# Child Sexual Exploitation Screening Tool

This screening tool should be used by all professionals working with children and young people aged 10 plus. Professionals may also decide it is appropriate to use the tool to screen younger children as nationally children as young as 8 years old have been found to be abused in this way. Boys as well as girls are abused through CSE.

Where a professional has concerns about a child the possibility that the child is being groomed for or is subject to child sexual exploitation should always be a consideration. This screening tool should help them focus on the specific indicators and determine whether further investigations are needed. The tool could be used in supervision, in discussions with parents and carers, with other professionals and with the child.

Many of the indicators of child sexual exploitation are also part of normal teenage behaviours and it is the presence of higher risk factors, or multiple other factors which may be indications of child sexual exploitation. **Where a child is aged 13 years old or younger the presence of any one high risk factor must be seen as a potential indicator and the child referred to Childrens' social care.**

Professionals need to exercise their own judgement when completing the tool. This includes capturing concerns about which they have some evidence **AND** concerns based on 'their gut feeling'. Staff should differentiate between the two and explain this in the notes section.

The classification of indicators as high, medium or low level is an arbitrary process. Professionals need to use their judgement as factors such as the child's age, any additional vulnerabilities, their history etc. may mean that what for another child would be low level for that child is high level. Workers should feel free to amend the suggested level using that judgement.

Where child sexual exploitation is suspected the worker should discuss their concerns with their manager and should also inform their agencies lead professional (contact details in the Toolkit) who will be monitoring the bigger picture for any emerging patterns. The Kingfisher Team will also provide advice.

Professionals should feel free to use the tool creatively, including as part of awareness raising work with children or in engaging parents and carers in understanding the issues.

Once completed, if it confirms concerns the professional **MUST** make a referral to children's social care (using the standard referral form) and should include a copy of the completed screening tool. Children's social care will take responsibility for recording the referral and where they confirm the concerns relate to CSE children's social care will forward the referral to the Kingfisher Team who will lead on a more in depth risk assessment.

| Child's Name: | | DoB: | |
|---|---|---|---|
| Name and job title of Person Completing: | | Date Completed: | |

| Indicator | Suggested Risk Level | Present Yes/No/Possible |
|---|---|---|
| **Health Domain** | | |
| Physical injuries such as bruising suggestive of either physical or sexual assault | High | |
| A sexually transmitted infection (STI), particularly if it is recurring or there are multiple STI's | High | |
| Pregnancy and / or seeking an abortion | High | |
| Sexually risky behaviour | Medium | |
| Self-harming | Medium | |
| Thoughts of or attempted suicide | Medium | |
| Eating disorder | Medium | |
| Evidence of misuse of drugs / alcohol, including associated health problems | Medium | |
| Change in appearance including losing weight, putting on weight, | Medium | |
| Learning Disability | Medium | |
| **Notes** | | |

| Behaviour Domain | | |
|---|---|---|
| Sexually offending behaviour | High | |
| Truancy / disengagement with education, or considerable change in performance at school | Medium | |
| Volatile behaviour exhibiting extreme array of mood swings or abusive language which is unusual for the child | Medium | |
| Aggressive or violent, including to pets/animals | Medium | |
| Becoming angry, hostile if any suspicions or concerns about their activities are expressed | Medium | |
| Physical aggression towards parents, siblings, pets, teachers or peers | Medium | |
| Detachment from age-appropriate activities | Medium | |
| Secretive behaviour | Medium | |
| Known to be sexually active | Medium | |
| Low self-image, low self-esteem, | Medium | |
| Young offender or anti-social behaviour | Medium | |
| Sexualised language | Medium | |
| Hostility in relationship with parents / carers and other family members | Medium | |
| Getting involved in petty crime such as shoplifting or stealing | Low | |
| **Notes** | | |

| Grooming Domain | | |
|---|---|---|
| Entering or leaving vehicles driven by unknown adults | High | |
| Excessive use of mobile phones including receiving calls late at night | High | |
| Reports that the child / young person has been seen in places known to be used for sexual exploitation | High | |
| Unexplained relationships with older adults | High | |
| Associating with other young people who are known to be sexually exploited, including in school | High | |
| Sexual relationship with a significantly older person | High | |
| Phone call, texts or letters from unknown adults | High | |
| Mobile phone being answered by unknown adult | High | |
| Inappropriate use of the Internet and forming relationships, particularly with adults, via the Internet. Note adults may pose as peers to entrap the child. | High | |
| Accounts of social activities with no plausible explanation of the source of necessary funding | High | |
| Having keys to premises other than those they should have | High | |
| Possession of money with no plausible explanation | High | |
| Acquisition of expensive or sexual clothes, mobile phone or other possession without plausible explanation | High | |
| Having keys to premises other than those they should have | High | |
| Having new mobile phone, several mobile phones, especially Blackberry or I phone – (because messages cannot be traced). Always have credit on their mobile phones, despite having no access to money or having no credit so phone can only be used for incoming calls. | High | |

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| Recruiting others into sexual exploitation | High | |
| Seen at public toilets known for cottaging or adult venues (pubs and clubs) | High | |
| Adults loitering outside the child / young person's usual place of residence or school | High | |
| Leaving home / care setting in clothing unusual for the individual child (inappropriate for age, borrowing clothing from older young people) | High | |
| Wearing an unusual amount of clothing (due to hiding more sexualised clothing underneath or hiding their body) | High | |
| Persistently missing, staying out overnight or returning late with no plausible explanation | High | |
| Returning after having been missing, looking well cared for in spite of having no known home base | High | |
| Returning after having been missing looking dirty, dishevelled, tired, hungry, thirsty | High | |
| Missing for long periods, with no known home base and/or homeless | High | |
| Possession of excessive numbers of condoms | Medium | |
| New contacts with people outside of town | Medium | |

**Notes**

| Looked After Children Domain | | |
|---|---|---|
| Living in residential care | High | |
| Frequently missing from placement | High | |
| Multiple Placement breakdown | Medium | |
| Going missing with other children | Medium | |
| **Notes** | | |
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| Family and Social Domain | | |
| A family member or known associate working in the adult sex trade | High | |
| Unsure about their sexual orientation, or unable to disclose sexual orientation to their family | High | |
| History of physical, sexual and / or emotional abuse; neglect | Medium | |
| Witness to domestic violence at home | Medium | |
| Parental difficulties; drug and alcohol misuse, mental health problems, physical or learning difficulty. Being a young carer. | Medium | |
| Pattern of street homelessness or sofa surfing | Medium | |
| Living in hostel, B & B or Foyer accommodation | Medium | |
| Conflict at home around boundaries, including staying out late. | Medium | |
| Recent bereavement or loss | Medium | |

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| Gang association either through relatives, peers or intimate relationships | Medium | |
| Lacking friends their own age | Medium | |
| Living in a gang neighbourhood | Medium | |
| **Notes** | | |
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| **E Safety Domain** | | |
| Evidence of sexual bullying and/or vulnerability through internet or social networking sites | High | |
| Concern that inappropriate images of a young person are being circulated via the internet / phones | High | |
| Exchanging inappropriate images for cash, credits or other items | High | |
| Receiving gifts through the post from someone the young person does not know | High | |
| Concern that a young person is being coerced to provide sexually explicit images | High | |
| Concerned that a young person is being bribed by someone for their inappropriate online activity | High | |
| Concern that a young person is selling sexual services via the Internet | High | |
| Accessing dating agencies via mobile phones (for example )2 flirt line) | Medium | |
| Unexplained increased mobile phone / gaming credits | Medium | |

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|---|---|---|---|
| Going online during the night | Medium | | |
| Being secretive using mobile phone for accessing websites etc, more than computers | Medium | | |
| Unwilling to share / show online or phone contacts | Medium | | |
| Concerns that a young person's online friendship has developed into an offline relationship | Medium | | |
| Concern that a young person is having an online relationship | Medium | | |
| Sharing of inappropriate images amongst friends | Medium | | |
| New contacts with people outside of town | Medium | | |
| Increased time on web cam, especially if in bedroom | Low | | |
| Spending increasing amount of time with online friends and less time with friends from school or neighbourhood | Low | | |
| Spending increasing amount of time on social networking sites including Facebook or on shared gaming sites. | Low | | |
| **Total High (H) Medium (M) Low (L) concerns identified** | **H** | **M** | **L** |

If professionals are still unsure of the level of risk once the form has been completed, please contact the Kingfisher Team on 01865 335276 to talk through the form. If the completed form confirms the professional's concerns they **MUST** make a referral to children's social care (using the standard referral form) and should include a copy of the completed screening tool.

Children's social care will take responsibility for recording the referral and where they confirm the concerns relate to CSE children's social care will forward the referral to the Kingfisher Team who will lead on a more in depth risk assessment.