AYPH Conference 2016

School Nurse approach to safeguarding, FGM and CSE

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Introduction

- All these topics are very complex and very serious
- All involve sex and the abuse of power and are linked to other forms of violence (domestic abuse, gangs, forced marriage)
- There is no place for minimisation
- There is no place for secrecy
- Despite the (limited) agency of young people all should be managed through child protection - how we conceptualise the issues defines the actions we take
- The need to work with perpetrators and potential future perpetrators as well as victims/survivors and protective adults is increasingly acknowledged
Definition of Child Sexual Abuse

- Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening.

- The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet).

- Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

- (Working Together To Safeguard Children)
Where are we in our thinking?

- Do we have an unconscious denial of scale and harm?
- Professional fear of not being contemporary
- Conspicuous response to people in power eg celebrities, clerics etc
- But high prevalence and in all communities
- Sexual abuse is extremely harmful
- Awareness of CSE is increasing
- Child Sexual Abuse may be:
  - Intra, inter or extra familial
  - Abuse by siblings
  - Abuse by exploitation, trafficking, gangs, internet and technology
Child Sexual Exploitation - we need to keep the ‘C’ in mind - this is about serious harm to children. Working together highlights CSE as under 18’s in exploitative relationships: can be boys as well as girls

Guard against professional views such as young people are choosing to engage in risky behaviour, that they are agents of their own abuse or making bad choices

That coercive relationships are not consensual relationships, no is always an option! Young people sometimes feel that they have to say yes for reasons such as they have previously been sexually active, or they have had a number of partners, or simply that it is a seemingly consensual relationship

Consent should be given freely and not be forced, coerced or obtained through violent or humiliating means.

Rape is not a simple fact of everyday life (GANGS)

Sexual exploitation is an abuse of power

We need to understand what consent means and ensure that the young people we are working with understand. This can be achieved in 1-1s and relationship and SRE lessons.
School nurses need to be aware of:

- warning signs and vulnerabilities checklist list
- S.A.F.E.G.U.A.R.D mnemonic
- Local assessment guidelines such as Bichard assessment for sexually active young people
- Pan Manchester assessment such as Phoenix risk assessment
- Think: Is the young person especially secretive or disengaging from friends? Are they associating with older men or women? MFH/staying out late/staying out all night? Odd phone calls/texts or social media messages? New or expensive items such as phones or jewellery? Distrust of adults/authority?
Impact on the child - may see behaviour but not the cause

- Powerlessness
- Stigma
- Helplessness
- Existential crisis
- Dissociative coping - inability to trust, repressed anger, pseudo-maturity, grief and loss, lack of mastery and control
- Trauma based coping - aggression, impaired empathy, passivity, substance abuse, self harm, self loathing, disregard for the future
- May also see STIs, frequent requests for Pregnancy tests, wants to keep phone on in clinics
Gender Violence: Female Genital Mutilation (FGM)

- FGM is a violation of the human rights of girls and women and reflects deep-rooted inequality between the sexes.
- Since it is almost always carried out on minors it is also a violation of the rights of children.
What is Female Genital Mutilation?

- The partial or total removal of the external female genital organs for cultural, non-medical reasons. Four main types have been described:

- Type 1: Removal of all or part of the clitoris and clitoral hood
- Type 2: Removal of the clitoris and inner labia
- Type 3: Removal of all or part of the inner and outer labia, and closure of the vagina, also known as infibulation
- Type 4: All other harmful procedures to the female genital organs for non-medical purposes, for example piercing, pricking, incising, scraping, stretching or cauterising the labia

FGM is a form of child abuse and violence against women and girls, and therefore should be dealt with as part of existing child protection structures.
Female Genital Mutilation

Prevalence
It is estimated that, across the world, there are approximately 130 million women and girls living with FGM, mainly in 29 African countries, the Middle East and Asia. Somalia, Egypt, Mali, Burkina Faso, Sudan, Guinea, Sierra Leone 88% or more
Information about the prevalence rates of FGM around the world and the names used for FGM in different parts of the world
http://tinyurl.com/nfcyoeB
Currently in England and Wales, it is estimated that there are at least 20,000 girls aged between 5 and 15 at risk. Approximately half of these will have experienced the most damaging form of FGM, type 3.
Gender Violence: Female Genital Mutilation (FGM)

A key reason for practising FGM is to ensure that girls and women conform to a highly valued cultural practice and social norm.

Fundamental to the practice of FGM is the control it gives to men over women’s behaviour.

It differs from other forms of gender violence in that:

- Women are not only victims, but are involved in its perpetuation.
- Female relatives usually arrange for FGM to take place.
- It is usually performed by traditional female excisers.
- Globally it is increasingly practiced by both male and female healthcare providers.
The reasons families choose FGM for their daughters are complex, and deeply rooted in tradition. Parents may not articulate their reasons, but believe it to be an important aspect of their culture, and that their family and daughters will be dishonoured without it. Although FGM is a legal and a child protection issue, it may be carried out by loving families who believe they are doing the best for their children.
Harms from FGM

- Pain
- Haemorrhage
- Infection
- Death
- Sexual problems
- Risk to pregnant woman
- Risk to baby
- Medical help should be offered

- Confusion and lack of trust
- Regret
- Post traumatic stress
- Psychosexual problems
- Negative impact on school work
- Affective disorders
- Counselling should be offered
What must you do?

- You don’t have to be an expert but reporting is mandatory and not at your discretion
- You must treat all allegations seriously
- FGM is illegal
- Refer via local child protection procedures to police and Children’s Social Care
- Safeguard all the female children in the family
- Do not discuss with parents or community leaders before child protection reporting
- Do not fear being considered ‘racist’ for reporting FGM
Gender Violence: Domestic Violence (DV)

Teenage Abusive Relationships

- Young people aged 15-24 are more at risk of domestic abuse than any other age group.
- Nearly one in ten have been physically abused by a partner or ex-partner in the last year.
- One out of every thirteen women aged 16-19 will have been sexually abused by a boyfriend in the last year.
In March 2013 the definition of domestic abuse was widened to cover forms of non violent coercive behaviour and include under 18’s for the first time.

Implications for all agencies to prevent and support young people from this abuse.

Both Domestic Abuse and Sexual Exploitation are about POWER and CONTROL and trap victims in a cycle of FEAR and DEPENDENCY.
Understand, support, believe and don’t judge: school nurse response

- Provide confidential services and support to meet children and young people’s needs. Supporting a child’s needs includes taking safeguarding action when it is needed
- Improve equity of services in rural areas
- Support delivery of PSHE and sex education and work with schools to address child sexual exploitation
- Support the normalization of accessing school nursing services by removing stigma and embarrassment
- Support children and young people to understand the situation and to make informed choices.
- Utilize technology to improve access
Key messages

- Allow yourself to accept the massive scale of gender violence
- Air topics on all possible occasions, teach, talk to clients and avoid secrecy
- Acknowledge the power imbalance for children
- Get supervision and professional advice
- Learn more - the issues are highly complex but
- This is abuse of children so its clear we have to listen and always act to protect
School nurse interventions in a local area re CSE/FGM/CSA/DA

- **Community:** Working with the wider team to ensure that these issues remain high priority: Phoenix week of action for CSE, joined up working with social care, education and the police to ensure CSE is widely known eg day of action in town Centre to advertise services and raise awareness. Joined visits to local hot spots. Sports event in local skate park with police, DACSE team and police. Stalls at local events. All agencies working together as one integrated team eg Stockport Family

- **Universal:** Assemblies in school to advertise service. Multi agency but integrated team assemblies with the police, drugs team, social worker to raise awareness. Posters in school nurse rooms. PSHE/SRE to deliver age appropriate education and encourage discussion re the issue of sexual abuse/CSE/FGM and domestic abuse.

- **Universal Plus:** school nurse clinics, 1-1 support and holistic assessments for all young people who request sexual health advice. Screening for STIs Advice support and screening for those at risk. Drop in clinic that YP can access independently to discuss any concerns. Small group interventions with vulnerable young people such as Valentines specials, Real love rocks, Sex, secrets and lies Using restorative approaches (working WITH the young person)

- **Universal Partnership Plus:** supporting young people in school following disclosure. Providing emotional health support and referral with issues such as self harm, low mood. School nurse input to the DACSE team
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- Children’s Commissioner - Protecting Children from Harm
- Pearce (2012): 4 issues with the current definition
- British Youth Council, March 2014
- Jill Beswick SAPHNA chair
Resources

- Expect Respect Toolkit [www.womensaid.org.uk](http://www.womensaid.org.uk)
- [www.thisisabuse.direct.gov.uk](http://www.thisisabuse.direct.gov.uk)
- Co-ordinated Action Against Domestic Abuse [www.caada.org.uk](http://www.caada.org.uk)
- Child Exploitation Online Protection Centre [www.ceop.police.uk/publications](http://www.ceop.police.uk/publications)
- NWG
- Barnardos sex secrets and lies
- Real love rocks
- Karma Nirvana for FGM