

Wigan Safeguarding Adults Board

Sexual Exploitation Guidance



Our Mission:

Working together with our communities, helping people live safer, happier lives.



**Wigan
Safeguarding
Adults
Board**

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Introduction

This document must be read in conjunction with [Wigan Safeguarding Adults Board \(WSAB\) Multi agency Safeguarding Adults policy and procedures](#) which sets out the legal responsibilities of how organisations work together to safeguard adults.

The following briefing will help practitioners understand Adult Sexual Exploitation (ASE) and has been published on the back of local learning indicating the need to raise awareness amongst partner agencies.

The guidance provides advice and information to support multi-agency working with adults who are experiencing or at risk of experiencing Adult Sexual Exploitation (ASE). It is acknowledged that ASE can occur at the same time as Criminal Exploitation and other forms of abuse.

Sexual exploitation: Actual or attempted abuse of a position of vulnerability, power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another.

Sexual abuse: Actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.¹

Sexual exploitation can be in relation to both children and adults. An adult may have been sexually exploited as a child, re-exploited in adulthood, or exploited for the first time when over the age of 18.

There can be some circumstances where adults are at increased risk of being sexually exploited. For example, if they:

- are homeless.
- are using drugs or alcohol.
- are lacking the mental capacity to consent to sexual activity.
- are being trafficked.
- were sexually abused as a child.
- Are in an abusive relationship
- Survival Sex ²– engaging in sexual exchanges to meet a survival need
- Current or previous history of Sex work

Sexual exploitation has a serious effect on the health and wellbeing of adults. Common mental health problems that people who have been sexually exploited may include post-traumatic stress disorder (PTSD), depression and anxiety. People who have been sexually exploited may sometimes have complicated feelings about the

¹ [sexual-exploitation-and-abuse-pamphlet-en.pdf](#) – World health Organisation

² [What is Survival Sex? | Changing Lives](#) – Changing Lives

person who has exploited them: this can include thinking positively about their relationship, which makes it difficult to understand the harm they have experienced.

As well as the possible impact on mental wellbeing, sexual exploitation often has a harmful impact on a person's physical health. There is also a strong link between sexual exploitation, drug and/or alcohol use. People may be sexually exploited when they have taken drugs or been drinking alcohol or because they are dependent on drugs and/or alcohol.³ People may also use drugs and/or alcohol as a means of managing the strong emotions which occur as result of the traumatic events.

Sexual exploitation does not impact all children, young people, or adults in the same way. An intersectional approach recognises that individuals experience harm, risk, and barriers to support differently depending on the overlapping and compounding aspects of their identity and lived experience. These may include (but are not limited to) age, gender, ethnicity, disability, neurodiversity, sexual orientation, gender identity, socio economic status, migration or immigration status, care experience, mental health needs, substance misuse, and experiences of domestic or sexual abuse.

Structural inequality, discrimination, stigma, and exclusion can significantly increase vulnerability to sexual exploitation and reduce the likelihood that individuals are identified, believed, or able to access support. For example, those with insecure immigration status may face additional barriers to disclosure and protection, including fear of authority, cultural stigma, misidentification of risk, or criminalisation of their behaviour.

Professionals must avoid one size fits all responses and instead apply professional curiosity, reflective, and culturally informed practice. This includes understanding how power, trust, and control may operate differently across communities and ensuring responses do not reinforce inequality or place responsibility for harm on the victim. Assessments, interventions, and safety planning should be individualised, strengths based, and developed in partnership with the person, recognising their identity, context, and lived experience.

An intersectional approach is essential to ensuring that sexual exploitation responses are equitable, accessible, and effective, and that all individuals are safeguarded with dignity, respect, and fairness.

³ http://sites.southglos.gov.uk/safeguarding/wp-content/uploads/sites/221/2015/05/ripfa_a_brief_guide_to_sexual_exploitation_web_oct17.pdf

Identifying Adult Sexual Exploitation

This list is not exhaustive, and not all indicators need to be present. It is important to acknowledge that some adults may make decisions without recognising the associated risks.

General Indicators

- Increased vulnerability to manipulation or coercion into sexual activity
- Social isolation or limited support networks
- Involvement in an abusive relationship (whether recognised or not)
- History of sexual abuse or exploitation
- Presence of sexually transmitted infections
- Noticeable mood swings or changes in emotional wellbeing
- Substance misuse (drugs or alcohol)
- Inappropriate or overtly sexualised behaviour
- Low self-esteem, poor self-image, or self-harming behaviours (e.g., cutting, overdosing, eating disorders)
- Disengagement from employment or support services
- Unsafe online relationships or lack of awareness of online safety

Physical and Behavioural Indicators

- Unexplained bruising, particularly on thighs, buttocks, upper arms, marks on the neck, friction burns and bruising to wrist area
- Torn, stained, or bloody underclothing
- Bleeding, pain, or itching in the genital area
- Difficulty walking or sitting
- Presence of foreign objects in genital or rectal areas
- Unusual or explicit sexual language or significant changes in sexual behaviour
- Incontinence without medical explanation
- Self-harm or non-fatal suicide attempts
- Excessive fear or withdrawal from relationships
- Fear of receiving help with personal care
- Reluctance to be alone with a specific individual

Other Indicators

- Unexplained genital discharge or infections
- Pregnancy where the individual cannot consent to sexual intercourse
- Communication of a sexual nature (calls, emails, letters) from adults outside normal social contacts

Adult sexual exploitation often involves individuals who are known to the person, even if only for a short time, or those who organise or profit from the exploitation. In many cases, a period of grooming precedes the exploitation.

Grooming is a form of abuse that involves manipulating someone until they become isolated, dependent, and more vulnerable to exploitation.⁴

Perpetrators may be perceived by the adult as a friend, which can create confusion when assessing risk. Apparent collusion—whether conscious or unconscious—can further complicate efforts to identify an adult as a victim of trafficking or exploitation.

Disclosure from the adult often takes time, particularly when they remain under the control of the perpetrator. Building a relationship of trust and safety with the professional or person of trust is essential to enable disclosure and provide appropriate support.

Sexual abuse can also happen in care settings, sometimes when people have impaired mental capacity. The Social Care Institute for Excellence (SCIE) was asked by the Department of Health and Social Care to undertake detailed evidence review, and have produced this briefing in March 2022: [Sexual Incidents in Adult Social Care](#). The briefing is a summary of a full evidence review and is relevant to anyone working in adult social care or safeguarding.

Adults Who Go Missing

Adults may go missing for a variety of reasons; however, repeated or unexplained absences can be an indicator of sexual exploitation. Adults who are less able to protect themselves due to disability or other vulnerabilities are at increased risk, particularly if they go missing regularly. This pattern can make them more susceptible to grooming and exploitation.

Possible Indicators Include:

- Frequent missing episodes, returning with unexplained gifts or money
- Staying out overnight or returning late without a plausible explanation
- Being found in locations where they have no known connections
- Returning under the influence of drugs and/or alcohol

Domestic Abuse

Sexual abuse and exploitation can occur alongside Domestic Abuse. For further guidance please visit Wigan Council's dedicated page: [Domestic abuse](#)

⁴ [Adult-Grooming-Factsheet.pdf](#) – Ann Craft Trust

Sexual Exploitation and Modern Slavery

Modern slavery may be linked to sexual exploitation and is a serious crime that violates human rights. Victims are forced, threatened or deceived into situations of subjugation, degradation and control which undermine their personal identity and sense of self.

Modern slavery encompasses:

- human trafficking
- slavery, servitude and forced or compulsory labour
- The definition of a victim of human trafficking, slavery, servitude and forced or compulsory labour is set out in [the Slavery and Human Trafficking \(Definition of Victim\) Regulations 2022](#)

Further information around Modern Slavery can be found on attached link: [Modern Slavery: statutory guidance for England and Wales \(under s49 of the Modern Slavery Act 2015\)](#)

In cases of suspected modern slavery [designated first responder agencies](#) are required to notify the home office about any potential victims of modern slavery. Agencies will make a referral to either the national referral mechanism or (in cases when consent is not given by the person at risk) the Duty to Notify (DtN). More details can be found here: [National referral mechanism guidance: adult \(England and Wales\) - GOV.UK](#)

Mental Capacity in relation to sexual relationships

Practitioners face the challenge of promoting the rights and needs of adults—including their right to a sexual life—while supporting them to manage and reduce the risk of sexual harm. Adults should be enabled to make their own decisions wherever possible.

However, where there are concerns about decision-making and potential harm, assessing the adult's mental capacity to make decisions about their safety is essential.

It is important to note that engaging in sexual activity with an adult who lacks the mental capacity to consent constitutes sexual assault and is a criminal offence under the [Sexual Offences Act 2003](#).

Local Learning – SAR Una

Una was an individual receiving mental health care who was subjected to grooming by a professional responsible for their support. This led to an exploitative sexual involvement that constituted a criminal offence under section 38 of the Sexual Offences Act 2003 and represented a serious breach of professional duty and safeguarding responsibilities. This review is published on the WSAB webpage: [SAR Una](#)

[s.38 of the Sexual Offences Act 2003](#) relates to sexual activity with a person with a mental disorder when the person committing the offence intentionally touches a person who they know or could reasonably expect to know has a mental disorder and they are involved in their care in a way that falls within the [s.42 definition of care workers](#) outlined in the act.

Supporting Adults who have experienced Sexual Exploitation

Adults who have been sexually exploited should receive support that promotes their health and wellbeing. The type of support required will vary for each individual. Whether the exploitation occurred in the past or is ongoing, there are many reasons why accessing help can be difficult.

Individuals may feel frightened, unsafe, ashamed, or worried that they will not be believed. They may have lost access to their home or essential resources, and they may struggle to understand or articulate what has happened to them.

Trauma Informed Practice

Trauma-informed practice develops from the understanding of how trauma exposure can affect our neurological, biological, psychological and social development.

Trauma-informed approaches are founded on the understanding and acceptance that symptoms and experiences related to trauma are coping strategies established by people to manage traumatic experiences.

Trauma-informed practice seeks to avoid re-traumatisation by using the principles of safety, trustworthiness, choice, collaboration, empowerment and cultural consideration.

There is a natural crossover with this approach from the principles of adult safeguarding, which are empowerment, prevention, proportionality, protection, partnership and accountability.

As well as more broadly, the approaches and practice outlined in Making Safeguarding Personal (ADASS, 2014).

To understand trauma-informed practice, practitioners must recognise that the effects of trauma affect individuals, groups and communities.

In November 2022, The Office of Health Improvement and Disparities created a [working definition of trauma-informed practice](#).

Please see our Trauma Informed practice page on our website for more information
[Trauma-Informed Practice](#)

The use of appropriate language plays a crucial role in creating a safe and inclusive environment. Fostering a culture of respect, understanding and openness empowers people who use services and professionals to work together to ensure the wellbeing, safety, and protection of individuals who are at risk of abuse or neglect.

Using appropriate language will highlight that you understand a person's experiences and may encourage someone to disclose harm and abuse or access support. Appropriate language empowers individuals to speak up about concerns or incidents of abuse. Creating an atmosphere where people feel comfortable expressing themselves without fear of judgment is essential for early intervention and prevention of harm.

Please see this link for further information [Case Recording and Use of Appropriate Language](#)

Adults at risk with Care and Support Needs

[Section 42 of the Care Act 2014](#) requires that each local authority must make enquiries (or cause others to do so) if it believes an adult is experiencing, or is at risk of, abuse or neglect.

This applies where a local authority has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there):

- Has needs for care and support (whether or not the authority is meeting any of those needs),
- Is experiencing, or is at risk of, abuse or neglect, and
- As a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it

To report concerns via s.42 please follow this link [Reporting abuse or neglect concerns](#)

Where you suspect significant harm to child please follow this link for advice on how to report: [Report a Concern About a Child or Young Person - Wigan Safeguarding Children's Partnership](#)

Disclosure

Below are some key support points and advice when dealing with a first disclosure, **If the person is in immediate danger or at risk of serious harm, call 999**

Create Safety & Privacy

- Ensure a quiet, private space with no interruptions.

- Maintain a calm, grounded tone and open, non-threatening body language. Be mindful of body language and facial expressions.

Explain confidentiality early.

- Clearly outline what you **can** keep confidential and what you **must** share under safeguarding duties.
- Keep your explanation simple, kind, and transparent.

Listen without Judgement.

- Let the person talk at their own pace.
- Use gentle prompts like “I’m listening” or “Take your time.”
- Avoid reactions that show shock, disbelief, or anger.

Validate & believe.

- Offer supportive statements such as:
 - “Thank you for telling me.”
 - “I’m sorry this happened.”
 - “You’ve done nothing wrong.”
- Avoid asking “why” questions or anything that might imply blame.

Be calm & patient.

- Allow pauses and silence.
- Do not rush the conversation or pressure them to continue if they need a break.

Do not investigate, record factually.

- Do **not** ask for detailed descriptions of what happened.
- Avoid leading, probing, or forensic questions.
- Document using the person’s own words where possible.
- Stick to facts—do not include assumptions, opinions, or interpretations.
- Your role is to receive the disclosure, not gather evidence.
- You can establish the Who/What/Where/When/How, but only take the information you need in order to effectively safeguard and support the person
- ‘Can I ask...?’ rather than ‘Why?’ – ‘why’ implies judgement
- Check you’ve understood what you have been told by summarising back

Focus on immediate safety & follow safeguarding and organisational procedures.

- Gently check if they are currently safe.
- Explore immediate needs (medical care, safe place to stay, urgent risk).
- If there is risk of **harm to them or others**, follow safeguarding procedures promptly.

- Report to the appropriate safeguarding lead if required.
- Ensure the person understands what will happen next and why.

Give choices and information including ongoing support and signposting.

- Let them know what support options exist, such as:
 - Specialist sexual violence services
 - Medical care or [SARC](#)
 - Police reporting
 - Emotional and practical support
- Emphasise that **they** remain in control of decisions.
- Ask what they need right now.
- Provide contact details for follow-up support.
- Check if they have someone safe, they can talk to or be with afterwards.

St. Mary's Sexual Assault Referral Centre

Saint Mary's Sexual Assault Referral Centre (SARC) provides a comprehensive and co-ordinated forensic, counselling and aftercare service to men, women and children living in the Greater Manchester area who have experienced rape or sexual assault, whether this has happened recently or in the past. We also offer immediate crisis support and a forensic service to Cheshire.

For further information visit [St Mary's Centre :: Home](#)

Helplines

- [Greater Manchester Rape Crisis](#) – 0161 273 4500
- [SARA](#) - 0161 647 7559
- [We are Survivors](#) (male only) - 0808 500 2222
- [Rape Crisis \(England & Wales\)](#) - 0808 500 2222

Support for recovery

- Talking Therapies – www.gmmh.nhs.uk/wigan-talking-therapies
- Self Help Guides: - <https://web.nrw.nhs.uk/selfhelp/>
- Padlet – Resource containing lots of Local / National Mental Wellbeing Support - [Mental Wellbeing Support](#)

Information Sharing

The GDPR and Data Protection Act 2018 do not prevent, or limit, the sharing of information for the purposes of keeping children and vulnerable adults safe.

Sharing information with the Local Authority and other agencies, including the Police, should ideally be done with the adult's consent in the first instance.

However, consent should never be a barrier to sharing information where:

- The risk to the individual or others is significant
- The person lacks the mental capacity to make an informed decision

In such circumstances, information must be shared in line with legal and safeguarding duties to protect the adult from harm.

For further information on sharing information visit [Information Sharing](#)

Useful Links

[Sexual Offences Act 2003](#)

[WSAB Trauma-Informed Practice](#)

[WSAB Modern slavery](#)

[WSAB Person in a Position of Trust \(PIPOT\)](#)

[WSAB Understanding non-engagement with services](#)

[WSAB Case Recording and Use of Appropriate Language](#)

[WSAB Information Sharing](#)

[Ann Craft trust - Adult Grooming Factsheet](#)

[Care and support statutory guidance - GOV.UK](#)

[Report a Concern About a Child or Young Person - WSCP](#)

[Reporting abuse or neglect concerns - Wigan Adult Social Care](#)

[National referral mechanism guidance: adult \(England and Wales\) - GOV.UK](#)

[Sexual Incidents in Adult Social Care](#)

[Changing Lives](#)

[St Mary's Sexual Assault Referral Centre](#)

Document Control

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