Nursing Practice

Review

Safeguarding

Child sexual exploitation is increasingly recognised as a problem with potentially devastating consequences. Nurses have a key role in identifying at-risk children.

Protecting children from sexual exploitation

In this article...

› Nurses’ responsibilities in identifying child sexual exploitation
› The effects of child sexual exploitation on health
› Models of child sexual exploitation

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Child sexual exploitation has been a largely hidden but significant issue for many years. Nurses need to be aware of its effects on health so they can identify children and young people affected and work with colleagues from other disciplines and agencies to provide treatment and care.

A number of high-profile court cases in 2013-14 saw child sexual exploitation (CSE) attract significant media and political attention. They also highlighted the role health services can play in the identification and treatment of CSE, which has only been fully recognised in recent years. A difficult and emotive subject, the issue is now a national priority for all practitioners and agencies (Academy of Medical Royal Colleges, 2014; Department of Health, 2014a; Jay, 2014). Their publications are relevant for all staff at all levels who plan, commission or provide services.

What is child sexual exploitation? CSE concerns contact or non-contact child sexual abuse when there is any actual or attempted abuse of a child’s vulnerability or trust, and an opportunity for the abuser to enhance their social standing or receive payment from third parties.

At least 16,500 children in 2010-11 were at risk of CSE. Models of CSE include inappropriate relationships, the “boyfriend model” and peer or organised exploitation.

Role of health staff and services Recent reports clarify the specific responsibilities of health services and staff, who are in a unique position to recognise and assist children and young people who are subject to sexual exploitation (Academy of Medical Royal Colleges, 2014; Department of Health, 2014a).

All healthcare staff should:

› Understand their role in identifying those at risk of or experiencing CSE;
› Identify the warning signs of risk or indicators of CSE;
› Communicate and engage with children and young people so they are encouraged to share information, and are open to the possibility of disclosure;
› Act to safeguard children/young people at risk of or experiencing CSE, regardless of whether they make a disclosure;
› Carry out holistic risk assessments;
› Take advice from internal safeguarding advisers;
› Share information with and make referrals to other agencies including police and children’s social care.

Practitioners must be equipped to refer children and young people to local services. This includes immediate treatment for

5 key points

1 Child sexual exploitation is a form of child sexual abuse
2 At least 16,500 young people were at risk of child sexual exploitation in 2010-11
3 Exploitation is carried out in different ways, sometimes within what perpetrators portray as “loving” relationships
4 Affected children and young people may present with self-harming behaviour, sexually transmitted infections or drug/alcohol problems
5 Nurses and other healthcare staff must engage with children and young people as well as other agencies

Nurses are well placed to identify and support children at risk of exploitation
physical and/or psychological harm, or longer-term recovery treatment when the person is ready. Where children or young people have learning disabilities or language or communication difficulties, practitioners should assess its level then agree and implement how best to support them.

Practitioners should use their local child abuse and sexual exploitation care pathways that provide decision-making points and easy and timely access to services for acute and recovery support.

**Signs of CSE**
Children and young people can present with a range of physical and/or emotional problems to a wide range of health settings including sexual health, unplanned urgent care, mental health and drug and alcohol services. It is therefore essential that all practitioners are aware of the range of presentations, which may include:
- Poor self-care;
- Sexually transmitted infections;
- Contraception;
- Pregnancy/termination;
- Drug and alcohol problems;
- Self-harming behaviours.

Children who have been sexually abused may experience depression, post-traumatic stress disorder, disturbed behaviour or a combination of these (DH, 2014a); approximately 85% of the children interviewed by the Children's Commissioner inquiry (Berelowitz et al, 2013) reported they had self-harmed or attempted suicide as a result of sexual exploitation.

Practitioners must ensure they know how to respond to children at risk of or experiencing CSE. They should have access to single-agency safeguarding and multi-agency training, which is offered by local safeguarding children's boards. The intercollegiate safeguarding training competencies (Royal College of Paediatrics and Child Health, 2014) provide a framework for this.

**Multi-agency working**
It is crucial that staff and agencies work together to promote early intervention to support children and young people, and that staff share and receive information under local multi-agency arrangements. Many areas hold monthly multi-agency sexual exploitation meetings, at which new cases and activity are reviewed against previously reported cases. Co-located teams and/or multi-agency safeguarding hubs can facilitate early information sharing: healthcare staff play an important role in these teams as they often gain information from children and young people.

**Box 1. Models of Child Sexual Exploitation**

- **Inappropriate relationships**
  A sole perpetrator has power or control over a child/young person and uses this to exploit them sexually

- **Boyfriend model**
  The victim believes they are in a loving relationship, but the exploiter forces them to have sex with an associate

- **Peer exploitation**
  A child/young person is forced by peers into sexual activity with a number of other children/young people

- **Organised sexual exploitation**
  Networks of people pass children/young people around for forced sexual activity with multiple people

**NHS England’s role**

NHS England has established a Child Sexual Exploitation Health Sub-Group, accountable to its National Safeguarding Group. It was set up to provide national leadership, support and advice and ensure the actions relating to NHS England arising from the Health Working Group report (DH, 2014b) are delivered. The sub-group will also create a repository for national best practice to be shared by healthcare and agencies.

The sub-group is focusing on the key recommendations from the Health Working Group report. NHS England and its area team safeguarding leads should work with clinical commissioning groups, provider trusts and GPs to ensure that:
- Designated doctors and nurses for safeguarding support their area teams and CCGs’ work on CSE;
- Local multi-agency teams set up to combat CSE are fully representative, including professionals from primary and secondary physical and mental healthcare;
- All child safeguarding training should contain a comprehensive section on sexual exploitation, recognising its profound health consequences. Bodies responsible for this include:
  - NHS England and area team safeguarding leads, CCGs with their designated health professionals and trusts and providers with their named health professionals in their capability development work through local safeguarding children boards;
  - Local health commissioners should promote a joined-up response with partner agencies through care and referral pathways for treatment and recovery services and, where appropriate, involve non-statutory agencies in delivering these services;
  - NHS safeguarding leads at national, regional and local levels should promote a better health response for victims, which could include use of the annual assurance process;
  - NHS organisations and staff should manage information in a transparent way to safeguard children who may be sexually exploited or at risk of exploitation. Staff should be aware that safeguarding issues override usual confidentiality requirements, and be confident to act accordingly, following the advice of the named doctor and nurse for safeguarding, and keeping the child informed as appropriate.

**Summary**

The profile of CSE has been raised through a series of tragic and shocking cases. It is vital that all staff listen to children and young people, to learn from their experiences and improve services, as their voice is crucial in identifying those at risk of sexual exploitation and stopping this form of abuse. By listening and acting upon concerns, practitioners will make a significant contribution in identifying those at risk of CSE and supporting the treatment and recovery of those harmed. NT

**References**


Royal College of Paediatrics and Child Health (2014) Safeguarding Children and Young People: Roles and Competencies for Health Care Staff. tinyurl.com/CSExcompece