Keeping People Safe

PERFORMANCE AND ANALYSIS TEAM

Child Sexual Exploitation (CSE) Overview Calendar Year 2017

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Prepared by:
Contact:
Date: 20th March 2018

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1. INTRODUCTION

1.1 Rationale and Background

This review of child sexual exploitation (CSE) has been undertaken at the request of ███████████████████ ███████████████████████████████ in order to assist with the current understanding of what CSE looks like in Northern Ireland. The aim is to provide a detailed breakdown for the 2017 calendar year of all victims of CSE and persons of concern (POC), the relationship between a victim of CSE and the abuser, an understanding of where exploitation/abuse takes place and an understanding of grooming techniques leading to CSE. The findings of this report will be used as a starting point to develop partnership work with key stakeholders in CSE in Northern Ireland.

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1.2 Methodology

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1.3 Limitations

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2. OVERVIEW OF YOUNG PEOPLE AT RISK OF CSE

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2.1 Family Background

2.1.1 Single Parent Family

[REDACTED]

2.1.2 Contact with parents

At the time the children were on the 'CSE Master Sheet', [REDACTED] limited or no contact at all with their parents. [REDACTED] had contact with only one of their parents.

2.1.3 Previous Abuse

The majority (86.8%) had previously been subjected to neglect, emotional, physical and/or sexual abuse by a family member.

Confirmed or Suspected Abuse or Neglect	Emotional	Physical	Sexual	Emotional and Physical	Emotional and Sexual	Physical and Sexual	Emotional Physical and Sexual	Parental Neglect
Total	8	5	5	6	1	0	7	1
% of Total	21.1%	13.2%	13.2%	15.8%	2.6%	0.0%	18.4%	2.6%

Table 1

NOT RELEVANT

2.1.4   Family History

Family History	Mental Health	Substance Misuse	Domestic Abuse	Mental Health, Substance Misuse and Domestic Abuse
Total of CSE Nominals applies to	27	22	28	17
% of Total CSE Nominals	71.1%	57.9%	73.7%	44.7%

Table 2

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2.2 Person Background   s.F40(2)

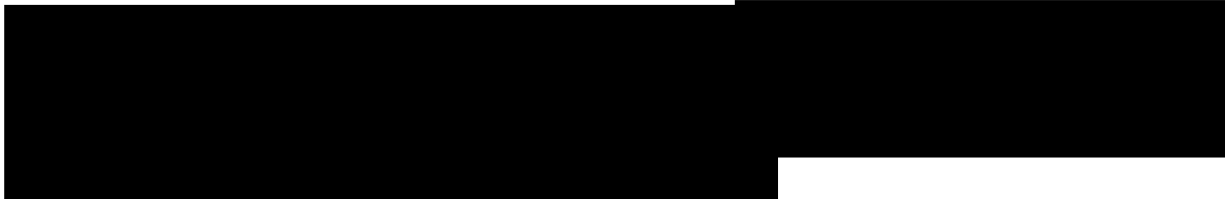### 2.2.1   Gender   s.F40(2)(a)

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It may prove beneficial to identify where people are residing when they are first assessed for child sexual exploitation (whether they were included on the 'CSE Master Sheet' or not at that time). This may help to understand why such a high number of children deemed at high risk of CSE are in the care system (i.e. do more young people enter the care system as risk factors for CSE increase).

2.2.4 Number of Residential Moves / Placements

All residential moves / placements discussed in this section are taken as moves within social services care placements and do not include moves prior to becoming a looked after child. The figures provided are taken as 'at least' the number listed as there is difficulty in identifying the exact number of moves young people have had. Of the 33 young people who have been within a social services care placement, the number of moves ranged from 0 to at least 16.

- Three people (9.1%) moved over 10 times.

- Eleven people (33.3%) moved at least 5 – 10 times.

- Nineteen people (57.6%) moved fewer than 5 times.

Table 6 provides details of the number of children who have previously or currently reside in secure accommodation, mental health setting and / or juvenile justice centre. It should be noted that a child may have resided in more than one.

Previously or Currently Accommodated in	Secure Accommodation	Mental Health Setting	Juvenile Justice Centre
Total of CSE Nominals applies to	19	6	4
% of Total CSE Nominals	50.0%	15.8%	10.5%

Table 6

2.2.5 Educational Background

From the available information, 29 (76.3%) of the young people were attending school/college, but attendance levels fluctuated.

Education	Mainstream secondary / Grammar school	Tuition	Tech / Vocational Programme	Alternative Education	Unknown	Not in Education
% of CSE Nominals applies to	7	5	2	13	2	9
% of Total CSE Nominals	18.4%	13.2%	5.3%	34.2%	5.3%	23.7%

Table 7

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2.2.6 Medical Conditions

Learning Difficulties

Seventeen people (44.7%) were suspected of having or considered to have a learning difficulty; this also includes a Statement of Educational Need (SEN). ████████████████████████████

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Mental Health

Mental health conditions affected the majority (32, 84.2%), 25 of whom had self-harmed and 12 of whom had attempted or planned suicide.

Physical Disability

A very small number (2, 5.3%) have a physical disability listed.

Sexually Transmitted Infections (STIs)
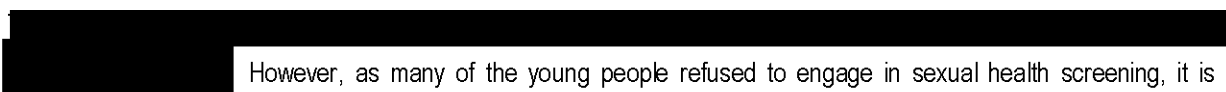
████████████████████████████ However, as many of the young people refused to engage in sexual health screening, it is unknown how many young people on the 'CSE Master Sheet' have contracted an STI.

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2.3 Risk Taking Behaviour

2.3.1 Police Involvement

Arrested January – December 2017

During 2017, 22 (57.9%) were arrested at least once; 15 of these young people had also been arrested prior to 2017. Seven young people were arrested 10 or more times in 2017 with two young people being arrested 16 times.

The most frequent types of crimes young people were arrested for in 2017 are contained in Table 8. In addition, young people were arrested for possession of an offensive weapon, animal cruelty and on warrant.

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Table 8

A higher percentage of young people residing within a residential unit or foster care were arrested in 2017 compared to those living within the community (64.5% v 28.6%). In addition, the number of arrests for children residing in a residential unit or foster care was higher with 10 young people arrested more than five times. This disparity may be due to a combination of under-reporting within the community (over-reporting within the care system) and new associations made with young people with a history of criminal activity in the care system.

Reported to be a victim of a sexual assault (including rape)
During the 12 month period January – December 2017, 23 (60.5%) young people reported to be the victim of a sexual assault or rape. The majority (31, 81.6%) were reported to be the victim of a sexual assault or rape at some point in time.

A higher percentage of young people living within the community reported being the victim of a sexual offence in 2017 compared to young people living within a residential unit or foster care placement (71.4% v 58.1%). However, a higher percentage of children living in a residential unit or foster care reported as having ever been the victim of a sexual offence with 83.9% versus 71.4% for young people within the community.

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Number of missing episodes
The majority (31, 81.6%) were reported missing at least once prior to January 2017. During the 12 month period January – December 2017 33 (86.8%) young people were reported missing at least once with the number of missing episodes ranging from 2 to 106. Twenty people were reported missing more than 24 times within the year (averaging greater than twice per month).

A higher percentage of young people residing in a residential unit or foster care were reported missing in 2017 compared to those living within the community (90.3% v 71.4%). There was also a difference in the number of missing episodes; 23 (74.2%) young people in a residential unit or foster care were reported missing on more than 10 occasions versus one (14.3%) for those living within the community. This difference could be due to a combination of factors such as underreporting of missing episodes for children living within the community, encouragement by other young people within the residential unit/foster placement to go missing, exposure to further risks due to other young people within the same residential unit/foster placement and/or feelings of displacement following a move into a residential unit/foster placement.

NOT RELEVANT

### 2.3.2 Drug and Alcohol Misuse

Drugs

Thirty three (89.5%) are considered to regularly use illicit drugs and/or substances. Prescription drugs and cannabis are the most widely used drugs. Prescription drugs included Lyrica, Diazepam, Xanax, Tramadol, Seroquel, Morphine patches, Subutex and Codeine. The majority (87.9%) of young people considered to be regularly using illicit drugs and/or substances are involved in poly-drug use.

Drug type used	Prescription Drugs	Cannabis	Ecstasy	Cocaine	Heroin	LSD	Subutex/ morphine/ ketamine	NPS	Anabolic steroids	Solvents
Number of young people using illicit drugs	30	30	21	15	7	1	6	6	12	4
Percentage	78.9%	78.9%	55.3%	39.5%	18.4%	2.6%	15.8%	15.8%	31.6%	10.5%

Table 9

Alcohol

Almost all (36, 94.7%) are noted as using alcohol; however, it is unclear if three of the individuals (ES, AS and SB) use alcohol at regular intervals.
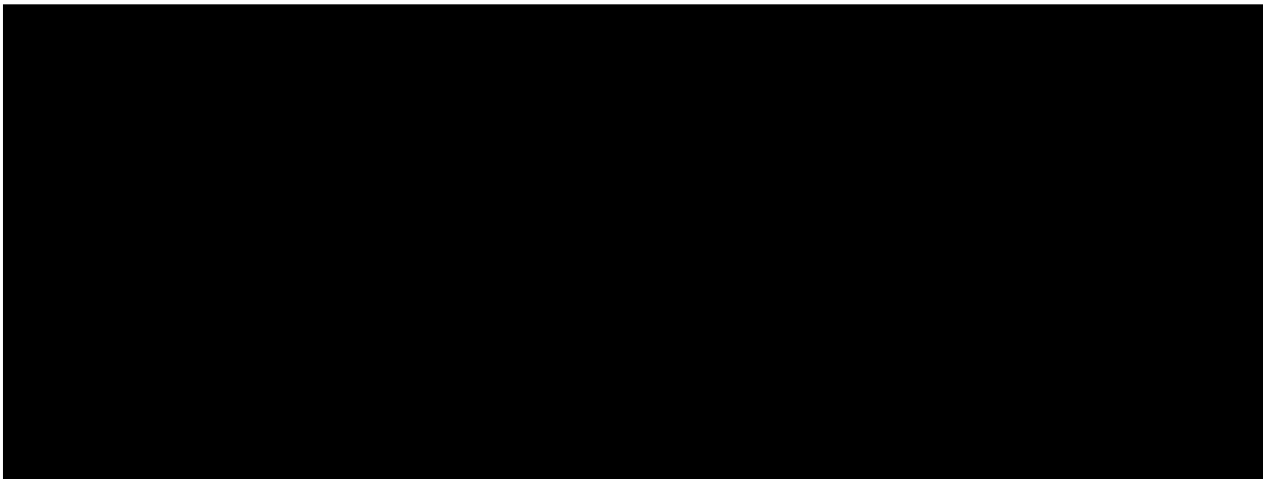
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2.3.4 Sexting

Seventeen young people (44.7%) were noted as sending/receiving sexual messages and/or images on their mobile phone.
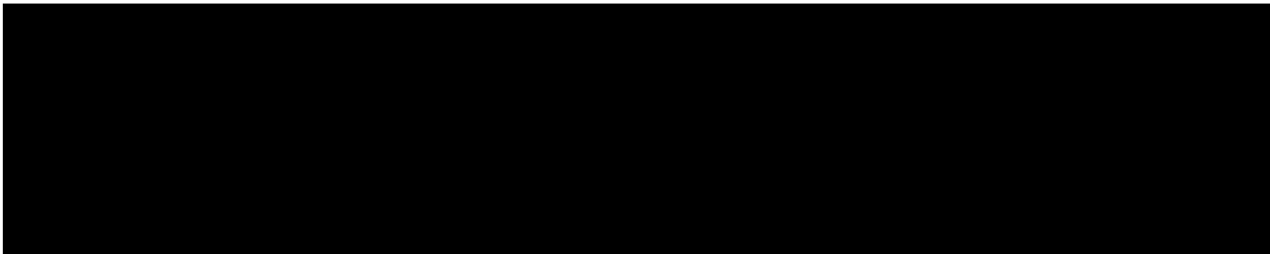
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2.3.5 Attending house parties

Almost three quarters (73.7%) of young people on the 'CSE Master Sheet' are attending or are suspected of attending house parties.

2.3.6 Age inappropriate 'relationship'

Thirty two (84.2%) were, had previously been in or were suspected of being in a relationship with an older male. The age of the older male was not always known or recorded; the age was recorded for 15 males with an age range of 18 - 55 years.

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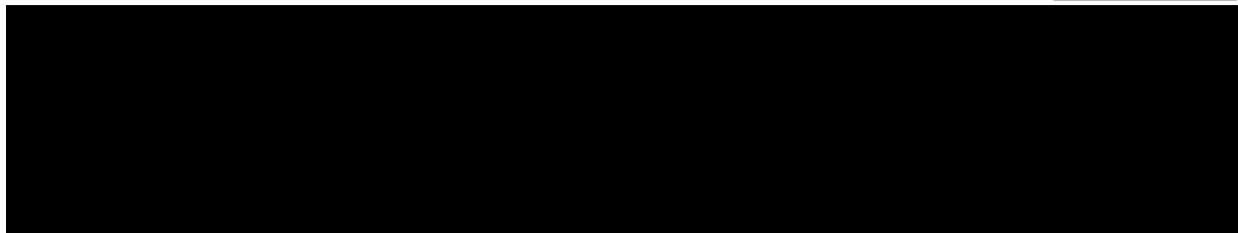s.F40(2)(b)
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2.4 Relationship to Abuser

It is not clear for many of the young people on the 'CSE Master Sheet' the nature of the relationship between them and the abuser(s). There appears to be multiple people involved in the abuse of the young people, even for those where a boyfriend or other abuser is named.

It should also be noted that two young people are also suspected of being involved in the exploitation of another young person on the list.

2.4.1 How they met

The young people appear to have met abusers / person of concern (POC) through multiple methods.

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The table below provides a breakdown of how many young people on the 'CSE Master Sheet' are believed to be meeting abusers / POCs in a particular way. N.B. Total is greater than 100% as more than one method has been recorded for many individuals.

How Abuser and Young Person Met	Prostitution	Approach in person	Online	Through Associates	Social Occasions	Familial / Family known	Unknown
Total – CSE Nominals applies to	5	5	9	20	12	2	4
% of Total CSE Nominals	13.2%	13.2%	23.7%	52.6%	31.6%	5.3%	10.5%

Table 10

2.4.2 Locations of concern

It was possible to identify public locations of concern and party houses for 24 of the 38 young people. Many of these locations relate to known areas of anti-social behaviour, underage drinking and/or drug misuse.

NOT RELEVANT

The lists below should not be considered exhaustive; however, should be used as a starting point for initiatives aimed at developing the understanding of and prevention of CSE as many young people have met abusers / POCs through their associates and / or through locations where they were socialising.

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Other

Other locations that have been identified as public locations of concern in Northern Ireland are as follows:

- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
  - [redacted]
  - [redacted]
  - [redacted]
  - [redacted]

2.4.3 Persons of Interest

From the available information it was possible to identify 98 individuals associating with young people on the CSE Master Sheet, who may be exploiting, abusing or increasing the chance of harm for a young person at risk of CSE.

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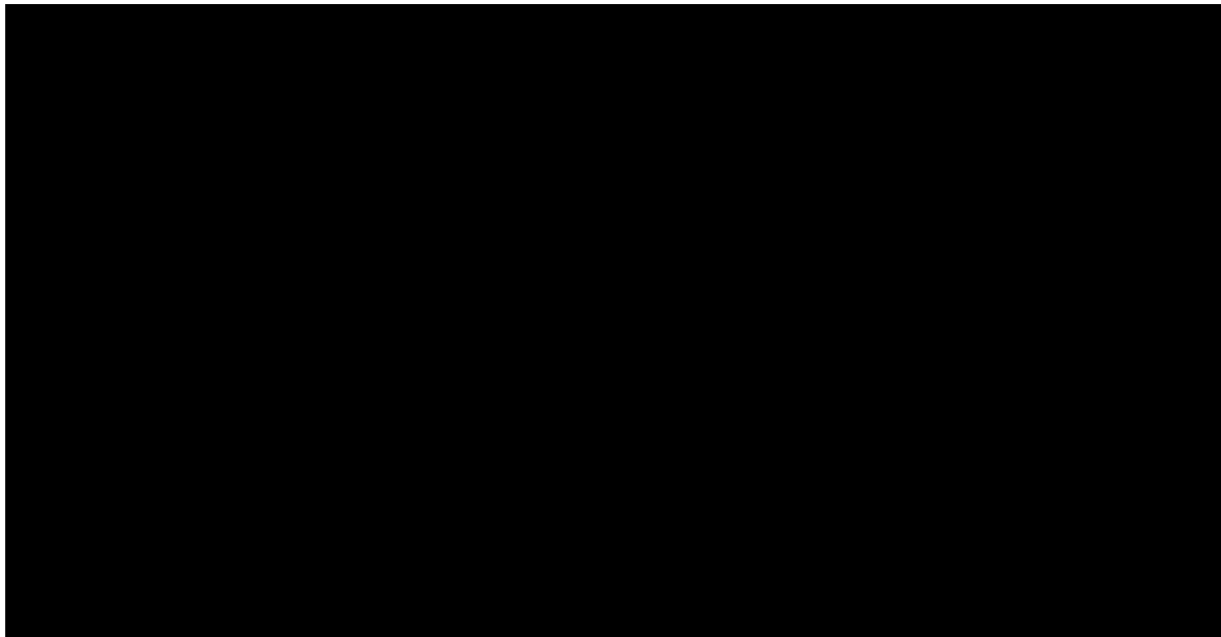
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3.1.1 Gender and Age

All of the POCs are male and range in age from 20 to 59 years old.[iv]

3.1.2 Marital Status
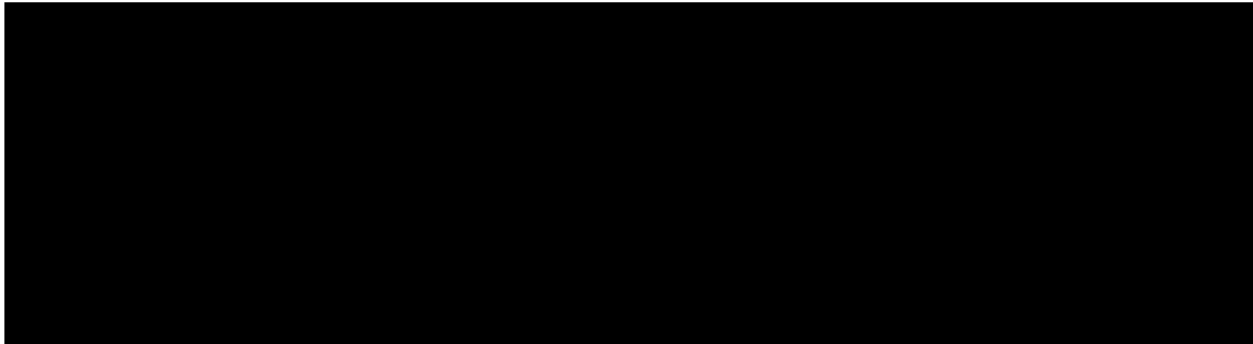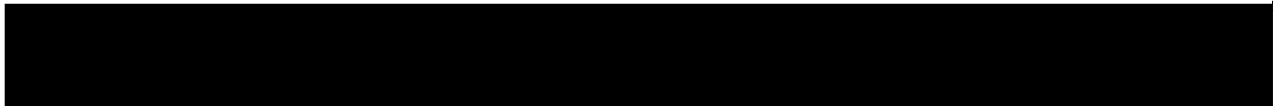
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3.1.4 Alcohol and/or Drug Misuse

Seven (63.6%) of the POCs are confirmed to misuse alcohol. Seven (63.6%) POCs are confirmed to be involved in the misuse of drugs. The type of drugs were known for five of the POCs with cannabis being the most popular drug used,

NOT RELEVANT

followed by NPS, prescription drugs, heroin, cocaine and ecstasy. Poly-drug use was noted by three of the individuals. Six (54.6%) of the individuals are known to misuse alcohol and drugs.

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3.1.7 How POCs Meet Young People

Through Social Media

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5. RECOMMENDATIONS

1. Complete a short report at the time of assessment / review for each young person to provide information on family history, person background and risk taking activities in a format that can be easily copied into Excel for analysis.
   1.1. Questions should be in a yes/no format with an additional column for details.
   1.2. The report should be dated and it should be made clear if the information in subsequent reviews is new information.
   1.3. If it is felt that additional information should be captured, this should be highlighted (with reasons)
   1.4. When someone is removed from the CSE Master Sheet, the reason for removal should be recorded i.e. risk reduced, moved out of the jurisdiction, turned 18
   1.5. Examples are provided below.

Family History

Person Background

Risk Taking Activities

2. Review the action plans for the persons identified as being on the CSE Master sheet for an extended period of time. Identify what actions have been taken. (Names provided to D/Supt and D/CI)

3. Social Services to review support mechanisms for families with a history of mental health, substance misuse and domestic abuse.
   3.1. Are the support mechanisms appropriate?
   3.2. How is the effectiveness of the support evaluated?

4. Liaise with Health Trust to review all information around young people being moved within the care system
   4.1. Why was the young person moved?
   4.2. How long did they stay at the placement?
   4.3. Was moving the young person the only option available?
   4.4. How was decision making informed?

4.5. What other options are available for a young person?

4.6. How is behaviour managed in placements?

4.7. Was there a change in the young person's behaviour following the move?

5. Identify what records Education keep.

5.1. How are young people safeguarded if they are not in school?

5.2. Who gets notified if a young person is not at school?

5.3. How does the school deal with absences?

5.4. What information is shared between Education and Health?

5.5. How are young people in Education who are at risk of CSE supported?

5.6. How do they assess the effectiveness of the education provided?

6. PSNI and Health to gather all data on the young persons identified in the report as having been arrested.

6.1. Why was the young person arrested?

6.2. What offence were they arrested for?

6.3. Was arrest the most appropriate option – could it have been dealt with in another way?

6.4. What safeguarding is taken by Social Services when a looked after child is arrested?

6.5. Was / is there any potential for early intervention?

7. Review investigations for the young people identified in the document who reported being the victim of a sexual assault to police.

7.1. Ensure all avenues of investigation have been explored.

7.2. Review the ongoing safeguarding.

7.3. Review the decision to prosecute / not prosecute.

8. Identify what actions social services are taking in relation to repeat missing children.

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10. ███ **s.F31(1)(b)**

s.F40

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10.2. Have any patterns, circumstances or reason been identified? **s.F40(2)(a)**

10.3. Is this activity organised? **s.F40(2)(b)**

10.4. What action has been taken to identify young persons and/or abusers involved? **s.F40(3)(A)**

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11. Proactive CSE patrols to take place at identified locations of concern.

11.1. Each CSE team to submit a tasking to CTC for proactive patrolling around each identified area of concern.

11.2. Consider research and development in relation to specific addresses to identify if they are still being used as party houses.

11.3. If derelict houses are still being used, CSE officers to speak with local NPTs with regards to getting locations secured. **s.F31**

s.F31(1)

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s.F31(1)(b)

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14.2 ███ **s.F31**

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   14.2.2. Are particular people being targeted? **s.F31(1)(a)**

   14.2.3. Is it done through identifying the associates of someone whom they have already contacted? **s.F31(1)(b)**

14.3. Is targeting being conducted in areas where young people are known to congregate and consume alcohol and/or drugs? **s.F40**

s.F40(2)

14.4. Is the exploitation and abuse of young people at risk of CSE opportunistic or is targeting of vulnerable people occurring? **s.F40(2)(a)**

s.F40(2)(b)

15. ███ **s.F40(3)(A)**

███ **s.F40(3)(A)(a)**