The Inbetweeners: 16 and 17 year olds attending SRH are vulnerable

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Introduction

In England & Wales, despite being able to legally consent to sexual activity, 16 and 17 year olds are vulnerable to child sexual exploitation (CSE). Irrespective of age a variety of factors may influence the ability to give consent. In addition, those under 18 cannot consent to their own abuse.

Young people who have experienced CSE remain vulnerable when they turn 18, but opportunities for intervention may be missed under current systems. The Crime Survey for England and Wales identified that females aged 16 and 17 are at the highest risk of being a victim of a sexual offence – with nearly 1 in 10 (8.6 %) of them reporting that they have experienced a sexual offence in the past 12 months.¹ In the years 2014-2015, police in England recorded approximately 4,900 sexual offence cases – including sexual exploitation, rape and sexual assaults – against 16 and 17 year olds. Of these, only 860 proceeded to being charged or receiving a summons.¹

Consultations with 16 & 17 year olds should be an opportunity to identify exploitation and assess for the presence of vulnerabilities that increase the risk of exploitation. In this review, we analysed risk factors identified in consultations for under 18s attending our sexual and reproductive health (SRH) service.

Methods

In the financial year 2015-16 there were 1975 attendances of 998 individuals aged under 18 at our SRH service. A risk assessment proforma was used in 98.8% (n=505/511) of those 16 or under and 72.9% (n=355/487) of those aged 17. These were collated from electronic reports via GUMCAD and customized Lilie Crystal reports, and analysed using pivot tables.

Results

	Under 16 (%)	Age 16 (%)	Age 17 (%)
New safeguarding concern	7	4.3	3.8
Known to social care	34	20	20
>10 sexual partners	1	3.2	4.2

Prevalence of mental health difficulties

Age of current or last partner

Consent to contact agencies if required was documented in 12% (n=103) consultations; 45% (n=46) did not give consent of which 37% (n=17) were known to social care.

Housing was documented in 98% (n=846). 13% (n=110) did not live at the family home.

Discussion

Using a risk assessment proforma with 16 and 17 year olds enabled staff to recognise vulnerabilities related to CSE and it can act as a platform to discuss risks with those that may be at increased risk of exploitation. Over half of all CSE concerns were among this age group. When transitioning to online and adult services care models should include assessment to identify vulnerabilities such as pre-existing involvement with social care, older partners & mental health difficulties. Consultations with all under 18s should explore choice and consent to sexual activity. Staff should be competent in managing disclosures and have a working knowledge of social care, referral thresholds and pathways within local networks for those at risk of CSE.

Further work should be undertaken to quantify workload so that clinics ensure staffing supports the delivery of excellent care. In particular time taken to make referrals, discuss with named professionals, diary and telephone follow-up in an attempt to support engagement.

References

¹The Children's Society. Old enough to know better?: why sexually exploited older teenagers are being overlooked (2015). https://www.childrensociety.org.uk/sites/default/files/cse002_report_summary_v7_lowres.pdf [Accessed on 9th June 2017.]