The Health Implications of Child Sexual Exploitation on Parents

Dr. Peter Unwin & Dr. Danielle Stephens-Lewis
University of Worcester
p.unwin@worc.ac.uk
d.Stephens-lewis@worc.ac.uk
Structure

- Existing Literature and Rationale
- Methodology, Survey Design and Method
- Findings: Quantitative Survey
- Implications and Recommendations
- What’s Next
What we already know......

• Child Sexual Exploitation (CSE) appears to be a growing phenomenon

• ‘Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people…receive ‘something’ …as a result of them performing …sexual activities.’ (DCSF, 2009)

• Abuse and violence has negative consequences on the health of victims/survivors
  • What about carers?
Method

Quantitative Survey
- Bristol Survey Online; distributed to Pace email database
- 53 completed questionnaires (35% response rate)
- Invites for Focus Groups

Focus Groups
- 5 questions aiming to expand upon key themes emerging from questionnaire
- Two Focus groups
  - FG1: 3 women
  - FG2: 6 (2 men, 4 women)
- Thematic Analysis (Braun & Clarke, 2006)
Survey Design

The Collateral Health Impact Scale (Stephens-Lewis & Unwin, 2016)

- 36-items, Five Sub-Sections
  - General Health
  - Physical Health
  - Psychological Heal
  - Secondary Trauma
  - Help-Seeking
Findings: Quantitative Survey

Figure 1. ‘The sexual Exploitation of my child has impacted upon my general health’

Figure 2. I Feel that both my physical and emotional health have been affected by CSE
Findings:
Quantitative Survey

Physical
- 40% Suffered with Headaches
- 30% Suffered with stomach pain
- 28% Experienced breathing difficulties

Psychological
- 56% Disconnected
- 50% Experienced Panic Attacks
- 70% Found it difficult to relax
- 30% Considered or had self-harmed
- 74% Experienced CSE related flashbacks

Secondary Trauma
- 76% Experienced feelings of guilt
- 39% Considered taking their own life
Findings: Qualitative Focus
Groups

Neglecting Own Health

- I didn’t give my own health any thought, absolutely
- I didn’t think about me at all. It was all about my daughter and to keep her safe
- I was basically drinking a lot more to try and drown everything out
- Comfort eating – every time I felt that something would go wrong or worried about something I’d go straight to the cupboard and start eating
- Then it got to the point when I knew my health was going down the pan and I had to look after myself in order to be able to be strong enough to help her.

Multiple Impacts

- I had migraines. But I ended up with high blood pressure. Stress related immune system deficiency
- Since this has happened (Four years since the initial CSE) I don’t think I’ve had very many really good nights’ sleeps
- I went into an actual depression. I went from borderline anxiety depression to over that line and I was offered either tablets or some kind of counselling
- I have a condition anyway which is fibromyalgia, so obviously that affected that, fatigue.
Findings: Qualitative Focus
Groups

Indirect Health Impact

- I stapled all my curtains together thinking if something was coming through the window. I lived with a bucket of water under my letterbox.
- Doctors should be made to have a proper awareness
- Social workers and policemen [need to] get a proper awareness of the problem
- The first policeman that came around said “oh you should think yourself lucky; it’s happening all over the place, you’ve caught it nice and early, it’ll not be a problem”
- One doctor told me to pull myself together, just pull yourself together

Wider Family

- My son got into trouble at school and he was sent to a pupil referral unit. And they recognised there that he was struggling with what was going on with his sister
- He worries about his sister, he worries about what’s going to happen to her. He knows she gets depressed and he worries if she’s really down, so he’ll spend time skyping with her or ringing her.
- I had to deal with the fact that I emotionally neglected my younger son
Discussion & Recommendations

- CSE within a family clearly significantly impacts on the health of parents
- There is a need for services tailored to parents’ needs to enable them to keep caring/protecting
- There is a need for training/ awareness among all professionals about carer needs
  - Police, Health and Social Care Professionals
- Professionals need to swiftly consider whether a parent is protective or not.
What’s Next?

• Telephone Interviews

• Validation of the Collateral Health Impact Scale

• Collateral effect of CSE on extended family members
References


Questions