

Normal sexual behaviour or concerning?

1. Anishka, age 4, attempts to touch her brother's penis and asks "what is that?"
2. Amy, age 5, asks her classmates if they want to have sex with her.
3. Roberto, age 3 persistently attempts to touch the genitals of his male teachers.
4. Simon, age 9 exposes his genitals in the local park with the intention of being seen by passers-by.
5. Raul and Emily, age 11 and 12, are kissing.
6. Ajay, age 13, regularly invites Femi, age 13 who has a learning disability into his bedroom and insists on closing the door.
7. Tilly, aged 16 is overheard telling her close friends about having intercourse and oral sex with her boyfriend. He is a 17 year old at the same school. She tells them that she enjoys it.

Green behaviours reflect safe and healthy sexual development.

- displayed between children or young people of similar age or developmental ability
- reflective of natural curiosity, experimentation, consensual activities and positive choices

Amber behaviours have the potential to be outside of safe and healthy behaviour. They may be:

- unusual for that particular child or young person
- of potential concern due to age, or developmental differences
- of potential concern due to activity type, frequency, duration or context in which they occur

Red behaviours are outside of safe and healthy behaviour. They may be:

- excessive, secretive, compulsive, coercive, degrading or threatening
- involving significant age, developmental, or power differences
- of concern due to the activity type, frequency, duration or the context in which they occur

Assessing the behaviour

- Is the presenting behaviour consensual for all children or young people involved?
- Is the behaviour reflective of natural curiosity or experimentation?
- Does the behaviour involve children or young people of a similar age or developmental ability?
- Is the behaviour occurring in a public or private space?
Is this a cause for concern?
- Are other children or young people showing signs of alarm or distress as a result of the behaviour?
- Does action need to be taken? If so, what?

Normal sexual behaviour or concerning?

1. Anishka, age 4, attempts to touch her brother's penis and asks "what is that?"
2. Amy, age 5, asks her classmates if they want to have sex with her.
3. Roberto, age 3 persistently attempts to touch the genitals of his male teachers.
4. Simon, age 9 exposes his genitals in the local park with the intention of being seen by passers-by.
5. Raul and Emily, age 11 and 12, are kissing.
6. Ajay, age 13, regularly invites Femi, age 13 who has a learning disability into his bedroom and insists on closing the door.
7. Tilly, aged 16 is overheard telling her close friends about having intercourse and oral sex with her boyfriend. He is a 17 year old at the same school. She tells them that she enjoys it.

Difficult conversations

- Abby (14) 11am comes for her appointment. She needs Emergency contraception after UPSI 24 hours ago.
- She's difficult to take a history from, hard to engage with and wants to 'get her pills and leave'. She's looking at her phone constantly and dressed casually (no school uniform)
- What do we need to consider/ask?

Fraser Guidelines

- Young person understands the information given
- Parental consent has been explored with the young person
- The young person will continue to have sexual intercourse with or without treatment
- There is a risk to the young person's physical / mental health if treatment withheld.
- It is in their best interest to give advice or treatment

Further info

- Sexually active for a year
- Partner 23 , they are in a relationship.
- He works at local KFC
- Your assessment is that she's Fraser competent
- Lives with a foster carer , previously exposed to DV in the home , doesn't like school – bullied and no friendship circle
- Has new iPhone and happy to pay for EHC if it makes the consultation ' quicker'. Says partner waiting outside and doesn't want to keep him waiting.

What are we going to do?

- Refer to Mash
- Passed to MASE / SIP

Definition of CSE

CSE is a form of child sexual abuse that involves under-18s in exploitative situations, contexts and relationships.

Coerced, manipulated or deceived into sexual activity

(a) in exchange for something the victim needs or wants,

and/or

(b) for the financial advantage or increased status of the perpetrator or facilitator.

Legal Definitions

- The age of consent (the legal age to have sex) in the UK is 16 years old.
- Anyone under the age of 13 can never legally give consent.
- Anyone engaging in sexual activity with a child who is 12 or younger will be subject to penalties set out under the Sexual Offences Act 2003.

ASK!

- Young people will only tell if they have been asked, the importance of asking the questions must be emphasised.
- Young people expect health professionals to ask certain questions. If you don't ask, this can lead to a loss of trust.
- Health Service staff need to ask the question of young people and in the right way.
- Questions such a “have you ever taken part in a sexual activity that you didn't want to?”

Suicide and self harm

Case 1

- You are doing a pill start on a 16 year old girl. Previously been fit and well with no concerns or PMH.
- She is hesitant to roll up her sleeve, when she does you notice healed scarring on the inside of her forearm. 5 x 3-4 cm scars.
- What do you say?
- What do you do?

National picture on Self Harm

Incidence, clinical management, and mortality risk following self harm among children and adolescents: cohort study in primary care

- A 68% increase in self harm incidence was found among girls aged 13-16 between 2011 and 2014
- Self harm is the strongest risk factor for subsequent suicide, with suicide being the second commonest cause of death before age 25 worldwide
- Illustrated an “inverse care law,” for referral to CAMHS when considering deprivation.
- In the study, children and adolescents who had harmed themselves were over nine times more likely to die unnaturally during the follow-up period than their unaffected peers; specifically, they were 17 times more likely to die by suicide.

GPs role identifying young people who self-harm: a mixed methods study

- Many young people who self-harm do visit their GP but do not access specialist support. GP's can find it challenging to raise and discuss this sensitive subject with young people during short consultations.
- Themes – GPs may be underestimating the prevalence of self-harm in young people and particularly in 11–14 age range.
- Some GPs interviewed said that they lacked confidence when talking to young people about self-harm and were anxious about the potential link to suicide; *'I think not everyone feels confident in asking about it. I think a lot of it depends on how much you see and how much you kind of get used to doing it'* (GP05)

What should we do?

- Ask about self harm and consider in 11-14 age group
- Early referral
- Inform School with consent
- School nursing

Ten common themes in suicide by children and young people:

Home	School
MH issues in Family Abuse and neglect Social isolation (25%)	Bullying (mostly historical, was reported in 22%) Exam pressure (29%)
Health	Suicide / death
Physical health conditions (36%) had a physical health condition, the most common conditions being acne and asthma. Substance misuse (drugs and alcohol) Mental ill health, previous self harm	Bereavement (28%)(13% by the suicide of a family member or friend) Experience of suicide Suicide related internet use (was an antecedent in 23% of deaths)

Things to look out for:

- The majority (54%) had indicated their risk through previous self-harm
- Around a quarter (27%) had expressed suicidal ideas in the week before they died
- Almost half (43%) were not known to any service or agency. Most antecedents of suicide—exam pressures, abuse, bullying, bereavement, physical health conditions and self-harm—were more common in the females who died.

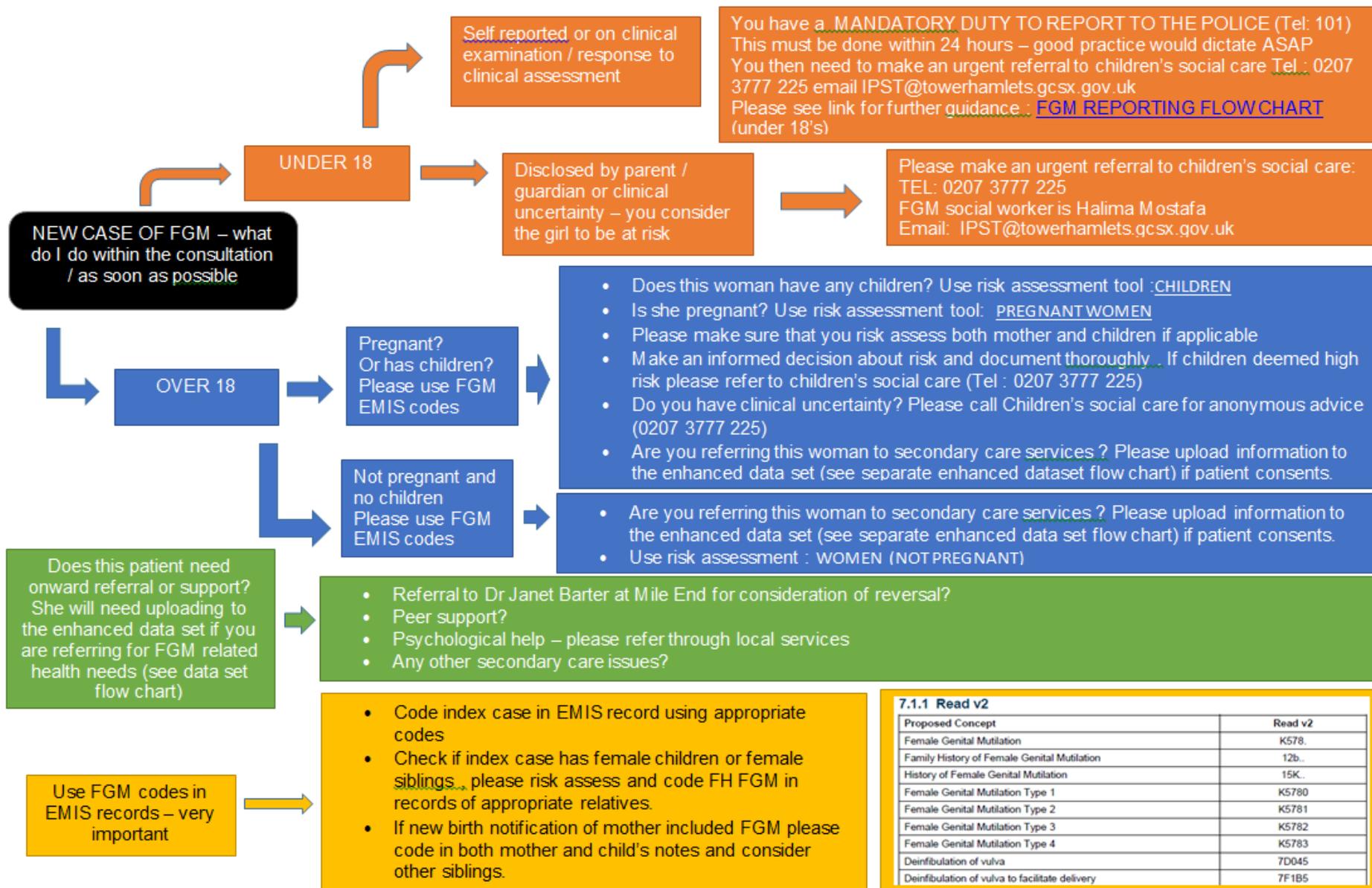
Difficult conversations

What would you say to these patients?

1. You see a 32 year old Eritrean lady who has a vaginal discharge. On examination you notice that she has undergone FGM.
2. A Somali man requests more of his medication as he is going on holiday to Somalia with his family. He has two daughters aged 5 and 10.

Discuss in pairs.

TOWER HAMLETS FGM FLOW CHART



7.1.1 Read v2

Proposed Concept	Read v2
Female Genital Mutilation	K578.
Family History of Female Genital Mutilation	12b.
History of Female Genital Mutilation	15K.
Female Genital Mutilation Type 1	K5780
Female Genital Mutilation Type 2	K5781
Female Genital Mutilation Type 3	K5782
Female Genital Mutilation Type 4	K5783
Deinfibulation of vulva	7D045
Deinfibulation of vulva to facilitate delivery	7F1B5