow, to develop self-confidence and esteem and to no longer need the attention that has been offered by unsafe, abusive adults.

Approaches and skills relevant to the advocacy process and building resilience

Approaches and skills include:

- Championing children's cause
- Raising aspirations
- Modelling assertive behaviour
- Negotiation skills
- Resourcefulness and networking
- Reframing understanding of previous relationships – cognitive behavioural model and building resilience
- Development of awareness and understanding of how previous relationships have developed
- Challenging inappropriate views of 'normalcy'
- Working beyond the denial
- Challenging people and organisations to deliver what is needed
- Supporting children, family and caregivers.

Service user response to the intervention may include:

- Accepting increased responsibility for action
- Acquiring learning and knowledge
- Developing self-esteem, trust and resilience
- Understanding consent and being able to assert themselves
- Recognising inappropriateness of previous relationships and ongoing reflection and questioning of previous patterns of behaviour and attachments
- Increasing self-confidence, partly through observing commitment and the advocacy role of the practitioner
- Child becoming more involved in their own and others' circumstances as an advocate or peer mentor.

3.3 Attention

Many sexually exploited children have few, if any, concerned, attentive adults in their lives. Our services aim to provide a different kind of attention – attention that will 'hook' a young person out of unsafe relationships into safe and positive ones. Consistent and persistent attention from a specific worker enables the development of a protective, supportive relationship within which children feel safe enough to examine their lives and start to make changes.

Aims of this intervention

Our services provide children with positive attention and activities that can 'cut them free' from unsafe, sexually exploitative relationships. This means that Barnardo's practitioners need to be resilient and able to really 'stick with' children, giving them the experience of a concerned and attentive adult, possibly for the first time in their lives.

Our aim is to create a positive **attachment**, paying attention to the child's needs, which fosters a protective and supportive relationship in which children feel safe enough to explore and make changes in their lives. Practitioners will be aware of the difficulties children have in developing positive attachments as this is extremely different from their normal attachment patterns, due to their involvement in CSE. Children may also demonstrate behaviours such as over-familiarity, aggression and withdrawal. Practitioners should recognise that this can be part of the attachment process and continue to show positive attention to the child, modelling a healthy attachment. This will require patience and consistency and an understanding of attachment patterns and trauma bonds. Practitioners should also be aware that children will be wary of building an attachment and a trusting relationship with adults, as this engagement pattern is used by perpetrators and abusers too.

It is also important for practitioners to pay attention to – and examine – their perception of the world, and to think beyond their own life experiences and address inequalities and prejudice. It can be easier to collude with other practitioners, families or a child when they speak about an incident or lifestyle and make it sound acceptable. However, practitioners need a healthy cynicism and knowledge base to ensure they remain focused on protecting the child. Practitioners must challenge the 'contaminated' thinking and behaviour from an individual's past and current experiences, including those related to societal norms, prejudice and denial.

'The Committee heard repeatedly about the importance of confidential services for young people which they can trust, services independent from the authorities and the need for better sign-posting of these for young people involved in CSE. There can be multiple barriers to disclosing abuse and we agree with CELCIS (Centre for excellence for looked after children in Scotland) that children and young people need safe spaces and relationships with trusted adults to enable them to disclose and break away from the exploitative situations and people.'[72]

By rebuilding fractured attachments through modelling, support and a shared experience – particularly at times of stress, anxiety and intense emotion – we can help children to regain trust and regulate their feelings, and leave them more able to form positive relationships with others. Providing a consistent, honest, nurturing and open relationship, to which young people can turn, helps them to gain confidence in both their worker's ability to support them and their own ability to support themselves. It also gives them an additional 'template' for attachment patterns and developing relationships, which will help to inform their future relationship experiences in relation to what is 'healthy' and 'unhealthy'.

'Most of the therapeutic experiences do not take place in 'Therapy' but in naturally occurring healthy relationships. The most effective treatments to help child trauma victims is anything that increases the quality and number of 'positive' relationships in the child's life.'[73]

Access to group work and peer-to-peer support is very important at this stage, to enable the child to further explore their relationships within the context of their developmental stage, age and identity. Careful risk assessment ensures that links are not made between child victims that would give perpetrators an increased chance of access.

Approaches and skills relevant during this process

Approaches and skills include:

- Ability to facilitate the development of pro-social support networks
- Motivational and coaching skills 'when the going gets tough'
- Dealing with relapses in a positive way (to promote learning)
- Raising aspirations and positive reinforcement
- Non-collusive role modelling
- Questioning and challenging beliefs about previous relationships (e.g. domestic violence)
- Responses from other service users/peer mentors who have been through similar experiences
- Learning to emotionally regulate and self-soothe
- Understanding of child development, family scripts and developmental arrest/'stuckness'
- Improving and opening neural pathways through creative activities.

Service user response to the intervention may include:

- Struggling to trust and develop positive attachments to other significant people, including peers
- Struggling with the dissonance between old and new belief systems
- Anger when practitioners/peers question previous perceptions of abuse
- Using dissociation as a coping strategy.

For example: one young person, who had been held against her will with a knife to her throat, described the traumatic event to her support worker unemotionally and in a very matter of fact manner, with no concern for herself or her circumstances. The support worker described her relaying of the event as if she had 'just bought groceries from a supermarket', which indicated that she was experiencing a form of dissociation. It was only when the young person explored this event in detail with the support worker and she relived the circumstances within later sessions that she was able to identify the harm and risks she had been subject to. Once she had recognised and expressed her feelings, she gained empathy for herself, and then went on to convey empathy towards others in relation to her own coercive behaviours.

3.4 Access

Children may access services after being referred by another agency or by self-referral. Our services contribute to the development of protocols in their local area to ensure effective pathways of referral, including inter-agency work to raise awareness of CSE and increase the identification of young people at risk.

Aims of this intervention

Our services need to be accessible to children with chaotic lives, who may have had poor or challenging experiences with other professionals. That is why we make our services flexible and responsive to their needs, and why we offer children and families ways to access us on their own terms, sometimes providing text and online routes to reach us. It also means that we need to be available whenever children need us.

We also build effective local partnerships with a range of providers to make sure the children and young people we work with can access the wider support they may need. This includes working with families and caregivers to enhance relationships and to improve their understanding of the power dynamics of sexual abuse and exploitation.

In this way – and by delivering ongoing training and professional development – we increase professionals' awareness and understanding of sexual exploitation and the grooming process. Our awareness sessions are also run with parents and carers in various community settings, where we promote Barnardo's *Be Alert, Be Aware and Be Safe* leaflet and guidance. We deliver educational group sessions in schools and in youth and community settings too, reinforcing the ability of families, communities and children to 'protect themselves, keep safe and report concerns'.

While much of our work to date has been directly with children who are sexually exploited, we recognise that children also need to access support and guidance where there are emerging risks. Our Real Love Rocks website contains resources for children, parents and professionals. Similarly, in Wales, we have developed the Hidden: An education resource on child exploitation on behalf of the Welsh Government.

All of this is underpinned by research and evaluation[74, 75, 76, 77] so that we can measure the usefulness and effectiveness of what we do, while also identifying any gaps in our learning and resources, and any new and emerging themes of exploitation.

Approaches and skills required during this process

> **Approaches and skills include the following:**
>
> - Agreeing realistic and appropriate objectives with the child
> - Adopting a fully participative approach to the work, viewing the child as expert in their life
> - Further work on belief systems in relation to previous and current abusive relationships, combined with protective work and building resilience
> - Reinforcing progress and underlining achievements
> - Understanding feelings of grief, separation and loss.

Children and their families need to be supported and guided to set achievable goals and take small steps towards them. This encourages them to build self-esteem through opportunities for success. Goals and achievements should be reviewed regularly to remind everyone involved of progress made. Children must be fully involved in planning and be committed to a plan, having considered the benefits and the costs of their current lifestyle. It can be a dilemma for workers if goals that children wish to

commit to are different from those the referring agencies may advocate for. Therefore, as practitioners, we must ensure that we convey the needs of the child at all times and that, as lead agency, we act on their behalf.

The lead agency that coordinates the inter-agency work may vary depending on which service is best placed to maintain support and contact. It is the responsibility of that lead agency to commit to meeting the needs of the child, and to plan the intervention, ensuring that this is considered in a child-led way and with the child's involvement and agreement.

'All too often, workers appear to go through the motions of following guidance and procedures aimed at meeting the needs of the children without demonstrating a commitment to the individual child.'[78]

Helping children and their family members to understand the nature of exploitation, consent and their particular circumstances (both current and historical) can lead to a more informed decision about changes hoped for from a child and how the family can support this. This can be achieved through education, exercises and discussions about life events or, sometimes, through third-party storylines (such as plays, films and television dramas) and other significant relationships, utilising the Kolb Cycle:[79]

1. Experience
2. Reflection
3. Analysis
4. Plans and actions

It is only through awareness and self-development that children can be more objective when describing their own relationships.

Group work is particularly effective in engaging children in discussion and debate about relationships through play and creative arts (such as music, poetry and drama). Occupying young people with activities also improves emotional self-regulation and may give them an opportunity to talk about traumatic or concerning events without disassociation or threat.

Therapeutic counselling support can be the next step towards self-development, improved self-worth, resilience and self-esteem. This can be offered once the child's basic needs[80] have been met, they have achieved some stability in their life and they are fully engaging with, and accessing, services.

Engaging young people on an emotional level takes time, and we must be careful to do no further harm in our attempt to repair by expecting too much, or by rushing or pushing children into sharing emotional and traumatic events until they feel confident and ready to do so. Research suggests that after immediate trauma (especially rape and sexual assault), victims may be confused or not fully remember what has happened.[81]

This has implications for the way we work with our police and statutory partners, particularly when a court case may occur and demands are made to encourage witness statements and disclosure when the child is not ready. We will need to explain our rationale for working at the child's pace rather than in line with the agenda of the police and criminal justice services. The reassuring and gentle manner in which we explore and expose past and present trauma will require a consistent, child-centred, and empathic approach.

'To remove a mask which you had thought was part of your real self can be a deeply disturbing experience, yet when there is freedom to think and feel and be, the individual moves towards such a goal.'[82]

By examining past and current experiences of abuse and trauma, children can begin to understand their behaviour and the coping mechanisms they employ to manage. Barnardo's uses a variety of therapeutic, self-regulation and creative responses to do this, building on the young person's resilience, while relating back to their plan and identifying the costs of an abusive relationship.

We have found that children often wish to take their work home or have it displayed. One child said that this reminds her of her goals, dreams and hopes. It's a tangible and visible reminder of the child's growth and their relationship with practitioner and service, creating a history, a present and a future.

It is important to share with children their improvements and outcomes – whether this is done through diagrammatical and other visual methods or through practitioner- or peer-led feedback – while keeping focused on areas of change that they may wish to do further work on.

Support to broaden skills and education, provision of support networks and integration into new peer groups and positive activities can all help children to feel skilled and experience a sense of belonging. This, in turn, offers them hope for a new and different lifestyle.

As children have more access to emotional release, self-regulation and positive activities and awareness-raising opportunities, they will gradually become more independent as their lifestyle improves and peer and support groups widen. Practitioners no longer lead, but simply encourage and support children through their own stage of self-determined change.

It can be difficult, however, for a child to leave behind an abusive lifestyle, and practitioners should recognise the immense effort this will take. It is also difficult for a child to find a new place in the world, where they feel that they belong; they may feel 'stuck' between their old life and not quite fitting in with a new one.

There are pull factors that are difficult to break away from. For example, one child described the 'street scene' as being like a 'magnet', with the excitement and the 'buzz' being difficult to replace. Therefore, it is very important for children to experience 'safe' activities that can provide some of this excitement and opportunity for risk-taking, which is developmentally appropriate in the adolescence phase of their brain development.

Service user response to the intervention may include:

- Struggling with dissonance between old and new belief systems
- Joy at being freed of the burden of guilt and responsibility for what had happened
- Grief at letting go of old lifestyle and anxiety about what will replace it
- Feelings arising from trying new roles and identities
- Possible feelings of separation and loss.

3.5 Moving forward/'Accessing the new'

As a child becomes fully independent of services and significant people, it is usual for us to maintain intermittent contact. Children will occasionally let us know how they are getting on, especially when they have achieved something they feel proud of, such as passing an exam, going to college or finding a job.

Children begin to let go of their past lifestyle and behaviours as they break away from old patterns and start to create a new identity. This process is completed when they feel part of their new image and experience a sense of belonging, with improved confidence and self-esteem. At this stage, a child has found their own voice and can advocate for themselves and others; practitioners act as encouragers.

By remembering to send a card for a special event or birthday, practitioners can continue to play an important role in a child's life – demonstrating that they acknowledge the child as they move on, and that we remember and value them as they progress in the world.

Some children will experience a sense of grief and bereavement for what they have lost. If they have limited coping strategies to manage these feelings, they may relapse. Using photographs and scrapbooks, and by reminding them of their goals and outcomes, we can show a child their development and progress, including the acknowledgement of a shared history.

As is described in Prochaska and DiClemente's cycle of change, relapse can happen and often does.[83] This can be a demotivating experience for both service user and practitioner. Children can be helped to understand relapse as a researched and written-about stage in a process, which can reassure them and prevent further relapse. Practitioners will often have to remotivate a child, and will therefore need to examine their own motivations, hopes and goals for them while under supervision.

Recovery is a lifelong process, which occurs throughout life and can be measured in many ways. It is unique to each individual.

3.6 Underpinning responses

Underpinning the four tenets of this model (Assertive outreach, Advocacy, Attention and Access) are responses that occur throughout the intervention. These include:

- Appropriate goal-setting and planning with the young person at each stage
- Ensuring 'early wins' and positive feedback
- Dealing with the possibility of relapse (and always looking for what can be learned from this on both the practitioner's and young person's part)
- Motivating the young person through the use of rewards and congratulations on successes and progression
- Setting the pace at a level that ensures the young person will be able to sustain motivation
- The therapeutic use of the working relationship (for example, using Rogers' core conditions: Empathy, Congruence and Unconditional positive regard)
- Adopting a protective parenting approach
- Deriving learning from everything that happens
- Raising aspirations by providing new positive activities with pro-social reference groups
- Questioning and reframing previous beliefs to support behaviour change.

4. The organisational context of the model

Working with sexually exploited children is rewarding, demanding and challenging in equal measure. Good supervision and support is essential for the practitioner and teams.

Such supervision should aim to be clinical in its nature and recognise the impacts on the worker, which include the following:

- Managing professional boundaries
- Feelings of rejection
- Fractured attachments
- 'Testing out' by service users
- Frustration at lack of response
- Dealing with negative responses
- Intense emotions
- Transference and counter-transferences
- Depletion of energy to remotivate (at times of relapse, for example)
- Dealing with dependency needs
- Avoiding being caught up in the chaos of the child/family/other professionals.

Practitioners should be aware of the intense emotions that can be revealed during this work and will need to consider their own welfare to manage this. Case supervision and clinical supervision alongside personal support networks are important to ensure a clear process and the practitioner's own emotional support.

The creative, flexible requirements of this work – responding to the needs of the young person rather than leading the work – also requires close attention to be paid to the impact on professional boundaries, as staff must respond to emotionally charged situations.

It is imperative that the work is underpinned by the quality of the relationship between child and service. Participation strategies that emphasise the importance of the involvement of children in service development and which actively seek feedback from children can emphasise the message from the service about respect for children and their views. It will also assist the service in continually revitalising their offer to children as we become aware of the ever-changing and complex picture of CSE.

Summary and conclusion

This paper has updated Barnardo's '4 As' model and demonstrated the process of engaging with vulnerable children who are at risk of or have experienced sexual exploitation.

Throughout all the stages of Barnardo's '4 As' model, the foundation of the work is the quality of the child–practitioner relationship: the ability to create and form attachments, to attune to the other, and to establish a positive relationship that enables the child to move away from the abuse and achieve healthy relationships with adults and peers.

The genuine congruent connection between a young person and practitioner is the key to their working through each stage to autonomy. Without due unconditional positive regard, empathy and congruence,[84] the stages described above will falter. Therefore, it is imperative that an open and honest exchange[85] occurs between child and practitioner, and that collusion is not a part of this relationship. There must be a strong belief on the part of practitioners that the exploitation of children and related behaviours is unacceptable, while retaining respect and understanding of the child's thinking and behaviour and acknowledging that they may not be able to move away from the abusive situation in the short term.

'When a person comes to me, troubled by their unique combinations of difficulties, I have found it most worthwhile to try to create a relationship with them in which they are safe and free. It is my purpose to understand the way they feel in their own inner world, to accept them as they are, to create an atmosphere in which they can move in their thinking and feeling and being, in any direction they desire.'[86]

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Annex

Definitions of CSE

England:
Safeguarding Children and Young People from Sexual Exploitation: Supplementary guidance to Working Together to Safeguard Children. HM Government/Department for Children, Schools and Families (2009).

'Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive "something" (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities. Child sexual exploitation can occur through the use of technology without the child's immediate recognition; for example being persuaded to post sexual images on the Internet/mobile phones without 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.'[1]

Scotland:
Child Sexual Exploitation: Definition and Practitioner Briefing Paper. Scottish Government (2016)

'Child sexual exploitation is a form of child sexual abuse in which a person(s), of any age takes 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.'[2]

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[1]   This definition is currently being revised and should be available in late 2016.
[2]   The definition is available with a Practitioner Briefing Paper (http://www.gov.scot/Publications/2016/10/8235/1) or Summary Paper (http://www.gov.scot/Publications/2016/10/6376/1).

Northern Ireland:

Child sexual exploitation: Definition and guidance. Safeguarding Board Northern Ireland, adopted from the CSE Knowledge Transfer Partnership (2014).

'Child sexual exploitation 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) perpetuating or facilitating the abuse.'

Wales:

Safeguarding and promoting the welfare of children who are at risk of abuse through sexual exploitation. All Wales Child Protection Procedures Review Group (2013).

'Child sexual exploitation is the coercion or manipulation of children and young people into taking part in sexual activities. It is a form of sexual abuse involving an exchange of some form of payment which can include money, mobile phones and other items, drugs, alcohol, a place to stay, 'protection' or affection. The vulnerability of the young person and grooming process employed by perpetrators renders them powerless to recognise the exploitative nature of relationships and unable to give informed consent.

Child sexual exploitation (CSE), for the purpose of this Protocol, includes:

- abuse through exchange of sexual activity for some form of payment
- abuse through the production of indecent images and/or any other indecent material involving children whether photographs, films or other technologies
- abuse through grooming whether via direct contact or the use of technologies such as mobile phones and the internet
- abuse through trafficking for sexual purposes.

Children do not volunteer to be sexually exploited and they cannot consent to their own abuse; they are forced and/or coerced.'