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‘Presents data on 1550 children and young people with experiences of child sexual exploitation or who are displaying harmful sexual behaviours’

The Same but Different? Exploring the Links between Gender, Trauma, Sexual Exploitation and Harmful Sexual Behaviours

This article presents data on 1550 children and young people with experiences of child sexual exploitation 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; and 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. © 2020 John Wiley & Sons, Ltd.

KEY PRACTITIONER MESSAGES:

- CSE and 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 of 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 also from directing attention to the specific wellbeing needs of individual children and young people, regardless of the presenting areas of concern, that is, CSE or HSB (and gender).

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- Assessment data collected should also reflect the backgrounds, needs and strengths of these children and young people, addressing the underlying issues behind potential vulnerability and harms, and not simply the risks that children and young people may pose or in which they may engage.

KEY WORDS: child sexual exploitation; harmful sexual behaviours; abuse; gender

Introduction

This paper presents data on 1550 children and young people about whom there are concerns over child 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 (1995, p. 3):

‘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 are typified by harm or the potential to harm, they fall under UK-relevant safeguarding policy. There is no single agreed definition of CSE, either globally or across the four UK nations (see Hallett, 2017). There are, however, three agreed components across these multiple definitions that are essential to understanding CSE: it is a form of sexual abuse; it 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, p. 9)

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

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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 legislation. The change in language from ‘prostitution’ to ‘child sexual exploitation’ signified a reconceptualisation 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 experienced by young people 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 are more likely to be seen 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. HSB include acts that are recognised as sexual offences and which, importantly, can have victims. While there is a growing interest in policy concerning children and young people who present with HSB, in terms of their past experiences, motivations and behaviours (see, for example, Criminal Justice Joint Inspection, 2013; Masson and Hackett, 2003), in contrast to CSE, children and young people displaying HSB are still more likely to be discussed as ‘perpetrators’ 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 overwhelming 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 that such children and young people may pose, rather than attention given to the risks that 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 focusing solely on the kinds of 'risky' behaviours that 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 from those underpinning the emotional and wellbeing needs and circumstances of these young people and children, which are often intrinsically connected to the problem. Instead, the attention focuses 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 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, for example, Layne *et al.*, 2014; McCrory *et al.*, 2008). 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 *et al.*, 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, there are similarities in the framing of the issues involved and in the various themes from research and literature. 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

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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 Cardiff University. The aim of the Gwella Project is to reduce the risk of vulnerable children and young people experiencing CSE or demonstrating 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 his/her early years will reduce the likelihood of experiencing abuse through sexual exploitation and/or displaying HSB. 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 to help 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 and 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 who accessed CSE or HSB services was collected:

- Demographic characteristics (including age, sex, ethnicity, sexuality, family structure, education).
- Any information relating to CSE or HSB (current and past).
- Risk and needs assessments.
- Experiences of childhood trauma (if known).
- Referral patterns and take up of services at 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

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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 were extracted 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, physical abuse, emotional neglect)?
- Are there any similarities and differences between the children and young people who access CSE services and those who access HSB services in terms of demographic information, early childhood experiences, risk and/or needs?

Data Quality and Validity Issues

Research using administrative data does, of course, raise 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 the data collected and the method of collection between the two services, meaning that, despite the wealth of information available within each database, much of this was difficult to compare. For these reasons, to make meaningful comparisons of the data, we selected *only* those descriptors and categories that were comparable. We do, however, think that this is a finding within itself – what is recorded and how it is recorded are of interest to us, as they indicate 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 whose records have missing data with regard to the field in question are excluded from our analysis; this is represented by the different total values in the tables.

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 its information-sharing protocols. Using data without asking the specific consent of service users raises particular ethical questions. The present study complied with the 2018 Data Protection Act, which allows sensitive study data to be accessed without consent where there is a strong public interest. 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 impact practice positively. 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 and a

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unique case number was given to each child or young person before being given to the research team. 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 datasets. 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 1550 children and young people about whom there are concerns over sexual exploitation and who were referred to the CSE service ($n = 1319$) or their inappropriately sexualised or HSB and who were referred to the HSB service. 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.

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 and 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 that we have, we do not know whether these ages (which are at referral) necessarily correlate with the age at which concerns over CSE or HSB first arose. Of the demographic characteristics, the CSE and HSB 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 that the two cohorts have almost the opposite gender ratio.

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Table 1. Demographic characteristics and abuse histories across the two cohorts ($n = 1550$)

		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	1316		226		1542	
Gender	Female	1097	83.2	29	12.6	1126	72.7
	Male	221	16.8	202	87.4	423	27.3
	Total	1318		231		1549	
Care status	Yes	612	46.4	188	81.4	800	51.6
	No	77	5.8	28	12.1	105	6.8
	Missing	630	47.8	15	6.5	645	41.6
	Total	1319		231		1550	
Recorded abuse	Emotional abuse/neglect*	747	56.6	139	60.2	886	57.2
	Physical abuse	384	29.1	84	36.4	468	30.2
	Sexual abuse	374	28.4	75	32.5	449	29.0
	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	

*Emotional abuse and neglect were recorded as one category in the assessment data.
CSE = Child sexual exploitation; HSB = harmful sexual behaviours.

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 the recorded care status 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 an affirmative for care involvement included those who were subject to a court order through Sections 20, 76, 17, 47 and 31 of the Children Act 1989, 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 'unknown' responses between the two services make any interpretation difficult and any comparison very limited. Indeed, when the missing data and 'unknown' responses are 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 data set also shows a roughly similar pattern of experiences of prior abuse among children and young people who either experience CSE or exhibit HSB. In particular, the prevalence of a 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, $\chi^2(1, n = 1550) = 4.83, p < 0.05$.

Both services recorded the number of children and 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 evidence a higher figure in the 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 divided 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 of the recording for the two areas.

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Table 2. Recorded abuse across the two cohorts

Recorded abuse	% of all service users		Pearson chi-square (χ^2)
	CSE	HSB	
Emotional abuse/neglect*	56.6	60.2	0.99 (n = 1550)
Physical abuse	29.1	36.4	4.83 (n = 1550)
Sexual abuse	28.4	32.5	1.63 (n = 1550)
Family history of domestic violence	46.9	46.3	0.03 (n = 1550)

*Emotional abuse and neglect were recorded as one category in the assessment data.
CSE = Child sexual exploitation; HSB = harmful sexual behaviours.

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‘The difference in gender within the cohorts could indicate that referral pathways are affected by gender assumptions and cultural stereotypes’

Discussion

We begin by restating that this is an explorative paper, the aim of which was to compare key demographic characteristics and abuse histories of two separate cohorts of children and young people about whom there are concerns over their risk of sexual exploitation or their risk of engaging in HSB, 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 an understanding about children and young people identified as being at risk of CSE 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 towards 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, namely, that how services collect data, and the data that 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 made by Barnardo's about the similarities of these children and young people, and the need to focus on addressing vulnerability and needs rather than the risks that these children and young people may pose or in which they may engage.

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 *et al.*, 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 closer to suggested national figures of around ten per cent (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 HSB 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 *et al.*, 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 *et al.* (2001) 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 found that professional attitudes may hinder the 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 has a break down of this category, allowing them to collect data on specific behaviours. The CSE service does not. What we see is that items involving violent, destructive and/or potentially offending behaviour are present only in assessments for HSB cases, despite research suggesting that children and young people who experience or are 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 the referral pathway for children and young people with a family history of domestic abuse, alongside similarities in the figures for those having experienced some form of abuse. These findings follow existing research in that there is a high prevalence of prior abuse experience among children and young people who either experience CSE or exhibit HSB (e.g. O'Neill *et al.*, 1995; Almond *et al.*, 2006). These experiences, set alongside cultural and/or community norms surrounding

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‘A link between potentially unaddressed wellbeing needs caused through exposure to abuse and later (potentially gendered) victimisation or HSB’

‘Practitioners should be encouraged to be reflexive about their understandings of gender and sexuality among children’

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 between the abuse histories of the children and young people and the high percentages within both cohorts of those displaying behaviours characterised as ‘expressions of despair’, which cut across demographic differences, speak 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 an indication that there is a link between potentially unaddressed wellbeing needs caused through exposure to abuse and later (potentially gendered) victimisation or HSB. This indication is supported by recent research indicating that HSB in pre-adolescent children are likely linked to enacting or responding to abuse that 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, 2014). 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 for 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 that recognises and responds to trauma experiences and the specific needs of individual children and young people when they come to 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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