

Child Sexual Exploitation (CSE) & Trafficking: an overview with case discussions – Paul Archer: Designated safeguarding nurse for children and looked after children, Redbridge Clinical Commissioning Group

Paul gave an insightful presentation on CSE providing an overview of the issues followed by an account of real-life cases drawing on his experiential evidence gathered working with young victims of CSE and trafficking. The main learning points included

- Child Sexual Exploitation is not new
- As more aspects are being realised The Department of Education launched a revised definition in 2017 available at <https://www.nwgnetwork.org/child-sexual-abuse-csa-definition/>
- There are strong links between CSE and Human Trafficking

Paul explained that human trafficking also takes the following forms

- Forced labour
- Domestic servitude
- Organ harvesting
- Forced marriage
- Child soldiers

Paul went on to discuss the Jay Report - Independent Inquiry into Child Sexual Exploitation in Rotherham (1997-2013) available at https://www.rotherham.gov.uk/downloads/file/1407/independent_inquiry_cse_in_rotherham and described how young people were failed by agencies. The NHS failed to recognise CSE for the following reasons

- They saw perpetrators as boyfriends/girlfriends
- Did not think the unthinkable
- Never saw victims as victims
- Saw sexual activity as consensual
- Concerns were not referred to social care or police
- No risk assessments in place
- Sexual health not always linked into safeguarding in NHS Trusts
- Young people had chosen this kind of lifestyle
- They thought young people were attention seekers

Paul described the models of CSE and how young people find themselves in the situation of being groomed these can be

- Peer on Peer exploitation
- Befriending that leads to grooming
- Belief that the groomer was their boyfriend/girlfriend
- Party lifestyle plied with alcohol and drugs
- Gang initiation

For grooming to be successful the groomer will

- Target a victim
- Gain their trust
- Fill an unmet need

- Isolate from friends and family
- Sexualise the relationship – introduce to other perpetrators leading to gang rape
- Maintain control with gifts and money

Paul shared some harrowing testimonies from young victims of CSE and explained why young people did not report these incidents or indeed fight back. Paul explained young people often freeze when the first incident occurs and if they survive, they believe that is the mechanism to survive. This confirmed that CSE and trafficking are complex and multifaceted and require a multi-agency approach. Health professionals working with children and young people need to recognise signs of CSE, Paul used the SAFEGUARDING analogy

- S – Sexual health and behaviour – Sexually active at a young age, STI's
- A – Absent from school
- F – Family problems
- E – Emotional /physical abuse
- G – Gang membership – older age groups
- U – Use of technology – cyber bullying / exploitation
- A – Alcohol/ drugs – ED visits
- R – Receipt of gifts – expensive clothes etc
- D – Distrust

Safeguarding interventions are geared towards families and CSE often occurs outside of families therefore a different approach is required. Healthcare professionals may have ongoing therapeutic relationships with young victims who are more likely to disclose to someone they trust. Paul's concluding message for delegates was

- Think the unthinkable
- Be consistent – even when they are not. Don't give up on them
- Not sure what to do – ask
- Safeguarding is everyone's responsibly

There is no doubt Paul's presentation left a lasting impression on all delegates.