WORKSHOP

Sex, Drugs and Rock 'n' Roll

Issues for Paediatricians?

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AIMS

1. Consider dilemmas of working with young people
2. Examine issues of concern (sexual health and drug misuse)
1. Gain awareness of professional guidance
2. Understand legal framework
3. Consider ethical dilemmas
4. Consider the role of the paediatrician

QUIZ

Consensual sex between two 15 year olds is lawful where both parties are ' Fraser competent'. True ☐ False ☐

Vaginal sex between a 12 year old girl and a 14 year old boy would be classified as ' rape' even if she fully consented and even if he believed she was older True ☐ False ☐

The duty of confidentiality owed to an 18 year old girl seeking contraception is absolute True ☐ False ☐

Young people, under the age of 16 years, have a right to contraceptive advice regardless of what others (including health professionals) may regard as being in their best interests. True ☐ False ☐

If not prepared to offer contraceptive advice to an under age girl, there is no requirement that the GP should do so, or make arrangements for the girl to be seen elsewhere True ☐ False ☐

The age of consent is 16 for heterosexual activity and 18 for homosexual acts True ☐ False ☐

A social worker, nurse or teacher may commit a sexual offence by have consensual sex with someone aged 17. True ☐ False ☐

The Sexual Offences Act 2003 states that a person is not guilty of aiding, abetting or counselling a sexual offence against a child where they are acting for the purpose of protecting a child from pregnancy or sexually transmitted infection, protecting the physical safety of a child or promoting the child's emotional well-being by the giving of advice These defences apply only to health professionals. True ☐ False ☐

Present government advice states 'Cases involving under 13 year olds should always be discussed with a nominated child protection lead within the organisation ' and that ' There should be a presumption that the case will be referred to children's social care' True ☐ False ☐

Government advice also states 'Consideration should be given in every case of sexual activity involving a child aged 13 – 15 years old as to whether there should be a discussion with other agencies and whether a referral should be made to children's social care' True ☐ False ☐

A N S W E R S T O Q U I Z

- Consensual sex between 15 year olds
  - FALSE – Sexual intercourse in which one or both parties is under 16yrs is unlawful in E and W
- Vaginal sex 12 year old girl and 14 year old boy
  - TRUE – Under 13years consent is not an issue as it cannot be legally given. Penetrative sex with an under 13yr old is – by definition – rape (Vaginal, anal, oral). Dependant on circumstances there can be the lesser charge of 'assault by penetration', 'sexual assault', 'causing a person to engage in sexual activity without consent'
- Duty of confidentiality to an 18 year old girl
  - FALSE – Few rights or duties can be said to be absolute. Duty of confidentiality can be over-ruled by over-riding public interest. NB The duty of confidentiality to a person under 18 years is the same as that owed to any other person (DoH Guidance 2004)
- Young people under 16yrs – right to contraceptive advice
  - FALSE – Provision of contraceptive advice and treatment without parental knowledge only becomes lawful if the child has sufficient maturity to understand, if they are likely to continue with or without contraception, if they cannot be persuaded to to share with parents/carers, if their physical / mental health would suffer and if it in their best interests

- GP not prepared to offer contraceptive advice
  - FALSE – The personal beliefs of a practitioner should not prejudice the care offered… the doctor is required to ensure that alternative means are available for such advice.
- Age of consent
  - FALSE – Age of consent is now 16 years for all sexual activity - heterosexual and homosexual
- Professional having sex with a 17 year old
  - TRUE – SOA provides a new tier of protection for 'older' children (16/17yr old) from adults in a 'position of trust' where the adult has a professional relationship with the YP – consent of the YP is NOT relevant.
- SOA (2003) 'aiding, abetting or counselling a sexual offence
  - FALSE – The statement is correct in principle but does not cover healthalone - it covers any other person who acts to protect the child including parents
- Government advice re under 13 yr olds and re 13-15yr old
  - Both TRUE – these recommendations are contained in 'Working Together' to Safeguard Children' 2006 – aimed at improving co-operation across agencies

CASE STUDIES

Case1

A 15 year old attends a sexual health clinic requesting contraception. She says she has had intercourse with her 15 year old boyfriend on one occasion, no contraception was used.

Her parents are not aware that she is attending clinic and have no knowledge that she has been sexually active. She is studying for her GCSE's and hopes to train to become a solicitor, her parents are very ambitious for her and are strict about her social life.

The doctor discusses the need to share this with her parents but she is adamant that she does not want to involve them. She appears to be an intelligent young woman and understanding of the issues involved in making this decision.

Her periods started aged 11 years and had been regular but she is unsure of the date of her last period and thinks it may be late. The doctor discusses the possibility of pregnancy and offers a pregnancy test in view of the uncertainty of her LMP.

The test is positive and the young woman states that she wishes to be referred for termination of the pregnancy. The doctor again discusses the need to share this with her parents and she remains adamant that she does not want them to be involved.

What issues does the doctor need to address?

What is the legal situation?

What guidance is available to the doctor?

Case1

What issues does the doctor need to address?

- Discuss further sharing with Parents
- Assess Gillick competence
- Ask if boyfriend would attend (joint responsibility / is he actually 15 / his profile)
- Try to find an alternate adult supporter – ask permission to D/W School Nurse / Children's Services NB Cannot D/W either without her permission unless you have reason to believe that she is not competent or that she has been / is being abused.
- The doctor should discuss this with their colleagues if at all uncertain.

What is the legal situation?

- In law the girl and boy were not old enough to give consent and therefore an offence has been committed, However, if they are both 15 and competent and there is no power disparity the GP would not be expected to inform Children's Service or the police (Working Together) The GP could check to see if there was a Child Protection Plan which may change the assessment of the situation and lead to a need to disclose.
- IF the GP considers her to be Gillick Competent then her wishes must be respected unless there are concerns re her safety / Child Protection issues.

What guidance is available to the doctor?

- The guidance we have is within the Children Act and associated guidance, The Working Together documents, the Sexual Offences Act and The Mental Capacity Act

Case 1 cont:

Would the considerations and decisions made be different if:

The girl was 16 years old – She is old enough to legally be sexually active, is deemed to have capacity because of her age and is able to give consent. However, she is still legally a child and the GP would need to act if there were known or suspected child protection issues.

The girl was 13 years old. – the GP is more likely to need to contact Children's Services – it would be fairly exceptional not to. Also was the girl 13 or 12 when she became pregnant – if 12 yrs that is statutory rape and there is an expectation that this will be shared.

Case 1 cont:

Would the considerations and decisions made be different if:

In each case (the girl being 15, 16 and 13 years old) would the considerations and decisions made be different if:

The boyfriend was 17 years –probably not if she 15 or 16 unless there was a power disparity or he was a known risk (history of sexual offences / drug misuse etc). If she is 13years this would need to be very carefully considered – the case is likely to need to be with Children's Services

The boyfriend was 28 years old– this must be referred where the girl is 13yrs and 15yrs and – although old enough to consent to sexual activity - the case of the 16yr old should be carefully examined as there is a wide age gap and she is still, legally, a child.

The guidance we have is within the Children Act and associated guidance, The Working Together documents, the Sexual Offences Act and The Mental Capacity Act

Case 2

A young woman, thought to be 15 years old, is referred to a paediatric clinic for assessment. She has been classified as an unaccompanied minor who has recently arrived from Sudan and is thought by Children's Services to have been physically, emotionally and sexually abused. She has been place in a residential placement by the local authority and she is accompanied to clinic by a residential care worker.

The care worker asks to see the doctor alone and explains that there are concerns regarding the girl's age and her health. In particular there is a concern that she may be pregnant and that she may be HIV and/or hepatitis B or C positive. Children's services are requesting an examination to clarify her age, whether there is any physical evidence of physical or sexual abuse and whether she is pregnant. They are also requesting testing for sexually transmitted disease in particular re HIV / Hepatitis B/C.

The care worker is unsure how these issues have been addressed with the girl.

What issues does the doctor need to address?

What is the legal situation?

What guidance is available to the doctor?

What issues does the doctor need to address?

Language – ensure there is an interpreter and that the issues are discussed with the girl in a manner that enables her to understand the concerns of children's services, explains possible assessment and treatment – the doctor will need too assess the young woman's capacity and competence to understand and consent. It may be necessary to have an appropriate adult to support and advocate on behalf of the girl.

Age – the doctor needs to be VERY clear that it is NOT possible to 'age' the girl with any reasonable level of accuracy – the important issue is to define and address her needs

HIV/ HepB/C testing – the doctor needs to know the system to organise counselling, collect the bloods and time it to be able to get the results as quickly as possible.

Do pregnancy test, if she is in agreement, and have referral route available for her if she is pregnant.

What is the legal situation?

The doctor needs to check if there are any legal orders giving the local authority parental control.

What guidance is available to the doctor?

The guidance we have is within the Children Act and associated guidance, The Working Together documents, the Sexual Offences Act and The Mental Capacity Act

Case 2 cont:

Would there be differences in the considerations if the girl was an English child looked after under an interim care order.

This should make no difference other than the local authority share parental control and the court would need to sanction medical treatment.

The guidance we have is within the Children Act and associated guidance, The Working Together documents, the Sexual Offences Act and The Mental Capacity Act

Dilemmas of working with young people - ours

1 How 'old' are they? (ie functionally)

2 Are they here because they are worried?

3 Do they know why they are attending?

4 How much do they understand?

5 Are they competent to deal with the issues at hand?

6 Do they have the capacity to make decisions?

7 Do they have good parental support

Dilemmas of working with young people - theirs

1 Confidentiality?

2 Are you interested in their problem?

3 Will you speak to them?

4 Will you listen to them?

5 Will you be honest with them?

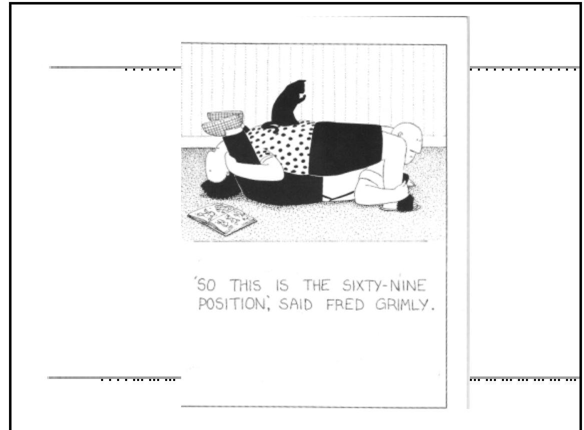
Concerns - ours

1 How do we speak to them?
With Parent / Carer?
Alone?
Both?

2 How do we ask them 'difficult 'questions re sex/substance use?

3 Is their practice / use experimental, problematic or abusive?

4 How much do they understand - is it more than we do? !!



Concerns - theirs

1 What will happen? What do we expect of them?

2 Will we understand them and their point of view?

3 Will we ask them 'difficult 'questions?

4 Will we ask about things they don't understand?

5 Will they be able to tell us they don't understand?

Concerns - theirs

Will we respect their right to confidentiality?

CONFIDENTIALITY

- Duty of confidentiality
- What is confidentiality
- Using and disclosing information

CONSENT

- explicit
- implied

CAPACITY

- all people aged 16 years + (England, Wales, N. Ireland)

  (12 years+ Scotland)
- Under 16 years must demonstrate competence
- 'Fraser' vs 'Gillick'

Consider

- can YP understand (use simple language/communication aids)
- can YP consider advantages vs disadvantages
- can YP retain information long enough
- can YP make a free choice

ISSUES IN RELATION TO SEXUAL HEALTH

- maturity (physical and emotional)
- competence
- partners age - ? 'Appropriate'
- number of partners
- drug and alcohol use
- evidence of 'grooming'

CONFIDENTIALITY VS CHILD PROTECTION

- < 13 years presumption of reporting to social services

  (Working Together to Safeguard Children)
  (NB New Sexual Offences Act)
- seek consent
- inform YP

ONLY IN EXCEPTIONAL CIRCUMSTANCES SHOULD CONFIDENTIALITY BE BROKEN

If health, safety, or welfare of YP, or others, would otherwise be at grave risk

+ legal exceptions
  'general public interest'

SEXUAL OFFENCES ACT 2003

- the role of criminal law is to set standards in what is acceptable and not acceptable behaviour in society
- to treat everyone fairly

CHANGES

- age of consent remains 16years
- not intended to prosecute 'mutually agreed' teenage sexual activity unless it involves abuse or exploitation
- protecting the under 13's
- protecting the under 16's and 16-18's
- new offences to reflect concerns about issues such as grooming

WHAT DO YP WORRY ABOUT?

- deliberate breaches of confidentiality to parents/ carers, particularly concerning pregnancy
- inadvertent breaches
- 'gossipy' staff
- confidential information sent by post

MANAGING DIFFICULT SITUATIONS WITH YP

- discuss involvement of parents or another appropriate person but respect YP's final decision

  (except if 'Grave Risk')

KEY QUESTIONS

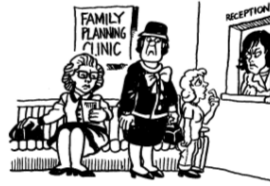
- how can the YP be best helped to protect him/herself, or others from harm?
- would further advice or intervention be helpful?
- is the situation so serious and urgent that to disclose against YP wishes should be considered?
- what support/counselling will the YP be offered?

SAME DUTIES FOR YP AS FOR ADULTS

- disclose information that identifies YP only if need to (anonymise if possible)
- inform YP reason / use of information
- ask YP for consent to disclose
- keep disclosures to minimum

ACCIDENTAL DISCLOSURE

- an overheard conversation
- a computer screen displaying confidential patient information
- patient records or correspondence unattended and seen by others



HOW TO REASSURE YOUNG PEOPLE

- dedicated young people's clinic
- statement about confidentiality in waiting room/ practice leaflet
- specific leaflet for YP
- talking about confidentiality during the consultation
- prepare case – have information if possible
- informing other professionals who may refer, such as teachers, youth workers that confidentially will be respected

Vulnerable Young People

What 'challenging circumstances are faced by young people?

Vulnerable Young People - challenging circumstances

Social / Environmental circumstances
- Poverty / debt / social deprivation
- Educational opportunity – Academic and social
- NB Bullying / Peer pressure – Geography

Parental and family factors
- Parental behaviour – drug / alcohol misuse, domestic violence, parental disharmony, 'marital break down, criminal behaviour ,
- Parental profile – learning difficulty /disability, mental health problems, chronic ill health / disability / chronic unemployment
- Member of family with chronic ill health / disability – Abuse – emotional, physical, sexual – Bereavement

Inherent factors
- Learning difficulty / disability,
- Mental health issues – ADHD, Autistic spectrum disorder, depression etc
- Physical disability
- Sexual identity

Vulnerable Young People

How might these young people present to the Health services?

Vulnerable Young People – presentation to health

- Health Contacts - A and E (accident / assault / intoxication) In/Out patient – Acute / chronic illness / Non organic illness
- Failing to attend clinic
- Educational Referral - Educational difficulty / Statement / EWO / Home tuition / Home education
- 'Challenging behaviours' - ADHD/ASD/ Conduct disorder /Depression / Self harm
- Health Promotional Projects
- Children's Services Referral - Safeguarding - Child in need /Child in need of protection / Looked after children
- Sexual health issues – Contraception – Pregnancy – Sexually transmitted disease
- Excessive risk taking and criminal behaviours
  - Drug and alcohol misuse
  - Theft – Violence – TWOC'ing
  - Prostitution
- Youth services / YOT / YDAP Outcomes for these Young People

Vulnerable Young People

Outcome for these Young People

Vulnerable Young People - Outcome

Maintenance of the cycle of deprivation

- Drug and alcohol misuse
- Early parenthood / Poor parenting skills
- Difficulties in relationships with family, peers and professionals

Young people CAN do well - they can display amazing RESILIENCE – this is the factor that we need to seek and support and – where it is missing – we need to try to find some way of developing it

Vulnerable Young People

What can we do as health professionals?

Vulnerable Young People - What we can do as health professionals?

- Respect YP and do not tolerate disrespect for them
- Be aware of suggestive signs and symptoms, be willing to act
- Be interested and care, be willing to spend time with them
- Have good working knowledge of services for YP in your area, signpost where you cannot provide directly. Acknowledge that there are those already working with YP and be willing to work in partnership with them – understand that you can be a very powerful advocate for them and their services and . Thereby, to young people. e.g. YDAP, YOS
- Keep your knowledge of young people's issues up to date

Encourage and promote participation of your colleagues, your Trust, multiagency groups and the colleges

- Advocate for dedicated services with good transitional arrangements

Substance Use: whose problem is it?

We all have a role to play in tackling substances use and misuse

Assessment of the health needs of YP who are using is crucial

Child Health Professionals are ideally placed to provide meaningful education and information to YP at risk

In YP whose use is of significant concern it is highly likely that there are also significant vulnerabilities. There is a high likelihood of significant unmet health need and potential child protection issues. A comprehensive review of their health records is likely to provide information of such need and evidence of less than adequate care throughout their life. This can contribute to multiagency assessment and is invaluable in talking to the YP when addressing their health.

Health Professionals should :

Have an understanding of the use/misuse of substances in YP

Be able to screen for substance misuse

Be able to give age appropriate advice on substance misuse issues.

Be willing and able to provide support to parents and the families of adolescents who are using substances

Work closely with local dedicated services

Defining substance misuse

Non-use (Abstinence)
Experimental
Social
Prodromal / At risk
Abuse / harmful
Dependence

Alcohol – the most significant and harmful substance misused!

The use of heroin among young people is falling but the use of alcohol is increasing at a frightening rate.

What is 'addiction' / 'dependence syndrome'

- Use – Social – legal – medical acceptability
- Misuse - Social – legal – medical acceptability
- Harmful use – evidence of psychological / physical harm
- Dependant use – 'Addiction'
  – criteria according to ICD 10 and DSMIV

Stage of dependence

- Compulsive use and loss of control over use
- Development of tolerance
- Physiological withdrawal symptoms: not essential
- Physical and psychological complications
- Significant difficulties in all areas of life
- Personality changes
- Rapid reinstatement after abstinence

Key issues for planning and delivery

- Age and development stage
- Severity of substance use
- Parenting / Family support
- Wider environment
- Education / Training / Employment

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