



Sexual Activity in Children/Young People in Northern Ireland - Protocol for Professional Staff

In any situation regarding children/young people their welfare must be the professional's paramount consideration.

Aims of Protocol

To provide guidance for professional staff in contact with children/young people who are sexually active enabling them to:-

1. Protect children/young people from:-
 - Abuse and exploitation
 - Sexually transmitted infections and unwanted pregnancy
2. Identify children/young people in need of professional support and advice

Reporting of Sexual Activity between Children Under the Age of 14 Years

As the law stands in Northern Ireland, any person who has sexual intercourse with a girl under the age of 14 years, commits a serious offence, (Section 4 of the Criminal Law Amendment Act 1885) the punishment for which can be a sentence of up to life imprisonment. This provision does not exempt consensual sex between minors. Penetrative sex involving a child under the age of 14 years is therefore extremely serious and, should be taken to indicate a risk of significant harm to the child. Professionals who are aware of such activities should also be mindful of the fact that under Section 5 of the Criminal Law Act (NI) (1967) a person who has knowledge of and fails to report to the police an offence which carries a possible punishment of 5 or more years imprisonment, commits an offence punishable by up to 5 years imprisonment.

Where the activity involves penetrative sex there would always be reasonable cause to suspect that the child may be suffering or is likely to suffer significant harm. It is unlikely that any one professional, acting in isolation, would be able to determine that this is not the case based solely on the information presented by the child concerned.

Referral

In each case where a child under the age of 14 years is engaging in penetrative sex, a referral should be made to the Gateway Service Team Manager in the relevant Health and Social Services Trust. Without specific and informed input from PSNI, it would not be possible to properly assess the level of risk, particularly where there is sexual abuse. Therefore in the case of children under 14 years, a strategy meeting will always be required in such cases.

Children under the age of 14 years may be engaging in other sexual activity which, under current legislation can be unlawful with either a boy or a girl by virtue of the generic offence of indecent assault and the offence of indecent conduct towards a child. In view of the risks to children within this age group, professionals who have knowledge that a child is engaging in other sexual activity should always have a discussion with the Trust in accordance with paragraphs 5.6 and 9.47 of the ACPC Policy and Procedures.

Particular consideration should be afforded to activities which are presented as consensual and between peers. These may, on further enquiry, reveal unequal power relationships, the involvement of an adult rather than a peer and, on occasions, extended networks of abuse. It is well accepted, for example, that a key aspect of grooming a child for abuse involves enticing the child into a collusive deception as to the true nature of the relationship. This deception might well extend to an interview or discussion with a professional regarding medical, contraceptive or other advice.

Sexual Health

This Policy is based upon good safeguarding practice regarding the sharing of information and is hoped will not deter children or young people from seeking support and advice when they need it. Whilst acknowledging the need to safeguard children from abuse/ exploitation it is also vitally important that they are safeguarded from the consequences of unwanted pregnancy and sexually transmitted infections. Therefore it is important that the sharing of information between agencies does not deter children/young people from seeking support and advice when required.

It is essential therefore that professionals should explain in a positive and sensitive way the reasons for sharing of information and the role of Social Services and provide reassurance that the child's information will be handled in a thoughtful and supportive manner.

The following guidance (which should be read in conjunction with ACPC Regional Policy and Procedures on Child Protection) aims to advise professionals on when/how to refer children/young people to the relevant agencies when required whilst providing reassurance to the child/ young person that their information will be handled in a sensitive and supportive manner.

Contents:

Flowchart: Sexual Activity in Children/Young People - Regional Guidance for Professionals
Risk Assessment Tool (including Fraser Guidelines)



Risk Assessment Tool: Evaluating young patients who may be sexually active.

Evidence shows that there are a number of factors which may be seen as 'protective' and some regarded as indicating 'higher risk' for young people engaging in sexual activity.

This tool is designed for use by staff working with young people in any capacity, to explore and ascertain the 'risk' to individuals from their actual or potential sexual activity. It is imperative that these very sensitive issues are dealt with carefully and may need to be explored over a period of time. Some of the information is more relevant to staff working in sexual health clinics specifically, but information regarding personal circumstances can be useful to anyone assessing the risk or vulnerability of a young person with whom they are working. Many of the questions are aimed at assessing the 'competency' of the young person to be engaged in sexual activity, rather than just age specific.

Focus groups with both staff and young people demonstrate the need to allow young people to feel confident in this discussion, having established a rapport with the health professional. Detailed and intrusive questioning at the first visit could be counter-productive.

The table sets out pertinent factors and their link to 'risk'. The list is not exhaustive, but designed to provide a prompt to staff when discussing sexual health. Also included are examples of ways to pose questions and responses marked** ranked as very high risk warranting definite referral. An overview of all factors should enhance the decision making process for possible referrals.

The information from the tool will provide relevant information should discussion with senior colleagues/ social services be required. Referrals should be made in accordance to Regional ACPC policies and procedures 2005/ Co-operating to Protect and Safeguarding Children 2003, via Gateway teams as per Local arrangements for your Trust.

(NB For clinical staff, detailed medical, drug and family history must also be taken and recorded in the notes)

Relevant factors AGE:	Suggested Screening Question/Observations	Additional Information Explanatory notes	Response	Level of Concern (Moderate or High)
Work/ school	"Do you attend school or college or are you working?"	Poor educational achievement assoc with higher risk teen pregnancy*	Good achievements Excluded? Left? Truancy?	Lower Higher
Social circumstances	"How is your home life and who lives at home?"	In Care assoc with higher risk teen pregnancy*	Look for In Care/ fostering etc Higher risk	Higher
Social circumstances	"Do you or your family have a social worker assigned?"	Other concerns?	Yes No	Higher Moderate
Parental Knowledge (Fraser competency)	"Do your parents know you have come here today?"	Open discussion with family 'protective' factor against teen pregnancy*	Yes No	Lower Moderate
Fraser competency	"Have you had sex or are you just thinking about having it?" (Are they likely to begin or continue to have sex with or without contraception?)		Just thinking Already active	Lower High risk of pregnancy and STIs
Fraser competency	Do parents know you are having sex? Will you tell your parents?" (Can they be persuaded of the value of informing parent sexual health advice is being sought?)		Yes No	Lower Higher

Relevant factors AGE:	Suggested Screening Question/Observations	Additional Information Explanatory notes	Response	Level of Concern (Moderate or High)
Fraser competency	"Have you thought about other consequences of having sexual intercourse: pregnancy, sexually transmitted infections?"	Are they 'mature' enough to grasp implications of their sexual activity -moral, social, emotional etc.	Yes No**	Lower High
Fraser competency	Without treatment or advice is their physical or mental health likely to suffer?		Yes No	High risk of pregnancy and STIs
Fraser competency	Do they understand the advice?		Yes No**	Lower Very High
Child protection	Any signs of physical abuse? (Bruises, burns, fractures, lack of care/hygiene)	Overt child protection concern	No Yes**	Lower Very High
Mental Health	Any signs of self-harming? (Tell tale cutting/ mutilation, previous OD, eating disorder, drug use, alcohol use, voicing suicidal ideation, or threats of harming another)	Mental health issues associated with poorer sexual health outcomes	No Yes**	Lower Very High
Fraser competency	Is it in their best interests to give advice, treatment or both without parental consent?		Yes No	High risk of pregnancy and STIs

Relevant factors AGE:	Suggested Screening Question/Observations	Additional Information Explanatory notes	Response	Level of Concern (Moderate or High)
Sexual History	"Is anyone putting you under pressure to get contraception or have sex?"		Yes** No	Very High Lower
Sexual History	"Have you ever in the past been forced to have sex?"		No Yes**	Moderate Very High
Partner history	"What age is your partner?"		Same age < 3 years older > 3 years older**	Lower Moderate High
Social networks	"Who do you get support or advice from?" "Do you have friends and family you can confide in?"	Over dependency on partner/ isolation? – less empowered to make informed choices	No Yes, good networks	High Lower
Partner history	"Tell me about your partner, how well do you know him/her?" (Name of partner??)	Get a sense of the nature of relationship, power imbalance, related to partner, stranger?	Power imbalance or coercion**	Very High
Partner history	"Does your partner or you have sex with other people too?"		Yes No	High Lower

Sexual History	"When did you first have sex?"		Only starting Vs Long standing (i.e. young when began)**	Mod
Sexual History	"Is this your first partner?"		No Yes	Higher Lower
Partner history	"Does your partner ever persuade you to have sex when you don't want to?"		No	Lower
Partner history	"Do you ever get presents of gifts for having sex?" (Money, clothes, jewellery, cigarettes etc)		Yes** No	Very High Lower
Partner history	"Do you ever have sex when you don't want to?"		No Yes**	Lower V High
Partner history	"Are you ever afraid of your partner?"		No Yes**	Lower Very High
Social/ Mental wellbeing	"Do you feel in control of your life?"	Consider other needs/ GP involvement etc,	Yes No	Lower High
Social/ Mental wellbeing	"Do you ever feel isolated?"		No Yes	Lower High
Sexual History	"Do you feel the time is about right to have sex?"		Yes No	Lower High
Sexual History	"Would you be able to say no if you did not feel this was the right time?"		Yes No**	Lower Very High

Sexual History	“When did you first have sex?”		Only starting Vs Long standing (i.e. young when began)**	Mod Very High
Sexual History	“What are your preferences for contraception? What do your friends use?” How good do you think you might be at remembering pills?	Knowledge and understanding. Opportunity for health promotion, STI risk etc		
Sexual History	“Have you had sex without condoms or any other method of contraception?”		No Yes	Lower High risk of pregnancy and STIs

What should I do if I am concerned that a young person is “at risk”?

The young person may not always perceive that you are acting in their best interests by sharing concerns, and you may feel uncomfortable when that young person is angry/ upset. **However, it is important to remember that if information is not dealt with properly and not passed on appropriately, then we may be colluding with an abusive situation.**

- Listen carefully and record accurately details of the history, risk assessment questionnaire and clinical findings (with diagrams). If a child is suspected of having been sexually abused, a referral must be made via gateway teams who can arrange appropriate and timely medical assessment.
- Tell the young person that you believe him/her and reassure them that what has happened is not their fault.
- Emphasise the seriousness of the situation and the need for it to stop (or for it to be prevented).
- Explain that it is in the interests of their safety and protection that you should share your concerns, and that you would like their consent to do so. Assure them that you will only share information on a need to know basis. It may require several consultations with the young person in order to facilitate agreement of disclosure to relevant services.
- Consult the young person at every stage and explain what you are doing, to what extent their information has been shared and what is likely to happen. The client should remain in control of the situation wherever possible and be part of decisions

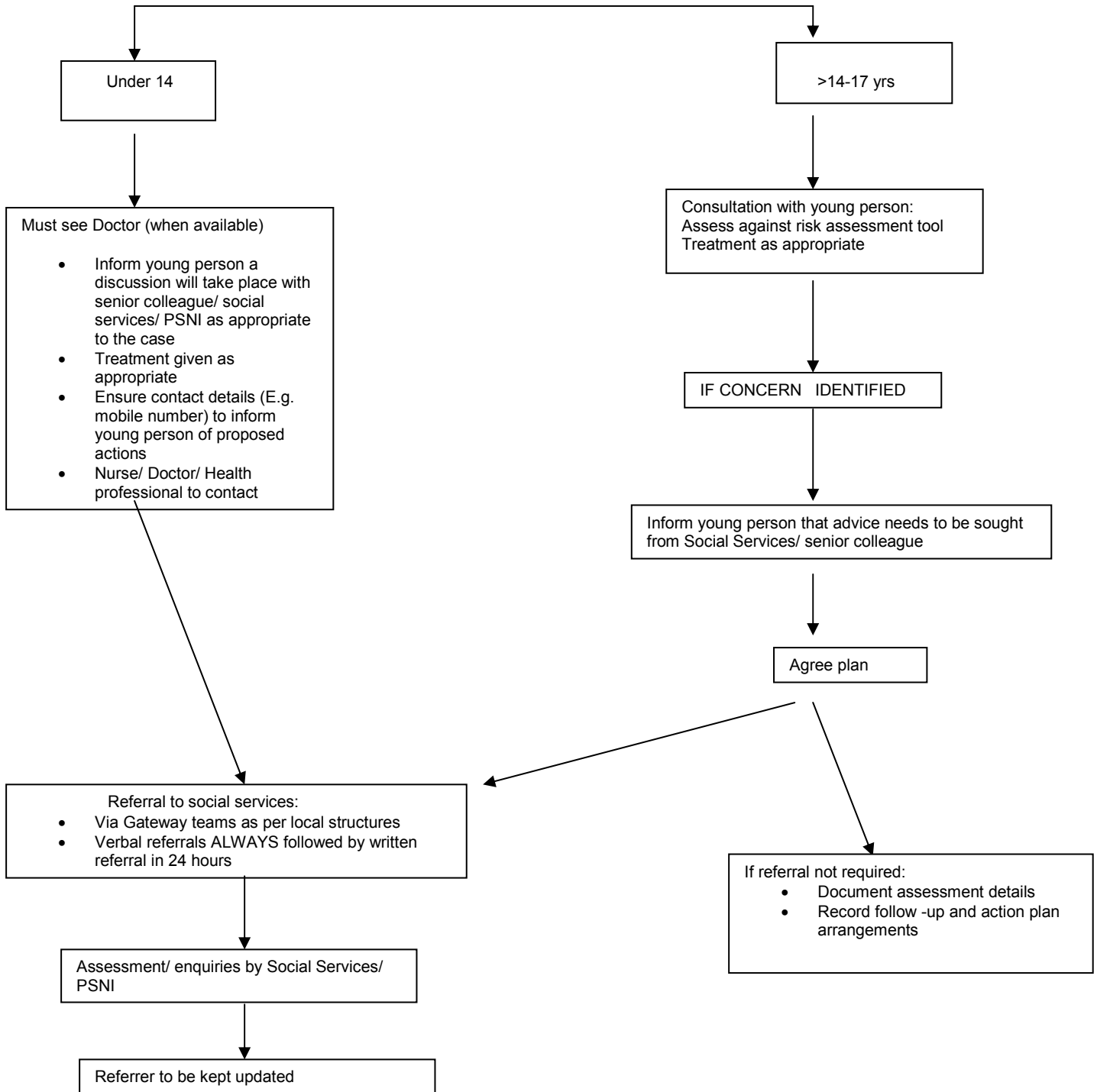
made about them. Clients must be aware that even without their consent it may be necessary to report to preserve their safety and safeguard their interests.

- Discuss the case with the most senior person on duty at the clinic, and social services via the Gateway team
- If there is doubt regarding a situation it is important to consider that other agencies may have additional information which when brought together may indicate a much more serious and definite level of concern.
- If there is a concern of child protection the next step is to inform the Social Work Department
- If the situation is concerning stranger abuse (i.e.: outside the family), it is the Police who should be contacted initially (although social work may also be involved).

NB: The following Flow Chart should be read in conjunction with ACPC Regional Policy and Procedures 2005/Co operating to Safeguard Children 2003 **AND SHOULD NOT BE** used in isolation.

CONSULTATION

Clarify any concerns in partnership with young person/parents (as appropriate) Highlight the need to speak with the young person alone (See risk assessment tool). Discussion with young person re: confidentiality/disclosure issues



1. Prior to any consultation with young person, staff MUST clearly outline Confidentiality Policy.
2. In relation to documentation, details of the assessment and discussion with appropriate agencies should be in keeping with professional Guidelines, Regional and Trust Policy.
3. In the absence of availability of senior colleague, it is the staff member's responsibility to contact Social Services for advice.