Not just a girl thing

A large-scale comparison of male and female users of child sexual exploitation services in the UK

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Executive summary

- Child sexual exploitation (CSE) is increasingly recognised in the UK and internationally as a child protection and crime prevention priority. Yet, research and responses have focused heavily on girls and young women, leaving fundamental knowledge gaps around the characteristics and needs of boys and young men affected by CSE.
- The study introduced in this document formed part of a wider collaborative research programme designed to improve understanding of and inform responses to the sexual exploitation of boys and young men in the UK.
- This study was a large-scale comparative analysis of the relationship between service-user gender and CSE. It was designed as a robust, empirical assessment of the characteristics of cases[1] of boys affected by CSE and how these compare to the characteristics of cases of girls affected by CSE.
- Our data came from a national database of children supported by Barnardo's because they had been affected, or were being affected, by CSE. This database is thought to be the largest consolidated source in the UK of individual-level information about children affected by CSE.
- It is important to note that the terms 'affected by CSE' and 'service user' are used deliberately, as these categories are broader than that of 'victims' alone. The terms we use cover all children supported by Barnardo's due to involvement, or risk of involvement, in CSE, as victims and/or as peer-on-peer exploiters. Data limitations prevented us from distinguishing between these groups, although this could be useful in future studies.
- Overall, a third of service users were male – a much higher proportion than that documented in previous national samples in studies of 'localised grooming' (CEOP, 2011) and 'CSE in gangs and groups' (OCCE, 2012).
- Two key limitations to the study should be highlighted. First, it remains unclear whether the findings are representative of the wider population of children affected by CSE (including those unknown to the authorities). Second, we were constrained in our analysis by missing data, pre-existing categories of information and the fact that appropriate baseline data for the general youth population were not always available.
- These limitations notwithstanding, the study represents a valuable, unintrusive and unusual contribution to an underdeveloped area. Our final sample contained detailed information on more than 9,000 individual service users aged eight to 17 years inclusive. The analysis is up-to-date (most cases derived from 2008-13 inclusive) and enjoys a broad geographical reach, with data from 28 services in England, Northern Ireland and Scotland. Wales could not be included as this database is not in use there.
- We analysed a diverse range of variables, including the personal characteristics of service users and the nature of official responses to them. We applied statistical tests to assess the significance of the variations observed. We also compared our findings, where possible, with information about the characteristics of the wider youth population as a form of baseline assessment.
- On the one hand, we found statistically significant differences between male and female service users in terms of the following factors:
  - **Geographical distribution:** while a third of the overall sample were male, the percentage of males varied substantially between individual services (from 5% to 57%) and between regions/nations (from 6% in Northern Ireland to 47% in south-east England).

1. Data held on an individual child are referred to throughout as a case.

  - **Age:** male service users were typically several months younger than females at both referral and the start of work.
  - **Disability:** disability rates were significantly higher among male service users than females. More than a third of the males had a documented disability.
  - **Youth offending:** youth offending rates were high for both genders but male service users were more likely than females to have formal criminal records and known or suspected involvement in weapon-related crime.
  - **Peer involvement in CSE:** male service users were less likely than females to have peers who were also known or thought to be affected by CSE.
  - **Source of referral:** male service users were more likely than females to be referred by criminal justice agencies and less likely to be referred by education or social services.
  - **Reason for referral:** going missing was the single most common referral reason for both genders. It was, however, much more common among the male service users, who were less likely than females to be referred for other reasons such as concerns about a relationship with an older person, or other suspicions of exploitation. Self-referral was rare for both genders, but especially so for the males.

- On the other hand, there were broad commonalities regardless of gender in terms of the following factors:
  - **Ethnicity:** while the specific ethnic composition of service users varied by region/nation and service, overall the majority of both male and female service users were white. This is in line with the general demography of the UK.
  - **Looked-after child status:** a large proportion of both male and female service users were in local authority care – disproportionately so compared with the general youth population.
  - **Experience of violence:** a substantial proportion of both male and female service users had experience of other violence aside from that associated with CSE (e.g. suffering domestic abuse or committing violence towards others).
  - **Reproductive history:** similar proportions of male and female service users had direct or indirect (i.e. via a partner) experience of parenthood, pregnancy, termination and/or miscarriage.

- This study is an important step towards building the evidence base on the sexual exploitation of boys – a group that has long been overlooked. CSE is a complex social issue and more work is evidently needed to disentangle some of the relationships observed – for example, to distinguish between risk factors, indicators and correlates alone. This study's identification of systematic and significant differences between male and female CSE service users indicates that gender is a factor that could usefully be integrated into the design and delivery of research, policy and practice around CSE in the future.

1. Aims and research questions

This report covers the findings from one part of a wider collaborative research programme called 'Sexual exploitation of boys and young men: A UK scoping study'. This exploratory research was funded by the Nuffield Foundation and conducted by UCL (University College London), the National Centre for Social Research (NatCen) and Barnardo's. The programme had three complementary components:

- A rapid evidence assessment of the international knowledge base on sexual abuse (including exploitation) of boys and young men (Brayley et al, 2014)
- A large-scale comparative analysis of male and female child sexual exploitation (CSE) service users (the current report)
- In-depth interviews with UK practitioners about their experiences and perceptions of the sexual exploitation of boys and young men (McNaughton Nicholls et al, 2014).

In conducting the comparative analysis, our particular aims were:

- to assess systematically the commonalities and differences between the characteristics of male and female CSE service users and, in doing so,
- to inform future research, policy and practice.

Given the general lack of prior research on this topic, we designed the research questions to be broad-based and inclusive. The two interlinked research questions were:

1. What are the characteristics of cases of male CSE service users?

2. How do these compare with the characteristics of cases of female CSE service users?

Although gender is a broader construct than a male versus female dichotomy, data limitations meant we were unable to extend the study to incorporate transgender children. The term 'characteristics of [CSE] cases' was deliberately broad and designed to capture various attributes related to individual children, exploitation process and official responses. We deliberately use the term 'service users' rather than 'victims' because the sample featured a diverse set of children supported by Barnardo's due to their involvement in CSE or risk of such involvement. 'Involvement' is a broad term that covers high risk of victimisation, actual victimisation and perpetration processes (e.g. peer-on-peer exploitation). A key limitation of the study data was that it was not possible to establish to which of these categories a given child belonged, nor to assess the proportion of the overall sample who were at risk versus already involved (let alone whether they were involved/at risk of involvement in victimisation and/or perpetration processes). Consequently, the common factor uniting all members of the sample is that all can be described as 'children affected by CSE' – an inclusive term that is used elsewhere in this report.

2. Context

In the UK, the definition of child sexual exploitation (CSE) perhaps most commonly used by professionals is that found in safeguarding guidance (DCSF, 2009; Welsh Assembly, 2010). This is based on that developed by the National Working Group for Sexually Exploited Children and Young People (NWG).[2] The central point to this definition is the notion of exchange, whereby CSE is said to involve:

> ***... exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, 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. (DCSF, 2009, p 9)***

Once routinely dismissed as 'consensual' child prostitution, CSE is now readily understood in the UK as a form of child sexual abuse (CSA) (Barnardo's, 2012; Chase and Statham, 2005). Nonetheless, the tendency to characterise CSE as a distinct subset of CSA remains problematic (Barnardo's, 2011, 2012; Jago and Pearce, 2008; Jago et al, 2011; Paskell, 2013; Pearce, 2009; Stacey, 2009). While the definition was understandably designed to be inclusive, in practice it does not adequately distinguish CSE from other forms of CSA in a transparent, explicit and consistent manner (Brayley and Cockbain, 2014; Cockbain, 2013a).[3] As it stands at present, virtually any form of CSA could – at least in theory – qualify as CSE due to the exchange of intangible commodities such as affection. In practice, CSE appears to be used more narrowly to refer primarily to the extra-familial abuse of teenage victims (Jago et al, 2011, p 4). Meanwhile, different associations exist around CSE in the different nations. For example, in recent years, the term has become closely associated in England with networked offenders. This association is highlighted in the Crown Prosecution Service (CPS)'s statement that 'sexual abuse by coordinated networks... is commonly described as child sexual exploitation' (CPS, 2013, paragraph 13). In Scotland, in contrast, no such association between CSE and networked offenders exists. It remains unclear, therefore, the extent to which UK practitioners interpret and apply the construct CSE in a consistent and agreed fashion. While such definitional discussions may appear to be 'just semantics', a clear appreciation of the phenomenon under investigation is important in contextualising the current study and informing the interpretation of its results.

In the UK, CSE is increasingly recognised as a serious child protection concern deserving co-ordinated multi-agency responses. A rapid growth in media, political and public interest in CSE has occurred over the past three years in particular, following a series of high-profile large-scale investigations in Derbyshire, Telford, Rochdale and Oxford (Cockbain, 2013a). CSE has subsequently been a key focus of national scoping studies (CEOP, 2011; OCCE, 2012), government reports (Home Affairs Select Committee, 2013; Public Petitions Committee, 2014), new policy guidance (CPS, 2013) and national action plans (ACPO, 2012; DfE, 2011; Home Office, 2011). It remains unclear, however, whether such developments have substantially changed the response landscape since Jago et al (2011) found many local safeguarding children boards to be underperforming in their response to CSE. Fundamental knowledge gaps persist around certain aspects of CSE, including the sexual exploitation of boys and young men (CEOP, 2011; DfE, 2011; Public Petitions Committee, 2014).

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2. The NWG Network is a broad national network of CSE services and other interested parties (e.g. researchers).
3. The London School of Hygiene & Tropical Medicine's Gender Violence and Health Centre has recently been commissioned to conduct multi-regional research to improve definitions of CSE.

Boys and young men have long been overlooked in political, practitioner and academic discourse around CSE (Lillywhite and Skidmore, 2006). Recent CSE media coverage too has been highly gendered, often focusing on the emergent stereotype of the white female victim and Asian male offender (Cockbain, 2013a). Researchers have described the majority of existing service provisions as 'targeted towards young women rather than young men' (Lowe and Pearce, 2006, p 289). At the frontline, the NWG Network has voiced concern that current female-centric approaches may be ineffective in tackling CSE that affects males. It has also been suggested that CSE detection and disclosure rates are lower for boys than for girls (Lillywhite and Skidmore, 2006). Reasons put forward for this disparity have included the additional stigma associated with sexual victimisation of males, limited awareness that boys can be sexually exploited too, inadequate service provisions for males affected by CSE and risk assessment tools geared towards girls (Forrest, 2007; Lillywhite and Skidmore, 2006; Palmer, 2001).

As documented in the rapid evidence assessment (REA), research into CSE and CSA in general has focused overwhelmingly or exclusively on female victims (Brayley et al, 2014). Where studies have included male victims, their characteristics have rarely been assessed independently of those of the female majority. This tendency to aggregate the genders may mean that important gender-based differences have been obscured. These limitations aside, the REA highlighted some evidence that suggested sexual abuse, including exploitation, of boys and girls may differ systematically – for example, in terms of the type of abuse suffered, the age of victims and the gender of their abusers.

The 'persistent invisibility of boys and young men' (Lillywhite and Skidmore, 2006, p 352) means that little is currently known about whether boys affected by CSE have the same or different risk factors, indicators, exploitation experiences and support needs as girls affected by CSE. While it has been suggested – for example, in a recent training guide (BLAST Project, 2014) – that the risk factors and warning signs are the same for boys as for girls,[4] this issue has yet to be investigated empirically. Information about CSE's effects on boys has often relied primarily on individual practitioners' perspectives and experiences. While such experiential knowledge is a valuable resource, the evidence base could clearly benefit from systematic, large-scale investigation of patterns across cases and areas.

Within this context, we devised this study as a systematic, robust and empirical exploration of the relationship between CSE in the UK and the gender of the children affected by it. Children involved in CSE are, in research terms, a 'hard-to-access population'. This study is, to the best of our knowledge, the first such comparative analysis of male and female CSE service users in the UK and it capitalises on an unusually large dataset for the field.

4. With the exception of pregnancy and terminations.

3. Method

3.1 Ethics

This study was approved by the National Centre for Social Research (NatCen)'s Research Ethics Committee and UCL (University College London)'s Data Protection Team. Data were handled in accordance with the Data Protection Act 1998 to ensure their secure transfer, analysis and storage. The database itself is already anonymous: service users are assigned unique case identifiers that are used in place of their names. Not only were we using anonymised data, therefore, but our focus throughout was on general patterns rather than individual cases. Additionally, we have removed the names of services in order to protect their confidentiality.

3.2 Stakeholder engagement

The transparency, accountability and quality of research can be strengthened by opening up the process to stakeholder involvement, which can bring a diversity of perspectives and experience (Rees and Oliver, 2012). As well as designing and executing the study in close consultation with our consortium partner at Barnardo's (Carron Fox), we engaged with three key stakeholder groups at specific points in the study. The diverse combination of stakeholders contributed key types of knowledge that are important complements to traditional academic knowledge, namely that accrued by organisations, practitioners, service users and members of the policy community (Pawson et al, 2003). The groups and their contributions are summarised in Table 1. The first and third groups contributed in relation to all three elements of the consortium's research programme and the second on this strand alone.

Table 1: Stakeholder groups

Group	*Membership*	*Point(s) of engagement*	*Key contributions*
Project advisory group	Ten representatives of police services, government agencies and non-governmental organisations (NGOs)	Towards the start and end of the overall study	Strategic input on the aims, design and delivery of the study as a whole (REA, interviews and large-scale analysis); feedback on key findings and their implications for policy and practice.
Focus group of service providers	Eight managers of Barnardo's CSE services	Once initial results had been generated from the large-scale analysis	Information on the process by which the administrative data were generated; advice on possible interpretations of the observed findings; identification of potential limitations of the data; suggestion of methodological amendments.
What Works For Us forum	Sixteen young people (including six males) who had been known or suspected victims of CSE	Once final results from the overall study had been generated	Personal perspectives on the key thematic findings; suggestions on how these might usefully be translated into policy and practice.

Illustrative of the impact of stakeholders' contributions, we adjusted the age criteria for inclusion in the study following the focus group with service providers. Originally, we had no lower limit for inclusion (to avoid imposing on the data assumptions that CSE

primarily affects teenagers). We identified, however, very young children (babies and toddlers) in the dataset. The service managers explained that these would normally have been children of sexually exploited individuals rather than having been directly affected by CSE themselves. Consequently, a lower age limit for inclusion of eight years was agreed and analyses were re-run accordingly.

3.3 Data

Our study data derived from Barnardo's proprietary database of service users. This is a centralised electronic database into which standardised data are entered by all local services to track individual service users (case management function) and enable strategic oversight (analysis function). When a child or young person is referred to Barnardo's for support, his or her case manager inputs information about his or her circumstances into a standardised template, which can then be updated as and when further information emerges.

Tackling CSE is one of Barnardo's core business areas and the organisation operates more CSE services in the UK than any other NGO. While the precise number of services in operation has fluctuated over the years, as of March 2014, Barnardo's had specialist CSE services in 35 locations across England, Northern Ireland, Scotland and Wales. Welsh services could not be included in this study, as a different database is in use there. In addition to these specialist services, we were also given information on children affected by CSE who were supported by other Barnardo's services. In the absence of a centralised national system for tracking CSE (Cockbain, 2013a), the database is thought to be the UK's largest single source of information on children affected by CSE. Our first task was to distinguish CSE service users from individuals supported by Barnardo's for other reasons. This was done by filtering out all cases that were not tagged as 'CSE' – an operation executed by Barnardo's on 1 November 2013 before the database was supplied to UCL for analysis.

3.4 Cleaning and (re-)coding the data

We received 15,130 entries (lines) relating to CSE service users, which we then entered into a research database for cleaning, coding and analysis. The original sample was filtered down to a final study sample of 9,042 unique individuals aged eight to 17 years inclusive at the start of their work with Barnardo's. Full details on the inclusion criteria, their explanation and application are provided in Appendix 2.

It should be noted that Barnardo's has a long history of supporting not only children (defined here in line with international law as individuals under 18 years old) but also young adults. An additional 715 unique CSE service users were identified who were aged 18 to 24 years inclusive when their work with Barnardo's began. We did not conduct further analysis on these cases due to a combination of legal, administrative and analytical considerations. Nonetheless, we recognise a need for more research into the sexual exploitation of young people aged 18 years and over. Such research might also consider, for example, how CSE and sexual exploitation of young adults intersect – for example, whether the same offenders abuse both groups and whether sexual exploitation in childhood increases the risk of sexual victimisation as a young adult.

3.5 Variables

We selected variables for use in the study on the basis of their relevance to our research questions and their perceived reliability. In some cases, we created new variables from the information available so as to generate additional information, to group related categories or to overcome limitations of the existing data. In such a way, we created new variables such as 'waiting time' (based on the number of days from the date of referral to

the date of start of work) and 'experience of violence' (created by collapsing the detailed past and present experience of violence categories into a single binary variable). What was lost in detail was compensated for by a more robust and reliable treatment of the data.

Overall, the numerous variables available for analysis could be broadly classified as relating to service users' individual-level characteristics (e.g. disability), the response process (e.g. reason for referral) and – in one case – the abuse process (peer involvement in exploitation). The information in our dataset derived from two different data collection systems:

1. **Core records:** Standard forms that are filled in for all Barnardo's service users, including but not limited to CSE service users. These were completed wholly or partially for all children in the sample (*n*=9,042).
2. **Extra records:** Additional forms used at individual service workers' discretion and only for cases involving CSE or missing persons support services. These were completed wholly or partially for approximately one-third of the sample (*n*=2,951, 33%).

To determine whether the service users with extra records differed from those with core records only, we compared the two groups. Some substantial differences were found. The proportion of service users for whom extra data were recorded varied both by gender (37% of female service users versus 25% of males) and by ethnicity (e.g. 62% of Asian service users versus 23% of black service users). In addition, differences of similar magnitude were found in relation to the source of the referral to Barnardo's: extra data were recorded in 61% of cases referred from education agencies but only 27% of cases referred from criminal justice agencies. There were smaller differences in other areas. The mean age at referral of service users for whom additional data were recorded was the same (14.5 years) as for those without extra data, but service users with extra data had a mean age at start of work that was 10 months greater than the mean for those without extra data. Due to these differences between the two groups, caution should be exercised in extrapolating the results for the variables from the extra records to the sample as a whole. When the Barnardo's service workers were asked about the difference between cases in the amount of extra data gathered, they suggested that this was often due in part to the amount of information a young person was willing to divulge and/or information that could be gathered from those supporting him or her (e.g. teachers, parents or other carers).

Table 2 documents our final selection of variables, split by category and source.

Table 2: Independent variables included in the analysis

Variable related to...	*Source of variable*	
	Core records	*Extra records*
Individual child	Age at referral Age at start of work with Barnardo's Region/nation Ethnicity Disability Looked-after child status	Experience of violence Youth offending history Involvement in gun and/or knife crime Reproductive history
Exploitation process		Peer involvement in exploitation
Official responses	Service providing support Source of referral Waiting time	Reason for referral

3.6 Analysis

Having established the sample and variables of interest, we ran a series of tests designed to explore within-group patterns (i.e. patterns within the male and female groups) and between-group differences (i.e. convergences and divergences between the male and female groups). The analytical process was iterative in nature and certain unanticipated issues were resolved upon their recognition, such as the reconfiguring of the age boundaries previously discussed. The process can be broadly understood as a form of exploratory data analysis (Tukey, 1977) designed to disentangle patterns in this complex and little-charted field. We used a range of statistical techniques, including bivariate and multivariate analyses. The key constructs used in the analysis are explained briefly in Appendix 3 to assist readers without a background in statistics with the interpretation of results. The critical value for statistical significance[5] was taken as $p<0.001$ because a large number of tests were used.[6] All percentage values are presented to the nearest whole number.

A key limitation of the dataset was the large volume of missing data. Completion rates for the study variables ranged from 36% (n=1,060) to 100% for the core records and 45% (n=1,323) to 100% for the extra records. Consequently, the denominators presented in the results vary substantially from variable to variable. We also ran tests to assess the overall completeness of records for individuals.[7] The results showed that, in general, less information was entered for male service users than for females. For the core records, the median number of missing entries (of a possible 10) was six for males and five for females ($U=7.2\times10^6$, $z=-23.0$, $p<0.001$, $r=0.42$). For the extra records, the median number of missing records (of a possible nine) was five for males and three for females ($U=0.6\times10^6$, $z=-10.2$, $p<0.001$, $r=0.37$). In order to check whether these differences were an artefact of different recording practices in different services or changes over time, we ran a linear regression that tested whether service users' gender, service and start date predicted the completeness of their record(s). Gender was a significant predictor of the number of missing fields ($\beta=0.194$, $p<0.001$) – but service ($\beta=0.006$, $p=0.533$) and start date ($\beta=0.010$, $p=0.329$) were not. The overall model fit was $R^2=0.37$. Barnardo's service managers expressed no surprise that male service users' records were systematically less complete than females'. They explained that, in their experience, males disclosed less information than females about themselves – and their peers and third-party agencies also tended to provide less information about males than females.

Due to the volume of missing data, it was not possible to conduct meaningful logistic regression analyses. Doing so would have been advantageous, as it would have allowed us to control for interactions between variables. In light of this limitation, targeted multivariate analyses were applied where there were theoretical grounds to believe that observed patterns might be dependent on certain relationships between the variables.

5. See Appendix 3 for a full explanation of these terms.
6. This is a standard approach to minimising the risk of false positive results that is used when running multiple tests, akin to a Bonferroni correction.
7. Due to later refinements, these results pertain to a slightly wider set of variables than the rest of the study.

4. Results

In this section, we start by providing some brief information on the sample as a whole, followed by a summary of the ways in which the male and female cases converged and diverged. We then move on to a detailed discussion of the differences and similarities in turn. Due to the wide range of variables covered, we discuss the interpretation of each result in turn when presenting the result. The overarching implications of the study are then brought together in the discussion section (Section 5). Wherever appropriate and possible, results are compared with the closest possible national baseline data and/or prior research literature.

4.1 Introduction to the sample

Overall, a third of the study sample was male (*n*=2,986, 33%). While the earliest case in the sample stemmed from work that began in April 2004, the vast majority of cases (*n*=9,020, >99%) came from the period 2008-13 inclusive. Of the 9,042 cases, Barnardo's was actively working with 682 children (8%) at the point of data extraction, and 55 children (1%) were then on the waiting list for support services. Figure 1 illustrates the number of new cases per year and the percentage of males for the years 2008-13. Although some fluctuation in the percentage of male service users can be seen from year to year, there was no upwards or downwards trend of note. It was not possible from the available data to ascertain the reasons for the fluctuations in the absolute number of cases observed, but we believe that these could be due to factors such as services' capacity and funding and fluctuations in demand for support.

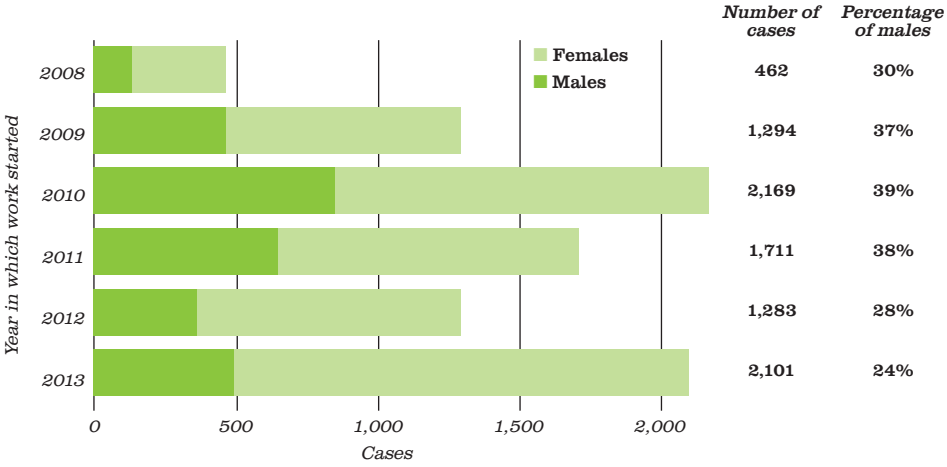


Figure 1: Number of new cases and percentage of male service users by year

4.2 An overview of similarities and differences between male and female cases

Tables 3 and 4 provide an overview of the results of our analyses. Variables for which there were statistically significant differences between the genders are marked in bold.

Table 3: Relationship between gender and CSE: Continuous variables

Variable	*Differences between male and female cases*	*Valid cases (%)*	*U*	*z-score*	*p-value*	*r*
Core data (*n*=9,042)						
Age at referral	**Males were significantly younger than females at referral (means of 13.9 versus 14.6 years)**	88	6.2×10^6	–9.2	<0.001	0.18
Age at start of work	**Males were significantly younger than females when support work began (means of 14.5 versus 15.3 years)**	100	7.3×10^6	–14.7	<0.001	0.27
Waiting time	**Significantly less time elapsed for males than for females between referral and support work (median of 97 versus 168 days)**	88	5.8×10^6	–13.3	<0.001	0.17

Table 4: Relationship between gender and CSE: Categorical variables

Variable	*Way(s) in which male cases differ from female cases*	*Valid cases (%)*	χ^2	*d.f.*[i]	*p-value*	*V*
Core data (*n*=9,042)						
Region/ nation	**The percentage of male service users varied considerably by region/nation. It was lowest in Northern Ireland (6% of cases) and highest in south-east England (47%)**	100	546.7	8	<0.001	0.25
Service	**The percentage of male service users varied considerably by service, ranging from a low of 5% to a high of 57%**	100	827.6	27	<0.001	0.30
Disability	**Males were 2.6 times more likely than females to have a recorded disability (35% versus 13%)**	40	177.1	1	<0.001	0.27
Referral source	**Males were more likely than females to be referred by criminal justice agencies and less likely to be referred by social or education services**	90	516.8	6	<0.001	0.25
Ethnicity	No significant differences	66	12.4	4	n.s.[ii]	0.05
Looked-after status	No significant differences	100	0.02	1	n.s.	<0.01
Additional data (*n*=2,951)						
Youth offending	**Males were 1.7 times more likely than females to have a criminal record (48% versus 28%)**	53	45.6	1	<0.001	0.17
Gun/knife crime	**Males were 2.6 times more likely than females to have known or suspected involvement in gun/ knife crime (10% versus 4%)**	46	15.0	1	<0.001	0.11
Peer involvement in CSE	**Males were less likely than females to have peers also known or suspected to be affected by CSE (31% versus 56%)**	45	47.3	2	<0.001	0.19
Referral reason	**Males were less likely than females to be referred after disclosing exploitation or because of concerns about inappropriate relationship with adult**	95	309.1	4	<0.001	0.33
Experience of violence	No significant differences	36	0.29	1	n.s.	–0.02
Reproductive history	No significant differences	100	0.59	1	n.s.	–0.01

[i] *Degrees of freedom* [ii] *Not significant*

4.3 Differences between male and female cases

In this section, we discuss the observed differences between the male and female service users. We cover: geographical distribution of cases; age of service users; disability; youth offending; peer involvement in CSE; source of referral; and reason for referral.

4.3.1 Geographical distribution of cases

The 9,042 cases were spread across a total of 28 services in England, Northern Ireland and Scotland. As explained above, no Welsh services were included because the Welsh data collection system differs from that used in the other three nations. While a third (*n*=2,986, 33%) of the overall sample was male, the percentage of male service users varied significantly both by individual service and by region/nation. The effect size – or strength of the relationship between the variables – was medium (see Appendix 3 for a full explanation of effect size and its interpretation). Overall, this result indicates that boys may constitute a much larger minority of children affected by CSE in the UK than prior research has suggested. For example, in an English study of CSE involving gangs and other groups, just 11% of the 2,409 suspected victims[8] were male (OCCE, 2012). Similarly, in a UK-wide study of 'localised grooming', 13% of the 2,083 suspected victims were male (CEOP, 2011).

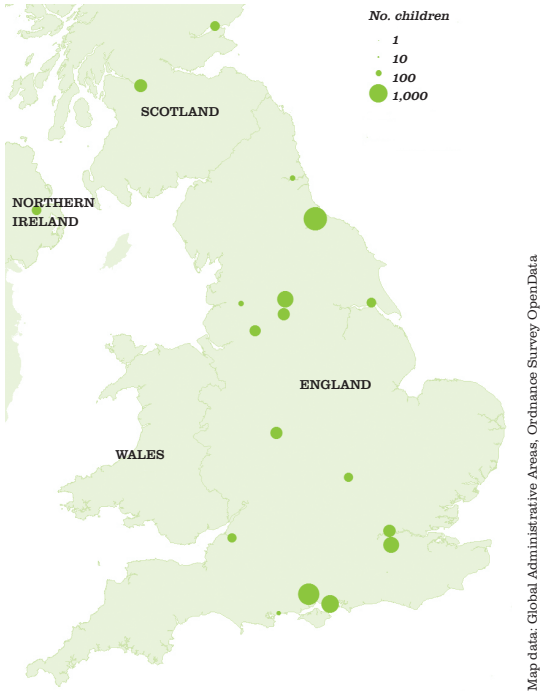


Figure 2: Distribution of services included in the study

Service and region/nation are interdependent in that the characteristics of certain services could skew those observed at regional/national level. Here, we report the findings primarily at regional/national level to strike a balance between transparency and the protection of participating services' anonymity and confidentiality. Only some basic information on projects can be provided by way of context. Figure 2 shows the approximate distribution of the services across England, Northern Ireland and Scotland. The size of the bubbles is relative to the number of cases from the service(s) in a given location. There were between one[9] and 1,571 cases per service with a median of 259. These differences do not reflect variations in actual prevalence of CSE, as they are heavily influenced by factors such as a service's size, capacity, specialisation and period of operation. A more comparable measure was the proportion of victims who were male, which, for statistical reasons, we calculated only for the 15 projects that contributed 100 cases or more. The median percentage of male service users per service was 36% but the range of 5% to 57% reflects the substantial variation between services.

Figure 3 shows the distribution of cases and the gender composition of service users at regional/national level. Results for Northern Ireland and Scotland are presented for the nations as a whole rather than individual regions as there were fewer services here than in England. As was the case with the services, it is more meaningful to compare regions/nations in terms of the percentage of male service users rather than of the absolute number of cases. Regional/national differences in the number of cases should not be read as indicative of prevalence, but rather a reflection of variation in the number and nature of services. Overall, the regions/nations had a median percentage of male service users of 28%. There was, however, considerable variation between regions/nations, ranging from a low of 6% in Northern Ireland to a high of 47% in south-east England.

8. The figures for both OCCE and CEOP cover only those cases where gender was known.
9. This was a service that was not a specialist CSE service.

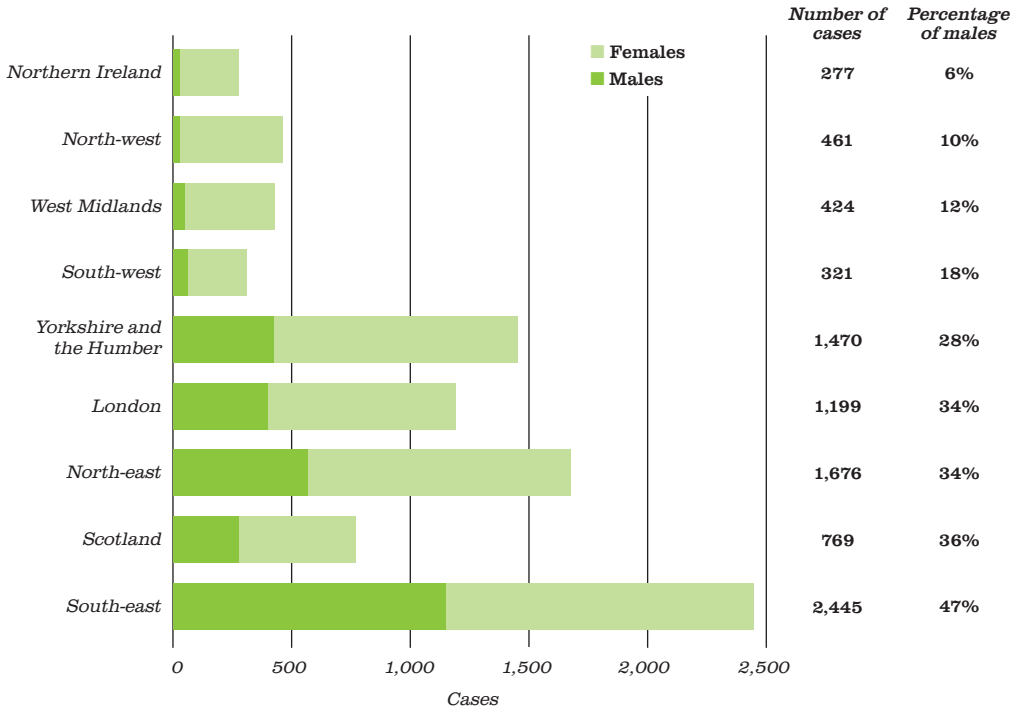


Figure 3: Distribution of cases and gender composition by region/nation

If girls are typically at higher risk of CSE and other forms of child sexual abuse (CSA) – as has often been documented (Brayley et al, 2014) – then we should not expect a 50:50 gender split by region/nation. Nonetheless, it seems unlikely that the percentage of all cases (known and unknown) to feature male victims actually varies as much by region/nation as is suggested by the above results. From the data, we were unable to determine the reasons for the observed variation. We can only propose various explanations, which may be at work individually or in combination. Possible such explanations, including suggestions made by Barnardo's service managers, are local variations in:

- opportunity structures for access to potential victims of each gender (e.g. the presence and nature of a commercial CSE 'scene' or hotspots frequented by missing children)
- the activity of particularly prolific offending groups targeting one gender only
- the nature of Barnardo's services, in terms of the type of work they do (e.g. outreach or not, accepting self-referrals or not) and whether they have specific workers tasked with responding to male victims
- the level and nature of training for professionals around CSE and how it can affect boys[10]
- Barnardo's project workers' own awareness of and ability to deal with boys affected by CSE – and their confidence in raising others' awareness of the issue
- third-party agencies' awareness of, alertness to and responses to boys affected by CSE, which could impact on referral pathways.

Our data did not permit the testing of which – if any – of these processes were at work. Consequently, these interpretations should be understood as theoretically valid but empirically untested propositions. We felt it was important to present such possible interpretations, however, to help the reader appreciate the range of competing explanations that might be at work, and to inform future research. The above explanations cover individual-level risk, environmental factors and structural and organisational differences in responses to CSE. Previous research has documented variation between areas in their responses to CSE (Jago et al, 2011). In contrast, little

10. For example, in the West of Scotland there have been considerable efforts to provide training for professionals that emphasises the risk that CSE also poses to boys and young men.

is known about the geographical distribution of individual-level risk – something that might be assessed through an epidemiological approach – or features of the immediate environment promoting or preventing CSE. In future, it might be helpful to explore such areas further, as well as running evaluations to test whether the uptake of policy and practice measures around male-victim CSE has a substantial and lasting effect on the proportion of male service users then encountered.

4.3.2 Age of service users

Gender had a small effect size on service users' age at referral and waiting time, and a medium effect size on their age at start of work. On average, male service users were nine months younger than females when referred to a service, with means of 13.9 years (standard deviation 2.3) and 14.6 years (standard deviation 1.7) respectively. This age gap then widened to 10 months in terms of mean age when work with a service began: 14.5 years (standard deviation 2.3) for males versus 15.3 years (standard deviation 1.7) for females. Figure 4 shows the overall age distribution of male and female cases. It should be noted that we neither had information about the actual age at onset of abuse nor could we distinguish between children who had been exploited, those who had exploited others and those who were at risk of involvement in exploitation. Moreover, these groups are not necessarily mutually exclusive in themselves.

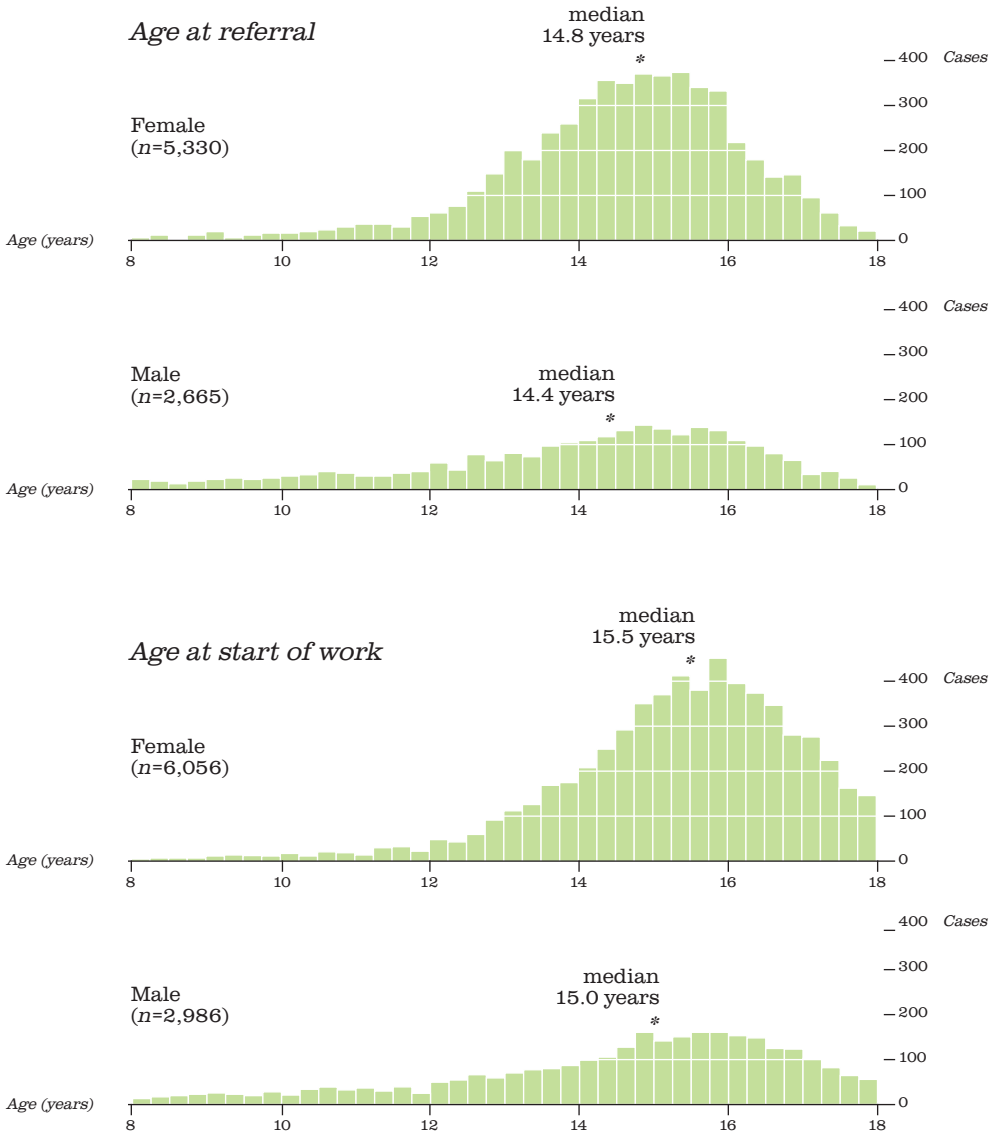


Figure 4: Age distribution of cases at referral and start of work

The increase in age gap between the genders from referral to start of work reflects the fact that waiting times were typically shorter for male service users than for females. The median waiting time for males was 97 days – slightly over half the median for females of 168 days. According to Barnardo's staff, there are various reasons why time may pass between referral and start of work, including difficulties in establishing contact with a child, his or her reluctance to engage with Barnardo's, a waiting list for services, and the fact that a case may be referred and initially judged not to have passed the threshold for intervention but circumstances may then change. Barnardo's CSE managers believed, however, that the shorter waiting times for male service users were a fair reflection of their own experiences: while boys were not referred as often as girls, when they were referred this tended to be in situations of more extreme exploitation. It was suggested that boys are less likely to be involved with specialist services such as Child and Adolescent Mental Health Services (CAMHS), through which the need for support might be recognised earlier. It was also suggested that, where boys were concerned, simply being at risk of CSE was not necessarily enough for professionals to recognise the danger to the child and involve support services. Finally, Barnardo's staff said that peer involvement is seen as a key risk factor for CSE and that boys might fall below thresholds for intervention due to a tendency – in their experience – not to disclose information about their peers (see also Section 4.3.5).

Broadly speaking, there are various ways of interpreting the age differences between the male and female service users:

- Offenders who sexually exploit boys may have more of a preference for younger victims than those who sexually exploit girls (offender motivation).
- There may be greater opportunities for offenders to recruit younger boys than younger girls – for example, due to boys' routine activities that might be linked to reduced oversight of boys at a younger age than girls (opportunity theories).
- Older boys may be less susceptible to offenders' advances than older girls, for example, due to greater physical strength or social stigma around sex with men – as highlighted by Brayley et al (2014), the majority of offenders against both genders are male (victim resistance explanations).
- Agencies may be more alert to 'risky' behaviour among younger boys than among older boys, more often dismissing indicators of CSE for the latter group as teenage troublemaking – if a similar discrepancy were not true for girls, this could explain why the peaks in the age profile are less pronounced for boys than girls.

The first three interpretations relate to differences in actual risk, the last to official responses. The explanations need not be mutually exclusive and it is possible that a complex interplay of causal mechanisms is at work. Whatever the reasons for the age differences, the overall results are broadly similar to those from prior CSE-related studies in the UK. The OCCE (2012) reported a modal age of 15 years for victims/suspected victims of CSE involving gangs and other groups in England. CEOP (2011) reported modal ages of 14 years for when victims/suspected victims of localised grooming came to the attention of the authorities.

4.3.3 Disability

A range of physical, psychological and behavioural disabilities was covered under this heading. We first compared the basic prevalence rates of any recorded disability for the male and female service users. Males were 2.6 times more likely to have a disability than females, with prevalence rates of 35% (*n*=243) and 13% (*n*=393) respectively. Gender had a medium effect size.

It was difficult to establish a precise comparison group for baseline rates due to the lack of definitional consensus around exactly what constitutes a disability (Mooney et al, 2008). A recent large-scale assessment of prevalence in England, for example, focused narrowly on children with a special educational needs (SEN) statement or a disability living allowance (Mooney et al, 2008). The resultant estimates of prevalence of 3% to 5% are therefore not directly comparable to the rates in our study, as Barnardo's used a broader definition that incorporated any known disability (see also Section 4.4.2). While there are limitations in comparing populations from different countries, it is perhaps more informative to look to Sullivan and Knutson's (2000) epidemiological study of the relationship between disability and neglect in the population of school-aged children in one US city. They reported that 8% (*n*=3,262) of the sample had a disability that was verified by a multi-agency team. They found that 31% of the disabled children were known to have been maltreated (including but not limited to sexual abuse), compared with just 9% of the non-disabled children. Disabled children were found to be 3.1 times more likely than non-disabled children to be sexually abused; while girls were said to outnumber boys, no figures were given for males and females separately. Overall, however, it is worth noting that from an original sample that was 51% male, 2.3 times as many disabled boys than girls were identified (2,265 versus 997). A higher rate of disabilities among boys in general might at least partially explain the discrepancy in disability rates in our study sample.

The relationship between disability and risk of CSE (and of other forms of abuse) has previously been highlighted as a major knowledge gap in the UK literature (e.g. NSPCC, 2003; OCCE, 2012). Consequently, it was unsurprising that little directly comparable UK-based research could be identified against which to compare our findings. One exception was a smaller-scale Welsh study in which risk assessment forms were completed for 367 children (55% male) (Clutton and Coles, 2007). Of the sample, 67 children (40% male) were judged to be at 'significant risk' of CSE and 6% of these had a disability.[11] In contrast, in our study, we found that a higher proportion of service users with a disability (17%, *n*=636) of the overall sample for whom information on the presence/absence of disability was available. This was despite the fact that only 19% (*n*=702) of the valid cases on this variable were males. Consequently, it can be argued that the findings from our study may indicate a substantially stronger relationship between disability and risk of CSE than previously documented in the UK. There is a clear need, therefore, for further research into the relationship between disability and CSE and any such research would do well to take victims' gender into account.

11. While the exact definition of disability was not made explicit, the fact that Barnardo's conducted the study indicates that the definition may be similarly broad to that used in our study data.

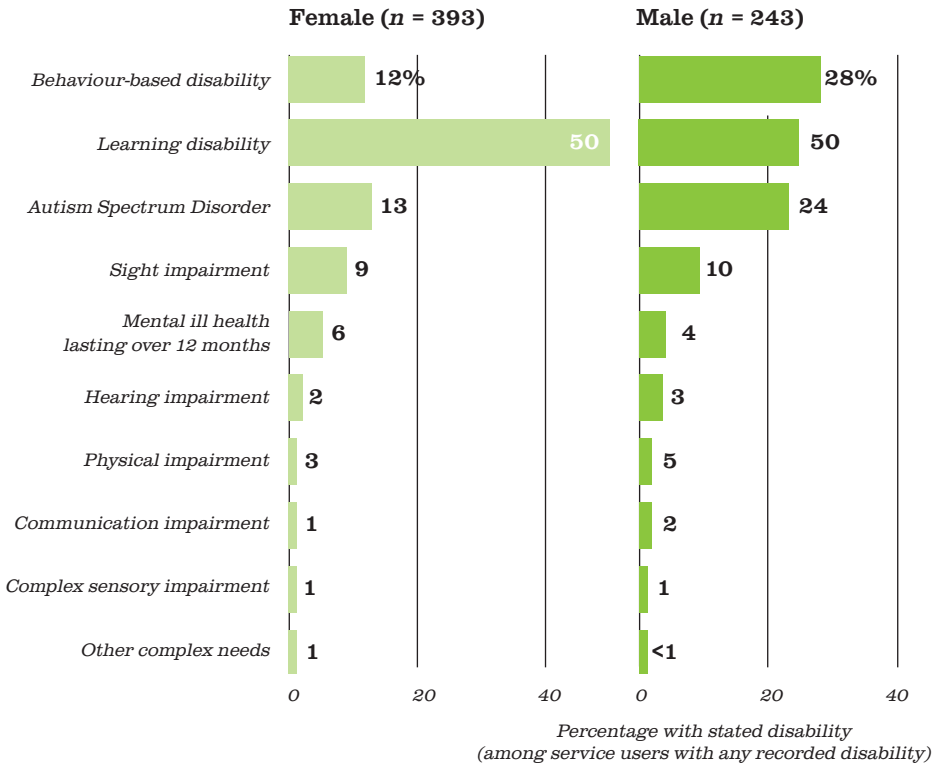


Figure 5: Nature of recorded disabilities (among the subset of children with a disability only)

The second aspect of disability that we explored was the nature of the disabilities recorded. As only one disability could be selected, the information gathered may reflect either that seen as the primary issue or simply the first applicable item on the drop-down list. As such, the findings should be treated with some caution. Just as the overall disability rate varied by gender, so too did the precise nature of the disabilities documented. Figure 5 shows the breakdown of different disabilities for the subset of the sample with recorded disabilities only. The three most common disabilities were the same for both genders: learning disabilities; behaviour-based difficulties; and autism spectrum disorder (ASD). In general, however, more than half the female service users had a learning disability, whereas the picture was more fragmented for the males, with these three key disabilities near equally common.

These variations may be explained – at least in part – by gender-based differences in prevalence rates for specific disorders. For example, ASD is more common among males than females (Baron-Cohen and Hammer, 1997). Focused work on the relationship between disabilities and CSE might usefully factor such considerations into study design, including definitions and control groups. The resource limitations of the current study precluded further detailed exploration of this issue. Even so, it is worth noting that the overall prevalence of ASD[12] of 8% of the male service user group and 2% of the female service user group suggests that gender alone did not adequately explain the patterns observed – studies in England have estimated rates in the general youth population of between 1% and 2% (e.g. Baird et al, 2006; Baron-Cohen et al, 2009).

12. Calculated using all cases for which disability information was available (including those with no disability).

A final area we were able to explore was specific to mental health disorders – a category to which ASD, behaviour-based disabilities and mental ill health would all conventionally belong. As a rough comparator, it has previously been estimated that of all 11 to 16-year-olds in Great Britain, 12% of boys and 10% of girls have a (diagnosed) mental health disorder (Green et al, 2005). In our study sample, however, 19% (n=135) of the male service users and 4% (n=121) of the females had a mental health disorder. As our sample was not necessarily restricted to diagnosed disorders, the rates might reasonably be higher. Yet, this cannot explain why rates were higher for the males only. For the male service users, we decided to test the hypothesis that the high rates were simply a reflection of the fact that a large number of the children were 'looked-after children' (see Section 4.4.2). This hypothesis was based on previous research showing that prevalence rates for mental health disorders are higher among looked-after children than in the general youth population (McCann et al, 1996; Richardson and Joughin, 2010). The hypothesis was not supported: only 25% (n=34) of the male service users with mental health disorders were in care and no significant relationship was found between being looked after and having a mental health disorder ($\chi^2(1)=4.46$, p=n.s, V=0.039).

As with many of the other variables, it was not possible to establish whether disability was a cause, effect[13] or correlate of CSE. The notion that children are deliberately targeted because of their disability relies on the premise that their disabilities are externally visible, which would not appear to necessarily be the case from the current data, although information in this area was limited. Other possible explanations for the high prevalence of disabilities – particularly among the boys – include the suggestion that disabled children may be more responsive to offenders' advances or that they are more likely to engage in other risk-taking behaviours that put them in contact with offenders. Another Barnardo's service manager stated that, in her experience, young people with disabilities (ASD in particular) often acted as unintentional conduits for CSE. By involving their friends in such a manner, these young people might be more likely to come to the attention of the authorities. Finally, an additional explanation specific to the males was put forward by Barnardo's service managers: that disabled boys may be subject to better safeguarding than non-disabled boys and, as such, any likely CSE might be more readily detected and reported. They argued that agencies are generally better at recognising CSE in girls and consequently the same reasoning need not apply to girls and disability. For now, it is evident that much more work is needed to unpick the relationship between disability and risk of CSE.

4.3.4 Youth offending

We were able to assess youth offending rates using two complementary and interlinked measures related to criminal activity: the existence of a formal criminal record; and known/suspected involvement in gun and knife crime (which may or may not have resulted in a record).

As measured by the prevalence of criminal records, youth offending rates were high for both genders but particularly so for the male service user group. Gender had a small effect size, but males were 1.7 times more likely than females to have criminal records, at 48% (n=153) and 28% (n=350) respectively. These results are similar to those from a previous study of the links between CSE and youth offending in one English city that found 55% of male and 35% of female CSE service users to have criminal records (Cockbain and Brayley, 2012). The fact that males were more likely to have criminal records probably reflects the fact that youth offending rates, like adult offending rates, are much higher among males than females (YJB, 2009). Looking at this in another way, it would seem that possession of a youth offending record was disproportionately important for female service users compared with males – as one would expect that, in broader community

13. Some, but not all, of the disabilities were issues that may have emerged as a result of the trauma incurred.

samples, boys would be more than 1.7 times more likely than girls to have offending records. Indeed, Cockbain and Brayley (2012) found that the female CSE service users in their sample accounted for 8% of the female youth offending population in the area, whereas the males accounted for just 1% of the male youth offending population.

No baseline data were available for the percentage of boys and/or girls in the UK with a youth offending record. The same issue was encountered by Cockbain and Brayley (2012, p 3), who suggested that '[a]lthough not directly comparable, it is perhaps worth noting that only 25 percent of those between 10 and 25 years of age in England and Wales admitted to committing an offence(s) the previous year in a 2009 anonymous self-report survey (YJB, 2010)'. Given that only half of crimes against the property or person are reported and only 3% lead to a conviction or caution (Home Office, 1995), it would be reasonable to expect the proportion of juveniles with actual offending records to be lower than those who self-report offences. From this perspective, the rates in our study indicate that CSE and youth offending may be closely related. The fact that almost five in 10 male service users and almost three in 10 females had criminal records suggests that there is a need for further investigation of the relationship between CSE and youth offending. As with many other factors, it was not possible to investigate questions of causality from the study data. The apparently high prevalence of youth offending among both male and female service users may reflect:

- children committing offences as a consequence of CSE
- children coming into contact with offenders as a consequence of youth offending, and/or
- children committing offences and being vulnerable to CSE as a result of shared environmental, psychological or social factors.

The other, more detailed, aspect of youth offending that we explored was service users' involvement in gun and/or knife crime. Although the absolute numbers were small (due to missing data), the prevalence was fairly high, particularly among the male service user group. Gender had a small effect size but, overall, male service users were 2.6 times as likely as females to be known or suspected to be involved in gun/knife crime, with prevalences of 10% (n=23) and 4% (n=41) respectively. While these figures should be treated tentatively, due to the small sample size, the finding that nearly one in 10 male service users was thought to be involved in such serious criminality gives obvious cause for concern. As with disparities in criminal records, the variation by gender may be explained in terms of gender-based differences in involvement with weapons among the general youth population (Silvestri et al, 2009). There was also, unsurprisingly, a significant relationship between involvement in gun/knife crime and possession of a youth offending record ($\chi^2(1)=124.2$, $p<0.001$). Of those involved in gun/knife crime,[14] 78% (n=47) also had criminal records, and these children represented 12% of all those with a youth offending record.

4.3.5 Peer involvement in CSE

As shown in Table 5, a substantially lower percentage of male service users than females (31% versus 56%) had peers who were known or suspected by professionals involved in the case to be affected by CSE as well. While the difference was significant, the effect size of gender was small. It should be noted that this category should not be confused with peer-on-peer abuse, for which there was no variable in the dataset.

14. Information on criminal records was available for 60 of the 64 children known to be involved in gun/knife crime.

Table 5: Peer involvement in CSE

Peer involvement in CSE	*% of female service users (n=1,088)*	*% of male service users (n=235)*
Known involvement	20	11
Suspected involvement	36	20

The results suggest that boys may be more likely than girls to be affected by CSE independently of their peers. This could be explained, for example, by the additional stigma associated with male-on-male sex, or if certain types of CSE were more common for boys than girls (Brayley et al, 2014; McNaughton Nicholls et al, 2014). While CSE cases involving large groups of victims (and offenders) have attracted much attention in recent years, these have typically featured female victims (Cockbain, 2013a). The role of peer involvement as a facilitating factor for CSE has only recently begun to be explored, primarily in research into internal sex trafficking of British minors (Brayley et al, 2011; Cockbain, 2013b; Cockbain et al, 2011) and gang-related sexual violence (Firmin, 2013). Such studies have focused on cases involving female victims and relatively little is known, therefore, about the role of peer group structures in the sexual exploitation of boys. As such, it is especially difficult to draw any firm conclusions from the patterns observed in the current study. An alternative explanation for the patterns observed was put forward by Barnardo's service managers: that male service users were, in their experience, less likely than female service users to discuss either their own exploitation or that of their friends.[15] Consequently, the gender-based difference might be an artefact of the amount of information available, although this is contingent on the assumption that boys are friends with boys and girls with girls. Whatever the case, a better understanding of the processes of peer interaction among males affected by CSE would be useful in informing effective preventative, disruptive and enforcement-led interventions.

4.3.6 Source of referral

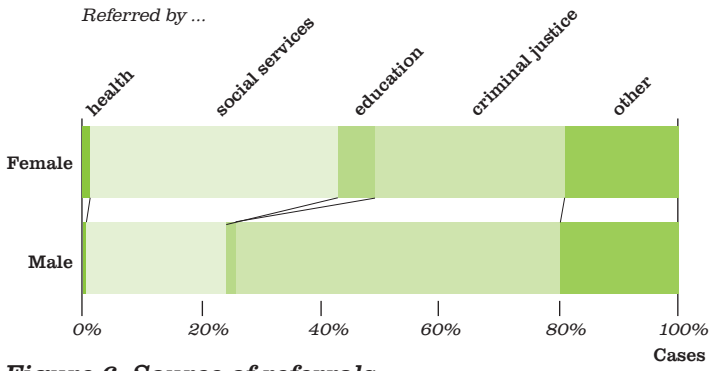


Figure 6: Source of referrals

Children were referred to Barnardo's services by five broad sets of agencies.[16] As shown in Figure 6, referral routes differed between the male and female service user groups. Gender had a medium effect size on referral agency. Particular differences were that male service users were more likely than females to be referred by criminal justice agencies and less likely to be referred by social and education services. Very few referrals came via healthcare agencies for either gender (2% of females and <1% of males).

15. In contrast, a Barnardo's service manager described substantial experience with female CSE service users sharing information with project workers about their male friends affected by CSE.

16. The category 'other' includes other youth services and voluntary organisations.

The observed discrepancies may reflect variations in different agencies' levels of contact with the genders and/or different levels of awareness and understanding of, and alertness to, the sexual exploitation of boys and that of girls. Overall, the results emphasise the range of agencies that can be involved in detecting and responding to CSE. The low proportion of referrals from both education and health services may indicate areas where work to improve collaboration with third-sector CSE support services and/or deliver training on identifying and responding to CSE might be useful strategies to consider.

We then ran a series of further tests to interrogate hypotheses around the relationship between referral source and other variables. The full results are shown in Table 6. Just one hypothesis was supported (marked in bold): looked-after children (regardless of gender) are significantly more likely than non-looked-after children to be referred by social services. Having a criminal record, however, did not make a child more likely to be referred by criminal justice agencies. Consequently, the higher percentage of criminal justice referrals among the boys than the girls is not simply a reflection of the fact that a greater percentage of the boys had youth offending records.

Table 6: Hypotheses around the relationship between referral pathways and other factors

Hypothesis	*Result*	*Valid cases (%)*	χ^2	*d.f.*[i]	*p-value*	*V*
Children with a criminal record were more likely than those without one to be referred by criminal justice agencies	Not supported: 52% of children with youth offending records were referred by social services	16	1.8	1	n.s.[ii]	–0.04
Looked-after children were more likely than non-looked-after children to be referred by social services	**Supported: 52% of looked-after children were referred by social services**	**90**	**226.2**	**1**	**<0.001**	**0.17**
Children who were parents, pregnant and/or had had a termination or miscarriage (or whose partner was in one of these categories) were more likely to be referred by health services than those who were not in one these groups	Not supported: children in this group were most often referred by criminal justice agencies (in 37% of cases) or social services (28% of cases)	90	0.8	1	n.s.	0.01

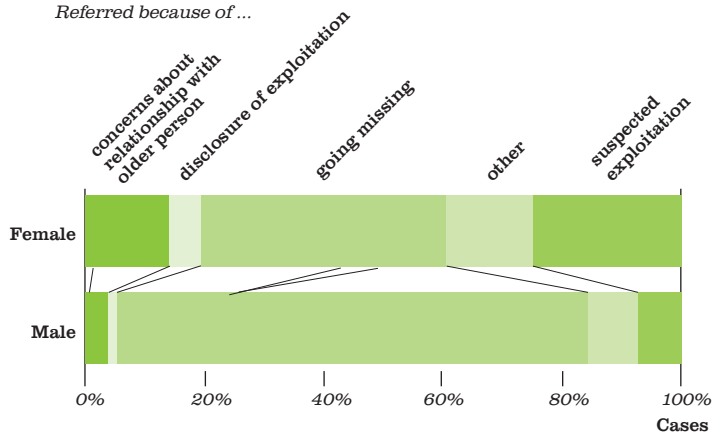
[i] *Degrees of freedom* [ii] *Not significant*

4.3.7 Reason for referral

Service users were, broadly speaking, referred on the basis of five different possible reasons. Gender had a significant and medium-sized effect on the reasons. As can be seen from Figure 7, 80% of male service users were referred due to going missing. This was also the most common reason for female service users to be referred but, in accounting for 42% of cases, was around half as likely as for males. Females were frequently referred for other reasons that were far less common among the male group – in particular, concerns about a relationship with an older male/female or general suspicions of exploitation. Self-disclosed abuse was rare

for both genders but particularly so for male service users. It is unclear at this point whether the differences by gender reflect actual variation in the risk factors/indicators of CSE for boys and girls or discrepancies in professionals' perceptions of boys' and girls' behaviour. Several recent publications, including the interview-based strand to our broader research project, have cited cases where professionals have been said to have overlooked certain risky behaviours in boys that, it was argued, would have been more readily identified as CSE-related in girls (BLAST Project, 2014; McNaughton Nicholls et al, 2014; Smeaton, 2013).

Figure 7: Reason for referral



In addition to the differences between the male and female service user groups, the results also raise two points that are important in informing policy and practice around CSE, regardless of the gender of the children affected. First, direct disclosure of exploitation was very rare and, as such, it is critical that professionals take an active role in detecting and responding to suspected CSE (see also Jago and Pearce, 2008; Jago et al, 2011). Pursuing CSE effectively through the criminal justice system may also, therefore, require a change in mindset – an issue raised by investigators and prosecutors involved in major recent operations (Cockbain, 2013b). Second, going missing is clearly a very common correlate with CSE and may therefore be a priority issue. With at least four in 10 female CSE service users and eight in 10 male service users going missing, it is crucial that the relationship between the two phenomena be better understood. Whether it is a risk factor, an indicator or a combination thereof cannot be ascertained from the current data. In recent years, there have been increased attempts to explore the relationship between CSE and going missing, which has been stressed as important in numerous publications (e.g. Beckett, 2011; Jago et al, 2011; Missing People, 2012; Scott and Skidmore, 2006; Smeaton, 2013).

4.4 Similarities between male and female cases

In this section, we discuss the four factors for which there were no significant differences between male and female service users' cases: ethnicity; looked-after status; experience of violence; and parenthood. It should be noted that for some of these variables, the small base sizes (number of valid cases) mean that it is not possible to rule out the possibility that we were unable to detect existing differences between the male and female service user groups.

4.4.1 Ethnicity

There is, of course, considerable demographic variation between and within the three nations covered by this study. Such variation appears to have been reflected in the different ethnic compositions of individual services' users. For those services with 100 or more cases, the percentage of black and minority ethnic (BME) service users ranged from a low of 1% to a high of 56%. Such inter-service variation may be a function of differences in local demographics and/or localised challenges in engaging with BME children affected by CSE. Further untangling local variations in ethnicity was beyond the remit of the current study. Overall, the ethnic composition[17] of the male and female service user groups was very similar, as shown in Table 7. Of the overall sample, 81% were white, which is broadly in line with the 82% white majority among the comparable youth population[18] in England, Northern Ireland and Scotland combined at the last census (Nisra, 2013; Nomis, 2013; NRS, 2013).

We do not dispute the fact that there are particular challenges associated with identification of and engagement with CSE-affected children from BME communities (e.g. Gohir, 2013; Ward and Patel, 2006). Nonetheless, the ethnic composition of our study sample undermines the perception that the sexual exploitation of BME children has been overlooked at a national level, compared with that of white children (Home Affairs Select Committee, 2013; OCCE, 2012; Smeaton, 2013). This finding, it must be stressed, is not intended to belittle the reported challenges of engaging with BME communities, nor to say there are not areas in which agencies have as yet failed to do so adequately.

Table 7: Service users' ethnicity

Ethnicity	*% of female service users (n=4,370)*	*% of male service users (n=1,582)*
White	80	83
Black	7	6
Asian	6	5
Mixed race	5	3
Other (which includes Chinese)	2	3

4.4.2 Looked-after child status

A substantial but similar proportion of male and female service users were 'looked-after children':[19] 18% (*n*=547) of males and 18% (*n*=1,103) of females. As an approximate point of comparison, in 2011, only 0.6% of under-18-year-olds in England were looked after (59 per 10,000) (House of Commons, 2012). The difference between this baseline of 0.6% and the figure of 18% for the overall CSE sample indicates that children with experience of local authority care are over-represented among those affected by CSE. Children are most commonly 'looked after' due to abuse or neglect (63% of English cases in 2013), followed by family dysfunction (15%) and acute family stress (9%) (DfE, 2013). Consequently, the fact that one in five CSE service users was looked after raises concerns about their particular vulnerabilities as a group.

17. Ethnicity is reported by service workers rather than coming from service users' self-identification.
18. Figures taken for the groups 8 to 17 years inclusive for England and Northern Ireland and 10 to 17 years inclusive for Scotland, as the reporting conventions differ.
19. Includes, for example, foster placements, secure units, children's homes and living at home with parents under a care order.

The over-representation of looked-after children in our study corresponds with similar findings from previous CSE-related research (e.g. CEOP, 2011; OCCE, 2012). In England, for example, the inquiry into CSE within gangs or other groups found that 15% of the 732 suspected CSE victims were in local authority care (OCCE, 2012). Looking at the issue from a different angle, a recent Scottish scoping study concluded that 'a prevalence of CSE of at least approaching 25% (one in four) would seem likely for children in the care population' (Lerpiniere et al, 2013, p 75). Neither our study nor previous studies have been able to ascertain on a statistical basis whether children affected by CSE typically enter the care system prior to, during or post-involvement in such exploitation.

Consequently, it remains unclear whether being in care is generally a cause, consequence or correlate of CSE. There are various possible explanations for the over-representation of looked-after children, including the suggestions that:

- offenders may deliberately target looked-after children (OCCE, 2012)
- looked-after children may be more accessible due to their routine activities, or may be more susceptible to offenders' advances due to prior traumas
- sexually exploited children may enter care due to behavioural difficulties associated with CSE (Cockbain et al, 2011; OCCE, 2012)
- looked-after children may be more likely than non-looked-after children to be reported missing due to statutory regulations on reporting
- looked-after children may be more visible to the authorities in general and, as such, any suspected exploitation may be more likely to elicit an official response.

Further targeted and nuanced investigation of the relationship between being looked after and CSE is important, as these competing explanations would inform quite different preventative and protective strategies.

4.4.3 Experience of violence

Many of the service users were recorded as experiencing, or having previously experienced, other violence in addition to that connected with CSE: 54% (*n*=95) of males and 57% (*n*=500) of females. 'Violence' was a broad category, covering domestic abuse, other sexual abuse, stranger violence, violent peers and violence towards others. The latter is slightly problematic, expanding as it does the category to include perpetration as well as victimisation. As explained in Section 3.5, it was not possible to estimate the relative frequency of the different forms of violence, due to the way in which the data were entered. Given the breadth of issues covered, no appropriate comparison figures could be found.

As with so many of the variables, there are competing possible explanations for the high prevalence of violence, including that:

- prior violence may leave children particularly vulnerable to involvement in CSE – for example through the normalisation of violence or the impact on self-esteem
- involvement in CSE may increase the likelihood that children will suffer and/or perpetrate other forms of violence
- involvement in CSE and other forms of violence (including but by no means limited to sexual violence) may be the product of a common set of both environmental and social risk factors.

It is worth highlighting, however, that other studies have documented high prevalence rates for prior violence among study populations of commercial CSE victims in California (Basson et al, 2012), internally sex-trafficked British children in the north of England and the Midlands (Cockbain, 2013b) and internationally sex-trafficked women and girls in seven European locations (Zimmerman et al, 2006). There is also research evidence to suggest that victims of CSA are up to four times more likely to experience additional sexual offences as adults (Finkelhor, 1990). Whatever the direction of effect – and the relationship may well not be linear and consistent – such clustering of trauma could have serious implications for the welfare of children affected by CSE. Studies have indicated, for example, that multiple traumas have a multiplicative effect rather than an additive one: the harm is greater than the sum of the individual components (Green et al, 2000).

4.4.4 Reproductive history

Reproductive history was calculated in binary (yes/no) terms on the basis of whether a service user had been recorded as having a child, being pregnant, having miscarried, having had a termination or none of the above.[20] As the same options were also used for male service users, we could only assume that, for them, pregnancy, miscarriage and termination referred to the experiences of their (female) sexual partner. We were not able to tell from the records whether or not the children had become pregnant by a peer or an adult.

Similar proportions of male service users (6%, *n*=45) and female service users (7%, *n*=149) were recorded as having some reproductive history. This commonality was surprising, as one might expect the figures to naturally be lower for the male group, as boys would not automatically be aware if a sexual partner became pregnant, terminated or miscarried.

Given the broad range of conditions covered, it was not possible to find comparable baseline figures. Nonetheless, with around 6% to 7% of the children having experience of reproduction, the results indicate that further research into the relationship between CSE, reproduction and sexual health might be useful. Greater information on factors such as levels of condom use and sexually transmitted diseases might help to inform the effective involvement of healthcare agencies in multi-agency responses to CSE.

20. As the form only allowed one option to be checked, we had to combine the variables as it was unclear how children who had experienced two or more forms of reproduction would have been treated.

5. Discussion

The aim of this study was to investigate empirically the relationship between child sexual exploitation (CSE) characteristics and gender. The study provides unprecedented insights into the commonalities and divergences between cases of males and females affected by CSE who have been (or are being) supported by Barnardo's in the UK. Unlike the majority of prior research into CSE in the UK and internationally, we were able to compare systematically male and female CSE cases across a range of variables and on a large scale. This enabled us to assess the observed patterns using statistical tests that provide confidence in the results.

Taken as a whole, our results indicate that the relationship between the characteristics of CSE cases and service users' gender is complex and nuanced. To recap, there were no significant differences between the genders in terms of: ethnicity; looked-after child status; experience of violence; or reproductive history. Male service users' cases were significantly different from females' in other key ways – in particular, males were: several months younger on average; more likely to have criminal records and to be involved in knife and/or gun crime; more likely to have a recorded disability; less likely to have peers also believed to be affected by CSE; more likely to be found in certain services and regions than in others; more likely to be referred by criminal justice organisations; and more likely to be referred because of going missing and less likely to be referred because of other suspicions of exploitation, or direct disclosure. These characteristics are, of course, not necessarily true of every male and every female service user. Clear variation could be seen, however, at group level between male and female service users in terms of their characteristics, exploitation and responses to them. Additionally, the very fact that one in three service users in the overall sample was male emphasises the importance of better integrating males affected by CSE into research, policy and practice.

Many of our findings correspond with previous research that has underlined, for example, links between CSE and other forms of violence, youth offending and/or going missing (e.g. Beckett, 2011; CEOP, 2011; Clutton and Coles, 2007; Cockbain and Brayley, 2012; Jago et al, 2011; OCCE, 2012; Pearce et al, 2003; Scott and Skidmore, 2006). Other elements to the study do not appear to have attracted much research attention to date in the UK, such as disability rates, referral pathways and reproductive history. These are all areas that could contribute to informing responses to CSE and identifying areas for improvement.

Our study has both strengths and limitations, which we shall briefly highlight. On the one hand, the study represents an important step towards better understanding the sexual exploitation of boys in the UK. It is, to the best of our knowledge, the first study that has been able to compare male and female children affected by CSE on an individual level, in order to explore the relationship between gender and a wide range of other factors. The sample of more than 9,000 service users also makes it the largest study of CSE in the UK, and much larger than most quantitative studies of child sexual abuse in general (Brayley et al, 2014). Our study focused on CSE as a broad category, rather than on particular subsets, making the approach inclusive. The quantitative approach is unusual for the field but much overdue, as it helps to move towards identifying general and generalisable trends. Additional strengths of the study include: the coverage of three nations (England, Northern Ireland and Scotland); the up-to-date nature of the cases (primarily 2008-13 inclusive) and the wide range of variables covered (including both individual traits and agency responses). From an ethical point of view, a key strength of the study design was that it was non-intrusive in nature, enabling access to information about a large number of cases without engaging directly with vulnerable populations. Overall, the large-scale comparative analysis works well, we believe, as a complement

to the interview-based element of the research (McNaughton Nicholls et al, 2014) and the rapid evidence assessment (Brayley et al, 2014). The combination of qualitative and quantitative techniques permits a nuanced and multi-faceted account of the landscape that benefits from both breadth and depth of analysis.

There are also certain limitations that should be considered when interpreting, applying and building upon our study. While there were positive aspects to relying on a pre-existing dataset, the downside was that the Barnardo's database is primarily designed for administrative rather than research purposes. Certain factors that would have been of considerable interest to the researchers were not covered at all (e.g. perpetrators' gender, their relationship to the children, and ways of stratifying the broad category of CSE, such as online versus offline abuse). Furthermore, it was not possible to distinguish the way(s) in which the children involved had been affected by CSE – for example, whether they had been sexually exploited, involved in the exploitation of other children and/or deemed at risk of either or both of these factors. Other elements of the database were designed in a way that was not particularly conducive to analysis. The high volume of missing data limited the analytical scope, precluding more sophisticated multivariate regression techniques that would control for relationships between variables. Perhaps the most important limitation, however, is that while the study tells us about the characteristics of Barnardo's CSE service users, it remains unclear whether the findings are representative of CSE service users in general, let alone CSE victims (i.e. a group including those who never access services). On the one hand, the dataset derives from what is thought to be the largest database of CSE service users in the UK. On the other hand, the cases are clustered geographically and come from one organisation only. The question of whether identified cases such as these may differ systematically from non-identified cases is an issue common to much research of this nature. These limitations notwithstanding, the study represents a considerable step towards a better understanding of the phenomenon of male-victim CSE.

In discussing the interpretation of the individual results, a consistent theme emerged: namely, the difficulties in disentangling processes of causality and correlation. In particular, it was not possible to distinguish whether factors such as being looked after, involved in youth offending or going missing are better understood as risk factors, indicators or correlates of CSE. The distinction between these three constructs is far from academic: a better understanding of the processes by which children come to be exploited and the impacts of this exploitation can inform appropriate and effective interventions aimed at harm-reduction and safeguarding. This understanding could be achieved through targeted studies using carefully collected, temporally ordered data that would allow processes of causality to be assessed more closely. It is worth noting, however, that even targeted, in-depth research may not identify linear, predictable and consistent relationships between CSE and other characteristics or behaviours. CSE is a complex issue and it is entirely possible that certain factors may function as causes of some CSE cases, consequences of others and correlates of others still (Beckett, 2011; Cockbain, 2013b; Jago et al, 2011).

Nonetheless, if 'indicators' are to be used to inform estimates of prevalence – as has been the case (OCCE, 2012) – it is critical that more is known about their explanatory power, sensitivity and precision. To give a hypothetical example, if 90% of children affected by CSE suffered from low self-esteem, this would be of little use in targeting interventions if low self-esteem was highly prevalent among the general youth population and thus children affected by CSE accounted for but a small fraction of all children with low self-esteem. To move from this hypothetical example to a real one, it is helpful to consider youth offending. In a previous study, 55% of male and 35% of female CSE service users were found to have youth offending records, yet they accounted for just 1% and 8% of the

Derby male and female youth offending populations respectively (Cockbain and Brayley, 2012). Thus, while youth offending was more common among males, it was arguably a more useful marker of vulnerability to and/or experience of CSE among females. These distinctions illustrate the importance of gathering data not just on CSE service users but also on the wider youth population.

Another challenge we encountered was in finding appropriate and equivalent baseline data against which to compare the findings. A complex set of processes may be at play in affecting children's risk of and resilience to CSE and it would, therefore, be helpful to run population-based studies that compare children affected by CSE (and/or subsets of this group such as CSE victims) with the wider non-affected child population. This would help to overcome the challenges in terms of the potential confounding effects of interrelated variables such as being looked after, having a disability and going missing. Comparing such groups could enable empirically substantiated risk factors to be identified, which could in turn support the deployment of targeted interventions for particularly vulnerable groups and the development of automated systems designed to alert agencies to cases where risk of CSE is high. In so doing, it would be useful to draw upon techniques used in the public health field, such as predictive risk mapping. As a minimum, however, it would be useful for CSE support services that collect data to make their definitions explicit and transparent and bring them in line with readily available baseline data.

6. Conclusion

In this study, data were analysed from more than 9,000 cases of children aged eight to 17 years inclusive who were supported by Barnardo's services because they had been, were being, or were deemed at high risk of being, affected by child sexual exploitation (CSE). These data were employed to support a systematic exploration of the relationship between gender and CSE characteristics in the UK, which has little precedent in the research literature to date. The results showed both significant differences between male and female service users' cases and some crosscutting commonalities. Taken as a whole, the findings highlight the complexity of CSE as a phenomenon and its overlap with many other serious social concerns such as youth offending, disabilities, going missing and other child protection concerns. Certain features were particularly pronounced for the male service users in the sample, indicating that gender should be taken into consideration in the design and delivery of research, policy and practice. The results are by no means conclusive and more work is needed to disentangle this complex issue and inform targeted, evidence-based interventions. Nonetheless, the study represents an important first step towards a better understanding of the sexual exploitation of boys and young men, a group too long overlooked in the CSE debate.

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Appendix 1: Information on the authors and their consortium partners

The study presented in this report was designed, conducted and authored by the following team at UCL (University College London), with the support of and data provision from Barnardo's.

Dr Ella Cockbain is an ESRC 'Future Research Leaders' Fellow at UCL's Department of Security and Crime Science. Her work focuses on serious and organised crime and its prevention.

Dr Helen Brayley is a chartered psychologist and Honorary Research Associate at UCL's Department of Security and Crime Science.

Matthew Ashby is a doctoral student at the UCL Security Science Doctoral Research Training Centre, specialising in quantitative crime analysis methods. He is a former police officer and police intelligence researcher.

Any questions or comments about this report can be directed to Ella at e.cockbain@ucl.ac.uk.

This particular study was one strand in a wider collaborative research programme on the sexual exploitation of boys and young men in the UK. Information on the other consortium members from UCL, Barnardo's and the National Centre for Social Research (NatCen) who were involved in the programme is provided below.

Carron Fox is a research and policy officer at Barnardo's, focusing on child sexual exploitation. Before working at Barnardo's, Carron worked for the International Labour Organization and ECPAT UK, specialising in research on child trafficking and exploitation.

Cassandra Harrison is an assistant director in the Barnardo's Strategy Unit, leading its work on CSE. She has previously held policy roles in a number of different organisations.

Dr Carol McNaughton Nicholls is the Co-Head of Crime and Justice Research at NatCen. She specialises in researching interpersonal violence and abuse.

Shannon Harvey was a senior researcher in Crime and Justice Research at NatCen when this research programme was conducted. She is now Head of Research at Shelter.

Dr Caroline Paskell is a research director in Crime and Justice Research at the National Centre for Social Research (NatCen). Between 2009 and 2013, she was Barnardo's Strategic Lead for child sexual exploitation.

Kate Gibson is a researcher and doctoral student in the Department of Security and Crime Science at UCL. Kate's research interests include violent crime, organised crime and literature review and evaluation methodology.

Natalie Jago is a researcher in Crime and Justice at NatCen, focusing primarily on child protection and sexual violence.

Appendix 2: Inclusion criteria and data filtration process

Table 8: Inclusion criteria

Order	*Inclusion criterion*	*Rationale*	*Entries excluded*
1	Entry was a real case	To exclude fictional entries created by Barnardo's to test the database.	1,792
2	First or only entry per individual	To set the unit of analysis at the level of individual service user, thereby avoiding skewed results caused by double-counting individuals. The choice of the first entry ensured consistency.	2,171
3	No obvious mistakes in data entry	To remove cases with dates that indicated human error on entry (e.g. date of referral postdating data extraction).	190
4	Age at start of work with Barnardo's known	To allow age to be used as a further filter.	586
5	Under 18 years at the start of work (i.e. up to and including 17 years and 364 days)	To ensure a focus on children and exclude sexually exploited adults who had also been tagged as 'CSE' cases.	960
6	Eight years or older at start of work	To remove cases believed to be the children of exploited adults rather than those directly affected by CSE themselves.	351
7	Gender known	To permit meaningful comparison of male and female groups.	38

Appendix 3: A glossary of key statistical terms used in this study

Table 9: A glossary of key statistical terms used in this study

Construct	*Explanation*
***p*-value**	The *p*-value associated with a statistical test is the probability that the test would have produced that result if the null hypothesis for the test had been true (i.e. if the hypothesised relationship between the variables were not the case).
Statistical significance	A relationship or statistic is said to be statistically significant if the associated *p*-value is less than a certain threshold, sometimes known as alpha (α) or the 'critical' *p*-value. The critical *p*-value must be set before the test and is conventionally set at 0.05, 0.01 or 0.001 – indicating probabilities of 5%, 1% and 0.1% respectively. Statistically significant values are normally seen as sufficiently robust to inform inference and decision-making.
Effect size	The strength of the relationship between variables. Effect size indicates the percentage of observed variation in the data accounted for by the relationship between variables. For example, an effect size of 0.44 means that 44% of the variation can be attributed to the relationship between the variables. In very approximate terms, values of up to 0.2 are classed as showing a small effect, 0.3-0.4 as a medium effect and those above 0.5 as a large effect.
Categorical variable	A variable (e.g. gender) for which the possible options are distinct categories.
Continuous variable	A numerical variable (e.g. age) that runs on a spectrum, rather than having distinct units.
Bivariate	Analysis that compares exactly two variables to one another.
Multivariate	Analysis that studies the relationships between more than two variables at the same time.
Chi-squared test of independence	A bivariate statistical test used to assess the relationship between two categorical variables. It is used to determine whether the frequency of cases in each category of one variable varies depending on the value of the other variable. For example, this test could be used to determine whether the number of people answering 'yes' to a question, rather than 'no', varied depending upon whether the respondent was male or female. The null hypothesis is that the value of one variable is independent of the value of the other variable. The test produces a χ^2 statistic and an associated *p*-value indicating whether the null hypothesis should be rejected. The χ^2 statistic does not describe the strength of the dependence between variables (the 'effect size'), but this can be determined by calculating the Cramér's *V* statistic (Cramér, 1946).
Mann-Whitney *U* test	A bivariate statistical test for comparing two continuous variables (e.g. age) to determine whether two samples have been drawn from the same population (the null hypothesis) or different populations (the alternative). It is non-parametric, and so can be used regardless of the distribution of each sample. If the two samples are found to be from the same population, it can be said that there is no discernable difference between the two samples. Effect size can be determined by calculating the absolute value of *r* (Rosenthal, 1991), which is interpreted in the same way as *V*.

Construct	*Explanation*
Linear regression	Multivariate regression analysis uses one of several mathematical models of typical relationships between variables to estimate how one variable (called the dependent or response variable) changes as several other variables (called the independent or predictor variables) change. The results can be used to estimate the change in the dependent variable that is associated with changes in any one independent variable, if all the other independent variables are held constant (this is sometimes described as 'controlling' for those other variables). The overall statistical significance of a regression model (i.e. whether or not changes in the independent variables taken together have any association with changes in the dependent variable) is shown by the *F* statistic and associated *p*-value. The statistical significance of each independent variable (i.e. whether or not changes in that variable while all the others are held constant is associated with changes in the dependent variable) is shown by the β (beta) co-efficients and their associated *p*-values. The choice of regression model (in this study, linear ordinary least squares regression was used) depends upon a number of factors, the most important of which is the distribution of the variables. It is important to note that regression analysis cannot determine whether changes in one variable are causing changes in another, since there could be an unknown third variable (called a 'confounding' variable) causing both to vary at the same time.

Not just a girl thing

A large-scale comparison of male and female users of child sexual exploitation services in the UK

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