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### **Abstract:**

Research with children and young people at risk of child sexual exploitation (CSE) has highlighted that professionals need to engage children in relationships of trust if they are to be most successful in enabling children to explore and address risky behaviours, situations and relationships. More needs to be understood about professional approaches to building such trusting relationships, particularly when children feel (often with good cause) that professionals are not always able to balance their need for protection and guidance with their right to a voice and to make agentic choices about their own lives. This paper draws on interim findings from a two-year realist evaluation study funded by the Office of the Children's Commissioner in England into the implementation and evaluation of a new child-centred framework for working with CSE, 'See Me, Hear Me', within three pilot local authority sites in different regions of England. A survey and qualitative interviews reveal how professionals from a range of disciplines draw on their knowledge, skills, personal qualities and values to develop trust. Key themes identified for effective practice were relationship-based practice, an ethically-grounded approach, child-centred and being skilled and knowledgeable in relation to working with CSE.

### **Introduction**

There is increasing global awareness of the prevalence, nature and impact of child sexual exploitation (CSE) (U.S. Department of Justice, 2007; Brodie and Pearce, 2012). The term CSE broadly covers exploitative situations, contexts and relationships where a child or young person receives tangible or intangible benefits, such as food, accommodation, drugs, affection, protection, gifts or money, from someone who has power over them by using, for example, their age, economic resources, intellect, or physical strength to control, coerce, manipulate or intimidate the child into sexual activity (Home Office and the Department for Education, 2016). The boundaries of the definition are fluid and emergent, with dynamics and contexts such as internet grooming, online abuse, commercial trafficking, group exploitation or gang-related violence potentially involved (Melrose, 2013; Cockbain et al, 2014) but the child's powerlessness to resist, and often even to recognise the exploitation, is fundamental to its definition (Pearce, 2009). Approaches to addressing this problem are equally embryonic (Pearce, 2011; McMahon-Howard and Reimers, 2013; Bounds et al., 2015).

It is perhaps, then, unsurprising that this relatively newly constructed domain of child abuse remains challenging in terms of understanding prevalence (Melrose and Pearce, 2013) and identifying effective risk assessment and management strategies (Klatt et al., 2014). Dilemmas for child protection practice have been noted across the United States (e.g. Latonero, 2012; Schwarz and Britton, 2015) and Europe (e.g. Hossain et al, 2010), and have been particularly marked in England where recent court cases, serious case reviews and public inquiries (e.g. Coffey, 2014; Jay, 2014) have revealed serious shortcomings in professionals' competence in recognising CSE and engaging children and young people successfully in work to reduce risk. The recent media storms which followed revelations of serious and ongoing CSE seemed to have brought about an 'extraordinary moment of national catharsis' (The Guardian, 2015) which has galvanized the government in England. In 2013 it formed a national group to examine the lessons from recent inquiries and shape responses over time (HM Government, 2015). Public inquiries have been instituted into gang- and group-related CSE (Berelowitz et al, 2013), children who go missing from care (All-Party

Parliamentary Group for Runaway and Missing Children and Adults, 2016), legislative powers for protecting children from CSE (Barnardo's, 2014), and responses to localised grooming (Home Affairs Committee, 2013). In areas where faulty or dangerous leadership was thought to have led to the crisis, local authorities' statutory child protection functions have been assumed by central government (e.g. Pickles, 2015).

While trust in the statutory response to CSE in England could hardly be lower, vulnerable children are clear that a trusting relationship with a practitioner is crucial to engaging them in exploring and addressing risky behaviours, situations and relationships (Smeaton, 2013; Gilligan, 2015). More needs to be understood about professional approaches to building such trusting relationships in the field of CSE, particularly when children feel (often with good cause) that professionals struggle to balance their need for protection and guidance with their right to a voice and to make agentic choices about their own lives (Hallett, 2015). This paper draws on findings from a survey and qualitative interviews, conducted in England, in exploring how professionals from a range of disciplines draw on their knowledge, skills, personal qualities and values (often termed 'use of self') to develop relationships of care and respect and create child-centred environments which facilitate the building of trust with children at risk of CSE.

### **The importance of gaining trust in work with children at risk of CSE**

CSE is recognised as adversely affecting children's physical, mental and sexual health, educational achievements, social and economic contributions and later parenting capacity, and increasing their risk of self-harming, drug and alcohol problems, and anti-social and criminal behaviours (Beckett et al, 2014). Thus, finding ways of engaging and intervening with young people at risk is a key policy and practice priority. However, both the risk factors leading to CSE and the effects of CSE make it particularly challenging for children and young people to recognise they are being harmed, tell about their abuse, and seek or accept help (Berelowitz et al., 2013).

Earlier poor parenting, insecurity of attachment, abuse, neglect and experiences of public care are common backgrounds for later exploitation (Scott and Skidmore, 2006). Children whose feelings, rights to safety and views have been disregarded are less able to recognise they are being harmed or exploited and have less trust that others will care about them, respect their choices, believe their disclosures or protect them (Collin-Vezina et al, 2016). Indeed, they are less likely to have trustworthy people around them who will support them and listen to them (Hallett, 2015). Having often become self-reliant and desensitised to their own welfare when encountering potentially risky scenarios, such children are more vulnerable in relation to those who might groom them to engage their trust and compliance with the purpose of exploiting them (Coy, 2008). In an era when young people's culture is sexualised, digitised and commodified, it becomes even more difficult for vulnerable children to gain ownership of their own sexual choices and boundaries and to determine what is acceptable (Melrose, 2013).

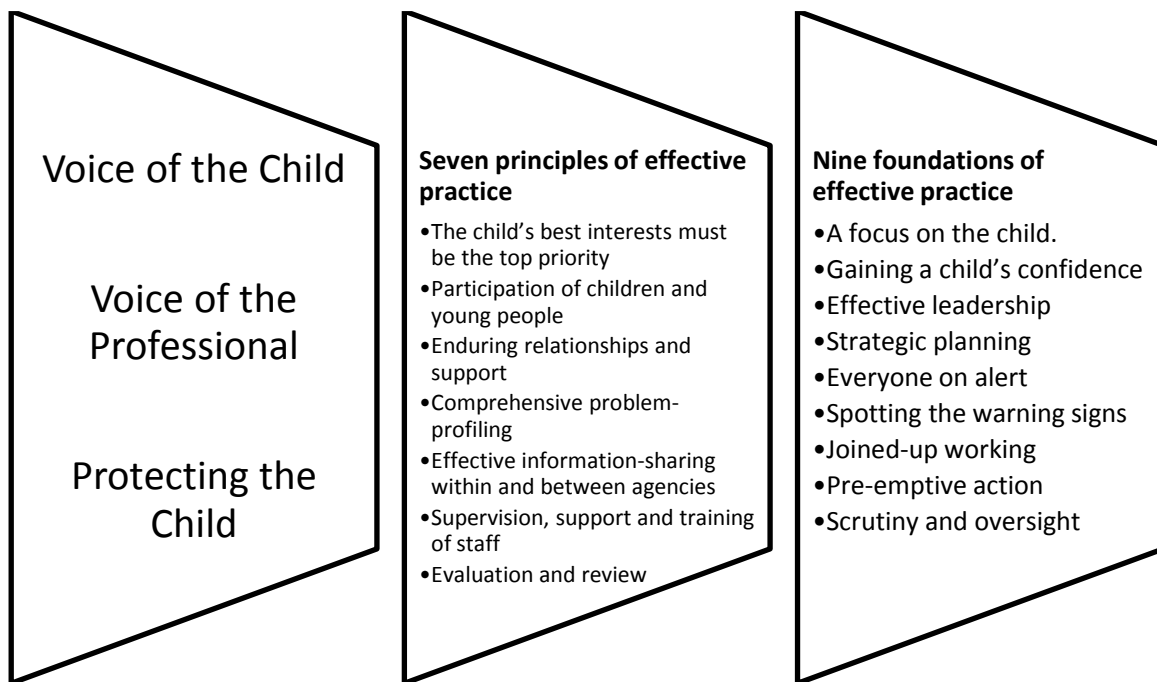
The grooming and exploitation process operates to prevent children from recognising, resisting or telling about abuse (Reid, 2014). Exploiters use threats, bullying and intimidation to instil fear in children of telling others about harm they are experiencing (Brayley et al, 2011). Many exploiters also intersperse abuse with unpredictable gifts of affection or material reward which inculcates a sense of attachment and loyalty in the abuser, and a sense of inevitability regarding the abusive relationship, however damaging it is (Jago et al, 2011). The resultant 'traumatic bond' with the abuser (Pace, 2016) can lead to young people being drawn into abusers' distorted world view where family or professionals are to be mistrusted. Young people may have been groomed into thinking that the exploiter is a 'boyfriend' and to see themselves as in a consensual relationship, regardless of how they are treated, passed around or trafficked. Even where they do come to recognise their own exploitation, trusting others, including professionals, might become even harder, as the young person starts realise that someone they thought had loved them did not and had betrayed their trust (Smeaton, 2013). Young people commonly fear the reaction of family, friends or professionals

to revelations of the CSE, particularly fearing not being listened to or believed and being judged or blamed. In all abuse, shame is likely to play a part; this can be particularly intense when children feel they have made a 'choice' to participate in sexual activity, and are less able to see the way they have been coerced, manipulated or intimidated into participating (Jago et al, 2011).

Studies seeking the views of vulnerable children and young people continually report that recognition of their own abuse, disclosure of abuse, and engaging in interventions are most likely to be achieved within the context of a trusted professional relationship where they feel supported and emotionally close to the worker (Smeaton, 2013). Professionals' personal qualities and relational approach are key: children at risk of CSE are most likely to engage with and trust workers who listen, are safe, friendly, easy to talk to, sensitive, supportive, warm, kind, caring and non-judgemental (Gilligan, 2015). Being persistent, reliable and consistent in a relationship over time is crucial: a "stickability" that will help a young person to recognise that you are on their side, undeterred by their challenging behaviour, not looking for any payback (unlike their abusers) and, ultimately, someone they can trust" (Jago et al, 2011, p.71). This can mean that, even though young people may not be ready to engage with risk-focused interventions initially, when a window opens that suggests a young person does want to change their life, there is already a worker in place they trust to turn to (Hickle and Hallett, 2015). Trust is also instilled where young people feel that their rights, views, agency, privacy and confidentiality are respected, and their participation is promoted through receiving information and explanations so that they understand their situations; practice driven 'by the canons of child protection and surveillance' are, conversely, likely to result in further erosion of children's trust and retrenchment towards the abuser (Hallett, 2013, p.76). These negative experiences with professionals can become a kind of exploitation in themselves, mirroring the constrained choices, coercion, stigma, and isolation embedded in their experiences of CSE.

Two recent reports published by the Office of the Children's Commissioner in England (OCC) (an organisation funded through central government with a statutory duty to promote and protect the rights of all children in England) have presented strategies for potential professional responses to abuse risk which place trusting relationships with professionals at the centre. The first (Cossar et al, 2013), a study commissioned by OCC of early approaches for helping children at risk of abuse or neglect, established that children were more likely to recognise they were being abused or neglected, and to tell about it, within the context of a close and trusting relationship of duration with a professional, where they felt listened to and believed rather than judged or patronised. As with similar studies, the personal qualities and approach of the professional helper were seen as central: being kind, sympathetic and caring; being reliable, consistent, accessible and available; being knowledgeable and competent in relation to CSE; offering clear information, explanations and advice; respecting privacy and confidentiality. The second (Berelowitz et al., 2013), drew on the findings from the OCC inquiry into CSE in gangs and groups, as well as Cossar et al.'s findings, to construct the 'See Me, Hear Me' framework: "a child-centred approach for preventing the sexual exploitation of children, identifying, protecting and supporting the victims, disrupting and stopping perpetrators, securing justice for victims and obtaining convictions" (p. 11). Seeking to address the deficits in service structure and delivery highlighted by the gangs and groups inquiry, the framework provides guidance for all service levels, from strategic management to front-line practice, outlining the functions and processes required to form a holistic response to sexual exploitation within each locality. It seeks to promote the voice of both child and professional, and to protect the child, through nine foundations and seven principles, which are summarised in Figure 1.

**Figure 1 A summary of the 'See Me, Hear Me' Framework (Berelowitz et al., 2013)**



The OCC subsequently issued a tender for the See Me, Hear Me framework to be piloted and evaluated in three local authority areas in England, in order to establish the efficacy of the framework for improving the identification and protection of children being sexually exploited or abused. The authors of this paper, based at one university in England, were subsequently commissioned to undertake the project and this paper considers findings in relation to one strand: how professionals in the three local authorities were seeking to build trust with children and young people at risk of CSE.

### **Methods and methodology**

The overall project has followed a realist evaluation methodology (Pawson and Tilley, 1997), to evaluate differences made to service structure and delivery through implementation of the framework within three pilot sites in different regions of England. The sites were selected by the OCC to represent a geographical mix. Measures have included: a mid-stage and final survey of all professionals working with CSE in each area; interviews with representatives from agencies working with CSE; interviews with children who had experienced CSE interventions in those areas; observations of multi-agency CSE decision-making fora; and analysis of data relating to child referrals and outcomes. Ethical clearance was provided through the university leading the project. Standard ethical principles such as informed consent, confidentiality and anonymity were followed.

This paper does not focus on the evaluation as a whole, which is to be reported elsewhere (Hickle et al, 2016). Instead it draws on the midway survey which was completed between July and October 2015 by 204 participants. The survey was disseminated within each site by the lead workers within each agency and through the Local Safeguarding Children Boards with the instruction that it should be filled in by any professional self-identifying as undertaking work related to CSE. Given the self-identification invitation, it is impossible to know the size of the complete sample; consequently sampling bias cannot be determined, nor the proportion completing ascertained. Table 1 shows that participants covered a range of professional roles, with police officers and local authority social workers being the largest groups. The length of time professionals had been in post ranged from a few weeks to 25 years. 60% had been directly involved in a case where one or more child was identified as having experienced, or was at risk of experiencing, CSE. Others were in managerial, supervisory or strategic roles.

**Table 1 Professional roles of survey participants**

Role	N°	% (n=204)
Local authority social work	46	22.5%
Police	38	18.6%
Youth interventions: services, support, and youth offending	24	11.8%
Education	19	9.3%
Health services	18	8.8%
Family support services, including early intervention/early help	15	7.4%
Senior management in the local authority	10	4.9%
Other	34	16.7
<b>Total</b>	<b>204</b>	<b>100</b>

73.4% of respondents were female and 60% were aged between 35-54 years old. Over 80% identified as White British. Other larger group ethnic identifications included: White Irish (4); any other White background (8); Black or Black British-Caribbean (8); Mixed-White and Black Caribbean (5).

The overall survey was designed to investigate how professionals involved in CSE cases across the three sites in England felt about their own practice response, and that of their agency and local authority, in relation to CSE. This paper draws upon just two of the survey questions, those regarding trust between children and professionals. Survey participants were first asked to rate, using a likert scale, how confident they were that they could enable a child to trust them enough to disclose CSE. Analysis is provided in Table 2. Such self-efficacy self-reports do not measure proficiency in direct practice, but can indicate individuals' 'confidence in their ability to execute specific skills in a particular set of circumstances and thereby achieve a successful outcome' (Holden et al., 2002, p. 116).

**Table 2 How confident participants felt in enabling a child to trust them enough to disclose CSE**

	N°	% (n=204)
1. Not confident	17	8.3
2. Somewhat unconfident	53	26
3. Neither confident or unconfident	53	26
4. Confident	73	35.8
5. Very confident	8	3.9
<b>Total</b>	<b>204</b>	<b>100</b>

Respondents were then asked a follow-up open-ended question on what they believed they needed to do in order to enable a child experiencing or at risk of CSE to 'trust them enough to tell them what was happening to them'. Respondents had an open space to write as much or as little as they wanted. Some wrote a few words, others a few sentences. Thematic analysis (Braun and Clarke, 2006) was undertaken on the responses to this question, using computer-assisted qualitative data analysis software package NVivo version 10 to organise data. The first and second author analysed the data together, discussing and resolving any discrepancies in interpretation throughout. Whilst some new categories were identified inductively, coding was primarily deductive, drawing on Lefevre's (2015) taxonomy of key capabilities for social work engagement and communication with children as a heuristic device. That taxonomy, constructed through a systematic review of effective social work communication with children, sets out domains of Knowing (underpinning knowledges,

including about child development, children’s culture and additional needs, and factors which constrain communication), Being (the personal qualities, emotional capacity, values and ethics which constitute ‘use of self’ such as being non-judgmental, respectful, caring, sincere and empathic) and Doing (techniques and skills in a range of approaches, such as play, interviewing, promoting participation and relationship-based practice).

The categories identified in this study were then streamed into four themes, shown in Table 3. The frequency cited represents the number of survey respondents providing material consistent with that category. Some respondents wrote just a word or short phrase that represented one category (e.g. just the word ‘listen’). Others wrote longer narrative responses, with material covering several categories. The purpose of tabulating the number of respondents providing material relating to particular categories is to provide a broad indication of the categories which more respondents thought were important in building trust. However, no statistical significance is intended as the categorisation is fuzzy (Alexander and Enns, 1988): whilst the categories share similar central tendencies or associated features, the extent to which they fit unambiguously into themes is graded rather than entirely clear-cut and some responses are coded in more than one category. Regardless of these limitations, it is notable that some words and phrases are mentioned by respondents many more times than others.

Separate to the survey, interviews were conducted with 14 participants across site 1 who had been identified by the site lead worker as key professionals working with CSE. These included strategic managers, operational managers and practitioners from agencies such as children's social care, the police, probation, health, sexual health, education and a CSE charity. The interviews were designed to elicit perceptions of the strengths and limitations to the approach taken to assessing and working with CSE in that area. A specific question about trust was not asked of the interviewees. However, a number of interviewees spontaneously discussed their own work and that of their colleagues in relation to the importance of developing trust if young people were to be engaged in risk assessment and intervention. Their responses have been drawn upon to provide further insight into some of the themes and categories identified through the survey analysis.

### **Findings: Professionals’ views on how to build trust with children and young people at risk of CSE**

While 60% of survey respondents were not confident they could enable a child to trust them enough to disclose CSE, all but two respondents were able to offer suggestions for what they or other professionals needed to do to build trust with children and young people. Through analysis, a number of categories could be distinguished which were subsequently streamed into four main themes: relationship-based practice; child-centred practice; an ethically-grounded approach; and being skilled and knowledgeable in relation to working with CSE. Table 3 sets out the themes and categories, noting the number of respondents referring to material consistent with a particular category.

**Table 3 Factors which survey respondents cited as encouraging children at risk of CSE to trust them**

	N° of respondents providing material relating to that category
<b>Theme 1: Relationship-based practice</b>	<b>147 total</b>
Building a good rapport/engagement/relationship	28
Spending time with children	26
A relationship developed over time	22
‘Being’ qualities/use of self	20
A relationship which feels safe	19
A supportive relationship which builds confidence and resilience	16

A real relationship, where children feel that they are cared about	10
Being available to children	6
<b>Theme 2: Child-centred practice</b>	<b>121 total</b>
Listening and taking children’s concerns seriously	43
Child-led	18
Going at the child’s pace	17
A safe, comfortable environment	15
Empathic	10
Providing clear and age-appropriate information and explanations	9
Child-centred communication skills	9
<b>Theme 3: An ethically-grounded approach</b>	<b>143 total</b>
Non-judgemental	41
Being open, honest, clear and direct	35
Being reliable, persistent and consistent	24
Believing the child	9
Having and demonstrating appropriate and clear boundaries	8
Reassuring children about where the fault lies	8
Attending to confidentiality	6
Showing trust in the child	4
Being respectful	4
Being fair	3
Promoting children’s rights	1
<b>Theme 4: Being skilled and knowledgeable in relation to working with CSE</b>	<b>21 total</b>
Instilling confidence in the child about your competence in working with CSE	13
Demonstrating your understanding of particular dynamics of CSE	8

### **Theme 1: Relationship-based practice**

Many of the survey respondents and interviewees were of the view that trust was facilitated through engaged relationships with children. Whilst CSE assessments and interventions can often be short-term in nature, requiring a *rapport* to be built rapidly, participants echoed young people (Smeaton, 2013) in describing how it can often take a *relationship established over time* for children to begin to trust workers enough to acknowledge the risks they are facing. It takes time for workers to get to know the children well enough to understand their experiences and patterns of behaviour so that they can respond to the child in a way that enables a child to feel *safe* and comfortable enough to explore their feelings and concerns, possibly even to disclose risky situations. Participants perceived that this needed to be a *real relationship*, where children felt cared about, and were “the top priority rather than job requirements”. Building the relationship often meant *spending time* with the children in a more relaxed and informal way, and engaging in mutual activities and talk which are not just about CSE. Interviewees spoke at length about going to cafes, going for walks, just chatting with young people about their everyday lives and “not be looking at your watch”.

Participants described how they had to draw on *use of self* or ‘Being’ capabilities (Lefevre, 2015), to relate congruently in a kind, warm calm, gentle, sensitive and friendly manner, and not become frustrated with young people’s challenging, inconsistent even confrontational behaviour. This reflected children’s itemisation (e.g. Cossar et al, 2013) of the personal qualities which professional helpers needed if they were to gain the trust of children experiencing abuse and neglect. A relationship which was *caring* and *supportive* in nature was believed not only to inspire young people’s trust but build their confidence, resilience and self-esteem – important factors in enabling young people to begin to recognise and expect more positive relationships with others (Smeaton,

2013). In this, the professional relationship was seen not only as offsetting the emotionally neglectful, abusive and traumatic childhoods children experiencing CSE have often experienced (Klatt et al, 2014), but modelling the kind of alternative relationships which they could potentially have in the future (Rhodes et al, 2006).

## **Theme 2: Child-centred practice**

The category mentioned the most was the importance of showing children that they were *being listened to* carefully, openly and actively – an element emphasised constantly by children (Berelowitz et al, 2013; Gilligan, 2015). *Child-centred* methods of communication were cited frequently: using language appropriate to the child's age and level of understanding; being flexible in approach and contact methods; asking open-ended questions as much as possible so as not to be leading; and attending not just to their words, but also what their body language, behaviour and relational style might be saying. Respondents recognised that children wanted professionals to take their wants, needs and concerns seriously, and some reflected how the concept of listening is not unproblematic: for children, it may not just mean hearing their words but acting in line with their views (McLeod, 2007). Some interviewees referred to the tension which arises when an approach taken to protect a child, such as taking away their mobile phones, policing their social media use, and using secure accommodation, may transgress their wishes, autonomy or even freedom. Children's trust in the professional system can be destroyed by such actions (Hallett, 2013), but participants described how it could be maintained or rebuilt through involving and informing children, explaining to them why professionals might need to act against their wishes in order to protect them. There were disciplinary differences apparent in the interviews, however, with statutory agencies such as the police and local authority social workers tending more towards 'protection above all else', often for seemingly sound reasons:

... that immediate containment for her own safety because of the situation she was putting herself in... I'm not sure she'd still be alive if they hadn't done that. She put herself in such dangerous situations. [Interviewee: social worker 3]

Participants advised they needed to be *available* when children were ready to talk, perhaps giving out a mobile number or email address so that the child didn't have to traverse a switchboard or go through another adult, such as a parent or foster carer, to make contact. They had noticed that where children felt the environment was comfortable and professionals were receptive to their cues, children were more likely to let their guard down and explore risks and protective strategies. By being less directive, according young people a degree of influence over the nature, location and direction of their work together, participants felt young people were more willing to 'meet them halfway':

Mainly it's just about getting to know them and not going in with my agenda quite so much as just going in to, kind of, hear their side of it, and then hopefully that can really help when you do have to have those difficult conversations and you have to tell them something they don't want to hear or you need to talk to them about something that's happened. [Interviewee: social worker 1]

*Going at the child's pace* can be difficult to achieve in CSE contexts, where there may not only be external timescales such as for court reports or review meetings, but also a strong sense of urgency in trying to gain a disclosure from a child in order to protect them. However, young people's objections about being pressurised to talk about sensitive or contested matters before they are ready (Hallett, 2013) were recognised by respondents as potentially counterproductive:

The nature of CSE in particular is that the victim probably has a good chance that they won't recognise themselves as a victim at the outset, so you simply cannot rush it ... that child needs time in their mind to process the fact that they've been exploited, that they are the victim. [Police interviewee 1]



### Theme 3: An ethically-grounded approach

Categories included within this theme reflected another facet of 'Being' (Lefevre, 2015) – practitioners are required to make ethical choices in the moment about how to approach and respond to children in complex, contested and sensitive situations. Young people are often guarded about talking about their CSE for fear of being judged (Hallett, 2013). Respondents here recognised the importance of not forming pre-conceptions about the child's feelings or situation, and not acting surprised or shocked in relation to what the child said, but rather providing a respectful, accepting space so children could express their feelings of attachment or desire to someone whom others viewed as dangerous or abusive. If that doesn't happen, young people can just become secretive, which is counter-productive:

I know she's probably got a boyfriend ... but she'll never talk about that ... because I think she sees it as this thing that's got her into so much trouble in the past that she can't talk about it in any sort of open normal way, which is completely negating the point of what we're doing. [interviewee, social worker 3]

Transparency was considered important in relation when and how *confidentiality* might be breached. Some interviewees expressed concern at the readiness with which some child protection professionals would share very private information (such as about a young person's sexual health) around the system and observed that this, unsurprisingly, destroyed young people's trust. As a result, health workers had become more wary of putting too much personal information about sexual health on young people's files, unless it was directly pertinent to safeguarding. Ensuring young people were aware from the start of the limits to confidentiality on the grounds of safeguarding, and discussing the need to share information with other professionals in advance of it happening, were approaches commonly adopted. Indeed, generally being *open, honest, clear and direct* about a young person's situation, the professional's role and *boundaries*, and the expectations that the safeguarding system had about what the young person needed to do in order to be considered as less at risk, were considered important.

Many of the ethical commitments advised by respondents are inherently relational in nature, such as 'stickability' (Jago et al., 2011), striving to be *reliable, persistent and consistent* even when young people seemed to be trying to push them away:

... [the social worker] went to the house every week to be told to 'fuck off', and, eventually, there was the child sat there saying, 'right, you want to talk to me. What do you want to talk about?'. [Interviewee: social work manager]

Respondents recognised that children needed to feel *believed* by professionals and to hear that their abuse was not their fault. Some were concerned that, depriving children of their liberty through secure accommodation or other controls placed over their autonomy in order to protect them, such as the confiscation of mobile phones, could give a message of blame and punishment, they saw how often perpetrators were not prosecuted.

### Theme 4: Being skilled and knowledgeable in relation to working with CSE

Only two categories were included within this theme, and they were mentioned by fewer respondents. However, they emerged as an aspect specific to this area of practice: children were more likely to trust professionals who *understood the particular dynamics of CSE* and could *instil confidence that they were competent* in working for children's safety and protection. For respondents, competence included understanding the impact on children of abusive experiences and situations, being skilled in responding to disclosure, educating the child about risky situations, and working capably to move the child towards safer situations and behaviours:

How you respond to minor or partial disclosures has a big impact as these can function as 'dipping a toe in the water' to see if you can be trusted with a full disclosure. [Survey respondent]

Disclosure does not always happen as the child does not see themselves as a victim and so often non-judgemental conversations need to happen to explore a child's social relationships and to see whether from the professionals' perspective the relationship might be sexually exploitative. [Survey respondent]

## Discussion

Whilst survey respondents had only moderate levels of confidence in their ability to effectively build trust with children and young people at risk of CSE, almost all were able to indicate a number of strategies they or colleagues used to build trust, and these strategies largely coincide with the recommendations children themselves have provided elsewhere (e.g. Hallett, 2013; Gilligan, 2015). The categories identified were streamed within four themes, which overlap substantially with Lefevre's (2015) taxonomy of key capabilities for social work engagement and communication with children, set out into domains of Knowing, Being and Doing. 'Relationship-based practice' and 'an ethically-grounded approach' have been considered here as aspects of professional 'Being'. 'Child-centred practice' (a key aspect of 'Doing') enabled practitioners to create a facilitating environment within which sensitive and challenging conversations and disclosures could take place. 'Being skilled and knowledgeable in relation to working with CSE' ('Knowing') frames the other themes, allowing the child's needs, behaviour and wishes to be contextualised and, thus, better understood and responded to.

The important role played by the facilitating relationship, values and environment suggests a huge commitment, even burden, on the part of the practitioner in terms of time and emotional labour. Much has been written elsewhere about the damage caused by employers not supporting direct practice (Munro, 2011; Ruch, 2012). Both practitioners and managers in the survey and interviews spoke of the need for a context which acknowledges and validates feelings if professionals are not to defend against emotionally demanding and challenging encounters to the extent that they stop relating personally to children or become 'burned out'. Participants referred to the importance of smaller caseloads, which give practitioners the time to create a relaxed environment where they can get to know children well enough to help them. Regular, reflective supervision (group and individual), and informal workplace support were considered vital by interviewees in helping professionals to provide a containing, supportive, therapeutic and child-centred environment which enables children to feel safe and cared for. Whilst such enhanced provision can be challenging amid a context of public services retrenchment, as is currently the case in England, strategic managers in Site 1 had successfully argued for this on the basis of anticipated improvement in outcomes for children over the longer term.

The category that received almost no attention in the survey was that relating to children's rights. This was particularly of note given the emphasis within the See Me, Hear Me framework of attending to children's rights and voice as well as promoting their safety. The survey was undertaken only midway in the implementation of the framework across the three sites, and it seems likely that many participants were influenced in their responses by the primary paradigm within child protection which is to foreground risk and vulnerability rather than children's rights and autonomy if the two come into conflict (Gilligan, 2015). An early decision had been made in the three sites to refer to all teenagers at risk of CSE as 'children' rather than 'young people'; this was an attempt to reject earlier social attitudes that adolescents were complicit in their own abuse (Melrose, 2013). Whilst this repositioning of teenagers as 'children' facilitates recognition of safeguarding risk, there could be a danger that it downplays recognition of young people's rights and agency, making more draconian actions, such as the deprivation of liberty through secure accommodation, less ethically problematic than young people might wish.

## Conclusions

The findings in this paper are drawn from a multi-professional survey in three areas of the UK and interviews with professionals in one site. Whilst there is some demographic variation, the research has only been conducted in one country, so generalisability is limited. In addition, survey responses were typically one or two sentences, and these relatively short responses may not reflect professionals' full understanding, or their more nuanced views on this topic. The definition of CSE remains varied and developing (including commercial sexual exploitation, trafficking, groups- and gang-activity, and online grooming, as well as individual relationships), and it is complex. The survey format did not permit exploration of these diverse forms of CSE, and conclusions must be drawn more generally regarding how practitioners think about this issue and the children experiencing it.

Nonetheless, this study identified a substantial overlap between what children and young people at risk of CSE consider important in building trust with them, and professionals' understandings of how to achieve this. It has also provided additional insight into which capabilities and approaches professionals are most aware of the need to deploy in such situations (such as listening to children, forming caring and supportive relationships, being non-judgemental, open, honest, clear and direct, spending time with children, and going at their pace) and those of which professionals seemed less aware (such as attending to child's rights approach and being fair and respectful). Further research could usefully explore some of the reasons for this disparity and the extent to which professionals' *actual* practice reflects these capabilities and approaches. As the categories identified within this research overlapped substantially with Lefevre's (2015) taxonomy of key capabilities for social work communication with children, it is suggested that working with children in relation to CSE draws upon similar communication capabilities as other areas of social work or safeguarding practice, but requires additional knowledge of the specific dynamics of CSE risks and impact in order to make sense of what is being communicated by the child, and to respond appropriately and sensitively. This should inform training of professionals, as should development of the capabilities and approaches to building trust of which professionals demonstrated less awareness.

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