



# THE CHILD NEXT DOOR

A SCOPING STUDY INTO THE PREVALENCE OF CHILD SEXUAL EXPLOITATION  
WITHIN THE SUNSHINE COAST REGION

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## AUTHOR

This report was written by Conrad Townson on behalf of IFYS Ltd. The author is an independent consultant with an extensive background working within child protection services focused on specialist prevention, intervention and treatment of young people who have suffered sexual abuse, including Child Sexual Exploitation (CSE).

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# I. INTRODUCTION

In recent years the issue of child sexual exploitation (CSE) has become a prominent problem for many countries and states to address. Some governments on the World stage have made combatting the issue a major priority, citing it as a “national threat” (Cameron, 2015). Others refer to CSE as a “top priority” (Dutton, 2018). This study will seek to examine CSE and its implications within the context of the Sunshine Coast region, through the use of available national and international research literature. The study will also look at available research data from the Sunshine Coast itself to help ascertain the prevalence of CSE across the region.

## 1.1 WORKING METHODS

This scoping study has been primarily desk based research, undertaking reviews of existing research both in Australia and overseas. Feedback and information was also obtained from professionals and agencies across the Sunshine Coast region, as well as academics working within the field of child sexual abuse and exploitation. All data and case material captured in this report was provided de-identified and anonymised beforehand to ensure confidentiality.

## 1.2 WHAT IS CHILD SEXUAL EXPLOITATION?

A variety of definitions have been established since 1996 when the subject was discussed at the First World Congress Against Commercial Sexual Exploitation of Children leading to the ‘Stockholm Declaration and Agenda for Action’ (World Congress Against Commercial Sexual Exploitation, 1996). Sometimes formerly referred to as ‘child prostitution’, child sexual exploitation (CSE) describes situations where children under 18 years engage in sexual acts with others in exchange for something, e.g. money, accommodation, gifts, food or affection. Perpetrators demonstrate control over children and will often use violence and intimidation. CSE includes sexual bullying, cyber bullying, grooming and the use of technology, e.g. the recording of abuse or as a medium to access children to groom them. It is difficult for children to disclose sexual abuse, something that is compounded in CSE by the use of power and control methods implemented by perpetrators – similar to those found in domestic violence. The children are often in high risk situations and isolated from protective adults. Children may be under very strong pressure, intimidated, afraid and/or dependent on those who have exploited them – forced drug use is commonly used to elicit and ensure dependency. This frequently results in children rejecting offers of help and support, meaning that explicit disclosures about this form of abuse are rare and yet the impact is widely felt.

Across all definitions adopted by various states, territories and overseas countries, the key overlapping characteristics are those of exploitation and exchange.

### Global Context

The United Nations (UN) defines Child Sexual Exploitation as:

*“...the abuse of a child where some form of remuneration is involved or whereby the perpetrators benefit in some manner – monetarily, socially, politically, etc. Exploitation constitutes a form of coercion and violence, detrimental to the child’s physical and mental health, development, and education.”*

*(United Nations, 2001, p7)*

The UN further states “Parties that recognize the Convention on the Rights of the Child (1989) undertake to protect children from all forms of sexual exploitation and abuse, including...exploitative use in prostitution...” (Article 34)” (United Nations, 2006, p23). Australia ratified these rights in December 1990 and as such assumed responsibility for ensuring that all children within its jurisdiction enjoy the protection they are intended to afford.

Since the late 1990s and early 2000s, there has been a common understanding of what constitutes CSE across the United Kingdom nations, with each of the devolved nations creating their own definition. In 2017 the UK government recognised the need to establish a common definition for use across local government authorities to enable a consistent approach to identification, monitoring and effective multi-agency responses (Beckett, Holmes and Walker, 2017). It states that:

*“Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance in 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) 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.”*

*(UK Government, 2017, p5)*

## **Australian Context**

Australia does not currently have a consistent national definition of CSE making it difficult for practitioners and agencies to identify, monitor and respond effectively (Royal Commission into Institutional Responses to Child Sexual Abuse, 2017). Much of the discourse and language relating to CSE within a social policy and law enforcement context, focuses on online grooming or child exploitation material (CEM) (CDPP, 2019), both of which, while important issues, distract from CSE that takes place in the community. Some states – Victoria and New South Wales; however, are starting to develop formal frameworks of understanding congruent with the recommendations made by the Royal Commission – Recommendations 12.14 and 12.15. The Victoria State Government has established the following definition:

*“Child sexual exploitation involves children being forced or manipulated into sexual activity for something – money, gifts, drugs, alcohol or something less tangible such as affection, status or love.”*

*(Victoria Government, 2017, p1)*

While the New South Wales government has yet to adopt a formal definition of CSE, they are beginning to recognise it as a specific sub-category within the context of child sexual abuse. In 2016 the NSW Dept of Family and Community Services issued a guidance and resource tool specifically relating to child sexual exploitation for use by Child Protection Practitioners (New South Wales Government, 2016). The tool itself utilises practical resources and intervention strategies developed in the UK. It attempts to contextualise responses within a basic framework of risk identification and awareness before introducing practitioners to potential intervention techniques and strategies for use with young people considered at risk.

Queensland does not currently have a formal definition for child sexual exploitation and current state legislation does not recognise it as a standalone issue. Legislation instead only draws reference to CSE as a potential cause of harm, but lacks clarity to support an interpretation (Queensland Government, 1999). Current risk management frameworks in use by the Department of Child Safety, Youth and Women – SDM tools – tend to focus on child sexual abuse within the context of perpetrators being household members. In relation to external risk relating to child sexual abuse the Child Safety Practice Manual states the following:

*“Child Safety does not automatically investigate and assess significant harm or risk of significant harm to a child if the alleged person responsible lives outside the child’s home (extra-familial abuse).”*

*(Queensland Government, 2018, p11)*

The Practice Manual goes on to explain that it is the responsibility of police to investigate sexual exploitation, but does not provide any definition or description for practitioners to be able to identify what would constitute child sexual exploitation.

## **1.3 WHO IS AT RISK OF CHILD SEXUAL EXPLOITATION?**

Child sexual exploitation can be characterised in the lives of young people who suffer this form of abuse by a combination of pre-disposed vulnerabilities and a lack of choices – social, emotional and economic. Research highlights that victims often think they are in control of their circumstances and, due to the grooming processes employed by perpetrators, often do not recognise the abuse until it is too late (Welsh Government, 2013). These factors mean that the young person is unable to give informed consent to any sexual relationship that occurs with the perpetrator. In its Child Protection Procedures for *Safeguarding and Promoting the Welfare of Children who are at Risk of*

*Abuse through Sexual Exploitation* (2013, p3) the Welsh Government states the following:

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

### **Vulnerability and Risk**

A comprehensive 2005 study by Barnardo's (Barnardo's, 2007) concluded that the following factors made young people particularly vulnerable to sexual exploitation:

#### **Vulnerabilities:**

- abuse or neglect by parent/carer/family member
- history of local authority care
- family history of domestic abuse
- family history of substance misuse
- family history of mental health difficulties
- breakdown of family relationships
- low self-esteem

#### **Moderate Risk Indicators:**

- staying out late
- multiple callers (unknown adults/older young people)
- use of a mobile phone that causes concern
- expressions of despair (self-harm, overdose, eating disorder, challenging behaviour, aggression)
- sexually transmitted infections
- drugs misuse
- alcohol misuse
- use of the internet that causes concern
- unsuitable/inappropriate accommodation (including street homelessness)
- isolated from peers/social networks
- lack of positive relationship with a protective/nurturing adult
- exclusion from school or unexplained absences from or not engaged in school/college/training
- living independently and failing to respond to attempts by worker to keep in touch

#### **Significant Risk Indicators:**

- periods of going missing overnight or longer
- older 'boyfriend'/ relationship with controlling adult
- physical/emotional abuse by that 'boyfriend'/controlling adult
- entering/leaving vehicles driven by unknown adults
- unexplained amounts of money, expensive clothing or other items
- frequenting areas known for on or off street sexual exploitation
- physical injury without plausible explanation
- disclosure of sexual/physical assault followed by withdrawal of allegation<sup>1</sup>
- peers involved in clipping (receiving payment in exchange for agreement to perform sexual acts but not performing the sexual act)/sexual exploitation

These factors are still consistent with cases identified in the UK today and are used by government and non-government agencies as a means of assessing risk in relation to specific young people. Since the 2005 Barnardo's study there has



been further extensive evidence-based research in the UK conducted by government and non-government agencies aimed at understanding the issue in greater depth. This has been possible mainly due to a greater recognition of the problem and an increased awareness amongst frontline professionals leading to more accurate recording and monitoring of CSE cases (Shepherd & Lewis, 2017). It is now widely recognised that, while certain life experiences of victims may increase their vulnerability, CSE does not discriminate and as such victims can come from a variety of social, cultural and ethnic backgrounds (Beckett, Holmes & Walker, 2017). Young people under the age of 13, young people in the care system and those with a disability are considered to be at an increased level of vulnerability due to a number of factors. These range from lack of choice and opportunities to access support, to the lack of a positive relationship with a nurturing adult role model (Shepherd & Lewis, 2017).

It is important to recognise the impact of past childhood trauma and how it can increase the vulnerability of a young person. Shepherd & Lewis (2017, p6) highlight the following point in relation to severe childhood trauma and the impact it can have on the developing brain when a child has experienced a significant amount of stress resulting in the production of too much cortisol (stress-hormone):

*"A chronically traumatised child could then struggle to make rational choices, lack skills in assertiveness and may have developed rigid patterns of thinking, which can render them more vulnerable to feelings of worthlessness, low self-esteem and indifference."*

## Age

Research by the University of Bedfordshire demonstrates that CSE is most commonly experienced by young people aged 12 to 15, although there has been an observed increase in cases relating to young people between the ages of 8 and 11, especially relating to online exploitation (Beckett, Holmes & Walker, 2017). The same research also drew particular reference to young people aged 16 and 17 highlighting that abuse within this age group is overlooked *"due to an assumed capacity to consent" despite there being "heightened risks for 16 to 17 year olds, particularly without adequate economic or systemic support."*

## Gender

Research by a number of organisations indicates that the majority of young people sexually exploited are female (NSPCC, 2015). Speaking from a general international perspective, the UN suggests that:

*"Although both boys and girls are victims of sexual violence and exploitation, a general low regard for women exists in many cultures where women and girls are viewed as property. The vast majority of sexually assaulted, abused or exploited children are girls. On the other hand, a taboo against homosexuality may lead to the exploitation of boys being masked by silence."*

*(United Nations, 2001, p21)*

It is now widely noted and accepted that figures relating to the gender of victims may overlook the fact that males are less likely to disclose experiences of CSE and it is less likely for them to be recognised by professionals (Beckett, Holmes & Walker, 2017).

## Ethnicity

Based on evidence to date Beckett et al (2017, p11) highlight similar problems to that of gender in identifying CSE amongst black and minority ethnic communities due to underreporting of incidents, suggesting that the data available is under-representative of the issue making it difficult to draw accurate comparisons. The UN (2001) presents some context to this issue by suggesting that some cultures can be tolerant of CSE, either by ignoring it or condoning it. In addition to this, there is evidence that some underreporting within black and minority ethnic communities is the result of negative experiences when dealing with government agencies, particularly child-protective and law-enforcement agencies (Atkinson, 2018).

## 1.4 MODELS OF CHILD SEXUAL EXPLOITATION

In the UK several prominent children's charities have undertaken extensive research into the various forms of CSE. Barnardo's is one of the most vocal of these on the subject, especially in advocating for children's rights, and was the first organisation to establish specialist CSE projects in the UK. Their work with young people experiencing CSE started in Glasgow, Scotland in 1992. Since then it has progressed and evolved into them becoming a key influencer on UK Government policy and legislation, to the extent that in 2014 they led a Parliamentary Inquiry into child sexual exploitation and trafficking in the UK (Marsden, 2017).

Barnardo's has contextualised CSE within a framework and identifies the following models as those most commonly used by perpetrators (Shepherd & Lewis, 2017, p10):

### Peer

This takes place within the context of age-appropriate social networks and acquaintances – an example would be a young person receiving drugs or alcohol in exchange for sexual favours. This form of CSE can sometimes be associated with peer domestic violence and gang exploitation.

### Gang

This can be characterised in a number of contexts including gang initiation involving performing of sexual acts on senior or multiple gang members – where young people want to be accepted into a particular gang. This will then result in the young person receiving the protection of the gang, but is often expected to repeat these acts.

Due to its potentially lucrative nature some gangs will deliberately treat young people as a commodity and hire them out for sex in order to make money – the facilitator may never actually commit sexual acts directly on the victim. It is often found in this type of exploitation that victims in these gangs will be made to commit petty crimes, thus reducing the risk of them disclosing the abuse to authorities.

### Boyfriend/Girlfriend

This is one of the more commonly experienced forms of CSE for young people because perpetrators do not discriminate – social background, ethnicity, age and gender are irrelevant. The perpetrator first targets a young person based on their vulnerabilities and grooms them into a 'relationship'; the young person being of the belief that they are in a loving relationship. Once control and dominance are established by the perpetrator, the young person may then be forced or manipulated into having sex with friends of the perpetrator.

This model relies heavily on the establishment of a traumatic attachment to the perpetrator, similar to that which is experienced by adult domestic violence victims (James, 1994). The young person will often display feelings of guilt coupled with a need to defend the perpetrator, even when they identify the relationship as exploitative.

### Party

This model is used by perpetrators to attract young people into environments where they are exposed to drugs and alcohol, both of which are used by the perpetrators to diminish the judgement and social inhibitions of the victim enabling them to be coerced or forced into sexually exploitative situations. Parties may take place in private homes, hotels, warehouses or other venues hidden from public view. There are well documented cases in the UK of this model being used by networks of abusers, where victims will be moved between different locations for the purpose of exploiting them (Bedford, 2015).

### Online and Technology

Online and technology exploitation makes use of the internet, mobile phones and other devices to groom young people, usually through messaging and pictures. Perpetrators can use this model to exploit young people across distance – interstate or internationally, made easy through the use of apps, websites and online gaming. Social media has been a commonly used online platform by perpetrators who will frequently encourage young people to share sexually explicit pictures of themselves which will then be used to manipulate or blackmail the young person into

other sexually exploitative situations. Young people most vulnerable to this form of abuse are those with a disability, mental illness or same-sex attraction (Salter, 2017).

Shephard & Lewis (2017) highlight that online exploitation often overlaps with exploitation that occurs in the community and as such should not be viewed in isolation. They also note that technology can be used to control young people by tracking them and ensuring constant contact, meaning that the victims often experience a relentless state of control and anxiety. Shephard & Lewis (2017) draw attention to the impact of this on the young people involved:

*"Resultant trauma symptoms are often evident in their interactions with technology, such as heightened states of anxiety about responding to texts and calls, or disproportionate agitation when separated from devices."*

### Trafficking

Trafficking can occur both internally, within a state or country, or internationally. Victims are moved between locations, using networks of perpetrators, where they are usually forced or manipulated into performing sexual acts with multiple perpetrators. In some instances, victims themselves can be used to recruit other young people into this kind of CSE, similar to other forms of the abuse highlighted above. There is evidence in cases of trafficking that this kind of abuse is linked to organised crime, treating the young people as a commodity. This form of abuse renders victims powerless due to them being completely dependent on the perpetrators for their base needs.

### Commercial Sexual Exploitation

Historically referred to as 'child prostitution', this model entails a young person exchanging sex for money, drugs or alcohol. The key difference from other forms of CSE is that this 'exchange' is often not preceded with the young person being groomed by the abuser. It is not unusual for this form of CSE to occur as a result of the young person's own low socioeconomic circumstances and will often be seen by the young person as a means of survival. Research suggests that in a significant number of cases the victim is usually being controlled by a third party, who will ensure that the young person only receives a small remuneration as a means of maintaining the control (Shephard & Lewis, 2017). This form of CSE may also be used for the production of child exploitation material for which the victim will receive some form of payment.

**IT IS IMPORTANT TO NOTE THAT THE UN DRAWS PARTICULAR REFERENCE TO THE ISSUE OF CONSENT WHEN CONSIDERING HOW DIFFERENT JURISDICTIONS DEFINE CSE AND STATES THAT "THE TERM "SEXUAL EXPLOITATION" REFERS TO ALL CHILDREN UP TO THE AGE OF 18; ISSUES OF LOCALLY DEFINED "AGE OF CONSENT" ARE NOT RELEVANT TO THE CHILD'S RIGHT TO PROTECTION."**

**UNITED NATIONS, 2001.**



## 2. THE IMPACT OF CHILD SEXUAL EXPLOITATION

There is now an increasing volume of research becoming available that highlights the significant impact child sexual exploitation has on both its victims and the community as a whole. From the physical and emotional health of victims to the economic cost, the impact of CSE is far reaching.

### 2.1 WHAT IS THE IMPACT OF CHILD SEXUAL EXPLOITATION ON CHILDREN AND YOUNG PEOPLE?

The UN (2001) notes that sexual exploitation has devastating effects on the physical and mental health of children, including their ability to learn and communicate. They also highlight the fact that there may also be a “*profound*” impact on the victim’s family and the wider community. The UN specifically draws attention to several key impact categories experienced by victims of CSE which are in turn split into two domains – Individual Impact, and Family and Community Impact. These are listed below:

#### Individual Impact

- **Physical** – including genital injury and sexually transmitted diseases. Unwanted pregnancy and unsafe abortion.
- **Emotional** – trauma, shame and stigmatisation – in some cultures the child may be ostracised and blamed for the exploitation.
- **Social** – may experience stigma, victim blaming and exclusion as a result of the sexual exploitation. In some cultures sexual exploitation may affect the child’s ability to marry later in life.
- **Secondary trauma** – if the victim experiences insensitivity and poor handling of their case by agencies, such as aggressive interviewing by statutory and law enforcement agencies, insensitive medical examinations.

#### Community and Family Impact

CSE can have a significant impact on relationships within the family and the wider community where there is a failure by statutory and law enforcement agencies to respond to allegations. This can lead to social tensions within families and communities that may result in future barriers to engagement.

The health impact factors are supported by more recent research across the subject of CSE. Christie (2018), in discussing trauma informed health and care approaches for responding to CSE, unpacks the health impacts on victims in more detail placing them into 15 different sub-categories:

1. **Post-Traumatic Stress Disorder (PTSD)** – victims are likely to experience anxiety, stress and fear to such a significant level that it impacts on their daily living – re-experiencing, avoidance and hyper-arousal.
2. **Substance Abuse** – victims may turn to alcohol and other drugs to numb emotional impact of the abuse they have or are currently suffering. Research demonstrates that victims of sexual assault report higher reliance on alcohol than non-victims in order to cope. When compared with non-victims rape survivors are 10 times more likely to use major drugs to deal with the effects of the trauma suffered.
3. **Self-Harm** – victims of CSE who self-harm will normally use it as a way to ‘feel’ again as well as a means to express anger, sadness, grief or emotional pain. It is not unusual for victims to use self-harm as a way of experiencing some sense of control over their lives.
4. **Physical Injury** – victims are likely to experience genital and other injuries as a result of the abuse they suffer. Such injuries can include contusions, lacerations, abdominal trauma, joint dislocation, mechanical back pain, lesions caused by forced genital penetration and, in relation to pregnancy – placental abruption, which can be potentially life threatening to both mother and baby.
5. **Denial of the abuse/defence of the abuser** – it is not unusual for victims of CSE to exhibit behaviour

similar to that of Stockholm Syndrome. This sees the victim develop a 'trauma bond' with the abuser as a result of the extreme threat to their survival. The victim's brain views emotional attachment with the perpetrator as being critical to their survival and seeks to preserve and even defend the integrity of the 'relationship'. Friends and family of the victim will often observe them displaying defensive behaviour towards the abuser as well as the sabotaging of rescuers' attempts to help.

6. **Depression** – considered to be one of the most common effects of CSE on victims, frequently characterised by a multitude of symptoms including:
  - prolonged sadness
  - loss of appetite
  - fatigue and loss of energy
  - changes to sleep patterns
  - loss of interest in fun activities
  - social withdrawal
  - low self-esteem and self-efficacy
  - pessimistic outlook on life in general
  - lack of concentration and inability to focus
  - headaches and stomach aches
  - irritability, worry, anger and agitation or anxiety
  - frequent thoughts about death or suicide
7. **Sexually Transmitted Infections** – victims may contract a range of infections that include HIV/AIDS, chlamydia, crabs, HPV or genital warts, herpes, hepatitis B, syphilis, trichomoniasis.
8. **Pregnancy/termination** – for female victims of CSE there may not be the opportunity to exercise birth control as a result of the chaotic lifestyle, isolation, restrictions on movement, substance abuse or simply because the abuser is disrupting birth control efforts. For young people who terminate a pregnancy the emotional impact can be significant with research demonstrating that they are:
  - twice as likely as peers to abuse alcohol and drugs
  - six times more likely to take their own life
  - three times more likely than older women to be admitted to a mental health facility
  - more likely to suffer from problems with sexuality and parenting later in life
  - more likely to suffer from depression, paranoia and psychotic delusions than older women who have terminated a pregnancy
  - four times more likely to terminate a future pregnancy
9. **Flashbacks (re-experiencing)** – victims will sometimes experience past memories of traumatic events as though they are taking place in the current moment. Flashbacks can also be a symptom of PTSD.
10. **Borderline Personality Disorder (BPD)** – this can be one of the long-term effects of CSE. Research in the USA (Zanarini, 2000) suggests that up to 71 % of individuals with BPD have reported suffering sexual abuse when they were younger.
11. **Sleep Disorders (nightmares, insomnia and Sleep Terror Disorder)** – often victims of CSE will experience sleep disturbances and disorders.
12. **Eating Disorders** – victims of CSE can develop eating disorders because self-starvation, bingeing and purging may feel like a way to regain some form of control over their lives. Symptoms that may precede an eating disorder include low self-esteem, low self-efficacy, depression and anxiety.
13. **Somatic (Body) Memories** – victims may experience physical problems that cannot easily be explained by medical examinations, sometimes referred to as 'psychosomatic symptoms'. These

symptoms occur as a result of the stress experienced when the victim remembers the abuse they suffered. Symptoms can include headaches, dizziness, stomach complaints and sleep problems, etc.

**14. Dissociative Identity Disorder** – historically referred to as multiple personality disorder. This is a dissociative disorder where two or more distinct identities control or influence an individual's behaviour at different times. Dissociation is a process in which an individual's thoughts and feelings may be separated from their immediate reality. The severity of this disorder can vary dramatically, with individuals experiencing low level symptoms such as daydreaming or the more extreme end of the spectrum, complex dissociation that impacts significantly on an individual's ability to function on a day to day basis. It is believed that this type of disorder is caused by childhood physical or sexual abuse and serves as a means for the victim to remove themselves from the abuse they are experiencing.

**15. Suicide** – victims of CSE are more likely to attempt suicide. Influencing factors include depression, substance misuse, self-harming and a sense of hopelessness.

## 2.2 WHAT IS THE IMPACT OF CHILD SEXUAL EXPLOITATION ON THE WIDER COMMUNITY?

While the physical and emotional impact on victims of CSE can be detrimental to their long-term well-being, the impact on their families can also be significant. Research by the UK organisation PACE (2019), highlights the stress and trauma experienced by parents of CSE victims as being such that it can be detrimental to the overall welfare of the family. On a practical level the family may witness their child being violent and abusive towards them. For parents, the impact of having to deal with truanting from school, visits from police due to missing episodes or their child's criminal behavior, as well as interruptions to the working day leading to tensions between employer and parent, can all take its toll. Parents often experience feelings of guilt, self-blame, anxiety and depression as well as psychosomatic symptoms resulting from extreme stress. PACE notes that it is not unusual for parents to experience a strain on their own relationship as the effects of CSE become more prominent.

In some cases, the extreme impact of CSE can cause parents to feel the need to relocate their families many kilometres away in order to distance their child from the perpetrators (BBC, 2013). There is evidence of this occurring on the Sunshine Coast. A recent case reviewed by the Sunshine Coast Working Group saw a mother and father relocate their family 40 kilometres away in an attempt to distance their 14-year-old daughter from her abusers.

The impact of CSE and its associated factors on frontline policing and other services – health, education, youth Justice, can be significant. In 2012 the UK Home Office estimated that CSE cost the UK annual economy the equivalent of AUD \$5.1 billion with almost AUD \$1 billion of that spent on policing alone (NSPCC, 2015). In 2011 Barnardo's UK commissioned an in-depth study - *Reducing the Risk, Cutting the Cost*; undertaken by economists from the Bank of England. The main sole aim of this study was to determine the financial costs associated with CSE. The study identified major cost implications for the taxpayer relating to policing, education and healthcare as well as long term income and tax losses relating specifically to victims. The study demonstrated that there was an estimated associated lifetime cost equivalent to AUD \$83,821 (based on currency exchange rates at time of writing) per victim based on pre-intervention levels of risk. The study highlighted that this cost increased to AUD \$116,259 in the absence of an intervention, but identified a reduction to AUD \$51,520 when an intervention occurred. Put simply, Barnardo's identified that for every AUD \$1 spent, AUD \$13.20 would be saved. The research concluded with three key points:

1. Specialist interventions can be an effective means of reducing the risk of sexual exploitation and other associated factors.
2. In the absence of an intervention, the risks posed to young people, and the associated costs, are likely to increase further.
3. Providing specialist interventions to young people at risk of sexual exploitation saves the taxpayer money.



# 3. WHAT IS THE PREVALENCE OF CHILD SEXUAL EXPLOITATION?

## 3.1 NATIONAL AND INTERNATIONAL RESEARCH

It is estimated that at any given time there are over 3 million children engaged in the sex industry globally (NSPCC, 2015). In 2015/16, a study of 448,200 assessments undertaken across council districts in England alone, found 28,600 children were identified at risk of sexual abuse and 17,600 at risk of sexual exploitation (Kelly & Karsna, 2017). Some council districts reported as many as 137 children at risk per 10,000. The study noted that coastal towns demonstrated some of the highest numbers. In 2015 the NSPCC reported that over 3,000 children and young people involved in CSE were helped by NGOs in the UK (NSPCC, 2015). The UK Home Office – equivalent to the Australian Department of Home Affairs – has conducted extensive research into the prevalence of CSE and considers those most at risk as being children who have a history of running away/going missing overnight, are in residential care or transitional housing and foster care, have disengaged from education, and those using drugs and alcohol (CEOP, 2011). This research corresponds strongly with all of the cases encountered by agencies on the Sunshine Coast.

In Australia, the last significant piece of federal government research specifically relating to CSE – that the author of this study could find – was undertaken in 2001 by the Australian Institute of Criminology (AIC) (Grabosky, Grant & David, 2001). This research was in response to Australia's commitment to establishing a national agenda for action aimed at eradicating the commercial sexual exploitation of children within its borders. A commitment that was expressed on the international stage at the 1996 World Congress, intended to fulfill Australia's obligations under the Stockholm Declaration. While the research was able to identify predisposed vulnerabilities present in young victims' lives – historic familial abuse, homelessness, domestic and family violence, etc – it appeared to present the view that the behavior of the young people themselves was largely responsible for the exploitation. Something that might be viewed by today's standards as 'victim blaming'.

The research; however, did demonstrate some critical pieces of data. It indicated that within two weeks of becoming homeless, 75 % of young people had become involved in exploitative activity – prostitution, pornography, criminal, etc. The researchers highlighted this against the backdrop of youth homelessness figures at the time, which demonstrated that approximately 25,000 to 30,000 young people experienced homelessness each year. This figure has remained constant, with the 2016 Census night reporting 27,680 young people aged 12 to 24 being counted as homeless (Council to Homeless Persons, 2018).

The 2001 research identified significant difficulties in quantifying the true scale of the problem due to ambiguity around definitions of CSE, the hidden nature of CSE and the absence of data collection in general. In relation to data collection, they discovered that the main issues were underreporting, professionals dismissing the relevance of data collection and a lack of coordination amongst agencies. Regarding prevalence of CSE, the research concluded that between 30 and 40 % of 'at risk' children in Brisbane had been sexually exploited in a commercial context. It estimated that over a period of one year, in 1998, 320 children between the ages of 13 and 17, across Queensland, were victims of commercial sexual exploitation. Of these, 68 % were female.

Since 2001, minimal research has been undertaken at a national level, specifically relating to CSE. Much of the national data available is presented within the context of online child exploitation (ACCCE, 2019). In the state of Victoria, MacKillop Family Services, in collaboration with the University of Melbourne, are currently undertaking a piece of action centred research involving young people in out-of-home care (McKibbon et al., 2016). The study is focused on developing interventions for young people at risk of domestic and family violence, harmful sexual behavior and child sexual exploitation. As was the case in the 2001 AIC study, it is still difficult today to estimate the prevalence of CSE in Australia due to reporting and identification issues (Royal Commission into Institutional Responses to Child Sexual Abuse, 2017). There are two recommendations made by the Royal Commission into Institutional Responses to Child Sexual abuse in its final report, specifically relating to CSE – 12.14 and 12.15. Recommendation 12.15 draws attention

to the problem of data collection by stating:

*“Child protection departments in all states and territories should adopt a nationally consistent definition for child sexual exploitation to enable the collection and reporting of data on sexual exploitation of children...”*

**(Royal Commission into Institutional Responses to Child Sexual Abuse, 2017, p39).**

The scope of data collection recommended in the final report presents limitations, in that it is focused solely on children in out-of-home care. There is a strong argument that such a narrow scope of data collection will lead to underreporting of CSE cases for those children who still live in the family home.

There is currently a lack of understanding into how CSE affects Aboriginal and Torres Strait Islander communities, but recent cases encountered by professionals across various states, including Queensland, suggest there is evidence children from these communities have been specifically targeted due to their background (Atkinson, 2018). More research is required into how CSE impacts Aboriginal and Torres Strait Islander communities, especially in relation to the prevalence of cases and frequency of reporting.

### **3.2 SUNSHINE COAST RESEARCH**

Recent case studies reviewed by the Sunshine Coast Child Sexual Exploitation Working Group have seen children as young as 12 being sexually exploited, trafficked for sex interstate, filmed by adults having sex with other adults, being forced to use ‘ice’ intravenously to ensure compliance and dependency, and threatened with harm or death if they disclose to agencies or authorities. These cases, along with recent cases in Northern Western Australia (Western Australia Government, 2018) and Tasmania (Glaetzer, 2010), highlight that this is a community issue requiring a whole of community response.

Recent data collated by the Sunshine Coast multi-agency working group has highlighted the prevalence of CSE as a problem in communities across the region. To assist in identifying specific cases, the working group has adapted and utilised a CSE risk assessment tool currently used extensively in the UK by a range of agencies including police, government child protection services and NGOs (see Appendix 1). The tool draws on a range of evidenced vulnerabilities and risk indicators (see section 1.2), established through extensive research (Barnardo’s, 2007). In doing so, the tool enables individuals to assess and monitor the likelihood of specific young people being at risk of or involved in sexual exploitation. The risk level is split into three categories – Low, Moderate and Significant.

For the period October to December 2017, the working group conducted a pilot study in response to anecdotal reports of CSE from professionals across the Sunshine Coast. The aim of the study was to establish some indication as to how significant the issue of CSE was across the region. The following service streams participated – IFYS YELS; Act for Kids, Family and Child Connect. In total, risk assessments were completed for 35 young people aged between 11 and 19. The 19-year-old, although older than the usual age range recognised within the definition, was assessed due to the level of vulnerability as a result of significant learning disabilities. The following is a breakdown of the risk assessment data:

Figure 1 Sunshine Coast CSE Working Group Data - Oct to Dec 2017

<b>Male</b>	13			<b>Female</b>	22		
Physical/Learning Disability				2			
Age							
U13	13	14	15	16	17	18	19
2	3	9	10	4	5	1	1

Risk Level		
Low	Moderate	Significant
7	7	21
Number of young people identified within each of the Significant risk indicators		
Disclosure of sexual assault, including if followed by withdrawal of allegation	Peers involved in clipping/sexual exploitation	Periods of going missing overnight or longer
9	3	21
Older boyfriend or girlfriend/relationship with controlling adult	Physical abuse by older boyfriend or girlfriend/controlling adult	Emotional abuse by older boyfriend or girlfriend/controlling adult
5	6	7
Entering/leaving vehicles driven by unknown adults	Unexplained amounts of money, expensive clothing, mobile phone or other items	Frequenting areas known for on/off street sexual exploitation
3	7	5

In November 2018 the Sunshine Coast Working Group established a case review panel aimed at reviewing cases of CSE that fell within the 'Significant' category of risk for CSE. From January to April 2019 the working group started to collect data relating to all cases reviewed by the panel. In total 13 individual cases were reviewed by the panel during the period January to April 2019. The following is a breakdown of the risk assessment data:

Figure 2 Sunshine Coast CSE Working Group Data – Jan to Apr 2019

<b>Male</b>	1			<b>Female</b>	12		
Physical/Learning Disability				4			
Age							
U13	13	14	15	16			
1	3	3	4	2			

Number of young people identified within each of the Significant risk indicators		
Disclosure of sexual assault, including if followed by withdrawal of allegation	Peers involved in clipping/sexual exploitation	Periods of going missing overnight or longer
7	6	8
Older boyfriend or girlfriend/relationship with controlling adult	Physical abuse by older boyfriend or girlfriend/controlling adult	Emotional abuse by older boyfriend or girlfriend/controlling adult
6	2	1
Entering/leaving vehicles driven by unknown adults	Unexplained amounts of money, expensive clothing, mobile phone or other items	Frequenting areas known for on/off street sexual exploitation
2	6	1



During the period January to April 2019, members of the working group identified a cohort of at least 10 interconnected young people involved in CSE, from the Sunshine Coast. In all of these cases, disclosures from the young people to workers exposed common themes relating to specific locations and known adults of concern. One of the most prominent commonalities was that 8 of the young people attended the same school, a potential indicator of 'peer to peer' grooming conducted on behalf of adult perpetrators.

The most concerning information to come out of these disclosures were accounts of young people reporting to workers that they had been trafficked interstate and as far north as Rockhampton to have sex with multiple men. There are accounts of perpetrators forcing young people to take drugs and sedatives intravenously before being repeatedly raped in front of cameras. One young person described being taken to houses where rooms had been set up with sophisticated multi-media equipment for the purpose of producing commercial child exploitation material. The young person told workers that they knew of many other young people, both girls and boys, who were being trafficked regularly up and down the east coast for sex with adults. When this particular young person attempted to report the abuse to police; however, they had been dismissed as a non-credible witness due to their 'use' of drugs. Drugs the young person had been forced to take by their abusers.

This scenario is indicative of the difficulties faced by CSE victims when trying to disclose abuse. Not just in the attitudes they may encounter during the disclosure process, but, also, due to a lack of resources available for those frontline staff dealing with the disclosure. Police, especially, can find themselves under increasing pressure to deal with situations that overlap other human service domains. This is a potential problem if frontline staff lack adequate training relating to CSE or when staffing levels are at a low level creating more challenges for addressing complex issues. How a victim is treated and the support they receive at point of disclosure can be critical to their long-term well-being (Beckett & Warrington, 2015). Research by Beckett and Warrington (2015) draws attention to the need for victims and witnesses of CSE to receive access to advocacy and case management support from a *"single trusted individual and additional therapeutic support"* when requested by the victim.

## Research Limitations

The data for both the 2017 and 2019 studies comes from a limited range of sources. For the data captured in the 2019 sample there was, at the time, only a small number of agencies making referrals to the case review panel, partly due to inconsistencies in identifying and reporting of cases. This could be because not all agencies represented in the working group had received training on how to identify indicators and grooming processes present in cases of CSE, including how to undertake risk assessment of specific cases. In addition to this, because CSE is not categorised separately within the risk management frameworks of statutory agencies – police, child safety, health, etc – there is either underreporting of cases or, they go unrecognised and end up being miscategorised. This presents a situation that corresponds with the findings of the Royal Commission (Royal Commission into Institutional Responses to Child Sexual Abuse, 2017). As a result of these issues, cases referred to the panel for review only come from a narrow range of service streams.

At the time of both the 2017 and 2019 studies, data capturing methods used by source agencies focused on risk indicators rather than peripheral data. This made it difficult to establish an accurate picture of the cultural and ethnic backgrounds of victims. It is noted; however, that a small percentage of young people who were assessed identified as Aboriginal and Torres Strait Islander or with other ethnic minority groups. As mentioned earlier in this report, this is an area deserving more focused attention in research, to enable culturally appropriate methods of data collection.

In relation to the 2019 data, there are other potential limiting factors impacting on comprehensive data collection. All cases referred for review by the working group sit within the Significant category of risk. The accompanying narrative in cases demonstrated that the young people involved were all in the process of being sexually exploited. This means that cases being assessed as Moderate risk are not captured in the data, creating a gap in understanding how many young people may be experiencing the earlier 'grooming stages' of CSE.

The capacity of participating agencies to undertake risk assessments and capture data alongside other systems and processes is also another limiting factor; something potentially linked to the absence of formal government protocols and policies specifically relating to CSE within current risk management frameworks used by agencies.

## 3.3 MODELS OF CHILD SEXUAL EXPLOITATION OBSERVED ON THE SUNSHINE COAST

Since the Sunshine Coast Working Group was established in 2016, associated agencies and professionals have, at various times, reported observing characteristics of all the models of CSE described in section 1.3. The exception being that of 'Gang' related CSE. The most common models consistently observed have been that of the 'Boyfriend/Girlfriend', 'Party' and 'Commercial' models.

## 3.4 FEEDBACK FROM PROFESSIONALS

Between February and May 2019, the author of this report delivered five workshops on CSE to over 60 frontline professionals at locations in South East Queensland. Professions represented in the workshops included police, youth justice, health, child safety, sexual assault services, homelessness services, residential youth services, childcare services, domestic violence services, counselling services, indigenous youth support services and family support services. Following the workshops brief feedback surveys were completed by participants. Responses indicated that the majority of respondents had previously struggled to recognise specific cases of CSE, with 93 % of professionals stating that they had formerly not held an understanding of how to recognise the common indicators of CSE. 70 % of respondents stated that they had not previously held an understanding of the common grooming and control processes used by perpetrators. 67 % of respondents said they would consider their use of language when responding to CSE, in recognition of the potential for stereotypes and myths to lead to victim blaming.



# 4. MODELS OF PROFESSIONAL PRACTICE

## 4.1 PRACTICE MODELS CURRENTLY IN USE ELSEWHERE – NATIONAL AND INTERNATIONAL

There is only a limited range of practice models and approaches currently employed in Australia specifically aimed at combatting CSE. In 2016 the state of Victoria launched its *Keeping Children safe from sexual exploitation strategy* aimed at preventing and protecting children from sexual exploitation (Victoria Government, 2016). The strategy includes providing critical information and guidance for professionals working with children and young people, as well as clear protocols and procedures for addressing CSE within community settings. A key component of this strategy is a partnership between Victoria Police and the Department of Health and Human Services. This partnership saw the creation of new investigator and specialist child protection staff roles specifically focused on targeted work with victims of CSE, aimed at disrupting and prosecuting perpetrators. Prior to this new strategy, protocols already existed for the purpose of addressing individual cases. This included multi-agency stakeholder meetings and associated procedural documentation (Victoria Government, 2014).

In addition to multi-agency partnerships, police regularly make use of a variety of legislative tools available to them, for the purpose of disrupting CSE. Alongside stop and search powers, police are able to issue 'Harbourers' Notices' to adults of concern according to section 63 of the Crimes Act (Victoria Police, 2010), when a young person under the age of 16 is found in their company without the permission of a parent or guardian. Police in the UK use similar strategies for disrupting the activities of perpetrators and regularly use 'Child Abduction Warning Notices', issued to adults of concern under the *UK Child Abduction Act 1984* (UK Government, 2019). These notices are issued before any offence has been proven and highlight the child's age, photograph and contain a statement from parents or guardians stating that they do not want the alleged perpetrator to have contact with or be in the company of their child. Police have found these notices to be useful in proving to courts that perpetrators know the age of the child (Dearden, 2017).

The New South Wales state government has started to recognise CSE as a prominent issue for frontline child protection staff and responded by issuing practice guidance – *Working with young people at risk of sexual exploitation: see understand and respond to child sexual abuse* – for Child Protection Practitioners (New South Wales Government, 2016). The guidance provides access to resources and materials developed in the UK for use with young people. These include case planning approaches and learning resources for practitioners to be able to develop a better understanding of CSE.

Several agencies in the UK have developed models of practice for addressing CSE. A common theme across most models is the concept of 'assertive outreach', where practitioners persist in attempting to engage and intervene with young people who are at risk of or being sexually exploited. This involves building trusting relationships by being needs-led according to the young person and their circumstances. These models sometimes rely on a partnership approach with police and statutory child protection services, and operate on the principle of being 'available' to the young person through one-to-one sessions, non-appointment based interventions and out of hours support. The key principle of this type of outreach model, is that services are visible and easily accessible for young people to reach out to. This particular model has proven to be effective at reducing instances of young people going missing and increasing the safety of children and young people considered to be at risk of sexual exploitation. Catch 22 is one such organisation that uses an assertive outreach model. From January 2014 to May 2015 they noted that 71 % of children they worked with reported an increase in safety and security. 57 % reported an increase in well-being and 20-25 % did not go missing again following a single intervention.

In the UK Barnardo's has been using assertive outreach models of practice since the 1990s to combat CSE. Barnardo's base their model on what they refer to as the '4 As' – Assertive outreach, Advocacy, Attention and Access (Shepherd & Lewis, 2017, p18-27). Barnardo's assign the following characteristics to each of the '4 As':

**Assertive Outreach** – Engaging with the young person and maintaining contact by regularly texting, phoning and meeting with the young person in their own environment or at locations where they feel comfortable. Barnardo's point out that "*persistent engagement techniques are particularly important to counteract the influence of abusive adults who are often equally persistent.*"

**Advocacy** – Proactive support that involves a multi-agency approach. Barnardo's draws attention to the fact that many young people at risk of or involved in CSE, have previously been let down by adults and services in the past. They highlight that *"a key role of staff is to ensure that they can advocate for the provision" the young person needs.*

**Attention** – Designated and dedicated workers who are able to offer positive alternative relationships for the young person to engage. Barnardo's highlights the fact that *"Many sexually exploited children have few, if any, concerned, attentive adults in their lives."* The aim of workers is to provide *"Consistent and persistent attention"* enabling the *"development of a protective, supportive relationship"* where the young person can *"feel safe enough to examine their lives and start to make changes."*

**Access** – Providing accessible service provision for children who are affected by CSE. This includes effective referral pathways and processes that do not inhibit a young person's ability to access appropriate support. Barnardo's places emphasis on the importance of developing *"protocols"* at a local level that help to increase multi-agency responses and awareness of CSE, and the identification of young people in need of help.

Barnardo's highlights that a key objective for any model of practice working with young people at risk of or involved in CSE, should be to encourage change and facilitate the building of resilience to the extent that they have a sense of agency in their own lives that leads to a positive self-regard and sense of belonging.

## 4.2 SERVICE PROVISION WITHIN THE SUNSHINE COAST REGION

Within the Sunshine Coast region there are only a limited number of outreach services specifically targeting at risk young people. Feedback, for the purpose of this report, was provided by Family and Child Connect (FACC) and Assessment and Service Connect (ASC). Both are government funded services providing advice, case management and referral support for families on the Sunshine Coast. They highlighted that the lack of targeted outreach services for young people with complex needs is a major problem across the region. They noted that while some volunteer mentoring services exist, they are not equipped for working with young people at risk of or involved in CSE and would not normally take an assertive outreach approach to engagement. A critical aspect of both the FACC and ASC services is their ability to be able to connect service users with other appropriate services and supports. When asked, they were only able to identify a small number of services that provide some form of youth outreach – IFYS Youth Engagement and Linkage Service (YELS); IFYS Reconnect Program; IFYS Young Parents Support Program; Community Solutions Circles of Support – Youth (COSY) program. Only three of these services provide targeted youth outreach for young people who fall within the category of being 'at risk' – YELS, Reconnect and COSY. It is worth noting that each program's government service agreement will dictate the scope of the services they are able to offer. As such, the extent to which programmes are able to engage with young people at risk of or involved in CSE, may be significantly inhibited.

FACC and ASC emphasised that CSE is regularly encountered as an issue across the region, but noted that there is a lack of specialist outreach services equipped specifically to deal with the problem.

# CSE CASE STUDY

## JODIE'S STORY

Jodie is 15 and an only child. Her parents moved to Australia several years ago, for her father's work. Two years ago her parents separated and her mother moved back to their country of origin, but Jodie remained in Australia with her father to enable consistency in her education. During her childhood, Jodie had been exposed to a significant amount of domestic violence between her parents and had also been impacted by mental health problems experienced by her father.

Following the separation of her parents, things became emotionally challenging for Jodie as her father became emotionally and physically abusive towards her. Jodie was unable to access support from her natural family network because they lived in another country. This caused her to become isolated and more reliant on support from her peers at school. Typical of many teenagers in her situation, Jodie craved positive attention and it was this vulnerability that made her the perfect target for an abuser.

Through her peer network Jodie was introduced to a group of older adult males. One of these men soon took a specific interest in Jodie and started to lavish her with affection and gifts. In a matter of weeks Jodie was calling him her "boyfriend".

Jodie was just 14 at the time. Her relationship with her father was deteriorating rapidly and she had started to go missing for days and weeks on end. Jodie was being pulled into a dangerous world of drugs, alcohol and sex. Still a child, isolated and in love, she was powerless to resist. Receiving little material support from her father and unable to access financial assistance due to her immigration status, before long Jodie found herself completely dependent on her new "boyfriend".

After a short time Jodie discovered there were certain conditions attached to the support she received from her "boyfriend". At first it was just performing the occasional "favour" by having sex with one of his "friends", but this soon turned into a scenario where she was forced to have sex with multiple abusers, often whilst being filmed by her "boyfriend". Any resistance or protest on Jodie's part was met with violence and intimidation from her "boyfriend". Eventually things got so bad, Jodie was being forced by her abusers to take drugs intravenously as way of keeping her compliant and dependent.

Help for Jodie came in the form of a youth outreach service operated by IFYS. They had received a referral from Jodie's school, due to her regular non-attendance. Initially Jodie was reluctant to engage due to the level of power and control that her abusers had over her. However, over time youth outreach workers were able to build a trusting relationship with Jodie and supported her in accessing appropriate services and material supports.

With the support of IFYS, Jodie was able to develop enough courage to escape her abusers. At times it was a struggle; her abusers continually tried to contact her and intimidated her by sending threatening messages. But with the support of IFYS she succeeded. They helped Jodie re-connect with her mother and assisted her in moving back to her country of birth and the safety of her family.



# 5. SUMMARY AND CONCLUSION

The main aim of this paper was to examine child sexual exploitation within the context of the Sunshine Coast region by looking at available evidence and data. While the data available was narrow in scope it does indicate that agencies across the region are encountering cases of CSE on a regular basis. The most prominent indicator of CSE encountered across the sample groups was that of 'going missing'. This corresponds with research conducted in the UK and would suggest a potential avenue to explore for future service delivery.

Feedback from frontline professionals and agencies, alongside information provided by the Sunshine Coast CSE Working Group highlights the need for greater awareness and understanding of CSE within the professional community. This would enable a 'best practice' approach to prevention and intervention; a situation that reflects findings in the Royal Commission into Institutional Responses to Child Sexual Abuse. Victims' experiences of interfacing with statutory agencies at point of disclosure also suggests the need for a shift in attitudes toward teenagers who are victims of sexual exploitation. This, along with specialist support and better resourcing for frontline staff, would mean that future victims receive the support they need at the point of disclosure, and an increased potential for perpetrators to be brought to justice.

Research reviewed in this report demonstrates a need for models of practice with young people at risk, to move away from a scenario where the responsibility is placed on the young person to engage with workers. Practice models should instead focus on an assertive approach that recognises the power and control techniques used by perpetrators to pull victims away from protective adults. Feedback from services in the region indicate that this is a significant gap in service delivery for current youth outreach programmes.

## Future Work

During the production of this report several areas requiring more research attention were identified:

- The prevalence and impact of CSE in Aboriginal and Torres Strait Islander, and other ethnic minority communities.
- Gaps in legislation and available tools for law enforcement agencies when dealing with CSE.
- Professional attitudes towards teen aged victims of child sexual abuse.
- Young people's experiences of CSE on the Sunshine Coast.
- A wider scope of data collection and research involving more agencies across the region, to enable a more accurate picture of the prevalence of CSE – it is noted that much of the data obtained relates to the southern region of the Sunshine Coast.

# MODEL OF IMPLEMENTATION

## CHILD SEXUAL EXPLOITATION – TIMELINE OF DEVELOPMENTS IN THE UK

- 1989** United Nations Convention on the Rights of the Child – Article 34 refers to the sexual exploitation of children.
- 1996** First World Congress Against Commercial Sexual Exploitation of Children. Led to the creation of the ‘Stockholm Declaration and Agenda for Action’.
- 1996** Sara Swann presents her research to the First World Congress Against Child Sexual Exploitation of Children. The research highlights the need for a paradigm shift in how the sexual exploitation of children and young people is viewed by authorities.
- 2001** United Nations comprehensively defines child sexual exploitation.
- 2007** Barnardo’s publishes *Sexual Exploitation Risk Assessment Frame – A pilot study*. The UK’s first evidence based risk assessment framework for identifying children and young people either at risk of, or involved in CSE.
- 2009** Department for Children, Schools and Families publishes *Safeguarding Children and Young People from Sexual Exploitation*. First formal use by UK government of the term ‘child sexual exploitation’.
- 2010** The conviction of nine members of a CSE gang in Derby. Up to 100 girls sexually abused by the gang.
- 2011** Barnardo’s publishes *Puppet on a String: The urgent need to cut children free from sexual exploitation*. A report outlining what is known about the scale and nature of CSE across the UK, and a direct call on government to intervene.
- 2011** The Child Exploitation and Online Protection Centre (CEOP) publishes *Out of Mind, Out of Sight: breaking down barriers to understanding CSE*.
- 2011** The University of Bedfordshire publishes research exploring the response of Local Safeguarding Children’s Boards to the 2009 government guidance on CSE.
- 2011** The Children’s Commissioner for England establishes *Inquiry into Child Sexual Exploitation in Gangs and Groups*.
- 2011** Barnardo’s in conjunction with economists from the Bank of England publishes *Reducing the risk, cutting the cost: An assessment of the potential savings from Barnardo’s interventions for young people who have been sexually exploited*.
- 2011** UK government publishes *Tackling Child Sexual Exploitation Action Plan*, aimed at addressing the issues raised by the research undertaken in the same year by the University of Bedfordshire.
- 2012** Barnardo’s publishes *Cutting them free: How is the UK progressing in protecting its children from sexual exploitation?* This report analysed progress made in policy and practice during 2011.
- 2012** The conviction of nine members of a CSE gang in Rochdale.
- 2012** CEOP publishes *Threat Assessment of Child Sexual Exploitation and Abuse*. This report assessed where and how children are most at risk of CSE.
- 2012** UK Parliament issues *Report from the Joint Inquiry into Children who go missing from care*.
- 2012** Barnardo’s and the Local Government Association publish *Tackling Child Sexual Exploitation: Helping local authorities to develop effective responses*.
- 2012** UK government publishes *Tackling Child Sexual Exploitation Action Plan – Progress Report*.
- 2012** Department for Education publishes *Step by Step Guide for Frontline Practitioners*. Government minister responsible for Children & Families writes to all directors of local government children’s services to promote the guidance.
- 2012** The Children’s Commissioner for England publishes report resulting from *Inquiry into Child Sexual Exploitation in Gangs and Groups – Briefing for Secretary of State on progress*.

- 2012** *The Times* newspaper reports that child sexual exploitation is widespread in the town of Rotherham. The newspaper draws attention to significant failings by law enforcement and local government children's services to protect children and young people from sexual exploitation.
- 2012** The UK House of Commons Home Affairs Committee starts a series of hearings into CSE as a result of the Rotherham and Rochdale cases. The hearings identified a "systemic failure" of law enforcement and council that had "let victims down".
- 2013** Rotherham Council commissions an independent inquiry into CSE in the town. The inquiry discovers that at least 1,400 children and young people had been sexually exploited across the region from 1997 to 2013. The inquiry exposed significant failings in law enforcement and local government, including attempts by officials to cover up abuse.
- 2013** Welsh government produces an *All Wales Protocol for Safeguarding and Promoting the Welfare of Children who are at Risk of Abuse through Sexual Exploitation*.
- 2014** The *Jay Report* is released with the results of the independent inquiry into child sexual exploitation in Rotherham.
- 2014** National Crime Agency launch investigation into the conduct of law enforcement in the Rotherham case.
- 2015** Serious Case Review into Child Sexual Exploitation in Oxfordshire is published. Estimates place the number of young people sexually exploited at over 300. The review highlighted overall failings relating to a lack of knowledge and understanding of CSE and how to respond to it.
- 2017** The conviction of 20 members of a CSE gang in Huddersfield. Largest group of individuals convicted for CSE related offences in the UK.
- 2017** The conviction of 18 members of a CSE gang in Newcastle. Up to 278 victims identified.
- 2017** UK government publishes *Child Sexual Exploitation: Definition and Guide for Professionals*. This guidance establishes the first formal definition of CSE by government for consistent use across the UK. The guide also establishes standards for best practice approaches to prevention and intervention.
- 2018** Sammy Woodhouse releases *Just a child: Britain's Biggest Child Abuse Scandal Exposed*. A book about her experiences as one of the victims in the Rotherham CSE case.
- 2018** Sammy Woodhouse wins a High Court action with two other victims to have their juvenile offence records wiped clean due to them being the result of the grooming methods used by their abusers.



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# APPENDIX

## CHILD SEXUAL EXPLOITATION RISK ASSESSMENT

*Please complete as much of this form as possible. Once completed, please discuss the outcome of the assessment with your organisation's Child Sexual Exploitation liaison or supervisor.*

Name of Worker undertaking assessment:		Originator of referral:	
Child's Name:		Date of referral:	
Known to Child Safety since: CO details:		Date of assessment:	
Age:		Legal status: (Eg Care order, etc)	
Date of birth:		Migrant/Refugee/Asylum Seeker/Trafficked status Please specify:	
Ethnicity:		Gender:	
Physical/learning disabilities:		Languages spoken:	
Have previous Child Safety Notifications been submitted? (If yes provide date/s)	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes when:	Involvement with the youth justice system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the child receiving support or services from any other agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If other agencies are involved please list them here e.g. CYMHS, DSQ etc	
Has sexual exploitation previously been identified as a specific issue for this child?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes when:	Has a full CSE Risk Assessment been completed previously?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes when:

<b>Vulnerabilities</b>	<i>Please tick</i>	<b>Vulnerabilities</b>	<i>Please tick</i>
Emotional neglect/abuse by parent/carer/ family member	<input type="checkbox"/>	Family history of mental health difficulties	<input type="checkbox"/>
Physical abuse by parent/carer/family member	<input type="checkbox"/>	Low self-esteem	<input type="checkbox"/>
Sexual abuse	<input type="checkbox"/>	Unsuitable /inappropriate accommodation	<input type="checkbox"/>
Breakdown of family relationships	<input type="checkbox"/>	Isolated from peers/social networks	<input type="checkbox"/>
Family history of domestic violence	<input type="checkbox"/>	Lack of positive relationship with a protective/nurturing adult	<input type="checkbox"/>
Family history of substance misuse	<input type="checkbox"/>	Other relevant vulnerability	<input type="checkbox"/>

<b>Moderate Risk Indicators</b>	<i>Please tick if present on date of referral or during the past 6 months</i>
Staying out late	<input type="checkbox"/>
Multiple callers to the home (unknown adults/young people)	<input type="checkbox"/>
Use of mobile phone that causes concern	<input type="checkbox"/>
Expressions of despair (self-harm, overdose, eating disorder, challenging behaviour, aggression)	<input type="checkbox"/>
Exclusion from school or unexplained absences, or not engaged in education/work/training	<input type="checkbox"/>
Sexually Transmitted Infections (STI's), pregnancy/termination of pregnancy	<input type="checkbox"/>
Drugs misuse	<input type="checkbox"/>
Alcohol misuse	<input type="checkbox"/>
Use of the internet that causes concern	<input type="checkbox"/>
Living independently and failing to respond to attempts by worker to keep in touch	<input type="checkbox"/>

<b>Significant Risk Indicators</b>	<i>Please tick if present between 6 and 12 months ago (Score +1 for each)</i>	<i>Please tick if present on date of referral or within the past 6 months (Score +5 for each)</i>
Disclosure of sexual/physical assault, including if followed by withdrawal of allegation	<input type="checkbox"/>	<input type="checkbox"/>
Peers involved in clipping/sexual exploitation	<input type="checkbox"/>	<input type="checkbox"/>
Periods of going missing overnight or longer	<input type="checkbox"/>	<input type="checkbox"/>
Older 'boyfriend' or 'girlfriend'/relationship with controlling adult	<input type="checkbox"/>	<input type="checkbox"/>
Physical abuse by controlling adult/physical injury without plausible explanation	<input type="checkbox"/>	<input type="checkbox"/>
Emotional abuse by controlling adult	<input type="checkbox"/>	<input type="checkbox"/>
Entering /leaving vehicles driven by unknown adults	<input type="checkbox"/>	<input type="checkbox"/>
Unexplained amounts of money, expensive clothing, mobile phones or other items	<input type="checkbox"/>	<input type="checkbox"/>
Frequenting areas known for on/off street sexual exploitation	<input type="checkbox"/>	<input type="checkbox"/>

<b>Risk Score</b>	<b>Risk Category</b>		
	<b>Low</b>	<b>Moderate +10</b>	<b>Significant 16+</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Note:**

- When physical/learning disabilities present +1
- If under 13yrs and at least one significant indicator present +5

**Vulnerabilities Identified** *(Please complete for all factors that have been ticked):*

- Emotional neglect/abuse by parent/carer/family member: .....
- Physical abuse by parent/carer/family member: .....
- Family history of mental health difficulties: .....
- Low self-esteem: .....
- Sexual abuse: .....
- Breakdown of family relationships: .....
- Family history of domestic abuse: .....
- Family history of substance abuse: .....
- Unsuitable/inappropriate accommodation: .....
- Isolated from peers/social networks: .....
- Lack of positive relationship with protective/nurturing adult: .....
- Other relevant vulnerability not mentioned above: .....

**Moderate Risk Indicators Identified** *(Please complete for all factors that have been ticked):*

- Staying out late: .....
- Multiple callers to the home (unknown adults/older young people): .....
- Use of mobile phone that causes concern: .....
- Expressions of despair (self-harm overdose, eating disorder, challenging behavior, aggressions): .....
- Exclusion from school or unexplained absences, or not engaged in education/work/training: .....
- Sexually Transmitted Infections (STI's), pregnancy/termination of pregnancy: .....
- Drugs misuse: .....
- Alcohol misuse: .....
- Use of the internet that causes concern: .....
- Living independently and failing to respond to attempts by worker to keep in touch: .....

**Significant Risk Indicators Identified** *(Please complete for all factors that have been ticked):*

- Disclosure of sexual/physical assault followed by withdrawal of allegation: .....
- Peers involved in clipping/sexual exploitation: .....
- Periods of going missing overnight or longer: .....
- Older 'boyfriend' or 'girlfriend'/relationship with controlling adult: .....
- Physical abuse by controlling adult/physical injury without plausible explanation: .....
- Emotional abuse by controlling adult: .....
- Entering/leaving vehicles driven by unknown adults: .....
- Unexplained amounts of money, expensive clothing, mobile phones or other items: .....
- Frequenting areas known for on/off street sexual exploitation: .....





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