

## Child Sexual Exploitation - Vulnerability - Underlying Issues

### A: DETAILS OF CHILD / YOUNG PERSON

<b>Full Name:</b>	<b>Likes to be known as:</b>	<b>Date of Birth:</b>
<b>Ethnicity:</b>	<b>Gender:</b>	<b>Sexual Orientation:</b>

### B: VULNERABILITY OF THE CHILD / YOUNG PERSON - UNDERLYING ISSUES

<b>Underlying Issue with Child / Young Person (✓)</b>	<b>Comments</b>
Experiencing / Witnessing Domestic Violence <input type="checkbox"/>	
Homelessness / "Sofa-surfing" <input type="checkbox"/>	
Being "Looked After", or History of Being in Care <input type="checkbox"/>	
Patterns of Abuse and / or Neglect in Family <input type="checkbox"/>	
Learning Disabilities / Special Needs <input type="checkbox"/>	
Homophobia <input type="checkbox"/>	
Family Conflicts <input type="checkbox"/>	
Mental Health Issues, including Substance Abuse <input type="checkbox"/>	
Lack of Love and Security <input type="checkbox"/>	
Breaks in Adult Relationships <input type="checkbox"/>	
Substance Abuse by Parents or Carers <input type="checkbox"/>	
Unsupported Financially <input type="checkbox"/>	
Low Self-esteem <input type="checkbox"/>	
Social Exclusion <input type="checkbox"/>	
Adult in Home known to be Soliciting / Prostitution <input type="checkbox"/>	
Migrant / Asylum Seeker / Refugee / New Community <input type="checkbox"/>	
Death, Loss or Illness of a Significant Person in the Child / Young Person's Life <input type="checkbox"/>	
OTHER (specify) <input type="checkbox"/>	

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_