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What is known about **child sexual exploitation** in residential care?

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Introduction

In 2016, the Royal Commission into Institutional Responses to Child Sexual Abuse in Australia noted that Child Sexual Exploitation (CSE) was a significant issue of concern for children and young people in residential care, as alarming rates of sexual abuse and exploitation continue to be reported. Jackson (2014, p. 34) states that 'being in out-of-home care, including foster care and residential care, was considered a risk factor for sexual exploitation in itself, especially residential care' with a report from the Victorian Commission for Children and Young People (2015) reporting that the current residential care system placed children and young people at higher risk of sexual exploitation. This research brief examines the issue of Child Sexual Exploitation (CSE) amongst children and young people living in residential care. Children and young people in residential care often have extensive complex needs and trauma histories (Gatwiri, McPherson, Macnamara, Mitchell & Tucci, 2018; McPherson, Gatwiri, Tucci, Mitchell & Macnamara, 2018) and as a result they are particularly vulnerable to being targeted by sexual predators compared to children in the general community (Royal Commission into Institutional Responses to Child Sexual Abuse, 2016; Victoria State Government, 2017).

THE AIM OF THIS RESEARCH BRIEF IS TO:

- **Define Child Sexual Exploitation (CSE)**

- **Provide an overview of the risk factors to child sexual exploitation**

- **Explore the relationship between CSE and placement instability**

- **Explore the common elements of effective therapeutic responses to CSE**

- **Explore common psychoeducation responses to CSE**

- **Explore multi-sectoral approaches to CSE**

- **Explore training programs for staff and carers**

- **Outline key messages for practice**

Defining Child Sexual Exploitation (CSE)

The Australian Royal Commission into Institutional Responses to Child Sexual Abuse defined child sexual exploitation as the process of coercing or manipulating children into 'engaging in sexual activity in return for something (such as alcohol, money or gifts)' (Royal Commission into Institutional Responses to Child Sexual Abuse, 2016, p. 32). Farley and colleagues as cited by Jackson (2014) indicate that when a person feels inwardly powerless, small gestures of kindnesses or care towards them can produce immense gratitude which is a common tactic utilised by perpetrators to lure vulnerable children and young people into their predatory trap. In the UK, the Department for Education (2017, p. 5) explicitly locates CSE as a form of sexual abuse by stating;

> *Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.*

Child Sexual Exploitation is a form of child abuse that has long lasting impacts on the lives of children, their families and communities and 'always involves the abuse of power over the child' (Pearce, 2014, p. 160). The impact of sexual exploitation can be difficult to measure but Beckett (2011, p. 70) argues that this could extend to physical, sexual and mental traumas and it 'reinforces an inadequate sense of self and compounds existing vulnerabilities.' UNICEF's *Promising Programmes To Prevent And Respond To Child Sexual Abuse and Exploitation* report warns that CSE should not be viewed through a narrow linear framework and that wider structural inequalities are recognized as 'key drivers for child sexual abuse and exploitation' (Radford, Allnock & Hynes, 2017, p. 7). In Australia, 'most of the data on the scale of CSE is under the umbrella term 'child sexual abuse' rather than referring specifically to CSE, and as a result it is hard to quantify or estimate the number of children and young people involved in commercial or quasi-commercial sexual activity in Australia' (Cameron, Sayer, Thomson, Wilson, Jones & Florek, 2015, p. 28). This lack of a central database and commonly agreed language can constrain responses and interventions to CSE. In Australia, more than 11,000 reports were made concerning CSE to the Australian Federal Police in 2015 (McKibbin, 2017).

Risk Factors that Result in Young People Being Vulnerable to CSE

In the UK, the Department for Education (2017) states that CSE can be a complex form of abuse to identify and address due to the 'red flags' often being assumed to be 'normal adolescent behaviours' (p. 6). Sometimes too, these 'red flags' might be completely absent as the perpetrators groom and train the children and young people to be complicit in the secret. Quadara, Nagy, Higgins and Siegel's (2015, p.50) *Conceptualising the prevention of child sexual abuse* report, utilised Smallbone et al.'s theory to argue that the 'opportunity for child sexual abuse requires both a motivated offender and a likely victim, [where] victim vulnerabilities are likely to be consistent across the types of child sexual abuse, although they are likely to be particularly salient in relationships based outside the parental family unit'. Official child protection statistics on the sexual exploitation of young people on an international scale has been 'widely underreported' (Gilbert et al, 2009 in Allnock, Radford, Bunting, Price, Morgan-Klein, Ellis & Stafford, 2012, p. 319). Pinheiro (2006, p.12) estimates that worldwide, 160 million girls and 73 million boys under 18 have experienced some form of sexual exploitation involving physical contact. There are various risk factors identified in literature that result in young people being more vulnerable to CSE. They are discussed below:

Online risk factors

Child sexual exploitation can occur in various forms, sometimes without the child or the young person having knowledge that it is occurring. A common form of CSE is perpetrated online (Department for Education, 2017; Family and Community Services, 2016; Victoria State Government, 2017). This may include but is not limited to exchanges of sexual images, sexual innuendos, flirtations, sexual humour or memes and pornographic content. The online environment allows for anonymity and 'predatory courage' that gives room to engage in more dangerous or intense predatory behaviour that they would not do in person (Department for Education, 2017). Often, the child or young person is 'targeted, groomed and gradually introduced into a 'relationship' that they think is normal but is actually abusive' (Family and Community Services, 2016, p. 4). The Victorian state government reiterates that a common model of recruiting children and young people for sexual exploitation is conducted via the internet. Social media is utilised as a tool where children and young people can be easily accessed and where they are more likely to 'engage more quickly in sexually explicit language, images and behaviours online and then have this used against them' through blackmail or threats of exposure (Victorian State Government, 2017, p. 8).

Risk factors whilst in residential care

The bulk of the literature, both peer-reviewed and grey literature examined in our systematic scoping review (Gatwiri, McPherson et al., in press) highlighted the vulnerability to sexual exploitation of children living in residential care (see for example: Shuker, 2015; Family and Community Services, 2016; Hallett, 2016; Department for Education, 2017; McKibbin, 2017; Allroggen, Ohlert, Rau & Fegert, 2018; McKibbin & Humphreys, 2019). In Scotland, Lerpiniere, Hawthorn, Smith, Connelly, Kendrick and Welch (2013, p. 93) through the *Centre for Excellence for Looked After Children* reported that young people living in residential care were being groomed for sexual exploitation as a result of their vulnerabilities. Young people living in residential care may be more susceptible to sexual exploitation due to complex abuse histories which factor into the perpetrators' grooming and training of children to become complicit in the exploitation. Perpetrators seek out young people who experience social isolation or marginalisation from secure bases of home life. Young people who do not have loving parents and those who provide a consistent caring presence and supervision in their

lives are more at risk of being targeted (UK Department of Education, 2017). As such, young people with histories of family trauma and isolation are often 'more likely to respond to grooming behaviour, less likely to report sexual exploitation and less likely to be believed if they do report their abuse (Family and Community Services, 2016, p. 8).

The Royal Commission into Institutional Responses to Child Sexual Abuse (2016) in Australia noted that child sexual exploitation was a significant issue of concern for children and young people in residential care, as alarming rates of sexual abuse and exploitation are reported. It is reported that predators are more likely to target children and young people in residential care due to their vulnerability by grooming them through masked identities. To contextualise the interface between child sexual exploitation and residential care, the *Working With Young People At Risk Of Sexual Exploitation* resource for practitioners, located CSE as the most common type of child sexual abuse that is perpetrated against young people in out of home care (Family and Community Services, 2016, p. 4). Allroggen, Ohlert, Rau & Fegert, (2018) completed a comparison study in Germany looking at prevalence rates of sexual abuse between residents in residential or institutional settings compared with peers from the general population. Their study concluded that young people in residential or institutional living were far more likely to be exposed to sexual victimisation, with increased risk for girls than for boys in care.

Compounding needs and complexities

As established, the vulnerabilities of children and young people in care are also as a result of their complex needs. The term 'complex' as Jackson (2014, p. 14) argues is 'commonly used to describe young people with high-risk behaviours, their multiple, interconnected experiences, their needs and the associated service system.' The nature of the complexity of the needs of young people's in residential care can often affect out of home care outcomes and where sexual victimisation may occur. Children and young people living in residential care demonstrate high complex needs including: trauma symptomology, clinical depression, anxiety and challenging 'pain-based' behaviour (Bath, 2008). Young people with trauma symptomatology are more likely to respond to grooming behaviours from perpetrators as they manipulate and exploit the young person's need for 'love and attention' in exchange for sexual favours (Bath, 2008). Nixon, Elliott and Henderson (2019) go further explaining that histories of trauma accompanied by poverty, abuse neglect, violence increase the vulnerability of children and young people in care and increases their chances of being targeted for sexual exploitation. Other compounding vulnerabilities include young people's insecure attachments to family and support networks which positions them at higher risk for exploitation as perpetrators entice them into performing sexual acts in return for acts of generosity and kindness, which young people are unlikely to recognise as exploitative in nature (Landers, McGrath, Johnson, Armstrong & Dollard, 2017).

Additionally, children and young people in residential care who are from diverse backgrounds in regard to gender diversity, sexual orientation, cultural and linguistic diversity as well as disability are likely to have unique needs influenced by their backgrounds and cultural experiences (Rice, Cotton, Moeller-Saxone, Mihalopoulos, Magnus, Harvey, Herrman, 2017) which might further increase their vulnerability due to their compounding intersectionalities. In her article, *Safe Foster Care for Victims Of CSE*, Shuker (2015) argues that multiple and intersecting needs (such as gender, age, race, disability) increase vulnerabilities, and if the care system does not respond to these needs in a holistic and considered way, then it contributes to the increased risk of further exploitation for children and young people in care.

Risk of Sexual Exploitation by Peers and Carers

Children and young people in residential care are also at risk of sexual exploitation by peers in residential care. Sexual exploitation is not just perpetrated by 'outsiders', it can also be perpetrated by both staff and other children (Fernandez, Lee, Blunden, McNamara, Kovacs & Cornefert, 2016). In fact, the 'over' focus on perpetrators who are 'outsiders' can take attention from sexual exploitation perpetrated by peers within the 'care system' despite the fact that peer-to-peer grooming is a growing problem (McKibbin, Halfpenny, & Humphreys, 2019). In her scoping review of sexual exploitation in residential care in Australia, McKibbin (2017, p. 373) reported that in residential care, 'approximately 35% of cases of sexual abuse where victims were 0-18 years, perpetration was carried out by other children & young people and for cases with victims 0–12 years, this rose to 50%'. Sexual exploitation inside of residential care facilities can also be perpetrated by staff members where perpetrators can seek work in order to 'gain access to potential victims' (Allroggen, Rau, Ohlert & Fegert, 2017, p. 24).
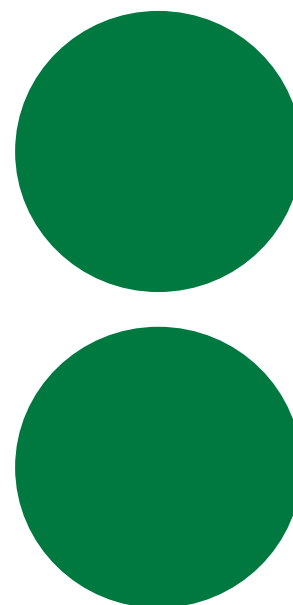
In a major Australian study involving 669 participants where the majority were out of home care leavers (75.9%), sexual exploitation whilst in care was a dominant story. In this study, '42% reported sexual abuse from a peer (typically an older child) …[with] one participant saying that he would be surprised if there was a children's home without sexual abuse rife in it' (Fernandez et al., 2016, p. 101). The literature also suggested that addressing and confronting sexual exploitation from peers in residential care is challenging. This is because professionals can be overwhelmed about the most appropriate and efficient way to respond to unhealthy sexual behaviours and boundaries for young people in residential care. As such, sexual exploitation that occurs within residential care facilities can often be ignored yet interpreting peer-on-peer incidents as innocuous sexual experimentations or 'too hard to deal with' can lead to further victimisation of those who are likely to fall victim to sexual predators in residential care facilities.

In summarising the risks factors to CSE, our systematic scoping review on this topic (Gatwiri et al, in press) we found that, in spite of the gaps in the prevailing literature, a series of four critical findings were evident. These are summarised below.

Table 1.1. Critical findings from the literature

CRITICAL FINDINGS	SUMMARY
1. Trauma, complex needs and child sexual exploitation in residential care	Poverty, pre-existing traumas, family violence and limited or no parental supervision are contributing factors which increases young peoples' susceptibility to sexual exploitation. Residential care facilities in Australia place children and young people at higher risk for abuse, young residents often presenting with complex, trauma-based needs. Young people require consistent needs and risks assessment, care and support to prevent further risk of exploitation.
2. Revictimisation by peers and staff in residential care	Sexual exploitation of children and young people in residential care is not just perpetrated by 'outsiders', it can also be perpetrated by both staff and other children. The 'silence' around sexual abuse in residential care and the failure to punish perpetrators (whether they were staff or other older children) makes the victims of sexual exploitation feel like there is a 'conspiracy of silence' which can further re-victimise them and prevent them from speaking out

CRITICAL FINDINGS	SUMMARY
3. Child sexual exploitation and placement instability	Young people living in residential care are often placed there as a 'last resort' following a series of unsuccessful home-based placements. Behaviours of concern are often exacerbated by placement disruptions due to feelings of abandonment and disrupted attachment. This increases susceptibility to exploitation as perpetrators attempt to 'fulfil' absent feelings of love and stability. Loss of control, usually over their surroundings is another by product of placement instability.
4. Responses to child sexual exploitation	Challenges to effective responses included: social stigma around children disclosing abuse, lack of awareness of prevalence and lack of training and skills in professional staff in responding to disclosures.
	There is a need for a multi-layered, multi-sectoral response. Simply removing the exploitative relationship from the young person does not prevent future exploitation.
	A few examples are: Respecting Sexual Safety – an early intervention program involves: whole-of-house respectful relationships and sexuality education. Compassion focused therapy has also shown promising outcomes by increasing risk awareness, knowledge and skills, reducing high risk sexual behaviours and increasing self-esteem.

The relationship between child sexual exploitation and placement instability/ absconding

Links have been drawn in the literature between vulnerabilities to sexual exploitation and placement instability, specifically examined by Coy (2009). Coy (2009) explains that the current 'culture of care' means that young girls are in constant risk of exploitation when their placements are discontinued or when they are constantly moved from one place to another. Young girls in particular have expressed feelings of not feeling settled, not having anyone to talk to or confide in and feeling marginalised and unwanted (Coy, 2009). These feelings contribute to their susceptibility to being 'taken in' by perpetrators of sexual abuse and violence. Young girls especially are targeted and groomed via promises of love, care and stability, which has been predominantly absent in their lives. Engaging in these exploitative relationships can give the young person a sense of 'control over their lives' amidst all the chaos and displacement (Coy, 2009, p. 261). A study by Hallett (2016, p.2144) spoke to a number of young people in residential care who reported feeling absences of attachment to 'home', 'belonging' and 'family' and 'stability'. As a result, the young people were vulnerable to anyone who appeared to fulfil those gaps in their lives. One young person in the Coy (2009, p.261) study stated 'I went out looking for love, that's how I got [exploited]'.
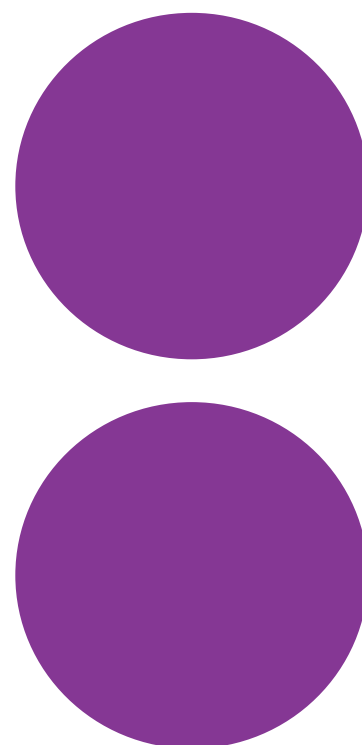
The Victorian Commission for Children and Young People (2015, p. 110) noted in their inquiry that placement instability amongst young people in residential placements contributes to deteriorations in levels of emotional, psychological and cognitive functioning. They also added that it was unsurprising for children and young people in residential care placements to 'go missing' or be absent from placement for days on end without staff members having knowledge of their whereabouts or caring to locate them. This often leads to escalated feelings of rejection, abandonments and 'not being cared for' causing them to 'act out' through pain-based behaviours that jeopardise their emotional arousal regulation. Additionally, children and young people are not usually consulted about their placements and do not have many options to negotiate.

What are the common elements of effective therapeutic interventions for CSE?

Three major themes on interventions for the sexual exploitation of young people were uncovered in a scoping review conducted by McKibbin (2017). The first theme was the importance employing interventions that seek to educate care professionals working with young people. The second theme; the importance of training for workers to identify grooming and problematic sexual behaviour, and thirdly; supporting the development of skills and approaches in providing holistic responses to instances of abuse and exploitation (McKibbin, 2017). The impact of CSE has long-term effects that require therapeutic interventions due to the underlying trauma. Currently, Australia has no comprehensive policies that are focused on both the prevention and intervention of CSE. However, all states and territories do have guidelines relating to how to work with children and young people who have experienced CSE. A punitive and restrictive framework has in the past been applied in residential settings instead of a trauma-informed approach, as found in the Victorian Commission for Children and Young People report (2015). Practitioners have often been responding to instances of trauma and exploitation with a 'what is wrong with you?' approach (Sweeney, Filson, Kennedy, Collinson & Gillard, 2018, p. 319). Trauma informed responses should also be guided and designed via direct input from the vulnerable children and young people who have or are at risk of sexual exploitation.

Responding therapeutically to sexual exploitation requires, 'digging deeper' to what the underlying needs of the young person are and not merely reacting to surface behaviours. As Hallett (2016, p. 2145) argues the exchange of sex or sexual favours in return for something need not be viewed so literally, but instead the responses should trauma-informed and multilayered, focusing on the underlying need (beyond gifts or money) that has led the young person to respond to sexual manipulation to 'get something in return.' As one of the participants in Hallett's study clearly states; 'removing them from exploitative relationships does not resolve the 'real problem'—that is, those underlying issues, whatever these may be' (p. 2145). In Australia, different service providers such as the Australian Childhood Foundation, offer counselling and therapeutic services (Quadara, Nagy, Higgins & Siegel, 2015).

What are the common elements of effective Psychoeducational programs for young people experiencing CSE?

All service providers and practitioners working with children and young people exposed to sexual exploitation are accountable to recognising and responding to the needs of those who are most at risk. Despite this, practitioners may fail to recognise the signs of an exploitative relationship, particularly where the young person appears to be a willing participant.

A PROGRAM *RESPECTING SEXUAL SAFETY,* RECENTLY EVALUATED BY (MCKIBBIN, HALFPENNY & HUMPHREYS, 2019) HAS IDENTIFIED THREE PREVENTION STRATEGIES WHICH FORM THE CORE OF THE PROGRAM. THESE ARE:

- **Whole-of-house respectful relationships and sexuality education;**

- **Missing from home strategy;**

- **Sexual safety response.**

They conclude that practitioners' capacity to effectively respond to harmful sexual behaviours and exploitation against young people increased when there were clear and available safety planning processes with the young people (McKibbin, Halfpenny & Humphreys, 2019). The evaluation recommended the following policy and practice interventions: a need for strengthening of multi-agency collaboration for early interventions addressing harmful sexual behaviour and child sexual exploitation for young people living in residential care.

In the United States, Berry, Tully and Egan (2017) examined a psycho-educational practice of identifying and responding to a young people at risk of sexual exploitation. They reported that Compassion Focused Therapy (CFT) was applied as an intervention style due to its attention to individuals with histories of trauma, shame and low negative sense of self. Developed by Paul Gilbert, CFT is seen as an 'integrative model incorporating evolutionary, developmental, and social psychology with cognitive behavioural approaches and Buddhist techniques' (Berry, Tully & Egan, 2017, p. 772). The intervention focused on decreasing risk taking behaviours and increasing risk awareness following engagement with a group working to improve knowledge and skills around child sexual exploitation. After completing this program, a significant increase was seen in the young person's sense of self-esteem, and all outcomes revealed an overall positive improvement. Behavioural and attitude change results revealed an increase in pro-social behaviours and a reduction in risk-taking behaviours. Whilst the results did not provide a generalised population representation this psycho-educational approach has promising merits in assessing the effectiveness of the interventions in improving awareness of risk-taking behaviours which sometimes lead to children and young people being sexually exploited.

What are the common elements of effective system responses to CSE?

The National Action Plan on child sexual exploitation was developed in Australia shortly after the 1996 World Congress against the Commercial Sexual Exploitation of Children in Stockholm (Cameron, Sayer, Thomson & Wilson, 2015, p. 25). However, the report Conceptualising the *Prevention of Child Sexual Abuse* by Quadara and colleagues (2015, p.57) reported:

> '*statutory responses are not sufficient or sustainable and are often unable to prevent future harm [and that there] is agreement that a public health model should be a framework in which to situate the prevention of child abuse, including child sexual abuse [exploitation]*'

A simple removal of the exploitative relationship from the young person's life will not resolve the problem if the underlying causes and triggers are not addressed (Hallett, 2016). As such, various government and organisation responses to prevent CSE have been documented (Centre for Excellence in Child and Family Welfare, 2014; UK Department for Education, 2017; Family and Community Services, 2016; McKibbin, 2017; Royal Commission into Institutional Responses to Child Sexual Abuse, 2016; Victoria State Government, 2017).

The Australian Institute of Family Studies (AIFS) locates their prevention model of child sexual abuse and exploitation through the prism of a public health framework that is underpinned by social determinants of health and wellbeing (Quadara, Nagy, Higgins, & Siegel, 2015).

In Scotland, Lerpiniere et al. (2013) recommended that, due to the unique factors that make residential facilities potential grooming grounds for sexual exploitation, residential care needs to move beyond 'establishing placement stability' and offer young people who may not be able to be placed elsewhere care, love, presence and safety so that they can develop a sense of belonging and self-esteem which might cushion them from any manipulative relationships. The Scottish Institute for Residential Child Care, (SIRCC), has also highlighted priority areas which the Scottish Government should address following safety concerns for children in residential care. This includes an examination of organisational culture, workforce challenges including staffing and education levels, investigating abuse allegations and behaviour management and advocacy support which are all interrelated as far as current and future policy directions for ensuring the safety and wellbeing of young people in residential care are concerned.

Australia, the Victorian Department of Health and Human Services (2017) developed a summary of the five elements of effective practice in response to child sexual exploitation. These are:

1. **Prevention-** Not waiting until there is evidence that a child is at risk of sexual exploitation before we implement prevention strategies.

2. **Detection-** Knowing what to look for and how to detect signs that a child is being sexually exploited are pivotal.

3. **Disruption-** People who exploit children sexually may also be committing other crimes such as drug trafficking and harbouring children who have gone missing. By applying laws to persons of interest, police can disrupt patterns of behaviour associated directly or indirectly with sexual exploitation.

4. **Intervention-** Being effective requires ongoing efforts to engage children and young people to reduce the risk of exploitation.

5. **Recovery and reconnection-** Due to the inherent trauma inducing nature of CSE, support the child and helping them to develop a positive sense of self, and to connect or reconnect with healthy, safe and trustworthy relationships. (Adapted from the Victorian Department of Health and Human Services CSE Manual, 2017, p. 19).

In summary, robust evidence of effective preventative measures as well as treatment for children and young people affected by CSE has been recommended by all organisational submissions, reports and commissions.

# Multi-sectoral responses to CSE

Child sexual exploitation remains a complex problem and therefore its responses should concentrate on a coordinated multi-sectoral approach. The Victorian State Government (2017, p. 15) states that:

> *Multiple systems and services are needed to prevent and respond to the sexual exploitation of children. These include Child Protection, CSOs, ACCOs, police (particularly SOCIT), sexual assault services, the court system, family services, youth justice, health services, mental health services, therapeutic services and education'.*

Put simply, coordinated, multi-sector responses need to prioritise safety outcomes that give young people the best opportunity to work through and overcome multiple adversities which have led them to being exploited. Responses which are designed and informed by the direct involvement and influence of the young person themselves are also best practice. Pearce (2014) reinforced the importance of constructing multi-agency teams across all communities, ensuring they are accessible, and ensuring young people who have been exposed to forms of sexual exploitation are protected and supported. Ensuring their success requires further training to support staff in recognising triggers and behaviours resulting from exposure to the trauma of sexual abuse and exploitation.

The Victorian State Government (2017) recognises the importance of multi-sectoral responses to CSE. In their report, they state that their professional frontline response to child sexual exploitation is typically, 'a combination of Child Protection, CSOs, ACCOs and Victoria Police. Services addressing sexual assault, health development and education, mental health, emergency relief, homelessness, disability, youth justice and other services also' (2017, p.4).
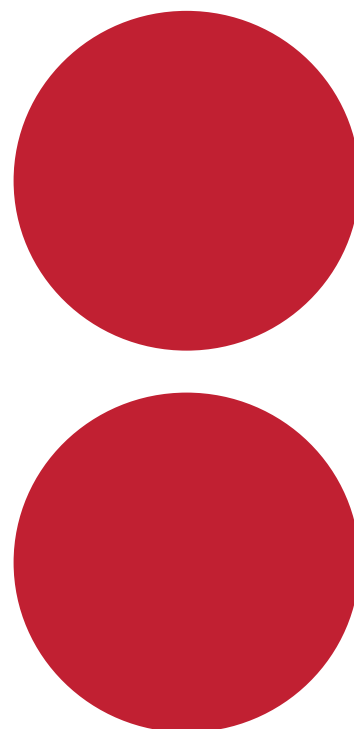
In the UK, a multi-sectoral approach to CSE was developed by Barnardos who published a report outlining its 4-A Model of Practice for direct practice with young people who were at risk of sexual exploitation. Their model comprises of four key stages:

1. **Assertive outreach-** Aims to identify and engage vulnerable children at risk of sexual exploitation, by providing information about the service and employing assertive outreach techniques in order to engage with them.

2. **Advocacy-** Aims to provide effective support that involves a range of agencies that provide a coordinated and synchronised approach.

3. **Attention-** Aims to create a positive attachment by paying attention to the child's needs, which fosters a protective and supportive relationship in which children feel safe enough to explore and make changes in their lives. Practitioners need to be aware of the difficulties children who have experienced CSE have in developing positive attachments.

4. **Access-** Services need to be accessible to children with chaotic lives, who may have had poor or challenging experiences with other professionals. Services need to be flexible and responsive to their needs, and offer children and families ways to access support on their own terms.

(Adapted from Working with *Children Who Are Victims Or At Risk Of Sexual Exploitation: Barnardos' Model Of Practice,* Shephard & Lewis, 2017 p. 16-29).

What training programs for care staff/police have been effective in building awareness and understanding on CSE?

Practitioners require training in identifying problematic sexual behaviour and ensure appropriate intervention. Practitioners also require upskilling and support to respond to young people going missing from placements (McKibbin, Halfpenny & Humphreys, 2019). Training programs for staff are based on emerging knowledge about the prevention, detection, response and reparative work and the need to ensure a cross sector and multidisciplinary response (Radford, Allnock & Hines, 2017). Whilst there is limited evidence available in relation to the relative effectiveness of various models of training in the area of CSE, one evaluation report highlighted the benefits of a cross sector approach that focused on understanding and responding to the child victim and understanding offender strategies (Radford, Allnock & Hines, 2017).

In a similar vein, training programs typically highlight key aspects of conceptual frameworks that have been developed over time to respond holistically to the complexity of child sexual exploitation. Some of the major non-government agencies in England, including Barnardos and the National Society for the Prevention of Cruelty to Children (NSPCC) as well as the Centre for Excellence in Children's Care in Scotland (CELCIS) offer clear and accessible guidelines and information about CSE which has formed the foundation of training across Britain.

Closer to home, the Victorian Government has recently published practice guidance in relation to working with CSE which includes a trauma focussed response to recovery for children (Department for Health and Human Services, 2017).

THIS GUIDE INCLUDES CONSIDERATIONS FOR THE SAFETY AND WELLBEING OF STAFF AND CARERS, SUGGESTING THAT WE MUST PAY ATTENTION TO:

• **Worker and carer safety**

• **The impact of trauma and vicarious trauma**

• **Self-reflection, self-care and team reflection opportunities**

• **Supervision**

• **Management oversight**

• **Access to employee assistance programs or external supports'**

(Department for Health and Human Services, 2017, p.54).
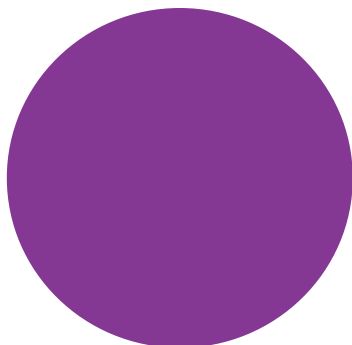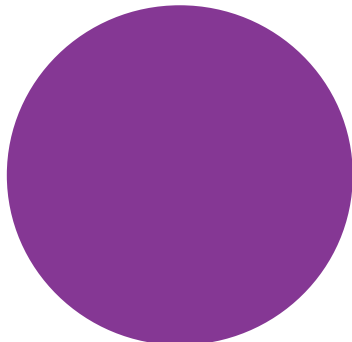
In summary, whilst there is limited evidence as to the outcomes or effectiveness of training, it could reasonably be argued that training interventions, like systems responses and guidance for practitioners, should be multi-faceted and holistic. At a minimum training should also develop knowledge and understanding of the phenomenon of child sexual exploitation including risks, preconditions and prevailing models of CSE. This understanding enables skills to be developed based on a system wide multidisciplinary approach where roles and responsibilities of key players surrounding the child are clearly and collaboratively negotiated. Strategies to prevent, detect, and respond and to treat the trauma are essential as are strategies to disrupt and intervene in relation to offending behaviour. Finally, skills to maintain balance and to implement effective professional and personal self-care are an important component of the training process. McKibbin (2017, p. 377) also adds that 'training workers in a model that sets out normal, inappropriate, problematic, abusive and violent sexual behaviours' as well as mandatory for all staff working to protect young people from child sexual exploitation should be implemented and indicators suggesting actual harm to a child should result in an immediate statutory child protection response.

Key messages for policy and practice

This research brief has established child sexual exploitation as a topic of great concern particularly for highly vulnerable children and young people in care.

IN RESPONDING TO CSE THE FOLLOWING CHALLENGES NEED TO BE ADDRESSED:

- removing social stigma around disclosing child sexual exploitation;

- lack of awareness of prevalence; and,

- low levels of understanding and recognition of sexual abuse and exploitation;

- lack of skills and training by professional staff in identifying and responding to disclosures of CSE.

Agencies charged with responsibility for the care of children and young people need to be resourced to commit to the implementation of trauma informed, prevention approaches to CSE. These approaches should be informed by the emerging evidence in relation to prevention programs (McKibbin, 2017) and founded on a detailed analysis of the aetiology of CSE in residential care. We recommend a multidisciplinary team approach to decision making that actively promotes the young person's participation. This recommendation is supported by The Royal Commission into Institutional Child Sexual Abuse (2016) in Australia, which suggested the need for an integrated knowledge bank that includes all the states and territories on the appropriate responses for child sexual exploitation from the relevant government agencies, service providers and police, and residential care workers.

Finally, there needs to be a commitment to improved data collection and reporting on child sexual exploitation. The Royal Commission into Institutional Responses to Child Sexual Abuse advised:

'information about a carer's background or a child's previous sexual trauma needs to be more easily shared within jurisdictions and across jurisdictional borders'

(The Royal Commission, 2016, p.8).

We add to this advice that data in relation to child sexual exploitation experienced whilst in care, must also be carefully collected and analysed, with a view to gaining a deeper understanding of the nature of the problem.

●
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