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Representation: National Forum of School Health Educators

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Title: The school nurses role in tackling child sexual exploitation

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Child Sexual Exploitation (CSE) is a mainstream child protection issue which can impact upon any child in any community (Barnados 2011). Until recently this abhorrent sexual abuse crime remained hidden, rarely recognised and/or identified by professionals and young people as exploitation (Department of Health (DH) 2014). The impact of CSE is devastating as it causes a catastrophic effect on a child/young person’s psychological, emotional and physical health and wellbeing leaving them “deeply traumatised and scarred for life” (Barnados 2011, p.1).

Research undertaken by the NSPCC (2000) estimates the prevalence of CSE affects between 650,000 and two million children and young people under the age of sixteen. However it is apparent that these “estimates are not likely to be accurate” (DH 2014, p.17) due to this crime being vastly under identified and reported, data is often missing or incomplete and/or concealed in other categories of abuse and crime (Berelowitz et al 2012).

Following the publication of the thematic assessment of CSE by the Child Exploitation and Online Protection Centre (CEOP 2013), current and emerging trends within this child protection issue indicate that both contact sexual abuse and non-contact sexual abuse (Figure One) are the greatest risks of CSE in children and young people in today’s society. According to this data there have been 10,000 new victims of contact sexual abuse and 1,000 reported cases of children being subject to online victimisation within the last year (CEOP 2013).

Figure One: Definitions of CSE (NWG 2008)

The sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive ‘something’ (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of performing, and/or others performing on them, sexual activities (Contact Sexual Abuse).

Child sexual exploitation can occur through use of technology without the child’s immediate recognition, for example the persuasion to post sexual images on the internet/mobile phones with no immediate payment or gain (Non- Contact Sexual Abuse).

Evidently the identification and recognition of indicators of CSE in children and young people is one of the many challenges professionals face in practice (Roberts 2014).

This is due to the complexity of this abuse as children and young people will often present with a varied range of signs and indicators such as: low self-confidence, gang association, mental health problems, missing from home or care, sexually transmitted infections or pregnancy, offending, physical injuries (Figure Two). Hence a co-ordinated response from Health, Education, Police and Social Care is required, as each agency has their own specific responsibilities and expertise in addressing this safeguarding issue (DH 2014).

Figure Two: CSE warning signs and indicators of abuse (DH 2014, p.77).



Incidentally school nurses are central to tackling CSE due to their public health role working at a population, community and individual level (2012a), thus are in a fundamental position to support children and young people through the whole CSE care continuum from prevention through to recovery (DH 2014):

Prevention:

The delivery of collaborative preventative education programmes within schools or other settings will raise awareness and highlight issues of CSE at a universal level and hopefully encourage children and young people to speak out against abuse (NWG 2014).

Identification:

School nurses are often a first point of contact for children and young people due to being seen as reliable, available and non-stigmatising for sensitive issues (Baudier & Pallais-Baudier 2005). By 'making every contact count' (Royal College of Nursing, RCN 2012) this provides school nurses with a unique opportunity to "build a supportive and collaborative relationship" (NICE 2005, p.11) based upon trust which will support children and young people to discuss or disclose any concerns relating to abuse, enabling detection.

Assessment/Protection:

Through undertaking health needs assessments as part of their role leading on the 'Healthy Child' programme (DH 2009) this can assist in the early identification of risk factors associated with CSE (DH/PHE 2014). This will enable a holistic risk assessment to be completed, information to be shared and prompt referral to appropriate services thus safeguarding children and young people whether or not a disclosure of abuse has occurred.

Recovery:

From a strategic perspective school nurses work jointly with other agencies and Local Safeguarding Children's Boards (LSCB's) which feed into local "multi-agency assessments and reviews such as - MASE (Multi-agency Sexual Exploitation meetings) which consider new cases and activity against previously reported cases of CSE" (DH 2014, p.36). This data eventually feeds into Joint Strategic Needs Assessments (JSNA's) by gathering population level information, supporting further research into CSE and most importantly should support the commissioning of accessible, high quality and evidence based services at a local level (DH 2014).

The promotion of the school nursing role in recognising, addressing and responding to CSE has been commended (DH 2014). It is evident that the school nurses role in tackling CSE spans the whole continuum of care from prevention, identification, assessment, protection and recovery. Therefore the forthcoming introduction of the CSE care pathway for school nurses (DH 2014) is encouraging as this will underpin, guide and support their decision making in

their response to this child protection issue, which is clearly an integral aspect of their role in practice.

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