

GUIDANCE ON COMPLETION OF CHILD SEXUAL EXPLOITATION RISK QUESTIONNAIRE (CSERQ15)¹

Box 1: Priority services⁴

- General Practice
- Sexual Health Services
- Sexual Assault Services
- Looked after children (LAC) teams
- Learning Disability Services
- Paediatric Services
- Child and Adolescent Mental Health Services (CAMHS)
- Midwifery
- Health visiting
- School health Nursing
- Advice and counselling services
- Accident and Emergency Services
- Welsh Ambulance Services

Box 2: Priority children and young people⁴

- Looked after children (especially those in residential care)
 - Children with a disability or other physical/learning difficulties
 - Children with sexually transmitted infection
 - Children who are pregnant
 - Children with poor school attendance
 - Children who self-harm/have suicidal thoughts
 - Children who abuse alcohol/substances
 - Children with behavioural issues
- Also
- Children seen for pregnancy testing, contraceptive advice/treatment (including emergency contraception)
 - Domestic violence in home

Box 3: Limits of confidentiality

Explain that if child discloses something that raises concern for their safety or that of other children you have a duty to act.

Box 4: Disclosure statement

Explain your concerns to the child and seek permission to share information. *"I need to share my concerns with colleagues (e.g. in Children's Services) who are in a position to help and support you."*

Remember that the safety of the child is paramount and if consent is refused you **MUST** still act.

Box 5: Uncertain what action to take?

Discuss your concerns with an appropriate person according to your child protection protocol. This may be your manager, child protection lead or duty social worker. Include responses to CSERQ (including protective factors) in your child protection referral.

CSE risk assessment requires a child-centred approach which considers the holistic needs of the child. The CSERQ15 checklist is intended to help health practitioners in assessing a child's risk and to support their **professional judgement** on deciding when to make a child protection referral (see box 1 for priority services)

ANY child (10-17 year olds) from **ANY** background can be at risk of sexual exploitation.

Box 2 lists those considered most vulnerable

Be mindful not to make assumptions

Explain limits of confidentiality

(See box 3)

Introduce the questions

"I would like to ask you some questions to check that you are safe and no one is harming you or pressuring you to have sex"

Complete CSERQ15 checklist

Every child is unique. With over 100 potential risk indicators for CSE in common use,⁵ you may need to consider other risk indicators and protective factors

Use professional judgement

If you have other concerns for health, safety or welfare of a child you **MUST** refer

CSERQ5: 1 or more positive responses

CSERQ15: 5 or more positive responses

suggests a significant risk of CSE.

You MUST take action.

However, if you have other concerns, you may decide to refer at a lower threshold

Explain need to share information and seek consent (see box 4)

Make child protection referral. If uncertain what action to take see box 5. Document your findings and action taken

Child Sexual Exploitation Risk Questionnaire (CSERQ15)¹

All health professionals are encouraged to complete the CSERQ15 checklist. However, it is recognised that for some professionals with very limited experience of asking the questions, or in services where there are significant time constraints, it may be more appropriate to complete the CSERQ5 questions.

N.B. Prior to 2019 the first four questions (CSERQ4) were prioritised based on research findings. In 2019 the order of CSERQ15 questions was changed and a 5th question prioritised. This followed expert panel discussions and knowledge that perpetrators of CSE are employing different ways to control and exploit children and young people, which includes deliberate harming e.g. cutting of hands and tattooing.

			CSERQ checklist	Y/N
CSERQ15 questions	CSERQ5 questions	1	Have you ever stayed out overnight or longer without permission from your parent(s) or guardian? <i>(Going missing)</i>	
		2	How old is your partner or the person(s) you have sex with? Age of partner _____ Age of client/patient _____ Age difference _____ If age difference is 4 or more years* then tick 'YES'. N.B. For 17 year olds, in the absence of any other risk indicators, an age difference of 6 years may be acceptable. <i>(Older partner)</i>	
		3	Does your partner try to control things you do, or make you do things you do not want to do (e.g. have sex with other people)? <i>(Controlling relationship)</i>	
		4	Thinking about where you go to hang out, or to have sex, are you or anyone else worried about your safety (e.g. parent, guardian, friend, social worker or the police)? <i>(Frequenting areas known for sexual exploitation)</i>	
		5	Does anyone physically or sexually hurt you or make you feel unsafe? N.B. Indicators of possible CSE include presence of cuts to hands, tattoos etc. <i>(Abuse, e.g. physical, sexual)</i>	
		6	Males: Have you ever had a sexually transmitted infection? Females: Have you ever had a sexually transmitted infection, pregnancy or had a termination of pregnancy?	
		7	Do you live with someone other than your parent or guardian?	
		8	Does your parent/guardian or the person you live with have drug, alcohol and/or mental health problem?	
		9	Does anyone stop you from going out with your friends or your family?	
		10	Do you lack confidence or feel bad about yourself?	
		11	Have you ever felt the need to hurt yourself on purpose or to starve yourself to make you feel better in yourself?	
		12	Do you drink alcohol to get drunk?	
		13	Do you see anyone for counselling or have extra support with your school work?	
		14	Have you ever been excluded from school or stayed off school without permission?	
		15	Have you ever had a relationship with someone you met on the internet?	

ACTION: There is good correlation between high risk of CSE and

a) five or more positive responses to CSERQ15, or

b) one or more positive responses to first five questions.

Therefore, if either of these thresholds is met you **MUST** take action.

HOWEVER: each child is unique and their circumstances will be different. New risk indicators are regularly identified. A holistic approach to CSE risk must be taken. **It is absolutely acceptable to decide to refer at a lower threshold** especially if you have other concerns for the health, safety or welfare of the child or other siblings.