



Guidance for physicians on the detection of child sexual exploitation

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Background

This guidance is intended to support physicians to recognise potential cases of child sexual exploitation (CSE) and seek support to protect vulnerable children and young people.

An awareness of CSE is essential for physicians. Physicians could be working with current victims of CSE, young people at risk of CSE, or children and adults who have previously been victims of CSE. In law, a child is anyone who has not yet reached their 18th birthday. However, some young people aged 18 or over may have vulnerabilities that put them at risk of CSE, or it may be ongoing into young adulthood.

Recent high-profile cases have drawn attention to CSE. In many cases, reviews have shown that these young people had attended many adult services where CSE could have been, but was not, considered. Reports by the Office of the Children's Commissioner's Inquiry into Child Sexual Exploitation by Gangs and Groups have shown that CSE is extensive.^{1,2} Doctors cannot ignore this issue.

In 2014, the Academy of Medical Royal Colleges set up a working group that produced a report³ in collaboration with the Department of Health and third-sector partners. This complements the report of the independent Health Working Group on Child Sexual Exploitation, chaired by the Department of Health.⁴ The Home Office's 2015 report on tackling CSE⁵ and the accompanying letter from government ministers⁶ emphasise joint working and information sharing, and *Working together to safeguard children*⁷ gives more advice on information sharing by health and social care.

The information sharing letter from the government to services including health and wellbeing boards and GPs, dated 3 March 2015, states:

*A teenager at risk of child sexual exploitation is a child at risk of significant harm. Nothing should stand in the way of sharing information in relation to child sexual abuse, even where there are issues with consent.*⁶

The General Medical Council^{8,9} considers that all doctors have a responsibility for child protection. Some physicians may not have had any training or experience in this issue, or may not have considered it their problem in the past. However, with training and support linked to clear referral processes, physicians can make an important contribution to protecting young people and to improving the use of medical resources where medical symptoms, self-harm attendances or deteriorations in chronic health problems are related to CSE. It is therefore the responsibility of any doctor seeing a young person in any medical setting to consider CSE.

Definition of CSE (Department for Children, Schools and Families, 2009)

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' (eg food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities. Child sexual exploitation can occur through the use of technology without the child's immediate recognition; for example 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.¹⁰

Risk factors

Any young person can be at risk of CSE. Media reports have depicted CSE as typically being perpetrated by groups of older Asian men against younger white girls. However, this picture is not representative and CSE affects all ethnic groups, all social classes, and boys and young men as well as girls and young women. It is also perpetrated by all ethnicities and may be peer on peer (where one child or young person perpetrates CSE against another), particularly in gang culture.

There are some groups of young people who are more at risk, including those currently or previously in care, those with learning difficulties and those who are young carers, but consideration should not be confined to these groups.

Presentation of CSE in medical specialties

Physicians should consider CSE in any young person they see. There are certain presentations in medicine that merit more careful consideration than others, as they can be signs that a young person is a victim or at risk of CSE. These include self-harming, unexplained persistent or recurrent medical symptoms such as headaches, abdominal pain, rectal symptoms and uncontrolled asthma. Young people may present with mental health problems or sexual health presentations too. All of these presentations may be related to previous or current sexual abuse or sexual exploitation.

Identification

It is vital that physicians consider CSE if they are to help identify victims and prevent those at risk from becoming victims.

*Spotting the signs*¹¹ is a tool to help professionals who work with young people to detect CSE. This tool, which has been developed by the British Association for Sexual Health and HIV and the young people's sexual health charity Brook, includes simple questions that can help to identify possible risk factors for CSE, such as alcohol and drug use, going missing from home, and alienation from family and friends. It was initially designed to be used wherever a sexual health service is provided, be that in hospital or in general practice, but it is equally applicable to any health service provider, irrespective of the service(s) being offered.

All physicians should familiarise themselves with this tool so that they are aware of risk factors and how they might identify them.

What to do if you suspect CSE

No young person (under the age of 18) can consent to their own abuse, but many may not recognise it as such and may play down or deny any risk.

If you have any concerns at all about a young person's risk of CSE, then it is vital to speak to someone with more experience. This can be done without identifying the young person.

Physicians are not expected to be experts in CSE, but they do have a crucial role in helping to identify CSE when it is happening or when a young person may be at risk. Physicians can seek advice from safeguarding leads in their service and from sexual health colleagues. No doctor should make a decision to refer or not to refer a young person to specialist CSE services or social services on their own, but instead they should discuss the case with experienced colleagues and link into a safeguarding team within their own service or institution.

Referral to specialist CSE services or social services should usually be done with the young person's consent. However, if consent is not given, referral may still be necessary and the overall wellbeing and safety of the young person are paramount.

If the young person discloses information that suggests they are in serious danger, then urgent action is required, which may mean immediate discussion with police and/or social care.

Further information and training

Training is available through local safeguarding teams; online resources are also available. A short e-learning resource¹² is freely available, and all physicians who come into contact with young people should undertake this training.

Integration of this topic into undergraduate and postgraduate medical curricula is to be encouraged.

Summary

CSE can affect any young person, irrespective of social class, gender, sexual orientation, ethnicity or location. Physicians have a key role in identifying not only those young people who are being exploited, but also those at risk of exploitation. Protecting a young person from harm overrides any other consideration, including confidentiality in most cases. Failing to consider CSE in any young person attending for medical care is unacceptable.

References

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