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Shorrocks, S. and Addidle, G. (Cover date: January/February 2026) 'She Knows Sh*t': a Comparison of Young People and Professional Perspectives of a Specialised Child Sexual Exploitation Support Service. *Child Abuse Review*, 35 (1). e70097. ISSN: 0952-9136

<https://doi.org/10.1002/car.70097>

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‘She knows sh*t’: A Comparison of Young People and Professional Perspectives of a Specialised Child Sexual Exploitation Support Service.

Abstract:

Concerns relating to child sexual exploitation (CSE) are increasing within the UK, with safeguarding policy and practice moving towards a multi-agency approach to identifying and managing this form of abuse. Traditionally, collaborative approaches have primarily involved statutory organisations, with the knowledge and expertise of third sector organisations being overlooked. This research, therefore, aimed to explore the role and impact of a specialised third sector service on supporting young people at risk of CSE. Located in the north of England, the service provided a child-centred, therapeutic approach to exploring CSE. Observations and interviews with young people (n=4), professionals from the specialised service (n=7) and other safeguarding professionals (n=7) were conducted. A thematic analysis was conducted across all interview transcripts, with three broad themes emerging: Defining CSE, Labelling CSE, Impact of Service. Through this process, the paper compares the perspectives of young people referred to the service with those of professionals linked to the service. Recommendations around best practice are presented towards the end of the paper, with the importance of including voices of young people in the design and delivery of CSE support being highlighted.

Key Practitioner Messages:

- Young people need to be supported to recognise and understand the signs of CSE, not just labelled as victims of such abuse.
- Third sector organisations play an important role in facilitating engagement between young people at risk of CSE and statutory support.
- CSE service design and delivery needs to be multi-agency, with the voice of young people underpinning decision-making processes.

Key words: Child Sexual Exploitation; Lived Experience; Multi-agency; Service Provision; Young People’s Voice.

Setting the Scene

The National Crime Agency (2023) states that child sexual abuse and exploitation is increasing worldwide, with the internet helping to facilitate such abuse. Historically, children who were

involved in exchanging sex for gain were labelled as ‘child prostitutes’, with this perspective only changing in the last 20 years because of lobbying and advocacy of survivors and the voluntary sector (Brown, 2019; Franklin et al., 2018). Through this process, the coercive and controlling elements of child sexual exploitation (CSE) were recognised, with policy beginning to frame CSE as a form of child abuse (Department of Health, 2000). Whilst there is no legal definition of CSE in the UK, from a policy perspective the Department for Education (2017) defines CSE as a form of child sexual abuse which involves an individual or group of individuals using an imbalance of power to coerce, manipulate or deceive a child or young person, under the age of 18, into sexual activity. The process may involve an exchange of goods that the victim may want or need and/or a financial advantage or increased status for the perpetrator. CSE can occur even if the sexual activity appears consensual and does not always involve physical contact, with advancement in technology and online spaces facilitating remote means of exploitation (Demetis and Kietzmann, 2020).

Acknowledging CSE in policy has helped to increase awareness of this form of abuse, contributing to the development of risk thresholds, response strategies and interventions. However, narratives around CSE have strongly been linked to grooming processes (Casey, 2025), overlooking the role complex social problems and structures have in exposing children to exploitative situations (Hallett, 2016). Legislation used to prosecute perpetrators also focuses upon individual processes, namely grooming, coercion and controlling of children, with these behaviours criminalised by the Sexual Offences Act 2003. Furthermore, risk assessments used to identify CSE problematise individual behaviour, with factors often including a child’s drug use (Jago, 2011), involvement in crime (Phoenix, 2012), absence from care (CEOP, 2011) and gang involvement (Berelowitz et al., 2013). Collectively, these mechanisms of understanding and responding to CSE centre on individual problems, notably a child being *a risk*, rather than understood in a wider interplay between individuals, familial and socio-economic factors, whereby a child is *at risk* (Appleton, 2014; Brown, 2019; Jago et al., 2011).

The complex tapestry of perceiving CSE extends into official figures and trends, with the absence of a legal definition, alongside standardised recording practices, making it difficult to identify the true prevalence of CSE (Kelly and Karsna, 2018). Depending on recording practices, incidents of CSE could be captured within broader child sexual abuse figures or within modern

slavery data. Based on police recorded crime in England and Wales, child sexual offences reached 103,055 incidents between 2021 and 2022. Of these incidents, around a third (n=34,351) related to abuse through sexual exploitation, grooming or sexual activity with a child (Karsna and Bromley, 2023). The broadness of this sub-category of offending still makes it difficult to determine how many of these cases related to CSE rather than other forms of child sexual abuse. CSE is also identified as a factor at the end of Children in Need plan assessment, with data released by the Department for Education's stating that in the year ending March 2024, 399,500 children were on a Child in Need plan, with 3.4% of these plans indicating a CSE risk (n=13,860) (Department for Education, 2024). Whilst this figure solely focuses on CSE, it only relates to children already known to statutory services, overlooking children who have yet to come to the attention of safeguarding professionals.

Despite inconsistencies in recording practices, factors associated with increased risk of being exposed to CSE have been identified, enabling safeguarding professionals, to some extent, to become more attuned to which individuals may be the victims and perpetrators of CSE. Emerging trends highlight how females (Karsna and Bromley, 2023; Kirkman, 2020), aged between 12 to 15 years (Department for Education, 2017) and from a White ethnic background (Berelowitz et al., 2012; Cockbain et al., 2017) represent a higher proportion of known CSE victims. Young people who have had contact with the care system are also at a higher risk of being represented in CSE data (Hallett, 2016; Scott et al., 2019). However, it is important to acknowledge that any young person under the age of 18 can be the victim of CSE, particularly when a support network with the ability to prevent risky situations arising is absent. Professional perceptions around 'normal' or 'culturally acceptable' behaviour can also influence the identification and recording of CSE victimisation (Rodger et al., 2020).

Perpetrators are also not a homogenous group. Like victims, some characteristics may be associated with an increased likelihood of perpetration. Data focused on CSE perpetration repeatedly indicate that most perpetrators are male (Colley, 2019) and typically aged 25 or younger (CEOP, 2011), with exploitation occurring within peer groups, between strangers, as well as within family environments, requiring a contextual safeguarding approach (Firmin, 2017). Individuals up to the age of 75 have also been associated with CSE perpetration (Berelowitz et al., 2012), supporting the notion that exploitation occurs in different spaces,

with models of abuse varying depending upon the association between victims and perpetrators.

Increasingly, grooming gangs are seen to be a main model in which young people, particularly girls are exploited, with high profile CSE cases, such as Rotherham, Telford, and Newcastle, fuelling a perception that perpetrators primarily come from Asian, Pakistani, or Muslim backgrounds. Official data around the ethnicity of CSE perpetrators is limited, with police recording practices around ethnicity being inconsistent and not a true reflection of national trends (Casey, 2025; Colley, 2019). When ethnicity is recorded, broad categories, such as Asian or Eastern European, are used to capture any individuals deemed to be non-white British (Kelly and Karsna, 2018). Thus, conflating a diverse range of ethnicities into simplified categories, contributing not only to processes of othering but an emerging political narrative that threats in society stem from individuals who enter the UK from other countries (Krsmanovic, 2021). Rather, when data captures the ethnicity of perpetrators, a larger proportion of individuals are identified as being white (Berelowitz et al., 2012; CEOP, 2011), supporting the notion that CSE perpetration is 'not a uniquely Asian threat' (Cockbain, 2013:28).

The recent National Audit on Group-based Child Sexual Exploitation and Abuse (Casey, 2025) exposed many of the challenges outlined above, with flaws in definitions and recording practices contributing to missed opportunities to identify and manage CSE concerns at the earliest opportunity. The Audit acknowledged that whilst a multi-agency approach to tackling CSE is essential, stronger leadership, coordination of responses and delivery of services at a local and national level is needed. Multi-agency approaches need to involve practitioners from social care, police, health, and other organisations with a responsibility to safeguard children and families (Radcliffe et al., 2020). Across all these organisations, practitioners need to be aware of the signs and impact of CSE, with trauma informed approaches being embedded into practices and processes (Bush, 2018). By adopting a collaborative approach towards the identification and management of CSE, concerns can be explored in a holistic way, increasing the likelihood of responses being proactive, whilst minimising the level of harm an individual may be exposed (Department for Education, 2018).

Alongside this collaborative approach, there is an increased recognition that practices and processes need to allow the voice of children and young people exposed to CSE to be heard.

Children and young people involved in CSE often do not self-identify as victims, especially if the exploitation occurs in a 'romantic' or peer-led situation, requiring professionals to navigate complex tensions between safeguarding concerns and respecting an individual's autonomy (Melrose, 2013). As a starting point, professionals need to develop trusting relationships with children and young people, focusing on strengths rather than weaknesses (Brown, 2019; Hallett, 2016; Tregidga and Lovett, 2021), enabling individuals to be seen and heard. Once trust and understanding has been developed, professionals are likely to be in a stronger position to communicate their concerns and for the young person to acknowledge why such concerns have arisen.

Therapeutic Approach to Managing CSE.

Within the North of England, a third sector organisation developed a therapeutic approach to supporting those at risk of CSE. Through multi-agency safeguarding processes, young people deemed to be high risk of CSE were referred into the third sector service, with support offered being voluntary and not forced upon individuals. All young people would be allocated a support worker who would work with them to understand their situation and the reasons to why they had been identified as being at risk of CSE. Recognising the complex and often unique situation that may result in CSE, support was tailored to meet the needs of individuals, with one-to-one and group work offered to the young people. Through this approach, knowledge around the signs of CSE, including grooming and healthy relationships, would be developed, as well as identifying strategies to help the young person cope with stressful or unsafe situations. Support and advice around sexual health would also be provided.

The service had existed since April 2020, and as of March 2023, 128 young people had been referred. All referrals were female, aged between 8 and 19 years old, with half of individuals coming from a white ethnic background. During this timeframe, only 5% of young people referred to the service declined to engage. To explore the role and impact of the specialised CSE service, the authors of this paper were invited to engage with young people referred to the service, as well as those professionals associated with the referral and support process.

Method

A qualitative multi-staged approach was developed to capture the voices and experiences of young people, as well as various professionals associated with the service and wider

safeguarding processes. Voices of children and young people experiencing CSE are often absent from policy and practice (Brown, 2019; Hallett, 2016), with the research addressing this flaw by positioning the lived experiences of young people at the centre of discussions. Data was collected over a six-month period (January to July 2023), with university ethics sought and approved before the research was conducted.

Stage 1: Voices of the Young People.

The lead author was invited to engage in weekly therapy groups accessible to all young people referred to the service. This provided the opportunity for the young people to familiarise themselves with the researcher and learn more about the research process. The group was informed that the research would focus on the support received from the service, rather than their experiences that resulted in them being referred to the service. The researcher stressed that it was the young person's choice to participate in an interview and that choosing not to would not impact the support they received from the service. Only those over the age of 13 were eligible to participate, with the service and researchers agreeing that those 12 and under may not fully understand the demands of the research, thus not provide informed consent. Through this process, four young people agreed to take part in a one-to-one semi-structured interview.

Interview questions reflected a strengths-based approach, providing an opportunity for participants to describe themselves, reflect upon the support provided, talk about their understanding of what is meant by CSE, as well as the type of support they would like to see moving forward. To ensure the young people remained anonymous, they were asked to choose a pseudonym, with these names being used in the findings. Table 1 presents a demographic overview of the young people, which services they had contact with, alongside the length of time they had been engaging with the service.

Table 1: Demographic Overview of Young People Participants.

Participant Name	Amara	Barbara	Brianna	Yasmin
Gender	Female	Female	Female	Female
Age	16	15	14	17
Ethnicity	Mixed White/Black Caribbean	Mixed White/South America	Mixed White/Black Caribbean	British Asian Pakistani
Living Arrangement	Parent – Mum	Parent – Mum	Parent – Mum	Semi Independent
Contact with Care System	Briefly	No	Briefly	Child Looked After
Education	Alternative Provision	Alternative Provision	Alternative Provision	College
Exposure to Drugs	Yes	Yes	Yes	Yes
Exposure to Alcohol	Yes	Yes	Yes	Yes
Referred to CAMHs	No	No	No	Yes
Open to Social Care	Yes	Yes	Yes	Yes
Contact with Police due to CSE	Yes	Yes	Yes	Yes
Initial Risk Level	Significant	Significant	Significant	Significant
Current Risk Level	Moderate	None	Moderate	Moderate
Length of Time at Service	12-months	16-months	12-months	5-months

Stage 2: Experience of Professionals.

Following interactions with the young people, semi-structured interviews with practitioners from the service (n=7), as well as with safeguarding practitioners located in the local authority area (n=7) took place. Representation included children's social care, health, police and education. Questions focused upon understandings of CSE, way in which young people are referred to CSE services, type of support offered, the multi-agency nature of the work, alongside best practice moving forward. To ensure anonymisation, participants were allocated a participant number, with specific job roles being omitted from the write up.

Stage 3: Analysis and Write Up.

All interviews were recorded, allowing 18 verbatim transcripts to be produced. Following this process, a thematic analysis reflective of the principles identified by Braun and Clarke (2022) was conducted. Researchers familiarised themselves with the various transcripts, independently identifying potential themes, before agreeing upon a thematic framework that could be applied to all transcripts. This process adopted an inductive approach, with the data being used to identify themes, rather than the researchers imposing them. Thereby, allowing the voices and experiences of young people, service, and safeguarding practitioners to emerge. Through this process, numerous themes emerged, however, for the purpose of this article, only those that related to the impact of the service on the young people will be presented.

Findings.

Defining CSE: 'Hard to Say' vs. 'It's Child Abuse'.

Understandings of the term child sexual exploitation differed between the young participants and the professionals. For the young people, they had heard of the term but found it difficult to define. Words used to explain the term included 'grooming', 'vulnerable', 'gullible' and 'inappropriate pictures'. Victims were described as girls under the age of 18, whilst perpetrators were males and often over the age of 18. An exchange of goods was also mentioned, with perpetrators offering girls money, clothing, or drugs in exchange for sexual favours.

“It is hard to say isn’t it. That you might be exploited. Be passed around. Having sex with different people.” – Amara.

“It involves someone older. Doesn’t have to be that much older, just older.” – Barbara.

“When older men like...like when people show inappropriate pictures that they shouldn’t.” – Yasmin.

Amongst professionals, CSE was defined as a form child abuse, with all participants able to articulate the types of behaviour which would distinguish CSE from other forms of child abuse. Reflective of the young participants, professionals talked about the grooming process and power imbalances, with their expertise in this area enabling them to fully explain what these terms mean, something the young participants struggled with. Professionals agreed that most victims were female, aged 13 to 17. Although, the CSE service had supported individuals as young as 8 years old. Perpetrators were identified as typically being male, coming from outside the family home and not that much older than their victims. Advancements in technology was also associated with more opportunities for grooming and exploitation to occur.

“It is form of child sexual abuse...where an individual, or group, takes advantage of a young person to manipulate, deceive them, coerce them into sexual activity or place them in situations where they are exploited by others. It can take place online or in person” – Participant 13, Sexual Health.

“Long gone are the days of the 50-to-60-year man with the beard and glasses, loitering on the corner. Now, we find that exploitation is more younger adults. Lads who are maybe in their early 20s, driving around in cars and have something to offer these kids” – Participant 10, Police.

Labelling CSE: ‘She Knows Shit’ vs. ‘Abuse has Already Happened’.

The process of acknowledging and responding to CSE was complex. The young participants were aware that the term CSE had been applied by professionals, but often adamant that they had not be exposed to exploitative situations. For all four participants, concerns around CSE had initially been raised by social workers, with these concerns leading to referrals to the

specialised CSE service. Engagement with the service, alongside increased awareness of the signs of CSE, had enabled two of the young participants to reflect on why initial concerns were raised, helping them to consider whether they had been a victim of CSE.

“She [social worker] kept saying we were doing this and that when she knows shit.”

– Brianna.

“I didn’t believe it at all... Cause I know myself. Going round begging for money. Having sex with boys. No that is not me as a person.” – Amara.

“At first, I was like ‘no...that is not how it is’. But when I started to think about other things that had happened, I did start to see...that person would do that.” – Barbara.

Amongst practitioners, there was a common theme that the term CSE was applied to young people who had already been exposed to abuse, with the challenge being to implement safeguarding processes at the earliest opportunity to prevent escalation. Such processes can be initiated by various actors, including parents, schools, and youth settings. However, the formal process of recording concerns around CSE was usually done by social care or the police. Professional participants indicated that it would be unlikely for the person making the initial referral to inform the young person it was due to concerns around CSE. Rather, they would discuss broad behaviour patterns and concerns for safety, avoiding using the label of CSE. For many professional participants, the specialised CSE service was better placed to explain the term CSE and explore why professionals are concerned about exposure to this form of abuse. Reasons for this related to the service’s ability to provide holistic support, which allows time for the term CSE to be understood before being linked to lived experiences.

“It is very reactive. When young people come to [the service], they have already been exposed to some horrendous harm.” – Participant 4, Specialised CSE Service.

“For us, it is about working with the young person, so at the end of it, they can see they have been exploited and certain behaviour is not OK and they can learn about safer choices” – Participant 3, Specialised CSE Service.

Impact of Service: ‘Being Seen and Listened To’ vs. ‘Not a Statutory Service’

Across all interviews, the positive impact of the specialised CSE service was reinforced. For the young people, they did not always fully understand the role of the service or referral pathways.

Although, it was understood that individuals who attended group sessions had some kind of vulnerabilities that needed to be supported. Young people's willingness to engage with the service was attributed to the personalised approach, positive language used, therapeutic nature of group sessions, alongside transport and refreshments being provided. Service workers were also praised for their strengths-based approach, with their willingness to listen to young people in a non-judgemental way facilitating the development of trusting relationships. Through this approach, the young participants reflected on how support from the service had helped to develop agency, confidence and skills to make better choices.

"Personally, I don't know why anyone is going to come...If they have not experienced something they need help with, there is no point them coming." – Brianna.

"She [service worker] is a happy person. A lovely person. Her personality is the best." – Amara.

"She [service worker] always says that if we make a mistake, we can tell her, and no-one is going to be angry. But you have to learn from it." – Barbara.

When professionals were asked about impact, discussions focused more on the role of the service within a wider multi-agency approach to identifying and managing CSE. Professionals outside the service not only talked about the service's ability to reduce some of the demand placed upon them, but also their capacity to intensively work with a young person to untangle complex situations. The knowledge and expertise of professionals within the service was deemed to be a core strength, with information and advice provided often positively influencing multi-agency decision-making. Specifically, the specialised service's ability to provide guidance around victim blaming language and signs of CSE, both of which influence the level of risk assigned to a concern and the urgency of safeguarding interventions being needed. Finally, the service's non-statutory status and emphasis on listening to the voices of young people were recognised as factors that improved multi-agency responses to CSE, particularly in relation to intelligence gathering and prosecutions.

"We have had [professionals] ringing up because they have not used the right terminology, professionals have not considered it a moderate or significant risk, so it doesn't get [referred for support]" – Participant 3, Specialised CSE Service.

“[The Specialised Service] can take that step back and state that they are not social care or the police and that they are there for the benefit of the young person...For social care, it is the question of whether they are going to remove the young person from their family, put them into care. So, it is about having someone who does not have an agenda” – Participant 9, Children Social Care.

“I think if you were to compare the number of disclosures that came through [Specialised CSE Service] and those that came through social care or the police, it would be unmatched...Disclosures to us were some of the reasons to why perpetrators were arrested and sent to prison” – Participant 6, Specialised CSE Service.

Discussion.

The aim of this research was to explore the role and impact of a specialised third sector CSE service within the north of England. Through interactions with young people referred to the service, alongside interviews with professionals from the service and other safeguarding professionals, the complex nature of identifying and responding to CSE concerns was highlighted. Whilst the research only focused upon one specialised CSE service in a specific location, recommendations to emerge from the process are applicable to wider CSE safeguarding practices, specifically in relation to service development.

A core strength of the service was its focus on placing young people’s voices at the centre of service design and delivery. Interactions with the young people demonstrated a sense of ownership of what, when and how conversations occurred, allowing trusting relationships with service professionals to develop. Alongside this, spaces created need to be non-judgemental and transparent, with young people being listened to and supported to make decisions, even if they conflict with the preferences of professionals. By working with young people, the service demonstrated how disclosures relating to CSE can increase, with such information assisting other professionals in their pursuit to proactively respond to CSE. These findings echo the notion that effective safeguarding is grounded in relationship-based practice that places a child’s capacity at the centre of decision-making processes (Brown, 2019; Lefevre et al., 2017; The Child Safeguarding Practice Review Panel, 2024). Through the promotion of a child centred approach, young people were able to demonstrate their agency and develop

their own coping mechanisms, taking a step towards addressing underlying factors associated with CSE concerns, such as feelings of aloneness or poor decision-making, rather than working on a professional assumption that to protect a child they need to be removed from a situation (Hallett, 2016; Melrose, 2013).

Language emerged as an important theme, with the unfamiliar term of CSE making it harder for young people to acknowledge that this form of abuse may be happening to them. Conversations around potential exposure to CSE need to be carefully considered, with professionals who have expert knowledge of CSE and/or strong relationships with an individual potentially better placed to discuss the signs of CSE, helping the young person to consider whether their experiences could be deemed exploitative. Equally, professionals need to avoid using victim blaming language on risk assessments and referral forms, since an emphasis on the mistakes of the young person not only minimises abuse, but delays interventions being implemented at the earliest opportunity (Beckett, 2019). Uncertainties of how to express CSE concerns on risk assessments or referral forms should be discussed with professionals who have expertise and knowledge in the area, enabling decision-making processes to be more efficient in reducing harm.

Multi-agency safeguarding is another key element that needs to be established to enable an effective response to CSE, with the role and capacity of third sector organisations needing to be recognised (Ball et al., 2024). From a young person perspective, accessing support from a third sector organisation is preferable to engaging with statutory services, since the chances of negative repercussions, such as being placed in care or treated as a criminal, are reduced. Third sector organisations act as a bridge between a young person and statutory services, reducing the number of professionals a young person needs to engage with, whilst increasing disclosures due to the safe space created. For professionals, the inclusion of various safeguarding organisations in decision-making addresses pressures around resource allocation, with third sector organisations often having the resources and expertise to intensively support young people long term. Thereby, moving away from just tackling the consequences of CSE towards identifying and managing the potential causes of CSE (Casey, 2025).

Conclusion.

Safeguarding policies and practice are increasingly focusing upon how to identify and manage CSE at the earliest opportunity, with specific attention given to supporting young people exposed to CSE (UK Parliament, 2025). Reflective of the complex nature of CSE, responses are increasingly becoming multi-agency, with the role of third sector organisations within decision-making processes being recognised. Inclusion of third sector knowledge, expertise and resources takes a step towards reducing the burden placed upon statutory organisations, alongside the development of more proactive responses to CSE concerns. More importantly, young people recognise that third sector services have a different agenda to statutory services, increasing engagement and the development of trust. Moving forward, voices of those exposed to CSE need to be placed at the centre of multi-agency safeguarding processes, with services being developed with young people, not for them.

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