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Dando, C.J., Ormerod, T. and Atkinson-Sheppard, S.

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Parental experiences of the impact of grooming and criminal exploitation of children for county lines drug trafficking

Coral J. Dando[1]

Thomas C. Ormerod [2]

Sally Atkinson-Sheppard [1]

[1] Dept of Psychology, University of Westminster, London, UK

[2] School of psychology, University of Sussex, Falmer, UK

Address for correspondence:

Coral J. Dando

Dept of Psychology

University of Westminster

Email: c.dando@westminster.ac.uk

Key Words: County lines; Child Criminal Exploitation; Grooming; Parental experiences

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Abstract

Background. County lines is used to describe the illicit drug supply model whereby drugs are transported from one area of the country to another, often by children believed to have been physically and psychologically coerced to do so. County lines is a serious threat to public health, with significant negative impacts on the physical and psychological health and wellbeing of children and families.
Methods. We conducted in depth interviews with parents of children involved in county lines to understand their experiences and the impact of grooming and recruitment. Interviews were conducted between December 2019 and January 2021. Thematic analysis identified four primary themes: (i) out of nowhere behaviour change, (ii) escalation entrenchment, (iii) impact of intervention failures and (iv) destructive lifestyle choices
Results. Parents from across England all reported similar experiences, and so these data offer novel insight into potential grooming and recruitment indicators. All were frustrated by the prevailing vulnerable narrative which they argued hindered understanding. A lack of consultation, and reports of numerous intervention failures was common.
Conclusion. The importance of giving parents a voice and involving them as a potential first line of defence, and how the current vulnerability narrative appears to be closing impactful education opportunities are discussed.

Introduction

County Lines (CL) is used to describe an illicit UK drug supply model whereby drugs are transported across the country, often by children and vulnerable[1] adults who are believed to have been physically and psychologically coerced to do so [1, 2, 3]. Typically, drugs are transported from urban areas to smaller rural and/or coastal towns, facilitated by dedicated mobile phone lines (deal lines). In 2016 the National Crime Agency (NCA) began collecting information concerning the prevalence of CL activity. Just 2 years later CL was acknowledged as a serious threat to public health and wellbeing [4] with 100% of police forces reporting CL activity, a continuing trend even during the COVID-19 pandemic [5]

CL remains an emerging phenomenon. There is a dearth of research concerning the physical and psychological health and wellbeing impacts on children and families. Governments, national leaders and wider policy makers (e.g., HMI Probation, Children's Commissioner & Home Office) are increasingly more aware of CL, much of our understanding is centred on the emergence of CL, and social reactions to it [6; 7; 8; 9] with additional insights from non-government, and charity reports outlining health and wellbeing, and wider impacts [4; 10; 11]. All agree the CL business model relies heavily on child criminal exploitation (CCE) with children as young as 8 years of age transporting and selling mainly class A drugs [11; 12; 13; 14], often becoming 'line holders' themselves, a term used to refer to the person running the deal line [15; 16; 17].

CCE is believed to involve some element of grooming [8; 13; 18; 19] possibly akin to that of adult victims of modern slavery where psychologically controlling and manipulative techniques are employed alongside violence or threats of violence to enforce and reinforce compliance [13; 20; 21; 22; 23; 24; 25; 26]. Hence, CL is an important public health and

[1] Throughout, we use the term vulnerable in its broadest sense to refer to situations or individual differences and circumstances that render a person more exposed to the possibility of harm, either physically or emotionally.

wellbeing issue since criminally exploited individuals are at a higher-than-average risk of drug and sexual abuse and of being convicted of crime. Indeed, CL criminal activity is known to have devastating impacts on individuals and the local and wider communities in which they operate.

Current understanding of grooming of children is largely grounded in sexual exploitation [27; 28; 29; 30; 36] and based upon the perspective of offenders. Research focusing on psychological understanding of behavioural cues and longer-term impact of grooming for CL does not, as far as we are aware, exist. The prevailing narrative suggests some similarities to grooming for sexual exploitation in terms of predatory processes [19; 31], but indicates fundamental differences. For example, strategies to gain access appear to include child-on-child approaches, and while compliance techniques maybe similar at the outset with sexual grooming, violence quickly becomes key. CL grooming and exploitation may be less subtle and more effective, aided by social media platforms offering lifestyle content that is easily accessible and preparatory in nature [10; 26; 31; 32]

It is widely reported that the *types* of children groomed for CL are looked after children, children at points of crisis, children with chaotic lives, who have had adverse childhood experiences, and children of parents/carers with poor mental health, alcohol or drug dependency [3; 4; 12; 33; 34]. These more 'vulnerable' children are believed targeted because parents, carers and other adults may be absent, less engaged and/or unable to 'gate keep' as might be expected when families and children fall outside this definition of vulnerable. There is some indication that children who fall outside this typically defined vulnerable groups may also become involved in CL (e.g., http://www.bespaceaware.co.uk/). However, to date the empirical literature is sparce and so this vulnerability narrative prevails. Yet, vulnerability may be more transitory than the current narrative suggests, perhaps triggered by unexpected events or experiences, creating a vulnerability window. Or, children may be developmentally

vulnerable with parents assuming children are beginning to move into adolescence when behavioural norms often alter (e.g., NSPCC.org.uk). Opportunities for early interventions may be lost due to a lack of understanding and insight, which inhibits the development of public health interventions. Parents may notice unusual or unexpected behaviour changes but may be unaware what CL grooming 'looks' like and how it might be managed when behaviours are a cause for concern.

This research moves towards filling this gap in knowledge. In probably the first research of its kind, we conducted one-to-one semi-structured qualitative interviews to examine perspectives and experiences of parents and carers [35] towards gaining experiential understanding of CL grooming. We set out to discover what does the process 'looks' and 'feels' like and what the impact is on health and well-being of children and families. We employed a life history approach to collect subjective oral narrative accounts across personal timelines to identify instances of change and turning points. Given a lack of research and theoretical understanding of CL, we conducted thematic analysis (TA) [35], generating knowledge grounded in human experience to encourage wider discussion and further research.

Methods

Ethical approval was granted by University of Westminster (ETH1920-0657) and conducted in accordance with Health and Care Practitioner Council codes of ethical conduct. Participation was on a voluntary basis. We advertised widely for parents and carers of children currently involved in CL via social media, charities, parent support organisations and community police. Participants contacted the research team who provided further information and arranged to conduct interviews. Informed written consent was obtained, and participants were given the opportunity to ask questions. Participants could stop and withdraw at any time without explanation. All interviews were digitally audio recorded. A semi-structured interview

protocol allowed the researchers (CD & TO) to engage with participants using open-ended questions and prompts modified according to responses. Audio files and associated field notes were transcribed, de-identified, and imported to qualitative data analysis software (NVivo 10).

Twenty-four self-selecting parents took part (pre-pandemic). Six contacted the researchers via social media, nine via a parent support NGO, the remainder via two Charities. Five withdrew due to concerns regarding personal safety. The final sample comprised 19 female birth parents (36 to 57 years). All attended alone, 60% (12) were in a long-term relationship with the father of the child/young person in question. All the children/adolescents were male and aged under 18 at the time of the research, 50% of parents self-identified as British black/mixed ethnic, 20% as British Asian, and 30% as white British. Parents were all employed (full and part-time) and lived in their own homes (mortgaged or owned outright). Six were teachers/head-teachers, four were legal professionals, four were employed by government and non-government agencies/organisations, three were charity workers, one an academic and one a CEO. Families were variously resident in London, Surrey, Cardiff, Hull, Liverpool, Norwich, Manchester, Lancaster, and Guildford.

Findings

Interviews were read and summarised, resulting in a series of distinct but related themes which were subjected to repeated reading and scrutiny (CD & TO). Analysis revealed significant common patterns in parental lived experiences and impact of experiences. Researchers' interpretive understandings were applied, reducing the data to four overarching themes, i) Out of nowhere behaviour change, ii) Escalation and entrenchment, iii) Impact of intervention failures, and iv) Destructive and risky lifestyle choices, all illustrated below with verbatim data extracts. Themes encompassed behavioural descriptors and physical and mental health impacts.

Out of Nowhere Behaviour Change

Parents described how seemingly ‘out of nowhere’ children’s behaviour changed. Behaviours (see Table 1) fell into two broad subthemes: clusters of behaviours that emerged suddenly; or one significant event triggered by out of character behaviour. such as an arrest or school. Accounts were all prefaced by phrases such as ‘suddenly’ ‘out of the blue’ and ‘from nowhere’. Parents describing how with hindsight they recognised these behaviours as markers, but then they had no understanding of what they indicated.

All parents described when they quizzed their children and discussed incidents towards understanding what had happened and why, all offered seemingly credible accounts. It quickly transpired these accounts were deceptive, either in part or entirely. Parents described deceptive and manipulative behaviours, and how they felt foolish and naïve for giving children the benefit of the doubt. As parents became more and more concerned about behaviours and began to explore accounts in detail and confront children, lies were replaced by dismissive silence or complete denial, accompanied by physically and verbally aggressive behaviours that significantly disrupted family dynamics, and children and parent friendship groups.

Table 1 about here

Escalation and Entrenchment

All parents explained how children’s behaviour quickly escalated (see Table 2 for examples), becoming verbally aggressive, more unpredictable, with most threatening violence. Many became physically violent towards property, parents, siblings and others. Parents (*n* = 14) explained these behaviours were initially intermittent and appeared triggered by parental interventions, for example, when negotiating improvements in behaviours, enforcing previously agreed house rules, calling out deceptive and unacceptable verbal and physical behaviours, and questioning children’s whereabouts. Often in a matter of days or weeks, threatening and violent behaviour became the new normal. Parents explained that, although they realised the seriousness of the emerging situation, they also recognised the need to try to

keep communication channels open wherever possible to develop non-judgmental ways to support their child. Many (*n* = 13) mentioned their child was regularly using drugs at this point – cannabis and crack cocaine. Although timescales differed, all parents indicated violent behaviour very quickly escalated.

Table 2 about here

Impact of Intervention Failures

All parents explained their experiences and impact of numerous and often repeated multi-agency intervention failures (see Table 3 for examples). This theme is dominated by descriptions of perceived systematic failures or failures by individual professionals to understand what children were experiencing or to recognise the true threat (*n* = 16). Many parents blamed themselves, in part, for early intervention failures. They reflected how decisions taken by those they had looked to for guidance and support had, with hindsight, resulted in their child becoming even more vulnerable to intensive 'hard core' coercion and control of criminal exploitation tactics. School exclusions were common to most accounts, every parent believing this had hastened their child's involvement in CL criminal activity. Feelings of helplessness, hopelessness and mental and physical exhaustion were common and enduring by this stage.

Table 3 about here

Destructive Lifestyle Choices

Most parents (*n* = 16) explained they now believed their children appeared to have settled into a lifestyle that 'suited' them and had quickly transitioned from being a victim, in which state they were manipulated and controlled, scared and intimidated, to being a willing 'player' because the rewards (money and status) far outweighed potential risks or because they

had been ‘brainwashed’. All explained children had been brought up to develop agency and appreciate good behaviour and the value of education. Parents were keen to explain their ‘ordinariness’ with good jobs, decent stable homes and that their children wanted for very little, apparently highlighting that criminal exploitation for CL is a threat to *all* children.

Many described how it seemed their children had chosen to remain involved in CL and the devastating realisation that they were now largely lost to them, and to society more generally. That, despite support and ample opportunity to move away from CL, they may have made a costs/benefits type decision to remain. Over half believed that their sons were now running drugs lines themselves and/or involved in coordinating drugs supply. Five parents reported their sons (aged between 15 and 17) were currently serving prison sentences for attempted murder, serious assault and for possession of firearms and knives etc. Eight parents explained their children had been in and out of secure out-of-town accommodation over the past year, but had managed to escape and go missing on several occasions.

The psychological and physical impacts on children’s health and wellbeing were variously described as enduring, insidious, and brutal. Details of near-death injuries requiring surgery and extensive hospital treatment were common because children had been shot, stabbed or beaten up, sometimes at home with parents and siblings present. Children were described as hyper-vigilant and/or anxious and apparently insensitive or desensitised to the personal and wider impact of their lifestyle.

Parents (n = 14) explained the impact on their own mental health and wellbeing, that they had been treated for depression, anxiety and suicidal feelings, and that this had negatively affected their relationships with others including other children and partners. All variously described having to make terrible choices involving significant financial and personal sacrifices to support their children to try and ‘break away’ from CL, including paying drugs debts, turning a blind eye to illegal behaviours and buying drugs for their child. All but one

parent reported these sacrifices had thus far been in vain because of a widescale lack of understanding and general support for parents 'like us'.

Table 4 about here

Discussion

Main finding of the study

Several main findings emerge. First, all parents who contacted the research team fell outside the prevailing vulnerable narrative (e.g., parents with poor mental health, drug and alcohol dependency, chaotic lives). All were frustrated by the 'vulnerable' narrative [1; 2; 4; 5], which they perceived undermines widespread awareness leaving parents unprepared and ill-informed about the true threat of CL. The idea that children from ordinary or 'good' families who attend good schools in affluent areas of England with professional parents who provide a solid home environment are not at risk was seriously flawed, they believed. It fuelled parent blaming, leaving them feeling isolated and less able to speak out. Second, having quickly reached out for professional help, all parents were extremely frustrated and disappointed by a lack of access to impactful and consistent provision to support their children, to protect them from serious physical and psychological harm, and to turn them away from CL activity (e.g., safeguarding, criminal justice system and education). Third, once children were immersed in CL activity, the impact on children's physical and psychological health and wellbeing appeared catastrophic, with serious and enduring carry over effects on parental mental health and wellbeing. Siblings were mentioned, but most parents were reticent to discuss siblings other than that they were cognizant of always having to protect and shield siblings, psychologically and physically.

Parents generally recounted their experiences in a business-like, factual manner, seemingly hardened by what they endured, until discussing the victim/offender dichotomy.

Verbalising their thoughts and concerns, and suggesting their children were no longer victims in the traditional sense because they had clearly now chosen a lifestyle that would ultimately shorten their lives, often triggered highly emotional and trauma-like responses. In some cases, responses were so intense that the researcher halted interviews.

Finally, parents were adamant the victim window was short lived because of the child's age. Intensive hyper-grooming and discursive hyper trust building via social media and other remote synchronous and in-person communicative processes desensitised and isolated children from peers and family, very quickly diminishing free will and agency [36; 37]. All parents believed the psychological damage caused was unassailable. In part, these findings concur with the literature on adult victims of human trafficking and child sexual exploitation, albeit the impact of trust-building, desensitisation and coercive control appeared more immediate here [38; 39; 40].

Generally, these data reveal a pattern of physical and psychological behavioural changes in children, offering potential for developing parent focused and parent led education and information resources centred on patterns of behavioural cues that might otherwise be missed. All parents now recognised these behaviours were neither usual nor normal with 80% describing behaviour changes emerging while children were at junior school or having just moved to senior school, pre teenage and pre-adolescence. Accounts of the inadequacy of interventions, lack of safeguarding responses, and poor societal understanding were also consistent, yet parents were unknown to each other and resided in very different areas of England.

One way of understanding these findings is with reference to the candidacy model, which identifies factors influencing behaviour of individuals, professionals and systems at points on the access route to healthcare services [42; 43]. Parental accounts are peppered with micro and macro complexities associated with identification, navigation, and professional

adjudication, albeit here associated with access to wider support service provision. Nonetheless, identification of candidacy for themselves and/or children did not appear to occur until children's behaviour (physical & psychological) reached a point of crises (escalation & entrenchment). Even then, parents often waited before seeking help because of a lack of wider awareness. They tried to manage the situation themselves, struggling in the early stages to identify and recognise need, then feeling isolated by the prevalent parent blaming and vulnerability narrative. Parents were all able to communicate and articulate need, but report feeling morally and socially judged and often excluded from professional adjudication processes.

Navigating access to support became more and more effortful as children's continued involvement in CL negatively impacted parental health and wellbeing. Parents reported that many of the services they approached felt impermeable at the time, having to fight hard for support and interventions because their children were not always categorized as victims and so were turned away by some professionals.

What is already known on this topic

We understand no empirical research has been conducted with parents of children involved in CL, however the prevailing narrative is that most are highly vulnerable because of their adverse life experiences and current circumstances. Further, that children are subjected to extreme violence and intimidation to ensure compliance and that many children become line holders, seemingly transitioning from victim to offender.

What this study adds

Empirical understanding is vital for effective multi-agency policy and interventions. This research provides novel understanding through a parental lens, offering new insight into the 'types' of children and families drawn into CL and the devastating health and wellbeing impacts on children and families. Parental voices have yet to fully emerge, but findings indicate

a need to i) target the mental health and wellbeing and resilience of parents and carers, ii) raise awareness of the threat of CL to children from *all* socio-economic groups in *all* areas of the country, and ii) give parents a voice as a potential first line of defence, possibly involving them in national, regional and local approaches. Improved education in recognising potential signs early may disrupt initiation and grooming processes before escalation and entrenchment. A systematic public health approach, including multiagency responses and data sharing, as has been suggested to address Human Trafficking [44; 45] may be appropriate. Further developing Health Education initiatives (https://www.makingeverycontactcount.co.uk/) and adopting a 3 P's approach: **P**repare parents, **P**revent escalation and entrenchment, and **P**rotect children and families may be appropriate. There is opportunity to learn from claimed mistakes of the Contest strategy [46], for example, by avoiding assuming CL only affects specific 'vulnerable' groups, and being victim-focused in its widest sense by involving parents as well as agencies in creation and delivery.

Limitations

This sample comprised 24 mothers, but recruitment ceased within 72 hours as potential participants exceeded our research capability. We do not know how representative our sample is, so future research should expand the sample including engaging with male parents and carers. Retrospective accounts were provided, which did not necessarily preclude perceptions. Accordingly, accounts be biased or subject to memory failures/interference. The psychological impact of experiences may also have affected memory for events, although unlikely given the consistency and coherence of accounts.

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The data underlying this article cannot be shared publicly since it comprises audio in-depth interviews with vulnerable participants about children all of whom are currently engaged in criminal activity or serving prison sentences. Parts of anonymised transcriptions may be shared on reasonable request to the corresponding author, but only with additional permission from participants.

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