SPOTTING THE SIGNS SEXUAL HEALTH TOOLKIT GUIDANCE NOTES

A toolkit for professionals to identify risks of child sexual exploitation (CSE) in Sexual Health settings

This document is linked to *Spotting the Signs* Training

INTRODUCTION

Young people are bombarded with sexual messages via media, much of which is not portraying positive, safe and accurate detail. There is growing national evidence of poor relationship and sexual health outcomes amongst young people and the risk of exploitation is becoming more prevalent. The earlier we identify and intervene the more likely we are to collectively safeguard young people and also challenge perpetrators of sexual violence.

The majority of young people across Swindon have positive sexual health outcomes; choosing not to have sex at a young age, engaging in appropriate relationships and using reliable contraception to reduce the risk of unplanned conception and STI transmission. It is however apparent, based on local intelligence, that some are and continue to be at risk either through lack of understanding and / or relationship skills, or due to predatory exploitation.

This tool will support professionals to better explore and respond to those under 16 who are engaging in sexual activity and also those aged 16 or 17 who are identified as being at greater risk of exploitation such as Young People in Care, Care Leavers, poor school attenders, those with substance misuse (including alcohol) issues and young people with disabilities.

- The assessment tool contains 6 sections that reflect known evidence-based risks in relation to the sexual health of young people.

- The questions are designed to support professionals to make an evidence based judgement on the risk of child sexual exploitation (CSE).

- A flow-chart is also provided to assist with the follow up to this assessment.

SPOTTING THE SIGNS

There is little data to give an accurate account of the extent of child sexual exploitation in England, although it's clear that it is a very real threat faced by some young people on a daily basis. Sexual health services are often the first and only place a young person will access independently. These services are a safe place for young people to discuss all aspects of their life, including issues they may not want to discuss with anyone else.

It is also likely that many exploited young people will have disengaged with other statutory services, including school but still access sexual health services. The changing shape of exploitation and our growing understanding of how it may manifest itself with young people through gangs and peer groups, families, people in positions of power, and online. These are all reasons we must readdress how we gather information around young people's sexual lives so we can help them to develop healthy relationships and prevent or intervene where there is a risk of exploitation and abuse.

This toolkit is based on the BASHH and Brook Spotting the Signs national proforma. Spotting the Signs, funded by the Department of Health, allows sexual health professionals to use a standardised approach to pick up on the warning signs of CSE in all its forms. It is designed to be integrated into existing sexual and social history taking frameworks. Spotting the Signs provides a framework to support conversations with young people around CSE linked to latest research and evidence bases.

The guidance provides questions to help practitioners identify a young person's circumstances or behaviours – including non-verbal signs – that may be cause for concern and indicate the young person's needs. It also reminds practitioners never to make assumptions about a young

person based upon cultural, social or sexual stereotypes.

Further information can be found at:

http://www.bashh.org/BASHH/News/BASHH/News/News_Items/Spotting_the_Signs_-_CSE_Proforma.aspx

HOW TO USE THIS GUIDE

Each question in the assessment tool is covered, in order, in this guide. There is a rationale for the inclusion of each one followed by some practice notes suggesting how best to ask the question of the young people you see.

A NOTE ON COMMUNICATION SKILLS

The most important skill in identifying sexual health related needs with young people is your attitude and approach. It needs to be open, friendly and acknowledging of their apprehensions and any concerns about confidentiality. It is surprising how this friendly approach can allow you to ask questions, which, on paper, may appear quite blunt and intrusive.

> *"It's really important that the professional makes it clear that "nothing you've done makes you a bad person."*

Your working definition and practice around confidentiality needs to be explained at the beginning of all consultations with young people so they can be clear about the limitations and what actions may follow any disclosure that raises concern. It can be difficult to talk about your sex life. For many young people who use your services this might be the first time they have spoken to an adult about it. It is important that you start to build relationships of trust with them as soon as they walk through the door.

It is important to identify as many needs at the earliest opportunity as well as establishing trust so the young people come back to the service and start to build confidence in attending. However, it is more valuable to partially identify need where the young person feels okay about coming back to see you again, than it is to have identified all needs immediately with someone who will never to return to the service. The second most important thing to remember is that the great majority of young sexually active people are ***not*** going to present with child protection issues. Their vulnerability and support needs will not be meeting that level of concern and will require a sensitive response to identify needs and work towards meeting them**.**

How to make young people feel comfortable:

- Reassure that support and help are available to them.
- Reassure that no one can access the information they share unless they are in serious danger.
- Be friendly and approachable.

Section 1: Education

Questions in this section:

- *Do you attend school, education other than at school, pupil referral unit, college, training, employment?*
- *Do you attend regularly?*
- *Do you enjoy it?*
- *Is there anyone there who you can talk to?*

Rationale for asking:

Risk of under-18 conception is very clearly correlated with poor educational attainment; an even stronger correlation than with levels of deprivation. Knowing something about the young person's relationship with school can be very helpful. Those with poor attendance are much more likely to have missed Sex and Relationships Education; to have less opportunity to access support from school nurses; more likely to have literacy problems; and may have developed a general mistrust of support services, which we need to work hard to break down.

Poor attendance is defined as <92% attendance and this is about the equivalent of two half days absence a month.

The Home Office have identified through research that young people not in education, employment or training (NEET) are more vulnerable to misusing substances; drugs (illegal and legal), alcohol and solvents, than their peers who are engaging in education, employment or training. (SHEU Report 2005).

A useful phrase to remember is "Ambition is a great contraceptive" because those young people with clear goals, ambitions and some planning for their future tend to take more care over their contraception because an unwanted pregnancy could alter those plans irrevocably.
Therefore all the work done with young people relating to their confidence, attainment and skills is helping them to achieve better sexual health.

Suggestions for how to ask:

- *How's school going?*
- *Where are you going to school? (Mention of the special schools or local pupil referral unit, being schooled at home, or 'I don't go much' are all answers that might indicate some increased vulnerability)*
- *What are you doing with yourself at the moment?*

Section 2: Family Relationships

Questions in this section:

- *Who do you live with?*
- *How are things at home?*
- *Do you feel like you can talk to someone at home about sex and relationships?*
- *List of vulnerabilities:*
    - *Young carer*
    - *Looked after child*
    - *Homeless*
    - *Runaway*
    - *Family bereavement*
    - *Learning of physical disability*
- Are you involved with any other agencies or professionals such as social workers or mental health services?
- *If so, would you be happy for us to contact them if we feel the need to?*

Rationale for asking:

The most important influence on the attitudes and sexual behaviour choices of young people are the attitudes and behaviour of their parents or carers. For most young people, it is in their interest to tell someone at home that they have started having sex *before* any crisis occurs; like a pregnancy scare or STI diagnosis.

It can be difficult for young people to start those conversations; so giving them leaflets about your service that they can leave around at home may help to break the ice. Most young people find that the telling is not as bad as they imagined it would be and find great support from having someone who knows.

But young people will have those conversations only when they are ready to, and for some it may be positively dangerous for parents or carers to be aware of their sexual activity. In this case it is important to try and identify an alternative responsible adult they could confide in if possible

We must respect young people for knowing best about their own family and circumstances. Children Looked After (those under the care of the Local Authority) have the same right to confidentiality as any other young person.

If a young person has indicated that they have engaged with support from another service, it is a good indication that they have the ability to work with professionals and appropriate adults. It can also be opportunity to assess whether they could benefit from some additional support in attending future appointments, like a text reminder or referral to the outreach team.

Suggestions for how to ask:

- *Have you used any services like this before?*
- *(If using regular contraception) where do you go for your pill/injections etc? How do find going there?*
- *How easy is it for you to remember appointments and dates?*
- *Are you in contact with any other services at the moment? (E.g. YEW, support at school, social worker, Outreach Nurses?)*
- *Is there anyone at home who knows you're here today?*
- *Is there anyone you might tell when you get home?*
- *Any particular reason why it might be hard to tell them?*
- *We do encourage you to tell a parent/carer or responsible adult, if you can. Often they're as scared as you are of having that conversation – it means you're really starting to grow up. But for most people it's not as hard as you think it's going to be and they're often pleased you've come to them and talked about it.*
- *Do you want to ask your parent/carer to come here to talk about it together?*

Section 3: Friendships

Questions in this section:

- *Do you have friends your own age that you can talk to?*
- *Do your friends like and know the person you have sex with (if you are involved with or having sex with anyone?)*

Rationale for asking:

Friends and peers play an important role in children and young people's lives. It is important to establish whether the young person has a close circle of friends or is part of a new friendship group. Research shows that young people who take part in out of school activities and clubs are less likely to engage in risk taking behaviour. See Section 4: Relationships for further information.

Suggestions for how to ask:

- *Where do you meet your friends?*
- *Have you known your friends a long time?*
- *How did you meet your friends? (Internet, social media, etc)*
- *Do you take part in any out of school activities or clubs?*
- *Do your friends make you do things you don't want to do?*

Section 4: Relationships

Questions in this section:

- *Are you having sexual contact with anyone?*
- *If no, when was the last time you did?*
- *If yes, are you happy with the person you're going out with/the person you have sex with?*
- *How old is the person you are having sex with?*
- *How many people have you had sexual contact with in the past three months?*
- *In the past twelve months?*
- *Where do you spend time together?*
- *Where did you meet the person you have sex with?*

Rationale for asking:

There is enormous pressure from media and peers, for young people to become sexually active at an increasingly young age. The influence of peer preference (choosing to be with a group of people who behave in the way you want to behave; reinforcing your chosen behaviour rather than simply pressuring you to behave in a certain way) is also important.

Research suggests that 25% of young women have had sex by age 16 (Wellings, 2001) Those under 16 can often bow to pressure to be like their friends without understanding that those friends may be lying about their own sexual experience to counter the pressure they are under themselves.

Peer pressure / preference to partake in drug use, alcohol use or self-injury can all contribute to sexual health risk and this question addresses all these parameters. The more risky activities a young person feels pressured to, or chooses to partake in, the higher their risk around their sexual heath too.

It is a viscous circle which we can help to break by questioning the power of peer influence and giving young people opportunities to develop their own decision making skills, assertion and self-esteem.

This section recognises the increased vulnerability of younger children and the greater significance of an age gap between partners the younger they are.

If either partner is under age 13, you must, as a minimum, follow 'Cause for Concern' guidance even if there is no evidence of abuse and the young person says that they are having consensual sex with someone of a similar age.

The Sexual Offences Act (2003) states that young people under the age of 13 are deemed, in law, to be incapable of giving consent to any sexual activity.

You are NOT automatically obliged to inform the police or social services although it is more likely that child protection concerns will be evident for those under age 13. Any disclosure, in the absence of evidence of abuse or coercion, should be carefully considered as to how it meets the best interests of the child though. Reasons for non-disclosure must also be clearly documented.

If there has been more than one partner in the last 6 months, this can prompt a discussion about contraceptive choices, the dangers of stopping/starting hormonal contraception between partners and the importance of using condoms *with* hormonal methods.

Each case must be judged on its own merits. For those under 16, having multiple partners at a young age can be a clear indicator of low self-esteem, lack of confidence, peer or partner pressure to have sex, and could be an indicator of a history of abuse.

Physically, the genital tract is still immature and much more vulnerable to damage by physical trauma and infection. Pregnancy related risks are also higher than for older teenagers.

Suggestions for how to ask:

- And how old is your partner?
- How did you meet? (Internet or social media)
- Are you at school together then? In the same year?
- What does our partner do? (May elicit whether still at school, working, college and give you a clue as to age differentials)

If a young person is wary of telling you: explain that the reason you ask is because sometimes, when young people have partners who are much older, they may feel some pressure to do things or behave in a way that they do not yet feel confident or safe to do. You are asking because you want to give the young person an opportunity to tell you if they are feeling any pressure within their relationship.

Equally, if the partner is significantly younger than the client, it may be an indication that they are the one putting on the pressure or that their understanding of sex and the law is very poor. This is always an opportunity to introduce discussion on consent and delay.

- *How long have you been together?*
- *And has he/she been your only partner in the last 6 months?*
- *How many people have you had sex with in the last 6 months?*
- *Have you managed to use condoms with all of them?*
- *How do your friends feel about people having sex at your age?*
- *Do your friends try and get you to do things, like drinking or smoking that you don't always want to do?*

- *How might you react to your mates putting pressure on you to do something risky?*
- *Does anyone encourage you to send images of yourself via phone / computer to take explicit photos of you?*
- *Does anyone buy you presents or give you alcohol / drugs if you have sex with them or others?*
- *Does anyone encourage you to send images of yourself via phone / computer to take explicit photos of you?*
- *Is this sex you want to be having? (After disclosure of sexual activity)*
- *Are you okay with that (sex)? How do you feel about that?*
- *How did you make sure your partner was okay with that?*
- *Are you enjoying the sex you are having?*

Recognise and reflect back impressions of body language –

- *That looks like it's quite hard to talk about / you look a bit worried when you're talking about that…"-*

Don't be afraid to express concerns if you have them –

- *I'm wondering where YOU are in all of this?*
- *I don't feel very happy for you about that – I'd like something better for you.*

Section 5: Consent

Questions in this section:

- *Have you ever been made to feel scared or uncomfortable by the person/s you have been having sexual contact with?*
- *Have you ever been made to do something sexual that you didn't want to do, or been intimidated?*
- *Do you feel you could say no to sex?*
- *Has anyone ever given you something like gifts, money, drugs, alcohol or protection for sex?*
- *Where do you have sex?*
- *Who else is or was there when you have sex (or any other form of sexual contact)?*

Rationale for asking:

"Understanding" is defined as level of comprehension around risk, i.e. can the young person demonstrate knowledge around STI transmission and conception?

Ultimately, the decision you make about a young person's competence does come down to your own professional judgement. The more you work with young people the more you can gauge what is reasonable to expect from them at different ages, although each case must be judged individually.

It is perfectly possible for one 13-year-old to have greater comprehension and maturity than another young person of 16 or 17. Repeated presentations for EHC may be one indication of poor comprehension but could also indicate a responsible (by their own definition) approach to preventing pregnancy within their own limitations at that time.

Having a learning difficulty does not automatically negate competency. Each case must be treated individually and appropriate communication support offered where required.

Suggestions for how to ask:

- *How would you say no?*
- *Would you be worried about saying no?*
- *Have you ever said no but still had sex?*

Section 6: Sexual Health

Questions in this section:

- *What contraception do you use?*
- *Do you feel like you can talk to the person you have sex with about condoms or other forms of contraception?*
- *Have you ever had an STI test?*
- *Have you ever had an STI?*
- *If yes, how many times?*
- *Do you ever use drugs and/or alcohol?*
- *Do you often drink or take drugs before having sex?*
- *Do you suffer from feeling down or depression?*
- *Have you ever tried to hurt yourself or self harm?*
- *Have you ever been involved in sending or receiving messages of sexual nature?*
- *Does anyone have pictures of you of a sexual nature?*

Rationale for asking:

It is important to ascertain whether or not the young person is actually sexually active. Definitions of 'sex' can vary so it is important to be sure you understand what sexual activity is taking place. This will also inform your other health promotion and contraception messages.

This is another opportunity to review with all under 16s their understanding of sex and the law and discuss consent and delay.

If they are not currently sexually active, (having never had sex or not yet within their current relationship), but are coming to you for advice and contraception because they are thinking about or planning it, this is an opportunity to discuss with them their reasons for wanting to start. This may elicit issues around partner or peer pressure, low self-esteem, level of assertion and negotiation skills. It is an opportunity to discuss delaying first sex or re-considering continuing their current sexual activity.

This section double checks about safer sexual practices, possible exposure to STI's or conception, relative risk of contracting an STI or conceiving, and understanding where to go to access treatment if required. If a young person has been at risk of contracting an STI but is not seeking an STI screen, they will score on the assessment but this is then an opportunity to encourage them to take one.

Sometimes, reticence about screening is related to myths they may have heard about the processes involved and these can be easily allayed. This is especially important for young men

who may have fears about large surgical instruments being put down their penis or young women who are concerned about the insertion of swabs and speculums into their vaginas.

Risk taking with illegal and legal substances; drugs, alcohol and solvents, can also be an indicator of potential risk taking with sexual activity. Mood and behaviour altering substances will have a clear influence on decision-making capacity.

If under-16s are drinking alcohol they are doing so illegally and it important to explore how they are accessing a supply. Many young people prefer to have their first sexual experiences under the influence of alcohol or other substances, like cannabis, as it helps them to feel less anxious and more confident, perhaps to do things they wouldn't do when sober.

There are risks relating to date-rape drugs like GHB, drinking alcohol or taking drugs to excess, which may lead to not actually remembering what happened sexually as well as simply losing the ability to negotiate contraception and condom use.

Levels of regret, after early sexual experiences, are generally heightened if the young person was drunk or stoned and this can have a knock-on effect on their own self-esteem and feelings of self-worth. Alcohol and other dis-inhibitors can also be used in the process of grooming for sexual exploitation.

Mental health problems may not affect comprehension and maturity but could be impacting on a young person's ability to resist peer or partner pressure; they may be more vulnerable to having sex that they do not really want to be having.

Mental health problems include low self-esteem, periods of depression and anxiety as well as more severe problems defined as disorders, including self harm, eating disorders, ADHD (attention deficit hyperactivity disorder) and psychosis.

Emotional and behavioural difficulties could be affecting their school attendance and attainment and this has been shown to be clearly correlated with higher risk of poor sexual health and teenage pregnancy (see notes on education / training below).

Suggestions for how to ask:

- *Have you had sex? Have you had any experience of sex?*
- *When you say you had 'sex', can I just check we mean the same thing? Was that oral sex, (a 'blow-job') or just touching each other or was his/your penis inside?*
- *Can you tell me how a baby is made?*
- *Have you ever been pregnant?*
- *What do you understand about STIs?*
- *What do you understand about how [contraception method] works?*
- *Do you use contraception? Where do you usually get it?*

Before advice

- *Can you tell me what you know / understand about emergency contraception and what it does?*
- *Having sex involves quite a bit of responsibility – how do you feel about that?*
- *Have you talked this through with your boy/girlfriend?*

After advice

- *Can you tell me what you understand now about this treatment? What does it do? How does it work?*
- *Where will you go now to get your contraception sorted out?*

If you are in any doubt about the young person's ability to understand the treatment or advice, you must refer them on to contraceptive and sexual health services (perhaps phoning on their behalf to make an appointment or arrange drop-in). If you work in Contraception and Sexual Health Services discuss with a senior colleague. If they are presenting at the Walk-in Clinic or Pharmacy for EHC (includes Levonelle, Ella One and IUD/S), for instance, late on a Friday or near the end of the 120-hours window, it may be prudent to still supply but make special effort to ensure they attend elsewhere for additional support and follow-up. The C&SH services outreach nurse team will be very helpful in these situations too.

- *What do you know about STI's?*
- *Have you ever had a worry about sexually transmitted infections?*
- *Where would you go to get checked out if you were concerned?*
- *I can explain all the tests for you, if you like? Sometimes people tell you horror stories but it's really not that bad.*
- *Do you know how important it is for you to get treatment too, even if you have no symptoms, if your partner has an STI?*
- *When you have sex how often do you use condoms?*
- *Have you had any problems using your [hormonal method of contraception]*
- *You seem to be a bit unclear about what was going on - had you had anything to drink that night?*
- *Have you tried any other drugs?*
- *Was there alcohol or other drugs around at the time?*

- *Have you ever been drunk?*
- *How are you feeling?*
- *Do you ever feel low? What is it that makes you feel low (to identify if it is related to sexual activity or pressure to become sexually active.)*
- *How do you feel most of the time?*
- *How are things at school? Do you need.. or.. are you getting any extra help with anything?*

Section 7: Professional Analysis

Questions in this section:

- *Is there any evidence of any of these within their relationship?*
    - *Coercion*
    - *Overt aggression (physical or verbal)*
    - *Suspicion of sexual exploitation or grooming*
    - *Sexual abuse*
    - *Power imbalance*
    - *Other vulnerabilities*

This identification process should be carried out on each contact with the young person. Young people's behaviour and circumstances can change over short periods of time and the Identification process must keep pace with that change as far as possible.

Where regular contact is not usual, a three monthly review should be arranged.

If you have any concerns about the young person's welfare that have not been addressed through this identification process you should seek advice and guidance from your supervisor and / or social services or the police, depending on the nature of the concerns.

It is important to refer to the checklist of risk and concerns in Appendix 1.

Section 8: Any Additional Information

It is important for professionals to trust their instincts in making a judgment. There may be occasions where there is no evidence of CSE; however there may be emerging worries about the vulnerability of a young person which will require a referral to early help or other appropriate professionals. For example:

- Poor knowledge of sex and relationships
- Lack of general understanding
- Low self esteem
- Frequent presenters to service
- General vulnerabilities

Section 9: Action Plan

Following the completion of the assessment the professional should make a judgement on whether the young person is a low, medium or high risk and follow the pathway on the Flow Chart.

Section 10: Fraser Guidelines

Questions in this section:

All of the following questions require a yes or no answer:

- *The young person understands the health professional's advice.*
- *The young person is aware that the health professional cannot inform his/her parents that he/she is seeking sexual health advice without consent, nor persuade the young person to inform his/her parents.*
- *The young person is very likely to begin having, or continue to have, intercourse with or without contraceptive/sexual health treatment.*
- *Unless he/she receives contraceptive advise or treatment the young person's physical or mental health, or both are likely to suffer.*
- *The young person's best interests require the health professional to give contraceptive advice, treatment, or both without parental consent.*

Rationale for asking:

Any competent young person in the United Kingdom can consent to medical, surgical or nursing treatment, including contraception and sexual and reproductive health. They are said to be competent if they are capable of fully understanding the nature and possible consequences of the treatment.

Consent from parents is not legally necessary, although the involvement of parents is encouraged. (A parent is someone with legal parental responsibility. This is not always a biological parent.)

Young people are owed the same duties of care and confidentiality as adults. Confidentiality may only be broken when the health, safety or welfare of the young person, or others, would otherwise be at grave risk.

It is considered good practice for health professionals to follow the criteria commonly known as the Fraser guidelines:

- that the young person understands the advice and has sufficient maturity to understand what is involved
- that the health professional could not persuade the young person to inform their parents, nor to allow the health professional to inform them
- that the young person would be very likely to begin, or continue having sexual intercourse with or without contraceptive treatment
- that, without contraceptive advice or treatment, the young person's physical or mental health would suffer
- that it would be in the young person's best interest to give such advice or treatment without parental consent.

In 2004, the Department of Health issued revised guidance for health professionals in England. This covers confidentiality, duty of care, good practice and the Sexual Offences Act 2003. The recommendations include that services should produce an explicit confidentiality policy and advertise that their services are confidential to under-16s (5).

In England, Wales and Northern Ireland, the laws on sexual offences do not affect the ability of professionals to provide confidential sexual health advice, information or treatment if it is in order to protect the young person from sexually transmitted infections or pregnancy, to protect their physical safety or to promote their emotional well-being.

Glossary of Terms

Sexually active:	*Involved in sexual activity. Oral sex and other 'foreplay' activity is included.*
Key physical puberty changes:	*Menstruation and ability to ejaculate (wet dreams)*
EBD:	*Emotional and Behavioural Difficulties.*
Safer Sex:	*Use of condoms and appropriate contraception to protect against unwanted pregnancy and STI's. Also* feeling *safe in sexual situations; being able to communicate assertively etc.*
STI:	*Sexually Transmitted Infection*
EHC*:*	*Emergency Hormonal Contraception (Levonelle and Ella One)*
EOTAS:	***Education Other than at School*** *- educational programmes, in partnership with schools but outside school settings. Alternative provision for students at risk of exclusion and needing alternative education approaches.*

Appendix 1

Indicators of Possible Sexual Exploitation

Domain: Child or Young Person's Developmental Needs

Health:

- Physical symptoms (bruising suggestive of either physical or sexual assault)
- Chronic fatigue
- Recurring or multiple sexually transmitted infections
- Pregnancy and/or seeking an abortion
- Evidence of drug, alcohol or substance misuse
- Sexually risky behaviour

Education:

- Truancy/disengagement with education or considerable change in performance at school

Emotional and Behavioural Development:

- Volatile behaviour exhibiting extreme array of mood swings or use of abusive language
- Getting involved in petty crime such as shoplifting, stealing
- Secretive behaviour
- Entering or leaving vehicles driven by unknown adults
- Identity:
- Low self-image, low self-esteem, self-harming behaviour, e.g. cutting, overdosing, eating disorder, promiscuity

Family and Social Relationships:

- Hostility in relationship with parents/carers and other family members
- Physical aggression towards parents, siblings, pets, teachers or peers
- Placement breakdown (Looked After Children)
- Reports from reliable sources (e.g. parents/carers, friends or other professionals in contact with the child or young person) suggesting the likelihood of involvement in sexual exploitation
- Detachment from age-appropriate activities
- Associating with other young people who are known to be sexually exploited
- Young person known to be sexually active
- Sexual relationship with a significantly older person
- Unexplained relationships with older adults
- Possible inappropriate use of the Internet and forming relationships, particularly with adults, via the internet.
- Phone calls, text messages or letters from unknown adults

- Adults or older youths loitering outside the child's usual place of residence
- Persistently missing, staying out overnight or returning late with no plausible explanation
- Returning after having been missing, looking well cared for in spite of having no known home base
- Missing for long periods, with no known home base
- Going missing and being found in areas where the child or young person has no known links

Social Presentation:

- Change in appearance

- Leaving home/care setting in clothing unusual for the individual child (inappropriate for age, borrowing clothing from older young people)

Domain: Parental Capacity

Ensuring Safety:

- History of physical, sexual, and/or emotional abuse or neglect

Family and Environmental Factors

Family History and Functioning:

- History of physical, sexual, and/or emotional abuse; neglect; domestic violence; parental difficulties

Housing:

- Pattern of street homelessness
- Having keys to premises other than those known about

Income:

- Possession of large amounts of money with no plausible explanation
- Acquisition of expensive clothes, mobile phones or other possessions without plausible explanation
- Accounts of social activities with no plausible explanation of the source of necessary funding

Family's Social Integration:

- Reports that the child has been seen in places known to be used for sexual exploitation

Taken from: Safeguarding Children and Young People from Sexual Exploitation (supplementary guidance to Working Together to Safeguard Children) 2009

References:

Balding, J. (2005) Young People in 2004. John Balding. SHEU.

BASHH & Brook (2014) Child Sexual Exploitation (CSE) Proforma 'Spotting the Signs'

Wellings, K, et al. (2001) *Sexual Behaviour in Britain: early heterosexual experience*. Volume 358. December 1. 2001. The Lancet

Further Information for Professionals:

Spotting the Signs:

http://www.bashh.org/BASHH/News/BASHH/News/News_Items/Spotting_the_Signs_-_CSE_Proforma.aspx

Swindon LSCB and Child Sexual Exploitation:

http://www.swindonlscb.org.uk/wav/Pages/CSE.aspx

Sexual Health in Swindon:

http://www.swindonsexualhealth.nhs.uk/