

M O P A C

MAYOR OF LONDON
OFFICE FOR POLICING AND CRIME



Sexual Violence Against Children & Young People

The London Sexual Violence Needs Assessment 2016 for
MOPAC & NHS England (London)

November 2016



Acknowledgements

This report has been produced by MBARC with Imkaan for MOPAC and NHS England (London)'s Health in the Justice Team. MBARC wishes to acknowledge the support and guidance provided by the project management team from MOPAC and NHS England.

We would like to acknowledge the specific input provided by

- Carlene Firmin – MsUnderstood Partnership and University of Bedfordshire
- Emma Harewood – Transformation Lead for the Child Victims of Sexual Assault in London for NHS England

We would also like to thank our partners in London's Rape Crisis Network, the Survivors' Trust and Survivors UK for arranging engagement events, focus groups with survivors and the design and distribution of the Survivors' Survey.

This needs assessment would not have been possible without the full engagement of a wide range of stakeholders from the voluntary and statutory sectors across London and beyond and we would like to thank them for their support and contributions.

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Sexual Violence against Children and Young People: The London Child Sexual Exploitation Needs Assessment 2016

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EXECUTIVE SUMMARY

Introduction

MOPAC and NHS England jointly commissioned MBARC to deliver both a needs assessment on sexual violence and a needs assessment on child sexual exploitation (CSE). These were designed to better understand the scale of these issues, the service response and the extent to which this response provided the range of support needed by victims and survivors to cope and recover.

The needs assessments were informed by the Dame Elish “Report of the Independent Review into the investigation and prosecution of rape in London” (April 2015)¹. In light of the Elish findings and recommendations, MOPAC and NHS England wished to better understand whether commissioned and statutory services available for victims and survivors of sexual violence were effectively meeting the needs and demands in the Capital. The assessments also provided an opportunity to hear directly from victims and survivors about what they required from service providers.

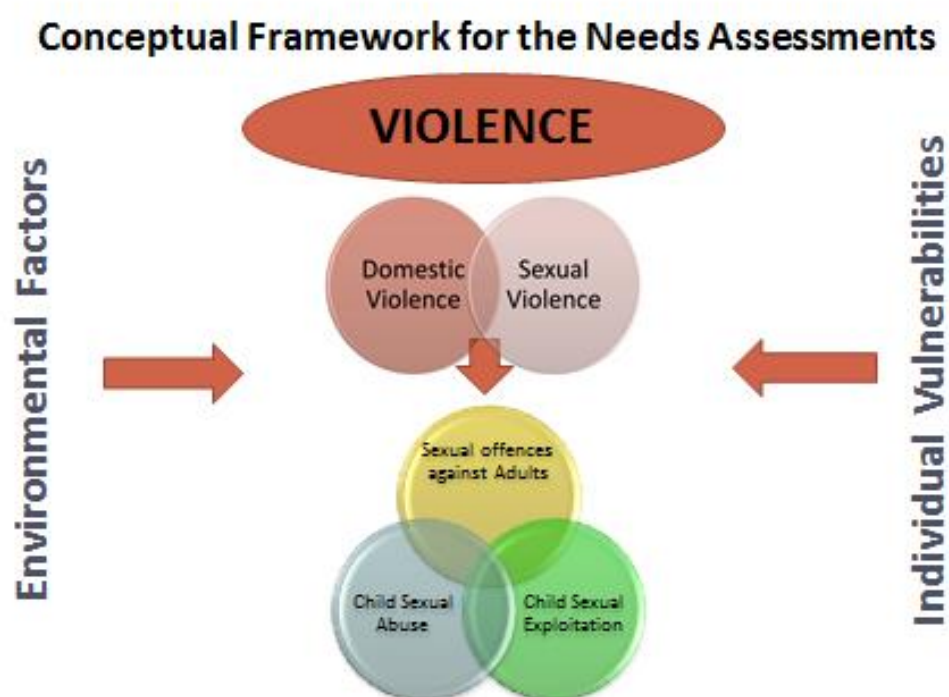
The findings of the needs assessment have coincided with the development work begun by MOPAC for the new Police and Crime Plan. This provides MOPAC with an opportune time to outline in the Plan how we will work with regional, local and delivery partners to improve the survivor/victim experience. The needs assessments are critical pieces of work for MOPAC and NHS England. Both MOPAC and NHS England have significant roles in regards to sexual violence commissioning but recognise that they cannot achieve service transformation alone. These needs assessments provide an evidential framework of the challenges faced in London and the gaps in service provision that must be collectively addressed together.

Both the Mayor’s work to develop his Police and Crime Plan and NHS England’s work supporting the development of Sustainability and Transformation Plans provide the

¹https://www.cps.gov.uk/Publications/equality/vaw/dame_elist_angiolini_rape_review_2015.pdf

platform for joint work with regional and local partners on the development of a set of outcome measures to transform the service response to sexual violence in London.

These needs assessments are drawn from an extensive review of current research literature, the testimony of more than 100 organisations working in London and the reports have benefited from the direct engagement of more than 100 victims and survivors in the needs assessment process. The conceptual framework underpinning both needs assessments is illustrated in the figure below.



This figure provides our understanding of sexual violence against adults, CSE and CSA within the interlinked domains of both domestic and sexual violence. These are part of the overall context of violence overwhelmingly perpetrated by men on women and girls and on other men and boys and illustrates that individuals may be victims for example of sexual violence as both children and adults. It recognises that all forms of sexual violence (and domestic violence) are impacted by, on the one hand environmental factors (such as home, school neighbourhood) and individual vulnerabilities (such as learning disability etc.).

Child Sexual Exploitation (CSE) is a form of child sexual abuse (CSA). This needs assessment reports on both current CSE and non-current or historic cases of CSA reported in later life by adults. The report provides further details of the debate on definitions of CSE and the legislative framework underpinning both current and historic sexual offences against children and young people, including sexual abuse perpetrated by children and young people on other children and young people (“peer-on-peer abuse”).

The Profile of Sexual Violence Against Children in London

London is an increasingly young city with more than two million children and young people who represent around a quarter (24.5%) of the capital’s population. London is the most ethnically diverse region of the UK and this diversity is even greater amongst children and young people. Ensuring the protection of this young population is a priority for all.

The relatively recent priority attached to CSE arising from high profile safeguarding failures (as in Rochdale) means that data sources available for reporting and analysing CSE are less well developed than those for sexual violence against adults. As noted in the ACPO definition *“a common feature of CSE is that the child or young person does not recognise the coercive nature of the relationship and does not see themselves as a victim of exploitation”*. This places an onus on third parties, particularly schools, youth services and others in contact with CYP to identify CSE and to report this in a consistent manner.

The common perception of CSE is the older, predatory perpetrator grooming a CYP prior to sexual abuse. Whilst such CSE is a feature of prevalence in London more common are cases where there is no material age difference. In peer-on-peer abuse there can be substantial cross overs between victim and offender with victims facilitating or coercing others into inappropriate sexual behaviours. Analysis of MPS data in 2015 indicated that peer on peer abuse accounted for over half (55%) of all CSE cases in London. This led to a “MOPAC Challenge”² which sought to establish a better understanding of peer-on-peer abuse and a

² <https://www.london.gov.uk/what-we-do/mayors-office-policing-and-crime-mopac/governance-and-decision-making/mopac-challenge/mopac-challenge-board-2>

more strategic approach to addressing the issue. Arising from the MOPAC Challenge, the MsUnderstood partnership was commissioned to undertake more detailed analysis in a number of boroughs; their recent work has indicated that peer-on-peer abuse rises to 85% of all cases in some London boroughs.

The London profile of CSE and the preponderance of peer-on-peer abuse is very different from other parts of the country where the proportion of peer on peer cases is estimated at around a quarter. MsUnderstood have indicated that this may be due to the different development of the response to CSE; in London the approach has been more closely aligned with the urban street gang context. This focus on the gangs has led to enhanced identification and consequent reporting of CSE in this within this context. Third party agencies may be less skilled at identifying and consequent reporting of CSE in non-gang contexts.

At the time of preparing this needs assessment figures for the numbers of adults in London who experienced sexual abuse whilst they were children are estimated at between three quarters of a million and one and a half million. Figures for prevalence are highly contested with the Child Online Protection Centre estimating prevalence at 5% of children being victims of sexual abuse at some time in their lives by the age of 18 to the NSPCC's estimate (based upon the percentage of 18-24 year olds reporting that they were sexually abused as a child) at 24.1% (with 11.3% indicating that this abuse included contact sexual abuse). This provides a range of between 100,000 and 500,000 people in London at risk of sexual abuse at some time during their childhood, 5,500 to 27,000 each year.

Subsequent to completing the fieldwork of this needs assessment the CSEW produced their first estimate for historic child sexual abuse³. This provides the most authoritative estimate to date and indicates that nationally 7% of adults experienced sexual abuse as children (11% of women and 4% of men). Using these estimates there are more than 450,000 adult

³<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/abuseduringchildhood/findingsfromtheyearendingmarch2016crimesurveyforenglandandwales>

survivors of CSA living in London; equivalent to around 11,000 adult women and 3,500 adult men in the average borough.

Many of these survivors will have taken years, and in some cases decades, to disclose that they were victims of CSA and many may still not have disclosed. The numbers disclosing and seeking support have increased dramatically in recent years and the pace of disclosure has been driven by high-profile investigations such as Operation Yewtree. It is anticipated that the national inquiry into historic cases will further drive disclosure rates and the numbers of those seeking support to aid their recovery. This anticipated increase in numbers is likely to provide particular challenges to the police in investigating reports and to third sector support services many of whom already report almost half of service users are survivors of non-current sexual violence.

The 2012 Office of the Children’s Commissioner Report highlighted a range of factors that increased a CYP’s vulnerability to CSE. These are reflected in the London data:

- Vulnerabilities identified through MPS data on contact CSE identified young people going missing (35% of all victims), looked after children (21%) and young people involved with gangs or other offending behaviours at significantly greater risk.
- Data from the Havens on rape and serious sexual assault of children indicates other vulnerabilities, most notably that those in the 30% most deprived communities were 7.5 times more likely to suffer abuse than those in the 30% least deprived communities: almost a third (31.8%) had a pre-existing mental health issue and/or had experienced domestic violence (29.4%), 6.8% were learning disabled and around a quarter used alcohol (24.1%) or recreational drugs (23.4%).
- Data from MPS (CSE contact) and the Havens (serious sexual assault) indicate that risk levels of were broadly proportionate for white CYP to their numbers in the population, but CYP from black and mixed heritage backgrounds were at greater risk and those from Asian backgrounds less risk.

Of all data in this area the overwhelming common factor in both reported CSE and serious assaults was the gender of victims with all data sources reporting more than 9 out of 10 victims being girls or young women. This differs significantly from the gender profile of

adults reporting that they were abused in childhood, where, though the proportion of survivors is still predominantly female, around one third of survivors are male.

CSE does not respect borough boundaries with a third of reported offences taking place in a different borough to the victim's home and a similar proportion of young people vulnerable to "county lines" e.g. the offence taking place outside London. Local CYP safeguarding arrangements traditionally are more likely to focus on the domestic environment; the location of CSE offences means identification and reporting protocols require effective cross borough arrangements.

NSPCC have developed a methodology⁴ for calculating the annual cost to the exchequer of CSA (excluding lost tax revenue from lower productivity of adult victims of CSA). Applying this methodology to London it provides a total annual cost to the exchequer of between £34m and £69 million. For the health sector the annual cost is between £14m to £29m, for social services £8m to £16m and the CJS £12m to £24m. Whilst we consider the methodology as provisional, it potentially provides the basis for establishing a business case for investment in co-commissioning opportunities such as the multi-agency *Child House* model and demonstrates that the initial priority may not be additional funds but more effective deployment of current resources.

The Service Response to CSE

In assessing the service response we were keen to ensure that we reflected the child or young person's pathway rather than capturing the ways in which services are currently commissioned. To support this approach we developed the following analytical framework for understanding service responses⁵.

⁴ Estimating the cost of CSA in the UK, NSPCC (July 2014) <https://www.nspcc.org.uk/globalassets/documents/research-reports/estimating-costs-child-sexual-abuse-uk.pdf>

⁵ This analytical framework is not relevant to understanding the pathway for adult survivors of CSA.

CSE Interventions Analytical Framework



CSE cases are managed through local authority Multi-Agency Safeguarding Hubs (MASH). In a number of boroughs these arrangements have been enhanced through the establishment of Multi-Agency Sexual Exploitation (MASE) meetings to better co-ordinate their local response to CSE. This needs assessment identifies a rich variety of statutory and voluntary sector services providing support services to CYP at risk or exposed to CSE. The pattern of provision varies considerably between boroughs with substantial gaps and variations in service models and priorities.

Prevention Services

A number of boroughs have developed multi-agency approaches to awareness raising and early intervention work, these have included training programmes for staff in generic services. Other practices of note include "Operation Makesafe" type campaigns that have undertaken targeted work with hospitality, transport and licenced premises to help their staff identify suspected CSE.

A number of boroughs have also sought to raise awareness amongst young people through training and engagement programmes and information resources. This includes targeted work as part of Sex and Relationships Education (SRE) within schools. However, in spite of many good practice examples including those delivered by specialist voluntary agencies, stakeholders commented that the approach was disjointed and that engagement of and with schools was particularly problematic. Many local authorities are reliant on specialist voluntary sector partners to deliver effective prevention work.

Identification of CSE

Local authorities have developed different risk and needs assessment tools for identifying CSE. Some have developed analytical capacity to identify trends and provide problem profiles of CSE hotspots to inform their response. However, there are concerns that despite implementation of a Pan-London protocol, needs assessment approaches and the operation of individual MASH differ considerably between localities.

A range of stakeholders noted that methods of identification, assessment and referral to specialists require improvement across services working with young people and that in too many areas there was continued failure to identify CSE. Others noted that this was sometimes still exacerbated by a continuing “culture of disbelief” and gendered forms of victim blaming, particularly where the young women’s behaviour may be perceived as particularly challenging.

Protection Services

The non-CJS response to CSE varies considerably between boroughs. The report provides some examples of good practice and effective interagency working to ensure the protection of the victims. In particular where boroughs had well run MASE meetings and had invested in CSE specialist workers stakeholder reported that accessing timely information and support was simple and effective. Where there had not been that investment stakeholders reported excessive delays between, for example, initial disclosure at a hospital to social services contacting the family and a range of other gaps in services leading to CYP’s disengagement with protection services.

There were approximately 900 11-17 year olds presenting to the Havens and designated doctor referrals in 2014 for sexual abuse. The pathway for these young people has been subject to a separate review commissioned by NHS England to inform the commissioning intentions with regard to these clinical services. It also includes assessment of the pathways through the CJS and, along with early learning from the Crown Prosecution Service's pilot to expedite prosecutions relating to sexual offences against young people, will also be utilised in developing the commissioning intentions. As part of this work MOPAC and NHSE have secured funding to develop two Child House pilots to provide joined up services to children and young people who have experienced sexual abuse.

Recovery Services

CYP who have experienced CSE have complex needs to be addressed to support their recovery. There are a wide range of voluntary sector organisations providing pastoral support services and these vary considerably between boroughs. Providers include national organisations, such as Barnardos, The Children's Society and the NSPCC delivering local services alongside a range of more local organisations such as Redthread, Safer London, and specialist women's support organisations including the Rape Crisis Centres and those supporting women and girls from specific Black, Asian & Minority Ethnic (BAME) communities.

There are also a range of small, specialist projects such as MOSAC which provide family based support services to the non-abusing parent or carer where the child's abuse has taken place within the home and Respond which provides a range of interventions to support the recovery of young people with learning disabilities who may be the victim and or perpetrator of abuse.

Access to appropriate mental health services is a high priority for many victims to support their longer term recovery, particularly for the large proportion of young women whose vulnerability has been exacerbated by a pre-existing mental health condition, self harming

behaviours or related issues. Stakeholders reported increasing difficulties in securing access to statutory CAMHS due to the rising thresholds for access to care.

Adult Survivors of CSA

The report identifies that adult survivors of CSA may have a wide range of needs, particularly in relation to mental health support arising from their abuse and that these support needs may be exacerbated by the wider impact upon their lives arising from that abuse, including relationship problems and self-harming activities such as alcohol and substance misuse.

Adult survivors may already be extensive users of services, in particular health services, even without disclosure. However, there are few dedicated statutory services addressing these needs in a consistent way. In the absence of a joined up service response, survivors have established a vibrant range of self-help organisations with some infrastructure support provided by the Survivors' Trust but funding is limited.

Key Gaps

The Office of the Children's Commissioner's 2013 report⁶ highlighted significant failings in the response to CSE at both a strategic and operational level. Since that report there has been much progress in London; there is a much better understanding of the interplay between individual vulnerabilities, and the context (family, friends, school, neighbourhood) a CYP at risk may find themselves; co-ordination and information sharing between professionals has been reshaped by new structures; operational performance has been transformed with thousands of front-line staff trained to "spot the signs" and intervene. However, there is more that can be done at a local, sub-regional and Pan London level.

Pan London governance was criticised as no longer being fit for purpose or adding value to the work at a local level. Accountabilities and priorities have become blurred between

⁶ http://www.childrenscommissioner.gov.uk/sites/default/files/publications/If_only_someone_had_listened.pdf

different strategic bodies with potential duplication (and consequent gaps) between the work of the VAWG Board and the London Children’s Safeguarding Board in particular.

There were concerns that there was an over-reliance on a borough based approach. Young people are mobile and evidence suggests that much CSE activity happens across boroughs. In relation to peer-on-peer abuse it is worth noting that the majority of young people who study at Further Education Colleges do so in a different borough to their place of residence. Within West London the shared arrangements between the “tri-boroughs” provide an example of working beyond borough boundaries which appears to have facilitated better information sharing both within and between boroughs. However, in considering such bi-or multi-lateral arrangements it is important that these reflect CYPs patterns of movement rather than administrative convenience.

The important role of third sector organisations in providing young people focused interventions was widely recognised. Across London opportunities for quality referrals were lost due to concerns between organisations around information governance issues and the respective standards operated by different providers. It is anticipated that the Child House pilots may make substantial progress in developing effective sub-regional networking, information sharing, information governance and referral protocols.

Current reported data is still inadequate. Whilst generating improvements in data quality the current London-wide protocols have not been effective in standardising reporting. Significant variations in the reported cases of CSE or CYP at risk of CSE may reflect actual activity, but are more likely to reflect different reporting methodologies and the capacity of front-line staff to identify cases. There remains a risk, a key feature of the Rotherham investigation, “*that you see what you look for*”.

This is particularly the case in relation to boys and young men where the strategic and operational response has been largely focused on their potential role as perpetrators of abuse. Boys and young men are identified as potential victims of CSE in less than one in ten cases. Current reporting would appear to substantially underestimate the risk for boys with

data on the proportion of adult males and females reporting that as children they suffered some form of sexual abuse being closer to a one third/two-third split⁷. Research by Barnardos and NatCen⁸ identified that boys were significantly less likely to be identified in a grooming context and that their reaction to trauma was often in the form of anger or violence which brought them into contact with the system as offenders not victims.

Much is known about the individual vulnerabilities that drive CSE, yet key groups of girls and young women at high risk may not be identified, or receive responses which fail to adequately support them. For example, there was evidence from stakeholders that young women with offending or other challenging behaviours were least likely to be identified and continue to face a response characterised by criminalisation or “*heavy handed child protection*”.

Particularly within the context of boys and young men (although not exclusively) there is considerable crossover between victims and perpetrators; young people who themselves may be victims of CSE and go on to perpetrate or facilitate the abuse of other young people. This requires a more sophisticated approach to the identification of individuals both at risk of being victims and being perpetrators and will require different service responses.

Concern was also raised by a range of stakeholders that CSE was broadly framed in heterosexual contexts with little understanding of the vulnerabilities of young people questioning or challenging their sexuality or gender identity. This was potentially exacerbated by LGBT community organisations being reluctant to talk about or acknowledge CSE within their own communities and thus not developing an appropriate service response. In spite of elevated risk there are few examples of targeted responses to CYP with learning disabilities, looked after children and unaccompanied asylum seeking children. Innovative programmes of work in these areas, including for example, support for foster placements tend to receive only short term funding.

⁷ For example, CSEW 2016. 11% of adult females and 4% of males experienced CSA as a child.

⁸ “It’s not on the radar” Carron Fox (2016)

Prevention

The role of schools in delivering effective prevention interventions, targeted at both younger children and older pupils is widely recognised. There were examples of innovative practice with children under 10 years old in some localities, however, these were limited in scale and unavailable in most areas. Stakeholders also raised concerns that there was limited provision targeted at 10-13 year olds. Some stakeholders commented that where schools did deliver preventative programmes these were not sufficiently gendered and that insufficient attention was paid to early preventative work to tackle potentially harmful sexual behaviour. It was also noted that too many interventions for young people assumed they were heterosexual leaving LGBT young people unsupported.

Engagement with schools remains problematic, particularly Academies. In some localities relationships are strained between Academies and their former education authority and it may be appropriate for the Mayor to develop a schools charter which transcends such relationships and provides for greater consistency across London.

There is insufficient targeted prevention work in sites of increased vulnerability e.g. children's homes, foster placements and Pupil Referral Units.

Identification

The quality of training in the identification of CSE was also noted, with particular concerns where this may be a small part of a broader child safeguarding training programme. A number of respondents noted that whilst training may include individual risk factors it did not necessary ensure that there was an understanding of the wider contextual drivers. Ten distinct tools for identifying risk have been developed and further tools are not required but work is required to align the different approaches to develop a more consistent approach across London.

The very low rates of identification for boys and young men experiencing or at risk of CSE is a particular concern. Boys and young men continue to be seen only as potential

perpetrators and too little work is being undertaken to identify boys and young men at risk of CSE.

Online risks through social media are poorly understood and as a result there is limited identification of CYP at risk of CSE through this medium.

Protection

For those CYP who have been identified as victims of CSE, stakeholders were critical of the protection services that were available to them. Responses were seen as either heavy handed child protection on the one hand or CJS focused on the other rather than responding more holistically to the CYP's needs.

For those going through the CJS the length of cases was seen as particularly problematic for CYP, although we note the Crown Prosecution Service (CPS) pilot programme in South London to expedite the process. The absence of support and protection services for CYP acting as witnesses was also highlighted.

For female victims, particularly looked after children, there was an absence of appropriate places of safety.

There was also substantial criticism of schools who, it was reported in peer on peer cases tended to move the victim rather than the perpetrator.

Recovery

The report notes a significant concern amongst many stakeholders about timely access to CAMHS due to very high eligibility thresholds or long waiting lists. Some also highlighted concerns that statutory mental health interventions tended to be too short to address young people's needs and could alienate them from other support services. A number of stakeholders stressed the need to invest in non-clinical therapeutic models including peer support, group work and other confidence building activities.

Third sector organisations report increasingly challenging financial constraints at a time of rapidly rising demand. This is felt most acutely in those organisations supporting young people in the vulnerable communities, such as BAME women’s organisations.

Key Gaps for Adult Survivors of CSA

Whilst adult survivors of CSA may make substantial demands upon statutory services, many will not have disclosed their status as survivors. More targeted support for this large group of adults is required to support their recovery. In addition, the numbers of adults who report CSA has been increasing rapidly and is likely to continue to increase as police investigations, the National Inquiry and media reporting drive disclosure. Already many specialist support services report that up to half of their service users are survivors of non-current abuse and with numbers likely to grow this risks overwhelming services’ capacity to respond to the needs of victims and survivors.

A comprehensive strategy for addressing the needs of adult survivors of CSA is required.

Next Steps

MOPAC and NHSE have developed a Commissioning Framework to support the transformation of the response to sexual violence against adults and against children and young people in London. London has a new Mayor and this Framework will inform the development of his Police and Crime Plan and strategic priorities in sexual and domestic violence. MOPAC and NHSE will undertake a consultation on this framework with a view to producing a strategic framework to support and inform their own commissioning and the commissioning intentions of local authorities, CCGs and the independent funding sector.

By working together London can make more effective use of our resources to shape person-centred response that reduces the prevalence of sexual violence and ensures better outcomes for children and adult victims and survivors of sexual violence.

1 INTRODUCTION

Aims of the Research

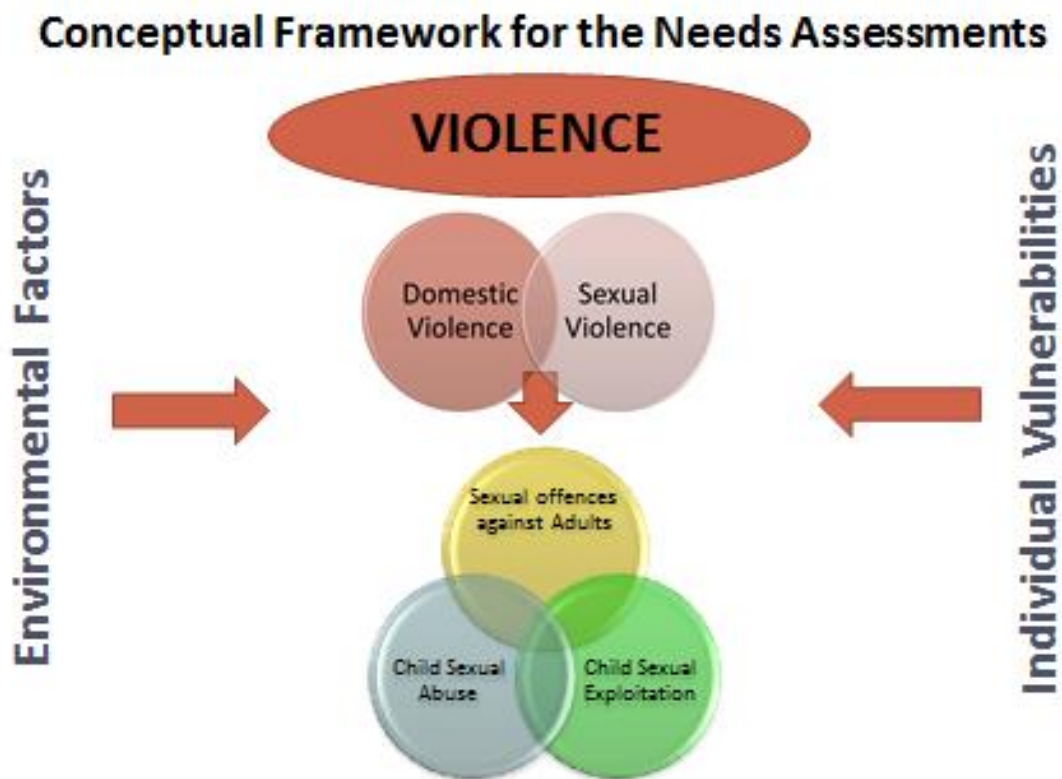
MOPAC and NHS England, (London Region), jointly commissioned MBARC, an independent consultancy, to deliver both a Sexual Violence and a Child Sexual Exploitation Needs Assessment for London to inform the way in which future services are funded by both organisations to best meet the needs of victims/survivors from 2017 onwards. These Needs Assessments will support MOPAC and NHS England in delivering the following ambitions:

- Support victims and survivors to cope and recover
- Enable early identification of repeat or vulnerable victims and survivors
- Provide better support to victims and survivors and witnesses in order to increase satisfaction and reduce attrition through the criminal justice system
- Provide a strong evidence base to inform future commissioning decisions and levels of funding; providing enough context to support commissioning choices and to ensure maximum value
- Provide an understanding of the comprehensive needs of adults affected by sexual violence and children and young people affected by CSE to help understand trends, demands, and capacity issues in order to make realistic projections of future need

This report and its companion volume, *The London Sexual Violence Needs Assessment 2016*, are designed to support the development of a Commissioning Framework for Sexual Violence and CSE in London which will inform the commissioning intentions from 2017 of:

- Services directly commissioned by MOPAC
- Services co-commissioned by MOPAC and NHSE
- Services co-commissioned by MOPAC and individual London boroughs
- Commissioning bodies assured by NHSE (e.g. CCGs)
- To inform the development of a consistent Commissioning Framework for Individual boroughs and independent charitable foundations.

The conceptual framework underpinning both needs assessments is illustrated in the figure below:



This figure places sexual violence against adults, Child Sexual Exploitation (CSE) and Child Sexual Abuse (CSA) within the interlinked domains of both domestic violence and sexual violence and part of the overall context of violence that is overwhelmingly perpetrated by men on women and girls and on other men and boys. The use of Venn diagrams is designed to illustrate that individuals may be victims, for example, of sexual violence as both children and adults. It recognises that all forms of sexual violence (and domestic violence) are impacted by, on the one hand, environmental factors (such as home, school, neighbourhood) and individual vulnerabilities (such as learning disability etc.).

This needs assessment is designed to inform the understanding of sexual violence against children and young people (CYP) including current CSE and non-current/historic CSA reported in later life by adults. *The London Sexual Violence Needs Assessment 2016* seeks to

inform the understanding of sexual violence against adults, but as illustrated above there is clearly cross-over between these issues.

Methodology

The appendices provide further detail of the terms of reference and the methodology applied to both needs assessments. In summary this includes:

1. **Commissioner Engagement** – to ensure alignment with emerging policies and priorities
2. **Evidence Assessment** – of statistical information and literature
3. **Experts by Experience** – placing the voice of victims/survivors at the heart of this needs assessment
4. **Stakeholder Engagement** – including third sector and statutory agencies across London.

Defining CSE & CSA

The appendices provide a more detailed explanation of the definitions of CSE and CSA. The proposed new statutory definition of **Child Sexual Exploitation** is⁹:

“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.”

CSE is normally perceived within the context of age discordant relationships. However, CSE can be committed by a person of any age – including another young person. This is what we refer to as “peer-on-peer abuse”. Victims of CSE may also be facilitators or perpetrators of

⁹https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/500097/HO_DfE_consultation_on_definition_of_child_sexual_exploitation_-_final.pdf

peer on peer abuse with other young people. Peer on peer abuse presents particular challenges for those charged with the care of young people as there is no clear boundary between incidents that should be regarded as abusive and incidents that are more properly dealt with as bullying or sexual experimentation between children and young people of the same or similar ages.

The current statutory definition of **Child Sexual Abuse**, published in “*Working Together*” (2015)¹⁰ is:

‘Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.’

The Legislative Framework for Sexual Offences Against Children

The appendices provide further details of the legislative framework underpinning CSE and CSA. In summary, the Sexual Offences Act 2003 identifies three categories of offences against children of different ages, these age ranges have been used throughout this report. They are under 13, under 16 and 16 and 17 year olds. For all under 16 year olds the offences include:

- Sexual activity with a child
- Causing or inciting a child to engage in sexual activity

¹⁰https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf

- Causing a child to watch a sexual act
- Arranging and facilitating a child sexual offence
- Meeting a child following sexual grooming

Offences against 16 and 17 year olds recognises that the young person is legally a child but may consent to sex and is designed primarily to protect 16 and 17 year olds from exploitation by those who hold a position of trust or authority in their lives.

For non-current child sexual abuse most offences taking place prior to 2003 will be covered by the Indecency with Children Act 1960, although historic cases predating 1960 will be covered by earlier legislation.

2 THE PROFILE OF SEXUAL VIOLENCE AGAINST CHILDREN

Following recent high profile safeguarding failures, such as Rotherham and the celebrity linked CSA inquiries following the death of Jimmy Savile, the profile of sexual violence against children and young people has been substantially raised. In March 2015 the Strategic Policing Requirement (SPR) was updated to include Child Sexual Abuse. The SPR explains that: *“Its potential magnitude and impact necessitate a cohesive, consistent, national effort to ensure police and partners can safeguard children from harm.”*

The relatively recent priority attached to sexual violence against children and young people means that the data sources available for reporting and analysing CSE are less well developed than those for sexual violence against adults. This section of the report uses a range of sources to provide estimates of prevalence of CSE within London. This section also reports on the prevalence and profile of CSA reported by adult survivors. Whilst the relationship between CSA and CSE is contested by survivor groups with many seeing CSE as a sub-set, or component of CSA, the inclusion of CSA data within this section provides a useful opportunity to triangulate the current (far from comprehensive data) and provide indications of under-reporting of CSE and highlights the longer term consequences of failing to identify and act upon contemporary CSE and CSA.

The Prevalence of CSE

More than two million children and young people live in London, it is a young city and these children and young people (CYP) represent nearly one in four (24.5%) of all people in London with the numbers growing rapidly. London is the most ethnically diverse region of the UK and this diversity is even greater amongst children and young people. There is limited, robust data on the prevalence of CSE at a national or local level where and unlike adult sexual violence, ONS does not produce estimates. Within this section we report on data held by MPS, but as with adult sexual violence these figures are likely to represent a significant under-identification and under-reporting of the incidence of CSE. Within this

section, to develop a better picture, we have also drawn data from the most authoritative national study of CSE, the Office of the Children’s Commissioner’s (OCC) Inquiry and data from national service providers, although it should be noted in all cases that these reflect those cases that have been identified and do not reflect the level of unreported activity. In the case of police data this largely reflects “contact” cases and does not include the potentially larger number of young people exposed to CSE, including on-line abuse, which may not result in physical contact.

The OCC Inquiry, found that of the 2,409 victims of CSE in either gangs or groups reported to them, 155 were also identified as perpetrators of child sexual exploitation. These figures are from a 14 month period from August 2010 to October 2011:

“Furthermore, this figure is based solely on submissions to the Inquiry’s call for evidence. Analysis of the entire body of evidence obtained by the Inquiry leaves us in no doubt that the actual number of victims is far higher¹¹”

In its final report on CSE on gangs and groups in 2013, “*If Only Someone had Listened*”, the Office of the Children’s Commissioner (OCC) noted that a total of 2,409 children were known to be victims of CSE by gangs or groups, and the Inquiry also identified 16,500 children at risk of CSE¹². This would provide an estimate of approximately 3,000 young people at risk in London.

MPS Data

The Metropolitan Police Service (MPS), British Transport Police (BTP) and the City of London Police have developed an overview¹³ of CSE based upon reported crimes, At Risk Reports, Missing Person Reports, Intelligence Reports and survey responses from statutory services across the capital relating to offences from November 2014 to November 2015. It should be

¹¹ Berelowitz et al (2012) “I thought I was the only one. The only one in the world.” The Office of the Children’s Commissioner’s inquiry into child sexual exploitation in gangs and groups: interim report, London: Office of the Children’s Commissioner, <http://www.childrenscommissioner.gov.uk/sites/default/files/publications/1%20thought%20I%20was%20the%20only%20one%20in%20the%20world.pdf>

¹² http://www.childrenscommissioner.gov.uk/sites/default/files/publications/if_only_someone_had_listened.pdf

¹³ Due for publication Summer 2016.

noted that this data focused on contact offences only and did not include on-line offences, where many contact offences are instigated. Key findings from this research indicate:

- A total of 333 substantive CSE flagged offences
- More than 1,000 intelligence reports
- More than 1,400 “at risk” reports
- Almost half of all reports were direct to the police (by phone or person) with the majority of third party referrals coming from social services (which includes MASH referrals). Direct referrals from education and health services accounted for less than 5%.
- The average age of victims was 14.6 years (although victims of gang perpetrated offences were slightly older at 15.4 years)
- 95% were young women (all gang related offences were against female victims)
- Just under half (48.5%) of victims were white with black victims over represented (28%) and Asian victims under represented (10%)
- 16% of victims were foreign nationals. The largest nationalities being Polish and Nigerian
- There was a strong connection with young people going missing (35% of all victims) and repeat missing was a key feature (20% of victims had gone missing more than 20 times). Looked after children (LACs), those not in school (21%) and those in Pupil Referral Units (PRUs) were particularly vulnerable
- 61.4% of CSE victims had previously been arrested (including 3 individuals for perpetrating CSE). The average that the criminal activity of these CYP had come to notice was 13.8 years old and their average number of arrests was 4
- Information on location of the offence was limited but indicated that 44% took place in private residences and 12% in public places
- A third of all offences took place in a different borough to the victim’s borough of residence with a similar number across “county lines”, that is outside London
- Only 2.5% of CSE suspects were female but there was substantial stakeholder comment on female facilitators as an emerging trend

- 32% of suspects were black and 17% white – this is not reflected in the survey data from partners
- The average age of offenders was 24 although gang offenders were substantially younger at an average age of 17 years old
- One in five cases was a group offence and 5% were gang flagged or with a suspect listed on the gangs matrix
- Peer on peer offending accounts for 34% of CSE offences.

Peer-on-Peer Abuse

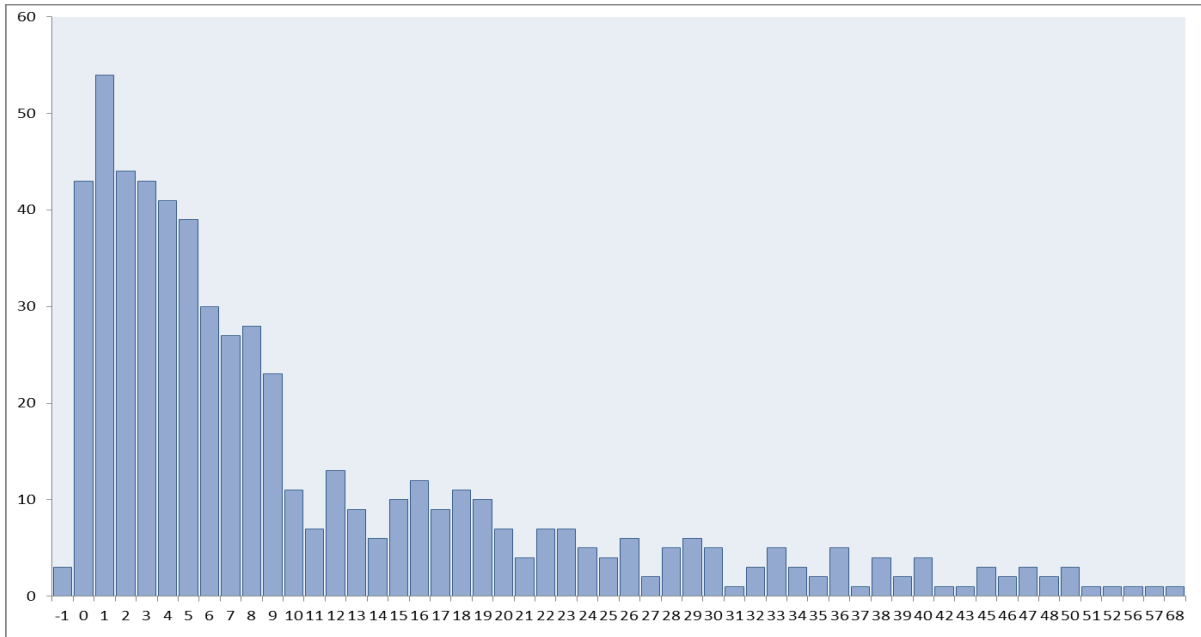
In terms of information on peer-on-peer prevalence data, there are two main sources: research by the MsUnderstood Partnership and the OCC Inquiry. MsUnderstood¹⁴ note that:

“As we learn more about CSE, we are seeing that peer-on-peer child sexual exploitation, when all individuals involved are under the age of 18, is far more prevalent than initially understood.”

Nationally data on CSE indicates that around a quarter of cases are peer-on-peer offending. However, the profile in London is very different with around half of all incidents estimated as peer-on-peer. The context for young people in London with its transport links and permeability may in part drive this difference. However, MsUnderstood suggest that it may also arise from the different way in which work on CSE in London has developed distinctly from other parts of the country. The London response has been more closely aligned to the urban street gang context and this may lead to a higher rate of identification of peer-on-peer abuse rather than a higher rate of prevalence.

The table below illustrates the age difference between victim and perpetrator in 2014/15. This highlights that in the vast majority of cases the age difference is less than 5 years with only one years difference in age being the largest single group of cases.

¹⁴ MsUnderstood Practitioner Briefing #4



The same MsUnderstood report, also contains recent police data, collated by MOPAC in 2015, which reveals that over 55% of CSE cases known to London’s Metropolitan Police Service feature peer-on-peer CSE. In 2014/15 only 30% of CSE records recorded a relationship between the suspect and victim. MsUnderstood’s analysis of this incomplete data indicated that 79% of relationships were recorded as being either an acquaintance, intimate relationship or friend. This may further suggest peer-on-peer as being an issue within CSE across London. In its detailed audit work with individual local authorities, MsUnderstood have reported that peer on peer abuse as a proportion of CSE rises to 85% in some London boroughs.

The nature of peer-on-peer abuse presents specific challenges for local authorities¹⁵ in developing their response to CSE, the extent to which these have been developed is covered in subsequent sections of this needs assessment. There are no clear boundaries between incidents that should be regarded as abusive and incidents that are more properly dealt with as bullying or sexual experimentation between CYP of the same or similar ages. Stakeholders identified particular concerns in relation to social media where CYP may share

¹⁵ George Curtis, MsUnderstood Partnership (2016) Practitioner Briefing #4: Developing the multi-agency sexual exploitation (MASE) meetings to respond to peer-on-peer CSE, <http://www.msunderstood.org.uk/assets/templates/msunderstood/style/documents/MSUPB04.pdf>

self-generated, explicit sexualised images and videos. There are no indications of the prevalence of such cases or any clear understanding of the relationship between these activities and any subsequent contact abuse. There were also concerns about a lack of awareness amongst CYP of the legal implications of the production and distribution of sexually explicit material involving children under the age of 16.

Borough Profiles of CSE

The reporting arrangements for identification vary considerably between localities. Within boroughs, the reporting arrangements between different institutions may also vary considerably, for example, capturing data on peer-on-peer abuse in schools is not subject to a statutory duty; if schools do record incidents at all it is likely to be through behaviour or bullying incident records¹⁶.

As current intelligence on the prevalence of CSE within London is limited and subject to different reporting regimes and local practice in relation to the collation of data, this section should be treated with some caution, but provides an indicator of the prevalence of CSE.

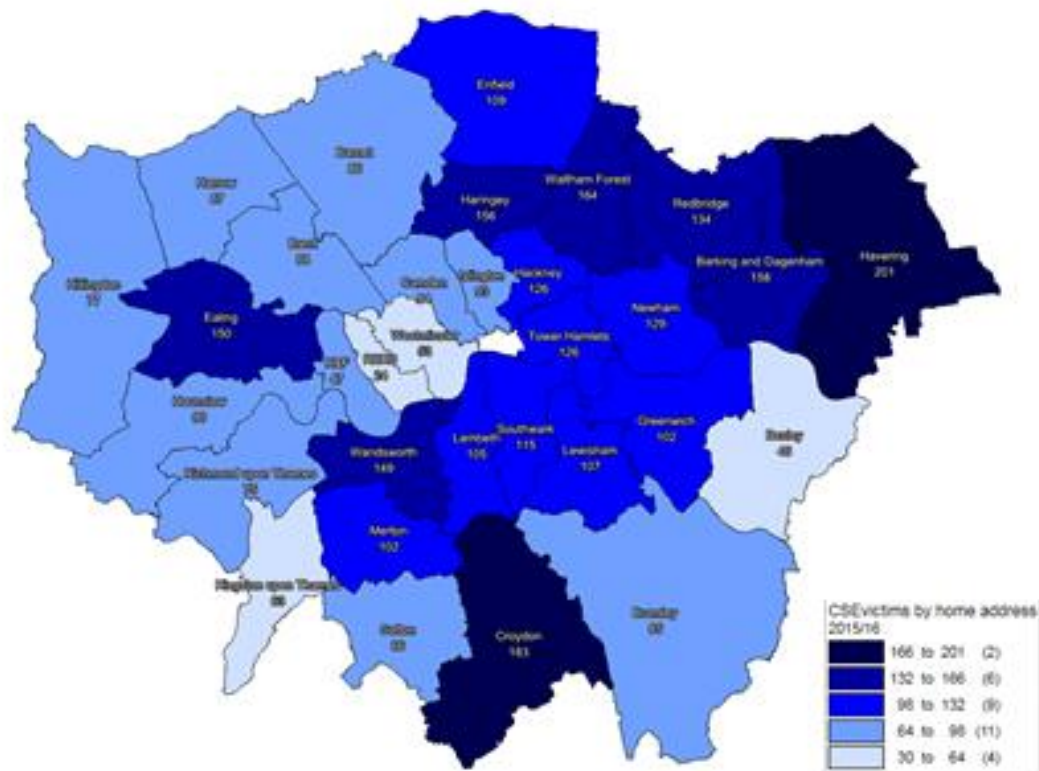
¹⁶ <http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/women-and-equalities-committee/sexual-harassment-and-sexual-violence-in-schools/written/33302.pdf>

This map reports the number of recorded incidents/investigations CSE¹⁷ in 2015/16. There is a close correlation to gang prevalence and areas of greatest deprivation.



¹⁷ MPS Data on Borough Incidence 2015/16

The location of incidences does not always correlate to the place of residence of victims. The second map is the count of victims of CSE by home addresses in each borough in 2015/16¹⁸.



¹⁸ Source: MPS

The Prevalence of CSA

Prevalence estimates for child sexual abuse vary considerably. Within this section we report on the current range of estimates of adults who suffered sexual abuse whilst children as varying between 7% and 24%, with estimates of “contact” CSA at between 5% and 11%. Subsequent to completing the fieldwork and just prior to publication the Crime Survey for England & Wales (CSEW) produced their first estimate for historic child sexual abuse¹⁹. This provides the most authoritative estimate to date and indicates that nationally 7% of adults experienced sexual abuse as children of which 11% were women and 3% were men²⁰.

The Child Exploitation and Online Protection Centre (CEOP) and the NSPCC estimated that 5% of UK children suffer contact sexual abuse at some point during childhood and 190,000 children will be victims of abuse by a stranger or adult relative by the time they reach 18. This represents an average of more than 10,000 new victims in the UK every year²¹.

NSPCC have developed a methodology for estimating prevalence at a national level based upon their 2011 research²² and 2013 report “How Safe are our Children?”²³. This work is cited by the ONS CSEW for 2016 as providing useful prevalence measures. This indicates very high numbers of CYP experiencing different forms of child sexual abuse in the form of serious physical abuse, sexual abuse, severe physical or emotional neglect and homicide.

Estimates of current victims of CSA using this methodology found that 16.5% of 11–17 year olds reported being sexually abused at some point in their childhood. That figure fell to 4.8% for contact sexual abuse. For children under 10, reports were taken from parents and carers whose responses showed that 1.2% of under 10 year olds had been a victim of sexual abuse in their lifetime of which 0.5% had suffered contact abuse. These figures represent totals at

¹⁹ “Abuse during childhood: Findings from the CSEW year ending March 2016” (ONS, August 2016)

²⁰ This report notes that the reporting of abuse tends to increase with age and states that this could indicate that there has been a reduction in prevalence in recent years or may be “due to survivors being more willing to disclose past abuse the further in time they are from the experience” CSEW2016.

²¹ NSPCC/CEOP Threat Assessment 2013/14

²² Child Abuse and Neglect in the UK Today, NSPCC (Radford et al 2011)

²³ How Safe Are Our Children? NSPCC Research Report, April 2013

any point in childhood. In 2011 Radford estimated that around 12,540 cases each year could be at risk of sexual abuse in London²⁴.

Estimates of adults who were victims of CSA by the NSPCC took the percentage of 18–24 years olds, who reported having ever been sexually abused as a child, as 24.1% according to Radford et al (2011). That figure fell to 11.3% for contact sexual abuse.

Utilising this methodology, an estimate for the prevalence of both current and historic CSA in London would be

London Estimates ²⁵		Central Estimate	Lower Estimate
Current Child victims	All CSA	172,672	86,336
	Contact CSA	52,491	26,245
Adult victims of CSA	All CSA	1,682,295	841,147
	Contact CSA	788,794	394,397

The Havens

Within this section we have included data from the Havens. As the main provider of forensic medical examinations (FMEs) for children and young people reporting sexual assault, their data provides the most thorough picture of activity in this area and is subject to rigorous audit. The FMEs and related services provided by the Havens are described in more detail in the companion to this report *“the London Sexual Violence Needs Assessment 2016”*. It should be noted that in the Spring of this year, in response to the recent review²⁶ services were enhanced through the introduction of a “paediatric plus” service which provides a new CYP-friendly environment the Havens’ Camberwell site. Whilst the data is too new for inclusion in this report and is not yet validated, early indications are that the Paediatric Plus service has increased service use by in excess of 40% in its first three months of operation.

²⁴ Child abuse and neglect in the UK today (Radford et al, 2011)

²⁵ Please note these estimates represent total figures of prevalence not annual figures of incidences

²⁶ Review of pathway following sexual assault for children and young people in London Dr Andrea Goddard, Emma Harewood, Dr Lauren Brennan (NHSE/KCHFT, March 2015) <https://www.england.nhs.uk/london/wp-content/uploads/sites/8/2015/03/review-pathway-cyp-london-report.pdf>

There were approximately 900 presentations of 11-17 year olds to the Havens and Designated Doctor Referrals in 2014²⁷ for CSA. Over the past four years the Havens has seen on average 411 children and young people per year²⁸.

Age Range	2011-2	2012-3	2013-4	2014-5
0-12	84	71	109	91
13-15	218	128	204	174
16-17	177	111	126	151
Total CYP	479	310	439	416

The Havens have undertaken a detailed analysis of all adolescent cases (13 years of age and over) between April 2013 and April 2015. In summary the profile indicates:

- **Gender:** 95.3% are female, 4.5% male, 0.2% male to female transgender
- **Age at time of sexual assault:** 13 years = 13%, 14 years = 19.8%, 15 years = 21.8%, 16 years = 23.2% and 17 years = 22.2%
- **Deprivation** 59% of victims were in the 30% most deprived communities and 9.4% were in the 30% least deprived communities.
- **Ethnicity:** white = 50.3%, Black = 22.4%, Mixed = 16.1%, and Asian = 7.3%.
- **Vulnerabilities:**
 - 31.8% had a pre-existing mental health issue
 - 6.8% had a learning disability
 - 45.1% had a history of self harm
 - 29.4% had experienced domestic violence
 - 12% were on the child protection register
 - 10.7% were looked after children
 - 24.1% used alcohol
 - 23.4 used recreational drugs.
- **Police:** 91% of all cases were reported to the police

²⁷ London Paediatric Review of Sexual Assault services King's College Hospital NHS Trust 2015

²⁸ The appendices contain further details including a breakdown between forensic medical examinations and follow up work.

Borough Prevalence of CSA

As noted above, there are no accurate estimates of the number of victims of CSA available at a national level. Utilising the methodology employed by the NSPCC described above, the table below provides a crude indicator of prevalence of both current and historic CSA by the 32 London Boroughs:

Average Prevalence per borough ²⁹			
		Central Estimate	Lower Estimate
Current Child victims	All CSA	5,396	2,698
	Contact CSA	1,640	820
Adult victims of CSA	All CSA	52,572	26,286
	Contact CSA	24,650	12,325

In addition it should be noted that environmental and social context is important in increasing or decreasing levels of prevalence and such figures would need to be weighted against the size of the borough and a range of other factors described elsewhere.

Contextual Factors in CSE

Given the evidence on the impact of CSE, the OCC Inquiry Team analysed the evidence gathered from their call for evidence, site visits, evidence hearings and interviews with CYP to identify “typical” vulnerabilities in children prior to abuse. The identified vulnerabilities included domestic circumstances such as living in a chaotic or dysfunctional household, living in a gang neighbourhood, living in residential care or living in hostel, bed and breakfast or other temporary accommodation. There were also a range of individual characteristics that increased vulnerabilities, such as where the young person was a carer, had suffered a recent bereavement, had learning disabilities, lacked friends from the same age group or had low self-esteem.

The OCC recommended that any CYP with these vulnerabilities should be considered to be at high risk of CSE. This should trigger response whereby professionals should immediately

²⁹ Note these do not represent total not annual figures of prevalence

start an investigation to determine risk, while taking preventative and protective action as required.

In its 2012 Interim Report, the OCC highlighted that there were a range of signs that a child was a victim of CSE. These included being missing from home or care, suffering physical injuries, engaging in offending, drug or alcohol misuse, in receipt gifts from unknown sources and thoughts of suicide³⁰. Responses to CSE need to be framed around these contextual factors and recognise that:

“cases of CSE often exhibit other co-presenting problems such as going missing, criminality, trafficking or gang-association”³¹

The Vulnerabilities of Different Groups of Young People

There is substantial evidence to highlight the vulnerability of young women and girls to CSE and other forms of abuse including sexual harassment, bullying and domestic violence. The OCC enquiry³² identified that the vast majority of victims of CSE are young women and girls. The enquiry found that young women and girls were most likely to be identified as victims at every site assessed and that out of 2,409 children identified via the call for evidence, 72% were girls and 9% boys. It called for specific interventions that challenge attitudes and norms towards women and girls.

Boys and young men are at significantly lower risk than girls and young women of sexual exploitation. Current evidence suggests that less than one in ten victims of CSE are male, however, this raises serious discrepancies with data on the gender profile of historic cases of CSA reported in later life by adults which would indicate that between a quarter and a third of victims were boys or young men. Current approaches may perpetrate historic

³⁰ (Berelowitz et al 2012:14)

³¹ Tackling Child Sexual Exploitation: A Study of Current Practice in London, commissioned by London Councils and the London Safeguarding Children Board, https://www.beds.ac.uk/__data/assets/pdf_file/0020/302096/FullReportLondon.pdf

³² OCC (2012) 'I thought I was the only one. The only one in the world': The Office of the Children's Commissioner's Inquiry into CSE in Gangs and Groups, Interim Report

failures to identify boys and young men at risk of CSE and consequently fail to provide them with the appropriate protection and support services.

This may suggest that professionals are becoming much better at spotting the signs of CSE for girls and young women but have not achieved a corresponding improvement in spotting signs of CSE affecting boys and young men. It is interesting to note that during the accelerated learning event (as part of this needs assessment) the team faced with the case study where a young woman of 16 was both herself the victim of CSE and the facilitator of CSE against a boy of 14. The multi-disciplinary team working on that case study developed a robust response to the needs of the young woman, but failed to identify safeguarding or other responses to support the 14 year old boy.

A recent report based on a series of roundtable discussions with frontline practitioners by Natcen and Barnado's highlights that³³:

- Young men and boys are a hidden group in professional discussions and service responses to CSE
- Shame and stigma may be felt even more acutely by young men and prevent self-disclosure. In particular disclosure can be difficult in contexts where homophobic attitudes are present leading to a fear of being labelled as gay or bisexual
- A culture of "hyper-masculinity" also reinforces assumptions and stereotypes i.e. that boys are highly sexualised, gay or bisexual rather than being victims of sexual exploitation themselves
- Boys are less likely to be identified early on in a grooming context
- There is a lack of recognition that boys and young men can be both a victim and a perpetrator and that they can be particularly vulnerable to sexual exploitation by older males and peer within a gang context including pressure to take part in group-based sexual activities, or coercion by their original abuser to sexually abuse others, choosing this pathway to protect themselves from further abuse

³³ Carron Fox (2016): 'It's not on the radar' The hidden diversity of children and young people at risk of sexual exploitation in England

- Boys tended to express trauma reactions in the form of anger and or violence and as a consequence were often in contact with the system as offenders, in the absence of any intervention related to their abuse and or exploitation.

The vulnerability of young women and girls and the smaller number of young men and boys to CSE can be greatly exacerbated by a range of other “intersecting” issues. These are explored below.

Vulnerability of Young People with Learning Disabilities

CYP with learning disabilities have a higher risk of sexual exploitation. The 2015 report “*Unprotected, Overprotected*”³⁴ found that the range of environmental factors which increase the vulnerability of other CYP (e.g. living in care, family dysfunction) can be exacerbated for young people with learning disabilities. These CYP are more likely to have low self esteem and lack networks of friends of their own age which are key factors in increasing vulnerability to CSE amongst CYP. This report identified particular vulnerabilities for young people with learning disabilities in online grooming.

They also highlight evidence that young people with learning disabilities face additional barriers to their protection and to receiving support to address CSE because of the entrenched way society perceives and treats them. These include:

- Being “treated like children”, that is, viewed as not being sexually active and therefore not at risk. As a consequence they have less access to sex and relationships education (SRE) in schools
- For CYP with learning disabilities who receive Support Plans the research found that these rarely include consideration of sexual activity or advice in relation to CSE
- Professionals working in this sector do not always get appropriate training and are not able to identify young people vulnerable to sexual exploitation

³⁴ Franklin, Anita, Phil Raws and Emilie Smeaton (September 2015) *Unprotected, Overprotected: meeting the needs of young people with learning disabilities who experience, or at risk of, sexual exploitation* (Barnardo’s), http://www.barnardos.org.uk/resources/research_and_publications/unprotected-overprotected/publication-view.jsp?pid=PUB-2580

- Lack of specialist support organisations and lack of co-ordination of support services which integrate learning disabilities and sexual exploitation.

Within the report young people themselves describe personal challenges which prevents disclosure, these include:

- Not always understanding that they are experiencing sexual exploitation or knowing that something is wrong
- Concern over “what may happen” if they tell someone
- Not having a trusted person to speak to who will believe them
- Inconsistent and poor responses from social workers e.g. not feeling listened to, not following up on actions, lack of regular engagement
- Not being viewed as credible witnesses within the criminal justice system.

Vulnerability of Young People who are Looked After (LAC)

CYP who are looked after are at increased risk of CSE. There are many factors that are interconnected that make them vulnerable to exploitation, for example, they may be particularly vulnerable if they were in care and had experienced prior abuse at an earlier age.³⁵

A number of risks are associated with staff attitudes and service provision, which increases the vulnerabilities of looked after CYP. For example, staff may view CYP as “troublesome” rather than “troubled” leading to an acceptance of behaviours with staff viewing the CYP’s engagement in sexual activity as a choice leading to no further protective action³⁶.

Research by the NSPCC and the University of York³⁷ identified that carers and other professionals could also contribute to young people’s vulnerabilities. The research

³⁵ Lerpiniere et al (2013). *The Sexual Exploitation of Looked After Children in Scotland. A Scoping Study to inform Methodology for inspection,* at p38. See: <http://www.careinspectorate.com/images/documents/108/CELCIS%20SES%20Nov%202013.pdf>

³⁶ Lerpiniere et al (2013) as above at p59

³⁷ Biehal, N. et al. (2014) *Keeping children safe: allegations concerning the abuse or neglect of children in care: final report.* [online] Available at <https://www.nspcc.org.uk/services-and-resources/research-and-resources/2014/keeping-children-safe-allegations-of-abuse/> (Accessed 18/7/16)

estimated 450-550 cases of abuse and neglect in foster care per year and 250-300 cases of abuse and neglect in residential care per year. This could mean that CYP who are looked after and at risk of CSE may find it difficult to access services and support if their carers are abusive.

Vulnerability of Unaccompanied Asylum Seeking Children and Young People

As with other looked after CYP Unaccompanied Asylum Seeking Children (UASC) are considerably more vulnerable to sexual exploitation than other CYP. They arrive in a new country often alone, not knowing the language, many having experienced trauma. Some may have been trafficked and could be at risk of further exploitation. Unaccompanied asylum seeking children could find it hard to trust anybody or feel safe, which may prevent them from accessing the right support and services³⁸.

The uncertain legal status experienced by UASC may also make them more vulnerable to CSE. UASC may lack trust in authorities and fear penalties in raising concerns such as being moved to immigration detention centres where they could experience further abuse and trauma.³⁹

Vulnerability of Children and Young People who go Missing

The OCC's research showed that CYP who go missing from home or care are at considerably greater risk of CSE and other forms of violence including involvement in gang activity. There is under-reporting and a lack of structure to identify risk and provide appropriate support.

In the survey carried out by the Catch 22 and Missing People 2015 report, conflict at home or in care was selected by almost 90% (55 of 63 respondents) about push factors for going missing. CSE was selected as relevant pull factors by over half of those who had been in contact with this group. Reinforcing other findings in relation to CSE, missing girls are described as being at substantially more risk from CSE. This represent a significant gendered

³⁸ Department of Education, DoE. (2014). *Care of unaccompanied and trafficked children*. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/330787/Care_of_unaccompanied_and_trafficked_children.pdf (Accessed 18/7/16)]

³⁹ Children's Right Alliance for England. (2014). *Immigration, Asylum and Child Trafficking*. Available at http://www.crae.org.uk/media/75129/SOCR_2014_IMMIGRATION_ASYLUM.pdf (Accessed 18/7/16)]

difference for CYP going missing: whilst missing episodes linked to the drugs market, debt and fear may equally be experienced by both genders, missing episodes linked to intimate relationships or CSE tended to be specific to females⁴⁰.

The report identifies a number of specific links between gang involvement and going missing from home or care. This includes evidence of vulnerable CYP being recruited specifically for gang related activity from care homes, pupil referral units, schools, because they do not have a criminal record.

CSE & Gangs

The Catch 22 and Missing People report highlights that girls can be affected by gang activity through their relationships with gang members even if they are not embedded in gang activity themselves. This research indicated that being in a relationship with a gang member could not only involve a girl in gang activity but could also lead to missing episodes as a result.

Young women associating socially with gang members (partying) were frequently missing from home as a result of these socialising activities. In these cases CYP are at serious risk of sexual exploitation, as a missing and runaways project worker describes:

“She would go missing for days, up to a week at any time, not going into school, nobody knowing where she was. She was then moved out of the area, but speaking with her after her involvement with it all, it was a case that she was associating with gang members, with all the guys, and very much CSE within that gang ... her and her friend being with older guys who were paying for them to be out at clubs, getting them to maybe hide certain things for them in the house”

Attempts to use relocation within the care system to break a gang connection can be counter productive and simply provide gangs with opportunities to extend their territories.

⁴⁰ Sturrock and Holmes 2015:63 and 31

The care system is used to “relocate young people and break their connections to a gang, particularly where they are frequently missing from home”. However, this “transferred the problem to another area or led to increased missing incidents and gave children and young people a business opportunity; using their existing connections to extend their network⁴¹”).

There are particular risks to children who are recruited to travel to other areas to sell drugs where young people are completely isolated in unsafe environments and go missing for long periods of time⁴².

Vulnerabilities to Peer-on-Peer Abuse

A critical distinction between peer-on-peer abuse and adult perpetrated CSE is that age differences between the abuser and the abused is not the only factor in the abuse. Instead there may be a range of other inequalities of power such as gender, social or economic status, intellectual ability or relative social status or social marginalization. Such inequalities may be fairly fluid and as such the rigid victim/perpetrator divide may fail to capture the complexity of CYP’s experiences.

Young women and young men experience peer on peer in gendered ways; young women are more frequently identified as experiencing peer-on-peer abuse and more likely to report the negative impacts of partner abuse than young men⁴³. However, boys and young men do report high levels of victimisation in gang-affected neighbourhoods and there may be a greater reluctance for young men to identify themselves as victims, particularly where they may also be perpetrators⁴⁴.

The data on prevalence indicates that black CYP are at greater risk of peer-on-peer abuse. However, they may be under-identified as victims⁴⁵ and over-identified as perpetrators⁴⁶.

⁴¹ Sturrock and Holmes 2015:29

⁴² Sturrock and Holmes 2015:27-28

⁴³ Barter 2011, Firmin 2011

⁴⁴ Pitts 2008, Beckett et al 2013

⁴⁵ Berelowitz et al 2013

⁴⁶ Palmer and Pitts 2006

Such young people risk being hidden in the hidden in youth justice system as offenders rather than being supported for their victimisation⁴⁷.

The Impact of Sexual Violence against CYP

Sexual Violence against children has an immediate and a long term adverse effect on the individual and upon wider society. Within this section we report on the immediate impact of CSE on the young person and the longer term impact for adult survivors of CSA.

The Impact of CSE

The contextual factors that increase the vulnerability of young people to CSE are likely to be exacerbated by CSE such as contributing to increased family dysfunction and further missing episodes. Similarly the signs of CSE provide a guide to the initial impact of CSE both on the young person and on wider society.

“cases of CSE often exhibit other co-presenting problems such as going missing, criminality, trafficking or gang-association⁴⁸

CYP going missing increases their vulnerability to CSE. For CYP experiencing CSE this may increase the number and frequency of “missing” episodes which further increases their own vulnerability and the costs to society of tracking them. Similarly CYP in pupil referral units and those who continue to miss school are at increased vulnerability. CYP experiencing CSE are likely to see school attendance further reduced.

CYP experiencing peer-on-peer abuse as victims, perpetrators or as both victims and perpetrators may be drawn further into gang associations with increased participation in gangs and gang related activity including violence and drug related criminality.

⁴⁷ Berelowitz et al 2012

⁴⁸ (Beckett 2011; Brodie 2012; Berelowitz et al 2012, 2013; Beckett et al 2013, Firmin 2013, Melrose and Pearce 2013)” (cited by University of Bedfordshire, London Councils Assessment of Current Practice on CSE, 2014)

For boys and young men their reaction to trauma, arising from either peer-on-peer abuse or CSE by an older perpetrator is often violence. The consequence of this reaction may lead them into engagement with the criminal justice system, detentions within secure establishments and convictions which inhibit future options.

Beyond this initial impact, CSE is likely to have a detrimental impact on the young person's health and well being. Low self-esteem increases the risk of CSE for a young person and may be further reduced by the trauma of abuse, undermining their resilience. The OCC estimates that 41% of those CYP experiencing CSE these are likely to have drug and or alcohol problems with 32% self-harming and mental health concerns applying to 27%. The OCC's site visits and hearings identified the following mental health issues as being of concern: emerging personality disorder, borderline personality disorder, emerging psychosis, depression, self-harming, thoughts of suicide, drug and alcohol abuse, severe low self-esteem and self-neglect.

The Impact on Adults Survivors of CSA

The OCC enquiry into Child Sexual Abuse (CSA) identified that "1 in 8 victims of sexual abuse come to the attention of statutory authorities therefore also noting that the scale of CSA is likely to be much larger than what has come to the attention of statutory and non-statutory support services" (OCC, 2015) ⁴⁹. The evidence received during the OCC enquiry also highlights that:

- CSA is most likely to take place within an intra-familial context constituting two-thirds of CSA cases.
- CSA usually involves a range of perpetrators, in many instances known to each other and the majority of whom are male. Approximately one quarter of cases involved a perpetrator under the age of 18, such as a brother or cousin.
- Victims are most likely to be female although it is acknowledged that there is likely to be under-reporting from males

⁴⁹ Source: A critical assessment of child sexual abuse in the family network in England and priorities for action Summary: November 2015. Accessed at: <http://www.childrenscommissioner.gov.uk/learn-more/child-sexual-exploitation-abuse/protecting-children-harm>

- Most CSA is likely to occur around the age of nine, and is more likely to come to the attention of the authorities during adolescence.

The survivors survey undertaken as part of these needs assessments received testimony from a number of adult survivors of CSA. Comments on the long term impact included:

“I was sexually/ mentally and emotionally abused and groomed by my father and two brothers....services like woman's solace aid have given me back my confidence, my life and given me the opportunity to meet kind lovely people”

“I was abused as a child in the 1970s by an acquaintance of my father. Over the last three years - with the support of two specialist counsellors - I have come to realise the far-reaching impact these experiences have had on my mental health” I have had anxiety and depression issues throughout my life and I have come to realise the impact CSA has had on me”

Child sexual abuse by first cousin and church elder. Coercion. Rape and attempted rape. At home. At cousin's home. Rape and attempted rape at work....I hated myself with a vengeance and suffered deep depression and anxiety. I have been traumatised by these events and carried this for many years. My life was destroyed but I have been given hope through receiving help.”

There is a strong body of evidence illustrating the enduring and adverse impact of CSA on the life-course of children and adults. Fear and trauma can also be triggered by specific life events, situations, objects and smells. These triggered responses can include flashbacks, phobias, panic attacks, feelings of anger and shame, physical health problems, self-harm, suicidal behavior, self-neglect and substance dependency. Longer term impacts can include, self-blame, offending, poor educational outcomes, a traumatic disruption to the sense of self, trust, challenges around intimacy and relationships⁵⁰.

⁵⁰ See for example: <http://rapecrisis.org.uk/childsexualabuse.php>; Survivors' Voices

A study which examined the introduction of routine enquiry by the Department of Health (2006)⁵¹ into people's experiences of violence and abuse across the life-course as part of adult mental health assessments reinforces the links between domestic and sexual violence, including CSA and mental health and wellbeing. The study found that 1 in 25 of the population (approximately 1.5 million adults) had experienced "extensive forms of both physical and sexual violence" and of this group most had "an abuse history extending back to childhood" including being "pinned down, kicked or hit by a partner" and severe violence from a parent or carer. Furthermore:

- A significant number had experienced repeat victimization in the form of rape as an adult
- The experience of extensive physical and sexual violence manifested itself in a range of mental health and other health impacts including a common mental disorder, psychosis, Post Traumatic Stress Disorder (PTSD), an eating disorder, obesity and alcohol dependency
- People in this category were also more likely to have to cope with the added impact of multiple issues e.g. disability, poor general health, inadequate housing and poverty.

Estimating the Cost of CSA

The NSPCC have developed a methodology for calculating the annual cost to the exchequer of CSA (excluding lost tax revenue from lost productivity of adult survivors of CSA). Applying this methodology to London it provides a total annual cost to the exchequer of between £34m and £69 million⁵². For the health sector the annual cost is between £14m and £29m, for social services £8m and £16m and the CJS £12m and £24m.

One in Four (2015) Breaking the silence on living with the impact of child sexual abuse in the family environment, available at http://www.oneinfour.org.uk/wp-content/uploads/2015/11/Survivors_Voices_Report_November_2015-2.pdf

⁵¹ CWASU, DMSS and Truth Consulting (2013) NatCen Report on Violence, Abuse and Mental Health in England, Preliminary Evidence Briefing (REVA Briefing 1), <https://www.natcen.ac.uk/media/205520/revastrand-1-13th-may-briefing-report-2-.pdf> :The study involved an analysis of data from the Adult Psychiatric Morbidity Survey (APMS)

⁵² Estimating the cost of CSA in the UK, NSPCC (July 2014) <https://www.nspcc.org.uk/globalassets/documents/research-reports/estimating-costs-child-sexual-abuse-uk.pdf>

		Central Estimate	Lower Estimate
Health	Child mental health – depression	£ 256,000	£ 128,000
	Child suicide and self-harm	£ 304,000	£ 160,000
	Adult mental health – depression and PTSD	£ 26,032,000	£ 13,024,000
	Adult physical health – alcohol and drug misuse	£ 2,464,000	£ 1,232,000
	Total Health	£ 29,056,000	£ 14,544,000
CJS	Perpetrator	£ 14,384,000	£ 7,192,000
	Adult victims of CSE	£ 9,408,000	£ 4,704,000
	Total CJS	£ 23,792,000	£ 11,896,000
Children's Services	Children Social Care	£ 15,024,000	£ 7,512,000
	Other Service Costs	£ 1,232,000	£ 616,000
	Total Social Services	£ 16,256,000	£ 8,128,000
	Total Exchequer Costs	£ 69,104,000	£ 34,568,000

Whilst we consider the methodology as provisional, it potentially provides the basis of establishing a business case model for investment in future co-commissioning opportunities such as specialist, voluntary sector interventions and the Child House model.

Within the context of the substantial sums spent by both health and social care as a result of CSA it is worth noting that specialist support services for longer term survivors are poorly resourced. Sums currently spent indirectly on adult victims of CSA may be more efficiently applied and services more effectively delivered through the diversion of some existing funds into more specialised and targeted care pathways for survivors.

3. THE SERVICE RESPONSE

The Service Response to CSE

The OCC Inquiry⁵³ identifies the essential foundations of effective practice for safeguarding CYP from CSE including a child centred focus, gaining a child's confidence, effective leadership, strategic planning, joined-up working, early identification, pre-emptive action and scrutiny and oversight. Against these foundations the OCC noted the following failings in the national response to CSE:

- Many agencies are forgetting the child. Children at risk of CSE or are already victims are often ignored or discounted
- Services are failing to engage children and young people
- A lack of leadership amongst some of the most senior decision makers at local level and a failure to grasp the growth of CSE
- Limited strategic planning in some Local Children's Safeguarding Boards (LCSB) in relation to CSE
- Too many people who should be protecting children are in denial about the realities of CSE
- Professionals are failing to recognise victims
- Too many areas are still working in isolation to tackle CSE
- A delayed response to CSE continues to hamper the development and improvement of practice to tackle CSE
- Results are not being monitored.

Within this needs assessment we sought to understand what progress had been made in London since the OCC's Inquiry and where there was scope for further improvement. To understand the service response to CSE we were keen to ensure that we reflected the child or young persons' pathway rather than reflecting the ways in which services are currently commissioned. To support this approach we developed the following analytical framework for understanding service responses.

⁵³ http://www.childrenscommissioner.gov.uk/sites/default/files/publications/If_only_someone_had_listened.pdf

CSE Interventions Analytical Framework



This model breaks the service response to CSE into four clear domains:

- **The Prevention Response** – this includes general education, such as Sex & Relationships Education (SRE) to build broad resilience amongst CYP, targeted educational activity at those CYP most at risk such as looked after children, and disruptive actions, such as anti-gang initiatives which may reduce the risk of peer-on-peer abuse within that context.
- **The Identification Response** – this includes those initiatives that have been taken to develop better skills at identifying those CYP at risk or experiencing CSE and safeguarding arrangements to capture and share information for those CYP most at risk. This will include training for universal services coming into contact with CYP and CYP focused services such as schools and youth services.
- **The Protection Response** – this includes safeguarding actions to protect CYP at risk including in places of safety and to support CYP to progress through CJS routes.

- **The Recovery Response** – this includes those interventions to support CYP to recover from trauma including family support, advocacy and mental health provision.

The first three of these domains are reflected in the London Child Sexual Exploitation Operating Protocol⁵⁴ which informs the response at a Pan London and borough level:

- The *Prevention Response* includes taking “actions against those intent on abusing and exploiting children and young people by prosecuting and disrupting perpetrators” and raising “awareness and provide preventative education for the welfare of children and young people who are, or may be, sexually exploited”.
- The *Identification Response* includes identifying “children at risk of being sexually exploited”
- The *Protection Response* includes working “collaboratively to ensure that children and young people at risk of being sexually exploited are safeguarded”, providing “timely and effective interventions with children and families to safeguard those vulnerable to sexual exploitation” and applying “pro-active problem solving to address the risks associated with victims, perpetrators and locations and ensure the safeguarding and welfare of children and young people who are, or may be, at risk from sexual exploitation”.

The Wider Pattern of Provision in Boroughs

This section of the report has been informed by a survey of local authority commissioners in London (completed by 10 boroughs), cameo studies (providing more in-depth analysis in 5 boroughs), a literature review, a call for evidence, interviews and engagement sessions with a wide variety of other stakeholders (as detailed in the appendices).

NHS England has established a national Child and Adolescent Mental Health Services’ (CAMHS) Transformation Fund for CCGs. These CCGs, working closely with their Health and Wellbeing Boards and partners from across the NHS, Public Health, Local Authorities, Youth

⁵⁴ 2nd Edition (March 2015) provides guideline around responding and is signed by MPS and the London Children’s Safeguarding Board

Justice and Education sectors should develop Local Transformation Plans to support improvements in children and young people’s mental health and wellbeing. As part of the CAMHS Transformation Fund in London resources have been made available to each of the five NHS England sub-regions to better understand CSE service provision in their locality. Work to date indicates a wide range of services provided by both the statutory sector and the third sector, although the pattern of provision varies considerably within sub-regions and between boroughs with substantial gaps and variations in service models and priorities. This work is still ongoing and will inform the consultation on the Sexual Violence Commissioning Framework. It should also be noted that in most sub-regions there are plans to maintain service maps or registers moving into the future which will provide a rich resource for future commissioning.

We provide a short overview below to illustrate the range of voluntary and community services delivering interventions to support CYP experiencing or at risk of CSE.

Barnados is the largest provider of CSE provision, others operating across the capital include Safer London, Children’s Society and Red Thread. All have developed specific ways of supporting CYP in relation to CSE and peer-on-peer abuse. For example, Safer London are located across 13 boroughs in London where they offer a package of one-to-one advocacy to young people, advice to practitioners and schools-based work, including specific group-work with young men engaged in or at risk of harmful sexual behaviour. Within this there are examples of particular forms of specialist response e.g. Respond work to improve responses to learning disabled victim and survivors of sexual violence including CSA and CSE and the Children’s Society offer specific support for young people leaving care, missing or trafficked.

The work of the MsUnderstood partnership has been critical to informing the knowledge and practice around peer-on-peer CSE. Alongside this the specialist women’s sector (Rape Crisis, BAME VAWG sector) have developed specific practice responses to holistically respond to young womens’ experiences of sexual exploitation (both group and non-group based) and violence, by ensuring that support is in the wider context of violence against

women e.g. domestic violence, forced marriage. For example, the Women and Girls Network (WGN) specialist Young Women's Advocate (YWA) is based on site with Ealing Children's Social Care Services and offers advice to professionals and ongoing advocacy around empowerment and resilience-building to increase the safety and well-being of young women.

The WGN holistic approach to CSE has been highlighted as good practice within the OCC Inquiry and one which other organisations currently use to inform their approach to working with young people around CSE e.g. Safer London. Solace (North London Rape Crisis) are working in partnership with Red Thread to ensure they can offer a complimentary and early support service to women and girls where young people present to A & E services. Nia have run Safe Choices, working in partnership with Safer London and the Children's Society to offer specific intensive advocacy, emotional support and empowerment work to young women in the context of gang association and have recently opened a refuge for women who are sexually exploited.

The Prevention Response

The approach to prevention varies substantially between London boroughs. A number of boroughs have developed multi-agency approaches to awareness raising and prevention and commissioned different third sector providers to deliver group-based work on CSE with young women and young men as part of the SRE curriculum. Many local authorities commented that prevention work would not be possible without the input of key voluntary sector stakeholders delivering prevention based work.

Some boroughs described prevention as a key work-stream of their MASE, ensuring that prevention is fully integrated with their wider work with schools and local health partners.

All boroughs reported some prevention activity with schools and Further Education (FE) Colleges and in some localities specific programmes targeting Pupil Referral Units (PRUs). One Borough reported a pilot programme to be undertaken in the Summer term to test a

“whole school approach” to CSE in six schools. If successful this approach will be rolled out across all schools in that borough.

Another borough had developed an innovative series of young people participation groups, designed to challenge beliefs and attitudes that may tolerate or condone violence against women and girls (including those held by some young women themselves) based upon a “respect” agenda.

Some boroughs have invested in the “Operation Makesafe”⁵⁵ campaign to raise awareness amongst local businesses such as hotels, pubs and fast food outlets of CSE. Other boroughs have required all local authority commissioned taxi and bus companies to undergo awareness training on CSE.

Gaps in the Prevention Response

Whilst all boroughs have recognised the importance of developing their response to the prevention of CSE, stakeholders felt more could be done. This was particularly the case in relation to schools. An audit of policy and practice across London identified inconsistent and limited work in schools to prevent CSE which is described as inconsistent and disjointed despite a number of promising initiatives:

“Schools were identified as a service that needed to be more proactively involved in preventative activity. However, other promising practice was demonstrated by youth service provision, sexual health, and other targeted and universal early help for teenagers. Interviews and surveys suggested that while the need for this work had been acknowledged, its delivery was disjointed and limited”⁵⁶

There were concerns that where CSE work was delivered in schools, it was too often siloed from other issues that have a connected impact on CYP such as domestic violence. Local

⁵⁵ Operation Makesafe involves targeted work with within the hospitality, transport and licensed premises trades to raise awareness of CSE.

⁵⁶ Tackling CSE: A Study of Current Practice in London, https://www.beds.ac.uk/_data/assets/pdf_file/0020/302096/FullReportLondon.pdf (accessed 18/7/16)

authorities also highlighted their constraints around the funding for preventative work in the current climate. One CSE/VAWG provider commented:

“Lack of involvement and engagement with education with regard to the issues and risks posed to young women and CSE within education in terms of safety, social roles and engaging young women in education. There needs to be a much more robust role for schools to become actively involved in a whole school approach to CSE prevention, detection and intervention”

Young people themselves have also been critical of the school response to CSE. In a report by Fixers⁵⁷, young people identified inadequate information or action by schools in relation to peer-on-peer abuse and bullying with many incidents unreported for fear of repercussions and the victims being punished as well as the perpetrators.

Identification Services

The definition of CSE acknowledges that many CYP will not recognise that they are experiencing or at risk of CSE and for those that do only one in twelve CYP would seek to report this, particularly where it is peer-on-peer abuse⁵⁸. All boroughs have recognised the challenge of improving the identification of CSE and the crucial role of council funded services in the delivery of better identification.

The most common response has been training for staff in identification and responding to CSE and the production of Borough wide information resources. Within some localities this work has included publication of guides for staff, parents and children and targeted awareness-raising work with foster care providers and children’s homes. In some localities this includes developing opportunities for foster carers and staff in children’s homes to access professional peer-advice and support. They report that this intervention led to an increase in CSE referrals.

⁵⁷ <http://www.fixers.org.uk/UserFiles/Files/FixersSS.pdf>

⁵⁸ University of Bedfordshire (2013?) What to do next to protect children from sexual exploitation: lessons from research, https://www.beds.ac.uk/_data/assets/pdf_file/0003/400377/cse-rotherham-and-beyond.pdf

In addition to awareness-raising and training initiatives highlighted in the section above on prevention work, local authorities had developed different risk and needs assessment tools for identifying CSE and discussed the development of problem profiles to map hotspots and trends around CSE and some have CSE specific analysts to gather information and inform multi-agency discussions.

Gaps in the Identification Response

Some stakeholders raised concerns about current processes for risk assessment and that identification can be used inconsistently and based on different formats in local areas.

“There are over 10 different tools for assessing risk to CSE and the University of Bedfordshire urge caution against the development of new guidance/tools but rather aligning existing tools with each other.”⁵⁹

Some stakeholders referred to using more needs-led, young-person centred holistic approaches to a risk assessment to ensure they had captured the wider context of young people’s experiences. Some boroughs have developed different ways of working around risk, for example, one stakeholder refers:

“One borough we are working with doesn’t use a risk assessment tool but uses the LSCB guidance as it helps professionals rely on their own judgement rather than a tick-box approach, this is then taken to a multi-agency meeting so that every agency contributes”

There were concerns that the cross borough nature of CSE was not fully reflected in the identification response. Stakeholders also made reference to the need to strengthen cross-borough practice and joined up working across boroughs. The example of the Tri-borough MASH in west London was cited as a potential model where there is a shared approach to risk assessment and all agencies, in all three boroughs, including the police, local authority

⁵⁹ University of Bedfordshire (2013?) What to do next to protect children from sexual exploitation: lessons from research, https://www.beds.ac.uk/data/assets/pdf_file/0003/400377/cse-rotherham-and-beyond.pdf (accessed 28/6/16)

and voluntary sector collect information on children and young people who are at risk, or victims of sexual exploitation.

Some agencies spoke of young people still experiencing a culture of disbelief and victim-blaming attitudes, despite improved public awareness about CSE. One CSE/VAWG provider captured this concern:

“A wider cultural change is required for practitioners as there are still prevalent misconceptions regarding young women’s agencies and hence blame and involvement in CSE. Practitioners can easily give up on an individual and consider them as difficult to engage rather than reflecting that their interventions are not effective”

Boys and young men are identified as potential victims of CSE in less than one in ten cases and the strategic and operational response has been largely focused on their potential role as perpetrators of abuse. Current reporting would appear to substantially underestimate the risk for boys with data on the proportion of adult males and females reporting that as children they suffered some form of sexual abuse being closer to a one third/two-third split⁶⁰. Research by Barnardos and NatCen⁶¹ identified that boys were significantly less likely to be identified in a grooming context and that their reaction to trauma was often in the form of anger or violence which brought them into contact with the system as offenders not victims.

Stakeholders also raised concerns with the identification response for CYP with learning difficulties and for CYP who did not identify as heterosexual. There were also significant concerns that the identification of on-line abuse through social media was poorly understood.

⁶⁰ For example, CSEW 2016. 11% of adult females and 4% of males experienced CSA as a child.

⁶¹ “It’s not on the radar” Carron Fox (2016)

The Protection Response

The arrangements for the management and oversight of the protection response vary between localities. For CYP at risk of CSE London boroughs have developed a range of diversionary responses to provide protection to individuals; a pan London audit in 2014 identified⁶²:

“Diversionary or early help is available within four out of five London boroughs when concerns are identified about CSE. CSE focused individual work with young people is available in virtually all London boroughs, whilst group-based CSE work is available in just under half. Support for associated issues and support for parents/carers are available in just under two-thirds of London boroughs”.

For some boroughs the coordination of responses sits with a MASE with the local Safeguarding Board providing scrutiny of the authority’s work. Examples of practice provided by individual boroughs included co-ordinating their safeguarding responses by sharing MASE details across neighbouring boroughs, holding regular meetings with CSE leads across the borough, information sharing on hotspots and trends and evaluating the monthly MASE meetings.

In other localities the MASH remains the prime vehicle for co-ordination with CSE work integrated within MASH structures, CAMHS, Police, Children Services and Social Care Services. With this vehicle each agency ensures it commissions specific specialist services for victims.

One borough identified specific interventions for CYP who have not met the needs for social care involvement, but may benefit from some intervention as they have shown some indicators of CSE although there is no evidence that CSE has actually occurred. This borough spoke about carrying out lower level prevention through early help and universal services

⁶² Beckett, H, C Fermin, P Hynes and J Pearce (2014) Tackling Child Sexual Exploitation: A Study of Current Practice in London, Commission by London Councils and the London Safeguarding Children Board, <http://www.londoncouncils.gov.uk/our-key-themes/children-and-young-people/safeguarding-children/tackling-child-sexual-exploitation> (accessed 28/6/16)

and have integrated CSE within child and family needs assessments. Their Missing and CSE co-ordinator works with a dedicated Young Women’s CSE Advocate employed by Rape Crisis and provides direct support young women at lower levels of CSE risk.

A recent evaluation of the Safe Choices programme, delivered by Nia in partnership with the Children’s Society highlights the benefits of hub and spoke models to support CYP who have experienced CSE. This involves community-based satellite provision from specialist organisations with co-located specialist workers within statutory services. Co-locating specialist workers within statutory agency settings was considered highly productive and a way of offering specialist knowledge and skills in mainstream agencies although there were challenges around both information governance and different working cultures:

“In this way statutory agencies were able to observe how workers asked questions, which questions they asked, and their prioritisation of a relationship-based approach to working with young people”⁶³.

A gender-informed approach located young women’s experiences within wider settings and provided a space of trust for young women.

“For the young women the value of having specialist workers located in mainstream services meant that they could access support without fear of identification, and in familiar environments”⁶⁴”

The extension of safe, age appropriate accommodation schemes in London for young women who have experienced CSE is an important innovation. St Christopher’s Safe Steps⁶⁵ children’s homes in North and West London was highlighted as good practice. They provide community-based children’s homes with bespoke support to protect girls 16+ in relation to CSE. However, there were concerns voiced by stakeholders that there was a growing

⁶³ Coy (2016) 'We don't get this at school: The Safe Choices Reaching Communities Project final evaluation report: CWASU

⁶⁴ *ibid*

⁶⁵ <http://www.stchris.org.uk/services/residential-childrens-homes/safe-steps.aspx>

tendency for social services to return young women home to unsafe environments because of local authority resource constraints.

Gaps in the Protection Response

Not all local authorities have a MASE, and yet, even for those authorities with one, current systems of safeguarding are considered inadequate as they tend to respond to the needs of much younger children rather than adolescents. As one stakeholder informed us:

“Current safeguarding processes and legislation are aimed at much younger children, are not necessarily fit for purpose and fail to adequately respond to the challenges experienced by adolescents experiencing CSE”.

Social services response can often be slow;, there is often a gap between initial disclosures and when social services contact the family:

“Some of the boroughs we work with have great and proactive statutory services, for example CSE specialist workers, well run MASE panels, information sharing protocols and CSE analysts. In these boroughs accessing support or/and relevant information is simple and therefore effective ... other boroughs responses appear to lack resources. Therefore a delayed response can occur and support not implemented for the young person or family in a timely manner. In these situations we have seen young people disengage from professional services.” (Partnership between serious youth violence and VAWG provider)

As with prevention and identification responses, schools can play a key role in protection responses. A number of stakeholders commented on the management of CSE cases within the school environment and noted a tendency for schools to relocate the young person who has experienced the CSE rather than the perpetrator. One CSE/VAWG provider commented:

“In several instances where young women or girls have made allegations of sexual violence from school colleagues, they have been moved to a new class or school while the perpetrator remains where they are, which is often experienced as a punishment or victim blaming”

There were approximately 900 presentations of 11-17 year olds to the Havens and designated doctor referrals in 2014 for sexual abuse. The pathway for these young people has been subject to a separate review commissioned by NHS England which is referenced in this needs assessment and will inform the commissioning intentions with regard to these clinical services. This separate review also includes assessment of the pathways through the criminal justice system and, along with early learning from the Crown Prosecution Service’s pilot to expedite prosecutions relating to sexual offences against young people, will also be utilised in developing the commissioning intentions.

Stakeholders raised a number of criticisms of the CJS. Some commented that many professionals make an unhelpful distinction between young people who are coerced and those who “choose” to engage in criminal activity. This may lead to a lack of understanding amongst professionals of the “push and pull factors” in relation to gang involvement⁶⁶:

“Children and young people who experience both going missing and gang involvement are affected by overt coercion at the same time as far more subtle exploitation through the pull factors of money, affection and status.”

“[There is a] temptation for professionals to distinguish between those who are making a ‘choice’ to engage in criminal behaviour and those who are genuinely coerced is therefore to fundamentally misunderstand adolescent support.”

Consequently, the current support structures for children & young people are described as:

⁶⁶Sturrock and Holmes 2015:65

“criminalisation on the one hand and heavy-handed child protection approaches on the other.”

A number of stakeholders raised concerns about the emphasis on CJS responses rather than support and protection for victims and the need to strengthen referral pathways. There was also concern that the drive towards prosecution was not accompanied by an understanding of the support that CYP require to stay engaged with the CJS in the face of, for example, the intimidation and coercion that CYP as witnesses may experience.

The Recovery Response

A pan London audit of services in 2014 identified a range of Recovery Responses available across London for young people who have experienced CSE⁶⁷:

“The three forms of support most frequently available across the boroughs for identified victims of CSE were (a) individual therapeutic support (93%), (b) sexual health/relationship education (89%) and (c) drug/alcohol support (89%). These, and other support services, were delivered by a range of statutory and voluntary sector providers⁶⁸”.

The importance of a distinctive, independent voluntary sector and relational support for young people is highlighted by a recent evaluation report noting the importance of:

⁶⁷ Beckett, H, C Fermin, P Hynes and J Pearce (2014) Tackling Child Sexual Exploitation: A Study of Current Practice in London, Commission by London Councils and the London Safeguarding Children Board, <http://www.londoncouncils.gov.uk/our-key-themes/children-and-young-people/safeguarding-children/tackling-child-sexual-exploitation> (accessed 28/6/16)

⁶⁸ Beckett, H, C Fermin, P Hynes and J Pearce (2014) Tackling Child Sexual Exploitation: A Study of Current Practice in London, Commission by London Councils and the London Safeguarding Children Board, <http://www.londoncouncils.gov.uk/our-key-themes/children-and-young-people/safeguarding-children/tackling-child-sexual-exploitation> (accessed 28/6/16)

“relationship-based approaches with young people, providing support for as long as necessary rather than adopting an arbitrary time limit, and being flexible about times and locations for their work. They also felt that a strong voluntary sector identity enabled them to safely challenge other professionals, including those in more senior roles”⁶⁹

The Rotherham report highlighted the need of awareness raising amongst families alongside work schools, youth and community groups⁷⁰. Non-abusing parents, carers and families can play an important role in supporting children. The current court case judgement relating to the “Ellie” child homicide case illustrates the role of grandparents in providing both a place of safety in cases of abuse and tragically highlights the failures of the system to respond to warnings from the grandparents about the risk to Ellie. Within Greater London Mosac provides a range of services including a helpline, emotional support and advocacy service to non-abusing parents, carers and families to ensure that they are enabled to support children and to aid recovery.

The importance of support to the family was raised by a number of survivors participating in our Survivor Survey:

“When my world fell apart and I thought I would never recover you were there every step of the way. Not only is the service you provide outstanding, everyone who supported me from my counsellor, play therapist and advocacy support were all so caring. You helped transform mine and my children’s life from the most painful place to loving life again and for this I will always be thankful.”

⁶⁹ Year two progress report and interim findings 2014-15 Executive Summary CSEFA Hub and Spoke Evaluation: The Child Sexual Exploitation Funders’ Alliance (CSEFA) was created in 2013 in order to co-ordinate a three-year funding programme that would extend the reach of voluntary sector Child Sexual Exploitation (CSE) services within England. The Hub and Spoke initiative is a phased funding programme, aiming to develop a total of 16 CSE services in this way over a three year period, with each service being funded for three years.

⁷⁰ Rotherham CSE Needs Analysis, Dec 2015, CSE Joint Intelligence Working Group, LSCB CSE Sub-Group Report Prevention and early intervention activity

"When my daughter first disclosed, it was very easy for me to focus on her pain and neglect my own needs. Being able to talk for an hour each week helped me support my daughter from a place of strength while I also dealt with the sexual abuse that also went on in my marriage."

Gaps in the Recovery Response

Whilst there are a range of services delivering a recovery response this was the area where stakeholders identified the greatest gaps in provision. There were particular concerns around mental health provision with the CAMHS thresholds for access to their services being seen as too high and even where these were reached CYP faced long waiting lists for interventions that were too short term. As one stakeholder commented:

"The threshold for young women and girls attempting to access CAMHS has become so unrealistically high that the service has limited reach or impact and is failing the mental health needs of young people and children"

A number felt that existing clinical interventions did not always meet the needs of young people and they did not always want counselling and found it difficult to engage with services that they found "alienating". Many stressed the importance of developing alternative models of therapeutic and resilience building approaches such as peer-support and group-work approaches. One stakeholder commented:

"The traditional medical mental health response does not really meet the needs of young women and girls, who are a far more sophisticated client group with distinct needs and will inevitably, struggle with services that they feel alienated by."

Support should be targeted at young people who often fall through the gaps of existing service provision e.g. 16-18 year olds. Intervening during the transitional phase should be viewed as "a window of opportunity".

“Older adolescents for example 16-18 year olds are really abandoned by the system. Independent living is offered far too early and there is a lack of consideration for the pervious life span of trauma, poor attachments and lack of security. There is lack of preparation for an independent life style and for many are just on the cusp of becoming even further entrenched in sexual exploitation leading to risk from prostitution and other forms of exploitation. Also other relevant push and pull factors such as youth homelessness and the correlation with substance use are critical factors which push young women further along the exploitation line” (CSE third sector provider)

Accommodation is not only an issue in developing an effective *protection response*, it can also play an important role in *recovery responses*. Local authorities could make more use of foster placements, expanding the use of therapeutic foster care in CSE cases, to not only address the presenting issues around CSE, but the impact of prior trauma. The significance of relational support was highlighted by one stakeholder:

We need places of safety to ensure that not only are they physically protected but that this can be a golden opportunity to intervene and create meaningful alternatives for young women by addressing previous trauma experiences and even just providing respite from the influence of a negative environment. So therapeutic placements are key and specialist foster placements.

Location was also highlighted as a key issue. Placements should be offered in spaces that did not create further isolation but which robustly managed the community risks and vulnerabilities.

The 2013 evaluation of Barnados safe accommodation project⁷¹ identified a number of factors that are significant in providing effective and appropriate support for victims of CSE. Ensuring placements are available for a minimum of a year to help young people build

⁷¹ Shuker 2013. *Evaluation of Barnardo’s safe accommodation project for sexually exploited and trafficked young people*. University of Bedfordshire: http://www.beds.ac.uk/_data/assets/pdf_file/0007/281374/Barnardo27s-SA-Project-Evaluation-Full-Report.pdf

positive, trusting relationships, one to one support to the young person when they are moving between placements and when they need support to live independently (post-18), specialist care planning with young people not wanting to access the placement with strong attachments to their communities, young-person centred decision-making; options for different forms of therapeutic support; advanced training for foster carers on CSE but also different areas of equality and discrimination in order to challenge societal assumptions in relation to gender inequality, sexuality and gender identity.

The importance of ensuring that organisations working on CSE with young women were able to deliver more robust packages of skills and resilience building work with young girls impacted by CSE, domestic violence, teenage relationship abuse etc. was highlighted by a number of stakeholders. There was a concern that whilst there are a range of good quality CSE providers across London serving young women, there was a reluctance from some providers to address gender inequality and other equality considerations in their practice. As one stakeholder noted:

“The traditional medical mental health response is not really meeting the needs of young women and girls, who are a far more sophisticated client group with distinct needs and will inevitably, struggle with services that they feel alienated by.

The lack of child centred focus, no gendered analysis or regard to diversity and equality, missing the principles of empowerment and services that fail to understand and appreciate the conditions with in which CSE and gang associated occurs. What’s needed are services that can provide an individualised approach, flexibility with timings and a mixture of activities and innovative interventions such as art therapy”

The Service Response to Peer on Peer Abuse

Whilst young people experiencing may require many of the service responses described above for other CYP experiencing CSE, they may also require even more specialist responses. Within this section we highlight where the service response has been adapted to meet the particular needs of those experiencing peer-on-peer abuse and highlight a number of areas for further improvement.

Since January 2014 the MsUnderstood Partnership (MSU) has provided support to eleven local authorities across England to develop their response to peer-on-peer abuse. This includes London boroughs in the North London Cluster (Barnet, Camden, Enfield, Hackney, Haringey and Islington) and South London cluster (Lambeth, Greenwich and Croydon). The support includes audit providing a detailed review of the interventions boroughs have implemented to respond to peer-on-peer abuse including work with individuals, their families, schools and neighbourhood, alongside their strategic approach including governance, multi-agency working and training.

The audits report that London boroughs have adopted co-ordinated approaches to addressing peer-on-peer abuse and identify further challenges that need to be addressed to provide effective responses. The analysis below builds upon the findings from these audits and includes information gathered through the literature review, call for evidence and engagement with stakeholders.

The MSU audits identify common themes on “what works” in different boroughs. At a policy level this requires the integration of responses to peer-on-peer abuse with related areas such as harmful sexual behaviour, domestic abuse and serious youth violence. These approaches acknowledge that CYP experiencing CSE are likely to face other challenges such as abuse within the home environment etc. At a strategic level it requires effective MASE panels which seek to understand individual cases with consideration of the relevant contextual factors such as peer-group pressures, the use of recreational spaces, or the response of schools. At a practice level it is the application of tools which are designed to assess needs and risks across different contexts and entry points into support services e.g.

one borough has successfully deployed CSE identification tools in hospital emergency departments and sexual health services.

The Prevention Response

Boroughs have developed different approaches to prevention and early intervention for peer-on-peer abuse as with other types of CSE. There was evidence of some boroughs adopting a whole-school approach to CSE and ensuring their engagement work involved PRUs and other alternative education provisions. One borough described the benefits of this approach to the education sector as leading to much better identification of gang activity, improved schools engagement in local MASE panels and helped develop stronger local referral pathways between local schools to support services.

In one borough the local authority has commissioned two CSE providers to develop a whole-school approach that aims to challenge boys attitudes and build girl's resilience through group sessions. In parallel to the work with CYP, there are dedicated sessions with parents and carers so that they are better able to identify indicators around peer-on-peer CSE.

Innovative work is being undertaken in different parts of London to develop appropriate prevention interventions with young men. For those generic youth services and those within the youth justice system this innovative work is seeking to tackle harmful sexual behaviours (HSB) where these services are supported by relevant specialist organisations to develop young men's understanding of gender, consent, masculinity and identity⁷². One young men's CSE worker commented:

⁷² MOPAC are funding the University of Bedfordshire to conduct a literature review around HSB in groups, group offending and group interventions (ongoing)

“It’s important to have the space (with young men) to have these conversations about consent, sex and relationships, deconstructing the idea of what masculinity is and what it is to be a man, being socialised by their environments and through the media.... It means that their needs are being met at an earlier enough stage. What we are finding is that these young men are presenting different vulnerabilities; some of them have experienced various types of abuse. Sometimes they are overlooked because they are young men and maybe perpetrating abuse as well, so their vulnerabilities do get overlooked”.

Such innovative work is not widespread. The MSU audits and other stakeholders identify significant gaps in relation to provision for “young men who are being victimised, particularly sexually harmed; sexually harming in groups as opposed to on their own and physically or emotionally abusing female partners as opposed to male peers⁷³”.

The Identification Response

As with other types of CSE, some boroughs have recognised that the knowledge and expertise of staff in front-line services is critical to an effective response. Some boroughs have adapted their CSE training to incorporate additional skills in relation to the identification of peer-on-peer abuse. Where this has taken place, frontline staff have felt better equipped to identify CSE and to work in partnership with others to develop their response.

There is recognition that in some localities MASE panels do not always involve the right range of agencies and could make stronger links with third sector CSE and VAWG providers. For example, Multi-Agency Risk Assessment Conference (MARAC) processes for high-risk domestic violence cases operate separately to MASE but hold information that could be of use to MASE panels. Some have expanded their MASE membership whilst some other boroughs have found it useful to develop⁷⁴ separate multi-agency structures outside of the MASE in order to share and record information on young people identified as abusing other

⁷³ Responses to boys and young men affected by peer-on-peer abuse - work across MsUnderstood local sites Dr. Carlene Firmin, George Curtis and Jade K. Tate: MsUnderstood Partnership (2015)

⁷⁴ Practitioner Briefing #4: Developing the multi-agency sexual exploitation (MASE) meetings to respond to peer-on-peer CSE George Curtis MsUnderstood Partnership (2016)

young people and all participants have benefited from analytical support to link this information to identify problematic contexts.

An effective response requires information sharing between agencies that hold information on gang and serious youth violence activity, reports of harmful sexual behaviour and sexual bullying in schools, domestic abuse, missing young people as well as CSE. Therefore, the MASE benefitted from representatives from community safety, gangs teams, education, social care and the voluntary sector attending and sharing information at the meeting⁷⁵.

A number of stakeholders identified concerns around the adequacy of current safeguarding structures. In particular the identification of peer-on-peer CSE may be overlooked with safeguarding systems not adequately geared towards consider abuse between peers. As one CSE service provider stated:

“Current structures and systems for safeguarding and protecting young people are framed around an ‘adult harming a child as opposed to a child harming a child’

Other stakeholders were concerned that, as with other areas of CSE, the identification of peer-on-peer abuse was sometimes hampered by victim-blaming attitudes amongst professionals. Some stakeholders reported identification of peer-on-peer CSE particularly affected black CYP:

“There is institutionalised racism. The same behaviours in young people can be responded to differently – one young person could be offered offender management whilst another therapeutic services”.

“There can be a tendency for some agency responses to be framed around assumptions in relation to race and gender. For example, the normalization of sexual

⁷⁵ Practitioner Briefing #4: Developing the multi-agency sexual exploitation (MASE) meetings to respond to peer-on-peer CSE George Curtis :MsUnderstood Partnership (2016)

violence towards girls or an assumption that black young men are predisposed to sexual/aggressive behavior”.

The Protection Response

Comments in relation to the protection response for peer-on-peer abuse were broadly consistent with those relating to other types of CSE identified above. However, peer-on-peer abuse did raise some additional challenges.

Stakeholders suggested that, just as the structures around safeguarding do not support the identification of peer-on-peer CSE, they also do not support the protection response as child protection training is largely focused on younger children within the home:

“rarely does child protection prioritise protecting difficult, vulnerable young people who may be demonstrating challenging or resistant behaviours in a variety of public or private spaces, many of whom have been victims of violence themselves”⁷⁶.

Efforts to provide adequate protection may also be hampered by a focus on young peoples offending. Current approaches to peer-on-peer abuse are too often dominated by interventions which seek to tackle offending or disrupt gangs-activity. Consequently, interventions have focused on young men, their offending and diversion/disruption from gangs-based activity:

“Interventions have tended to focus on young men and a focus on criminality; diversion from gangs – stop them going to prison and harming each other however this presents a real gap in thinking about who they are from the perspective of the risks of being exploited themselves and exploiting others”

A number of stakeholders expressed concern that CYP at risk of being exploited or exploiting others who display offending behaviour are more likely to end up in the CJS because of a lack of safe alternatives. There is still a tendency for existing systems and structures around

⁷⁶ Pearce. J., What to do next to protect children from sexual exploitation: lessons from research

policing, safeguarding etc. to consider peer-on-peer CSE in the context of victim or perpetrator without an adequate consideration that an individual may be both a perpetrator and victim. As highlighted by MsUnderstood:

“In such circumstances power imbalances can manifest in other ways sometimes related to gender, in other cases social status within peer groups, intellectual ability, economic wealth, social marginalisation and so on. It is also important to note that while young people who abuse their peers have power over the young person they are harming they may be simultaneously powerless in relation to some peers who are encouraging their behaviour or in the home where they are being abused. As children themselves we have to recognise the risk they pose to others as well as the risk they may face, and resist the urge to apply rigid victim/perpetrator divides that may not accurately reflect young people’s experiences or our responsibilities towards them”.

Stakeholders noted this as a barrier to ensuring that interventions are designed to identify and address support needs early on and avoid the subsequent criminalisation of CYP:

A young person may hold power in one context but not another therefore responses need to be framed around the context (Stakeholder interview)

A significant number of young women become criminalized due to the pressure to hold weapons and move drugs. There is an opportunity once young women enter the CJS to provide an alternative. Youth Offending Teams can be key environment to push that change by utilizing independent services such as the third sector to create safe spaces for energizing group work. (Stakeholder interview)

Another stakeholder made reference to MASH structures not being utilised effectively. For example, when a vulnerable woman displays offending behavior, there can be a tendency to respond to the presenting issue, rather than addressing underlying vulnerabilities. Once in the CJS, particularly within secure establishments, there is a greater risk of reoffending and few opportunities for providing appropriate support:

MASH is not working the way it needs to, but could do, we are arresting young people as there are no safe responses to them so we are looking at alternatives (Police, Stakeholder, CSE roundtable).

The issue of the lack of safe places for young women who have experienced peer-on-peer abuse was highlighted by many stakeholders. Two such typical comments from stakeholders were:

“Young women have nowhere to go and be safe most youth spaces are dominated by males and inevitably risky places for young women”.

“We need to really consider young women’s safety in PRU facilities ... they present further risks from peers who maybe gang associated”.

Much peer-on-peer abuse happens in or around schools. Stakeholders reported many examples of school responses that led to the young woman being moved rather than the perpetrator or the school addressing the school culture and peer-environment which contributed to the abuse.

The Recovery Response

A small number of local authorities were identified as developing specialist responses to support the recovery of CYP experiencing peer-on-peer abuse. For these CYP ongoing support pathways need to match the wider peer-on-peer CSE context, particularly their exposure at school, in their neighbourhoods or peer groups to sexual bullying and harassment, harmful sexual behaviours and other forms of serious youth violence including gang violence.

Innovative responses included example of work around youth offending and family support. In one borough the specialist response focussed on the youth justice system where the local authority has commissioned women-only spaces to address young women’s offending and

ensures that the Youth Offending Team (YOT) is skilled up to address peer-on-peer abuse in the context of identifying and addressing harmful sexual behaviour. There were several examples of targeted support to CYP within family settings, this included preventative work with younger siblings who could be at risk.

Stakeholders reported that initiatives to provide specialist support to CYP experiencing peer-on-peer abuse were characterised by fragmented provision, limited capacity (particularly where peer-on-peer abuse may account for around half of cases) and short-term funding approaches. A number of stakeholders reported that work to date has focussed primarily on procedural contexts such as multi-agency structures and awareness-raising and less on developing specific service responses.

Some stakeholders identified CYP experiencing peer-on-peer abuse as even more likely to be disengaged from statutory services than other CYP experiencing CSE. As such, they argued that these CYP place greater value on young-person centred “independent” third sector support where that agency “stays with them over time”. The pathway for such CYP is not linear and needs to reflect their different points of entry and re-entry to support and recovery services.

“We provide an independent service, with the usual safeguarding caveats. The idea is that we are very keen to work for the child and not become an additional professional in the wider network of professionals ...which becomes a challenge for young people”
(CSE third sector provider)

As evidence identified in the prevalence section above indicates that CYP experiencing peer-on-peer abuse are likely to be slightly older than other CSE victims the transition between child and adult services for 16-17 year olds can be particularly challenging. For CYP not living with their families or moving out of care the housing pathway during this transition does not support recovery:

“Housing pathways are really difficult, I would say for under 16 year olds and 16-17 year olds, a lot of the young women we work with, go to foster care. But it’s a problem with multiple placements, breaking down very quickly. We do training with foster carers trying to the support parents and foster carers with some of these issues that are happening to try and reduce the breakdown of placements, but they do break down really quickly. I think too often we see young people placed outside of borough, we see it creating victim vacuums and leaving young people more vulnerable. Its not creating the safety its intended to”.

Because context is even more critical for CYP experiencing peer-on-peer abuse peripatetic support and place based approaches (in order to bring the service to the young person) are important and there are example of this in a number of boroughs. For some providers of such approaches this raised concerns about suitability of “one-stop shop models” such as Child House (see below). These providers identified such models as often “more convenient for service providers” than young people and did not effectively address specific risks or vulnerabilities of CYP. Careful consideration of the location of such services, and potentially continued peripatetic provision, will be required to address the concerns around service locations (e.g. in neighbourhoods with gang related violence) and mixed gender facilities.

Emerging Service Developments

In 2014 NHS England commissioned King’s College Hospital NHS Foundation Trust, provider of the Havens SARC service for London, to undertake a review of pathways following sexual assault for children and young people in London⁷⁷. The report explored the options for enhancing current services for victims of child sexual assault. Its preferred option was for London to follow the Scandinavian “Child House” model of service delivery with 3-5 sub-regional child houses providing integrated services including:

- Medical services
- Recorded court interviews

⁷⁷ Review of pathway following sexual assault for children and young people in London Dr Andrea Goddard, Emma Harewood, Dr Lauren Brennan (NHSE/KCHFT, March 2015) <https://www.england.nhs.uk/london/wp-content/uploads/sites/8/2015/03/review-pathway-cyp-london-report.pdf>

- Sexual health follow up
- CAMHS assessment and therapy (1-2 years)
- Young person/child advocacy
- Clear pathways into borough based services including Child House paediatricians and CAMHS clinicians to work closely with local safeguarding teams and referral to local counsellors or third sector specialist providers as appropriate e.g. NSPCC, Barnardo's.

NHSE has appointed a Transformation Lead to take forward this and other recommendations within that report. This transformation support includes supporting each of London's five sub-regional sectors to establish a CSA Hub of medical and emotional services for children and young people after disclosure of sexual abuse or exploitation. Work to establish the CSA Hubs is being led by sector steering groups with multiagency representation from health, mental health, police, children's social care and third sector organisations.

In March 2016, MOPAC successfully bid to the Home Office Innovation Fund for £7 million to run a proof-of-concept pilot of the Child House model in London. The funding is for one year set-up and one year running costs of two Child Houses in London. The Child House programme will be delivered by a joint MOPAC and NHSE (London) team.

The Service Response to Adult Survivors of CSA

This report identifies that a large number of London residents are likely to have been victims of CSA in their childhood (between three quarters of a million and one and a half million). Many of these survivors will have taken years, and in some cases decades, to have disclosed that they were victims of CSA and many may still not have done so. The four pathway domains of prevention, identification, protection, and recovery are not an appropriate model for considering the support needs of adult survivors of CSA.

The numbers disclosing and seeking support (largely through self-referral routes) from specialist and independent voluntary sector providers have increased dramatically in recent

years and, as reported in the companion needs assessment on sexual violence, the pace of disclosure has been driven in recent years by high-profile cases such as Savile. It is anticipated that the National Independent Inquiry into Child Sexual Abuse (IICSA)⁷⁸ will continue to further drive disclosure rates. Whilst high profile cases such as Saville and Rotherham have drawn attention to CSA it is noted that they do not represent typical examples of CSA, the majority of which (70%) takes place within the familial context.

Several factors also have a powerful impact on how and when survivors choose to disclose their experiences of CSA. The process of talking about CSA is in itself traumatic and therefore presents a barrier to accessing help⁷⁹. Other factors that impact on the process of help-seeking include societal stigma, shame, fear, coercion by the perpetrator, disbelief from family members/significant others, wanting to protect family members or significant others. Silence about the abuse can also function as a coping strategy for dealing with the trauma. A number of victims may also not recognise the abuse until much later on in life and trauma responses can be retriggered at any point in response to specific life events⁸⁰. Therefore, services are often likely to be

“responding to the needs of victims who are seeking help three years or more after the incident ... [and] ... may be dealing with the legacies of childhood sexual abuse and often present with complex problems requiring long-term support”.⁸¹

A range of voluntary sector organisations provide services to support adult survivors of CSA. Pen portraits of these organisations can be found in the appendix to the companion report “The London Sexual Violence Needs Assessment 2016”. Many third sector responses build upon either feminist analyses and/or direct survivor activism. Around half of all individuals supported by London’s Rape Crisis Centres are adult survivors of CSA. These evolved from a grassroots, feminist response to lack of provision and a culture of scepticism towards victims

⁷⁸ Available at: <https://www.iicsa.org.uk>

⁷⁹ Smith, Doganru and Ellis, 2015

⁸⁰ Survivors Journeys – Survivors’ Voices (2015) Rape Crisis England & Wales & Survivors Trust

⁸¹ Not Either/Or but Both/And Rape Crisis Centres and Sexual Assault Referral Centres (May 2013), Sheila Coates MBE, Lee Eggleston OBE, Linda Regan MBE

of rape and sexual violence. As such they provide a space for women and girls to share and name their experiences for the first time and seek support for sexual violence, including historic CSA. This shapes an holistic response to survivors providing a combination of immediate and longer-term support including advice, advocacy and support through the CJS alongside, counselling, group-work and peer-support.

A range of more targeted services have also developed for communities who may face other vulnerabilities or common characteristics, such as those serving particular BAME communities, Women in Prison or for men, Survivors UK. Some self help groups have developed, often led by a charismatic survivor, to fill gaps in service provision experienced by that individual whilst others bring together individuals who may have a common experience of abuse, such as survivors of clerical CSA. Many of these are part of the Survivors Trust network, which provides some infrastructure support and, along with member organisations seeks to raise the profile of CSA.

All of these organisations report a significant increase in demand over recent years For example, national data from Rape Crisis Centres, reports that over the last two years their has been a 50% increase in support requests from long term survivors and in 2014-15 42% of all support requests were from adult survivors of CSA⁸².

While the number of reports to the police have increased following high-profile media coverage not all survivors are confident about disclosing to the police without third party support:

There are continued concerns from many service users that they will not be believed by police if they report sexual violence, as well as new concerns about whether police will 'NFA' cases or charge survivors with offences if they withdraw from investigations. Increased media coverage of institutional failings around sexual violence including Operation Yewtree, child sexual exploitation in Rochdale and historic child sexual abuse

⁸² RCC's benefited from a grant from the Ministry of Justice to cope with this upsurge in demand to allow them to provide services to women survivors of CSA. This grant is short term.

means that many service users have increased concerns about the criminal justice system and police attitudes to sexual violence. However, the positive effect of media attention is that many service users have an increased awareness of the guidelines that the police and CPS are meant to follow, and are more likely to seek out independent/ISVA support.

(Stakeholder, London Rape Crisis Centre)

The OCC report identifies that adult survivors of CSA may have a wide range of needs, particularly in relation to mental health support arising from their abuse and that these support needs may be exacerbated by the wider impact upon their lives arising from the abuse, including relationship problems, self-harming activities and alcohol or substance misuse. Many victims are also likely to remain hidden within existing service provision. They may already be extensive users of services, in particular health services, but without disclosure.

There are few dedicated statutory services addressing these needs. There is no routine enquiry around CSA or other linked forms of violence: 80% of adult survivors were not asked by professionals within statutory services if they had experienced child sexual abuse⁸³ therefore the burden to disclose CSA is often left to the survivor.

“Only 20% of survivors disclosed because they were asked – in most cases, in order to make disclosures, survivors had to bring up the subject themselves. Disclosing is traumatic for survivors and they do not receive the help they need for an average of 12 years after disclosing”⁸⁴

Individuals may come to the attention of statutory services as a result of a secondary presenting issue rather than the underlying cause. This is often at a time of crisis, whilst adult survivors of CSA were only “four times more likely to discuss their mental health with a GP; only three times more likely to access community mental health services and only 10%

⁸³ Smith, Noel, Cristian Doganru and Fiona Ellis (2015) Hear Me, Believe Me, Respect Me. Focus on Survivors: A survey of adult survivors of child sexual abuse and their experiences of support services based on 400 respondents.

⁸⁴ Ibid

accessing any form of talking therapy” they “were 12 times more likely to have been an in-patient in a mental health unit and 15 times more likely to attempt suicide”.

Survivors who did get help were most likely to engage with services on average over a ten year period including counselling, mental health and GP services⁸⁵. However, few appeared to receive the longer-term intensive support required to counteract the complex, negative impacts of CSA:

***“Survivors of child abuse are often labelled as ‘treatment resistant’ and assigned a repetitive round of care options formed around medication and short term counselling”
(Call for evidence)***

In conclusion the service response to adult survivors of CSA is unplanned and inadequate. Substantial sums are likely to be spent on repeat visits to generalist statutory services and even more on provision of crisis services particularly within mental health but these are failing to meet needs. There are no robust systems of identification within universal services. Where help is sought, the care provided may not address need and referral pathways between statutory and third sector provision are inadequate or non-existent.

⁸⁵ ibid

4 CONCLUSIONS & NEXT STEPS

Key Gaps for Children & Young People

The Office of the Children’s Commissioner’s 2013 report⁸⁶ highlighted significant failings in the response to CSE at both a strategic and operational level. Since that report there has been much progress in London; there is a much better understanding of the interplay between individual vulnerabilities, and the context (family, friends, school, neighbourhood). Boroughs have developed co-ordination and information sharing between professionals which has been reshaped by new structures; operational performance has been transformed with thousands of front-line staff trained to “spot the signs” and intervene. However, there is more that can be done at a local, sub-regional and Pan London level.

Pan London governance was criticised as no longer being fit for purpose or adding value to the work at a local level. Accountabilities and priorities have become blurred between different strategic bodies with potential duplication (and consequent gaps) in particular between the work of the VAWG Board and the London Children’s Safeguarding Board.

There were concerns that there was an over-reliance on a borough based approach. Young people are mobile and evidence suggests that much CSE activity happens across boroughs. In relation to peer-on-peer abuse it is worth noting that the majority of young people who study at Further Education Colleges do so in a different borough to their place of residence. Within West London the shared arrangements between the “tri-boroughs” provide an example of working beyond borough boundaries which appears to have facilitated better information sharing both within and between boroughs. However, in considering such bi-or multi-lateral arrangements it is important that these reflect CYPs patterns of movement rather than administrative convenience.

The important role of third sector organisations in providing young people focused interventions was widely recognised. Across London opportunities for quality referrals were

⁸⁶ http://www.childrenscommissioner.gov.uk/sites/default/files/publications/If_only_someone_had_listened.pdf

lost due to concerns between organisations around information governance issues and the respective standards operated by different providers. It is anticipated that the Child House pilots may make substantial progress in developing effective sub-regional networking, information sharing, information governance and referral protocols.

Current reported data is still inadequate. Whilst generating improvements in data quality the current London-wide protocols have not been effective in standardising reporting. Significant variations in the reported cases of CSE or CYP at risk of CSE may reflect actual activity, but are more likely to reflect different reporting methodologies and the capacity of front-line staff to identify cases. There remains a risk, a key feature of the Rotherham investigation, *“that you see what you look for”*.

This is particularly the case in relation to boys and young men where the strategic and operational response has been largely focused on their potential role as perpetrators of abuse. Boys and young men are identified as potential victims of CSE in less than one in ten cases. Current reporting would appear to substantially underestimate the risk for boys with data on the proportion of adult males and females reporting that as children they suffered some form of sexual abuse being closer to a one third/two-third split⁸⁷. Research by Barnardos and NatCen⁸⁸ identified that boys were significantly less likely to be identified in a grooming context and that their reaction to trauma was often in the form of anger or violence which brought them into contact with the system as offenders not victims.

Much is known about the individual vulnerabilities that drive CSE, yet key groups of girls and young women at high risk may not be identified, or receive responses which fail to adequately support them. For example, there was evidence from stakeholders that young women with offending or other challenging behaviours were least likely to be identified and continue to face a response characterised by criminalisation or *“heavy handed child protection”*.

⁸⁷ For example, CSEW 2016. 11% of adult females and 4% of males experienced CSA as a child.

⁸⁸ *“It’s not on the radar”* Carron Fox (2016)

Particularly within the context of boys and young men (although not exclusively) there is considerable crossover between victims and perpetrators; young people who themselves may be victims of CSE and go on to perpetrate or facilitate the abuse of other young people. This requires a more sophisticated approach to the identification of individuals both at risk of being victims and being perpetrators and will require different service responses.

Concern was also raised by a range of stakeholders that CSE was broadly framed in heterosexual contexts with little understanding of the vulnerabilities of young people questioning or challenging their sexuality or gender identity. This was potentially exacerbated by LGBT community organisations being reluctant to talk about or acknowledge CSE within their own communities and thus not developing an appropriate service response.

In spite of elevated risk there are few examples of targeted responses to CYP with learning disabilities, looked after children and unaccompanied asylum seeking children. Innovative programmes of work in these areas, including for example, support for foster placements tend to receive only short term funding.

Prevention

The role of schools in delivering effective prevention interventions targeted at both younger children and older pupils is widely recognised. There were examples of innovative practice with children under 10 years old in some localities; however, these were limited in scale and unavailable in most areas. Stakeholders also raised concerns that there was limited provision targeted at 10-13 year olds. Some stakeholders commented that where schools did deliver preventative programmes these were not sufficiently gendered and that insufficient attention was paid to early preventative work to tackle potentially harmful sexual behaviour. It was also noted that too many interventions for young people assumed they were heterosexual, leaving LGBT young people unsupported.

Engagement with schools remains problematic, particularly Academies. In some localities relationships are strained between Academies and their former education authority and it

may be appropriate for the Mayor to develop a schools charter which transcends such relationships and provides for greater consistency across London.

There is insufficient targeted prevention work in sites of increased vulnerability e.g. children's homes, foster placements and Pupil Referral Units.

Identification

The quality of training in the identification of CSE was also noted, with particular concerns where this may be a small part of a broader child safeguarding training programme. A number of respondents noted that whilst training may include individual risk factors it did not necessarily ensure that there was an understanding of the wider contextual drivers. Ten distinct tools for identifying risk have been developed and further tools are not required but work is required to align the different approaches to develop more consistency across London.

The very low rates of identification for boys and young men experiencing, or at risk of CSE, is a particular concern. Boys and young men continue to be seen only as potential perpetrators and too little work is being undertaken to identify boys and young men at risk of CSE.

Online risks through social media are poorly understood and as a result there is limited identification of CYP at risk of CSE through this medium.

Protection

For those CYP who have been identified as victims of CSE, stakeholders were critical of the protection services that were available to them. Responses were seen as either "heavy handed child protection" on the one hand or CJS focused on the other rather than responding more holistically to the CYP's needs.

For those going through the CJS the length of cases was seen as particularly problematic for CYP. We note the Crown Prosecution Service (CPS) pilot programme in South London to

expedite the process. The absence of support and protection services for CYP acting as witnesses particularly in cases of peer-on-peer abuse was highlighted.

For female victims, particularly looked after children, there was an absence of appropriate places of safety.

There was also substantial criticism of schools who, it was reported in peer on peer cases tended to move the victim rather than the perpetrator.

Recovery

The report notes a significant concern amongst many stakeholders about timely access to CAMHS due to very high eligibility thresholds or long waiting lists. Some also highlighted concerns that statutory mental health interventions tended to be too short to address young people's needs and could alienate them from other support services. A number of stakeholders stressed the need to invest in non-clinical therapeutic models including peer support, group work and other confidence building activities.

Third sector organisations report increasingly challenging financial constraints at a time of rapidly rising demand. This is felt most acutely in those organisations supporting young people in vulnerable communities, such as BAME women's organisations.

Key Gaps for Adult Survivors of CSA

Whilst adult survivors of CSA may make substantial demands upon statutory services, many will not have disclosed their status as survivors. More targeted support for this large group of adults is required to support their recovery. In addition, the numbers of adults who report CSA has been increasing rapidly and is likely to continue to increase as police investigations, National Independent Inquiry into Child Sexual Abuse (IICSA)⁸⁹ and media reporting drive disclosure. Already many specialist support services report that up to half of

⁸⁹ Available at: <https://www.iicsa.org.uk>

their service users are survivors of non-current abuse and with numbers likely to grow this risks overwhelming the capacity of services to respond to the needs of victims and survivors.

A comprehensive strategy for addressing the needs of adult survivors of CSA is required.

Next Steps

MOPAC and NHSE have developed a Commissioning Framework to support the transformation of the response to sexual violence including CSE and CSA in London. London has a new Mayor and this Framework will inform the development of his Police and Crime Plan and strategic priorities in sexual and domestic violence. MOPAC and NHSE both make substantial investments in preventing sexual violence, supporting its victims and dealing with the consequence of sexual violence. Other statutory organisations also invest directly and indirectly in services to support the survivors of sexual violence. The Framework seeks to ensure that these investments, along with those from other bodies add up to more than the sum of their parts. MOPAC and NHSE will undertake a consultation on this framework with a view to producing a strategic framework to support and inform their own commissioning and the commissioning intentions of local authorities, CCGs and the independent funding sector.

By working together London can make more effective use of our resources to shape person-centred response that reduces the prevalence of sexual violence and ensures better outcomes for children and adult victims and survivors of sexual violence.

APPENDICES

Appx.1: Background to the Needs Assessment

This needs assessment has been jointly commissioned by the Mayor's Office for Policing And Crime (MOPAC) and NHS England's Health in the Justice Team (London). Both organisations have a range of direct and indirect roles in relation to CSE:

- On behalf of the Mayor of London, **MOPAC** sets strategic direction and accountability for policing, based on consultation with the public and victims of crime, as well as the commitments made in his manifesto. In doing this he must ensure that the voices of the public, the vulnerable and victims are represented. He is responsible for the formal oversight of the Metropolitan Police Service (MPS), including budget-setting, performance scrutiny and strategic policy development. The Mayor is also responsible for setting a budget for policing and has considerable powers to commission services and provide grants to address crime and disorder issues. MOPAC currently directly commissions, or co-commissions a range of initiatives relating to CSE. The Mayor of London is required by law to outline a plan to produce a strategic plan – the Police and Crime Plan - that explains how the police, community safety partners and other criminal justice agencies will work together to reduce crime and as such seeks to influence the commissioning decisions of other bodies, such as local authorities, who are commissioning services in this area.
- Under the Health and Social Care Act 2012 the Secretary of State for Health was given the power to require NHS England (NHSE) to commission certain services instead of Clinical Commissioning Groups (CCGs). These include “services or facilities for persons who are detained in a prison or in other accommodation of a prescribed description”. NHSE's Health and Justice Team in London is responsible for commissioning high quality services including:
 - Prison healthcare (including youth offender institutions)
 - Immigration Removal Centres
 - Children and young people's secure settings
 - Liaison and Diversion
 - Police custody healthcare across England (from April 2016)
 - Sexual Assault Referral Centres across England
 - Health and Justice Clinical Reference Group (CRG) NHS England's Health in the Justice Team

In addition, NHS England is the regulator of CCGs and as such needs to be assured that services commissioned locally by CCGs in relation to CSE such as mental health are appropriate to need and that all CCG commissioned services are appropriately with best practice in safeguarding.

Methodology

In undertaking this needs assessment MBARC worked with commissioners to develop the following analytical framework for understanding CSE in London, the range of services in place and the ways in which they work together to address needs. The programme of work agreed with commissioners included:

1. **Commissioner Engagement** – with a programme of meetings and points of reflection to modify and refresh the programme of work. Regular presentations were made to relevant governance bodies, including the Mayor’s Violence Against Women & Girls panel.
2. **Evidence Assessment** – this included:
 - A detailed literature review and call for evidence which examined a total of 150? documents provided by more than 50 separate organisations
 - Understanding service provision through a funders’ survey, cameo studies of activity in 5 boroughs and supplemented with close working with related projects including the MOPAC and locally commissioned “Ms Understood audits” and sub-regional CAMHS Transformation funded studies
 - Updating and analysis of “epidemiological data” held by MOPAC, the MPS and other bodies to get an understanding of “scale”.
3. **Experts by Experience** – the voice of victims/survivors was at the heart of this needs assessment and we worked with survivors’ organisations to deliver:
 - A survivor survey with 97 respondents
 - A series of 4 survivor focus groups
 - Other engagement activities including attendance at survivors’ events
4. **Stakeholder Engagement** – this included:
 - More than 100 stakeholder interview or engagement sessions
 - Three round-tables (CSE, Sexual Violence, Independent Funders)
 - Two Accelerated Learning Events (CSE and Sexual Violence)

Definitions of Child Sexual Exploitation (CSE) & Child Sexual Abuse (CSA)

MOPAC's London partners agreed to use the ACPO definition of Child Sexual Exploitation:

- Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where the young person (or third person/s) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/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 images on the internet or mobile phones without immediate payment or gain
- Violence, coercion and intimidation are common. Involvement in exploitative relationships is characterised by the child's or young person's limited availability of choice, as a result of their social, economic or emotional vulnerability
- A common feature of CSE is that the child or young person does not recognise the coercive nature of the relationship and does not see themselves as a victim of exploitation.

The Government commenced a review of the statutory definition of CSE in February 2016 at the time of this report the results of that consultative exercise had not been completed⁹⁰. The proposed definition of **Child Sexual Exploitation** is:

“CSE 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”

The current statutory definition of **Child Sexual Abuse**, published in “*Working Together*” (2015)⁹¹, will remain unchanged, it is:

‘Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The

⁹⁰https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/500097/HO_DfE_consultation_on_definition_of_child_sexual_exploitation_-_final.pdf

⁹¹https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf

activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.'

The current definition of child sexual exploitation was published in the 2009 guidance "Safeguarding Children and Young People from Sexual Exploitation"⁹² is:

"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"

The "What to do if you're worried a child is being abused" (WTDI)⁹³ advice to practitioners published in March 2015, gave a non-statutory definition which has been widely adopted:

"Child sexual exploitation is a form of sexual abuse where children are sexually exploited for money, power or status. It can involve violent, humiliating and degrading sexual assaults. In some cases, young people are persuaded or forced into exchanging sexual activity for money, drugs, gifts, affection or status. Consent cannot be given, even where a child may believe they are voluntarily engaging in sexual activity with the person who is exploiting them. Child sexual

⁹²https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/278849/Safeguarding_Children_and_Young_People_from_Sexual_Exploitation.pdf

⁹³https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419604/What_to_do_if_you_re_worried_a_child_is_being_abused.pdf

exploitation doesn't always involve physical contact and can happen online. A significant number of children who are victims of sexual exploitation go missing from home, care and education at some point."

Defining Peer-on-Peer Abuse

There is no clear boundary between incidents that should be regarded as abusive and incidents that are more properly dealt with as bullying, sexual experimentation etc. between CYP of the same or similar ages. It is often a matter of professional judgement when one CYP causes harm to another and should not necessarily be dealt with as abuse: bullying, fighting and harassment between children are not generally seen as child protection issues.

The issue of peer-on-peer abuse, building extensively on the work of the University of Bedfordshire is covered in more detail in subsequent sections of this report. However, it may be appropriate to regard a young person's behaviour as abusive if:

- There is a large difference in power (for example age, size, ability, development) between the CYP concerned or
- The perpetrator has repeatedly tried to harm one or more other children or
- There are concerns about the intention of the alleged perpetrator.

If the evidence suggests that there was an intention to cause severe harm to the victim, this should be regarded as abusive whether or not severe harm was actually caused.

The Legislative Framework for Sexual Offences Against Children

The Sexual Offences Act 2003 identifies three categories of offences against children of different ages, these age ranges have been used throughout this report. They are under 13, under 16 and 16 and 17 year olds.

- **Offences against those under 13** – applies the main non-consensual offence categories against adults (detailed in the companion report *London Sexual Violence Needs Assessment 2016*) to children under 13, except that consent in these offences is irrelevant. A child under 13 does not, *under any circumstances*, have the legal capacity to consent to any form of sexual activity.

- **Offences against those under 16** – which recognises that the child may have reached puberty but clarifies that any sexual activity involving consenting children under 16 is unlawful.

For all under 16 year olds the offences include:

- Sexual activity with a child
 - Causing inciting a child to engage in sexual activity
 - Causing a child to watch a sexual act
 - Arranging and facilitating a child sexual offence
 - Meeting a child following sexual grooming.
- **Offences against those under 18** – which recognises that the young person is legally a child but may consent to sex and is designed primarily to protect 16 and 17 year olds from exploitation by those who hold a position of trust or authority in their lives.

The range of penalties for acts against children within the different age cohorts are considerably greater than those for adult victims.

There is no defence of mistaken reasonable belief in age of the complainant for under 13s, but there is a defence of reasonable belief that the child is 16 or over.

There are different arrangements where the perpetrator is over 18 or under 18. It should be noted that during the passage of the bill, Lord Falconer (on behalf of the then Government) said:

"Our overriding concern is to protect children, not to punish them unnecessarily. Where sexual relationships between minors are not abusive, prosecuting either or both children is highly unlikely to be in the public interest.

Nor would it be in the best interests of the child ..."

The factors for the criminal justice system in assessing the seriousness of the offences against children and young people include:

- the nature of the sexual activity
- the age and degree of vulnerability of the victim

- the age gap between the child and the offender
- any breach of trust in the relationship of the parties
- any aggravating features, such as, covert use of drugs, use of force, exploitation etc.

Where the perpetrator is also under 18 the following factors should be considered:

- The age and understanding of the offender. This may include whether the offender has been subjected to any exploitation, coercion, threat, deception, grooming or manipulation by another which has led him or her to commit the offence
- The relevant ages of the parties, i.e. the same or no significant disparity in age
- Whether the complainant entered into sexual activity willingly, i.e. did the complainant understand the nature of his or her actions and that she/he was able to communicate his or her willingness freely
- Parity between the parties in regard to sexual, physical, emotional and educational development
- The relationship between the parties, its nature and duration and whether this represents a genuine transitory phase of adolescent development
- Whether there is any element of exploitation, coercion, threat, deception, grooming or manipulation in the relationship
- The nature of the activity e.g. penetrative or non-penetrative activity
- What is in the best interests and welfare of the complainant
- What is in the best interests and welfare of the defendant.

CPS guidance states:

“where a defendant ... is exploitative, or coercive, or much older than the victim, the balance may be in favour of prosecution, whereas if the sexual activity is truly of the victim's own free will the balance may not be in the public interest to prosecute ...it is not in the public interest to prosecute children who are of the same or similar age and understanding that engage in sexual activity, where the activity is truly consensual for both parties and there are no aggravating features, such as coercion or corruption. In such cases, protection will normally be best achieved by providing education for the children and young people and providing them and their families with access to advisory and counselling services”.

Section 15 creates the offence of “**meeting a child following sexual grooming**”. This offence is intended to protect children from adults who communicate (not restricted to on-line communications) with them and then arrange to meet them with the intention of committing a sexual offence against them, either at that meeting or subsequently. The offence is committed when the offender meets the child or travels with the intention of meeting the child, or arranges to meet the child, or the child travels with the intention of meeting the offender. The communication can take place anywhere in the world.

The Act also includes provisions relating to:

- Section 47 - paying for sexual services of a child;
- Section 48 - causing or inciting child prostitution or pornography;
- Section 49 - controlling a child prostitute or a child involved in pornography;
- Section 50 - arranging or facilitating child prostitution or pornography.

For non-current child sexual abuse most offences will be covered by the Indecency with Children Act 1960.

Appx.2: Havens Activity Data (Unique Individuals <18 years)

YEAR: 2011/12					
Age Range	Pathway(s)	Camberwell	Paddington	Whitechapel	Total
0-12	FME Only	28	28	28	84
13-15	FME Only	22	19	15	56
	FME and Follow Up	31	21	34	86
	Total FMEs	53	40	49	142
	Follow Up Only	30	12	34	76
	Total Clients	83	52	83	218
16-17	FME Only	16	31	21	68
	FME and Follow Up	20	13	26	59
	Total FMEs	36	44	47	127
	Follow Up Only	18	16	16	50
	Total Clients	54	60	63	177

YEAR: 2012/13					
Age Range	Pathway(s)	Camberwell	Paddington	Whitechapel	Total
0-12	FME Only	27	44	0	71
13-15	FME Only	16	36	0	52
	FME and Follow Up	26	16	0	42
	Total FMEs	42	52	0	94
	Follow Up Only	16	17	1	34
	Total Clients	58	69	1	128
16-17	FME Only	22	32	2	56
	FME and Follow Up	16	12	2	30
	Total FMEs	38	44	4	86
	Follow Up Only	10	11	4	25
	Total Clients	48	55	8	111

YEAR: 2013/14					
Age Range	Pathway(s)	Camberwell	Paddington	Whitechapel	Total
0-12	FME Only	51	58	0	109
13-15	FME Only	20	64	0	84
	FME and Follow Up	20	30	0	50
	Total FMEs	40	94	0	134
	Follow Up Only	23	18	29	70
	Total Clients	63	112	29	204
16-17	FME Only	15	35	5	55
	FME and Follow Up	20	15	7	42
	Total FMEs	35	50	12	97
	Follow Up Only	7	9	13	29
	Total Clients	42	59	25	126

YEAR: 2014/15					
Age Range	Pathway(s)	Camberwell	Paddington	Whitechapel	Total
0-12	FME Only	37	54	0	91
13-15	FME Only	14	39	10	63
	FME and Follow Up	21	13	16	50
	Total FMEs	35	52	26	113
	Follow Up Only	22	12	27	61
	Total Clients	57	64	53	174
16-17	FME Only	25	35	14	74
	FME and Follow Up	17	10	11	38
	Total FMEs	42	45	25	112
	Follow Up Only	12	9	18	39
	Total Clients	54	54	43	151

Appx.3: Key Sources & Informants

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Call for Evidence Key Documents

Catch 22 with Missing People (Rachel Sturrock and Lucy Holmes) (July 2015) Running the Risks: The Links between Gang Involvement and Young People Going Missing, <http://www.catch-22.org.uk/wp-content/uploads/2015/07/Catch22-Dawes-Unit-Running-The-Risks-full-report.pdf>

Coates MBE, Sheila, Lee Eggleston OBE, Linda Regan MBE Not Either/Or but Both/And Rape Crisis Centres and Sexual Assault Referral Centres (May 2013), http://www.sericc.org.uk/pdfs/4445_rapecrisissarc.pdf

Franklin, A, P Raws and E Smeaton (Sept 2015) Unprotected, Overprotected: Meeting the needs of young people with learning disabilities who experience, or at risk of sexual Exploitation, collaboration between Paradigm Research, Coventry University and the Children’s Society and supported by Barnado’s

Rotherham Metropolitan Borough Council, CSE Joint Intelligence Working Group, LSCB CSE Sub-Group (Dec 2015) Rotherham CSE Needs Analysis, <http://moderngov.rotherham.gov.uk/documents/s103692/FINAL%20CSE%20Needs%20Analysis.pdf>

The Survivors Trust and Rape Crisis England & Wales (2015) Survivors’ Journeys – Survivors’ Voices, Including the voice of survivors in commissioning support services

Call for Evidence Respondents

Nick	Gauntlett	Deputy Chief Exec
Nicci	Wotton	Designated Nurse for Children Safeguarding
Karina	Wane	Deputy Head of Safety
Patrick	Kidwell	Project Co-ordinator
Joanna	Gambhir	Safeguarding Children Board Manager
Millie	Shutter	External Affairs Manager
Gavin,	Swann	Head of Service, Safeguarding & Quality Assurance
Shirley	McNicholas	Service Manager
Sarah	Heke	

Aurora Foundation
 Barts Health NHS Trust
 Brent Council
 British Transport Police
 Bromley Council
 Catch 22
 Children’s Society
 Croydon Council
 Croydon Council,
 Croydon Health Services NHS Trust
 Drayton Park Women’s Mental Health In-patient (Camden and Islington NHS)
 East London NHS Foundation Trust – Institute of Psychotrauma

Sarah	Green	Acting Director	EVAW
Mary	Trevillion	Clinical Director	Family Matters
Patricia	Durr		Haringey and Enfield Council
Simon	Cordon	Service Manager	Havens
	North		
Hazel	Stephens	VAWG lead	Havering Council
Lorraine	Wiener	Designated Nurse for Safeguarding	Islington CCG
Lorraine	James		Islington Council
			Kensington & Chelsea, Hammersmith & Fulham and Westminster (Tri-borough)
Meghan	Field	VAWG lead	Kensington & Chelsea, Hammersmith & Fulham and Westminster (Tri-borough)
Alexandra	Handford	CSE lead officer	Kingston Hospital
Kate	Allen	Lead Nurse for children Safeguarding	
		Commissioning Officer, Community	
Claire	Butcher	Safeguarding	Lambeth Council
		Lewisham Safeguarding Children Board (LSCB)	
Yasemin	Aray	Interim Business Manager	Lewisham Council
Sandra	Rose	Safeguarding Children	London NW Healthcare NHS Trust
Georgina	Clifford	Director	London Trauma Specialists
Tony	Gallagher	Performance and Assurance	Met Police
Gayle	Hann	Named doctor for child protection	Middlesex Hospital
Mat	Pickering	Principle Research and Analysis Officer	MOPAC
Carlene	Firmin	Founder	MsUnderstood
Kelly	Simmons		Newham Council
			NHS South East
Holly	Baine	Project Officer	NHSE Paediatric Review
Katie	Nutley	Strategic Threat Manager	NOMS
Diana	Mohar	PA to Chief Exec	North Middlesex University Hospital Trust

Dawn	Hodson	Project Officer	NSPCC
Susuana	Amoah		NUS
Kirsty	Blenkins	Programme Manager Young People	Public Health England
Rebecca	Hitchen	Operations Coordinator	RASASC
Anna	Watson	Emergency Duty Team Co-ordinator	Redbridge Council
Victoria	Cousins	Senior Programme Manager	Safer London
Emily	Robertson	Service Manager	Solace Women's Aid
Jenny	Brennan	Head of Service	Southwark Council
Rory	Patterson	Director of Children and Families	Southwark Council
		Health and Justice Lead Commissioner for SARC	
Victoria	Nystrom-Marshall	and Police Custodial Healthcare	Surrey and Sussex Council and NHS
Sarah	Kurylowicz	VAWG senior manager	Waltham Forest Council
Gurpreet	Virdee	Director of Operations	Women and Girls Network

The Funders Survey

London Borough of Lewisham

London Borough of Redbridge

London Borough of Enfield

Lambeth Child Care Services

London Borough of Havering

Stakeholder Interviewees

Pavan	Amara		My Body Back
Anna	Banbury	Development & Impact Manager	NSPCC
Baljit	Banga	Director	London Black Women's Proejct
Keith	Best	Chief Executive	Survivors UK
Catherine	Bewley	Clinical Director	GALOP
Mike	Cooke	CEO Camden Council and Chair	London Children's Safeguarding Board
Victoria	Cousins	Project Manager	Safer London Foundation - EMPOWER
Natalia	Dawkins	Director	Trust
Michelle	Denny Brown	Clinical Lead	One in Four
Sariah	Eagle	Safeguarding Manager	Ealing Council
Lee	Eggleston	Chair	Rape Crisis England and Wales
Susannah	Faithful	Chief Executive	Aurora Foundation
Carlene	Firmin	Head	MsUnderstood
Lauren	Hart		Gaia Centre, Lambeth
Neil	Henderson	Chief Executive	Safeline
Rebecca	Hitchen	Operations co-ordinator	Rape Crisis (RASASC)
Shabana	Kausar	Project lead	Ava
Patrick	Kidwell	Project lead	Sexual Offences, British Transport Police
Ikamara	Larasi,	Young Women's Team	Imkaan
Lia	Latchford	Young Women's Team	Imkaan
Rangan	Momen	Principal Policy & Project Officer (Strategic Policy Group)	London Councils
Katie	Nutley		NOMs
Jashmin	Patel	Young Women's Team	Imkaan
Georgina	Perry	Manager	Open Doors
John	Poyton	Chief Executive	Redthread
Alison	Renouf	Manager	London Children Safeguarding Board
Emily	Robertson	Service Manager	Solace Women's Aid

Stacy	Smith	Director	Hercentre Greenwich
Akima	Thomas	Clinical Director	Women and Girls Network
Mary	Trevillion	Clinical Director	Family Matters
Gupreet	Virdee	Director of Operations and Dev	Rape Crisis (Women and Girls Network)
Philip	Walker	National Development Lead	Survivors Trust
Jodie	Woodward	Head of Operations	Rape Crisis (Nia)
Sarah	Wright,	Lead Officer for CSE, Children & Young People's Service Manager and 4 frontline CSE workers	Hackney Council Safer London Foundation

Round Table Participants

Sophie	Benedict	Pyschotherapist/Counsellor	Women in Prison
Noelle	Blackman	Chief Executive	Respond
Christine	Christie	Consultant	Chanon Consulting
Andrew	Furphy	Detective Chief Inspector	Lewisham Police Station
Andrea	Goddard	Paediatric Lead	Havens
Emma	Harewood	Transformation Lead	King's College Hospital
John	Poyton	Chief Executive	Redthread
Thomas	Reed		National Probation Service London

Accelerated Learning Event Participants

Caroline	Beazley	Named Nurse - Safeguarding Children	St George's University Hospitals NHS Trust
Rob	Blant	Detective Constable	Met Police SET
Rachel	Coghlan	Detective Constable	Met Police SET
Clarinda	Cuppage		One in Four
Jackie	Dyer		Camden CCG
Natalie	Esther	Chief Executive	Survivors of Sexual Abuse Anon

Susan	Gilbert	Detective Constable	Met Police SET
Andrea	Goddard		Havens
Christine	Greenshaw		Havens
Emma	Harewood	Transformation Lead	King's College Hospital
Michelle	Mountfort		Havens
Sharmeen	Narayan	Senior Manager	Solace Women's Aid
Nigel	Newton Sawyerr	Operations Director	Mosac
Pip	O'Byrne	Service Development Lead	Family Nurse Partnership National Unit
John	Poyton	Chief Executive	Redthread
Emily	Robertson	Service Manager	Solace Women's Aid
Paul	Sonigra	Detective Sergeant	Met Police SET
Beth	Tendall	Early Intervention Community Outreach Worker	The Gaia Centre
Sian	Thomas	Designated Nurse Safeguarding Children	Richmond CCG
Gupreet	Virdee	Director of Operations and Dev	Rape Crisis (Women and Girls Network)
Jodie	Woodward	Head of Operation	Rape Crisis (Nia)