An exploration of how gender stereotypes influence how practitioners identify and respond to victims (or those at risk) of child sexual exploitation

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Abstract
Child sexual exploitation (CSE) has been found to have a detrimental and long-lasting impact upon a victim's physical and emotional well-being. A large body of research has raised concerns about how practitioners identify and respond to CSE. In particular, research has indicated that male victims of CSE are commonly being overlooked by practitioners. It has been suggested that this may occur as a result of gender stereotypes. However, this has not been specifically explored by existing research. Therefore, this research project explored how gender stereotypes may influence how practitioners identify and respond to children and young people who are victims (or at risk) of CSE. Semi-structured interviews were conducted with eight practitioners from one Youth Offending Service in the South West of England. Three key themes emerged from the interviews. These themes highlight that as a result of gender stereotypes, practitioners may be less likely and/or slower to identify males as victims and may be less likely to provide males with supportive multi-agency responses. This paper makes recommendations about how this issue can be addressed to ensure that all victims of CSE are adequately safeguarded.

KEYWORDS
child abuse, child protection, child protection (policy and practice), gender, sexual abuse

1 | INTRODUCTION

Child sexual exploitation (CSE) can have wide-ranging impacts upon children and young people's physical, emotional and psychological well-being (Barnardo's, 2011; Beckett et al., 2017), and as highlighted by Jay (2014, p. 35), these impacts can be ‘absolutely devastating, not just when they were being abused, but for many years afterwards’. This highlights the importance of ensuring early identification and effective intervention (Beckett et al., 2017; Mason-Jones & Loggie, 2019), which may help to prevent revictimization (Public Health England [PHE], 2019) and mitigate the risks to the victim's well-being (Alaggia et al., 2017). This research project seeks to explore how gender stereotypes may act as barriers to early identification and effective responses, in order to make recommendations about how practitioners and policymakers can address this to ensure that all victims of CSE are adequately safeguarded.

1.1 | Background

Two decades ago, in England, children and young people who were manipulated, coerced or forced into sexual activity were viewed as ‘prostitutes’ rather than being seen as victims of abuse (Hallett, 2017). As such, they were often dealt with by way of...
punishment and charged with soliciting offences (Scott et al., 2019). The issue of ‘CSE’ was first addressed by the National Plan for Safeguarding Children from Commercial Sexual Exploitation (Department of Health, 2001). However, as the name suggests, this guidance focused solely on victims ‘who are induced or coerced into unlawful sexual activities for the commercial advantage of others’ (p. 2). In England, policy, legislation and guidance relating to CSE has developed significantly over the last decade (Coy, 2016), and the definition has evolved accordingly. In England, CSE is currently defined within the Working Together to Safeguard Children statutory guidance as:

… a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial or other advantage of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology. (HM Government, 2018, p. 103).

Although the first specific statutory guidance was published by HM Government (2009), this definition was first introduced by non-statutory guidance published by the Department for Education (DfE, 2017) and has been included within statutory guidance since February 2017, when Working Together to Safeguard Children (HM Government, 2015) was updated.

Arguably, concerns about CSE have previously been overshadowed by those relating to intrafamilial abuse and neglect (Research in Practice, 2017). Since the publication of the first specific statutory guidance relating to CSE, however, awareness of CSE has grown substantially, and it has emerged as a key area of political, professional and public attention (Hallett, 2016; Hickle & Hallett, 2016). This culminated with CSE being declared a national threat by the coalition government in 2015 (Coy, 2016).

The increased impetus and urgency to tackle CSE has also been influenced by a series of high-profile criminal cases, public inquiries and serious case reviews (SCRs) relating to widespread and organized CSE in English towns and cities, including Rochdale (Griffiths, 2013), Rotherham (Jay, 2014), Oxford (Bedford, 2015), Peterborough (Davies, 2016) and Bristol (Myers & Carmi, 2016), which were heavily featured within the national media (Fox, 2016). This placed increasing pressure on policymakers and practitioners to develop their understanding of CSE and improve their identification of and responses to victims (Cockbain et al., 2017), as these cases highlighted ‘profound professional failures to act when children were being groomed or exploited’ (Lefevre et al., 2017, p. 2). A large body of research has also raised concerns about how practitioners identify and respond to CSE (Hickle & Hallett, 2016; Melrose, 2013; Pearce, 2007; Shuker, 2013).

In particular, research has indicated that CSE involving male victims is commonly being overlooked by practitioners (Berelowitz et al., 2013; Lefevre et al., 2017; McNaughton Nicholls, Harvey, & Paskell, 2014).

Despite this, a focus on CSE should not overshadow a consideration of other types of abuse (Research in Practice, 2017), such as child criminal exploitation (CCE). CCE occurs when ‘an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 into any criminal activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial or other advantage of the perpetrator or facilitator, and/or (c) through violence or the threat of violence’ (HM Government, 2018, p. 106). This is particularly important as the issues of CSE and CCE may overlap and ‘perpetrators of CSE and CCE can share patterns of behaviour in respect of coercion, violence, intimidation and the power imbalance in them …’ (Home Office, 2019, p. 2). The Home Office (2019) highlights, therefore, that it is essential that frontline practitioners work together and act authoritatively to disrupt all types of exploitation.

1.2 | Prevalence

Although a number of recent inquiries have attempted to estimate the prevalence of CSE across England, reliable estimates remain limited (Mason-Jones & Loggie, 2019). One key reason for CSE remaining concealed in many cases is that victims do not report their experiences, perhaps due to stigma, feelings of shame and/or fear (Shepherd & Lewis, 2017), or because they do not identify their experience as exploitation and thus do not recognise that they are a victim (Mason-Jones & Loggie, 2019). Additionally, prevalence estimates may be influenced by practitioners’ ability to recognise CSE and agency recording of CSE, both of which have been found to be unreliable (PHE, 2019; Sen, 2017).

Due to the ‘hidden nature’ of the issue (Beckett et al., 2017, p. 11), no recent studies or inquiries have published up-to-date findings on the prevalence of CSE, and thus, the exact number of young people at risk of CSE remains unknown. However, a comprehensive two-year inquiry by the Office of the Children’s Commissioner for England1 explored the nature and extent of CSE in England. The inquiry found that between August 2010 and October 2011, 16,500 children and young people were at ‘high risk’ of CSE (Berelowitz et al., 2013). This estimate is in line with statistics published by the DfE (2016), which show that CSE was identified as a concern in 17,600 (3.9%) of the total ‘child in need’ assessments conducted by Children’s Social Care in England in 2015/2016.

Practitioners should also be aware that ‘any child, regardless of where they live, their cultural, ethnic and religious background, their sexuality or gender identity’ can become a victim of CSE (Fox, 2016, p. 2). Despite this, it has been found that the majority of known victims are aged 14 to 15 and white (Child Exploitation and Online Protection Centre [CEOPC], 2011). Furthermore, numerous studies have found that the majority of known victims are female (CEOPC, 2013; Coy, 2016), with Hallett et al. (2019) finding that females are seven times more likely to experience CSE than males. Although genuine
gender differences in CSE victimization may exist, it is important to highlight that certain victim groups (such as males and those from minority ethnic groups) are likely to be under-represented within these figures as a result of barriers to reporting and accessing services, as well as the potential biases, prejudices and stereotypical beliefs held by practitioners, which may influence their identification of CSE in these groups (Berelowitz et al., 2013).

1.3 | Hidden victims

Due to the fact that many practitioners may fail to acknowledge that boys and young men can be victims of CSE or may minimise the seriousness of this victimisation (Jay, 2014; Lillywhite & Skidmore, 2006), males have been referred to as a ‘hidden group’ of victims (Fox, 2016, p. 15). This is highlighted by research conducted by Barnardo’s (2017), in which researchers conducted focus groups and interviews with 32 practitioners, who reported finding CSE harder to identify for males than females. The findings of this study are highly transferable as practitioners were recruited from a wide variety of agencies from across the United Kingdom.

Despite males being a hidden group of victims, research has found that they make up between 11% (National Working Group Network, 2010) and 29% (CEOPC, 2011) of suspected victims of CSE. Furthermore, it has been reported by McNaughton Nicholls, Harvey, and Paskell (2014) that male service users constitute up to 50% of the caseloads of practitioners working within specialist CSE services. One particular specialist CSE service, Barnardo’s (2014), identified that around 33% of their service users are male. These figures emphasise the importance of this research project in exploring the gender-based discrimination that has been found to exist in how practitioners work with victims (or those at risk) of CSE, in order to ensure that male victims do not remain hidden.

One potential reason for male victims of CSE remaining hidden is due to gender differences in the tendency to disclose sexual abuse (Popović, 2018). Many studies have highlighted the low rates of disclosure amongst male victims of CSE (Cockbain et al., 2014; Fox, 2016; Leon & Raws, 2016; Thomas & Speyer, 2016). This issue is further underscored by Barnardo’s (2017), who found that when approached by a practitioner in relation to concerns about CSE, 63% of suspected male victims dismissed or minimised these concerns. It has been suggested that one key reason for these gender differences is that stereotypes about gender may act as barriers to disclosure for male victims (Price-Robertson, 2012).

1.4 | Gender stereotypes

Stereotypes act as cognitive shortcuts, which help individuals organise and simplify their social worlds (Banaji et al., 2001). According to social categorisation theory, first conceived by Allport (1954), the process of person perception involves subsuming individuals into the wider social categories (such as gender) to which they belong (Banaji et al., 2001). In doing so, the stereotypical beliefs held about a particular social group are applied to all group members (Banaji et al., 1993). According to identity theory, proposed by McCall and Simmons (1966), gender plays a primary role in social categorisation, as it is salient across all contexts and interactions (Abrams, 2010; Ellemers, 2018). It has been argued, therefore, that practitioners, who have been found to rely on cognitive shortcuts in professional contexts may utilise gender stereotypes (Blumenthal-Barby & Krieger, 2015; Kirkman & Melrose, 2014; Mulkeen, 2012).

This suggestion is supported by the aforementioned inquiry led by the Office of the Children’s Commissioner for England, which collected qualitative data from site visits to 11 agencies and conducted interviews and workshops with 74 practitioners. The inquiry found that practitioners often failed to identify male victims of CSE, as they did not conform to their stereotypical beliefs that ‘only girls are subjected to these assaults’ (Berelowitz et al., 2013, p. 56). However, this research focused specifically on examining practice relating to CSE perpetrated by gangs and groups, and the researchers purposively selected research sites that had been recognized for effective practice in this area. Therefore, although they provide a valuable insight, these findings may not be representative of practice with CSE more generally. This highlights a significant gap in knowledge relating to current practice with regard to CSE.

1.5 | Research aim

This research project aims to explore how practitioners work with victims (or those at risk) of CSE, in order to make recommendations about how practice and policy can combat the gender-based discrimination that appears to exist in this area of practice. Consequently, this research project hopes to contribute to ensuring that all victims of CSE are adequately safeguarded.

This research project poses the following two research questions:

1. How do gender stereotypes influence practitioners’ identification of victims (or those at risk) of CSE?
2. How do gender stereotypes influence practitioners’ responses to victims (or those at risk) of CSE?

2 | METHODOLOGY

2.1 | Research method and sampling

This research project used semi-structured qualitative interviews and sought to interview practitioners with a wide range of experience, including those who do not have prior experience of working with victims (or those at risk) of CSE. Practitioners were recruited from one Youth Offending Service (YOS) in a local authority in the South West of England. The team manager of the YOS was asked to forward an invitation letter and participant information sheet to all members of the service who regularly work with children or young
people as part of their current role and practitioners volunteered to take part. This research site was selected based upon the belief that practitioners would be able to provide an insight into the phenomenon of interest (Abrams, 2010), as CSE has been associated with high rates of youth offending (Cockbain & Brayley, 2012; PHE, 2019). As the research site was strategically selected, a purposive sampling method was used.

YOSs are multi-agency partnerships (made up of representatives from the local authority, police, probation and health) that deliver youth justice services locally (Youth Justice Board, 2015). Although their statutory aim, as set out by the Crime and Disorder Act 1998, is to prevent offending by youths aged 10 to 18, a large body of research attests to complex support needs of young offenders, including mental health problems, learning and communication difficulties, low educational attainment and social care needs (Jacobson et al., 2010; Johns et al., 2016; Youth Justice Board, 2020). Therefore, although no specific statutory safeguarding duties are placed on YOSs, the Youth Justice Board (the government body that oversees the youth justice system in England and Wales) highlights that YOSs should embed the Working Together to Safeguard Children statutory guidance (Youth Justice Board, 2017).

2.2 | Data collection

The interview schedule included five broad themes which were intended to generate responses relevant to the research questions, each of which were accompanied by a series of prompt questions. In order to bring a degree of specificity to the discussions (Arthur & Nazroo, 2003), two vignettes were used within the interviews. Due to their specificity in relation to the research questions, these were introduced after the first and second themes, to ensure that they did not prime or foreclose participants’ responses prior to this (Barter & Renold, 1999). The vignettes were written in the third person, as it has been suggested that this increases interviewees’ psychological distance from the topic (Evans et al., 2015), which serves to desensitise topics and make them appear less threatening (Hughes & Huby, 2012). As such, vignettes may minimise the likelihood of participants providing socially desirable responses (Hughes & Huby, 2012).

The narratives presented within the vignettes were designed to reflect the experiences of two hypothetical victims of CSE. These were based upon numerous testimonies of children and young people who had experienced CSE, as well as lists of the common risk indicators for CSE, which were obtained from Barnardo’s (2011) and Berelowitz et al. (2013). The victim’s age was kept the same across both vignettes—15 years old—as this has been identified as the average age of victimisation (CEOPC, 2011). However, the victim’s gender was varied between the vignettes, to allow for a comparison to be made between participants’ responses to each. The narratives were designed to reflect a scenario that the practitioners could encounter, as it has been suggested that vignettes are more effective in eliciting genuine responses when they are perceived by participants to be realistic (Hughes & Huby, 2012). In order to ensure the vignettes were representative of this ‘real-world’ scenario, the vignettes were piloted with two experts in the field of CSE (who were unrelated to the research) prior to the interviews taking place. The vignettes were refined in response to this feedback.

2.3 | Data analysis

Thematic analysis was used to analyse the interview data, and the six stages of thematic analysis proposed by Braun and Clarke (2006) were followed. It was felt that this would enable the researchers to fully immerse themselves in the data and subsequently gain a richer and more detailed understanding of it. The researchers used a thematic map to review and refine initial themes, which revealed that some of the initial themes overlapped or were redundant and enabled the researchers to remove and/or merge these.

2.4 | Ethical considerations

2.4.1 | Confidentiality and anonymity

Confidentiality cannot be fully achieved in qualitative research, as researchers are expected to report on their findings (Wiles et al., 2006). Thus, in order to ensure anonymity in this research project, all identifiable data were removed from transcripts and all participants were referred to using participant numbers. Due to the small research population and sample size, to ensure that participants could not identify each other from the final report, participant numbers were not linked to gender, years of experience or job role.

2.4.2 | Informed consent

In order to enable participants to provide informed consent, within the information sheet provided to potential participants, the aims and purpose of the research were outlined and practitioners were provided with a full explanation of what the research would entail. This was reiterated at the beginning of each interview.

2.5 | Limitations

One limitation of this research project is the small sample size and the fact that all eight participants were recruited from one YOS within one local authority. Therefore, despite the fact that participants represent a wide variety of job roles and varying levels of experience, the transferability of the findings is limited. In order to explore whether these findings can be generalised to other teams and local authorities, future research could repeat this study with larger samples in other statutory and voluntary services, both nationally and internationally.
3 | FINDINGS

3.1 | Sample characteristics

Eight practitioners were interviewed in total: six females and two males. These practitioners were from four different teams within the participating YOS: three from the statutory team (who supervise youths on court orders), three from the prevention team (who work with youths on a voluntary early intervention programme), one from the substance advice team and one from the mentoring and advocacy team. The eight practitioners had varying amounts of experience of working with children and young people, ranging from 4 to 20 years.

Although this is a relatively small sample, large samples are not considered necessary in qualitative research and qualitative researchers are advised to ‘avoid sacrificing depth for breadth’ (Padgett, 2017, p. 70). It has been suggested by Bryman (2016) that the key criterion for establishing a sufficient sample size is the number of participants needed to achieve data saturation, which can be achieved after conducting between 6 and 12 qualitative interviews (Corbin & Strauss, 2015; Guest et al., 2006).

3.2 | Themes

The data gathered from the interviews were detailed and complex. Through analysis and careful refining, three key themes emerged: (i) vulnerability, (ii) child or young person’s gender and (iii) gender stereotypes.

3.2.1 | Theme 1: Vulnerability

The first theme that was identified from the data was participants’ recognition that all children and young people are at risk of CSE. This theme was evident across all eight interviews. However, the following two extracts highlight this particularly succinctly. In both of the following extracts, participants are referring specifically to the risk of CSE:

I think every single young person, if we were to look at it, would be at risk. (P4)

I feel like almost every single young person is at risk. (P5)

Furthermore, seven participants specifically acknowledged that both males and females are at risk of CSE. The following two excerpts were provided by participants who had been asked whether they thought gender could have influenced the vignette caseworker’s identification of CSE in each of the vignettes:

We do realise that boys are at risk of CSE just as much as girls. (P3)

It should not affect the decision because both males and females are equally exploitable sexually. (P6)

As the majority of participants demonstrated a belief that ‘every single’ child and young person (regardless of gender) is ‘equally’ vulnerable to CSE, it would be expected that gender would have a limited impact on how participants identify and respond to victims (or those at risk) of CSE, with regard to both their ‘real-world’ practice and responses to the vignettes.

3.2.2 | Theme 2: Child or young person’s gender

In contrast to this, however, the second theme (which was evidenced within all eight interviews) revealed that a child or young person’s gender may influence how practitioners work with victims (or those at risk) of CSE. For example, participants suggested that gender may influence how practitioners identify CSE:

I do think there’s probably people that would lean more towards it being girls. (P5)

I do not think sexual exploitation was considered because he was a young male. (P6)

I think that you might identify it quicker if it was a female. (P7)

More specifically, these extracts indicate that participants believe that practitioners are less likely to identify males as victims of CSE than females. These excerpts also suggest that even when males are recognised as victims of CSE, practitioners may be slower to identify this than for females. In addition to believing that a child or young person’s gender may influence practitioners’ identification of those affected by CSE, three of the participants believe that gender may influence how practitioners respond:

With girls, professionals go in all guns blazing and are more likely to get other professionals involved quickly. (P2)

My experience probably would be that a young girl would get more support and CSE allegations probably would be taken a bit more seriously than with boys. (P3)

In particular, these quotes highlight participants’ beliefs that female victims (or those at risk) of CSE would be more likely to receive a multi-agency and supportive response than males. P3’s suggestion that females’ disclosures of CSE are more likely to be believed by practitioners is also pertinent, as this is likely to influence whether the victim is offered any support, resources and/or intervention at all.
In addition to highlighting that gender may influence how practitioners identify and respond to victims (or those at risk) of CSE more generally, six of the participants made reference to one particular way in which they feel this occurs. These six participants reported feeling that in comparison to females, males displaying risk indicators for CSE are more likely to be identified as victims (or at risk) of CCE:

I suppose a lot of people would probably think that males are able to protect themselves, to be a bit stronger, to be a bit more, sort of, dominant in situations where they might be being abused or coerced. (P3)

You kind of assume that men have got it .... They're tough and they can handle themselves, whereas women are more vulnerable. (P4)

I think there's a stereotype that girls are more susceptible to being exploited ... I'd like to think I don't do it, but I think with males, they are seen as tough and like they can manage it on their own. (P7)

I do see sometimes .... More dated attitudes towards girls rules and boys rules and he should be a bit tougher and stuff like that which could get in the way of identifying or just being aware of a risk there. (P8)

These data extracts suggest that stereotypes about masculinity may impact how practitioners work with victims (or those at risk) of CSE, as they include references to a number of the traits that are stereotypically associated with masculinity, including independence, strength and dominance. In particular, participants suggested that these gender stereotypes may lead some practitioners to view males as less in need of protection and support.

These extracts imply that participants have an awareness that stereotypical beliefs exist amongst practitioners and that these may subsequently influence how practitioners identify and respond to victims (or those at risk) of CSE. Despite this, however, six of the participants explicitly stated that they do not believe they personally hold stereotypical beliefs about gender and thus do not feel that these influence their own practice in relation to CSE:

He might not need protecting in the same way that girls do ... I don't think that. (P1)

I'd like to think gender wouldn't have an impact [on the identification of risk indicators] and it doesn't for me. (P2)

This could indicate that these six participants do not possess stereotypical beliefs about gender or, alternatively, could suggest that they may have difficulty recognising or admitting to these beliefs, as well as the impact these beliefs may have upon their practice.
expected that gender would have a limited influence on how practitioners work with victims (or those at risk) of CSE. However, in contrast to this, the second theme highlights that gender may influence how practitioners identify and respond to victims (or those at risk) of CSE. More specifically, the data indicate that participants feel as though practitioners are less likely and/or slower to identify males as victims of CSE than females. This is in accordance with the findings of Barnardo’s (2017), who found that practitioners find it harder to identify CSE for males than females.

Furthermore, the second theme indicates that participants feel as though practitioners are more likely to provide a multi-agency and supportive response to females affected by CSE, in comparison with males. National guidance states that effective responses to CSE should involve a multi-agency approach (DfE, 2017), and thus, it can be suggested that practitioners may be providing males with a less effective response than females. This is similar to the findings of McNaughton Nicholls, Cockbain, et al. (2014), who found that male victims (or those at risk) of CSE are significantly less likely to be referred to specialist CSE support services than females. This is also in line with the findings of a SCR published by Sunderland Safeguarding Children Board (2017), which focused on the significant harm suffered by a young male referred to as ‘Mark’. Despite Mark being identified by practitioners to be at risk of CSE, no preventative or disruptive actions were taken. The SCR concluded that ‘had Mark been female there may well have been a far more urgent response by professionals’ (p. 10).

The second theme also highlights another gender difference in practitioners’ identification of victims (or those at risk) of CSE, as six participants reported believing that in comparison with females, males displaying risk indicators for CSE are more likely to be identified as victims (or at risk) of CCE. This corresponds with findings reported by Barnardo’s (2017), who found that practitioners give greater focus to offending behaviour for males affected by CSE (rather than other risk indicators). This is also in accordance with findings reported by McNaughton Nicholls, Harvey, and Paskell (2014), which suggest that practitioners are more likely to view CSE risk indicators as signs of offending behaviour (rather than victimisation) for males. Although no previous research has examined the reasons underlying this, the implication from participants in this research project was that this may occur, not due to gender, but due to the overlap between these two forms of exploitation. These suggestions are supported by previous research, which has shown that CSE and CCE are often interlinked and that they share a number of risk indicators (Children’s Commissioner for England, 2019; Ofsted, 2018; The Children’s Society [TCS], 2017).

4.2 | Gender stereotypes

Another possible reason for this gender disparity in how practitioners work with victims (or those at risk) of CSE, however, is gender stereotypes. Arguably, traits that are stereotypically associated with femininity, such as submissiveness and innocence, may inhibit offending behaviour (Rivera & Veysey, 2014). In contrast, certain stereotypically masculine traits, including dominance, strength and aggression, may facilitate this (Miller, 2014). These stereotypes may lead practitioners to assume that males are more likely than females to be involved in offending behaviour (Rivera & Veysey, 2014) and, consequently, at greater risk of CCE. However, it is important to note that these findings may also reflect genuine gender differences, for example: in the rates of youth offending, as in the year ending March 2018, males made up 81% of first-time entrants into the youth justice system in England and Wales (Youth Justice Board, 2019).

The third theme further emphasises that gender stereotypes may influence how practitioners identify and respond to victims (or those at risk) of CSE, as six of the participants explicitly reported that they feel these have an influence on their own and/or others’ practice in this area. In particular, participants referred to a number of stereotypically masculine traits (such as being ‘tough’, ‘strong’ and ‘dominant’), which they feel lead practitioners to view males as less vulnerable to CSE than females and therefore, less in need of protection and support. Participants feel that this leads practitioners to be slower and/or less likely to identify males as victims of CSE, as well as less likely to provide male victims (or those at risk) with a multi-agency and supportive response, in comparison with females. This aligns with the findings of McNaughton Nicholls, Harvey, and Paskell (2014), who found that practitioners often perceive males to be less vulnerable to CSE than females. As previously highlighted, this may consequently lead practitioners to provide male victims (or those at risk) with a less effective response (McNaughton Nicholls, Cockbain, et al., 2014).

However, again, it is important to note that these findings may also have emerged due to genuine gender differences, for example, in the way exploited males and females present to professionals. Research has shown that adolescent males are more likely to respond to trauma by externalising their behaviour, whereas females are more likely to internalise this (Maschi et al., 2008; TCS, 2018). This may lead to lower rates of identification for male victims of CSE, as practitioners may not recognise their externalising behaviours as indicators of abuse (Barnardo’s, 2014). This may subsequently lead males and females to be provided with different types and levels of support (McNaughton Nicholls, Cockbain, et al., 2014).

4.3 | Unconscious gender stereotypes

Despite six of the participants reporting that gender stereotypes have an influence on their own and/or others’ practice in relation to CSE, the third theme also reveals that six of the participants also explicitly stated that they do not hold stereotypical beliefs about gender and thus do not feel that these influence their practice. One possible reason for this contradiction is that participants’ stereotypical beliefs about gender may exist without their knowledge. This viewpoint is supported by a review of literature into the unconscious stereotyping of social groups, which reports that the social categorisation process (theorised by Allport, 1954) operates automatically and without conscious awareness, intention or control (Banaji et al., 2001). Research...
has also found that practitioners are subject to such unconscious biases within a professional context and that this can influence factors such as decision-making and assessment (Blumenthal-Barby & Krieger, 2015; Kirkman & Melrose, 2014; Mulkeen, 2012). Thus, it can be suggested that this contradiction may have emerged due to participants’ inability to recognise, and thus discuss, their own unconscious biases.

### 4.4 Implications, recommendations and future research

It has been suggested that one way to minimise the impact of gender stereotypes on practice is to provide practitioners with the opportunity to acknowledge and critically reflect upon these within a non-threatening and non-judgemental environment (Hannah & Carpenter-Song, 2013). Once practitioners have acknowledged their biases, they can subsequently develop strategies for reducing these (Teal et al., 2012). The importance of critical reflection in overcoming biases was also highlighted by Munro (2011, p. 90), who stated that ‘critical challenge by others is needed to help social workers catch such biases and correct them’. Munro (2011) recommended that critical reflection can best be achieved via discussions with others, for example, during supervision. The importance of supervision in facilitating critical reflection is enshrined within policy, which states that the ‘supervision process must provide a supportive, safe environment for reflecting on practice’ (British Association of Social Workers, 2011, p. 8).

The researchers therefore recommend that supervision should be used to support practitioners to identify their stereotypical beliefs about gender (Van Den Bergh & Crisp, 2004; Wonnacott, 2012). To aid this, we recommend that supervisors should routinely incorporate tools that explicitly explore these unconscious biases into supervision. One such tool is the cultural review (devised by McCracken, 1988), which provides a number of questions for practitioners to consider before commencing an assessment or intervention, for example: if you had any bias in this case, what would it be? (Wonnacott, 2012).

An increased awareness of gender stereotypes can also be achieved through unconscious bias training (UBT). UBT aims to increase practitioners’ awareness of their unconscious biases and teach bias reduction strategies and has been found to be moderately effective in doing so (Atewologun et al., 2018). Therefore, the researchers posit that UBT could be incorporated into the training delivered by local authorities. To date, however, no studies have examined the effectiveness of UBT within social work, so it may be beneficial for future research to explore this.

Although non-statutory guidance highlights that CSE ‘can affect any child or young person (male or female) under the age of 18 years’ (DfE, 2017, p. 5), this reference to gender is not included within statutory guidance. Therefore, the researchers also recommend that the statutory definition for CSE should be revised to incorporate an explicit reference to the fact that, as emphasised by Fox (2016, p. 2), ‘any child, regardless of where they live, their cultural, ethnic and religious background, their sexuality or gender identity, can become a victim’ of this form of abuse.' Furthermore, the researchers recommend that policy and guidance relating to CSE should avoid stereotypical language (such as ‘boyfriend’ model) and expose practitioners to material that challenges the stereotypical victim typology. The ways in which this can be achieved are exemplified by TCS (2017), who refer to a ‘boyfriend/girlfriend’ model of CSE, and the DfE (2017) guidance, which provides case studies depicting male victimisation. This would contribute to combating the stereotype that CSE always involves the exploitation of a female victim.

### 4.5 Conclusion

Despite being a small-scale study, as the first study to specifically explore gender stereotypes within the context of CSE, this research project has contributed some new findings to the relatively underdeveloped evidence base in this area. Its aim was to explore how gender stereotypes influence how practitioners work with victims (or those at risk) of CSE. It found that gender stereotypes may influence practitioners’ identification of and responses to victims (or those at risk) of CSE, as they can lead practitioners to view males as less vulnerable than females. Subsequently, practitioners may be less likely and/or slower to identify males as victims of CSE than females. Furthermore, when males are identified as victims (or at risk), practitioners may be less likely to provide them with effective responses. These findings therefore highlight that gender stereotypes may lead to gender-based discrimination in this area of practice. This research project has made recommendations about how these biases can be addressed in practice and policy to ensure that male victims of CSE do not remain hidden and, therefore, that all victims of CSE are adequately safeguarded.

**DATA AVAILABILITY STATEMENT**

Research data are not shared.

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**ENDNOTE**

1 A national public sector organization that aims to promote children’s rights in accordance with United Nations Convention on the Rights of the Child.

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