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CHILD SEXUAL ABUSE AND EXPLOITATION: UNDERSTANDING RISK AND VULNERABILITY

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Executive Summary

A review was conducted that revealed that there is a lack of good quality research evidence on the indicators of risk of, and protection from, child sexual abuse and child sexual exploitation, to identify either victims or perpetrators. Thus there is a need to fund and conduct research in order to be better equipped to intervene to protect children from harm.

Many risk assessment tools exist in the UK, but the majority are based on a limited evidence-base and have not been evaluated or tested using large-scale, methodologically rigorous research. Hence, we recommend the rationalisation and development of tools across partners involved in safeguarding and protection, and the quality testing/validation of these.

Aims and approach

In order to provide policy makers and practitioners with an assessment of the best evidence for identifying and appraising risk indicators for child sexual abuse (CSA) and child sexual exploitation (CSE), a Rapid Evidence Assessment (REA) was undertaken to establish:

- what is known about indicators that suggest a child under the age of 18 is at heightened, or reduced, risk of becoming a victim of Child Sexual Abuse (CSA) or Child Sexual Exploitation (CSE) in its various forms
- what is known about indicators that suggest a child under the age of 18 may be at heightened, or reduced, risk of perpetrating CSA/CSE in the future and may benefit from preventative support including the use of social media to identify indicators of risk
- the suitability of risk assessment tools and checklists in light of these above findings to identify future potential victims/perpetrators of CSA/CSE.

The aim was to help support early intervention and safeguard children and young people.

Research listed in online databases, google scholar and the web pages of UK charities and organisations was assessed. In addition a review of ten risk assessment tools and/or checklists of risk of victimisation of CSE was undertaken.

Key Findings

A small number of indicators of increased risk of becoming a perpetrator of CSA were found:

- Sexual abuse victimisation
- Other forms of abuse and neglect victimisation
- Atypical sexual interests/fantasies

It is important to note that these indicators do not *cause* someone to become a perpetrator, nor are they necessary.

Two indicators of increased risk of becoming a victim of CSA or CSE were found:

- Being disabled
- Being in residential care

A number of potential indicators were identified including: Identity/demographic factors; alcohol and drug misuse; going missing, running away, escaping from abuse, family difficulties; association with gangs/groups; first sexual contact at a young age; frequent and particular types of use of social media; and fewer friends than peers, a poor relationship with parents and an isolated position' combined with a setting in which a trusted relationship is formed. However, the research evidence for these is currently weak.

Indicators of decreased risk of victimisation or perpetration of CSA or CSE have not been identified in the research evidence

Education programmes that teach children skills to reduce the risk of victimisation, such as identifying dangerous situations, refusing an abuser's approach, breaking off interactions, help-seeking, promoting disclosure, and/or reducing self-blame, showed promise but the long term impact of these programmes on victimisation and resilience has not been examined.

Risk Assessment tools and checklists are therefore not based on a strong evidence-base

Risk indicators varied across the tools examined, with 110 indicators used in total across 10 tools. There was variability as to how many indicators needed to be identified at different levels of risk to facilitate certain actions. A number of other concerns were identified including:

- 'indicators' that are *actual signs* that child sexual exploitation and/or sexual abuse is occurring,
- a high threshold for being identified as a "potential victim,"
- being too prescriptive in terms of drawing conclusions from the tools - not warranted by the limited evidence,
- different patterns of scoring across tools, leading to potentially different decisions for the same individual. This could result in differences in practice and response across local authorities,
- the discouraging or elimination of professional judgement and decision-making with an over-emphasis on scoring,
- a lack of evaluation of the tools/checklists.

Recommendations

In order to safeguard and protect children more effectively the following are recommended:

- shared and clear definition(s) of sexual violence against children are required that are used consistently across all partners/professionals in the UK,

- improvements in the recording and collection of national data on CSA/CSE from which a stronger evidence-base can be established,
- large scale and methodologically rigorous studies, e.g., large scale surveys of school aged children to examine their experiences of abuse, comparing these with individual, family and community, characteristics to enable the reliable identification of risk and protective indicators,
- the development of a national tool/checklist that where possible/if required is able to address local/regional variations in risk and protective indicators,
- evaluation of tools/checklists and prevention/intervention programmes and strategies,
- support and training to encourage professional judgement such that tools/checklists underpin, rather than determine decision-making,
- continued training for all professionals involved in safeguarding and protecting children given the challenging and rapidly changing environment,
- increased opportunities for young people to speak out and/or raise concerns,
- sharing of effective practice amongst professionals responsible for safeguarding children,
- recognition of the limitations, as well as the advantages of risk assessment tools/checklists, and that some children are abused/exploited with no obvious indicators of risk, thus an over-reliance on looking for 'stereotypical' signs of abuse should be discouraged,
- resourcing and implementation of education and prevention strategies that are evaluated so that their impact on reducing victimisation/perpetration and/or increasing resilience can be established.

Chapter 1: Introduction

Aims and objectives

The aim of this report, which was commissioned by the Early Intervention Foundation (EIF) and Home Office (HO), is to provide professionals and practitioners who work with young people guidance concerning:

- what is known about indicators that suggest a child under the age of 18 is at heightened, or reduced, risk of becoming a victim of Child Sexual Abuse (CSA) or Child Sexual Exploitation (CSE) in its various forms
- what is known about indicators that suggest a child under the age of 18 may be at heightened, or reduced, risk of perpetrating CSA/CSE in the future and may benefit from preventative support including the use of social media to identify indicators of risk
- the suitability of risk assessment tools and checklists in light of these above findings to identify future potential victims/perpetrators.

Definitions

The English Government's definition of CSA as set out in Working Together to Safeguard Children (HM Government, 2015¹) is:

CSA involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening.

The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet).²

¹ <https://www.gov.uk/government/publications/safeguarding-children-and-young-people-from-sexual-exploitation-supplementary-guidance>

² https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf

The definition of CSE as set out in Safeguarding Children and Young People from Sexual Exploitation: Supplementary Guidance to Working Together to Safeguard Children (HM Government, 2009³) is:

Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities. Child sexual exploitation can occur through the use of technology without the child's immediate recognition; for example being persuaded to post sexual images on the Internet/mobile phones without immediate payment or gain. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice resulting from their social/economic and/or emotional vulnerability.

The following inclusion and exclusion criteria were agreed by the EIF and Home Office.

Offence types to be included in the review (which could be committed by an adult against a child or by a child against another child: 'peer on peer sexual abuse'):

- Forcing, coercing or persuading a child to engage in sexual activities (not limited to physical contact).
- Intentionally engaging in sexual activity in front of a child.
- Not taking proper measures to prevent a child being exposed to sexual activities by others.
- Online 'grooming', persuasion or incentivisation.
- Taking, making, allowing someone to take, distributing, showing or advertising indecent images of children.
- Paying for the sexual services of a child.
- Abuse of a position of trust through sexual activity with a child.
- Encouraging a child into prostitution or pornography.
- Showing a child images of sexual activity, including photographs, videos or via webcams.
- Child Sexual Exploitation, in which children or young people are sexually exploited for money, power or status. This may be through the use of technology.

Offence types to be excluded in the review:

- Intrafamilial child sexual abuse⁴.

It is important to note, however, that most studies/reports identified in the course of the review did either not include clear definitions of CSA and/or CSE, or use these exact definitions.

³ <https://www.gov.uk/government/publications/safeguarding-children-and-young-people-from-sexual-exploitation-supplementary-guidance>

⁴ This was excluded as requested by the EIF and Home Office. In conducting the review, we excluded studies in which it was specified that the focus was on interfamilial CSA. Studies were included if they included cases that were both extra-familial and intra-familial, or the type of abuse was not specified.

Key terms

Two key terms discussed in this report are **risk indicators** and **protective indicators**.

- **Risk indicators** are variables that are associated with an increased likelihood of perpetration or victimisation of CSA or CSE.
- **Protective indicators** are variables that are associated with a reduced likelihood of perpetration or victimisation of CSA or CSE.

We have used the term *indicators* throughout the report. This is because there are a number of methodological and ethical issues that mean that it is either not possible to conduct research that can identify whether factors *cause* or *predict* CSA or CSE, or such research has not been conducted. It is important to note, therefore, that the risk indicators identified in this report do *not* indicate that when the factor is present CSA or CSE perpetration and/or victimisation is inevitable, nor that the factor is a *necessary* for CSA or CSE victimisation/perpetration to occur.

Risk and protective indicators should be considered as aspects that either increase or decrease the likelihood of an outcome, not as direct causes of outcomes. It is also important to be clear that risk / protective indicators do not determine outcomes absolutely. They indicate a change to the likelihood of an outcome for those individuals who possess the factor. They reflect tendencies rather than absolute determination. How risk and protective indicators might interact to increase or reduce the likelihood of an outcome is still a subject of much research debate.

Search strategy, inclusion/exclusion criteria and data extraction

The findings detailed in this report are based on:

- a Rapid Evidence Assessment (REA) of research papers listed in online databases, Google scholar and the web pages of UK charities and organisations. The search strategy, search terms, inclusion and exclusion criteria, papers that were included in the review and the papers that were identified but rejected from the review are listed in Appendix 1
- a review of ten risk assessment tools and/or checklists of risk of victimisation of Child Sexual Exploitation identified by the EIF and Steering Group. In this review the risk indicators included in the tools/checklists were compared with those identified in the REA. It should be noted that, to our knowledge, there have been no independent evaluations or assessments of any of these tools/checklists.

Which risk factors and indicators should be considered?

Practitioners working with young people are faced with a number of different risk and protective indicators that they could consider when assessing the likelihood of young people becoming victims or perpetrators of CSA and/or CSE.

This report is designed to provide practitioners with further understanding of the risk and protective indicators that have been shown to differentiate between victims or perpetrators of CSA/CSE and comparison groups (e.g., those who have not been sexually victimised). This is important because there are many studies that examine factors in groups of victims or perpetrators but do not also consider the same issues in similar comparison groups. This means that it is not possible to identify if the indicators identified in the victim/perpetrator samples are present at higher or lower rates than would be normally expected.

For this reason, in the first section of this report, we outline the indicators that have been identified only in studies that have compared victims or perpetrators with suitable non-victim or non-perpetrator comparison groups, or used other methodological designs that allow us to be confident that the variables identified indicate increased or decreased risk.

Chapter 2: Protective indicators

Research evidence examining indicators that *suggest a child under the age of 18 is at reduced risk of becoming a victim of CSA/CSE in its various forms, or reduced risk of perpetrating CSA in the future* is lacking in either child/adolescent or adult samples. We can theorise that the absence of the risk indicators outlined below indicate reduced risk of victimisation and/or perpetration; however, currently, we are not able to identify any variables that specifically and/or independently indicate *reduced risk*.

Educational programmes have been designed to reduce risk of victimisation and the completion of these may be protective. These programmes aim to teach children skills such as identifying dangerous situations, refusing an abuser's approach, breaking off interactions, help-seeking, promoting disclosure, and/or reducing self-blame which may help to protect children from becoming a victim or being further victimised (Dale, Shanley, Zimmer-Gembeck, Lines, Pickering & White, 2015; Kenny, Capri, Thakkarr-Kolar, Ryan & Runyon, 2008; Walsh, Zwi, Woolfenden & Shlonsky, 2015; Wurtele, 2008).

Four empirical studies concerning child and/or parent group education programmes were identified in this review (Dale et al., 2015; Kenny et al., 2008; Walsh et al., 2015; Wurtele, 2008). These suggest that:

- Children as young as three could be taught and understood concepts of safety and self-protection skills, e.g. inappropriate touch. However, most programmes were implemented with 6 to 13 year olds.
- Involving parents in the programmes was seen to be positive and led to increased communication about this issue between child and parent.
- Children need repeated exposure/repeated learning to retain this knowledge – although there was some evidence that information was retained up to five months later.
- Children reported feeling safer and feeling a sense of control following the programmes.
- A meta- analysis found children of all ages who had participated in an education programme were six to seven times more likely to demonstrate protective behaviour in simulated situations than children who had not (Walsh et al., 2015).
- One study (Currier & Wurtele, 1996, cited by Walsh et al., 2015)⁵ where the outcomes of an education programme were examined, comparing children who had been sexually abused and those who had not, found a significant decrease in sexualised behaviour.

Predominantly the evaluation methods for these programmes utilised questionnaires to assess knowledge and programme satisfaction prior to and after programme completion, with no standardised measures used. None

⁵ Currier L, & Wurtele S. (1996). A pilot study of previously abused and non-sexually abused children's responses to a personal safety program. *Journal of Child Sexual Abuse*, 5, 71–87). This study was outside of the timeframe for this review.

of the studies examined the long term impacts of the programmes; so we do not know if they reduce victimisation or perpetration, or increase resilience. This is an under researched area and warrants large-scale, longitudinal investigation of the range of education programmes. Research into protective indicators should also pay attention to the wider social, economic and structural context which may act to constrain children's choices or opportunities to avoid the risk of becoming a victim of CSA/E.⁶

⁶ For data which shows adverse socio-economic circumstances to be a risk factor for CSA/E see for example Bywaters, P. Brady, G. Sparks, T and Bos, E (2014a) Inequalities in child welfare intervention rates: the intersection of deprivation and identity. *Child and Family Social Work*, Available from <http://dx.doi.org/10.1111/cfs.12161>-12 and Bywaters, P. Brady, G. Sparks, T and Bos, E. (2014b) Child welfare inequalities: new evidence, further questions. *Child and Family Social Work*, Article first published online: 8 MAY 2014 Available from <http://dx.doi.org/10.1111/cfs.12154> and Bywaters, P., Bunting, L., Davidson, G., Hanratty, J., Mason, W., McCartan, C. and Steils, N. (2016) The relationship between poverty, child abuse and neglect: an REA. Joseph Rowntree Foundation. Available from <https://www.jrf.org.uk/report/relationship-between-poverty-child-abuse-and-neglect-evidence-review>

Chapter 3: Risk indicators for victimisation of CSA or CSE

In this search, only three studies (see Appendix 2) were identified with methodological designs that allow us to be confident that the variables identified are associated with increased risk of victimisation of CSA or CSE. It is important to note that these studies did not distinguish between CSA and CSE, or investigate these specifically in line with the definitions outlined earlier in the report (e.g., 'sexual violence' was examined). Rigorous research examining these issues is lacking. This means that there may be other indicators of increased risk. Some potential indicators are discussed in section 4 below.

Disabled children

Two studies demonstrated that disability is a risk indicator for sexual violence/abuse. Jones et al. (2012) conducted a systematic review including a meta-analysis of research conducted between 1990 and 2010 to establish the risk of violence, including sexual violence, against disabled children. They were interested in establishing reliable estimates of the problem. The findings suggested that disabled children in all settings are a high risk group, with children with intellectual or mental disabilities having a higher risk than children with other disabilities. Most studies included in the analysis focused on child maltreatment, with sexual violence being one aspect of this.

In a retrospective study the link between Autistic Spectrum Disorder and experiences of abuse in a sample of 1,247 mothers was explored, Roberts, Koenan, Lyall, Robinson, & Weisskopf (2015) found associations between adult autistic traits and lifetime experience of abuse, trauma and Post Traumatic Stress Disorder. Women with the highest levels of autistic traits had 1.5 times the prevalence rates of sexual abuse, compared to women with the lowest levels of autistic traits. Roberts et al. (2015) stated that even subtle deficits in information processing in children may increase risk. These findings are echoed by Franklin et al. (2015) who also highlighted the ways in which some impairments, such as limited understanding of social cues and social interaction, can make some young people more at risk of exploitation. Social isolation can also potentially make disabled young people more vulnerable to grooming and exploitation.

Residential care

A cross-correlational study (Euser, Alink, Tharner, van Ijzendoorn, & Bakermans-Kranenburg, 2013) examining the prevalence of CSA in residential and foster care in the Netherlands found higher prevalence rates of sexual abuse in out of home care than in the general population. The highest prevalence rate was found in residential care, with prevalence rates in foster care being no different than those of the general population. Residential care was characterised by a flow of children and care givers, large groups of peers of boys and girls, including children with behavioural issues. Therefore children in residential care may differ and be more vulnerable to abuse, or the increased risk could be caused by the characteristics of residential care arrangements (Euser et al 2013).

The findings of two qualitative studies conducted in the UK help to explain why residential care is associated with an increased risk of sexual victimisation. Coy (2009) examined 14 women's experiences of local authority care and sexual abuse. These women reported that multiple placement moves were destabilising and limited their capacities to develop trusting relationships, whereas security and stability in early care may have prevented entry into prostitution. Green and Masson (2002) examined residential care in two local authorities. They found numerous incidents of peer sexual abuse, such that this behaviour was normalised and accepted by the children. Rarely was sexual activity consensual, reciprocal or non-exploitative. Many of the young women had been previously sexually abused and were unable to either resist unwanted sexual advances or emotionally juxtaposed sexuality and love and were unable to differentiate between the two. Many young men (some of whom had also been sexually abused) saw sex as a form of physical conquest, as a means of enhancing their limited power base, young women overtly or covertly exchanged sex for physical commodities like money, drugs or cigarettes. These studies indicate that the features and cultures of residential settings and the histories of the children in residential care combine to increase risk of victimisation of many forms of sexual violence.

Summary

There are only two indicators where there is relatively clear evidence of increased risk of being a victim of child sexual exploitation. This is largely because of the limited number of methodologically rigorous studies designed to examine risk indicators of CSA or CSE; hence, there may be many other risk indicators that have not yet been identified. This might also indicate that there are many victims of which we are not aware. More research is needed to establish a stronger evidence base from which practitioners can work. The studies discussed have reported on sexual violence or sexual abuse broadly and have not specifically examined CSA or CSE as per the definitions outlined at the start of this report.

On the basis of the current research evidence, it is difficult to identify reliable indicators of risk and/or vulnerable children. Caution also needs to be exercised in interpreting these findings as there is a great deal of variability in disabled children and residential care populations, with some children potentially being at greater risk than others. The routes to becoming a victim of CSE/CSA are many and varied, involving a complex interplay of factors; so neither of these indicators should be regarded as causal or necessary for CSA or CSE. Conceivably, with some disabled children likely to experience residential care, there is a potential overlap/combination of the two indicators, though to date this has not been specifically examined, so it is not possible to say how these factors may be linked.

Chapter 4: Potential indicators of victimisation of CSA or CSE

Most of the studies identified in the review did not compare victims with non-victim groups, or use other methodological designs that allow us to identify variables that indicate increased risk. Nevertheless, many of the researchers (see appendix 4) talked to victims, or examined a range of factors in samples of victims of CSA or CSE and variables most commonly identified in these studies are listed below. It is important that the indicators outlined below are used cautiously, since we cannot be sure that these variables are indicators of risk.

No young person is immune from sexual exploitation. However, Beckett (2011) argued that particular life experiences were associated with increased risk (Clutton & Coles 2007; Pearce 2009; Scott & Skidmore 2006). These include prior (sexual) abuse or neglect and family dysfunction (domestic violence, family breakdown, parental drug or alcohol misuse etc.), being in care (multiple placement moves, rejection, lack of positive attachments, peer introductions to exploitative adults etc.), going missing or running away from home or a care placement, substance misuse, disengagement in education, social isolation and/or low self-esteem.

Identity/demographic factors

There is a lack of research that specifically examines the impact of a range of identity and demographic factors on risk of victimisation of CSE or CSA. Studies often focus on one or two groups, so it is difficult to isolate the effects of the variables, such as race and ethnicity, more broadly. Kenny and McEachern (2000) highlighted the difficulty of obtaining accurate statistics on child abuse within ethnic and racial groups and sub-groups in the USA, as terms were often used interchangeably. Broad ethnic categorisations mean that migration history, religion, language and particular experiences can be hidden.

Research findings suggest that there is a complex interplay between these variables. For example, Reid and Piquero (2014) examined data from a longitudinal study of youth offenders in the USA where 8% of 1,354 individuals (males and females) reported being paid for sex. The study was focused on African American males as they had previously been found to be vulnerable to sexual exploitation in adolescence. There was a significant association between age of first sex and CSE, with pathways into CSE characterised by economic marginalisation involving developmental cumulative disadvantage based on childhood adversity, coupled with age graded risk factors. Whilst this was a specific sample population, it does provide insight into risk indicators for sexually exploited young men. Caution needs to be exercised regarding the transferability of these findings both to the UK and to other populations.

In a qualitative pilot study, Gohir (2013) focussed on the sexual exploitation of Asian girls and young women. Vulnerabilities such as sexual abuse within the family, mental health problems, witnessing domestic violence, disability, living in a dysfunctional family, risk of forced marriage, having strict parents and being a spouse from another country increased young women's risk of exploitation.

Socio Economic Status (SES) is also important, for example offers of food, sweets and toys may be responded to if young people are poor and perpetrators may target economically vulnerable children. Poverty has been associated with risk of CSE (Klatt, Caver, & Egan, 2014); yet SES is often not included in research studies and was not included in the studies in this review, which limits the conclusions that can be drawn.

Alcohol and drug abuse

This was a commonly discussed variable, although it was not always clear whether drinking alcohol or substance misuse is present prior to becoming a victim, used as self-medication following abuse/exploitation, or being supplied in order to abuse/exploit a young person. Davies and Jones (2013) quantified the incidence of CSA allegations referred to the Lancashire Sexual Assault Forensic Examination Centre and found that alcohol or drug use at the time of the allegation was the highest risk indicator. Klatt et al.'s (2014) review of the case files of 175 young people who attended a voluntary organisation supporting people who were sexually exploited or at risk of exploitation in England, also identified that drug and/or alcohol use was a main determinant of sexual exploitation.

Alcohol and drug use of family members may also be important, as maternal drug/alcohol problems were associated with CSE victimisation in the US male sample discussed previously (Reid & Piquero, (2014).

Missing, running away, escaping from abuse, family difficulties

Klatt et al. (2014) identified that running away was a predominant risk indicator for CSE. This is likely to be linked to a number of family issues, such as child abuse, neglect and other issues that lead to family difficulties (e.g., maternal alcohol and drug misuse) may lead young people to leave the family home, or care home. Family dysfunction and family breakdown are often cited as a risk factor yet these terms are rarely defined. For example, Cecchet and Thoburn (2014) examined the experiences of six survivors of child and adolescent sex trafficking in the US. They identified that predisposing vulnerability involved sexual abuse and/or an absent father, feeling unloved and having insecure attachment to caregivers; all of which created vulnerability to recruitment to sex trafficking, as did living as a child in environments that led to desensitization to prostitution.

Although children and young people may be escaping violent or abusive situations (e.g. by escaping an abusive home, or family members already involved in CSE/trading sex), a lack of stable accommodation and homelessness leads to vulnerabilities that increase the risk of abuse or exploitation. Smeaton (2013) found that 25-57% of young people engaging with projects focused on supporting sexually exploited young people that had run away. It is important to note that there is no single or causal link between running away and CSA/CSE and that running away is associated with a number of social and family issues. A high number of young people taking part in Smeaton's research had learning disabilities (17 of 41), and additional interacting indicators that demonstrate the complex interplay between a range of issues that in combination lead to increased risk of victimisation.

Gangs/groups

Being involved in gangs or groups has been identified as a risk indicator for CSE; however, gang/group involvement is influenced by a range of factors and so it is difficult to disentangle the influence of each individual factor. Information concerning 2,409 confirmed victims of CSE in either gangs or groups were studied by the Office of the Children's Commissioner (OCC) (Berelowitz, Firmin, Edwards, & Gulyurtl, 2012). Typical vulnerabilities prior to abuse were identified including living in abusive households; attending school or being friends with young people experiencing exploitation, living in residential care and being unsure about sexual orientation. Notably, whilst a minority of the vulnerabilities related to individual behaviour or characteristics (e.g. low self-esteem, associating with sexually exploited young people), the majority of risk indicators were structural factors not within the young person's control (living in a gang neighbourhood, residential care, or a dysfunctional household). This report further highlights the complex interconnection of a range of 'risk factors' or 'vulnerabilities'.

Sexual history

Early 'first sex' was found to be associated with CSE in male victims (Reid and Piquero, 2014) and CSA allegations (Davies & Jones, 2013). Although not always defined as CSA or CSE, the ages of the children at the time of the 'first sex' are likely to indicate that much of this could be abuse or exploitative, though it might be peer on peer abuse, as well as adult child abuse. In contrast, in a prospective longitudinal Danish study, Rikke Holm, Lasgaard, Koss, Elklit, & Banner (2012) found that a history of CSA, early sexual onset and failure to signal sexual boundaries were not predictors of adolescent sexual victimisation. More research is therefore required to examine the relationships between these variables and risk of CSA/CSE.

Social media

This is a newly emerging focus for research into CSE. Whittle et al. (2013) noted in their review that child abuse is a dynamic process that involves a complex interplay between a child, his/her relationship with others, his/her community and culture. They found that children who show vulnerabilities offline may also be vulnerable online; however evidence is mixed as some children who may not be perceived as vulnerable offline may be so online. They advise that potential victims should be not categorised, nor victim profiles created; rather a range of vulnerabilities and risk indicators should be explored.

Other research on this issue (Mitchell, Finkelhor, & Wolak, 2007, 2008; Wolak, Finkelhor, Mitchell, & Ybarra, 2008) examined a telephone survey of 1,500 internet using young people in the USA. One-fifth (20%) reported online victimisation. They were more likely to receive requests for sexual pictures if they were using the internet in the presence of peers, were communicating with someone they had met online who was an adult, had sent a sexual picture of him or herself and attempted to make offline contact. Young people who were interactors and bloggers were most likely to report sexual solicitation in the previous year. Blogging was not found to be related to increased risk but interacting with people on-line posed the greatest risks.

Prosocial activities

Some research draws attention to vulnerability to CSE taking place within what we have termed prosocial activities. In a qualitative study of 14 athletes, Cense and Brackenridge (2001) found that some of these young people may be more vulnerable to abuse. Having fewer friends than their peers, a poor relationship with their parents and an isolated position on the team could make young people more vulnerable to abuse. Many non-

sporting variables including a negative home experience, social isolation relating to social class, race, or disability could be related to increased risk. A sports or coaching setting could provide opportunities for close relationships with 'trusted' adults who play an important part in the life of a young person.

Attention has also been drawn to the arena of sports and other 'stereotypically masculine' interests such as online gaming where trust develops and can be a precursor to sexual exploitation (McNaughton Nichols et al., 2014). This research prompts us to consider that whilst there are a number of similarities in the sexual exploitation of young women and young men there are also some issues that have been paid less attention so far in research that has primarily focused on girls and young women.

Summary

It is important to note that a number of these studies have given a voice to victims of CSE and CSA; however, whilst research is increasing in this area, most of the research to date has not specifically examined risk (or protective) indicators. Hence, more research is needed, particularly, where possible, with larger samples and methodologically rigorous designs. Most of this research is about CSE, though this is not always clearly defined. At the very least, researchers should acknowledge at the outset of their paper or report the variation in terminology in this area of research and practice and define how they are using the chosen term. For example, CSE or CSA, which sometimes can be conflated with sexual violence, trafficking or prostitution. Many of the CSE studies have taken place in the UK, this is an encouraging trend and it is hoped that the findings of this review will be used to inform future research that focuses on potential risk indicators or vulnerabilities. We need to be mindful that as strong evidence for risk indicators is limited, research has focussed on identified cases, e.g., children who run away, or have been involved in groups/gangs, which might mean that other indicators have not yet been identified.

Chapter 5: Risk indicators for perpetration of CSA or CSE

A small number of indicators of increased risk of becoming a perpetrator of CSA were identified (see Appendix 3). None of the studies reviewed specifically examined CSE. Most studies included samples of men⁷ who had been convicted of a range of sexual offences either in adulthood or adolescence, with the type and range of offences varying across studies. Many studies did not distinguish between offences committed within, or outside the family. It is plausible that some of the offences for which the men in the samples were convicted would meet the definition of CSE, although it is not possible to be certain of this.

Sexual abuse victimisation

This was the most commonly discussed and examined variable across the studies included in the review. The ‘cycles-of abuse’ explanation, i.e., that sexual victimisation as a child increases the risk of perpetration of abuse is commonly cited, despite there being no clear account of the pathways by which sexual victimisation might lead to sexual perpetration and the fact that many victims of sexual abuse do not go on to perpetrate sexual abuse.

Most studies examining this issue did not have a control or comparison group and so the findings discussed below are based on the three meta-analyses that have been conducted in which this issue has been examined in adults (Jespersen, Lalumiere, & Seto, 2009; Whitaker et al., 2008) and juveniles (Seto & Lalumier, 2010). These studies found that that

- Adult and juvenile perpetrators of sexual offences are more likely to have been sexually abused than offenders convicted of other (non-sexual) offences
- Adult perpetrators of sexual offences are more likely to have been sexually abused than non-offenders
- The large majority of sexually abused children do not go on to offend, so other factors must also play a role
- Not all sex offenders have a history of sexual abuse, so sexual abuse history is neither sufficient or a necessary condition for adult sexual offending.

⁷ Only one study was identified in the review that specifically investigated female offenders, but this study was excluded because it did not include a comparison group of non-offenders and so the findings of the study are not included in this section of the report.

We therefore need to identify the other factors that play a role. Jespersen et al. (2009) argued that being male is the 'leading candidate' for a vulnerability factor, since the large majority of perpetrators are male, yet a sizeable proportion of victims are female.

In the only longitudinal study found that had examined indicators of risk of perpetration of CSA and CSE, 224 male victims of sexual abuse referred to a hospital in the UK were followed-up for between 7 and 19 years (Salter et al., 2003). Of these, it was established that 26 subsequently committed sexual offences. Where the ages of the victims could be determined nearly all (16 of 17) committed offences against children. Comparing 83 victims (non-abusers) for whom there was no evidence of later perpetration with 21 victims (victim-abusers) who went on to perpetrate abuse, the following findings were found

- Twice as many victim-abusers were abused by females than non-abusers⁸
- The findings do not support beliefs that the severity of the abuse, being a victim of multiple abusers, the length of time lived with abusers, relationship to the abuser, or having learning disabilities had an impact on future perpetration of sexual abuse.

In a UK study (Craissati, McClurg & Browne, 2002) comparing 82 individuals convicted of CSA who reported being sexually abused as children with 96 similarly convicted individuals who did not report sexual victimisation, it was found that those who abused males were more likely to have been sexually abused, compared to those who abused girls.

Research examining prisoners in New Zealand (Connolly & Woollons, 2008) comparing individuals convicted of CSA with non-sexual offenders, found that:

- A higher proportion of CSA perpetrators (33%) reported feelings of confusion and negativity about their sexual victimisation than non-sexual offenders (20%)
- The sexual victimisation of the CSA perpetrators occurred even across the age ranges (>10 years, 11–15 years and 16–18 years), while the victimisation of non-sexual offenders occurred mostly in the later ages.
- More CSA perpetrators (27%) reported more multiple abuse compared to non-sexual offenders (4%), with more reporting negative feelings about this abuse (43% and 19%, respectively).

Other forms of abuse and neglect

Many studies examined other forms of abuse and neglect, with the findings being mixed. In one meta-analysis (Jespersen, Lalumiere, & Seto, 2009), sexual offenders were not found to have higher rates of physical abuse than other offenders, while the opposite was found in another (Whitaker et al., 2008). In the longitudinal study discussed previously (Salter et al., 2002) it was found that:

- More victim-abusers (81%) had witnessed intra-familial family violence compared to the non-abusers (58%)⁹ and the severity of the abuse was ranked as more intense by the victim-abusers than the non-abusers,
- Victim-abusers (71%) were significantly more likely than the non-abusers (42%) to have been physically neglected,¹⁰
- A higher proportion of victim-abusers (67%) had experienced supervisory neglect compared to the non-abusers (40%).¹¹

⁸ Odds ratio 3.03, 95% CI 1.1-8.7

⁹ Odds ratio 3.1, 95% CI 1.0-10.0

¹⁰ Odds ratio 3.4, 95% CI 1.2-9.7

¹¹ Odds ratio 3.0, 95% CI 1.1-8.3

In a survey of adolescents in the USA (Morris et al., 2002) boys deemed to be at highest risk of becoming a perpetrator of sexual abuse had been exposed to parents who had used violence, been a victim of physical abuse, had parents who encouraged gang membership and knew a perpetrator of sexual violence.

As with sexual abuse, we know that many people who are physically abused and neglected do not go on to perpetrate sexual abuse and many perpetrators of CSA do not report histories of such abuse, so other factors must play a role. The causal pathways from abuse to perpetration are therefore not clear.

Atypical sexual interests/fantasies

Atypical sexual interests and sexual fantasies of sexually abusive sex (e.g., sex with children) have been examined as a factor that is linked to perpetration of CSA; however, very little research has been conducted in which this issue is compared between offending and non-offending samples.

In a meta-analysis (Whitaker et al., 2008), only one sexual behaviour difference was found between non-offenders and perpetrators of CSA. The latter group had more deviant sexual interests than the former ($d = .38$). In comparison to non-sexual offenders, perpetrators of CSA had significantly greater sexual externalizing problems ($d = .68$), higher sex drive and preoccupations ($d = .25$), more deviant sexual interests ($d = .30$), and greater sexualized coping ($d = .97$).

It should be noted that many of the studies included in the meta-analysis assessed these variables when the perpetrators were adults and it is not possible to determine when these problems began. If these problems began in adulthood, then they are outside the remit of this review, with its focus on factors that can be identified during childhood.

In a meta-analysis comparing juveniles who had perpetrated sexual offences with other juvenile offenders (Seto & Lalumière, 2010), it was found that:

- adolescent sex offenders reported more exposure to sex or to pornography than other juvenile offenders (small effect size)
- adolescent sex offenders reported significantly more atypical sexual fantasies, behaviours, or interests, or were more often diagnosed with a paraphilia (medium to large effect) .

It should be noted that the number of studies included in the review that examined these issues was small. Nevertheless, this might indicate that atypical sexual interests/sexual fantasies either begin in adolescence, or increase risk of perpetration of CSA when they occur; i.e., it is possible that atypical interests and fantasies do not begin in some until adulthood when they then increase the risk of perpetration of CSA.

Psychological and other factors

Many studies have been conducted comparing perpetrators of CSA (and other sexual offences) to non-sexual offenders and non-offenders on a range of psychological issues. The majority of these studies examine these factors as they are present in the individuals at the time of the study, or in adulthood. Hence, these studies do not meet the inclusion criteria for this review. For a summary of these differences see the meta-analysis conducted by Whitaker and his colleagues (2008).

In relation to problems that can be identified in adolescents, Ronis and Borduin (2007) reported that the results of their US study suggested that juveniles who have perpetrated sexual offences have very similar problems to juveniles who perpetrate other types of offences. In general they have low bonding to family and

school, and involvement with deviant peers. This supports the findings of Butler and Seto (2002) who also found that when compared to their non-violent offender peers, juvenile perpetrators of sexual offences had fewer conduct, employment, educational, peer-relationship and psycho-social problems, and more limited criminal histories.

Diversity and limitations

In the main these studies discussed above examined men convicted of CSA or contact sexual offences in North America, the UK, Australia and New Zealand with samples dominated by white Caucasian individuals and limited information on disabilities. Given the small proportion of CSA that results in conviction, these findings are unlikely to generalise to all forms of CSA. Research examining indicators of risk or protection from perpetration of CSE specifically has not been published to date. No studies were identified in which female perpetrators of CSA or CSE were compared to other offenders or non-offender samples.

Summary

These findings indicate that within childhood individuals do not ‘develop’ into perpetrators of CSA. Studies that compare juvenile perpetrators of CSA with other juvenile offenders suggest that the characteristics of the populations are similar, so it is not clear that it is possible to identify children who specifically are at greater risk of perpetrating CSA. In addition, research suggests juveniles who engage in harmful sexual behaviour are in the main a distinct population from adults who perpetrate CSA, since most adolescents who engage in harmful sexual behaviour do not go on to become adult sexual offenders¹² and that most adult sexual offenders do not begin sexual offending in their adolescence¹³. This review has not been able to find any clear indicators present in childhood that would suggest that an individual will become a perpetrator of CSA in adulthood. Situation and other theories and research findings (e.g., problems with adult attachment) suggest that many indicators of risk start/develop during adulthood and that a complex array of variables play a part – many of which are not psychosocial (e.g., access to children) and have been under-researched. Caution should also be exercised since being ‘labelled’ as a potential perpetrator of CSA could potentially be very damaging and great care would be needed for any ‘screening’ strategies and interventions.

¹² E.g., McKillop, N., Brown, S. J., Smallbone, S. W., & Pritchard, K. (2015). Similarities and differences in adolescence-onset and adult-onset sexual abuse offending. *Child Abuse and Neglect*, 46, 37-46. Lussier, P., & Blokland, A. (2014). The adolescence–adulthood transition and Robin’s continuity paradox: Criminal career patterns of juvenile and adult sex offenders in a prospective longitudinal birth cohort study. *Journal of Criminal Justice*, 42, 153–163.

¹³ E.g., McKillop, N., Brown, S. J., Smallbone, S. W., & Pritchard, K. (2015). Similarities and differences in adolescence-onset and adult-onset sexual abuse offending. *Child Abuse and Neglect*, 46, 37-46. McKillop, N., Smallbone, S., Wortley, R., & Andjic, I. (2012). Offenders’ attachment and sexual abuse onset: A test of theoretical propositions. *Sexual Abuse: A Journal of Research and Treatment*, 24(6), 591–610.

Chapter 6: Background

information on risk assessment tools

A specific aim of the review was to evaluate the suitability of risk assessment tools currently being used in the UK to identify potential victims and/or perpetrators. Ten tools/guidance documents concerning the risk of victimisation of sexual exploitation (CSE) were suggested by the steering group and included in the study (details of these tools are included in Appendix 5). We did not examine tools/guidance in relation to risk of perpetration, or risk of CSA.

Most of the tools used a checklist approach listing indicators of risk and/or warning signs and/or vulnerability factors, to assess whether a child, for whom there is concern, is at risk of harm through sexual exploitation. The tools often facilitated a pathway of action for workers or indicated a level of intervention dependent on whether certain indicators suggest a child is at risk of being targeted and groomed for sexual exploitation; a child is being targeted, or a child is being sexually exploited habitually and where coercion / control is implicit. These indicators varied across the checklists and there was variability across the tools as to how many indicators needed to be identified at different levels of risk to facilitate certain actions (e.g., CAF assessment or instigate safeguarding procedures). Within the tools, items were also included that would indicate sexual exploitation is taking place, as opposed to identifying a risk factor. None of the tools specifically looked at risk of perpetration, although some included perpetrator activities within their checklists.

Within the tools there is little indication as to the basis on which they have been developed, and no indication that they have been evaluated. Most contain links to current national guidance, and local policies, a small minority include some research evidence and links to recent CSE related research reports. However, one tool (Glasgow) had commissioned a scoping study to provide an estimate of the prevalence and risk of sexual exploitation amongst the looked after and accommodated population in the local authority. The study identified young people's pathways into exploitation through case file analysis. Although this sample is small, it does indicate the possibility of using this historical review approach on a wider scale to identify risk indicators in specific populations of children who are subsequently deemed at risk, or experiencing, sexual exploitation.

Most of the tools consist of lengthy checklists and contain caveats that they should be used in conjunction with professional judgement. Thus, they are reliant on professionals having appropriate knowledge, training and sharing a definition and understanding of CSE.

All indicators used within all ten tools are shown in Appendix 6. In total 110 indicators were identified, although it is difficult to be definitive as there are many slightly differently nuanced but highly related items.

The terminology used within the tools has not been altered within the table, and for ease of reading, the indicators have been loosely grouped into themes based on whether they identify:

- **Actual** signs of sexual exploitation, abuse or significant harm to the child is occurring
- Indicators that the child is **significantly in need** of social, health or education intervention/support.
- Potential signs of risk of CSE.

The table also contains a number of items where it is difficult to assess the basis of their inclusion; these have been grouped under “other”.

The first column in the table indicates where there is evidence to substantiate the inclusion of each particular risk indicator (as identified in Section 3 of this report), and where there is some research to suggest these may be potential indicators of risk (as identified in Section 5 of this report).

Concerns regarding currently available CSE risk assessment tools

As identified in the previous sections, there is a lack of strong research evidence on which to base risk assessment tools. In order to develop these tools practitioners have had to rely on a range of sources of information including case reviews, local authority reviews, practice experience and/or the few emerging, mainly qualitative, exploratory studies recently published on CSE. This raises concerns about the quality of the evidence on which they are based. In addition, not surprisingly, given the high profile investigations into large scale gang related CSE in a number of local authorities, it could be argued that the tools may have been developed with this particular type of CSE in mind and thus possibly other types of CSE, and/or newly emerging forms of CSE, could be missing from these assessment tools.

Specific issues raised by the review included that:

- Many indicators included within these **risk** assessment tools are **actual signs** that child sexual exploitation and/or sexual abuse is occurring.
- The threshold for being identified as a “potential victim” is very high in many tools, particularly when many of the indicators are themselves clear signs that the child needs help and/or support, and as mentioned above, are signs of actual harm to a child.
- Through assigning such high thresholds for identifying potential victims of CSE the tools could be used more to assign resources, rather than identify vulnerabilities.
- Some tools have over specificity in terms of scoring, or having a number of indicators in each section that need to be present to facilitate certain actions which is currently not based on any evidence.
- Across the tools there are different patterns of scoring – so a child might meet a certain risk threshold using one tool but not another, leading to differences in practice and response across local authorities.
- Given the lack of evidence to support inclusion of some risk indicators, some items could be seen to be close to discriminatory, for example, based on a certain demographic or characteristic.
- The checklist/tick-box approach does have the potential to discourage and/or eliminate professional judgement and decision-making with an over-emphasis on scoring.

- The checklists may also have the potential to distract practitioners from talking to the young people who may potentially be victims. There is strong evidence gathered from young people affected by CSE that they have not been listened to, or been given time to talk to the professionals supporting them.
- It is also not always clear within these tools as to what happens when signs of harm or needs are identified but the individual does not meet the threshold/risk level. Thus potential early indicators of vulnerability may be missed, indeed there are very few early indicators of vulnerability included that could be used to identify early intervention and preventative work.

Chapter 7: Reflections and implications

The objective of this Rapid Evidence Assessment was to produce a report that summarises findings and provides practical advice for local authorities, local partners, police and others on identifying indicators of CSE (victim and perpetrator) in children and young people at the earliest opportunity. This review has highlighted the complex interconnection of a range of risk factors, including individual characteristics or behaviours and also structural factors which are not within the control of children and young people. Therefore, when considering what increases or reduces risk of CSA/CSE victimisation or perpetration attention needs to be paid to both. The following broad reflections and implications can be drawn from this review:

Research, policy and practice in this area could be said to be looking ‘under-the-light’, potentially focussing too heavily on a particular model of CSE or CSA, and ‘stereotypical’ risk indicators or populations. This means that some forms of abuse, victims and/or newly developing methods of exploitation may be being overlooked.

Conceptualising CSA and CSE as separate forms of abuse risks artificially creating: distinctions between forms of abuse that are similar from victims’ perspectives; ‘silos’ in policy and practice; and overlooking some forms of abuse (e.g., that perpetrated by trusted non-family members such as teachers, sports coaches). Hence, we recommend giving consideration to the development of national definitions, either by creating one inclusive definition, or clear and specific ‘sub-definitions’ that between them cover all forms of CSA/CSE abuse. This/these should be used consistently by all practitioners, policy makers and researchers to ensure a shared understanding, consistent data collection and a similar experience for victims no matter where they are located.

Given the lack of robust evidence, caution should be exercised in using risk assessment tools/check-lists. Some of the scoring methods suggest a confidence in the risk indicators that is not matched by the research evidence. Hence, these tools should be used to underpin, rather than determine, decision-making.

Research

There has not been enough investment to date in creating a strong evidence-base, resulting in a severe lack of evidence on which to both understand risk and protective indicators, and on which to base good practice. To protect vulnerable children, we need to increase and prioritise funding to:

- record and collect national data on CSA/CSE and other forms of abuse with the use of specific, clear and shared definitions of different forms of abuse;

- conduct large scale and methodologically rigorous studies, e.g., large scale surveys of school aged children to examine their experiences of abuse, comparing these with individual, family and community characteristics to enable the reliable identification of risk and protective indicators;
- use the findings of the data/studies above to develop a national tool/checklist that where possible/if required is able to address local/regional variations in risk and protective indicators
- evaluate the tools/checklists developed; and,
- investigate the long-term impact of education and other intervention programmes to understand their possible potential as protective and preventative strategies.
- conduct research to establish whether the development of a tool of vulnerabilities per se is more effective than specific tools for CSE/CSA or other forms of abuse.

Policy

As well as providing encouragement and resources for the investment in research and tool/checklist development outlined above, a number of national and local policy developments are required in order to best protect children from CSA/CSE.

Given the lack of evidence-based tools and the difficulty in creating tools that can precisely identify risk and protective indicators, professional judgement should be supported and encouraged, such that tools/checklists are used to underpin decision-making, rather than determine decisions. We should be mindful that many young people are abused/exploited who have no obvious indicators of risk, thus an over-reliance on looking for 'stereotypical' signs of abuse should be discouraged. This requires support and resources for training and continued professional development of all those who have a remit to support children (e.g., social workers, teachers, youth workers, medical practitioners).

Consideration should be given to the wider implementation of education/prevention strategies, and embedding such learning within sex and relationship education, such that the impact of these on reducing victimisation/perpetration and/or increasing resilience can be established. This would require appropriate resourcing and support for teachers and other staff in order that they are able to deliver the programmes/strategies confidently.

Practice

In line with the above recommendations, practitioners should be encouraged to listen to young people and those who raise concerns about them. Recognition should be given to the time that this intensive and emotionally demanding work requires and the need for adequate resource allocation. The focus should be about identifying and responding to vulnerabilities and children's needs, rather than specific forms of abuse. This requires the following:

- Practitioners need continued training, in this rapidly changing environment to support them to make professional judgements.
- Young people to be at the centre of partnership working, given opportunities to speak out and/or raise concerns at the operational level and their experiences taken seriously at a strategic level.
- Effective practice should be regularly shared amongst professionals responsible for safeguarding safety.
- The limitations of risk assessment tools need to be understood to avoid an over-reliance on them. E.g. if a practitioner has raised concerns and completed a risk assessment an appropriate response is needed to address issues whether the threshold for intervention relating to CSE is reached or not.

Appendix 1: Rapid Evidence Assessment Search Details

Databases searched

- National Institute for Health and Care Excellence (NICE)
- Cochrane Systematic Review database
- ASSIA
- PsychINFO
- Social Sciences Citation Index
- Google Scholar (ordering search results by relevance and reviewing only the first 500 results)

Charities/Organisations' web pages searched

- Barnardos
- NSPCC
- Children's Society
- NCB – National Children's Bureau
- Office of the Children's Commissioner
- BASPCAN
- IPSCAN
- CAFCASS
- Home Office
- Ministry of Justice
- NOMS – National Offender Management Service

Search terms

Search 1: Indicators that suggest a child under the age of 18 is at heightened risk of becoming a victim of CSA/CSE in its various forms, including the use of social media to identify indicators of risk

child sex* abuse OR sexual exploitation	AND	victim OR survivor	AND	risk factor* OR social media
--------------------------------------------	-----	-----------------------	-----	---------------------------------

OR harmful sexual behaviour/behavior		OR young people affected by CSE		OR prevalence
OR sexual violence		OR abused by CSE		OR vulnerabilities
OR child prostitution		OR involved in CSE		OR risk indicator*
OR sex trafficking				
OR peer abuse				
OR child pornography				
OR child abuse images				

Search 2: Indicators that suggest a child under the age of 18 may be at heightened risk of perpetrating CSA/CSE in the future and may benefit from preventative support including the use of social media to identify indicators of risk

child sex* abuse	AND	OR sex offender	AND	risk factor
OR sexual exploitation		OR rapist		OR social media
OR harmful sexual behaviour/behaviour		OR child molester		OR characteristic
OR child prostitution		OR		OR vulnerabilities
OR sex trafficking		paedophile/pedophile		OR risk indicator*
OR peer abuse		OR perpetrator		
OR child pornography		OR young people involved in CSE		
OR child abuse images				

Search 3: Indicators that suggest a child under the age of 18 is at reduced risk of becoming a victim of CSA/CSE in its various forms, or reduced risk of perpetrating CSA in the future

child sex* abuse	AND	protective factor
OR sexual exploitation		OR protection
OR harmful sexual behaviour/behavior		OR resilience
OR child prostitution		OR empowerment
OR sex trafficking		OR educat*
		OR promotive

Inclusion criteria

- Original empirical studies

- Samples of individuals from the UK, Europe, North America or Australasia
- Factors/indicators of CSA/CSE and protective factors/resilience that could be identified in children (under 18) and via their social media use to enable intervention
- Reviews, meta-analyses and meta-syntheses in which factors relevant to the review have been examined
- Published in English language
- Studies published since 1st January 2000
- Studies obtainable within two weeks of being identified for inclusion in the review

Exclusion criteria

- Reviews, meta-analyses and meta-syntheses that are relevant (e.g., reviews that examine child abuse and neglect more generally) but do not address the research questions specifically will be used to identify relevant empirical studies for collection/inclusion in the review
- Studies in which CSA/CSE was examined only in relation to intra-familial samples
- Studies in which risk factors for repeat offences/recidivism and/or specific to youths in youth justice systems
- Studies that exclusively include factors that cannot be identified in childhood
- Non-English language
- Published prior to 2000

Search 1: Risk Victims

Papers included in review

- Beckett, H. (2011). *'Not a world away' The sexual exploitation of children and young people in Northern Ireland*. Barnados Northern Ireland, October 2011.
- Berelowitz, S., Firmin, C., Edwards, G., & Gulyurtl, S. (2012). *"I thought I was the only one. The only one in the world."* The Office of the Children's Commissioner's Inquiry into Child Sexual Exploitation in Gangs and groups. Office of the Children's Commissioner.
- Cecchet, S. J. & Thoburn, J. (2014). The psychological experience of child and adolescent sex trafficking in the United States: trauma and resilience in survivors. *Psychological Trauma, theory, research, practice and policy*, 6, 482-493.
- Cense, M. & Brackenbridge, C. (2001). Temporal and Developmental Risk Factors for Sexual Harassment and Abuse in Sport. *European Physical Educational Review*, 7, 61-79.
- Coy, M. (2009). Moved around like bags of rubbish nobody wants: how multiple placement moves can make young women vulnerable to sexual exploitation. *Child Abuse Review*, 18(4), 254-266.
- Davies, E. A., & Jones, A. C. (2013). Risk factors in child sex abuse. *Journal of Forensic & Legal Medicine*, 20(3), 146-150.
- Euser, S., Alink, L. R. A., Tharner, A., van Ijzendoorn, M. H., & Bakermans-Kranenburg, M. J. (2013). The prevalence of child sexual abuse in out-of-home care: A comparison between abuse in residential and in foster care. *Child Maltreatment*, 18(4), 221-231.
- Franklin, A., Raws, P., & Smeaton, E. (2015). Unprotected, overprotected: meeting the needs of young people with learning disabilities who experience or are at risk of sexual exploitation. Barnardos
- Gohir, S. (2013). *The Sexual Exploitation of Asian Girls and Young Women*. Muslim Women's Network UK.
- Jones, J., Bellis, M. A., Wood, S., Hughes, K., McCoy, E., Eckley, L., Bates, G., Mikton, C., Shakespeare, T., & Officer, A. (2012). Prevalence and risk of violence against children with disabilities: A systematic review and meta-analysis of observational studies. *The Lancet*, 380, September 8
- Klatt, T., Cavner, D., & Egan, V. (2014). Rationalising predictors of child sexual exploitation and sex-trading. *Child Abuse & Neglect*, 38(2), 252-260
- McNaughton Nichols, C., Cockbain, E., Brayley, H., Harvey, S., Fox, C., Paskell, C., Ashby, M., Gibson, K. and Jago, N. (2014) Research on the sexual exploitation of boys and young men: a UK scoping study.
- Mitchell, K., Finkelhor, D., & Wolak, J. (2007). Online Requests for Sexual Pictures from Youth: Risk Factors and Incident Characteristics. *Journal of Adolescent Health*, 41, 196-203.
- Mitchell, K. J., Wolak, J., & Finkelhor, D. (2008). Are blogs putting youths at risk for online sexual solicitation or harassment? *Child Abuse & Neglect*, 32(2), 277-294.
- Reid, J., & Piquero, A. (2014). Age-Graded Risks for Commercial Sexual Exploitation of Male and Female Youth. *Journal of Interpersonal Violence*, 29(9), 1747-1777.
- Rikke Holm, B., Lasgaard, M., Koss, M. P., Elklit, A., & Banner, J. (2012). Adolescent sexual victimization: a prospective study on risk factors for first time sexual assault. *European Child Adolescence Psychiatry*, 21, 521-526.

- Roberts, A., Koenan, K., Lyall, K., Robinson, E., Weisskopf, M. (2015). Association of autistic traits in adulthood with childhood abuse, interpersonal victimisation and posttraumatic stress. *Child Abuse and Neglect*, 45, 135-142.
- Smeaton, E. (2013). *Running from hate to what you think is love: The relationship between running away and child sexual exploitation*. Barnardo's.
- Wolak, J., Finkelhor, D., Mitchell, K.J., & Ybarra, M.L. (2008). Online predators and their victims. *The American Psychologist* 63(2), 111-128.

Papers excluded from review

- Afifi, T. O., McMillian, H. L., Taillieu, T., Cheung, K., & Turner, S. (2015). Relationship between child abuse exposure and reported contact with child protection organizations: Results from the Canadian Community Health Survey. *Child Abuse & Neglect*, 46, 198-206. *Not risk of victimization*.
- Black, D. A., & Heyman, R.E. (2013). Risk factors for child sex abuse. *Aggression & Violent Behavior*, 6(2-3), 203-229. *Review*.
- Bockers, E., Roepke, S., Micheal, L., Renneberg, B., & Knaevelsrud, C. (2014). Risk Recognition, Attachment Anxiety, Self-Efficacy, and State Dissociation Predict Revictimization. e108206. *PLOS One*, 9, 108-118. *Not CSA/CSE*.
- Calkins, C., Fargo, J., Jeglic, E., & Terry, K. (2015). Blessed be the Children: A Case–Control Study of Sexual Abusers in the Catholic Church. *Behavioural Science & the Law*, 33(4), 580-594. *Case-study*.
- Duncan, S. (2008). MySpace is also their space: ideas for keeping children safe online from sexual predators. *Kentucky Law Review*, 96, 1-52. *Nothing on potential risk factors leading to victimisation*.
- Edinburgh, L., Pape-Blabolil, J., Hapin, S.B., & Saewyc, E. (2015). Assessing exploitation experiences of girls and boys seen at a Child Advocacy Center. *Child Abuse & Neglect*, 46, 57-59. *Not risk factors*.
- Edinburgh, L., Saewyc, E., & Levitt, C. (2006). Gender Differences in Extrafamilial Sexual Abuse Experiences Among Young Teens. *Journal of School Nursing*, 22(5), 278-284. *Not risk factors*.
- Gilbert, R., Widom, C. S., Browne, K., Fergusson, D., & Webb, E. (2009). Burden and consequences of child maltreatment in high-income countries. *The Lancet*, 373, 68-81.
No empirical data & focused on risk following victimisation
- Green, L., & Masson, H. (2002). Adolescents who sexually abuse and residential accommodation: Issues of risk and vulnerability. *British Journal of Social Work*, 32, 149-168.
- Hassan, M., Killion, C., Lewin, L., Totten, V., & Gray, F. (2015). Gender-Related Sexual Abuse Experiences Reported by Children Who Were Examined in an Emergency Department. *Archives of Psychiatric Nursing*, 29(3), 148-157. *Not risk factors*.
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No empirical data
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No empirical data
- Kenny, M. C., & McEachern, A. G. (2000) Racial, ethnic and cultural factors of childhood sexual abuse: a selective review of the literature. *Clinical Psychology Review*, 20(7), 905-922. *Review*

- Jackson, V., Chou, S., & Browne, K. (2015). Protective Factors Against Child Victimization in the School and Community: an Exploratory Systematic Review of Longitudinal Predictors and Interacting Variables. *Trauma, Violence & Abuse*, 1-19. *Moved to protective factors.*
- Lalor, K. (2010). Child Sexual Abuse, Links to Later Sexual Exploitation/High-Risk Sexual Behavior, and Prevention/Treatment Programs. *Trauma, Violence & Abuse*, 11(4), 159-177. *Prevention Treatment Programme.*
- Langeland, W., Hoogendoorn, A. W., Magder, D., & Smit, J. D. (2015). Childhood sexual abuse by representatives of the Roman Catholic Church: A prevalence estimate among the Dutch population. *Child Abuse & Neglect*, 46, 67-77. *Not Risk Factors.*
- Livingstone, S., & Smith, P. K. (2014). Annual Research Review: Harms experienced by child users of online and mobile technologies: the nature, prevalence and management of sexual and aggressive risks in the digital age. *Journal of Child Psychology & Psychiatry*, 55(6), 635-654. *Not CSA/CSE.*
- Lueger-Shuester, B., Kantor, V., Weindl, D., Knefel, M., Moy, Y., Butollo, A., Jagsch, R., & Gluck, T. (2013). Institutional abuse of children in the Austrian Catholic Church: Types of abuse and impact on adult survivors' current mental health. *Child Abuse & Neglect*, 38, 52-64. *Not risk factors.*
- MacMillian, H. L., Tanaka, M., Duku, E., Vaillancourt, T., & Boyle, M. (2013). Child physical and sexual abuse in a community sample of young adults: Results from the Ontario Child Health Study. *Child Abuse & Neglect*, 37(1), 14-21. *Not risk factors.*
- Martinello, E. (2014). Reviewing Strategies for Risk Reduction of Sexual Abuse of Children with Intellectual Disabilities: A Focus on Early Intervention. *Sex Disabilities*, 32, 167-174. *Not risk factors.*
- Pearce, J. J. (2006). Who needs to be involved in safeguarding sexually exploited young people? *Child Abuse Review*, 15, 326-340.
- Pearce, J. J. (2006). 'What's going on' to safeguard children and young people from child sexual exploitation: A Review of Local Safeguarding Children Board's Work to Protect Children from Sexual Exploitation. *Child Abuse Review*, 23, 159-170.
- Rafferty, Y. (2008). The Impact of Trafficking on Children: Psychological and Social Policy Perspectives. *Child Development Perspectives*, 2(1), 13-18. *No empirical data*
- Reid, J. A., & Sullivan, C. (2009). A Latent class typology of juvenile victims and exploration of risk factors and outcomes of victimisation. *Criminal Justice & Behavior*, 36(10), 1001-1024. *Explored risk following victimisation*
- Roe-Sepowitz, E. D., Gallagher, J., Risinger, M., & Hickie, K. (2015). The Sexual Exploitation of Girls in the United States: The Role of Female Pimps. *Journal of Interpersonal Violence*, 30(16), 2814-2830. *Not risk factors.*
- Salter, M. (2013). Justice and revenge in online counter-publics: Emerging responses to sexual violence in the age of social media. *Crime, Media & Culture* 9(3), 225-242. *Not risk factors.*
- Sevlever, M., Roth, M., & Gillis, J. M. (2014). Sexual Abuse and Offending in Autism Spectrum Disorders. *Sex Disabilities*, 31, 189-200
- Timmerman, M., & Schreuder, P. R. (2014). Sexual abuse of children and youth in residential care: An international review. *Aggression & Violent Behaviour*, 19(6), 715-720. *Not risk factors.*

- Twill, S., Green, D., & Traylor, A. (2010). A descriptive study on sexually exploited children in residential treatment. *Child & Youth Care Forum*, 39(3), 187-199.
Explored risk following victimisation
- Wearick-Silva, L. E., Tractenberg, S. G., Levandowski, M. L. V., Thiago, P. W., Joelza, M. A., & Grassi-Oliveira, R. (2014). Mothers who were sexually abused during childhood are more likely to have a child victim of sexual violence. *Trends in Psychiatry & Psychology*, 36(2), 119-122. *Not risk factors.*
- Whittle, H., Hamilton-Gichristis, C., & Beech, A. (2013). A review of young people's vulnerabilities to online grooming. *Aggression & Violent Behaviour*, 18(1), 135-146. *Review*
- Widom, C.S., & Hillier-Sturmhofel. (2001). Alcohol as a risk factor and consequence of child sexual abuse. *Alcohol Research & Health*, 25(1), 52-57. *Review.*
- Xu, Y., Olfson, M., Villegas, L., Okuda, M., Wang, S., Min, S., & Blanco, C. (2013). A Characterization of Adult Victims of Sexual Violence: Results from the National Epidemiological Survey for Alcohol and Related Conditions. *Psychiatry*, 76(3), 223-240. *Explored risk following victimisation*
- Zweig, J. M., Dank, M., Yahner, J., & Lachman, P. (2013). The Rate of Cyber Dating Abuse Among Teens and How It Relates to Other Forms of Teen Dating Violence. *Journal of Youth Adolescence*, 42, 1063-1077.
No empirical data

Search 2: Risk Perpetrators

Papers included in review

- Aslan, D., Edelmann, R., Bray, D., & Worrell, M. (2014). Entering the world of sex offenders: an exploration of offending behaviour patterns of those with both internet and contact sex offences against children. *Journal of Forensic Practice*, 16(2), 110-126.
- Bannister, A., & Gallagher, E. (2008). Children who sexually abuse other children. *Journal of Sexual Aggression*, 2(2), 87-98.
- Briggs, P., Simon, W. T., & Simonsen, S. (2011). An exploratory study of internet-initiated sexual offenses and the chat room sex offender: Has the internet enabled a new typology of sex offender. *Sexual Abuse: A Journal of Research and Treatment*, 23(1), 72-91.
- Butler, S. M., & Seto, M. C. (2002). Distinguishing two types of adolescent sex offender. *American Academy of Child & Adolescent Psychiatry*, 41(1), 83-90.
- Burton, D. L. (2000). Were adolescent sexual offenders children with sexual behaviour problems? *Sexual Abuse: A Journal of Research and Treatment*, 12(1), 37-48.
- Connolly, M., & Woollons, R. (2008). Childhood sexual experience and adult offending: An exploratory comparison of three comparison groups. *Child Abuse Review*, 17, 119-132.
- Craissati, J., McClurg, G., & Browne, K. (2002). Characteristics of perpetrators of child sexual abuse who have been sexually victimized as children. *Sexual Abuse: A Journal of Research and Treatment*, 14(3), 225-239.
- Dudeck, M., Spitzer, C., Stopsack, M., Freyberger, H. J., & Barnow, S. (2007). Forensic inpatient male sexual offenders: The impact of personality disorder and childhood sexual abuse. *The Journal of Forensic Psychiatry & Psychology*, 18(4), 494-506.
- Freel, M. (2003). Child sexual abuse and the male monopoly: An empirical exploration of gender and a sexual interest in children. *British Journal of Social Work*, 33, 481-498.
- Glowacz, F., & Born, M. (2013). Do adolescent child abusers, peer abusers, and non-sex offenders have different personality profiles? *European Child Adolescent Psychiatry*, 22, 117-125.
- Hunter, J. A., Figueredo, A. J., & Malmauth, N. M. (2010). Developmental pathways into social and sexual deviance. *Journal of Family Violence*, 25, 141-148.
- Jespersen, A. F., Lalumiere, M. L., & Seto, M. C. (2009). Sexual abuse history among adult sex offenders and non-sex offenders: A meta-analysis. *Child Abuse & Neglect*, 33, 179-192.
- Lee, J. K. P., Jackson, H. J., Pattison, P., & Ward, T. (2002). Developmental risk factors for sexual offending. *Child Abuse & Neglect*, 26, 73-92.
- Marsa, F., O'Reilly, G., Carr, A., Murphy, P., O'Sullivan, M., Cotter, A. & Hevey, D. (2004). Attachment styles of psychological profiles of child sex offenders in Ireland. *Journal of Interpersonal Violence*, 19(2), 228-251.
- McCormack, J., Hudson, S. M., & Ward, T. (2002). Sexual offenders' perceptions of their early interpersonal relationships: An attachment perspective. *The Journal of Sex Research*, 39(2), 85-93.
- Miller, K., & Vernon, M. (2003). Deaf sex offenders in a prison population. *Journal of Deaf Studies and Deaf Education*, 8(3), 357-362.

- Morris, R. E., Anderson, M. M., & Knox, G. W. (2002). Incarcerated adolescents' experiences as perpetrators of sexual assault. *Archives of Pediatrics & Adolescent Medicine*, 156(8), 831-835.
- Newman, J. E., Wanklyn, S. G., Ward, A. K., Cormier, N. S., & Day, D. M. (2015). Developmental risk factors distinguish violent sexual offending, violent non-sexual offending and versatile violent offending in adulthood. *Journal of Sexual Aggression*, 21(3), 290-302.
- Ronis, S. T., & Borduin. (2007). Individual, family, peer, and academic characteristics of male juvenile sexual offenders. *Journal of Abnormal Child Psychology*, 35, 153-163.
- Salter, D., McMillan, D., Richards, M., Talbot, T., Hodges, J., Bentovim, A., Hastings, R., Steveson, J., & Skuse, D. (2003). Development of sexually abusive behaviour in sexually victimised males: a longitudinal study. *The Lancet*, 361, 471-476.
- Seto, M. C., & Lalumiere, M. L. (2010). What is so special about male adolescent sexual offending? A review and test of explanations through meta-analysis. *Psychological Bulletin*, 136(4), 526-575.
- Silovsky, J. F., & Niec, L. (2001). Characteristics of young children with sexual behavior problems: A pilot study. *Child Maltreatment*, 7(3), 187-197.
- Simons, D., Wurtele, S. K., & Heil, P. (2002). Childhood victimization and lack of empathy as predictors of sexual offending against women and children. *Journal of Interpersonal Violence*, 17(12), 1292-1307.
- Simons, D. A., Wurtele, S. K., & Durham, R. L. (2008). Developmental experiences of child sexual abusers and rapists. *Child Abuse & Neglect*, 32, 549-560.
- Smallbone, S. W., & McCabe, B. (2003). Childhood attachment, childhood sexual abuse, and onset of masturbation among adult sexual offenders. *Sexual Abuse: A Journal of Research and Treatment*, 15(1), 1-9.
- Whitaker, D. J., Le, B., Hanson, R. K., Baker, C. K., McMahon, P. M., Ryan, G., Klein, A., & Rice, D. D. (2008). Risk factors for the perpetration of child sexual abuse: A review and meta-analysis. *Child Abuse & Neglect*, 32, 529-548.
- Zakireh, B., Ronis, S. T., Knight, R. A. (2008). Individual beliefs, attitudes, and victimization histories of male juvenile sexual offenders. *Sexual Abuse: A Journal of Research and Treatment*, 20(3), 323-351.

Papers excluded from review

- Baltieri, D. A., & de Andrade, A. G. (2008). Alcohol and drug consumption among sexual offenders. *Forensic Science International*, 175, 31-35. *No childhood factors examined*
- Beech, A. R., Elliott, I. A., Birgden, A., & Findlater, D. (2008). The internet and child sexual offending: A criminological review. *Aggression and Violent Behavior*, 13, 216-228. *Adult typology who cross-over from internet CSA to hands-on abuse*
- Bolen, R. M. (2003). Child sexual abuse: Prevention or promotion? *Social Work*, 48(2), 174-185. *No empirical data*
- Bourke, M. I., & Hernandez, A. F. (2009). The 'Butner study' Redux: A report of the incidence of hands-on child victimization by child pornography offenders. *Journal of Family Violence*, 24, 183-191. *No childhood factors examined*
- Boyd, N. J., Hagan, M., Cho, M. E. (2000). Characteristics of adolescent sex offenders: A review of the research. *Aggression and Violent Behavior*, 5(2), 137-146. *Literature being reviewed prior to inclusion date*

- Cantwell, H. B. (1998). Child sexual abuse: Very young perpetrators. *Child Abuse & Neglect*, 12, 579-582. *Study prior to inclusion date*
- Cohen, L. J., & Galynker, I. (2009). Psychopathology and personality traits of pedophiles. *Psychiatric Times*, 25-30. *Not peer-reviewed journal and no empirical evidence*
- Cook, L. J. (2005). The ultimate deception: Childhood sexual abuse in the church. *Journal of Psychosocial Nursing & Mental Health Services*, 45(10), 18-24. *No empirical data*
- Dixon, L., Hamilton-Giachritsis, C., Browne, K., & Ostapuk, E. (2007). The co-occurrence of child and intimate partner maltreatment in the family: Characteristics of the violent perpetrators. *Journal of Family Violence*, 22, 657-689. *Typology of parents of abused children*
- Elliott, I. A., Beech, A.R. (2009). Understanding online child pornography use: Applying sexual offense theory to internet offenders. *Aggression and Violent Behavior*, 14, 180-193. *Literature review – no focus on childhood factors.*
- Fieldman, J. P., & Crespi, T. D. (2002). Child sexual abuse: Offenders, disclosure, and school-based initiatives. *Adolescence*, 37, 151-160. *Literature review – 2 studies to be obtained for consideration for inclusion in review.*
- Finkelhor, D. (2009). The prevention of childhood sexual abuse. *The Future of Children*, 19(2), 169-194. *Discussion paper focussed around prevention*
- Glasser, M., Kolvin, I., Campbell, D., Glasser, A., Leitch, I., & Farrelly, S. (2001). Cycle of child sexual abuse: links between being a victim and becoming a perpetrator. *British Journal of Psychiatry*, 179, 482-494. *Case notes reviewed based on patients attending a specialist clinic between 1985-1990 – prior to inclusion*
- Grayston, A. D., & De Luca, R. V. (1999). Female perpetrators of child sexual abuse: A review of the clinical and empirical literature. *Aggression and Violent Behavior*, 4(1), 93-106. *Prior to inclusion period*
- Gretton, H. M., McBride, M., Hare, R. D., O'Shaughnessy, R., & Kumka, G. (2001). Psychology and recidivism in adolescent sex offenders. *Criminal Justice and Behavior*, 23(4), 427-449. *Risk factors for reoffending*
- Gunby, C., & Woodhams, J. (2010). Sexually deviant juveniles: comparison between the offender and offence characteristics of 'child abusers' and 'peer abusers'. *Psychology, Crime & Law*, 16(2), 47-64. *Compares two groups of abusers.*
- Hendriks, J., & Bijleveld, C. C. J. H. (2004). Juvenile sexual delinquents: contrasting child abusers with peer abusers. *Criminal Behavior and Mental Health*, 14, 238-250. *Compares two groups of abusers.*
- Hunter, J. A., Figueredo, A. J., Malamuth, N. M., & Becker, J. V. (2003). Juvenile sex offenders: Towards the development of a typology. *Sexual Abuse: A Journal of Research and Treatment*, 15(1), 27-48. *Development of a typology.*
- Johnson, T. C. (1989). Female child perpetrators: Children who molest other children. *Child Abuse & Neglect*, 13, 571-585. *Prior to inclusion time*
- Krug, E. G., Mercy, J. A., Dahlberg, L. L., & Zwi, A. B. (2002). The world report on violence and health. *The Lancet*, 360, 1083-1088. *Came up in search but not relevant – mainly about violence*
- Langstrom, N., Grann, M., & Linbald, F. (2000). A preliminary typology of young sex offenders. *Journal of Adolescence*, 23, 319-329. *Data collected prior to inclusion period (1990s)*
- Lueger-Schuster, B., Kantor, V., Weindl, D., Knefel, Y. M., Butollo, A., Jagsch, R., & Gluck, T. (2014). Institutional abuse of children in the Austrian Catholic Church: Types of abuse and impact on adult survivors' current

- mental health. *Child Abuse & Neglect*, 38, 52-64.
Relevant to search 1 – sent to Nathan and Carloss
- Levenson, J. S., Morin, J. W. (2006). Risk assessment in child sexual abuse cases. *Child Welfare*, 85(1), 59-82. *Risk factors for recidivism*
- Long, M. L., Alison, L. A., McManus, M. A. (2012). Child pornography and likelihood of contact abuse: A comparison between contact child sexual offenders and noncontact offenders. *Sexual Abuse: A Journal of Research and Treatment*, 25(4), 370-395. *No childhood risk factors examined*
- Martinello, E. (2014). Reviewing strategies for risk reduction of sexual abuse of children with intellectual disabilities: A focus on early intervention. *Sex Disability*, 32, 167-174.
Relevant to search 1 – sent to Nathan and Carloss
- Marshall, W. L. (2010). The role of attachments, intimacy, and loneliness in the etiology and maintenance of sexual offending. *Sexual and Relationship Therapy*, 25(1), 73-85.
Discusses links between attachment problems and offending – literature review of theory – some papers discussed (p 80-81) to provide evidence but limited and these written in the 90s.
- Marshall, W. I & Marshall, L. E. (2000). The origins of sexual offending. *Trauma, Violence, & Abuse*, 1(3), 250-263. *Literature Review – 3 studies identified to add to review.*
- Miner, M. H. (2002). Factors associated with recidivism in juveniles: An analysis of serious juvenile sex offenders. *Journal of Research in Crime*, 39(4), 421-436. *Study on recidivism*
- Mitchell, K. J., Finkelhor, D., Wolak, J. (2007). Online requests for sexual pictures from youth: Risk factors and incident characteristics. *Journal of Adolescent Health*, 41, 196-203.
Risk factors for being a victim of online requests for sexual pictures – sent to Nathan
- Morrill, M. (2014). Sibling Sexual Abuse: An Exploratory Study of Long-term Consequences for Self-esteem and Counseling Considerations. *Journal of Family Violence*, 29(2), 205-213.
- Plann, S. (2008). “Bad things”: Child abuse and the Nineteenth-Century Spanish National School for the Deaf and Blind. *Sign Language Studies*, 8(2), 181-219. *Historical study of abuse*
- Rasmussen, L. A., Miccio-Fonseca, L. C. (2007). Paradigm shift: Implementing MEGA, a new tool proposed to define and assess sexually abusive dynamics in youth ages 19 and under. *Journal of Child Sexual Abuse*, 16(1), 85-106. *Review of the assessment tool*
- Robertiello, G., & Terry, K. J. (2007). Can we profile sex offenders? A review of sex offender typologies. *Aggression and Violent Behavior*, 12, 508-518. *Review of typologies.*
- Sheldon, K. (2011). What we know about men who download child abuse images. *The British Journal of Forensic Practice*, 13(4), 221-234. *No childhood risk factors examined*
- Watt, C. F. (2014). “I couldn’t understand why anyone would let someone like me into their house”: Foster care for young people who have sexually abused. *A thesis submitted to the University of Birmingham. A thesis, not a paper*
- West, S. G., Hatters-Friedman, S., & Knoll, J. L. (2010). Lessons to learn: Female educators who sexually abuse their students. *Psychiatric Times*, 9-10. *Not peer-reviewed – published in ‘Psychiatric Times’*
- Wijkman, M., Bijleveld, C., & Hendriks, J. (2010). Women don’t do such things! Characteristics of female sex offenders and offender type. *Sexual Abuse: A Journal of Research and Treatment*, 22(2), 135-156. *Not risk factors.*

- Wolak, J., Finkelhor, D., Mitchell, K. J., Ybarra, M. L. (2008). Online "predators" and their victims. *American Psychologist*, 63(2), 111-128. *Risk for victims – sent to Nathan and Carloss*
- Worling, J. R. (2001). Personality-based typology of adolescent male sexual offenders: Differences in recidivism rates, victim-selection characteristics, and personal victimization histories. *Sexual Abuse: A Journal of Research and Treatment*, 13(3), 149-166. *Compares different types of abusers to develop a typology.*
- Yates, P. M., & Kingston, D. A. (2006). The self-regulation model of sexual offending: The relationship between offence pathways and static and dynamic sexual offence risk. *Sex Abuse*, 18, 259-270. *Risk for re-offending*

Search 3: Protective Factors

Papers included in review

Dale, R., Shanley, D., Zimmer-Gembeck, M., Lines, K., Pickering, K., & White, C. (2015). *Empowering and protecting children by enhancing knowledge, skills and well-being: A randomized trial of Learn to BE SAFE with Emmy*. *Child Abuse & Neglect*

Kenny, M. C., Capri, V., Thakkarr-Kolar, R., Ryan, E. K., & Runyon, M. (2008). Child sexual abuse: From prevention to self-protection. *Child Abuse Review*, 17(1), 36-54

Walsh, K., Zwi, K., Woolfenden, S., & Shlonsky, A. (2015). *School-based education programmes for the prevention of child sexual abuse*. Wiley: London

Wurtele, S. (2008). Behavioral approaches to educating young children and their parents about child sexual abuse prevention. *Journal of Behaviour Analysis in Offender and Victim Treatment*, 1 (1), 52-64

Papers excluded from review

Ayre, P., & Barrett, D. (2000). Young people and prostitution: an end to the beginning? *Children Society*, 14(1), 48-59. *Policy Review*

Barnard-Willis, D. (2012). E-safety education: Young people, surveillance and responsibility. *Criminology & Criminal Justice*, 12(3), 2329-255. *Nothing on CSA/CSE*

Bogar, C., & Hulse-Killacky, D. (2006). Resiliency Determinants and Resiliency Processes Among Female Adult Survivors of Childhood Sexual Abuse. *Journal of Counselling & Development*, 84(3), 318-327. *Excluded looked at development of resilience in adult survivors*

Bryant-Davies, T., & Wong, E. C. (2013). Faith to Move Mountains: Religious Coping, Spirituality, and Interpersonal Trauma Recovery. *American Psychologist*, 68(8), 675-684. *Looked at spirituality in trauma recovery in adult survivors*

Cecchet, S., & Thoburn, J. (2014). The psychological experience of child and adolescent sex trafficking in the United States: Trauma and resilience in survivors. *Psychological Trauma, Theory, Research, Policy & Practice*, 6(5), 482-493. *Psychological trauma in survivors*.

Dumont, K., Widom, C. S., & Czaja, S. (2007). Predictors of resilience in abused and neglected children grown-up: The role of individual and neighborhood characteristics. *Child Abuse & Neglect*, 31(3), 255-274. *Resilience in survivors*.

Finkelhor, D. (2009). The Prevention of Child Sexual Abuse. *Future Child*, 19(2), 169-194. *Review paper*.

Goldman, J. & Padayachi, U. (2005) Child Sexual Abuse Reporting Behaviour by School Counsellors and Their Need for Further Education. *Health Education Journal*, 64(4), 302-322
Professionals abilities to recognise and report

- Hill, S. (2005). Partners for Protection: A future direction for child protection? *Child Abuse Review*, 14(5), 347-363. *Mother support group for mother of abused children*
- Jackson, V., Chou, S., & Browne, K. (2015). Protective Factors Against Child Victimization in the School and Community: an Exploratory Systematic Review of Longitudinal Predictors and Interacting Variables. *Trauma, Violence & Abuse*, 1-19. *Child victimisation in school generally, not specific to CSA or CSE.*
- Jaffee, S. R., Caspi, A., Moffitt, T.E., Polo-Thomas, M., & Taylor, A. (2007). Individual, family, and neighborhood factors distinguish resilient from non-resilient maltreated children: A cumulative stressors model. *Child Abuse & Neglect*, 31(3), 231-253. *Resilience in survivors*
- Jones, K.R.; Perkins, D. (2004). Risk behaviors and resiliency within physically abused adolescents. *Child Abuse & Neglect*, 28(5), 547-563. *Physical abuse*
- Keane, M., Guest, A., & Padbury, J. (2013). A balancing act: A family perspective to sibling sexual abuse. *Child Abuse Review*, 22(4), 246-252. *Intra-familial abuse*
- Leclerc, B., Wortley, R., & Smallbone, S. (2011). Victim resistance in child sexual abuse: A look into the efficacy of self-protection strategies based on the offender's experience. *Journal of Interpersonal Violence*, 26(9), 1863-1883. *Victim resistance*
- Leifer, M., Kilbane, T., & Kalick, S. (2004). Vulnerability or Resilience to Intergenerational Sexual Abuse: The Role of Maternal Factors. *Child Maltreatment* 9(1), 78-91
Mothers resilience, intra-familial
- Leve, L., Harold, G. T., Chamberlain, P., Lansverk, J., & Foisher, P.A. (2012). Practitioner Review: Children in foster care - vulnerabilities and evidence-based interventions that promote resilience processes. *Journal of Child Psychology & Psychiatry* 53(12), 1197-1211
No mention of CSA/CSE
- Lievens, E. (2014). Bullying and sexting in social networks: Protecting minors from criminal acts or empowering minors to cope with risky behaviour?. 42 (3), 251-270. *Legal framework*
- Longo, J., Walls, E. N., & Wisneski, H. (2013). Religion and religiosity: Protective or harmful factors for sexual minority youth? *Mental Health, Religion & Culture* 16(3), 273-290. *Not about CSE/CSA*
- Lukefahr, J. L., Kellogg, N., Anderst, J., Gaveril, A.R., & Wehner, K. K. (2011). Pediatric response to a large-scale child protection intervention. *Child Abuse & Neglect*, 35(8), 541-457. *A large scale abuse investigation in US*
- Macdonald, G., Higgins, J. P. T., Ramchandani, P., Valentine, J., Bronger, L. T., Klein, P., O'Daniel, R., Pickering, M., Rademaker, B., Richardson, G., & Taylor, M. (2012). Cognitive-behavioural interventions for children who have been sexually abused. Wiley: London
Intervention for those who have been abused
- Myers, S. (2002) 'Language, discourse and empowerment: changing approaches to children and young people who have sexually abused others'. in *Children & Society* 16 (5), 334-345. *An individual project philosophy/approach*

- O'Dougherty, M., Fopma-Loy, J., & Fischer, S. (2005). Multidimensional Assessment of Resilience in Mothers Who Are Child Sexual Abuse Survivor. *Child Abuse & Neglect*, 29(10), 1173-1193. *Resilience in mothers*
- Parker, B., & Turner, W. (2013). *Psychoanalytic/psychodynamic psychotherapy for children and adolescents who have been sexually abused*. Wiley: London. *Therapeutic responses*
- Pearce, J. (2006). Who Needs to be Involved in Safeguarding Sexually Exploited Young People? *Child Abuse Review*, 15(5), 326-340. *Looks at risk (passed to Search 1)*
- Pearce, J. (2014). 'What's going on' to safeguard children and young people from child sexual exploitation: A review of local safeguarding children boards' work to protect children from sexual exploitation. *Child Abuse Review*, 23(3), 159-170. *Practice response*
- Perdue, T., Prior, M., Williamson, C., & Sherman, S. (2012). Social justice and spiritual healing: Using micro and macro social work practice to reduce domestic minor sex trafficking. *Social Work & Christianity*, 39(4), 449-465. *Responses to trafficking in one US city*
- Phoenix, J. (2002). In the name of protection: youth prostitution policy reforms in England and Wales. *Critical Social Policy*, 22(2), 353-375. *Policy context*
- Simon, V., Smith, E., Fava, N., & Feiring, C. (2015). Positive and Negative Posttraumatic Change Following Childhood Sexual Abuse Are Associated With Youths' Adjustment. *Child Maltreatment*, 20(4), 278-290. *Post Traumatic change*
- Stanley, N. (2006) 'Protecting and Empowering'. in *Child Abuse Review* 15 (2), 75-78. *Editorial for a special edition on empowerment*
- Wilcox, D. T., Richards, F., & O'Keeffe, Z. C. (2004). Resilience and Risk Factors Associated with Experiencing Childhood Sexual Abuse. *Child Abuse Review*, 13(5), 338-352. *Resilience post abuse*
- Williams, J., & Nelson-Gardell, D. (2012). Predicting resilience in sexually abused adolescents. *Child Abuse & Neglect*, 36(1), 53-63. *Post abuse resilience*
- Zhai, F., & Gao, Q. (2009). Child Maltreatment Among Asian Americans Characteristics and Explanatory Framework. *Child Maltreatment*, 14(2), 207-224. *Intra-familial abuse*
- Zollner, H., Fuchs, K. A., & Fegert, J. (2014). Prevention of sexual abuse: Improved information is crucial. *Child and Adolescent Psychiatry and Mental Health*, 8(5), 1-9

Appendix 2: Summary of studies and findings in relation to risk of victimisation of CSA or CSE

Author/Year	Setting	Participants	Study Design	Findings	Limitations
Euser, Alink, Tharner, van Ijzendoorn, & Bakermans-Kranenburg (2013)	Netherlands Residential and foster care; general population	264 professionals working in residential or foster care, 329 adolescents staying in residential or foster care	Cross-sectional, questionnaire responses compared to national general population survey	Higher prevalence rates in out-of-home care than in the general population, with the highest prevalence in residential care. Prevalence rates in foster care did not differ from the general population.	Prevalence rates for one year, in one country, so generalizing findings should be done carefully. Reluctance to participate may have led to underestimation of prevalence rates. Not clear is higher rate in residential care due to differences in children placed there, or characteristics of the setting.
Jones, Bellis, Wood, Hughes, McCoy, Eckley, Bates, Mikton, Shakespeare and Office (2012)	UK	26 studies, with 21,557 individuals with disabilities; 21 studies included in meta-analysis	Systematic Review and meta-analysis	Children with disabilities in all settings are a high risk group, with children with intellectual or mental disabilities having a higher risk than children with other disabilities	Most studies did not examine sexual abuse specifically; so findings are in relation to violence including sexual violence. Many studies limited in terms of methodological rigour. Most focussed on mental health, with other disabilities under represented.
Roberts, Koenan, Lyall,	USA	1,077 female	Cross-sectional	Association between adult autistic traits and	Study of autistic traits, rather than autism

Robinson, Weisskopf (2015)		nurses	comparison with data taken from a longitudinal study of a cohort of nurses	lifetime experience of abuse, trauma and Post Traumatic Stress Disorder. Women with the highest levels of autistic traits had 1-5 times the prevalence rates of sexual abuse, compared to women with the lowest levels of autistic traits. Subtle deficits in information processing in children may increase risk.	disorder specifically. Causality cannot be determined, e.g., abuse could have led to traits and PTSD, rather than traits increasing risk of abuse. Sample of predominantly white registered nurses who are mothers, so issues of generalizability.
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Appendix 3: Summary of studies and findings in relation to risk of perpetration of CSA or CSE

Author/Year	Setting	Participants	Study Design	Findings	Limitations
Aslan, Edelmann, Bray, & Worrell (2014)	England Probation	8 white British males	Qualitative	Two primary developmental themes: childhood attachment difficulties; experiences of childhood abuse.	Not all these experiences. Small sample of male offenders aged 40-65.
Bannister & Gallagher (2008)	England Child Abuse Consultancy	5 male and 1 female children referred for assessment	Qualitative	Abusive children had varied histories; no typical profile, though likely to have been abused themselves	Small sample size and no comparison data.
Briggs, Simon, & Simonsen (2011)	USA State Sex Management Board	51 male internet offenders	Cross-sectional, convenience sample	12% offenders had experienced sexual abuse, 18% physical abuse & 24% domestic violence.	Small sample from one agency. No comparison group.
Burton (2000)	USA Residential facility	263 youths who admitted sexual offending in anonymous survey	Cross-sectional survey	Many reported child sexual behaviour problems; were severely traumatised. Level of victimisation and perpetration was correlated.	A non-random sample and retrospective review, the sample used represented approx. 75% of all incarcerated adolescent sexual aggressors.

Connolly & Woollons (2008)	New Zealand Prison sex offender programmes	58 offenders of violent and non-violent crimes; 23 rapist; 44 completing treatment for CSA	Cross-sectional, questionnaire	Child molesters and rapists reported higher levels of sexual abuse than the non-sex offender group and reported higher feelings of confusion and negativity about these experiences.	Self-report data with questionnaire not tested for reliability/validity. Prison sample may not be generalizable to other groups.
Craissati, McClurg, & Browne (2002)	UK Community-based treatment and assessment programme	156 convicted sex offenders	Cross-sectional, file, psychometric test and interview	46% reported sexual abuse as a child, who had higher levels of dysfunction, were more likely to have reported childhood emotional/physical neglect, physical abuse and believed another member of their family was sexually abused.	Replies on self-report, no non-sex offender comparison.
Dudeck, Spitzer, Stopsack, Freyberger, & Barnow (2007)	Germany Maximum security hospitals	19 sexual offenders and 32 non-sexual offenders male inpatients	Cross-sectional, interviews and questionnaires	The odds of having been sexually abused in childhood were 11 times higher in sexual offenders than in non-sexual offenders.	Small sample and self-report.
Freel (2003)	UK Social services	92 female and 91 male public sector workers	Cross-sectional survey	More than twice as many men who had been sexually abused as a child (29%) expressed a sexual interest in children compared with non-abused men (14%) but this did not reach statistical significance.	Self-report – asked about sexual interest in children, which is not necessarily indicative of sexual abuse
Glowacz, & Born (2013)	Belgium Youth courts	47 adolescent offenders adjudicated for sexual offences; 20 for non-sexual offences	Cross-sectional, interviews and psychometric data	Few differences between sex offenders and non-sex offenders. Those who abused younger children had higher scores than non-sexual offenders on submission and conformist personality scale.	Small sample sizes due to recruitment difficulties, self-report data
Hunter, Figueredo, & Malmauth, (2010)	US Community and residential treatment programs	256 adolescent males with a history of 'hands-on' sexual	Cross-sectional, interviews and psychometric tests	Sexual Deviance pathway, partially mediated by psychosocial deficits, leading through hostile masculinity and pedophilic interests, and	Lack of comparison to non-sexually offending adolescents.

	for juvenile sex offenders	offending		finally to sexual offending against male children	
Jespersen, Lalumiere, & Seto (2009)	USA	17 studies involving 1,037 sex offenders and 1,762 non-sex offenders	Meta-analysis	Higher prevalence of CSA among adult sex offenders than non-sex offenders; lower prevalence of CSA among sex offenders against adults compared to sex offenders against children	Studies used different definitions of abuse, rely on self-report. Some were unpublished, and were outside the remit of the current REA (e.g., prior to 2000)
Lee, Jackson, Pattison, & Ward (2002)	Australia Community corrections and forensic mental health	64 sex offenders and 34 non-offenders	Cross-sectional, interviews and psychometric tests	Childhood emotional abuse & family dysfunction, childhood behaviour problems, & CSA general risk factors for paraphilias.	Small sample sizes and no non-offender comparison. Noted not all with these issues go onto abuse, therefore other factors (perhaps proactive factors) important.
Marsa et al. (2004)	Ireland Prisons (for offenders) and community (for controls)	29 child sex offenders, 30 violent offenders, 30 nonviolent offenders, and 30 community controls	Cross-sectional, questionnaires and psychometric tests	Secure adult attachment style was 4 times less common in the child sex offenders group than the other three groups; 93% had an insecure adult attachment style; reported lower levels of maternal & paternal care; higher levels of maternal & paternal	Convenience samples with child sex offender group being those who volunteered for treatment; hence might not be generalizable. Self-report measures.
McCormack, Hudson, & Ward (2002)	New Zealand Prison	55 child sexual abusers; 30 sexual abusers of adult women; 32 men with nonviolent offences; 30 non-violent/sexual offenders	Qualitative	Sex offenders did not differ from other types of offenders.	Small samples in prison setting; no non-offender comparison group
Miller, & Vernon (2003)	USA Prison	41 deaf sex offenders compared with data on other offenders	Case series	Deaf inmates who were convicted sex offenders was a little over four times the percentage of the total population of hearing inmates who were convicted sex offenders	The number who were victimized as children was not documented, despite this the authors theorised this link to explain why the prevalence was high

Morris, Anderson, & Knox (2002)	USA Juvenile detention facilities	805 adolescents	Cross-sectional, anonymous survey	Of 94 victims of CSA, 28 (30%) became perpetrators, compared with 51 (8%) of 613 of the non-victims. Boys at highest risk had parents who were violent, victims of physical or sexual abuse, had parents who encouraged gang membership, knew a perpetrator of sexual violence.	Self-report. About 20% (160) of the youths did not answer the question regarding whether they were a sexual assailant.
Newman, Wanklyn, Ward, Cormier, & Day (2015)	Canada Juvenile facilities	259 male offenders, 12 pure (violent) sex offenders (PSO), 219 violent non-sex offender (VNSO), 28 versatile violent non-sex and violent sex offenders (VVSO)	Case series, case report	Health problems, extrafamilial sexual abuse and criminal family members distinguished the groups, with the PSO overrepresented on all these variables. The VVSO group experienced the most risk factors and were most clearly distinguished from the VNSO group, having higher odds for precocious sexual behaviour, criminal family members and an adolescent mother, as well as lower odds for poor school behaviour.	Due to sample size, unable to examine continuity of predictors across adolescent and adult periods of offending, small number in PSO group
Ronis & Borduin (2007)	USA Community	23 sexual offenders with peer/adult victims, 23 with child victims, 23 violent nonsexual offenders, 23 nonviolent nonsexual offenders; 599 nondelinquent youths	Cross-sectional, parents and youths self-report questionnaires	Juvenile sexual offenders had problems that were very similar to those of juvenile nonsexual offenders	Statistical power was relatively low; matching increased internal validity yet represented a threat to the external validity; all of the sexual and nonsexual offenders had at least two arrests, the results may not generalize to youths who are first-time offenders or who have fewer arrests overall.
Salter et al. (2003)	UK Children's	224 former male victims	Longitudinal	26 become sexual abusers; material neglect,	No non-abused comparison group,

	hospital	of sexual abuse		lack of supervision, sexual abuse by a female, witness interfamilial violence were risk indicators.	small number of victim-abuser group, which limited statistical power.
Seto & Lalumiere (2010)	Canada	59 independent studies comparing male adolescent sex offenders ($n = 3,855$) with male adolescent non-sex offenders ($n = 13,393$)	Meta-analysis	The largest group difference was obtained for atypical sexual interests, followed by sexual abuse history, and then criminal history, antisocial associations, and substance abuse.	Almost all studies relied on self-report; adolescent sex offenders more likely to be referred/placed in custody, which might lead to bias. Groups receive differential treatment, and might spend more time in residential care, some adolescent non-sex offenders may have committed sexual offenses that were not known about.
Silovsky & Niec (2001)	USA Assessment, treatment and research clinic	37 young children referred with sexual behaviour problems	Cross-sectional, psychometric tests	Sample exhibited particularly high frequency and severity of SBPs. Significant emotional & behavior problems were evident, and care-givers reported high levels of stress related to parenting. 65% were female and many (62%) did not have substantiated histories of sexual abuse.	Small descriptive study, no comparison group, it is not possible to know if this group later became sexual abusers.
Simons, Wurtele, & Heil (2002)	USA Prison	188 incarcerated adult male sexual offenders	Cross-sectional, range of self-report, psychometric and clinician assessed measures	Majority (70%) reported CSA and 43% physical abuse	High risk offenders, self-report data; no comparison groups
Smallbone & McCabe (2003)	Australia Prison	48 incarcerated male sexual offenders	Qualitative	The offenders often reported secure childhood maternal and paternal attachment; offenders with insecure paternal attachment were more likely to report having been sexually abused than were those with secure	Small sample size, self-report and no non-sexual offending, or non-offending comparison groups.

				paternal attachment.	
Whitaker et al. (2008)	USA	89 studies	Meta-analysis	Compared to non-sexual offenders, child sexual abusers had more family risk factors, greater sexual problems. Most of the analyses showed significant variability across studies. Substantial differences with non-offenders: history of sexual abuse, antisocial personality, difficulty with intimate relationships, experiencing harsh discipline as a child, and loneliness.	Variation between studies and not clear whether variables such as loneliness relate to the time of abuse (e.g., adulthood), or during childhood, so many variables do not clearly meet the criteria for this REA.
Zakireh, Ronis, & Knight (2008)	USA Juvenile treatment centres	100 male juveniles; 25 sexual offenders in residential placement, 25 sexual offenders in outpatient treatment, 25 nonsexual offenders in residential placement, 25 nonsexual offenders in outpatient treatment	Case control, interviews, clinical inventories and psychometric tests.	Juvenile sexual offenders in residential placement had the most negative sexual and aggressive attitudes. There were few differences between sexual offenders in outpatient treatment and juvenile offenders with no histories of sexual crimes, sexual offenders in residential placement exhibited increased sexualization, presence of paraphilias, presence of sadism, pervasive anger, expressive aggression, and history of childhood abuse relative to all other offenders	Small sample in specific setting, location. No non-offender comparison.

Appendix 4: Summary of studies and findings for potential risk indicators of risk of victimisation of CSA or CSE

Author/Year	Setting	Participants	Study Design	Findings	Limitations
Beckett, H. (October 2011)	Northern Ireland	1,102	Multi-method approach, combined quantitative and qualitative research	No young person immune from risk of CSE, a range of life experiences increase risk: prior (sexual) abuse, neglect, family dysfunction, being in care (multiple placement moves, rejection, lack of positive attachments, peer introductions to exploitative adults), going missing, running away from home or care placement, substance misuse, disengagement in education, social isolation and/or low self-esteem.	Caution re generalising from individual interviews. No comparison group. Identified cases, so generalizability issues.
Berelowitz, Firmin, Edwards, & Gulyurtl (2012)	England	2,409 confirmed victims of CSE in gangs or groups during 14-month period, August 2010-October 2011	Cross-sectional – the current report issued a call for evidence, carried out site visits and interviewed young people and children.	Typical vulnerabilities in children prior to abuse were identified, including: chaotic or dysfunctional household; history of abuse; recent bereavement; gang association; school with young people who are sexually exploited; learning disabilities; unsure about sexual orientation/unable to disclose sexual orientation to families; homelessness; residential care; low self-esteem/ self-confidence; young carers	No comparison groups and focussed specifically on CSE within gangs/groups. Identified cases, so generalizability issues.
Cense & Brackenbridge (2001)	Netherlands	14 athletes; 11 females, 3 males	Qualitative	Four situations emerged as risky: during national and international tournaments, during massage by the coach, at the coach's home and when the athlete was taken home by the coach in his car. Some young	Small sample, issues with generalization as small sample used. Research tool used predefined risk factors for athletes, neglecting

				people may be more vulnerable to abuse, for example, those who bring with them negative experiences from the home, or those who suffer social isolation for reasons of class, race or disability	any potential new risk factors.
Cecchet & Thoburn (2014)	United States	6 interviews, all female	Qualitative	Safe and secure childhood attachments lacking, feelings of being unloved led to vulnerability to exploitation	Small sample size and no comparison group. Identified cases, so generalizability issues.
Coy (2009)	England	14 interviews, all female	Qualitative	Multiple placement moves within care destabilising. Capacities to develop trusting relationships with others and feel settled limited by frequent placement breakdowns, vulnerable to exploitation	Small sample, London based, issue with generalisation. No comparison group. Identified cases, so generalizability issues.
Davies & Jones (2013)	England	397 cases over time period, 138 paediatric. 12 males, 126 females.	Review of cases	Alcohol or drug use at the time of the allegation was the highest risk factor, with early first intercourse also being present in a large number of cases, history of CAMHS use and being a looked after child, as well as disability.	Issues with generalization, small sample used, predominantly representative of white British females. Identified cases, so generalizability issues.
Franklin, Raws, & Smeaton (2015)	England	27 interviews with young people with learning disabilities, aged 12 to 23 years. 7 male and 20 female.	Qualitative	Some impairments can make some young people more at risk of sexual exploitation than their non-disabled peers. Need for acknowledgement and provision of adequate and accessible support to protect young people. Important to not treat all young people the same just because they share an impairment label. Needs of Black and minority ethnic young people also hidden.	Small sample size, issues of generalizability. No comparison groups.
Gohir (2013)	UK	73 interviews, questionnaire numbers not specified	Mixed methods. Qualitative interviews and quantitative comparison of case files.	Underlying vulnerabilities previously existed, increasing risk of exploitation. E.g. sexual abuse within the family; mental health problems; witnessing/ suffering domestic violence; disability; living in a dysfunctional family; risk of forced marriage; having strict or neglectful parents; or being a spouse from abroad. These underlying factors are likely to have increased the victims' vulnerability to sexual exploitation'.	Pilot study, small scale. No comparison data/groups. Identified cases, so generalizability issues.
Klatt, Cavner & Egan	England	175 cases, participants aged	Review of cases	Main determinants of CSE were associating with persons actively involved in prostitution, running	No comparison data/cases. Identified cases, so generalizability

(2014)		between 12 and 25 years, with a mean age of 17.3 years.		away, drug and/or alcohol use by the service user, and poverty/debts Although running away can place young persons in vulnerable situations, it can also reduce the influence of other risk factors.	issues.
McNaughton Nichols, Cockbain, Brayley, Harvey, Fox, Pasell, Ashby, Gibson and Jago (2014)	UK	9000 plus 8-17 year olds supported by Barnardos, 50 professionals qualitative interviews	REA, large scale comparative analysis and qualitative interviews with professionals	Males identified as being at risk were younger than females, more males than females who presented as being at risk had disabilities; there was an interaction between gender, youth offending and CSE; and sexual exploration regarding same sex relationships and gender identity. There are many routes to exploitation in male victim CSE, male experience of CSE is under researched and knowledge is lacking.	
Mitchell, Finkelhor, Wolak (2007)	USA	1,500 youth Internet users, ages 10–17 years	Cross-sectional, Internet Safety nationally representative telephone survey	Of the 20% (n=300) of Internet-using young people reporting online victimization, 45% (n=136) received requests for pictures from the perpetrator. The number receiving requests for sexual pictures in the year was 4% of all Internet using youth (1 in 25).	Cross-sectional data – cannot determine whether certain Internet use or psychosocial characteristics are the cause/or result of requests for sexual pictures, only know they are related.
Mitchell, Wolak, & Finkelhor (2008)	USA	1,500 youth Internet users, ages 10–17	Cross-sectional, Internet Safety nationally representative telephone survey	Bloggers more likely than other young people to post personal information on line but bloggers not more likely to interact with people not known in person and met on line. Young people interacting with people met on line, whether through blogging or not, higher change of receiving sexual solicitations.	First study to examine characteristics of young people bloggers and their risk of on-line sexual solicitation. Data are cross sectional, survey response rate relatively low, parental consent sought before young person could participate.
Reid & Piquero (2014)	USA	1,354 adolescent serious juvenile offenders	Cross sectional & Qualitative	8% of 1,354 individuals (males and females) youth offenders had been paid for sex. Significant association between age of first sex and CSE, pathways into CSE characterised by economic marginalisation and age graded risk factors.	Very specific sample population of young offenders. Does provide insight into risk indicators for young African American men
Rikke-Holmm,	Denmark		Longitudinal study	History of CSA, early sexual onset and failure to signal sexual	

Lasgaard, Koss, Elklit, & Banner (2012)				boundaries not predictors of adolescent sexual victimisation.	
Smeaton (2013)	England	25 female, 15 male, 1 transgender participants	Semi structured interviews, survey, telephone interviews	Anywhere between 25 – 57 per cent of the young people CSE projects work with experience running away and CSE. Recognition that there is no single link between running away and sexual exploitation, number of factors including bereavement or other loss, social issues relating to the family and a history of abuse, which leads to a young person experiencing both running away and sexual exploitation	No comparison group. Self-report data and small sample size.
Wolak, Finkelhor, Mitchell, & Ybarra (2008)	USA	2576 local, county, state and federal law enforcement agencies	Mail survey followed by telephone interviews Cross-sectional, Internet Safety nationally representative telephone survey	Social network sites do not appear to increase risk of on line victimisation; sharing personal information does not increase risk; types and patterns of on-line behaviours can increase risk; on-line child molesters are not paedophiles (preferring contact with young people, not prepubescent children) and the stereotype of the internet predator needs to be challenged as most are not violent, committing non-forcible sexual activity with victims that are too young to legally consent	

Appendix 5: List of CSE Risk Assessment Tools/Checklists Reviewed

1. Kent and Medway Safeguarding Children Board: Safeguarding Children at risk of Sexual Exploitation: Risk Assessment Toolkit
2. Derby Children's Safeguarding Board: Child Sexual Exploitation (CSE) Risk Assessment Toolkit
3. Bedford/Central Bedfordshire/Luton: Practice guidance and risk assessment tool to safeguard children and young people who are sexually abused through exploitation
4. London (Safeguarding Children Board) The London Child Sexual Exploitation Operating Protocol 2nd Edition
5. Sexual exploitation of vulnerable young people looked after and accommodated in Glasgow: Potential Indicator Matrix
6. SERAF - Barnardo's Cymru – Sexual Exploitation Risk Assessment Form
7. Oxfordshire (Safeguarding Children Board) CSE Screening Tool
8. Lancashire (Blackburn with Darwen & Blackpool Safeguarding Children Boards) CSE Standard Operating Protocol
9. Academy of the Medical Royal Colleges: Child Sexual Exploitation: Improving recognition and response in health settings.
10. NWG Network Child Sexual Exploitation (CSE) Risk Assessment Tool.

Appendix 6: CSE risk indicators/vulnerabilities identified in a random sample of CSE tools/professional guidance, compared to the available evidence on risk indicators

		RISK ASSESEMENT TOOL (See appendix 4 for details of the tools)									
	Evidence	1	2	3	4	5	6	7	8	9	10
Actual sign of sexual exploitation, abuse or significant harm to the child is occurring											
Disclosure of serious sexual assault (with statement or withdrawal of statement)		✓	✓	✓	✓	✓	✓				✓
Disclosure of a physical assault then refusing to make or withdrawing a complaint		✓	✓	✓	✓	✓	✓				✓
Signs of physical/sexual injuries with no explanation/ Marks or scars or physical injuries on the body or face which they try to conceal		✓			✓	✓	✓	✓	✓	✓	✓
Child under 13 involved or coerced into sexual activity		✓	✓	✓							✓
Being groomed on or offline (perpetrators must be 18 and over)			✓	✓							
Child under 16 meeting different adults and exchanging or selling sexual activity for goods or		✓	✓	✓		✓					✓

a roof overnight (constrained choices)												
Relationship with a controlling adult/emotional abuse by controlling adult							✓					✓
Discloser of selling/exchanging sex and/or being pimped				✓								✓
Indicators of sexual abuse of children/yp through exploitation in conjunction with chronic alcohol and drug use		✓		✓		✓						
Sexually offending behaviour								✓				
Peer on peer issues including sexualised bullying and sexting with consent		✓	✓					✓	✓	✓	✓	✓
Peer on peer abuse (children who pose a risk to others) or receiving rewards for recruiting		✓	✓	✓				✓	✓	✓	✓	✓
Sexually risky behaviour		✓						✓				
Superficial self-harm as a consequence of CSE/ Self harming that requires medical treatment/suicide attempts/overdoses		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Abduction and forced imprisonment		✓	✓	✓	✓	✓						✓
Being bought/sold/trafficked		✓	✓	✓	✓							✓
Associating with known adults who are sexually abusing children through exploitation			✓	✓								
Being seen in hotspots i.e. known houses, recruiting grounds or parties, 'crack houses'			✓	✓	✓	✓	✓	✓				✓
Being taken to licensed premises i.e. clubs and hotels, pubs by adults as part of grooming or engaging in sexual activity, or being seen at these premises (also including public toilets)		✓	✓	✓		✓		✓				✓
Removed from known "red light" district by professionals/being taken to brothels and massage parlours				✓	✓							✓
Sexualised risk taking on or off line/ Young person exploring sexuality in an unsupported way			✓	✓	✓	✓						✓
Clipping - Offering to have sex for money or other payment and then running before sex takes place		✓	✓	✓	✓		✓					

Indicators that the child is significantly in need of social care, health or education intervention/support											
Sexual exploitation previously been identified as a specific issue for this child	PRI										✓
Reliable sources suggesting involvement in sexual exploitation		✓			✓						
Having an older boyfriend or girlfriend (believed to be a risk to young people, known to services) or (aged 5 years plus)		✓	✓	✓	✓	✓	✓				
Associating with unknown adults on or offline	PRI	✓	✓	✓	✓	✓	✓	✓			✓
Getting into cars with unknown adults		✓	✓	✓	✓	✓	✓	✓			✓
Concern that inappropriate images are being circulated via the internet or phone or shared with friends and/or concerns that a young person is being coerced/bribed to provide sexually explicit images		✓						✓			
Association with other young people at risk of CSE or who are being sexually exploited		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sexually transmitted infections (indicating underage and unprotected sexual activity) / Multiple sexually transmitted infections		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pregnancy, miscarriages or terminations (<i>sometimes in tools states multiple</i>)		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gang member or association with gangs and delinquent peer groups/living in a gang neighbourhood/branding of gang logo/fear of victimisation from gangs/constrained by rules of a gang/inability to negotiate exit from a gang/fear of gang leaders	PRI	✓	✓	✓	✓			✓	✓	✓	✓
Repeat offending		✓		✓	✓	✓		✓	✓	✓	✓
Regularly coming home late or going missing/ Staying out overnight with no explanation	PRI	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Returning after having been missing looking well cared for in spite of having no known base		✓			✓	✓		✓			✓

Returning after having been missing looking dirty, dishevelled, tired, hungry, and thirsty.								✓				
Going missing/found in areas where they have no known links or considerable distance from home/Knowledge of towns where they have no previous connections	PRI	✓				✓						✓
Reduced/No contact with family and friends and other support networks		✓	✓	✓	✓	✓	✓		✓	✓	✓	
Breakdown of residential placements due to behaviour	PRI	✓	✓	✓	✓	✓		✓				
Disappearing from the 'system' with no contact or support or living independently and failing to respond to attempts by worker to keep in touch		✓	✓	✓	✓	✓	✓					✓
Homelessness or sofa surfing/Pattern of street homelessness and staying with an adult believed to be sexually exploiting them	PRI	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
Witnessing/experiencing domestic violence	PRI		✓		✓	✓	✓	✓	✓			✓
Patterns of abuse and/or neglect in family (sometimes in tools not specified to be intra-familial abuse just abuse)	PRI		✓			✓	✓	✓	✓	✓	✓	✓
Risk of forced marriage									✓			
Risk of honour based abuse									✓			
Poor mental health			✓						✓	✓		
Chronic fatigue						✓						
Increased health / sexual health related problems												✓
Substance misuse by parents/carers/child	PRI	✓	✓	✓			✓	✓	✓	✓	✓	✓
Experimenting with or dependency on drugs and/or alcohol		✓	✓	✓	✓	✓	✓	✓		✓	✓	
Non school attendance or excluded		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Eating disorders/eating difficulties/poor eating habits		✓	✓	✓	✓	✓	✓	✓			✓
Living in a hostel, bed and breakfast or foyer/ living in unsuitable or inappropriate housing							✓	✓	✓		✓
Displaying signs of harassment/unwanted attention											✓
Potential sign of risk											
Association with taxi firms/takeaway owners (night-time economy)											✓
Aggressive/violent/hostile behaviour/ exhibiting mood swings/use of abusive language		✓			✓	✓	✓	✓			✓
Concerns that a young person's online friendship turns into an offline relationship								✓			
Vulnerability via the internet and social networking		✓						✓	✓		✓
Unusual hours/regular patterns of child leaving/returning to placement						✓					
Unexplained relationships with older adults						✓		✓			
Phone calls/text messages from unknown/multiple adults						✓		✓			✓
Adults/older youths loitering outside child usual place of residence or school						✓		✓			
Children and young people 'looked after' or history of being in care	RI		✓	✓	✓	✓		✓	✓	✓	✓
Attachment issues	PRI									✓	✓
Adult in home or known associate known to be soliciting (prostitution)			✓					✓			✓
Having keys/access to premises other than those known about		✓			✓	✓		✓			✓
Poor self-image/low self-esteem	PRI	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Unaccounted for money or goods including mobile phones, drugs and alcohol, always having credit on phone without access to money		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Financially unsupported			✓								

Secretive behaviour (esp mobile phone and having more than one), unwilling to share online or phone contacts, increased use of webcam especially in bedroom		✓			✓	✓	✓	✓					✓
Learning disabilities / special needs /disabled	RI		✓	✓	✓				✓	✓	✓	✓	✓
Parental learning difficulty									✓				
Migrant/refugee/asylum seeker/new community			✓	✓									✓
Socio-economic disadvantage	PRI										✓	✓	
Death, loss or illness of a significant person in the child/ young person's life		✓	✓		✓				✓	✓			✓
Lack of love and security/lack of positive relationship with a protective/nurturing adult			✓					✓					✓
Social exclusion/social isolation/ no appropriate/healthy friendships			✓		✓			✓	✓	✓	✓		
Spending increased time with online friends and less time with friends from school/neighbourhood, and/or increasing amount of time on social networking and online gaming									✓				
Young carer	PRI								✓	✓			✓
Change in appearance/change in attire/poor self-care					✓	✓			✓	✓	✓	✓	✓
Detachment from age appropriate activities						✓			✓				
Late night phone/internet contact (extensive use or use that causes concern)					✓			✓	✓				✓
Accounts of social activities with no plausible explanation of the source of necessary funding						✓			✓				
Behavioural – poor concentration or memory, irritable, unsociable, aggressive in school or placement					✓	✓							
Reputation with peers/community for sexual					✓								

promiscuity													
Association with missing children/going missing with other children					✓				✓				✓
Association with manipulating peers					✓								
Parental mental health								✓	✓	✓			✓
Living in a chaotic or dysfunctional household	PRI												✓
New contacts with people outside of town									✓				
Unsure about sexual orientation	PRI								✓	✓			✓
Receiving gifts through the post from someone the young person doesn't know									✓				
Other (often dependent on specific circumstances)													
Ethnicity (bullying or gang ethnicity)													✓
Sexualised language									✓				✓
Seeking contraceptive advice												✓	
Possession of an excessive amount of condoms									✓				
Sexuality													✓
Sexually active		✓				✓		✓					
Overt sexualised dress		✓	✓	✓	✓	✓							✓
Medically unexplained symptoms												✓	
Boyfriends knowledge of having sex with other					✓								

people													
Parental criminality										✓			
Mobile phone being answered by an unknown adult									✓				
Wearing an unusual amount of clothing due to hiding more sexualised clothing underneath									✓				
Cigarette smoking					✓								
Homophobia			✓										
Breaks in adult relationships			✓										✓
Homophobia			✓										
Accessing dating agencies via mobile phones									✓				
Conflict at home around boundaries including staying out late									✓				

RI: Risk indicator as outlined in Section 3 of the report

PRI: Potential risk indicator as outlined in Section 5 of the report

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