Interim Report from the Inquiry into Child Sexual Exploitation in Gangs and Groups

Practice areas affected: All staff working with children or young adults.

Status: Interim Report from the Office of the Children’s Commissioner, November 2012

Summary:

Phase 1 of The Office of the Children’s Commissioner’s Inquiry into Child Sexual Exploitation in Gangs and Groups (CSEGG). Please see the Children’s Commissioner website for full documents: http://www.childrenscommissioner.gov.uk/info/csegg1

Phase 1 ran from October 2011 - September 2012 and gathered evidence on the nature and scale of CSEGG across England. Phase 2 (2012-13) will identify measures required to prevent CSEGG and recommend how to put these measures into force.

Child Sexual Exploitation in Gangs and Groups

The CSEGG Inquiry is the first time data have been collated from the police, local authorities, central government and primary care trusts on children displaying warning signs associated with child sexual exploitation

The broad definition of CSEGG is:

a) Gang: mainly males aged 13 – 25 years old, involved in many types of criminal activity (for example knife crime or robbery) and violence against other gangs, and who have identifiable gang markers such as specific territories, names and clothing. In this context child sexual exploitation is part of overall gang activity, rather than its purpose.

b) Group: involves people who operate together, either in person or online, for the purpose of setting up, co-ordinating and/or taking part in child sexual exploitation in either an organised or opportunistic way.

Data Reliability and Validity

This report, including its data collection, is the most comprehensive investigation into child sexual exploitation in England to date. It is based on 115 submissions to the call for evidence request, 14 site visits, oral evidence from 68 professionals and interviews with 20 sexually exploited children across the country. Data was received from 100% of police constabularies, 88% of local authority
children’s services and services operating in 66% of Primary Care Trusts. This enabled the identification of children who were at high risk of being sexually exploited.

**Number of Children Abused / at Risk of Abuse**

Based on evidence submitted to the CSEGG Inquiry:

- At least 16,500 children were identified as being at risk of child sexual exploitation during one year (based on children who displayed three or more signs of behaviour indicative of being at risk of child sexual exploitation);
- 2,409 children confirmed as victims of CSEGG during 14 month period (2010-2011)
- 155 confirmed victims also identified as being perpetrators of child sexual exploitation.

Yet child sexual exploitation also goes largely undetected. The report noted inconsistencies in relation to detention and data capture at the local level including: victim and perpetrator data; biased data (some agencies actively look for child sexual exploitation, others do not); varying definitions of CSEGG; data gaps on specific warning signs; datasets held by some departments/agencies not joined-up; health statistics on abortions and sexually-transmitted diseases not available.

At a local level this may result in data-sharing and flagging-up of possible child sexual exploitation cases being disjointed, leading to children at risk not being identified. Nationally, this prevents the collation of accurate numbers of reported cases, as well as the profile of the children affected. It will also result in the number of children identified in the CSEGG Inquiry being lower than the actual number.

**Extent of the Abuse**

Evidence provided to the Inquiry disclosed that sexual abuse involved vaginal, anal and oral penetration, including different forms of touching, penile penetration and penetration with objects. This was reported in both gang and group child sexual exploitation. Oral rape was reported most frequently, followed by anal rape; vaginal rape was the least frequently referenced form of abuse. There was a consensus amongst experts that anal and oral rape may be seen as more humiliating and controlling, therefore favoured by those sexually exploiting children. Oral sex was particularly used where several perpetrators were involved. Men / boys may ‘line-up’, or enter a room one at a time without a break. Professionals reported to the Inquiry that oral rape was more prevalent than any other form of sexual assault.

Sometimes girls had to witness sexual abuse of others and were then forced to participate.

The reported levels of anal rape of both boys and girls, by both groups and gangs, was particularly significant. There were numerous accounts of children being anally raped by several perpetrators.

Physical abuse was also used by both groups and gangs: including punching; hitting; restraint; attempted strangulation; bodily kicking and burning, particularly with cigarettes. The use of weapons was mainly linked to gangs, including using firearms, knives, bottles, bricks or bats to intimidate and/or coerce the victim into sexual activity.
Different forms of emotional abuse were identified, particularly victims living in a state of anxiety and acute fear of their abusers. Threats were used to ensure compliance, including filming sexual abuse and threatening to post images of victims online.

Some children reported that the grooming process lasted for months; even up to two years. Consequently they believed they were in a loving relationship. Perpetrators used such emotional attachment to manipulate and exploit.

Mobile phones, social networking sites and other forms of technology are used by perpetrators to groom, bully and pursue victims. The impact of pornography, particularly that of an extreme and violent nature, was a concern reported by many professionals and its impact on children's and young adults' understanding of what is acceptable, required or expected in sexual relationships.

Areas of particular concern for victims included: going missing, drug and alcohol problems, self-harming and mental health problems; offending either as part of the process of being exploited or as a consequence. Signs that a child has already been abused include: missing from home or care; suffering physical injuries; engaging in offending; drug or alcohol misuse; receipt of gifts from unknown sources; thoughts of suicide.

The evidence finds several factors that can increase a child’s vulnerability to child sexual exploitation, including: living in a chaotic or dysfunctional household; history of abuse (including familial child sexual abuse, risk of forced marriage, risk of ‘honour’-based violence, physical and emotional abuse and neglect); attending school with young people who are sexually exploited; experiencing a recent bereavement or loss; and in cases of child sexual exploitation in a street gang, children who were gang-associated either through relatives, peers or intimate relationships, or living in a gang neighbourhood.

The report states that any child displaying several vulnerabilities as above should be considered to be at high risk of sexual exploitation. Professionals should immediately seek to determine the risk, while taking preventative and protective action as required. (Please see Appendix A of the full report for full indicator checklist).

The panel was presented with confused and inconsistent understanding on the part of both professionals and young people of the concept of consent to sexual activity. Children and young people who were being sexually exploited were frequently described as “promiscuous”, “liking the glamour”, engaging in “risky behaviour” and being generally badly behaved. Some of the most common phrases used were: “prostituting herself”, “sexually available” and “asking for it”.

Who are the Victims?

The report identifies children and young people from a range of ages, both male and female, a range of ethnicities, heterosexual, homosexual, lesbian or bisexual, and some who are disabled. The majority of victims are girls; age range for both female and male victims 4-19, with a peak age of 15. There was a higher rate of victimisation amongst BME children and young people (28%) than previously identified. Children from loving and secure homes are abused, as well as children with pre-existing vulnerabilities. Those with no protective measures in place are at greatest risk. The most common characteristics are not related to their demographic profile, rather their powerlessness and vulnerability.

The majority of children live at home when the abuse begins. A disproportionate number live in residential care, however, compared to the total number of children in care. Children are at risk of
child sexual exploitation from gangs and groups in their neighbourhood, home, and school, among peer groups or at places such as parks, shopping centres, parties, bus and train stations, hotels and guesthouses.

**Who are the Perpetrators?**

Far less is known about the characteristics of perpetrators of child sexual exploitation than their victims. Agencies rarely record perpetrator data; what is recorded is often incomplete or inconsistent. Additionally, victims can often only provide aliases, nicknames or physical descriptions of perpetrators.

The Inquiry received information of 1,514 individuals known to be sexually exploiting children (August 2010 and October 2011). It was also informed of 1,094 known perpetrators during site visits.

Of the total number of perpetrators identified in the call for evidence, 72% were male, 10% were female. In 18% of cases the gender was undisclosed. Gender is the single most significant identifying feature of perpetrators. Perpetrators ranged in age from 12 to 75. Children and young people interviewed for the Inquiry identified perpetrators aged between 15 to over 70.

Recent public and media attention on the perpetrators of child sexual exploitation has focused on high-profile court cases, mainly involving adult males of British Pakistani origin and White British female victims. However, evidence in this report demonstrates there is more than one type of perpetrator, model and approach to CSEGG. Perpetrators classified as white were the largest group in both gangs and groups. BME individuals, particularly those loosely recorded as Asian, were the second largest category reported via the call for evidence. However, white British males were the only perpetrators identified in all site visits, and perpetrators from various ethnic groups in addition to white British and Asian, were found in both the site visits and call for evidence.

**Recommendations**

*Please see the Children’s Commissioner website for the documents referenced below:*

http://www.childrenscommissioner.gov.uk/info/csegg1

**Immediate Action:**

- All directors of children’s services, the chief medical officer, directors of public health and chief constables, the Royal Colleges, Police and Crime Commissioners, and the Department for Education, the Crown Prosecution Service and Chief Crown Prosecutors, should circulate the warning signs of child sexual exploitation (see Appendix A of the full report) to all professionals who come into contact with children and young people, and ensure they understand and act on them.

**Identification of Victims:**

- Every local area should conduct an audit of child sexual exploitation, using the self-assessment tool produced by the University of Bedfordshire (see Children’s Commissioner website), based on the list of warning signs and vulnerabilities (see Appendix A, CSEGG report). This should be coordinated by the Local Safeguarding Children Board (LSCB).
- All police forces should work with partner agencies, including third sector specialist organisations, to record information on girls / young women linked to gang members, and risk assess them for child sexual exploitation.

- All agencies identifying victims should review processes to ensure unbiased identification. They should also liaise with third sector organisations who work with under-represented children and young people, to ensure identification of all those vulnerable or at risk.

**Identifying Perpetrators:**

- Police forces should review local multi-agency intelligence collection processes and existing information to proactively identify perpetrators of child sexual exploitation.

- They should also use multi-agency intelligence to proactively profile local risk, as well as to direct enforcement and disruption activity.

- Each LSCB should agree policies and procedures for ensuring agencies identify and respond to children and young people who are both victims and perpetrators of child sexual exploitation. These procedures should be incorporated into the LSCB’s child sexual exploitation strategy and monitored for effective practice.

**Data gathering and information sharing:**

- The Department of Health should issue guidance to all health agencies to ensure effective information-sharing to ensure victims and those at risk of child sexual exploitation are identified.

- All agencies should adopt an agreed method for recording ethnicity, sexual orientation and disability of victims and perpetrators of child sexual exploitation.

- Youth offending services should share information on victims and perpetrators of child sexual exploitation with other agencies, as per information recorded on their assessment tools.

- Police forces should improve their recording of sexual offences to enable the recording of multiple perpetrators and allow for a child sexual exploitation flag.

**Recognition and awareness-raising:**

- Each LSCB should ensure that core training should include information on warning signs and the impact of child sexual exploitation. This should be part of their 2013/14 business plan.

- The Government should initiate a review all legislation and guidance which refers to children as ‘prostitutes’ or involved in prostitution, with the view to amending the wording to acknowledge children as sexually exploited and where appropriate victimised through commercial sexual exploitation.
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