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Title:

The same but different? Exploring the links between gender, trauma, sexual exploitation and harmful sexual behaviours

Abstract

This article presents data on 1,550 children and young people with experiences of child sexual exploitation (CSE) or who are displaying harmful sexual behaviours (HSB). Data were collected from two recently merged services operating across Wales: one working with children and young people who are at risk of, or abused through, sexual exploitation. The other providing assessment and intervention services for children and young people displaying HSB. Importantly, the research provided an opportunity for a comparative analysis of key demographic characteristics and abuse histories of two separate cohorts of children and young people. Clear differences exist across the two cohorts in terms of gender. However, our analysis revealed similar patterns in relation to their experiences of prior abuse, and the prevalence of a family history of domestic violence is near identical. We consider how these findings speak to a need to understand the role of gender, and to recognise potential gendered understandings and gendered trajectories of harm for children. Findings also indicate the importance of directing attention to the wellbeing needs of children and young people who have experienced trauma, regardless of the presenting issues of concern.

Key practitioner messages:

- Child sexual exploitation (CSE) and harmful sexual behaviours (HSB) are different welfare concerns, but the children and young people referred to services for CSE and HSB may have similarly high levels of similar past trauma.
- there is a need for a greater understanding of how behavioural responses to trauma can be different for boys and girls, and may lead to different risk trajectories.
- Practitioners should be encouraged to be reflexive about their assumptions about sexual norms and behaviours among children, particularly in relation to gender, and their ideas about vulnerability and risk.
- Practice with children and young people would benefit from recognising and responding to trauma experiences, and the specific wellbeing needs of individual children and young people, regardless of the presenting areas of concern i.e. CSE or HSB (and gender).
- Assessment data collected on both cohorts should also reflect the backgrounds, needs and strengths of these children and young people, addressing the causes of potential vulnerability and harms, and not simply the risks they may pose or engage in.

key words: Child sexual exploitation; Harmful Sexual Behaviours; Abuse; Gender.

Introduction

This paper presents data on 1,550 children and young people about whom there are concerns over sexual exploitation (CSE) or their harmful sexual behaviours (HSB). The paper aims to consider the demographic characteristics and abuse histories across the two cohorts, in order to contribute to knowledge about the needs of children and young people, as well as identifying potential areas for further exploration between these two fields of safeguarding and to inform understanding and practice responses.

The definition of HSB is often taken from Hackett, 2014:

“Sexual behaviours expressed by children and young people under the age of 18 years old that are developmentally inappropriate, may be harmful towards self or others, and/or be abusive towards another child, young person or adult.”

While HSB is typified by harm or the potential to harm, it falls under UK relevant Safeguarding policy. There is no single agreed definition of CSE, either globally or across the four UK nations. There are, however, three agreed components across these multiple definitions that are essential to understanding child sexual exploitation: it is a form of sexual abuse, is recognised within legal and policy frameworks as occurring to children (those up to the age of 18 years), and it involves some form of exchange (a full discussion with references to further reading on this is provided in Hallett, 2017 and Hallett et al., 2017). In Wales (the context for the research) the definition at the time of writing for CSE is as follows:

Child sexual exploitation is the coercion or manipulation of children and young people into taking part in sexual activities. It is a form of sexual abuse involving an exchange of some form of payment which can include money, mobile phones and other items, drugs, alcohol, a place to stay, ‘protection’ or affection. The vulnerability of the young person and grooming process employed by perpetrators renders them powerless to recognise the exploitative nature of relationships and unable to give informed consent (WAG, 2011)

We should then perhaps start by stating clearly – these areas are distinct. At the sharpest edge, one involves experiencing significant harm and the other being the cause of significant harm; and it would be remiss of us to minimise or sidestep this difference. Yet in terms of the needs of the children and young people themselves, and the safeguarding responses in place to meet these, they may not be so distinct. These two areas of practice are not so different in other ways too. While CSE and HSB are different areas of child welfare concern, both have complex histories in terms of policy and practice understanding. Both areas have a history in which issues of blame and responsibility have provoked

stigmatisation and a focus on the behaviours of children and young people, over and above, and sometimes with a complete disregard for, their needs and circumstances (see Brown, 2004; Chaffin, 2008).

Risky or ‘at risk’ children and young people?

Prior to policy developments that took place circa 2000-2009, children and young people who were being sexually exploited could be prosecuted for prostitution-related offences. Young people were perceived as being culpable for their own abuse (although this was not understood at that time as being abuse) through the assumption of ‘choice’, and the equating of any display of agency with responsibility (see Hallett, 2017 for more on this; also Brown, 2004). In short, young people were assumed to be making the choice to engage in prostitution/exchanging sex, and were therefore to blame; making them subject to punitive offending legislation rather than protective safeguarding ones. The change in language from ‘prostitution’ to ‘child sexual exploitation’ signified a reconceptualization of the issue itself. It repositioned CSE solely as a safeguarding issue (in terms of children and young people), reframing the understanding of children and young people from being ‘a risk’ to principally being ‘at risk’.

Central to the campaign arguments underpinning the drive for this policy shift for CSE was the conceptualisation of young people as ‘children’; drawing on a partial understanding of childhood evoking assumptions of childhood innocence, commonly, albeit incorrectly (see Kitzinger, 1997), equated with non-sexuality in children and/or children lacking sexual agency (Heinze, 2000). As Hallett (2017) outlines, alongside these arguments were strong messages from research, indicating the difficult and often desperate circumstances young people were in that led them to resort to ‘prostitution’ as a survival or coping strategy, and which also emphasised their abuse histories, unaddressed needs and lack of supportive relationships. Yet it was fear over the loss of children’s innocence and our responsibility to protect children from the risky adult world of ‘sex’ which has been the dominant discourse in mobilising changes in policy, practice and public sympathy over this issue (see also Piper, 2000).

However, this language of childhood has not been extended to children who we are more likely to see as a risk (Brownlie, 2001), and, as such, this change in public sympathy towards understanding CSE, is something that the issue of HSB is unlikely to garner. Harmful Sexual Behaviour includes acts that are recognised as sexual offences and which, importantly, can have victims. While there is a growing interest in policy into children and young people who present with HSB, in terms of their past experiences, motivations and behaviours (see for example Masson and Hackett, 2003; Criminal Justice Joint Inspection, 2013), in contrast to CSE, children and young people displaying HSB are still

more likely to be discussed as ‘perpetrators’ more than as ‘children’, leading to understandings and treatment of them as ‘mini sex-offenders’ (Barnardo’s, 2016). The term ‘sex offender’ ignites a highly emotive response, and the public’s view of sex offending and sex offenders, particularly with regard to offences against children, is overwhelmingly negative (Hudson, 2012). Stigmatising children and young people who have displayed HSB is therefore highly problematic, in that it detracts from the needs and context under which such behaviours arise and occur, while also pathologising children and young people. This can result in a focus on the risk such children and young people may pose, rather than the attention given to the risks they may have faced and their own vulnerabilities.

Even in the current policy context for CSE, children and young people can become caught up in a problematic discourse of risk, which can (unintentionally) position children and young people themselves as being part of the problem. This generally takes the form of focussing solely on the kinds of ‘risky’ behaviours young people engage in which can make them vulnerable to exploiters. However this is sometimes explicitly constructed as a problem within the child or as a pathology of youth. For example, even in relatively recent research such as Layne et al. (2014), CSE itself is defined as a type of ‘high risk behaviour’ in adolescence. This approach can detract away from those underpinning emotional and well-being needs and circumstances of the young people and children, which are often intrinsically connected to the problem. Instead, the attention focusses on the children and young people themselves, resulting in risk management strategies, which can be perceived by young people to be punitive and exclusionary (Hallett, 2015). This facet of CSE research and practice shows a clear similarity with the framing of HSB.

Different... but the same?

There is little research which connects CSE and HSB, or which considers together the vulnerabilities and needs of children and young people across these two areas of welfare and safeguarding. There are however, similarities in the themes emerging from the literature across these fields. As we have already discussed, there are literatures within both fields which centre more directly on the young people themselves, and position the children and young people involved as ‘taking risks’ or as being themselves a risk to others (see eg. McCrory et al. 2008, Layne et al., 2014). However both of these fields involve research and literatures that consider and position the phenomena within a broader psycho-social, economic contextual, structural and/or holistic frame of understanding (see for example Pearce, 2009; Hackett, 2007; Manocha and Mezey, 2008; Chaffin, 2008). Both HSB and CSE have also been linked to negative experiences of statutory care (see for example, Prentky et al., 2014; O’Neill, et al., 1995; Coy, 2008; Hallett, 2015). At the same time, both CSE and HSB are associated with high levels of prior trauma and abuse experiences (O, Neill, 2001; Hackett et al., 2013; Almond, Canter and Salfati, 2006). In the case of HSB, the association between HSB and prior

and ongoing abuse may be even stronger for girls displaying HSB than it is for boys (see for example Masson et al., 2015.) So, while traditionally these two areas exist as separate fields of understanding and practice, as stated above, there are similarities in the framing of the issues involved, and in the various themes from research and literature in the field. This paper aims to compare the demographic characteristics and abuse histories of children and young people across these two cohorts, in order to contribute to knowledge about the needs of children and young people and the potential relationship between the practice approaches to these two areas of safeguarding.

The research

The data considered within this paper form part of a Welsh Government funded research and practice project, 'Gwella', operating between Barnardo's Cymru and [YYYY] University. The aim of the Gwella Project is to reduce the risk of vulnerable children and young people experiencing Child Sexual Exploitation (CSE) or demonstrating Harmful Sexual Behaviour (HSB) through the development and implementation of a prevention and early intervention model for use in Social Care. The premise of Gwella is based on two hypotheses formed by Barnardo's: First, that there is a link between childhood trauma, CSE and HSB; and second, that support for a child in their early years will reduce the likelihood of experiencing abuse through sexual exploitation, and/or displaying harmful sexual behaviours. These two hypotheses have informed the body of research that has been undertaken. This paper contributes mainly to the first hypothesis regarding the links between childhood trauma, sexual exploitation and HSB. In doing so this research is also able to contribute to the second hypothesis of the Gwella project and help to inform future practice that speaks to all of these concerns.

The data

The data analysed are based on administrative referral information from two (now merged) services operating across Wales: one service works with children and young people who are at risk of, or abused, through sexual exploitation. The other service provides assessment and intervention services for children and young people displaying HSB. Each service has a separate database on all the children and young people who are referred. This includes demographic information about the child or young person, as well as background information relating to the child or young person's risks and needs. All referrals to both projects between 2014 to 2017 were incorporated for analysis – meaning that a total of 1550 referral cases were analysed from across the CSE service database (n=1319 cases) and the HSB service database (n= 231 cases).

While dependent on the data recorded by each service, the following information about the children and young people, that accessed both services, were collected:

- Demographic characteristics (including age, sex, ethnicity, sexuality, family structure, education)
- Any information relating to the CSE or HSB (current and past).
- Risk and needs assessments.
- Experiences of childhood trauma (if known).
- Referral patterns and take up of services at the CSE/HSB services: Date of first contact; reasons for referrals, background to referral, number of contacts, mode of contact, duration of support, etc.
- Case study information.

The analysis was therefore able to look at the demographic characteristics and abuse histories across the two cohorts in order to contribute to knowledge about the needs of children and young people who are at risk of, or abused through, sexual exploitation, *and* those children and young people displaying HSB. Importantly however, the research provides a comparative analysis, comparing the children and young people who access each service. This comparative element is used to examine the characteristics and needs of each service user grouping. For this analysis, key data extracted were used to answer the following research questions:

- Who are they?
- What do we know about children and young people who experience CSE?
- What do we know about children and young people who demonstrate HSB?
- Have these children and young people experienced childhood trauma (including, domestic abuse, child sexual abuse (CSA); physical abuse; emotional neglect)?
- Are there any similarities and differences in the children and young people that access both services, in terms of demographic information, early childhood experiences, risk and/or needs?

Data quality and validity issues

Research using administrative data raises a number of data quality and validity issues, which arise because the data are not created for research purposes. We note some here. First, the relatively smaller size of the HSB service sample needs to be taken into consideration. The differences in available data reflect in part the nature and role of each service. Second, there are also differences in both data collected and method of collection between the two services, meaning that, despite the wealth of information available within the database, much of this was difficult to compare. For these reasons, to make meaningful comparisons of the data we have *only* selected those descriptors and categories that are comparable. We do however think that this is a finding within itself – what is recorded and how is of interest to us, as it indicates the different focus of the assessment and work with children and young people from across the two areas of safeguarding and concern, and we refer

to this again, later in the paper. A further limitation of using administrative data is the problem of missing information. Within this paper, individuals are excluded from our analysis where their record is missing data in the field in question; this is represented by the different total values in the Tables below.

Ethical issues

The study was subject to the University's ethics approval processes, and approval was granted. Access to the data was provided by Barnardo's in accordance with their information sharing protocols. Using data without asking the specific consent of service users raises particular ethical questions. The study was conducted under compliance to the Data Protection Act, which allows for data to be accessed without consent, for sensitive studies where the public interest is strong. Given the project's overall aim, there is important public interest value in using the data for research, and the potential for such research to positively impact practice. There are also risks of harm associated with contacting historical users of support services for issues like CSE and HSB to ask for their consent. As a protective measure, identifiable data (including name, date of birth, and address data) were removed by both services before being given to the research team, and a unique case number was given to each child or young person. Because of the lack of identifiable information in the data provided, we are not able to fully confirm that there is no overlap between the data sets. However, we were told by Barnardo's Cymru that there were no individuals involved with both services.

Findings

In this section we present data on 1,550 children and young people about whom there are concerns over sexual exploitation and who were referred to the CSE Service (n=1,319) or to the HSB Service (n=231) for concerns over their inappropriately sexualised or harmful sexual behaviours. Table 1 presents their age and gender at referral, the difference in overall rates of involvement with care, their prevalence of abuse and actions or behaviours that are often intrinsically connected to CSE and/or HSB.

Table 1. Demographic characteristics and abuse histories across the two cohorts (n=1,550)

		CSE		HSB		Total	
		No.	%	No.	%	No.	%
Age	5 to 11	16	1.2	68	30.1	84	5.4
	12 to 17	1196	90.9	155	68.6	1351	87.6
	18+	104	7.9	3	1.3	107	6.9
	Total	1,316		226		1542	
Gender	Female	1097	83.2	29	12.6	1126	72.7
	Male	221	16.8	202	87.4	423	27.3
	Total	1,318		231		1549	
Care status	Yes	612	46.4	188	81.4	800	51.6
	No	77	5.8	28	12.1	105	67.7
	Missing	630	47.8	15	6.5	645	41.6
	Total	1319		231		1550	
Recorded abuse	Emotional abuse/neglect*	747	56.7	139	60.2	886	57.2
	Physical abuse	384	29.2	84	36.4	468	30.2
	Sexual abuse	374	28.3	75	32.5	449	29.1
	Family history of domestic violence	618	46.9	107	46.3	725	46.8
	Total	1319		231		1550	
Expressions of despair		973	73.8	147	63.6	1120	72.3
	Total	1319		231		1550	

*these were recorded as one category in the assessment data.

The majority of children and young people for both services fall in the 12-17 years old age range. The CSE service however clearly has an older age group than the HSB service, with almost all children and young people aged between 12-17, but a substantial proportion over the age of 18. In comparison, the HSB service involves a much younger population with nearly a third under the age of 12. From the data we have we do not know if these ages (which are at referral) necessarily correlate to the age at which concerns over CSE or HSB first arose. Of the demographic characteristics, the two services datasets differ most substantially in terms of gender. The majority of the CSE cohort is female (83.2%), while the majority of HSB service users are male (87.4%), meaning the two cohorts have almost the opposite gender ratio.

Data were also collected on the children and young people's overall rates of involvement with care. Care status is presented here as the percentage of those recorded as having care involvement with social services. We are unable to determine whether care status recorded would have referred only to

care status as of the time of assessment, or whether historical care status was included. The data recorded were more detailed, and responses coded as affirmative for care involvement included those who were subject to a court order through Sections 20, 76, 17, 47, and 31, and also those noted as Care Leavers, and Looked After Children. As Table 1 shows, a higher proportion of users of the HSB service were recorded as having been in care. However, the differing levels of missing data and responses of ‘unknown’ between the two service make any interpretation difficult, and any comparison very limited. Indeed, with the missing data and responses of ‘unknown’ excluded, the two cohorts show very similar rates of involvement with care. We are thus unable to say whether this is reflective of genuine differences or is evidence of different ways of recording these data for the different services.

Our dataset also shows a roughly similar pattern of experiences of prior abuse experience among children and young people who either experience CSE or exhibit HSB. Particularly, the prevalence of family history of domestic violence is almost identical between the two services. The most substantial deviation between the two groups is experience of physical abuse, which is somewhat higher for children and young people in the HSB service (36.4% compared to 29.1% in the CSE service). As Table 2 shows, the difference in proportions is significant, $\chi^2(1, n=1,518) = 14.17, p < 0.001$.

Table 2. Recorded abuse

Recorded abuse	% of all Service Users		Pearson Chi-Square (χ^2)
	CSE	HSB	
Emotional abuse/neglect*	56.7%	60.2%	0.99 (n=1,551)
Physical abuse	29.2%	36.4%	4.83 (p<0.05) (n=1,551)
Sexual abuse	28.3%	32.5%	1.63 (n=1,551)
Family history of domestic violence	46.9%	46.3%	0.03 (n=1,551)

*these were recorded as one category in the assessment data.

Both services recorded the number of young people who were noted as displaying or engaging in behaviours categorised as ‘expressions of despair’. These are actions or behaviours that are often intrinsically connected to CSE and/or HSB. The data evidences a higher figure in CSE referral information (73.8%) than in the HSB service data (63.6%). Both datasets then allowed for the collection of further information on certain behaviours within this category, however the HSB service data are broken down into many more specific categories. Interestingly, the CSE assessment specifies self-harm and overdose, whereas the list in the HSB assessment does not include overdose, but does include self-harm (16.5%), and adds a number of other categories not specified in the CSE service data: suicidal thoughts (14.7%), eating disorder (0.4%), aggression/violence (49.8%), fire setting

(12.6%), cruelty to animals (13%), bullying of others (26.4%), and damage to property (26.4%). This is perhaps indicative of the different emphases for recording for the two areas.

Discussion

We begin by restating that this is an explorative paper, aimed at comparing key demographic characteristics and abuse histories of two separate cohorts of children and young people, about whom there are concerns over their risk to sexual exploitation or risk of engaging in harmful sexual behaviours, but there are limitations to our dataset and what we were able to compare. As such, we do not provide definitive conclusions, but rather we contribute to understanding of and about children and young people identified as being at risk of CSE, and or at risk of displaying HSB, by outlining key points of note and directing to areas for further research and consideration.

The limitations of the data are limitations which arise through using administrative data for research purposes, and this provides our first finding and point of discussion. Improving data collection, and a move to a standardisation of data collection and a uniformity of data collected in sister agencies would improve its usefulness for increasing knowledge and developing understanding about these two fields of practice. But there is a more important point to raise about data collection, and that is, that how services collect data, and the data they collect, indicates the (different) focus of the work with children and young people from across these two areas of safeguarding. A unified approach to assessment with a focus on needs, and protective/strengths-based factors, would direct the work to a focus on addressing the causes of potential vulnerability and harms. This would also reflect the broader claims from Barnardo's about the similarities of these children and young people, and the need to focus on addressing vulnerability and needs rather than on the risks these children and young people may pose or engage in.

Our second finding to consider is that a stark demographic distinction between those referred to each service is gender. The clear majority of those referred over concerns relating to CSE were female. Those about whom concerns were raised over HSB were mostly boys. This finding is in line with existing research on CSE and HSB (see for example Hackett et al., 2013; Almond, Canter and Salfati, 2006). It is noteworthy however, that the low percentage of female HSB service users is still substantially higher than that found in some studies of HSB, such as Hackett et al., 2013, but is, however, closer to suggested national figures of around 10% (Barnardo's, 2016).

A full investigation of the significance of this finding is beyond the scope of this paper, but, in line with our explorative approach, we make some observations in relation to the literature here. First, the difference in gender within the cohorts could indicate that referral pathways are affected by gender assumptions and cultural stereotypes in relation to vulnerability. As we considered previously,

framing vulnerability through a language of childhood can (unintentionally) have negative consequences for children and young people in terms of how people recognise and interpret risk behaviours – particularly as this is influenced by cultural assumptions around gender and sexuality in childhood (see Heinze, 2000). This is particularly so around concerns over ‘inappropriate’ sexualised and sexual risk behaviours, which can become the focus of attention rather than a contextual understanding of these behaviours. This has particular pertinence for practice in relation to HSB. Understanding harmful sexual behaviour relies in part on understanding sexual behaviour in children more broadly. This is especially true when considering forms of HSB which are defined solely as ‘developmentally inappropriate’ rather than as behaviours which are explicitly harmful to self or others. Not surprisingly, evidence points to discrepancies among practitioner understandings of issues around childhood sexual behaviour (Vosmer, Hackett and Callanan 2009) and these (mis)understandings can be gendered.

We also note however, that gender assumptions can feature within the research literature informing such understandings. For example, Friedrich and colleagues (Friedrich et al., 2001) have developed the Child Sexual Behaviour Inventory to help identify what is appropriate or inappropriate sexual behaviour in children. However this inventory has issues, particularly concerning gender – for example, different criteria exist for boys and girls on certain issues that align with assumptions around gender norms (passivity in boys and assertiveness in girls are included as points of ‘sexualised’ behaviour, and cross-gender clothing choices are not only viewed as an example of sexual behaviour but are, tellingly, referred to as dressing in *women’s* clothes, revealing an assumption that boys are the presumed subject of inventorying sexual behaviours in childhood). In terms of CSE, these gendered understandings of sexual norms or behaviours can mean that boys’ vulnerability to sexual exploitation can be missed (Hallett, 2017), and concerns over offending or antisocial behaviours are more likely to be the focus of professional concern. This is supported by Lillywhite and Skidmore (2006) who find that professional attitudes may hinder identification of CSE in boys for these reasons (see also Cockbain, et al., 2014). Similarly, this can result in attention given to girls’ sexuality being conceptualised as inherently ‘at risk’ to abuse from others (see Heinze, 2000; Brownlie, 2001). Masson et al. (2015) suggest that low identification of girls displaying HSB may be related to social norms around gender which cast girls and young women as victims, making any harmful or abusive behaviour more difficult to recognise.

It is worth raising here that in the recordings of expressions of despair, the HSB service breaks down and collected data on specific behaviours. The CSE service does not. What we see is that the items involving violent, destructive, and/or potentially offending behaviour are present only for the assessments for the HSB cases, despite research suggesting that children and young people experiencing or vulnerable to CSE may display similar behaviours (Cockbain and Brayley, 2012).

That this is embedded in the HSB recording, but not the CSE recording, may evidence a generalised focus on HSB as being part of a pattern of risk (to others), compared to a view of CSE as part of a pattern of vulnerability.

Yet while there are issues with the gendered framing of vulnerability and risk, our second observation is that this gender difference in referrals could also indicate that gender is bound up in the different trajectories of risk for boys and girls who experience certain traumas or vulnerabilities. The other finding to note is the near parallel statistics across referral pathway for family history of domestic abuse, alongside similarities in the figures for having experienced some form of abuse. These are findings that follow existing research in finding a high prevalence of prior abuse experience among children and young people who either experience CSE or exhibit HSB (eg. O'Neill, et al., 1995; Almond, Canter and Salfati, 2006). These experiences, set alongside cultural and/or community norms surrounding gender and gender-relations, could lead to normalised expectations of violence and understandings of violent masculinity, and an internalising and out-playing of trauma that is 'gendered'. The similarity of abuse histories and the high percentages within both cohorts displaying behaviours characterised as 'expressions of despair', which cut across demographic differences, speaks to the importance of directing attention to the needs of children and young people who have experienced trauma in the form of physical, sexual or emotional abuse, and who have witnessed domestic abuse. There is indication that there is a link between potentially unaddressed wellbeing needs caused through exposure to abuse, and later (potentially gendered) victimisation or harmful sexual behaviours. This indication is supported by recent research indicating that HSB in pre-adolescent children is likely linked to enacting or responding to abuse children may have experienced (see McNeish and Scott, 2018) (which provides a potential reason for the slightly higher figures for children under 12 in the HSB cohort). This is an area requiring further investigation.

Certainly, the gender-based nature of CSE and HSB is most often taken as a given, and, in terms of CSE, the historical link to prostitution/sex work, along with the gender-based language in the grooming model (which is not without criticisms) has played a key role in developing understanding of this as a form of abuse largely affecting females; with males found to be the perpetrators of such harm (see for example Coy, 2016). In this way, CSE and HSB can be understood as a gender-based issue in the way that other (adult) forms of sexual violence are (understood). Yet outside of these issues discussed above, gender is rarely theorised within the CSE and HSB fields of literature, and this is perhaps where bringing these two fields together could prove useful. The most common theoretical lens for both these fields tends to be age, with a focus on adolescence drawing on child development theory, or the use of childhood theory. Clearly, gender is significant, and further in-depth research on both CSE and HSB populations that explicitly explores and theorises gender is

needed in order to consider this in more detail. Particularly as this indicates that there may be a need to provide a same-but-different response to boys and girls who have experienced and witnessed abuse.

Concluding comments

There is little research which connects CSE and HSB, or which considers together the vulnerabilities and needs of children and young people within these two fields. While there were limitations in what we could explore, the differences *and* similarities in the findings speak to the need for attention and further investigation to be given to the connections between gender, previous experience of abuse, and CSE and HSB. That said, the discussion presented in this paper suggests that practitioners should be encouraged to be reflexive about their understandings of gender and sexuality among children, while practice should be directed to encompass and allow for a more complex understanding of vulnerability. Practice which recognises and responds to trauma experiences and the specific needs of individual children and young people when they become of notice because of concerns over CSE and/or HSB, is vital as an organising principle for assessment and support, regardless of any risk taking or offending behaviours and the presenting areas of concern.

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