Exploring the relationship between neglect and child sexual exploitation:
Evidence Scope 1

Elly Hanson

Edited by Steve Flood and Dez Holmes

Section 1: Introduction

Although any young person could become a victim of sexual exploitation, some young people may be more vulnerable to the risk of CSE in part as a result of their current or earlier adverse life experiences (Berelowitz et al, 2012; Pittenger, Huit and Hansen, 2016).

This scope focuses on the ways in which experience of neglect may heighten vulnerability to CSE. Why explore the role of neglect in particular? Firstly, it is found to be the most prevalent form of child maltreatment (Radford et al, 2011), so there is a particular urgency in understanding its repercussions and potential impact on later victimisation – understanding and tackling any vulnerability neglect may create has the potential to exert a large impact across society.

Secondly, attention has traditionally been focused on the link between child sexual abuse and later sexual exploitation (see for example, Pittenger, Huit and Hansen, 2016), meaning that the relationships between other forms of child maltreatment and CSE have been less widely understood. Despite it being the most prevalent form of child maltreatment, the study of neglect has itself been neglected (eg, Stoltenborgh, Bakermans-Kranenburg and van IJzendoorn, 2013).

There are a variety of plausible ways in which neglect might interact with and contribute to vulnerability to CSE and, so far, these have not received adequate attention, despite their potentially significant implications for preventing the occurrence and impact of child maltreatment. This scope is therefore intended to stimulate research and reflective practice, and so help shift this state of play.

This scope has sought to avoid presenting a picture that contributes to mother or family-blaming for CSE, which is a danger when focusing on neglect in childhood and its potential relationship with subsequent CSE. Other risks of focusing on this area include deflecting attention away from much-needed action around perpetrator behaviour, and the inappropriate generalisation of interventions (for example, where treatments aim to tackle vulnerabilities which are only relevant to some young people).

Focusing on neglect and how it might affect vulnerability to CSE is *not* to downplay the other significant factors at play, such as the behaviour of perpetrators (with whom the responsibility clearly lies), and wide systemic factors such as cultural values and poverty. Rather, this scope focuses on this potential relationship as it is here that practitioners and services in the children's sector can exert most influence. Of course, efforts at preventing and tackling sexual exploitation must clearly involve a focus on perpetrators; it is perpetrators who take advantage of the vulnerabilities in order to abuse. However, a better understanding of what might exacerbate vulnerability in young people is crucial for informing prevention and early intervention efforts. Such an understanding might highlight particular groups of children in need of support who might not otherwise qualify for

help. There may also be factors that not only increase the risk, and vulnerability to CSE, but also the risk of a young person becoming entrenched within it or experiencing worse impact – such an understanding will inform both efforts at prevention and interventions that seek to address the impact of CSE.

The scope's areas of focus and structure

This scope is one of three linked evidence scopes commissioned by Action for Children and the National Society for the Prevention of Cruelty to Children (NSPCC) with Research in Practice. Scope 2 considers the potential relationship between neglect and intra-familial child sexual abuse (IFCSA) (Allnock, 2016); Scope 3 considers the potential relationship between neglect and children and young people developing harmful sexual behaviours (HSB) (Hackett, 2016).

This scope explores the following questions:

> Does neglect (in infancy, adolescence, or throughout childhood) contribute to a vulnerability to *subsequent* CSE?

> Does neglect in adolescence create or contribute to a vulnerability to *concurrent* CSE? And does experience of CSE itself contribute to vulnerability to neglect?

> If neglect does contribute to a vulnerability to CSE, which factors (psychological, social, behavioural, material, systemic) might explain this relationship? In other words, what might be the underlying reasons for any relationship between neglect and CSE (including, potentially, the actions of statutory systems).

> Are there factors that increase or reduce the strength of any relationship between neglect and CSE? (this brings into discussion issues of resilience).

> What are the implications for practice, policy and further research?

This scope does not explore how childhood neglect could contribute to becoming a *perpetrator* of CSE, although some of the findings discussed may be of relevance to considering such a relationship. Scope 3 also offers some relevant messages in this respect.

In answering these questions, the scope explores both areas of relative consensus and ideas that are more speculative – there are some questions that can be relatively conclusively answered on the basis of current research, and many others which cannot be, but for which the research provides clues and invites hypotheses to guide future research and practice.

Constraints of the current evidence base

There are a number of limitations to the evidence base and these are described in some detail in Appendix A. Firstly, there are very few prospective longitudinal studies[1] on child maltreatment, either in the UK or abroad, and it is these that would provide best evidence for a link between neglect and CSE. Secondly, as mentioned above, the study of child neglect has itself been neglected, despite it being the most commonly reported form of child maltreatment.

Thirdly, few studies directly explore potential 'mediators' (or 'middle factors') in a relationship between neglect and CSE. While there are a number of studies (see Section 4) that indicate a relationship between neglect and mediators that might increase vulnerability to CSE (for example, running away, or post-traumatic stress), there is an absence of studies looking at neglect, CSE and mediators directly.

Finally, studies use varying definitions and measurements of neglect, which makes it difficult to draw comparisons, and research commonly does not differentiate between forms of CSE. This makes it hard to identify factors that may increase vulnerability to different forms of CSE, such as online grooming, organised abuse within a gang, or coercion into 'trading sex' for money.

Nevertheless, there is a range of multiple and diverse studies that, when considered together, allow a process of 'triangulation', whereby clarity is reached from studies coming to the same conclusion using different methods, which each have strengths in ruling out competing hypotheses.

The evidence base offers a focus on factors that might mediate or underpin a relationship between neglect and CSE, and understanding these will be key to prevention and intervention efforts. Overall, this scope concludes that, while there are limits to the strength of the conclusions that can be drawn, there is enough knowledge on which to act to improve the lives of children affected by or at risk of neglect, and to mitigate the risk they will experience and become entrenched within CSE.

[1] A **longitudinal** study is one in which the study of participants is repeated over time, usually over many years. The **prospective** study is important for research on the etiology of outcomes (often diseases and disorders, but prospective studies of maltreatment also exist). The distinguishing feature of a prospective cohort study is that when investigators enrol participants and begin collecting baseline information, none of the subjects has experienced any of the outcomes of interest (in maltreatment research, these studies are often interested in long-term outcomes such as mental and physical health effects). After baseline information is collected, participants are followed 'longitudinally' – ie, over a period of time, usually for years – to determine if and when they exhibit the outcomes of interest and whether their exposure status (to maltreatment) changes outcomes. In this way, investigators can eventually use the data to answer many questions about the associations between 'risk factors' and long-term outcomes.

Definitions and terminology

Throughout this scope, 'child maltreatment' is used as an umbrella term to refer to:

All forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power.
(Butchart et al, WHO, 2006: p9)

The working definitions of 'neglect' and 'child sexual exploitation' used in this scope are those set out in statutory guidance in England. These, and associated definitional issues, are highlighted here.

Neglect

Neglect is generally considered to be the *omission* of specific behaviours by caregivers (often without the intention to harm) rather than acts of *commission,* as is characteristic of other forms of maltreatment such as sexual and physical abuse (Connell-Carrick, 2003). Neglect can include acts of commission, however, such as forcing a young person to leave home before they are ready. Neglect is defined in *Working Together* as:

'The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development.'
(HM Government, 2015: p93)

The Welsh Government (through the *Social Services and Well-being (Wales) Act 2014*) has recently removed the reference to 'persistence', as has the government of Northern Ireland in its revised guidance issued in March 2016; the English and Scottish definitions still contain this reference, however (see Appendix B for the full definitions that apply in all four countries). All definitions reference physical, emotional, nutritional, supervisory and medical neglect, although the wider literature also recognises educational neglect (Horwath, 2007; Moran, 2010). Appendix C sets out the types of neglect and their associated features.

Defining neglect is contentious; the approach adopted in England and other parts of the UK defines neglect in terms of its *likelihood* of significant harm or impairment to the child's development, as opposed to whether there has been *actual* harm (Brandon et al, 2014).

Whilst the scope draws on research literature that uses a diversity of definitions, these overlap sufficiently to be considered together. There are various forms of neglect (see Appendix C), although unfortunately the research literature rarely differentiates between them. Of the studies that do, most simply divide neglect into two forms: 'physical neglect', which includes nutritional, supervisory, educational and medical neglect; and 'emotional neglect', which constitutes a lack of responsiveness to a child's emotional needs, including a lack of affection, love and validation. Thus these two terms are employed in this way in this scope.

Child sexual exploitation (CSE)

The statutory definition, at the time of writing, of CSE for England is:

Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affections, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities. Child sexual exploitation can occur through the use of technology without the child's immediate recognition; for example being persuaded to post sexual images on the Internet/mobile phones without immediate payment or gain. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion, and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice resulting from their social/economic and/or emotional vulnerability.
(HM Government, 2009)

England, Scotland, Northern Ireland and Wales each employ different definitions of CSE, and some are in the process of revision; this reflects the complexities and debates around the definition and nature of CSE. However, there are points of convergence, which help to outline what this scope includes within its remit:

> CSE is a form of child sexual abuse.

> There is a focus on the 'exchange dynamics' and power imbalances involved.

> CSE includes exploitation by individuals and within and by gangs and groups; trafficking; and what was previously termed (by some) 'child prostitution'[2].

> CSE can include child sexual abuse within the family environment (for example, where family members have traded their children for financial gain) although most intra-familial child sexual abuse is not thought of as CSE.

> CSE does not always involve physical contact; the use of technology and online elements are common to CSE (Palmer, 2015; Gohir, 2013).

Part of the rationale for revising the statutory definition of CSE is to enable greater clarity. There has been confusion in the UK and internationally (Cameron et al, 2015) with different organisations using the term CSE to mean different things.

The term is usually, though not always, used to describe adolescents engaging in, complying with, or being subjected to sexual activity within the context of a power imbalance, and often involves coercion, emotional manipulation and

control – though equally overt violence is not uncommon. In many such situations, young people do not perceive the sexual activity to be a form of abuse. For example, they may feel that exchanging sex is a way of meeting needs for which there appear no other means to do so (Dodsworth, 2014). However in all cases, young people's 'choices' and actions are highly constrained (Pearce, 2013), and can be better understood as survival strategies and/or adaption to previous adverse experiences.

Given these complexities, this scope explores both research on CSE that is (albeit loosely) defined in accordance with current UK definitions, as well as research on:

> general adolescent sexual victimisation (much of which may conform to CSE dynamics)

> children and young people 'selling sex' (considered a subtype of CSE)

> children and young people experiencing commercial sexual exploitation (an overlapping subtype of CSE – see below).

It does not focus on sexual violence within the context of an authentic teenage romantic relationship, as this is more commonly considered a form of domestic abuse or intimate partner violence (IPV), which has its own distinctive risks and dynamics (Barter, 2009). However, some of the discussion and findings in this scope might usefully be examined in relation to young people's IPV too.

Commercial sexual exploitation

'Commercial sexual exploitation' overlaps with child sexual exploitation. It refers to people – whether adults or children – being sexually exploited for financial gain, and has been developed to replace the term 'prostitution'. (Note that throughout this scope the abbreviation 'CSE' is always used to denote *child* sexual exploitation; commercial sexual exploitation is always named in its full form.)

Although the terms 'prostitution' and 'selling sex' are problematic and contentious and the terms 'sex work' and 'sex worker' are contested by some. They are sometimes used in this scope to keep as close as possible to the findings of studies that use those terms; it is not intended to imply their uncritical acceptance.

Children, young people and adolescents

Throughout this scope, 'children' encompasses people between 0 and 18 years of age. The terms 'young people' and 'adolescents' refer to those between roughly ages 11 and 18, while 'young adults' broadly refers to those aged 18 and 25.

While recognising that CSE can affect pre-adolescent children, discussion in the scope preferentially uses the term 'young people' to describe those experiencing CSE. This is because CSE disproportionately affects those in this age group (see, for example, Scott and Skidmore, 2006). In participation discourse, 'young people' is also the term people of this age most closely identify with. (In this scope the term 'childhood neglect' refers to both neglect of adolescents and younger children; one or the other is specified when necessary.)

---

[2] Historically, CSE was developed as an alternative term to 'child prostitution' in an effort to ensure the intrinsically exploitative nature of CSE is never missed and young people who are being exploited are not blamed (Melrose, 2013).

Section 2: A brief overview of neglect and CSE in the UK

Knowledge about the scale of child maltreatment in the UK comes from three specific sources: recorded offences; child protection systems; and self-report studies. All have limitations; for example, recorded offences and child protection data reflect only those cases that come to the attention of the police or children's social care. Self-report studies, such as large-scale prevalence studies, provide a somewhat broader picture. Taken together with the official data, they reveal the large proportion of maltreatment that never comes to the attention of systems and services (Gilbert et al, 2008).

However, experts agree that even self-report prevalence studies underestimate abuse and maltreatment because children, young people and even adults abused in childhood may not report their experiences (Radford et al, 2011). Some may fear the consequences of disclosure or fear not being believed (Allnock and Miller, 2013); others may not recognise their experiences as abuse, as is the case with many young people involved in CSE.

Neglect

How do children perceive neglect?
A study by the University of Stirling, commissioned by Action for Children (Burgess et al, 2014)

Researchers surveyed 1,582 children and provided them with a list of known indicators of neglect. They asked children to tell them if they'd ever known children who had experienced any of the indicators. Three-quarters said they recognised at least one of the indicators presented, including other children who frequently miss school, who have few friends (at school or home), whose parents don't seem to know where their child is or what they're doing, whose clothes may not fit or may be old or smell bad, children who look unwashed or are often dirty, or who might say they don't get meals at home.

The researchers also talked directly to some children and found they could describe, often in powerful ways, what it feels like to be neglected. Children spoke of the emotional toll neglect can take, including never being hugged, 'not getting loved' and being 'left at home alone'. They said neglected children can find themselves getting into trouble with the police. And some described feelings of social isolation and exclusion, and feeling unable to tell anyone about what is going on.

Children recognise they are neglected when: they are left on their own, they have to go looking for food, parents don't care for them, parents can't afford things. Children also recognise that neglect can be physical and/or emotional, and say that emotional neglect is worse than physical neglect.

In all four countries of the UK, neglect is consistently cited as the most common reason for children to be subject to a child protection plan or on a child protection register (Jütte et al, 2015). In England in 2014-15, 43% of all child protection plans were made for neglect (DfE, 2015). There were 7,726 recorded offences for cruelty to children in 2013-14 – a rate of 7.6 per 10,000 children aged under 16, the highest it has been in a decade (Jütte et al, 2015). However, many more cases of neglect fall below the threshold for criminal intervention (Dickens, 2007).

In a recent child maltreatment prevalence study within the UK, 16% of young adults reported experiencing some form of neglect by a parent or guardian during their childhood (Radford et al, 2011).[3] This is similar to North American prevalence rates (approximately 19%) but substantially higher than those reported across Europe (approximately 7%) (Stoltenborgh, Bakermans-Kranenburg and van IJzendoorn, 2013).[4] Boys and girls appear to be equally at risk (Radford et al, 2011; Stoltenborgh, Bakermans-Kranenburg and van IJzendoorn, 2013).

A child's risk of neglect is increased by parental substance misuse; parental mental health problems, such as depression; domestic abuse;[5] and poverty (Antle et al, 2007; Brown et al, 1998; Dubowitz et al, 2011; Chaffin, Kelleher and Hollenberg, 1996; Nikulina, Widom and Czaja, 2011), and these factors often intertwine – for example poverty increases the risk of alcohol misuse, domestic violence and mental health problems (Benson et al, 2003; Bruce, Takeuchi and Leaf, 1991; Cerdá et al, 2010; Mulia et al, 2008).

A recent meta-analysis found that children are over four times more likely to experience neglect if they have physical or learning disabilities (Jones et al, 2012) – this is likely to be because poverty increases the risk of both neglect and disability[6] (Bywaters et al, 2016; Hughes and Avoke, 2010), and also because adequate parenting of children with disabilities may at times require more resources (mental, social, financial), which may not always be available.

Most research presents neglect as almost always an ongoing or chronic form of maltreatment – a pattern of behaviour, rather than a single or few incidents. It is often linked to parents' needs: one study suggests neglect is more likely to persist if a child's mother experienced severe child maltreatment herself (Ethier, Couture and Lacharité, 2004); others suggest substance misuse and domestic abuse might contribute to neglect being more severe and less responsive to intervention (Antle et al, 2007; Long et al, 2014).

The impact of neglect, particularly as it relates to risk of CSE, is explored throughout Section 4 (see also Scope 2: Allnock, 2016), but it is worth noting here that neglect appears to be most harmful to children when it persists across developmental stages (in other words, there is cumulative harm across development) (Graham et al, 2010). Table 1 provides an overview of some of the impacts reported across the life course.

---

[3] And 9% of 18 to 24-year-olds reported having experienced 'severe neglect' during their childhood.
[4] However, differences in methodology across studies mean that we cannot draw firm conclusions about this difference in rates.
[5] When domestic abuse is differentiated from neglect.
[6] And, indeed, disability can increase the risk of poverty.

Table 1: Impacts of neglect across the life course

The two categories in the left-hand column are indicative rather than definitive; they are intended to illustrate how neglect can impact across the life course. It is not possible to predict when (or which) impacts may occur in any individual's life.

LIFE STAGE	REPORTED IMPACTS
Early impacts[7] – ie, impacts most commonly associated with an early onset	> Alterations in the body's stress response (the hypothalamic-pituitary adrenal system) > Insecure attachments > Delayed/declining cognitive development > Decreased language function > Low self-esteem > Low confidence > Negative self-representations > Withdrawal, difficulty in making friends > Acting out / aggression / impulsivity > Poor coping abilities > Poor problem-solving skills > Disorganised attachments > Low achievement in school
Medium and longer-term impacts[8] – ie, impacts that are more likely to manifest over the medium to longer term (including, in some cases, emerging in later adolescence or adulthood)	> Depression, anxiety > Dissociation > Poor affect/emotion regulation > ADHD symptoms > Running away > Anti-social behaviour > Violence and delinquency > More likely (than peers) to be arrested for violent offences > Substance misuse and addiction > Social withdrawal, social isolation > Conflict and hostility in relationships > Poor educational achievement > Longer-term mental health problems, including PTSD and personality disorders (such as 'borderline personality disorder'*) > Suicide attempts > Physical health problems, such as increased risk of hypertension and chronic pain * The use of this term reflects its occurrence in the literature and does not imply uncritical acceptance; we recognise the term BPD can unhelpfully suggest a person has a deficient 'personality' rather than a set of adaptive responses to childhood maltreatment.

What constitutes neglect and its most common manifestations can vary according to children's developmental stage (Rees et al, 2011). Some parenting omissions may have more immediate impact on younger compared to older children (for example, not providing an evening meal to a toddler compared to a 14-year-old child) whilst, at the same time, some neglectful acts may be more commonly directed towards adolescents (for example, inadequate supervision, and placing inappropriate expectations on a child to look after younger siblings).[9]

---

[7] Barnett et al (1999); English et al (2005); Erickson, Egeland and Pianta (1989); Hildyard and Wolfe (2002); Howe (2005); NSCDC (2007); Manly et al (2001); McCrory (2010); Naughton et al (2013); Strathearn et al (2001); Sylvestre, Bussières and Bouchard (2016); Toth et al (1997). See also Tanner and Turney (2003), Brandon et al (2014), Davies and Ward (2012) and Corby et al (2012) for more detailed overviews of these impacts.
[8] Anda et al (2006); Bolger (1998); Broidy et al (2003); Erickson and Egeland (1996); Gil et al (2009); Hong et al (2011); Hulette et al (2008); Johnson et al (2000); Kaufman and Widom (1999); Macfie, Cicchetti and Toth (2001); Norman et al (2012); Petrenko et al (2012); Widom (1989a and 1999); Widom, DuMont and Czaja, (2007); Wilson and Widom (2010); Wright, Crawford and Del Castillo (2009).
[9] For overviews of the complexities involved with defining and identifying adolescent neglect see Hanson and Holmes (2014) and Rees et al (2011).

Childhood neglect overlaps substantially with other forms of child maltreatment. For example, in a sample of nearly 1,000 neglected children, 68% had experienced one or more additional forms of maltreatment (Vachon et al, 2015). This overlap is explained by different forms of maltreatment sharing common risk factors (for example, parental substance misuse can contribute to neglect and emotional and physical abuse), and in some cases by neglect providing opportunities for abusers to harm children (see Scope 2).

Despite it being the most common form of maltreatment, Brandon and colleagues (2014) point to a number reasons why practitioners may find neglect both hard to identify and difficult to respond to:

> Professionals may become accustomed to the chronic nature of neglect

> Neglect relatively rarely manifests in a crisis that demands immediate action

> Professionals need to look beyond individual parenting episodes to understand neglect in context

> Professionals may also be reluctant to make judgements about parenting, particularly where there are cultural underpinnings and where poverty may be a contributory factor

> Neglect may be experienced alongside other forms of abuse that make it difficult to identify.

Child sexual exploitation

Because of its recent emergence as a specific category of sexual abuse (despite its existence over the long-term) and the definitional issues discussed in Section 1, CSE is not routinely and consistently measured, and there is no robust prevalence data. However, the studies that do exist indicate a sizeable problem. An inquiry by the Office of the Children's Commissioner in England into CSE in gangs and groups identified 2,409 victims in England over a 14-month period, with additional data indicating many more at risk (Berelowitz et al, 2012).

CSE can happen in any area. Jay (2014) found evidence of at least 1,400 victims over a 16-year period within the single district of Rotherham, and Bedford (2015) estimated that 370 girls had been sexually exploited by groups within Oxfordshire over the previous 15 years. Although the sexual exploitation of boys is a sizeable and overlooked problem (Lillywhite and Skidmore, 2006; McNaughton Nicholls et al, 2014),[10] for a variety of reasons, including societal messages that encourage the sexual objectification of girls (for example, Bohner et al, 2009; Coy et al, 2013), CSE disproportionately affects girls.

CSE is not a new phenomenon, but public and professional awareness of CSE has increased significantly in recent years. This is partly due to several high profile inquiries and prosecutions, and the subsequent increased policy scrutiny on local practice (see for example Casey, 2015; Coffey, 2014; Jay, 2014). The findings from such inquiries, alongside other research, has shown CSE to be dynamic and diverse in how it manifests. In some situations, young people may be tricked into complying with sexual requests by individuals posing as boyfriends or romantic partners. In others, young people may live within gang-related norms that teach them to comply with sexual activity for the unmet needs of status and protection. There is no 'typical CSE' case or definitive list of models of CSE.

At times young people's unmet needs, for example for a home, love or food, are identified by individuals who offer 'solutions' on the proviso of sexual activity. Young people are also exploited when people pay money to engage sexually with them; their decision-making constrained by situational and social factors, such as living with adult sex workers, and by their unmet needs (these and many other risk factors are explored in Section 4). When CSE is perpetrated by organised groups it may be particularly difficult to disentangle from these networks (Jay, 2014). As noted above, in all its manifestations, young people's decision-making around sexual activity is constrained and should never be interpreted as 'lifestyle choices'.

A wide body of research has demonstrated that child sexual abuse is linked to numerous short- and long-term harmful effects from childhood into adulthood (see Section 3 of Scope 2). Although very little research has explored the impact of CSE specifically, one recent study found more severe PTSD symptoms, dissociation, sexual difficulties and substance misuse in young people who had experienced commercial CSE compared to a matched group who had experienced other forms of sexual abuse (Cole et al, 2016). The authors suggest that CSE can be particularly harmful due to the frequency of abuse and the multiple perpetrators often involved.

Whilst it has been beyond the remit of this scope to address in depth the particular issues for neglected or sexually exploited young people who are male, female, lesbian, gay, bisexual and transgender (LGBT), black and minority ethnic (BME), gang-involved, or have disabilities, research indicates that these groups may have distinct vulnerabilities and that there may be particular barriers to them receiving effective help (for example, Beckett et al, 2013; Fox, 2016; Gohir, 2013; McNaughton Nicholls et al, 2014; Jones et al, 2012; Reid, 2012; Reid and Piquero, 2014).

[10] Interestingly, some research in the US found that relatively equal numbers of boys and girls experienced commercial sexual exploitation (for example, Curtis et al, 2008); such prevalence data is not currently collected within the UK.

Summary of key points

> Across the UK, neglect is consistently cited as the most common reason for children to be the subject of a child protection plan or on a child protection register. Neglect occurs across childhood and adolescence, though manifestations can vary according to a child's developmental stage. Boys and girls appear to be equally affected.

> The harm resulting from neglect can be wide-ranging, apparent in multiple domains and can manifest across the life course. The longer a child is exposed to neglect, the greater the harm is likely to be. Neglect is also thought to be the most likely form of maltreatment to recur multiple times.

> Despite it being the most common form of maltreatment, practitioners can find neglect both hard to identify and respond to.

> CSE is not routinely or consistently measured and currently there is no robust prevalence data. However, studies suggest CSE is a significant problem. Although little attention has been paid to the impact of CSE specifically, a wide body of research has demonstrated that child sexual abuse is linked to numerous short- and long-term effects from childhood into adulthood.

> CSE is dynamic and diverse in how it manifests. CSE and neglect often interact closely with other adversities, such as social disadvantage, domestic abuse and substance misuse, contributing to long-term harm into adulthood.

Section 3: Evidence indicating a relationship between neglect and CSE

Evidence of a specific relationship between neglect and CSE

Prospective controlled studies would provide the strongest evidence of a relationship between neglect and CSE but, as far as is known, there are currently no such studies. However, the studies reviewed in this section do converge, especially in the light of other research, to *indicate* such a relationship. (Studies exploring potential mediators between neglect and CSE – see Section 4 – provide an additional body of research that suggests this relationship.)

In the US, Cathy Spatz Widom and her colleagues have followed over time a large group of individuals who experienced maltreatment before the age of 11 and a comparison group of similar age, race/ethnicity, sex and socioeconomic status.[11] Using this data-set, Widom and Kuhns (1996) found that, when other factors were controlled, sexual abuse and neglect each increased the risk of 'selling sex' by the age of 29 (the study did not differentiate between child sexual exploitation and selling sex as an adult).

Eleven per cent of individuals who had been neglected reported having sold sex compared to 6 per cent of the control group (some in the neglect group had also experienced other forms of maltreatment, although how many is not specified). Given that other studies suggest that for up to half of those who 'sell sex' as adults this began as CSE in adolescence (for example, Cobbina and Oselin, 2011; Dodsworth, 2012), it is reasonable to suggest that a large proportion of the 'prostitution' examined in Widom and Kuhns' study was, or started as, commercial sexual exploitation of children.

Later studies using the same data-set (Wilson and Widom, 2008; Wilson and Widom, 2010) found that early sexual contact partially mediated the relationship between childhood neglect and prostitution; in other words, statistical testing suggested that part of the reason neglect increases the risk of prostitution is because it raises the risk of early sexual contact. Much of this sexual contact may constitute abuse – different forms were not delineated in these studies.

Studies exploring other relationships within this dataset also suggest a relationship between neglect and CSE. For example, Widom, Czaja and Dutton (2008) found that those who had experienced physical abuse, sexual abuse or neglect before age 11 were at higher risk of interpersonal victimisation by the age of 40, and that those who experienced either neglect only or multiple forms of maltreatment were at greatest risk. One third (33%) of those who had experienced neglect without other maltreatment had been coerced into unwanted sex, compared to 18% of the control group.

Turning to studies that have focused specifically on either sexual victimisation or commercial sexual exploitation *before adulthood*, only a small number have delineated specific links to neglect.

Naramore et al (2015) compared the adverse childhood experiences reported by a sample of 102 adolescents who had been arrested in Florida for 'trading sex' to those reported by 64,227 adolescents arrested for other offences (who might also be expected to have experienced high rates of adversity). For the majority of adolescents arrested for trading sex (88%), their 'offences'[12] included or comprised solely 'selling sex' whilst under 18 – by UK definitions, this means nearly all been sexually exploited. This group reported more adverse childhood experiences than the comparison group. They differed most in their experience of physical neglect. The sexually exploited young people were over 7 times more likely to report physical neglect than the group of young offenders (41.2% compared to 7.8%); and they were almost twice as likely to report emotional neglect (36.3% compared to 18.6%). They were also four times more likely to report sexual abuse.

In another US sample of 12,240 adolescents and young adults, Kaestle (2012) found that around 2% began 'selling sex' between the start point of the study (when they were between 11 and 19 years old) and its end point (7 years later). An unknown but likely significant proportion of this will have been commercial sexual exploitation of children. Experiencing neglect in childhood predicted 'selling sex' in both males and females between these time points. Although this relationship ceased to be significant once many other factors were entered into the statistical model, this was not a theoretically driven model in which potential pathways were explored. In simple statistical models such as these, the influence of more distal factors, such as earlier abuse or neglect, can in effect be hidden behind the influence of more proximal factors;[13] in other words, the lack of significance may simply indicate that neglect is not related to CSE beyond its influence on other factors such as running away, homelessness, other forms of maltreatment, social isolation, substance misuse and youth offending. (As explored in Section 4, many of these factors are crucial to any relationship between the two.)

This was also the conclusion reached by a UK study which analysed the case files of 175 young people attending a drop-in and outreach centre for those experiencing or at risk of CSE (Klatt, Cavner and Egan, 2014). As expected, the researchers found that more proximal factors such as current poverty, homelessness and associations with adult sex workers[14] were more closely related to experiencing CSE than prior childhood maltreatment. Emotional abuse

---

[11] The original samples were 908 and 667 respectively, dropping to 676 and 520 by age 29.

[12] As defined by US law, which does not appear to be sensitive to the young person's victimisation in these activities.
[13] 'Distal' factors are those that are 'further away' from the CSE, in time or social space, such as earlier abuse or neglect; 'proximal' factors are those that are 'closer' to the experience of CSE, for example, running away or substance misuse.
[14] Use of the term 'adult sex worker' is not meant to obscure the fact that for many adults 'selling sex' represents their abuse and exploitation. It is used to reflect the literature's findings.

and neglect (categorised together as one factor) did increase the risk of experiencing CSE, but this was not statistically significant. However, the study's ability to detect a significant relationship between neglect and CSE was limited given that it relied on case file analysis (information about childhood adversities does not appear to have been specifically requested by workers) and it compared those experiencing CSE with those at risk of it, many of whom may also have been victims.

In a larger study that instead relied on interviews and enquired about several dimensions of neglect, Reid (2011) found that women who had experienced child commercial sexual exploitation (12% of the female, predominantly African American sample of 174) were significantly more likely to report growing up with a lack of food or a lack of love from their parents than the rest of the group.

The evidence does not infer that by any means all CSE victims/survivors experienced neglect. However, these studies, considered alongside others discussed later in this scope, suggest a relationship between neglect and CSE – though it is important to avoid assuming causality.

Evidence of a more general relationship between child maltreatment, family difficulties and CSE

Numerous studies have found a connection between general child maltreatment, other specific forms (physical, sexual or emotional abuse) or 'family dysfunction'[15] in childhood, and subsequent sexual victimisation or commercial sexual exploitation in adolescence. Although most have not explored neglect in particular, these studies are highly relevant because neglect substantially overlaps with other forms of maltreatment and 'family dysfunction' (such as parental substance misuse, domestic abuse and mental ill-health - see Section 2). They suggest that neglect, when it co-occurs with these other adversities, is a salient risk factor for subsequent CSE.

A number of studies have explored variations in the risks for experiencing commercial sexual exploitation according to age of first involvement. They have generally found that earlier childhood maltreatment is more closely related to *child* commercial sexual exploitation than commercial sexual exploitation beginning in adulthood. In a large US sample of 1,354 young people, Reid and Piquero (2014) found those who had experienced commercial sexual exploitation by age 16 were more likely to report having a mother who had a (past or current) substance misuse problem than a) young people who experienced commercial sexual exploitation at later ages and b) a group of young offenders. Similarly, Clarke et al (2012) found that among a sample of 389 women attending a 'prostitution diversion programme', those who had been sexually exploited before age 18 were more likely to have grown up with a family member who misused drugs or alcohol.

Neglect is the form of child maltreatment most closely entwined with parental substance misuse – DiLauro (2004) found that parental substance misuse increases the risk of neglect by four times – and neglect *may* be one of the salient factors behind the relationship observed in these studies.

In a small-scale qualitative study involving in-depth interviews with 40 US female 'sex workers', Cobbina and Oselin (2011) found that for those women who were first sexually exploited as adolescents, childhood maltreatment had played a more salient role in their pathway into exploitation than for those who began 'selling sex' as adults. Women who were sexually exploited as adolescents also spoke about the formative role of families and neighbourhoods that modelled 'sex work'.

Other studies (for example, Roe-Sepowitz, 2012; Loza, 2010) report similar findings. Although a few studies do not find this pattern, this appears to be due to high levels of childhood maltreatment in both the child-onset and adult-onset groups (Clarke et al, 2012; Kramer and Berg, 2003). (None of the studies described here specifically asked participants about neglect.)

Studies comparing young people involved in commercial sexual exploitation to other 'at-risk' young people (ie, those using local youth service agencies in Austin, Texas – Bell and Todd, 1998) and other qualitative research (for example, Dodsworth, 2012, 2014; Rosenblatt, 2014) also document associations between childhood entry into commercial sexual exploitation and earlier childhood maltreatment, parental substance misuse and 'family dysfunction'.

However, it is also important to look beyond commercial sexual exploitation given that not all CSE is commercial in nature. This brings into view the sizeable literature indicating a robust association between adolescent sexual victimisation (a significant proportion of which is likely to be CSE) and earlier child maltreatment and family difficulties.[16]

Two studies are illustrative. In a self-report study of 541 women, Miron and Orcutt (2014) found that childhood sexual and physical abuse (neglect was not specifically measured) were both significantly related to sexual victimisation in adolescence. And in a longitudinal study of 1,467 children aged 2 to 17 (assessed via telephone interviews with carers or children themselves) in which multiple types of victimisation were measured, Finkelhor, Ormrod and Turner (2007a) found that children who had experienced *physical neglect*, physical abuse or emotional abuse (classified as 'maltreatment') in the first year of the study were 4.3 times more likely than other children to experience sexual victimisation in the second year. Children who had experienced a multitude of victimisations ('poly-victims') in the first year were 6.8 times more likely to have experienced sexual victimisation in the second year.

---

[15] The term 'family dysfunction' is used in the literature to refer to difficulties such as parental substance misuse and domestic violence; its use is not meant to imply blame of families – such 'dysfunction' tends to arise in a context of significant broader adversities.

[16] This overlaps with an even wider literature exploring sexual revictimisation (in childhood or adulthood); a review of this literature found that two out of three people who are sexually victimised will be revictimised sexually (Classen, Palesh and Aggarwal, 2005).

Discussion

There are a number of limitations to the evidence base, including (albeit with some exceptions) an ongoing 'neglect of neglect' (Stoltenborgh, Bakermans-Kranenburg and van IJzendoorn, 2013), a focus on commercial manifestations of CSE, and the reliance on cross-sectional, retrospective self-report data.

Nevertheless, this set of studies does allow a degree of 'triangulation' that enables tentative conclusions to be drawn (see Section 1: 'constraints of the current evidence base'). Longitudinal research by Widom and colleagues charts the significant impact of neglect on commercial sexual exploitation in childhood and adulthood (while not differentiating between the two), and cross-sectional research[17] indicates the greater relevance of neglect (and the abuse and family difficulties it coalesces with) to childhood commercial sexual exploitation than to 'sex work' in adulthood (for example, Cobbina and Oselin, 2011). Research has also found that rates of neglect are higher among sexually exploited young people than in other groups of young people, including others also deemed vulnerable such as those who offend (Kaestle, 2012; Naramore et al, 2015; Reid, 2011).

A further longitudinal study (Widom, Czaja and Dutton, 2008) found that neglect predicted the experience of sexual violence over the life-course to a similar degree as childhood physical and sexual abuse. Other studies that merge abuse and neglect (or focus more on abuse) demonstrate their relevance to adolescent victimisation, including sexual victimisation (for example, Finkelhor, Ormrod and Turner, 2007a; Miron and Orcutt, 2014).

The next section of this scope moves to a second critical question: what might account for any such relationship between neglect and CSE? Or, put differently, *how* might neglect contribute to CSE (and possibly vice versa)?

Summary of key points

> Despite some limitations to the evidence base, overall the literature demonstrates the relevance of neglect to adolescent sexual victimisation and adolescent commercial sexual exploitation when it occurs in combination with other forms of maltreatment and family difficulties, and more tentatively indicates the likely relevance of neglect alone.

> The relationship is a complex one, however; certainly many young people experiencing CSE have not experienced neglect.

[17] Cross-sectional research compares individuals at a certain point in time, rather than following people as life unfolds. For example, a cross-sectional study might compare the childhoods of adults with depression to those without. In general, it is harder to draw firm conclusions about causality from cross-sectional compared to longitudinal research – see Appendix A.

Section 4: What might explain the relationship between neglect and CSE?

This section focuses on those factors that might explain or act as potential mediators in the relationship between neglect and vulnerability to CSE.

The first three sub-sections explore how neglect may contribute to increased vulnerability to subsequent CSE by considering the evidence in relation to:

1) social, behavioural and material factors

2) psychological factors

3) system responses to neglect.

The fourth sub-section explores how neglect may contribute to concurrent CSE and also considers ways in which CSE may even make some young people more vulnerable to neglect. (To some extent, these divisions are artificial, given the degree of overlap and interaction between them (Pittenger, Huit and Hansen, 2016), but they are made here to help conceptualisation).

As a whole, this section is necessarily speculative and is intended to stimulate further research, as well as reflection on practice and policy.

Two diagrams are included at the end of Section 4, illustrating the potential ways in which various mediating factors might operate between neglect and CSE and the strength of evidence for these conceptual connections.

Social, behavioural and material factors

Running away, ejections from home ('thrown away') and homelessness

In simple terms, adolescents become homeless because they run away or because their family is unwilling to house them, although the distinction between the two is often blurred. Parental unwillingness to house young people is the leading cause of youth homelessness in the UK (Homeless Link, 2015) and in itself constitutes a form of neglect. (In the American literature this group have been termed 'thrownaways' in contrast to 'runaways'). Young people may run away from families who neglect them in other ways (eg, by depriving them of affection or food), in an effort to escape abuse or domestic violence, and because they hope they can meet their social, emotional and material needs elsewhere. Running away often then leads to homelessness (including hidden forms of homelessness), which in turn pose a significant risk factor for CSE.

In Widom's longitudinal studies (described in Section 3), neglect in childhood predicted running away in adolescence to a similar degree as physical and sexual abuse (Wilson and Widom, 2010; Kaufman and Widom, 1999). Yoder, Whitbeck and Hoyt (2001) found that physical neglect was the strongest predictor of running away among a sample of 602 runaway and homeless adolescents (emotional neglect was not measured); at any given age, neglected adolescents were 3.25 times more likely to run away than those who had not been neglected. The results of these studies are supported by many others;[18] one example in the UK is Craig and Hodson (1998), who found that 69% of homeless young people surveyed in London reported childhoods 'lacking in affection'.

Young people who have run away may resort to 'trading sex' for money, shelter or other means of survival, or they may find themselves in a peer culture that enables or normalises sexual exploitation. Numerous studies attest to the route from running away and homelessness to CSE. Smeaton (2013) found that 12% of young people seen by services supporting young runaways in the UK had been sexually exploited; and all 36 teenage girls experiencing CSE in Pearce's (2002) study had histories of running away from home or care.[19]

Edwards, Iritani and Hallfors (2006) found that running away from home was significantly correlated with commercial sexual exploitation in a sample of 13,294 American adolescents. Several studies described in Section 3 also demonstrate this link – for example, both Roe-Sepowitz (2012) and Cobbina and Oselin (2011) found that running away more often played a part in the onset of adolescent compared to adult commercial sexual exploitation.

Significantly, in her retrospective study of predominantly African American women, Reid (2011) found evidence that running away[20] partly mediated the relationship between childhood maltreatment and commercial CSE (note, however, that mediation within a *longitudinal* sample would provide the best evidence of a causal pathway). Although Wilson and Widom (2010) did not find that running away mediated the relationship between neglect and later commercial sexual exploitation, their study did not differentiate between *child* commercial sexual exploitation and exploitation in adulthood; previously cited studies find running away to be of greater relevance to the former.

[18] These tended to have less robust methodologies, however.
[19] In general this section explores running away from home rather than care; Section 4.3 below explores the specific relevance of care experiences to CSE vulnerability.
[20] Alongside sexual denigration and substance misuse, factors explored below.

It is worth highlighting that in their study of 175 UK drop-in/outreach centre case files, Klatt and colleagues (2014) found running away *reduced* the chance of CSE: young people at risk of CSE were more likely to have run away than those actually experiencing CSE. This could be a spurious finding (workers may record 'running away' in files to support their categorisation of the young person as 'at-risk'); however, it could also be that running away can at times remove young people from other risk factors, such as associations with adult sex workers, which their study (and many others) finds is related to CSE.

This relates to a final point – running away may be thought of as both a risk for CSE and as an indicator of the potential for resilience. Pearce comments on the approach to running away she observed in her interviewees:

'It is evident that the young women see running away as an opportunity to "do something", a chance to make a move, to be active and exert some self-determination over what often appear to be impossible situations.'
(Pearce, 2002: p44)

Running away may, arguably, demonstrate a level of self-efficacy and agency that may prove invaluable in finding ways out of CSE (if this is not lost during the experience of exploitation). It is uncomfortable to acknowledge that, for some young people, it may be that running away is preferable to remaining in an invalidating and neglectful environment. In her extensive review of age, gender and route-related vulnerabilities to sex trafficking, Reid (2012) found evidence of high levels of determination, ambition and hope in victims – these qualities may have not only enabled individuals to escape adverse conditions in the past but to escape exploitation in the present or future.

Early or 'risky' sexual activity with others

A number of studies indicate that experiences of childhood neglect heighten the likelihood of early and 'risky' sexual activity (for example, Black et al, 2009; Wilson and Widom, 2008; Wilson et al, 2015; and a systematic review and meta-analysis by Norman et al, 2012); and others suggest that early sexual activity in turn denotes a vulnerability to CSE (Edwards et al, 2006; Reid and Piquero, 2014; Van Brunschot and Brannigan, 2002). In their analysis of data from the large longitudinal study (described in Section 3.1), Wilson and Widom (2010) found that early age of onset of sexual activity partially mediated the relationship between neglect and commercial sexual exploitation in childhood and adulthood.

Such a mediating relationship might exist for a number of reasons. Neglect might lead to a young person experiencing low self-esteem (Hildyard and Wolfe, 2002), a sense of disconnection from others or a reduced sense of self. Sexual contact might be perceived by a vulnerable young person as a 'solution' to any of these (see Section 4.2 below). The lack of parental monitoring and guidance often involved in neglect might reduce barriers to early and/or risky sexual activity (Oberlander et al, 2011). Perpetrators may then be more likely to come into contact with these young people and spot their vulnerabilities and take advantage of these in order to abuse (Cockbain and Wortley, 2015). This is a theme further explored in Scope 2.

However, while early or risky sexual behaviour is a plausible neglect-related risk factor for CSE, there would appear to be an inherent flaw in much of the research in this area that limits the strength of any conclusions drawn. Studies do not appear to have adequately differentiated early or risky *consensual*[21] sexual activity in adolescence from sexual abuse or exploitation; therefore, much of the 'early' or 'risky' sexual behaviour reported may in fact be sexual victimisation. The research is then telling a simpler story of neglect increasing risk for sexual abuse and exploitation, without any mediating factor.

In summary, we cannot currently be sure that neglect increases early or risky non-abusive sexual activity, which then exacerbates a vulnerability to CSE. However, there is a body of evidence indicating that neglect increases early sexual activity, which may include sexual abuse or exploitation, and that this activity *does* link to later exploitation. This remains an important finding, as early sexual activity may be a marker for risk, however it contributes to it. As with all messages in this scope, there is no suggestion it applies to all young people who experience CSE

---

[21] Consent is defined as agreeing by choice and having the freedom and capacity to make that choice. A person cannot consent if certain circumstances apply. These include the use, or fear of use, of violence against the complainant or other person; the complainant being unlawfully detained; being under the influence of substances (causing the complainant to be stupefied or overpowered); being asleep or unconscious or unable to communicate because of physical disability (extended to include mental disability in later case law) and being deceived as to the defendant's identity (Sexual Offences Act s74-76)

Substance misuse

Norman et al's (2012) extensive systematic review and meta-analysis of the long-term health consequences of neglect (and other forms of non-sexual maltreatment) found 'robust evidence' for a relationship between childhood neglect and later drug use. In contrast, they found less consistent evidence of a relationship between neglect and subsequent alcohol misuse. Several studies indicate that neglect interacts with genetic factors in complex ways to increase drug use susceptibility, including in adolescents (Gerra et al, 2010; Rovaris et al, 2015; Vaske, Newsome and Wright, 2012).

There is also strong evidence suggesting that substance misuse during adolescence in turn raises the risk of sexual exploitation. Numerous studies have found a significant association between the two (for example, Klatt et al, 2014; Edwards et al, 2006; Reid, 2011). Although in part this relationship may be due to CSE heightening the need for drugs and alcohol, some studies indicate that *earlier* substance misuse increases the risk of *later* CSE. For example, Clarke et al (2012) found, in a sample of women who had experienced commercial sexual exploitation as adolescents and continued 'selling sex' into adulthood, that the average age of first drug use was younger than the average age of CSE onset. Their statistical model indicated that 'for every year one delays starting drug use, he or she delays entry into prostitution by 0.4 of a year' (p281). Nine of 21 teenage girls caught up in commercial sexual exploitation interviewed by Pearce[22] (2002) cited drugs as their primary reason for involvement (it was evident that there were a variety of interlinked factors connected to the drug use, such as ongoing abuse and low self-esteem).

In summary there is enough evidence to suggest that drug use may be one means by which neglect increases the risk of CSE. In the absence of effective emotion regulation skills developed through responsive caregiving, children may turn to drugs to reduce difficult emotions, especially if these are particularly intense, fuelled by negative models of self and others and ongoing family and social difficulties. Earlier experiences of neglect may also, for a variety of reasons explored in Section 4.2, increase some young people's susceptibility to exploiters' manipulative techniques designed to generate drug addiction (described for example in Kennedy et al, 2007). Once young people have become dependent on drugs, perpetrators may use this to initiate or continue abuse.

Social isolation and peer rejection

A more hypothetical means by which neglect may heighten risk for CSE is via its impact on isolation and peer rejection. A wide variety of studies taken together demonstrate that neglected children are on average less popular with their peers, have fewer reciprocated friendships, are more avoidant in their peer interactions than other children and experience greater loneliness (Hildyard and Wolfe, 2002; Appleyard, Yang and Runyon, 2010).

In a prospective longitudinal study with a community sample of 942 children, Chapple, Tyler and Bersani (2005) found that physical and emotional neglect, measured when children were between ages 3 and 5 years, each significantly predicted rejection by their peers in early adolescence (even when corporal punishment, a proxy of physical abuse, was controlled for, highlighting the role of neglect beyond that of physical abuse). Other studies confirm that early neglect may have an especially detrimental impact on social connection (Manly et al, 2001).

The processes involved in peer rejection and social withdrawal are likely to be complex – children may avoid or be rejected by peers because neglect has compromised their cognitive and language abilities, their social skills, their capacity to regulate their emotions, or even the natural expectation that peers will enjoy and desire their company (see Section 4.2).

Social isolation may in turn leave young people more vulnerable to sexual exploitation. Perpetrators describe targeting children who appear vulnerable and lack of popularity may be a marker of such vulnerability (Kennedy et al, 2007). And with less positive affirmation from their peers, neglected young people may be more susceptible to deceptive positive gestures from perpetrators (Hanna, 2002); fewer peer and family interactions may also leave socially isolated children with a compromised ability to discriminate between genuineness and respectful behaviour and behaviour that is manipulative or abusive.

---

[22] Pearce interviewed 36 girls who were experiencing CSE; 21 of the 36 were caught up in commercial sexual exploitation.

Gang involvement

Both boys and girls involved in gangs are at heightened risk of sexual exploitation, from others within the gang as well as those outside it (Beckett et al, 2013). Gangs form a highly conducive context for exploitation for a variety of reasons, including the focus on displaying status and hyper-masculinity through exploitative practices (Pitts, 2013; Firmin, 2013). Childhood neglect is one factor that can create vulnerability to gang involvement (Howell and Egley, 2005), for example via its contribution to youth homelessness (Yoder, Whitbeck and Hoyt, 2003) and a poor sense of identity, for which gang membership may seem to offer a solution.

The plausible possibility highlighted here and in the above sub-section is that *both* social isolation *and* some peer relationships can create risk for sexual exploitation. This points to the importance of socially excluded young people being supported to develop peer relationships that are pro-social, supportive and in at least partial view of protective adults.

Psychological and neuropsychological factors

Cognitive and language difficulties

One of the most robust findings in the literature is the impact of neglect on cognitive and language functioning in childhood and across the life course (Hildyard and Wolfe, 2002; Geoffroy et al, 2016). Some studies suggest that early neglect may cause more harm to cognitive abilities than neglect experienced later in childhood (for example, Sylvestre, Bussières and Bouchard, 2016), and that neglect causes more damage to cognitive functioning than other forms of maltreatment (Geoffroy et al, 2016).

A striking finding in the work of O'Hara et al (2015) and Culp et al (1991), amongst others,[23] is that neglect experienced by itself may compromise some cognitive skills to an even greater degree than neglect paired with abuse, possibly because negative interactions (whilst highly harmful in other ways) provide some of the stimulation and acknowledgment necessary for cognitive development. This somewhat challenging finding highlights the importance of not viewing 'just neglect' as less harmful than neglect in the context of other maltreatment.

While there is no robust research exploring the cognitive and language functioning of young people who have experienced CSE, it is well established that children with learning difficulties are at heightened risk of sexual victimisation (Jones et al, 2012). It is plausible that young people with lower cognitive abilities may be less able to detect or disentangle themselves from perpetrators' grooming and entrapment strategies. Perpetrators may also specifically target these young people. And if parents, carers and practitioners/services are not sensitive to these cognitive differences, then children with diminished cognitive and language capacities may also find it harder to seek help and be heard.

Dissociation, reduced awareness and PTSD

Children and young adults who have been neglected in childhood are at increased risk of dissociation and post-traumatic stress disorder (PTSD) (Hulette et al, 2008; Macfie et al, 2001; Nikulina, Widom and Czaja, 2011; Widom, 1999; Wright, Crawford and Del Castillo, 2009). These two sets of psychological difficulties, and the avoidant coping mechanisms with which they are associated, in turn raise the risk of sexual victimisation. For example, in a robust longitudinal study of 3,604 adolescents, McCart et al (2012) found that adolescents' levels of PTSD predicted subsequent interpersonal victimisation, even after accounting for the degree of prior victimisation; and Fortier et al (2009) found that avoidant coping (in their study following childhood sexual abuse) was associated with sexual victimisation in young adulthood.

There are several reasons why PTSD and forms of psychological avoidance may raise the risk of sexual victimisation, potentially including CSE. McCart et al (2012) found that PTSD appeared to prompt increased use of drugs and alcohol, which in turn raised the risk of victimisation. It is also suggested that hyperarousal in PTSD, and the attention to internal threats (for example, to flashbacks and to intrusive thoughts about the abuse), may make it harder for individuals to discriminate real from perceived danger, increasing the likelihood of remaining in contact with abusive individuals (Risser et al, 2006).

Difficulty in spotting threats from other people may also result from dissociation. When people have (subconsciously) attempted to cope with abuse and neglect by reducing their awareness of their emotions and of social rules, they may have fewer tools with which to recognise and move away from abuse. Messman-Moore and Brown (2006) found that previously victimised women were on average slower to indicate they would leave a threatening situation, and the women who exhibited this delayed response were more likely to be subsequently raped. Similarly, DePrince (2005) found that revictimisation was associated with impairments in detecting social threat. None of this is to suggest that it is ever the responsibility of victims to stop the abuse.

---

[23] See Section 3 of Scope 2 for further discussion of this finding.

Negative working models of self and others, and non-secure attachment styles

Neglect can affect how a child (and subsequent adult) perceives themselves, other people, and their relationships. Hildyard and Wolfe's (2002) review summarises studies indicating that neglect can contribute to infants and pre-school children having insecure[24] or, in some cases, disorganised attachments with their primary caregivers, and to children across the pre-adolescent age range having negative representations of themselves and others. Studies found that, in comparison to others, neglected children had fewer positive and more negative (for example, angry and oppositional) self-representations, as well as a more negative view of the social world characterised by difficulties in relationships and seeing others as hurt, sad and anxious (McCrone et al, 1994; Toth et al, 1997; Waldinger, Toth and Gerber, 2001). Although most studies do not differentiate between forms of neglect, there was tentative evidence that emotional neglect posed most risk for attachment difficulties (for example, Egeland, Sroufe and Erickson, 1983).

In a study of 301 undergraduates, Wright and colleagues (2009) found that self-reported emotional neglect in childhood was associated with three 'schemas'[25] or core organising beliefs: (i) the belief that one is unable to prevent catastrophes, which may strike at any time (termed 'vulnerability to harm'); (ii) the belief that one is a defective and shameful person (termed 'defectiveness/shame'); and (iii) the belief that one should focus on the desires, feelings and responses of others at the expense of oneself (termed 'self-sacrifice'). In statistical analyses, these schemas were found to partially account for the relationship between emotional neglect and subsequent anxiety, depression and dissociation.

It is conceivable that such schemas affect some young people's vulnerability to CSE. A young person who believes they must sacrifice their own needs to those of others in order to be valued or normal, may be more likely to comply with sexual coercion and 'emotional manipulation'. And a young person who believes they are shameful, or cannot avoid harm or catastrophe, may be less able to disengage themselves from exploitative and abusive persons – not believing they are worthy of or can achieve better relationships.

These hypotheses are supported by findings from several disparate studies. Proneness to shame and self-blame appear to increase risk of sexual victimisation, acting as a mediator between childhood and adult victimisation (Classen, Palesh and Aggarwal, 2005; Kessler and Bieschke, 1999). Reid (2011) found support for a model in which childhood maltreatment increased 'sexual denigration of self and others', which in turn increased the risk of CSE (although it should be noted that causality could not be definitively determined). Sexual denigration represented a cluster of beliefs such as: 'No man[26] would care for me without a sexual relationship'; 'Only bad, worthless guys would be interested in me'; and 'I use sex to get something I want or need'.

In two UK qualitative studies exploring how childhood experiences affected the nature and self-attributed meanings of CSE and adult 'sex work', Dodsworth (2012, 2014) found that experiences of neglect and abuse left some women feeling as if they had little control over their lives. This sense of helplessness contributed to them remaining in 'sex work'. Other factors found to contribute both to the start of CSE and continued exploitation into adulthood, included feeling that abuse was deserved and a desperate search for affection. Three quotes illustrate these dynamics:

'Mum told me she wished I wasn't born and if I had any contact with them [the family] she'd stab me... I can't remember why they didn't want me. It ruined my life... the way I think of it, I must deserve all I get.'

'Nothing's coincidence – everything you do you do for a reason. If someone tells you for so long that you're crap, then you believe you are crap.'

'I started seeing this man. He got me into it. I think I was looking for a father-figure. He was abusive too. I started prostitution at 17 and did unpaid prostitution from 15 to 17.'

(Dodsworth, 2012, p9; Dodsworth, 2014, p6)

Although somewhat more tangential, the research indicating that neglect (in particular, emotional neglect) increases the risk of 'borderline personality disorder' or BPD[27] (Johnson et al, 1999; Lobbestael, Arnst and Bernstein, 2010; Widom, Czaja and Paris, 2009) is noteworthy, as this cluster of difficulties is underpinned by shame-proneness, low self-esteem and chronic fears of rejection (see for example Rüsch et al, 2007).

Lastly, as stated above, numerous factors discussed in this scope interrelate – so, for example, the negative sense of self discussed here may prompt dissociation (eg, Talbot, Talbot and Tu, 2004), which in turn increases vulnerability and risk.

---

[24] It is important to note that insecure attachment is very common; although it is not optimal, it is not in itself cause for alarm (Shemmings, 2016).
[25] The term 'schema' is more or less interchangeable with 'negative working model' and 'core belief'.

[26] As noted earlier, the sample for this study was all female (174 predominantly African American women).
[27] As with other terms in this scope, this label is used because of its use in the literature – its use does not imply uncritical acceptance; see Table 1.

Unmet psychological needs

The idea of 'unmet psychological needs' is used in research and practice to describe the dynamic (partly touched on above) in which young people who are deprived of love, status, approval, or a sense of belonging or identity (due to emotional neglect, for example), search for these things – a vulnerability which is then exploited by others (Hanna, 2002; Scott and Skidmore, 2006).[28]

This concept draws attention to the uncomfortable possibility that, for some young people, living with a set of unmet needs may feel worse than being in relationships where they are being exploited.

Hallett found evidence of this in her interviews with nine UK young people who had experienced sexual exploitation:

For young people who consider themselves to be vulnerable and without care – without attention, acknowledgment and help – 'sexual exploitation' can be a solution of sorts: 'help' and recognition, of some form, from someone.'
(Hallett, 2015: p6)

The quotes below from those she interviewed are illustrative:

'Because no-one's been there to help them, they, then they just turn to what's available.'
('Kerry', p5)

'He [boyfriend who coerced her into selling sex] *was there for me and you know I just wanted someone to love me.'*
('Katie', p8)

One implication of this is that *to help a young person escape exploitation before (or instead of) addressing their unmet needs may be at best ineffective* and, at worst, contribute to harm. Another young person interviewed by Hallett (2015), offers this advice for practitioners:

'Try and work on the issues that make them vulnerable to it and then as they become, as their life becomes a bit more stable, um, hopefully they should be able to withdraw from what is making them turn towards that... I think that when people try to pull them out really quickly that sometimes, if it's an emotional issue, it can sometimes cause them damage as well... it can just be redirected somewhere else and cause more issues them somewhere else.'
('Nathan', p9)

Depression and anxiety

Depression and anxiety, in both adolescence and adulthood, are common consequences of childhood emotional or physical neglect (Johnson et al, 2000; Petrenko et al, 2012; Young, Lennie and Minnis, 2011; Wright, Crawford and Del Castillo, 2009) and it is worth considering their potential role in any neglect-CSE relationship. Depression and anxiety can follow neglect both because neglect can play a role in these difficulties, and because neglect often co-occurs alongside other adversities such as poverty, which themselves directly contribute to distress (Nikulina, Widom and Czaja, 2011). This point is true for many of the poor outcomes that neglect can result in.

Longitudinal studies have found that, when measured at an initial time point, depression and anxiety (often measured together as the construct 'psychological distress') predict subsequent sexual victimisation in adolescence and adulthood (Cuevas et al, 2010; Orcutt, Cooper and Garcia, 2005). Research has typically explored this relationship among individuals who have previously experienced sexual abuse, often alongside other forms of maltreatment. Young people experiencing CSE also have higher levels of depression than other young people (Edwards, Iritani and Hallfors, 2006; Tyler, 2009); and while this relationship might be partially explained by CSE leading young people into depression, revictimisation studies suggest depression is also likely to be acting as a vulnerability.

System responses to neglect

Care, safeguarding responses and the impact on young people

Neglect is the most common reason for children and young people to become the subject of a child protection plan (DfE, 2015), and many will become looked after by the care system, entering foster or residential care. Some research suggests that children who are removed from their families due to neglect are likely to spend more time in care than those removed for abuse, are less likely to return home and are more likely to re-enter care if they do return home (Bundy-Fazioli, Winokur and DeLong-Hamilton, 2009; Marquis et al, 2008).

Although it is important to remember that *CSE by no means only affects those in the care system*, young people living in care are disproportionately affected by CSE (CEOP, 2011; Shuker, 2013). For example, both Jago et al (2011) and Berelowitz et al (2012) found that 21 per cent of their large samples of young people who had experienced CSE were in care at the time; and those living in residential or secure care (as opposed to foster care) are at particularly heightened risk (Jago et al, 2011; Beckett, 2013) as explored briefly on the following page.

---

[28] This section explores this dynamic generally and Section 4.3 considers it in relation to children involved in the care system.

The experiences of maltreatment, as discussed in previous sections, may increase vulnerability to CSE as well as leading to a child being taken into care – so *it is important to avoid the notion that care creates or causes vulnerability to CSE.* However, there may well be responses or actions taken for and about children in care that exacerbate this vulnerability. Research, involving interviews with UK adolescents and young adults who have experienced CSE, has unpicked the ways in which being looked after by the care system can sometimes inadvertently create or exacerbate vulnerability to CSE. In her interviews with nine young people who had experienced both CSE and statutory care involvement, Hallett found that:

'... the practices of social care and more specifically those of child protection, although talked about by the young people as fundamental to solving the problem, were also talked about as forming and reinforcing parts of the problem.' **(Hallett, 2015: 8-9)**

Others have reached the same conclusion (Beckett, 2013; Coy, 2008, 2009; Shuker, 2013). Young people describe how multiple placement moves, lack of opportunities to contribute to decision-making, a succession of different workers and practice that focuses on 'problems' at the expense of seeing the whole person, all work together to make them feel powerless, objectified, stigmatised, lonely and without anchoring relationships or a sense of belonging (Hallett, 2015; Coy, 2008, 2009; The Care Inquiry, 2013). This can lead to vicious spirals, as multiple moves prompt young people to distance themselves from new carers, test carers' commitment and engage in distress-fuelled aggression, prompting yet further moves and more loss, disconnection and powerlessness (Newton, Litrownik and Landsverk, 2000; Shuker, 2013).

In interviews with Hallett (2015) and Coy (2008, 2009), young people described how such experiences had left them vulnerable to CSE – at least initially, being 'befriended' by exploitative individuals seemed to provide the missing sense of belonging and connection.

In these qualitative studies, there is a concerning resonance between CSE, some safeguarding approaches and prior experiences of maltreatment in their impact on young people's sense of objectification, loneliness, negative self-concept, mistrust of others and overall lack of control. Sexual exploitation may confirm many of these and so provide what one young person described to Hallett (2015) as '*an uncomfortable comfortableness*'. This phrase sums up the conflict many people experience when wanting to be free of negative feelings about themselves and others, but find themselves drawn to familiarity and confirmatory experiences.[29]

'I was SO lonely at the time, nobody was listening to me or anything like that and I think part of me was like sod it, and that's why, stuff started and I ended up in trouble.' **('Hannah' in Hallett, 2015: p5)**

'I was in care and I was moved around here and there and anywhere. So I was always doing runners, and when I met [person who was deemed exploitative] it was having someone who was there for me you know.' **('Katie' in Hallett, 2015: p8)**

'When I first went in there [children's home] I was a good girl... but being in them places you have to adapt to the other kids, living to be part of the gang.' **('Stacey' in Coy, 2008: p1418)**

An additional factor is that, when in care, young people are more likely to meet other young people already affected by CSE, increasing the risk that they too will experience it (Klatt, Cavner and Egan, 2014; Cobbina and Oselin, 2011; Coy, 2009; Tyler, 2009).

In her interviews with young people affected by CSE around the UK, Warrington (2013) found similar themes in the safeguarding system's *responses* to CSE. She concludes that when young people are excluded, in myriad ways, from informing and shaping the everyday processes designed to safeguard them, then safeguarding itself becomes fundamentally compromised – as it also does, Shuker (2013) argues, when responses to CSE prioritise physical safety above relational and psychological forms of safety. Hanson and Holmes (2014) argue that to be effective, help and support needs to 'go with the grain' of young people's development and increasing sense of agency, rather than work against it or simply ignore it, and should be centred around high-quality relationships (see also The Care Inquiry, 2013).

Limited resources and a variety of systemic factors can work against individual practitioners and teams offering young people care and support that is genuinely relationship-based, participatory, responsive and person-centred. However, when such care and support is provided – and there are many examples of good practice in both the statutory and voluntary sectors – young people describe the influential role it can play in helping them move forward and away from abuse and towards wellbeing (Warrington, 2013; Hallett, 2015; The Care Inquiry, 2013).

However, even when care is highly attuned and young-person-centred, being 'looked after' – and being in residential care especially – may increase a young person's vulnerability to CSE, because research in various parts of the UK indicates that perpetrators selectively target residential homes (Beckett, 2013; Munro, 2004). Moreover, practitioners may have *'limited tools at their disposal to defend against the manipulative techniques employed by abusers'* (Beckett, 2013, p. 79).

---

[29] These ideas lie behind the evidence-based schema theory and therapy – see Young, Klosko and Weishaar (2003).

The criminal justice system

Neglect, especially when experienced in the early years, can lead to aggression problems in childhood, and offending behaviour in adolescence and adulthood (Brandon et al, 2014; Kotch et al, 2008). Kazemian, Widom and Farrington's (2011) longitudinal UK study also suggests that when young people who have experienced neglect do commit offences, they are more likely than other young people to be caught. The authors suggest this is because neglect leads to the increased involvement of statutory systems in a young person's life and this, in turn, results in greater identification of any offending (compared to the offending by young people who are not 'on the radar' of systems). This finding and hypothesis invites further consideration of the possible adverse consequences of statutory responses to neglect.

Involvement in the CJS may compound a young person's negative self-concept and distress, constrain their social, emotional and academic development, reduce positive social supports, expose them to people involved in crime or CSE, and heighten instability and material needs (Cesaroni and Peterson-Badali, 2005; Howard League, 2010, 2014; Farmer, 2011). Young people may also struggle to find safe housing, employment and supportive relationships following time spent in custody (Hazel and Bateman, 2013; Howard League, 2011). All these factors increase vulnerability to CSE, through many of the same mechanisms as discussed in previous sections.

Reflecting on the statutory definition of neglect, it could be argued that placing adolescents in young offender institutions can be seen as a form of societal neglect, as this form of secure accommodation does not *'protect a child from physical and emotional harm or danger'*, and is unresponsive to *'a child's basic emotional needs'* (HM Government, 2015) (see Hanson and Holmes, 2014, for a fuller discussion of this point).

System responses to a young person's offending do not uniformly increase vulnerability and risk, however. Strengths- and relationships-based approaches, as implemented by a number of youth offending services and youth services (Byrne and Brooks, 2014), have the potential to be protective, for example by raising a young person's self-esteem, and developing their opportunities to engage in rewarding employment and positive social networks.

Neglect concurrent with CSE

Neglect experienced during adolescence may increase the risk of concurrent CSE in distinctive ways and these are considered briefly in this section. More specifically, this section also examines the ways in which CSE may in turn increase risk for concurrent neglect.

Adolescent neglect may be part of a chronic long-term pattern that began with neglect in earlier childhood. However, some neglect can commence once children reach adolescence – for example if the parents' difficulties escalate over time leading to neglectful parenting, and/ or if support that was mitigating neglect is reduced as the child grows up. Parents may struggle to respond to the increased risk-taking that is characteristic of adolescence as a developmental stage; neglect may follow premature or unsupported reunification following time spent as a looked after child; or neglect may follow adverse life events (Lutman and Farmer, 2013).

Neglect in adolescence can take different forms. As discussed above (see page 12), these may be quite striking in terms of the risk they present. For example, parental unwillingness to house young people is the primary reason for youth homelessness, which in turn is one of the most evidenced vulnerabilities to sexual exploitation (Homeless Link, 2015). Some homeless adolescents may be 'taken care of' by, or introduced to, persons involved in crime and sexual exploitation; associating with those involved in 'prostitution' is found to be a risk factor for CSE (Cobbina and Oselin, 2011; Klatt, Cavner and Egan, 2014; Tyler, 2009).
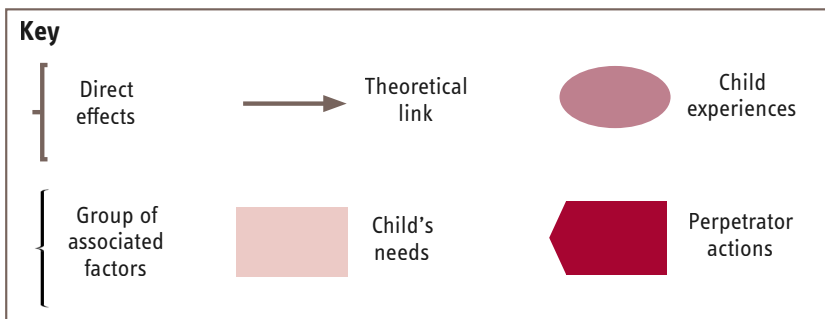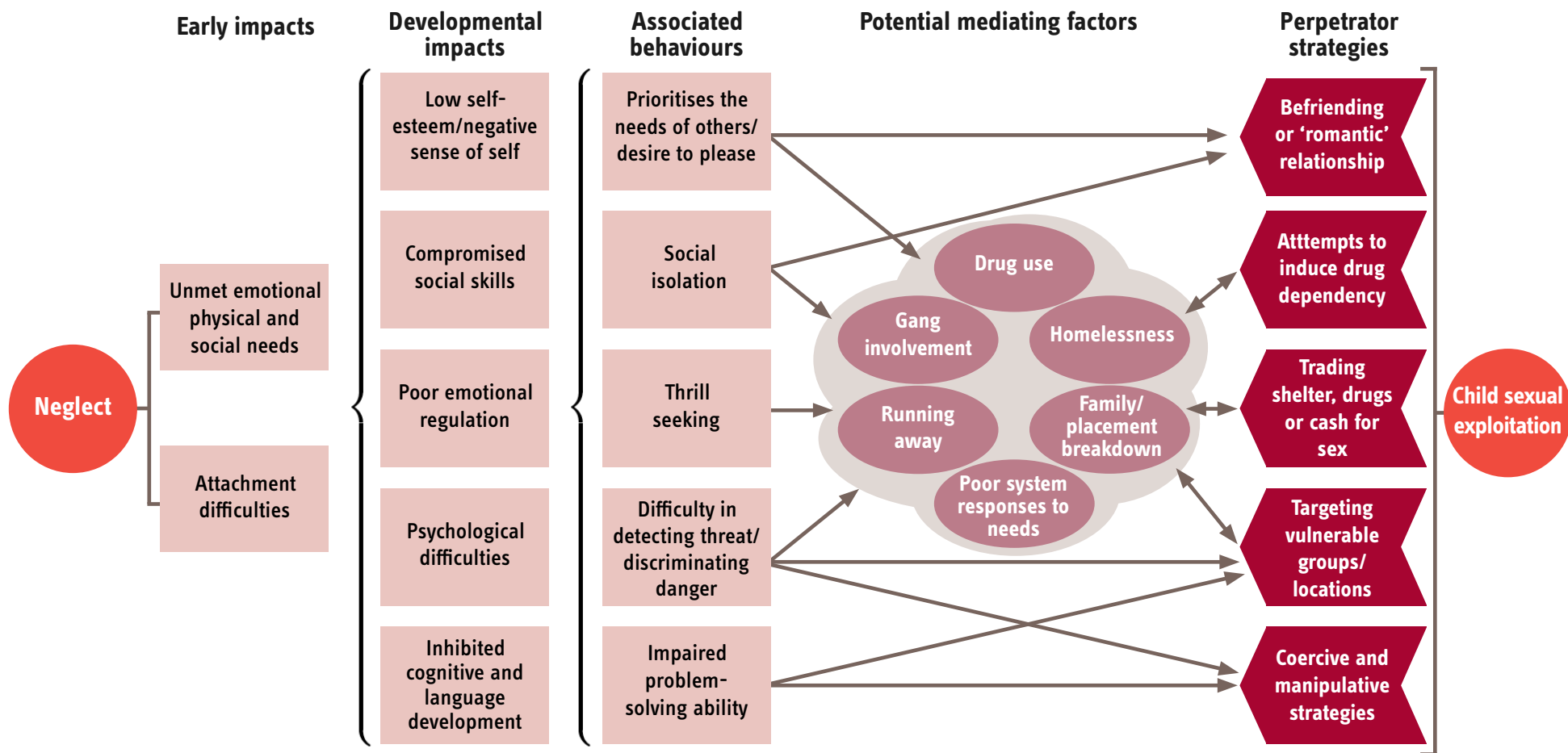
Other manifestations may be less immediately obvious. Risk for CSE is also increased when parents are relatively distant and uninvolved in their children's lives (McNeal and Walker, 2015). Perpetrators may then have more opportunity to spend time with young people, grooming and manipulating them, and young people may be more emotionally responsive to their overtures if they feel that attention and affection is lacking.

It is important to stress that *this potential manifestation does not place the blame for CSE with young people or with their parents*, though of course where parents are neglecting children's basic support and supervisory needs it is important to highlight the responsibility that parents should exercise. As with other risk factors, the degree to which parental under-involvement increases risk of CSE would depend on the presence and behaviours of sexually exploitative people.

It can also be argued that sexual exploitation in turn works to increase the challenges of parenting. Perpetrators will frequently seek to isolate those they exploit from their family and friends – for example, by spreading malicious rumours, manipulating young people's loyalty, and blackmailing and terrorising (PACE and YouGov, 2013). Young people may become emotionally preoccupied with those who are exploiting them, creating distance in their other relationships, and so find it hard to recognise abusive aspects. This can lead to those who love them feeling hopeless and frustrated. Some young people may run away to live with the people exploiting them.
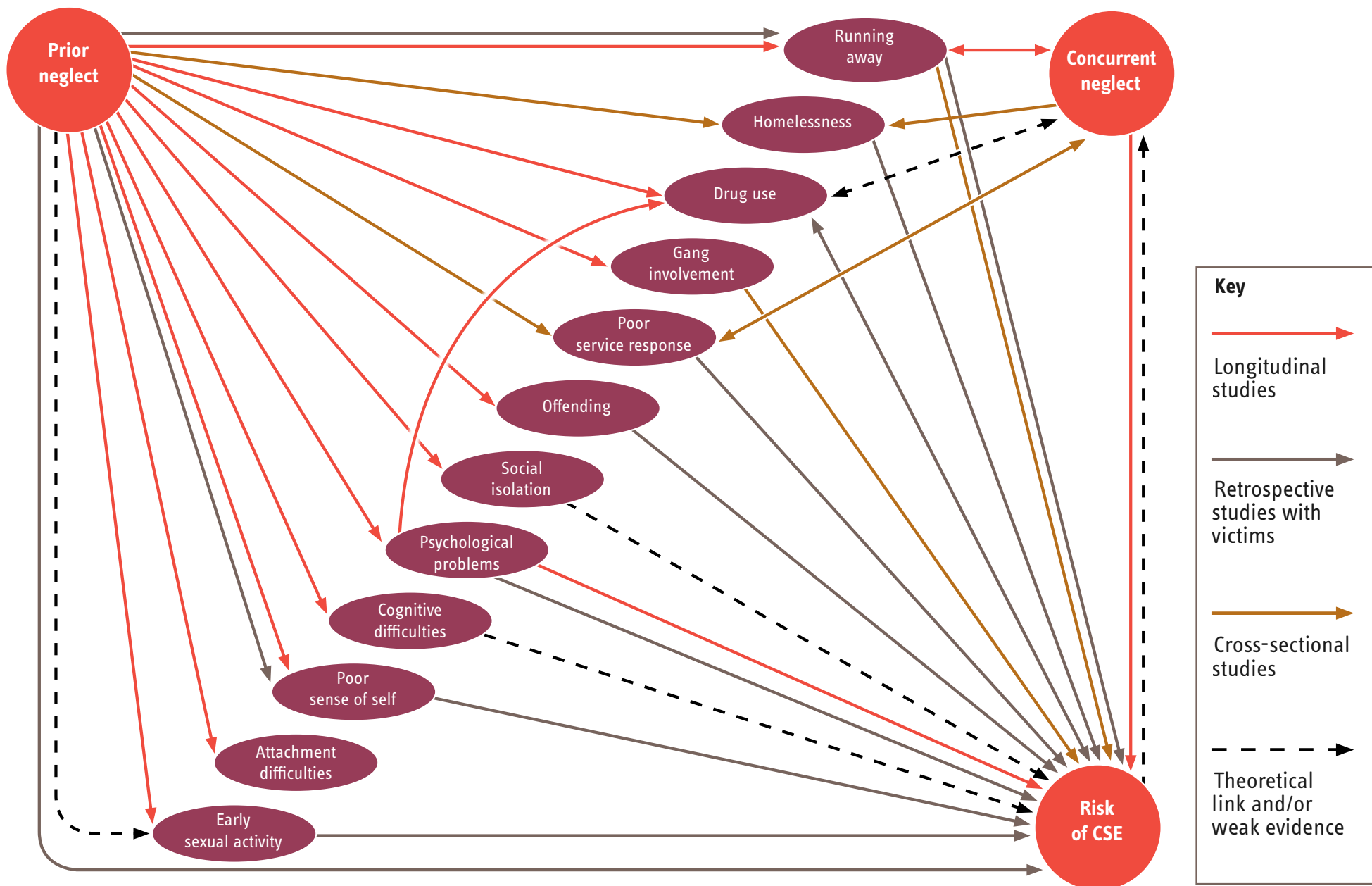
The dynamics of CSE are powerful and complex and demand a level of proactive parenting that some parents may struggle to achieve. This could be for a number of reasons, such as a lack of understanding about what is happening to their child or significant parallel life challenges – including financial hardship, responsibilities towards others (including other children), social isolation or health problems. A young person's victimisation may also be obscured by their perceived 'risk-taking behaviour' or attachment to a perpetrator, and parents may even feel anger towards their child or mistakenly hold them responsible for the CSE, which can in turn lead to inadvertently neglectful responses. There are several examples of positive work with parents which aim to address these challenges, these include PACE's (Parents Against Child Sexual Exploitation) relational safeguarding model (PACE, 2014) and Barnardo's FCASE (Families and Communities Against Sexual Exploitation) project (D'Arcy et al, 2015).

Figure 1: Hypothesised model of how neglect *may* increase vulnerability to CSE

Key

Direct effects — (bracket symbol)

Theoretical link — (arrow symbol)

Child experiences — (ellipse symbol)

Group of associated factors — (bracket symbol)

Child's needs — (light square symbol)

Perpetrator actions — (dark hexagon symbol)

Figure 2: The nature of evidence for impacts of neglect and vulnerability to child sexual exploitation

Key

→ Longitudinal studies

→ Retrospective studies with victims

→ Cross-sectional studies

--→ Theoretical link and/or weak evidence

Summary of key points

> There are a range of factors that might act as mediators in the relationship between neglect and CSE. In other words, the evidence points to a number of potential responses to (or impacts of) neglect, which may increase vulnerability to CSE.

> These include running away or being ejected from the family home (although for some young people, running away may also be thought of as an indicator for potential resilience) and misuse of drugs. There is strong evidence for a link between childhood neglect and later drug use, and for a link between adolescent drug use and sexual exploitation.

> Neglect increases the likelihood of early sexual activity, which in turn is linked to subsequent sexual exploitation. What is less clear from current evidence is the extent to which 'early' or 'risky' sexual activity was *consensual* – or was in reality abuse or exploitation; either way, early sexual activity (whether abusive or not) is found to be linked to later sexual exploitation.

> More hypothetically, neglect may heighten the risk for CSE via its impact on isolation and peer rejection. Neglected children tend to be less popular, have fewer friends, experience more loneliness and are more avoidant in peer interactions. This social isolation may leave young people more vulnerable to sexual exploitation.

> Neglect is strongly linked with poorer cognitive and language functioning. There is evidence that neglect on its own may even compromise development of cognitive skills to a greater extent than neglect experienced alongside other forms of abuse. It is plausible (though not empirically established) that young people with lower cognitive abilities may be less able to detect or protect themselves against grooming and entrapment strategies.

> Children and young people who have experienced childhood neglect are at greater risk for a range of psychological difficulties, including dissociation, post-traumatic stress disorder, depression and anxiety, which may make them more vulnerable to exploitation.

> Childhood neglect can contribute to the development of negative representations of self and others, and render young people less able to disengage from abusive people. Young people who have been deprived of love, approval or a sense of belonging or identity may be drawn into trying to meet those needs through exploitative relationships.

> Many young people in care have experienced neglect and young people in care are disproportionately affected by CSE. Evidence suggests that poorly managed systems responses to young people's needs – such as multiple placement moves, lack of involvement in decision-making, a succession of different workers and a focus on 'problems' at the expense of seeing the whole person – may in some cases exacerbate young people's vulnerability to CSE.

> Being taken into care does not *create* vulnerability to CSE, but this evidence does highlight the need for support that is genuinely relationship-based, participatory, responsive and person-centred. Limited resources can make it hard for practitioners and teams to offer such support, but there are many examples of good practice. And there are many testimonies from young people describing how such approaches helped keep them safe and to move forward.

> Neglect does not always begin in childhood. Neglect sometimes emerges only when a young person reaches adolescence. A young person's experience of CSE may itself increase the risk of concurrent neglect – for some young people.

Section 5: A resilience-focused approach: what factors can help children and young people who have been neglected avoid CSE (and other adversities)?

What is resilience?

Resilience is the process by which individuals, or families or communities, achieve positive adaptation or development in spite of exposure to risks or adversities (Fergus and Zimmerman, 2005). This section specifically explores the ways in which resilience against CSE (and other adversities) might be developed within and around neglected children and young people. Some key principles and understandings about resilience provide a helpful framework to this discussion (see also Newman, 2014):

> Resilience develops through a process of interaction between a child or young person's 'assets' (for example, their willingness to try new things) and the 'resources' around them (for example, educational opportunities, supportive people).

> Resilience does not reside within a child or young person as a character trait but across children and young people and all the environments and systems with which they interact. External resources are vital, and resilience is not a substitute for help.

> Resilience can emerge from an accumulation of (sometimes small) positive things interacting. Virtuous spirals develop, in which one positive leads to others; for example, a supportive teacher helps a child/young person develop greater self-belief, which in turn encourages them to make the most of extra-curricular opportunities, which further builds their self-esteem and self-efficacy.

> Virtuous spirals can help people avoid the adverse trajectories that often follow childhood maltreatment. Such trajectories can involve their own *negative* spirals (Nurius et al, 2015), so it follows that efforts to 'grow' resilience should start as early as possible.

> What may be most effective at building resilience often varies depending on the child's developmental stage and social situation; transition points may hold particular potential (Newman, 2014).

> Negative behavioural and psychological consequences of abuse and neglect (eg, aggression, self-harm, dissociation and post-traumatic stress) may be most accurately thought of as attempts to adapt to adversity. When they are given the support and opportunity to adapt instead to safe and affirming social worlds, children and young people can and do develop a positive self-concept, emotion regulation skills and wellbeing.

> Some degree of exposure to difficulty and risk helps children develop the skills to cope with adversities further down the line (see, for example, Tremblay et al, 2015). Resilience may develop when young people have some carefully measured opportunities to exercise their agency in potentially risky situations – as befits a young person's developmental stage and individual needs.

> Resilience may be best thought of in relative terms; it will look different following neglect of differing severity and chronicity.

Exploring resilience is inseparable from exploring the negative trajectories that can follow maltreatment. For example, if self-denigration following neglect can increase a young person's vulnerability to sexual exploitation, then we might reasonably work to the belief that helping a neglected child/young person develop a positive sense of self can increase the chance they will avoid CSE. At the same time, the study of resilience should not be reduced to the study of negative impact, as it draws attention to essential but otherwise neglected areas: individual and systemic strengths, protective factors, positive spirals and processes of growth.

Addressing neglect and associated adversities

There is some debate around whether reducing a child's experience of neglect is a part of promoting their resilience (Newman, 2014), or whether it is instead a necessary precondition or parallel process. Either way, addressing neglect as soon as possible is an essential first goal: both as an end in itself, and also to increase the chances that the child will avoid longer-term harms. As noted in Section 2, cumulative neglect, especially when experienced across developmental periods, leads to significantly worse outcomes.

Best practice in tackling neglect involves three interlocking processes:

> identifying patterns of neglect early

> identifying and tackling the 'root causes' of a particular family's difficulties and behaviours, and identifying their strengths and motivations

> engaging them effectively in a process of change.

Early identification is improved when there are informal routes for people who work with children to receive help and advice from safeguarding services and also when: there are accessible, non-stigmatising ways for families to seek and receive help; practitioners and services prioritise the child's experience; and practitioners use nuanced and sensitive assessment tools that aid professional judgment (Daniel et al, 2014; Brandon et al, 2014). This need to minimise stigma, elicit family engagement and balance sensitivity to parents' needs with child-centred decision-making can be very challenging for practitioners.

The most effective support and intervention is likely to be based on a constantly evolving and *individual* understanding of a particular family's patterns of neglect – for example, what are the contributory factors for this family (in their circumstances, history, relationships, etc)? What are their strengths? What are the protective factors?

Depending on the answer to these questions, support and intervention might variously include:

> support with budgeting and debt management, as well as other forms of practical help in the home

> support and/or treatment for parents experiencing poor mental health or substance misuse problems

> support in addressing issues such as domestic abuse, poor or unstable housing, disabilities or social isolation

> interventions designed to promote positive parenting or parent-child psychotherapy (Daniel et al, 2011; Pelton, 2015; Toth et al, 2015).

What is vital in all kinds of support to families is that professionals (and volunteers, where they are providing support) are able to work empathically with parents while maintaining focus on the child. Some forms of support combine various elements, such as voluntary sector keyworking or intensive health visiting; both of these help families access support from others, retain a clear focus on the interests of the child and involve ongoing assessment in collaboration with social care (Long et al, 2014; McIntosh et al, 2009).

If assessment reveals that neglect is unlikely to cease (or unlikely to cease within a timeframe that allows the child to develop healthily) children may need to be cared for by people other than their birth families. The next section explores the factors that promote resilience both in these circumstances and when children remain or reunite with their families.

Developing resilience through communities, opportunities, relationships, and focused interventions

Some communities are more able than others at helping to protect children from the impact of neglect and associated adversities. Communities can be an important mediating factor – for example, Kotch et al (2014) found that community social cohesion and trust reduced the degree to which parental depression led to aggression and alcohol use in adolescents who had been neglected.

Hypothesising in this vein, it may be that if neglected children have a sense that people in their community trust and depend upon one another, then they may develop more positive models or representations of the world; this in turn can encourage better relationships and lessen the likelihood of sexual exploitation and other forms of relational abuse.

A socially cohesive community may also make young people more confident in seeking help if they are targeted for exploitation, and provide them with more avenues for seeking help. Moreover, a second form of social capital – informal social control (ie, the degree to which a community intervenes to interrupt anti-social behaviour) – may make communities less conducive to exploitation.

Kaestle (2012) found that the more strongly a young person feels connected to and happy within their school community, the less likely they are to be sexually exploited. (This relationship was not accounted for by other demographic or risk factors.) When young people are embedded within a supportive school community, they are likely to develop a sense of belonging, stability and belief in themselves; they may also gain a better education and more subsequent employment options. For many young people, these 'assets' and 'resources' may help protect them against CSE; for others who have become caught up in CSE, they may help them break free of it sooner (Dodsworth, 2014; Reid, 2012; 2014; Tyler, 2009).

High-quality relationships are typically a central feature of resilient trajectories following childhood maltreatment. When a young person experiences patience, love, consistency, positive role-modelling and belief from another over time, this can go a long way towards developing the 'assets' that research shows to be protective: self-confidence, a sense of security, positive aspiration, adaptive beliefs about oneself and others, and social and emotional regulation skills.

Peer relationships are important, as are those with adults – whether the adult is a parent or relative, foster carer, mentor, social worker, teacher, therapist or someone else (Thompson, Greeson and Brunsink, 2016; DuBois et al, 2011). The relationships that make a difference to young people are those in which they experience being cared for over the long term, by someone who empathises with them and persistently works in their best interests (Ahrens et al, 2011, 2013); one or more of these should involve

authoritative (as opposed to authoritarian or permissive) parenting (Chan and Koo, 2011; Fuentes et al, 2015; Oberlander et al, 2011). These relationships are likely to be most achievable, and to have most impact, when they combine with other sources of stability and predictability, such as a stable long-term home and school (The Care Inquiry, 2013; Newton, Litrownik and Landsverk, 2000; Coy, 2009).

All of this means that, particularly for young people who have experienced fragmented or negative relationships in childhood, there should be:

... a determination to view relationships – their extent, their quality and their likelihood of lasting – as the cornerstone of planning and practice.
(The Care Inquiry, 2013: p9)

Finally, there are a number of interventions that foster resilience by specifically targeting the behavioural and psychological difficulties that can emerge following neglect and which render young people more vulnerable to sexual exploitation and other forms of revictimisation and ongoing adversity). (Problems such as post-traumatic stress, dissociation, shame, aggression, social isolation, limited relationship skills and sexual denigration do, of course, all demand attention in their own right, beyond the risk they confer for CSE.)

Therapies (with children and/or their families) such as cognitive behavioural therapy (CBT), trauma-focused CBT, attachment-based psychotherapy, EMDR (Eye Movement Desensitisation and Reprocessing), art and drama therapies, and systemic and narrative therapies, all hold promise in reducing these problems (see for example Deblinger and Runyon, 2005; Howe, 2006; Malchiodi, 2014; Smith, 2012; Taussig et al, 2013). However, what is best suited to a young person will depend on a variety of factors, such as their strengths, difficulties, developmental stage, personality and life circumstances.

Summary of key points

> Resilience is not an inherent character trait. Rather resilience develops through an interactive process between a child or young person's 'assets' (such as a willingness to try new things) and the 'resources' around them (for example, educational opportunities, supportive adults and peers). These external resources are vital to building resilience.

> When a young person experiences patience, love, consistency, positive role-modelling and belief from another over time, this can go a long way towards developing the 'assets' that research shows to be protective: self-confidence, a sense of security, positive aspiration, adaptive beliefs about oneself and others, and social and emotional regulation skills.

> Best practice in tackling neglect involves identifying patterns of neglect early, identifying the root causes of a family's difficulties and also the family's strengths, and meaningfully engaging the family in a process of change.

> Some communities are better than others at protecting children from the impact of neglect and other adversities. A strong and socially cohesive community, including schools and neighbourhoods, can act as a vital mediator in negating or reducing the impact of childhood adversity. A resilient community is also less conducive to the development of exploitation.

> A range of interventions can foster resilience by targeting the behavioural and psychological difficulties that can follow neglect (and may render young people more vulnerable to sexual exploitation). These include: cognitive behavioural therapy with children and/or families (CBT), trauma-focused CBT, attachment-based psychotherapy, EMDR (Eye Movement Desensitisation and Reprocessing), art and drama therapies, and systemic and narrative therapies. What is best suited to a young person will depend on their individual strengths, difficulties, developmental stage, personality and life circumstances.

Section 6: Reflections and implications for practice and research

Conclusions and reflections

While this scope does *not* give reason to presume neglect in the childhoods of the majority of young people affected by CSE, it *does* urge us to think about the vulnerabilities young people who have experienced neglect may face, and how these may increase risk for CSE. It stimulates thought around: a) how we might address the impact of neglect early on so that it does not create vulnerability to CSE and indeed other adversities in later childhood and beyond; and b) how, when a young person who has experienced neglect does go on to experience CSE, we might better help them address their underlying vulnerabilities and needs.

As discussed, attention to vulnerabilities to CSE in children and young people is justified on the basis that practitioners and services often have more opportunity to address these factors; other contributors, such as perpetrator behaviour (where responsibility clearly lies) and wider systemic factors, such as cultural values and poverty, are harder for practitioners to influence. At the same time, focusing on vulnerability does carry risks, which this scope has sought to avoid. These include contributing to mother- or family-blaming for CSE and for neglect, downplaying or ignoring the influence of communities and neighbourhoods, providing ineffective interventions (for example, where treatments aim to tackle vulnerabilities that are assumed but not present), and diverting attention from perpetrator behaviour.

In summary, the research explored in this scope indicates many avenues and opportunities to tackle the impact of neglect and the occurrence of CSE *provided nuance and critical reflection is applied along the way*. This will help to avoid the risks that might otherwise contribute to the problems we are hoping to tackle.

Implications relating to Scope 1

1. All young people identified as being at risk of or experiencing CSE must be offered support that aims to understand and address any vulnerabilities or unmet needs. Focusing exclusively on CSE without addressing these needs may be at best ineffective and at worst harmful.

2. In order for parents and carers to be able to support their child, families of children at risk of or experiencing CSE should be offered support that helps them process and address the impact of CSE on themselves, their child and their family relationships.

3. Focusing on CSE above other forms of sexual harm can create false delineations and be unhelpful. Local leaders should ensure that CSE policy and strategy does not inadvertently obscure other forms of sexual harm and is connected to wider efforts to safeguard children and young people.

4. For children, young people and families affected by neglect or CSE, the provision of accessible support around housing, education and employment, mental health, domestic abuse and substance misuse would go a long way towards tackling both forms of maltreatment.

Research implications

This scope has highlighted a variety of gaps in the research literature around both neglect and sexual exploitation. It would be of particular value to practice and prevention to understand more fully:

1. The extent of the relationship between neglect and sexual exploitation. This could be explored more comprehensively through a UK longitudinal study following maltreated (including neglected) children's trajectories over time.

2. How the social and psychological impacts of neglect emerge and unfold over time, and how they are affected by community and social factors. This could include a focus on what increases *and reduces* risk of 'revictimisation' including in terms of CSE. Studies utilising various methodologies would be ideal, including those that are longitudinal and qualitative.

3. The social, material and psychological vulnerabilities to various forms of CSE would be useful areas to undertake research around. It would be insightful to explore with CSE-affected young people what factors they perceived played a part, and what helped them move forward.

4. How diversities affect the impact of neglect, risk factors for CSE and the relationship between child maltreatment and subsequent CSE needs further research. For example, few UK studies have specifically explored the experiences and voices of sexually exploited or neglected boys, LGBT, or BME young people, nor what approaches and interventions are most effective for these groups. Additionally, future research could help to elucidate how poverty, and community and neighbourhood factors might contribute to CSE.

5. It would be helpful to understand more about entrapment within CSE, and how perpetrator strategies achieve this. Further qualitative studies with young people affected by CSE would be particularly helpful here.

Practice implications relating to all three scopes

1. Neglect is the most common form of maltreatment reported in the family, and yet arguably remains a neglected issue. Government must prioritise tackling the causes of neglect and ensure that resources reflect its prevalence and impact. Resources must be sufficient for local areas to enable children and families to receive support at an early stage so that harm can be prevented.

2. Serious consideration should be given to adopting a public health approach to addressing neglect; this would involve population-level activity as well as targeted support, drawing more on data of need and focusing on social determinants of neglect.

3. Support for families where neglect has been identified should not focus exclusively on parenting. Local commissioners and service leaders should ensure therapeutic support and interventions are also provided to help children and young people recover from the impacts of neglect.

4. Access to support is all too often predicated on thresholds, which can be a barrier to families receiving the early help neglected children and their families need. Service leaders should consider redesigning service pathways and routes to support, drawing in particular on the expertise of family support and community-based services. In designing pathways, attention should be paid to the potentially inhibiting issue of stigma.

5. The care system must place the wellbeing of looked after children, including recovery from past trauma, at the centre of all processes and decision-making. This will include prioritising permanence (love, security and a sense of belonging) and children's relationships with those close to them. Including young people systematically in future research and practice development would support this aim.

6. Multiple placement moves for children in care should be all but eliminated, given the long-term harm they can cause. When moves are unavoidable, their impact must be mitigated – for example, by keeping the child in the same school and making sure they retain the same key worker (or other permanent figure).

7. Professionals across the multi-agency workforce need support to help them identify and respond to emotional neglect in particular, an often hidden form of maltreatment that can have far-reaching impacts on a child or young person's life. Routine well-being checks exploring the child's perspective on their emotional wellbeing would support this.

8. Efforts must be made to increase the visibility of fathers in practice, policy and research around neglect. Too often mothers are the focus; this can mean the risks and protective factors that fathers bring to a child's life may be missed. Local service leaders can enable this through policy review and practice audits.

9. Local areas should ensure that there is a strategic overview of the collective endeavours of all agencies to address neglect. Plans should be informed by the expertise of all relevant agencies and by children and families themselves.

10. Policy, research and frontline practice do not always recognise and respond to the specific needs of particular groups affected by neglect and sexual harm – including LGBT, BME, or disabled young people. Local service leaders should review whether support available needs to be tailored, drawing on the experience of children and families from these groups.

Exploring the relationship between neglect and child sexual exploitation
Evidence Scope 1

Author: Elly Hanson

Edited by: Steve Flood and Dez Holmes