

Safeguarding Children Newsletter for GP Practices

September 2013



please note that all images have been taken from stock photos rather than being of real victims

Child Sexual Exploitation (CSE) is, as you will be aware, a 'hot issue' nationally at present. However, some of you may be surprised to know that it is an equally 'hot issue' locally, i.e. within North Yorkshire & York.

Within York we have recently undertaken a Serious Case Review (review of all agencies involvement where a child is killed or permanently impaired & it is believed that abuse or neglect are involved) on a 13 year old girl who was very heavily involved in CSE, and where 31 men were involved, many of whom have subsequently been convicted of this crime.

In Scarborough we have recently undertaken a CSE Mapping exercise & identified a significant number of young people who we believe to be victims of CSE.

Definition:

"Sexual exploitation of children and young people under 18 involves exploitative situations and relationships where young people (or a third person) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing sexual activities.

It also can occur through the use of technology without the child's immediate recognition; e.g. being persuaded to post sexual images on the Internet/mobile phones without immediate payment or gain.

In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources.

Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's

limited availability of choice resulting from their social/economic and/or emotional vulnerability.”

Local Case Examples:

1. Jane (SR CCG area): Jane is a 16 year old drug user. She got into ‘debt’ with her drug dealer to about £6k. Her dealer has said that she can pay off her debt to him at £5 per time by performing oral sex on him.



2. Jenny (VoY CCG area): Jenny was 13 years old when she first had sex with an 18 year old who her step-father ‘introduced her to’. Jenny went on to be seriously sexually exploited by her step-father & others, being made to travel to various places within the UK to have sex with a variety of different men, who paid her step father.



3. Emma (HaRD CCG area) is 15 and subject to a Child Protection Plan regarding Neglect. Emma had, for some time, been staying out late, missing from home, not engaging with Education, and associating with older men. Her parents are unable to implement safe boundaries. The Plan started when she was 14. (She has an older sister and there are the same concerns for her.) Whilst on a Plan she has had a baby. The birth father is older and part of the Traveling community. He is currently under Police investigation for a number of sexual offences. As far as we are aware he does not know about the baby. The Mum is subject to a Youth Referral Order and has a multi agency package of support. The baby is also on Plan category neglect.



4. Martin (HRW CCG area) is a 17 year old boy who attended CAMHS for help with anxiety management, and has been asking for medication at higher doses than his consultant is prepared to issue. So Martin started to buy street drugs from a 50 year old man in his locality. However, Martin hadn’t enough money to pay for the drugs that he wanted so the man told him that he could ‘pay’ for them by giving the man oral sex.



Potential Victims:

Potentially any child or young person, but some groups are more at risk than others:

Warning Signs:

The following are typical vulnerabilities in children prior to abuse:

- Living in a chaotic or dysfunctional household (including parental substance use, domestic violence, parental mental health issues, parental criminality)
- History of abuse (sexual, physical or emotional abuse and neglect).
- Recent bereavement or loss.
- Goes to same school as/friends with other young people who are sexually exploited.
- Learning disabilities.
- Unsure about their sexual orientation or unable to disclose sexual orientation to their families (particularly boys).
- Homeless or living in a hostel or bed and breakfast accommodation or living in residential care or estranged from family
- Low self-esteem or self-confidence or Lacking friends from the same age group.
- Young carer.
- Missing from home or care or school, OR regularly home late.
- Repeated physical injuries or genital injuries (also look for marks around wrists or legs – tying)
- Drug or alcohol misuse.
- Involvement in offending.
- Repeat sexually transmitted infections, pregnancy and terminations.
- Change in physical appearance.
- Evidence of sexual bullying and/or vulnerability through the internet and/or social networking sites.
- Receipt of gifts, alcohol or drugs from unknown sources.
- Self-harm, or thoughts or attempts at suicide.

Roles of General Practitioners & Practice Staff:

- Really **See the Child:** the child's needs can easily be overshadowed by the needs of the parents/carers. Keep the child in focus.
- **Look for CSE** - It is easier to ignore the problem or seek other, more comfortable explanations for our observations

- **Don't Underestimate the Problem:** CSE is happening in & around every town in North Yorkshire & York.
- **Don't Condone the Problem:** Sexual exploitation is NEVER 'bad behaviour' or a 'choice' for young people, whatever they might tell you. They will often lie due to fear of their exploiters, and will very rarely see themselves as being exploited.
- **Know What to Do if You Have Concerns:** ring the Designated Nurse or Doctor for advice if you are unsure whether to refer this child to Social Care/Police.
- **Record & Share Information:** Different people hold pieces of information; it is only when agencies share information together that the picture is complete. This involves effective record keeping and communication between agencies.

Worries & Concerns?

- **The Doctor-Patient Relationship:** Where there are suspicions of child abuse or sexual exploitation, you may have to adopt a much more assertive approach. Protecting a child from sexual exploitation will always assume priority.
- **Individual Freedom Versus the Nanny State:** Children do not choose to be sexually exploited (even when they don't recognise that they are being exploited). In the Children Act 1989, society has reserved the right to interfere in adults & children's lives to protect children, and GMC guidance reflects this.

Need Some Advice?

Please contact your local Designated Nurses, Nurse Consultants for Safeguarding Children: either Sue Roughton (07946-337290) or Elaine Wyllie (07917-800793) who work Monday-Friday 8.30am-5pm.

Outside normal office hours, please contact the Consultant Paediatrician on call at your local hospital.

More Info?

Keep them Safe has teamed up with Parents Against Child Sexual Exploitation (PACE) and the Safeguarding Children e-Academy to provide a free online course for professionals & parents to equip themselves with the knowledge to protect their children against **child sexual exploitation**.

[Safeguarding Children e-academy](http://www.safeguardingchildren.co.uk/) or
<http://www.safeguardingchildren.co.uk/>

National Working Group on CSE: <http://www.nationalworkinggroup.org/>

NSPCC Information re CSE:

http://www.nspcc.org.uk/Inform/resourcesforprofessionals/sexualabuse/cse-introduction_wda97566.html

If you think a young person under 18 years of age might be involved in sexual exploitation, CHECK IT OUT with either your local Designated professionals, North Yorkshire Police Protecting Vulnerable People Unit or Children's Social Care.