**Child Sexual Exploitation Risk Questionnaire (CSERQ4)**

**Guidance Notes.**

****This form is to be used by agencies that have *‘time limited’* contact with children under the age of 18, to help them quickly identify children at risk of sexual exploitation. For professionals not on the list below, it is expected that you use the full SERAF document:

<http://www.hampshiresafeguardingchildrenboard.org.uk/user_controlled_lcms_area/uploaded_files/SERAF%20Risk%20Assessment%20Form%20UPDATED%20Sept%202015%20%282%29.doc>

**List**

***ED staff Opticians Condom distributers***

***Paramedics/ Ambulance service Dentists GP’s / OOH’s service***

***Pharmacists 111 Service Police***

If a child between the ages of 10 – 17 presents to your service with **one** or more of the following a short CSERQ4 needs to be completed (overleaf).

* Contraception or STI testing/treatment (including emergency contraception/pregnancy testing)
* Pregnancy
* Drug or alcohol problems or overdose
* Self-harm
* Disclosure of sexual assault or sexual activity that raises concern
* Domestic violence in the home

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**Please ask questions 1- 4 as a minimum.** If you **are** able to complete the fuller risk assessment with the child, please do so.

You may like to introduce the questions: *"I would like to ask you some questions to check that you are safe and no one is harming you or pressurising you to have sex."*

\*Children under 13 years of age cannot consent to sexual activity- refer to child protection procedures.

\*Have you considered if the child has capacity to consent to sexual activity

August 2016

**Child Sexual Exploitation Risk Questionnaire (CSERQ4)**

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|  | **CSER 4 Questions**  | **Yes** | **No** |
| 1 | Have you ever stayed out overnight or longer without permission from your parent(s) or guardian? |  |  |
| 2 | How old is your boyfriend/ girlfriend 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’ |  |  |
| 3 | Does your boyfriend/ girlfriend or the person(s) you have sex with stop you from doing things you want to do? |  |  |
| 4 | Thinking about where you go to hang out, or to have sex. Do you feel unsafe there or are your parent(s) or guardian worried about your safety? |  |  |

**OUTCOME**

If the child has answered ‘yes’ to **one or more of questions 1-4** then a referral should be made to Children Services as this indicates that the child is at risk of, or experiencing child sexual exploitation.

Please note that to make a referral to Children Services you will need to obtain the child’s name, DOB and address.

**A referral can be made to Hampshire Children Services via telephone on 01329 225379 or email from a SECURE E-Mail e.g. NHS Mail to** **csprofessional@hants.gcsx.gov.uk****, including a copy of this form.**

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| --- | --- | --- |
| **Childs Name** | **Address** | **Date of Birth** |
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**Name and Designation of staff member completing this form**

|  |  |
| --- | --- |
| **Name:** | **Signature:**  |
| **Position:** **Organisation:** | **Date:** |
| **Address:**  | **Telephone Number:** |