

Child Sexual Exploitation (CSE) – Screening Tool



SSCB has developed a screening tool which all professional groups will use when they have concerns. Following referral a CSE assessment, using the Surrey Children’s Services tool, may then be undertaken by a Social Worker.

This form allows you to explore some of the vulnerabilities and indicators present in a child that you know might be at risk of or experiencing sexual exploitation. It is intended to help you think about what the risk might be to the child and about what to do with the information you have.

If you suspect anyone is in immediate danger, call the Police on 999. If a child is at risk of significant harm, including from CSE, refer immediately to Surrey Children’s Service.

| GENERAL DETAILS | | | |
|---|--|--------------|--|
| Name and role of worker completing assessment | | | |
| Agency and contact details | | | |
| Child’s name/alias/known as | | | |
| Local authority currently living in | | | |
| Language(s) spoken | | | |
| Age/Date of Birth | | Legal status | |
| Gender | | Ethnicity | |
| Details of known suspects | | | |
| Details of friend/associates | | | |
| Date of completion | | | |

| SIGNIFICANT INCIDENTS | |
|---|---|
| <i>If any of these are known to have happened and you are not sure if Police or Social Care are aware you must refer to Surrey Children’s Service or direct to the Police in emergencies. (Tick all that apply)</i> | |
| <input type="checkbox"/> | Child under 13 subject to penetrative sex |
| <input type="checkbox"/> | Entering/leaving vehicles with unknown adults |
| <input type="checkbox"/> | Child meeting different adults and subjected to sexual activity, including on the internet |
| <input type="checkbox"/> | Frequenting areas known for on/off street sex work |
| <input type="checkbox"/> | Receiving rewards or money or goods for introducing peers to CSE adults |
| <input type="checkbox"/> | Disclosure of sexual/physical assault followed by withdrawal of allegation |
| <input type="checkbox"/> | Knowledge of towns or cities child/young person has no previous connection with |
| <input type="checkbox"/> | Being taken to clubs or hotels and subjected to sexual activity |
| <input type="checkbox"/> | Abduction or forced imprisonment |
| <input type="checkbox"/> | Association with taxi firms/takeaway owners (night-time economy) |
| <input type="checkbox"/> | Being taken to brothels/massage parlours |
| <input type="checkbox"/> | Seen in or known to frequent CSE hotspots (certain flats, recruiting areas, cars or houses) |

VULNERABILITIES

*These are things which may make a young person more at risk of being targeted for CSE. They give context to the specific indicators of CSE in the next section. However, the absence of these vulnerabilities does not preclude children being targeted; **evidence shows victims can come from any background and without any prior vulnerability.** (Tick all that apply)*

| | |
|--|---|
| | Migrant/refugee/asylum seeker/trafficked status through National Referral Mechanism (NRM) |
| | Known to Children's Social Care/CP Plan/LAC, now or previously |
| | Physical/learning disabilities/communication disorders |
| | Involvement with Youth Justice |
| | Is the child receiving support or services from any other agency, such as drug/alcohol or mental health services? |
| | Has sexual exploitation previously been identified as a specific issue for this child? |
| | Neglect by parent/carer/family member |
| | History of/current domestic abuse (including risk of forced marriage/honour based violence/familial child sexual abuse) |
| | Physical/emotional/sexual abuse by parent/carer/family member |
| | History of/current substance misuse in family |
| | Poverty or deprivation |
| | Family history of exploitation or prostitution |
| | Unsuitable or inappropriate accommodation (inc. street homelessness, staying with inappropriate adults/hostel/B&B) |
| | Family history of mental health difficulties impacting parenting |
| | Breakdown of family relationships |
| | Family bereavement |
| | Low self-esteem or history of being bullied or bullying |
| | Lack of positive relationship with a protective/nurturing adult |
| | Recent bereavement or loss |
| | Young carer |
| | Disconnecting from support networks, i.e. family/friends |
| | Living in a chaotic or dysfunctional household |
| | Unsure about sexual orientation or unable to disclose sexual orientation to their families/friends |
| | Ethnicity (bullying) |

RISK INDICATORS

Children are groomed and exploited in different ways. Below are some signs that may signify if the child is being groomed for sexual exploitation or actually being sexual exploited. (Tick all that apply)

Within family/home/relationships

| | |
|--|--|
| | Change in behaviour – being more secretive/withdrawn/isolated from peers or not mixing with usual friends |
| | Increasingly disruptive, hostile or physically aggressive at home or school, including use of sexualised language |
| | Associating/relationship with significantly older men or women who encourage emotional dependence, loyalty and isolation from safe |
| | Physical or emotional abuse by a boyfriend/girlfriend or controlling adult including use of manipulation, violence and/or threats |
| | Associating with other sexually exploited children |

| | |
|--|---|
| | Multiple callers (unknown adults/older young people) |
| | Estranged from family |
| | Regularly coming home late or going missing from home, care or education for any period of time (whether reported or not) |
| | Returning home after long intervals appearing well cared for |
| Health and mental health | |
| | Change in physical appearance (new clothes, more/less make-up, weight gain/loss) |
| | Increased health/sexual health related problems |
| | Marks or scars or physical injuries on the body or face which there are attempts to conceal |
| | Expressions of despair (including: depression, mental ill health, self harm, suicidal thoughts/attempts, overdose, eating disorder) |
| | Branding (i.e. of gang logos) |
| | Repeat/unplanned pregnancy or pregnancies (including ending in termination/miscarriage(s)) |
| | Sexually transmitted infections (STIs) and/or repeat tests particularly with negative results |
| Behaviour and experiences | |
| | Concealed/concerning use of the internet including webcam, on-line gaming (via X-box, PlayStation) chat rooms, etc |
| | Exclusion from school or unexplained absences from, or not engaged in school/college/training/work |
| | Failing to respond to attempts to keep in touch by workers/carer or recent disengagement |
| | Reports of being taken to hotels, nightclubs, takeaways or out of area by unknown adults |
| | Sexualised behaviour, including on internet or mobile phone, such as sexting (sending explicit messages or photos to adults or peers) |
| | Young gay/bisexual exploring sexuality in unsupported way |
| | Association with gangs/fear of victimisation by gangs |
| | Increasing use of drugs or alcohol or misuse of drugs or alcohol |
| | Inability to negotiate exit from a gang due to fear/dependency |
| | Displaying signs of harassment/unwanted attention |
| | Evidence of sexual bullying and/or vulnerability through the internet and/or social networking sites |
| | Involved in criminal offending activity (i.e. anti-social behaviour/criminal damage/theft) |
| | Unusual association with groups of adults |
| Appearance and possessions | |
| | Unexplained amounts of money, mobiles, credit, expensive clothing, jewellery or other items/gifts |
| | Inappropriate style of dress |
| | Having multiple mobile phones, sim cards or use of a phone that causes concern – multiple callers or more texts/pings than usual |
| | Possession of hotel keys/cards or keys to unknown premises |
| | Is there a risk present to others, i.e. other child/vulnerable adult? |
| Please add any additional information that you feel is unusual/relevant/concerning and include any examples | |
| | |
| Please comment on the robustness of the concern / data source. | |
| | |

| Analysis | |
|---|--|
| <p>Professional judgement: <i>This form is a guide to professionals and there is no set number of criteria that need to be met, but professionals are encouraged to reflect upon the indicators and vulnerabilities and exercise their own judgement.</i></p> | |
| What does the above information tell you about this child and the risk to them of CSE? | |
| Using the guidance below, what would you grade the risk to be? | <i>(insert RAG rating – see guidance below)</i> |
| Outcome of analysis | |
| High | <p>A child whose sexual exploitation is habitual, often self-denied and where coercion and control is implicit. There are urgent and immediate concerns due to multiple high level risk factors. The child is at risk of significant harm. One or more risks are placing the child in present or impending danger and there are insufficient protective capabilities to mitigate these risks. A multi-agency plan is required to consider, manage and reduce the risks.</p> <ul style="list-style-type: none"> • There are urgent and immediate concerns about Risk. • There are multiple risk factors: i.e. <ul style="list-style-type: none"> ○ Repeat missing episodes ○ Contact with known perpetrators ○ Established drug and alcohol problems ○ Experience of violence ○ Intimidation and fear ○ Victim of abusive relationships • Please refer to list on page 1 |
| Medium | <p>Evidence that a child is being targeted for opportunistic abuse, through the exchange of sex for drugs, perceived affection, sense of belonging, accommodation (overnight stays), money/goods, etc. The likelihood of coercion and control is significant. One or more risks are placing the child in present or impending danger; however, one or more protective capabilities have been identified that mitigate these risks. Some safety planning may be required, and there is likely to be a need for services to support and address the risks to the child.</p> <ul style="list-style-type: none"> • There are fewer risk factors, but some of their behaviour puts them at risk, e.g. <ul style="list-style-type: none"> ○ Their association with peers also at risk of CSE ○ They frequent known CSE hotspots ○ They are truanting and occasionally going missing. • Some protective factors do exist though e.g. they are engaging in school. |
| Low | <p>A vulnerable child, where some of the CSE specific warning signs have been identified and preventative action (eg. targeted work around health relationships/CSE awareness) should be offered, but the child is unlikely to be exploited unless circumstances change.</p> <ul style="list-style-type: none"> • There is no evidence of offences. • There are less risk indicators / they are showing early signs of risk indicators. • They are exiting exploitation. • The concerns appear to relate to normal teenage behaviour |
| Not deemed to be at risk of CSE | <p>There appear to be no risks placing the child in present or impending risk of CSE. There may be other vulnerabilities and/or concerns/sexual behaviours that relate to normal teenage behaviour.</p> |
| | |

| NEXT STEPS | |
|---|--|
| Action(s) already taken or to be taken with timescales: | <i>Done – include summary of action taken and date completed To be done – include timescales and any appropriate details</i> |
| Discuss with line manager or CSE Champion | |
| Refer to Children's Service | |
| Discuss with Police | |
| Any other actions, treatment or monitoring arrangements | |