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Introduction

Sexual Exploitation (SE) is a very distressing subject. The scale of the issue is of international concern, affecting children, young people and vulnerable adults both male and female. The United Kingdom National Working Group for Sexually Exploited Children and Young People (UKNWG) (2015) describes SE as occurring where an individual or group takes advantage of an imbalance of power to coerce, manipulate, or deceive people into sexual activity. The international definition of human trafficking in the context of child sexual exploitation, is ‘the recruitment, transportation, transfer, harbouring or receipt of a child, for the purpose of exploitation’, (UKNWG, 2015). There have been many official Inquiries in the UK, for example, Jay (2014). (Where the Independent Inquiry in Rotherham UK estimated 1400 children had been exploited over the 16 year period covered by the Inquiry), Derby Local Safeguarding Children Board (2013), Operation Yewtree (Gray and Watt, 2013), and more recently, Operation Sanctuary (Spicer, 2017), conducted in our study site, Newcastle upon Tyne. Operation Sanctuary was set up in 2013 to investigate claims of sexual abuse against girls and young women, and there were 278 victims involved. Because of that Inquiry, eighteen people (17 men and 1 woman) were convicted.

‘Safeguarding’ is concerned with protecting people’s health, wellbeing and human rights ‘enabling them to live free from harm, abuse and neglect’ (Care Quality Commission, 2018).

Section 10 of The Children Act (2004), emphasises that agencies must work together, thus

justifying the decision to adopt an inter-professional approach in this study. The subject of safeguarding the public has always been included in undergraduate health student curricula as it is a requirement of professional bodies, (Health Care Professions Council (HCPC), 2016, Nursing and Midwifery Council (NMC), 2015). Section 17 of the NMC Code requires the raising of concerns 'immediately' if a person is felt to be vulnerable or at risk of harm or abuse (NMC, 2015). To be inclusive, responsive and contemporary, the provision of education about SE is essential.

It is necessary to develop a culture of learning and continuous improvement to provide a flexible and responsive workforce with skills that are transferrable across all care settings. Inter Professional Education (IPE) is concerned with student learning 'about, from and with' other professions (Barr et., al, 2010). In the context of SE this hopefully results in joined up inter professional working practice which can help early identification of SE and lead to both prevention and detection. Health care students are encouraged to be vigilant and aware of the signs of any exploitation and are accustomed to having the subject of Safeguarding, embedded in their curricula. Focusing on a specific aspect of Safeguarding had not previously been part of Inter Professional Education (IPE), and an opportunity arose to develop SE material as part of an inter- professional module.

The aim of this study was to qualitatively assess student perceived impact of a novel inter professional (IP) approach to delivering Sexual Exploitation education. This paper reports on research that we designed, delivered and evaluated to develop an inter professional

community of learning, enabling SE to be discussed with second year undergraduate students. The students who participated were studying children's nursing specialism, midwifery, adult nursing specialism, occupational therapy, mental health nursing specialism, physiotherapy, and learning disability nursing specialism. They will be registered practitioners within a year of completing this module.

Background

For some time, it has been suggested that training in sexuality and sexual issues should be implemented as part of the education of health care professionals (Lawler, 1991, Haboubi and Lincoln, 2003). More recently, the National Society for the Prevention of Cruelty to Children (NSPCC), identified that there is a need for training to address knowledge and role clarity when working in the area of SE and suggests that training should address the 'patchiness of professional knowledge', as well as the need to 'think qualifying curricula not just short course post qualifying training' (Hackett, Holmes and Branigan, 2016).

A phased approach (see Figure 1), was adopted for the development of educational materials to be used in the session. This began with phase 1-consultation (including the local police safeguarding unit), and consensus on teaching content, both of which are important quality issues when developing shared IPE material (Bridges, 2011). The purpose of linking with the police was to learn about the approach they adopted for training police officers in this subject and to adapt it for health students. The content of the police material appeared to map closely against the Department of Health and Social Care guidance (HM Gov, 2015), so we proceeded

to consolidate all the relevant components of our information into an educational package which included directed learning and seminar materials and had five learning outcomes.

Johns (1995) highlighted Carpers 'ways of knowing' in nursing, exploring how students may respond to a particular clinical situation (aesthetics) as well as knowing right and wrong ways to take action (ethical). It could be argued that these two ways, link well to learning about the subject of SE, where clinical skills and ethical decision making are central. Oakeshott (1991) describes what he calls two types of competence, making a clear distinction between 'knowledge-based competence' and 'technical-based competence'. We wanted our students to 'know what' around SE, as well as 'know how', at the same time, by developing theoretical and practice- based knowledge. The five learning outcomes (LO's) defined before the session, were for students to;

LO1. Know how to identify signs of SE in children, young people or adults.

LO2. Appreciate various models of exploitation.

LO3. Consider signs of trafficking.

LO4. Understand issues around SE and the legal framework.

LO5. Apply safeguarding principles and consider the role of the health care

professional.

Once the material was developed, the staff delivering the teaching, were invited by the authors (including the police), to 'test drive' it and participate in discussion (phase 2). Teaching staff could preview the material which included quizzes, power-point slides, film footage, and

informally discuss/challenge the content with the developers, offering suggestions and amendments. According to the Academy of Medical Royal Colleges (2014) consideration should be given to staff delivering such sessions, as some may see this as an area outside their usual remit and need to gain confidence as well as competence in teaching this material. Some did express some uncertainty about the potential for student distress due to the nature of the subject matter, and others sought validation of facts from the police due to a degree of disbelief. They were assured that information on support was available at the start and conclusion of the power-point presentation giving contact telephone numbers of organisations should anyone (including teaching staff) need additional support.

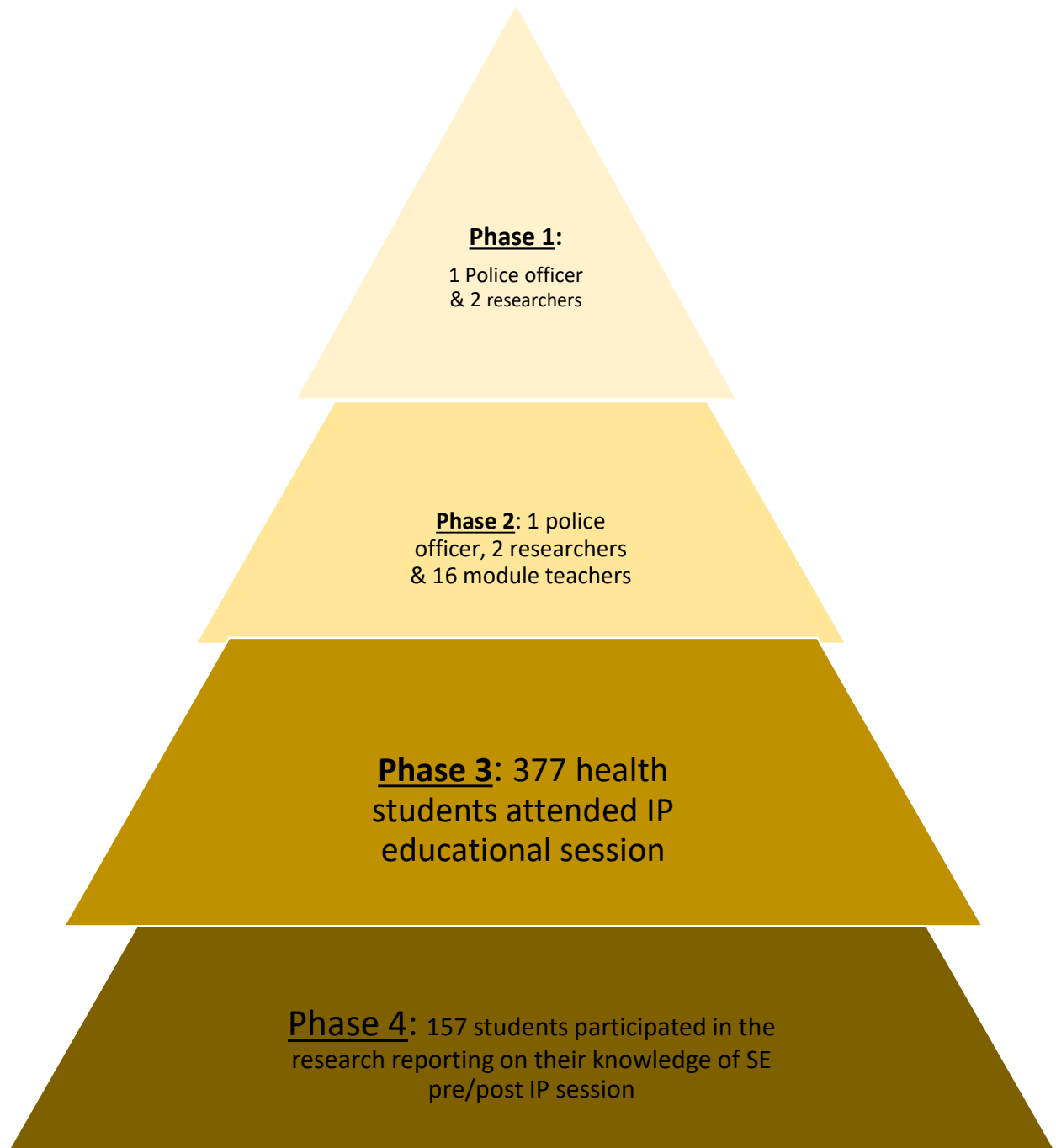
Finally, when staff were briefed, and teaching materials agreed on, information was electronically posted for students, with an alert to the SE directed learning. The two -hour workshop included;

- Self -directed study in the form of a Department of Health learning package, completed in advance of the timetabled session (HM Gov, 2015)
- Information on signs and indicators and models of SE via power-point presentation.
- A quiz around sexual exploitation, and IP group discussion based around the prior e - learning on SE.
- An extract from a DVD from Northumbria Police force around a young person's experience of SE.

This pedagogical approach of blended and face to face learning enabled maximum opportunity for students to have interaction and discussion in their inter professional

groups (McCutcheon, 2015). Each education session had approximately 24 students who were then arranged into IP sub groups allowing for a mix of disciplines. At the timetabled seminar, all students (377) were invited to participate in the research (phase 3), and evaluate their knowledge around SE before and after the session. A total of 157 students consented to participate on the day (phase 4).

Figure 1. Chronology of development of SE educational materials



Methods

Methodology/ research design

This study and the educational initiative it reports on, is based on a constructivist view of education (Braun and Clark, 2006). It took place within Northumbria University in North East England, United Kingdom. University ethical approvals were gained. A qualitative approach (Saldana, 2011) was adopted using semi structured questionnaires, for self-reporting on pre and post intervention by students from seven professional groups studying the second year Inter Professional Education module. As previously mentioned in the Introduction, the students were studying children's nursing specialism, midwifery, adult nursing specialism, occupational therapy, mental health nursing specialism, physiotherapy, and learning disability nursing specialism. A participant information sheet was e-mailed to the students in advance of the study. Assurance was given around anonymity and they were advised that support would be provided in the event of anyone being distressed following the session, in the form of student support services and national helpline contact telephone numbers. This is an important consideration as according to Lowe and Jones (2010), it is essential to have support measures in place when teaching distressing subjects. Once a student agreed to participate, a consent form was completed on the day of their timetabled session.

Data were collected in the form of handwritten student views during the IP session using a double sided A4 semi structured questionnaire, asking participants for their views on levels of knowledge before and after the workshop. Data were gathered in this written manner, as it was anticipated that this may be more likely to encourage open, reflective and candid reporting on a sensitive subject, hopefully leading to deeper learning.

One hundred and fifty -seven students consented to participate in the study, including; children’s nursing specialism (n=15), midwifery (n=12), adult nursing specialism (n=60), occupational therapy (n=14), mental health nursing specialism (n=20), physiotherapy (n=25), and learning disability nursing specialism (n=11).

Table 1. Student IP groupings

Session	Children’s Nursing specialism	Midwifery	Adult Nursing specialism	Occupational Therapy	Mental Health Nursing specialism	Physiotherapy	Learning Disability Nursing specialism	Total
1,2,3,4	√		√		√		√	51
5,6,7,8			√			√		40
9,10,11,12			√	√				29
13,14,15,16		√	√		√			37
	n=15	n=12	n=60	n=14	n=20	n=25	n=11	157

Data analysis

The feedback forms were initially read by the authors, then discussed and an initial coding frame agreed (Braun & Clarke, 2006), (see table 2 for emergent themes), which was then applied to each set of ‘before’ and ‘after’ feedback sheets. A data workshop was then held, and all analysis was discussed in order to identify, refine and agree final themes. In the workshop, all the emergent themes were written onto A1 size flip charts -identifying which broad themes were from before, and which were from after the workshop. Figure 2 represents one student’s perspective of SE prior to the session. It indicates some level of insight/knowledge, linked to a small number of concepts which are common knowledge and very broad. In contrast, in Figure

3 a more professional detailed and nuanced understanding can be clearly seen. The student now indicates more specific new knowledge, for example around statistics, and heightened awareness and the need to be vigilant around changes in the behaviour of some young people.

Table 2 Emergent themes from data analysis

Sessions	Knowledge before the teaching session	Knowledge reported after teaching session
1, 2, 3, 4	Mainstream media Praying on naivety Limited understanding Course lectures/seminars	How health professionals can miss signs Knowing how to report it How and why young people may get involved
5, 6, 7, 8	No knowledge Quite naïve Illegal People may be scared to tell	Better able to spot signs Doesn't stop at 18, anyone is vulnerable Victims often have regular contact with health staff who do not directly ask about SE
9, 10, 11, 12	Relationships with a big age-gap, power imbalance Children exploited on the internet How easy it is to find themselves in that position	Absence from school Disengaging from age appropriate activities Use professional curiosity
13, 14, 15, 16	General understanding but no clue about prevalence Very basic or no knowledge, only from media Use power to exploit vulnerable others Older boyfriend Vague idea	Models of SE Signs of SE More common, not always in a home environment Statistics are shocking Close to home It is very relevant we know about it as professionals Be more vigilant in spotting signs.

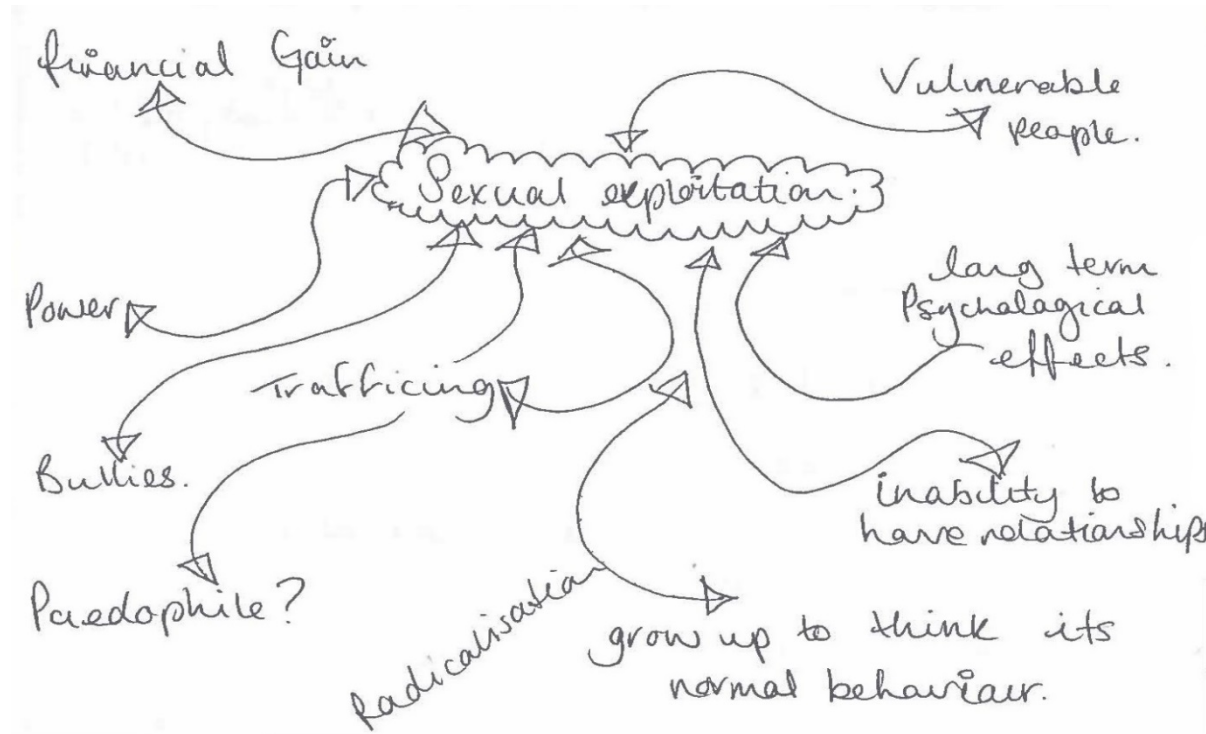
Results

Student knowledge prior to the IP teaching session

The adult nursing students were well represented (n=60) in every session. They reported on the feedback sheets that they had little knowledge of the subject prior to the teaching session, and felt it was mostly occurring outside the UK, mainly organised by '*controlling adults*' with no consent given. The adult nursing students commented that their knowledge was mainly through social media and gifts could be exchanged, in return for sex. They also commented they felt that people with learning disabilities/intellectual disabilities (ID) were more at risk of exploitation.

Another group of students commented that they had a '*vague idea*' and that it involved power and bullying from the perpetrators (Midwifery students). Others declared they had limited knowledge but felt that poor school attendance and change in usual behaviour were features of sexual exploitation (Children's nursing students). Students from the group least represented (n=11), reported that their knowledge had mainly stemmed from media coverage and television programmes. Some observed that sexualised behaviour in their clients may be an indicator of exploitation, (Learning/Intellectual Disability student nurses).

Figure 2. An example of one student's visual representation of knowledge prior to the IPE session



It was noted by another student group that some clients may find it difficult to realise they are being exploited and that the internet is 'an avenue for recruitment'. This group of students reported that gifts and 'substances' can be used to 'groom' individuals. They acknowledged they need to 'broaden' their knowledge, (Mental Health student nurses). The issue of imbalance of power between perpetrator and victim was acknowledged by another group, as well as the development of an 'abusive relationship'. They acknowledged it can happen to anyone from 'any age, gender or race'. The Occupational Therapy students cited the internet as

a medium for exploitation, especially of children. The area of SE was felt by another group to be more the provenance of the police and social services departments and not health. This group did not know how to report concerns of abuse or exploitation, however, they felt they were in *'a pivotal position to notice signs and act on these'*, (Physiotherapy students). This is in contrast to the findings of Milligan et al (2017) which highlighted that physiotherapy students were reliant upon mechanisms that asked them to anticipate what they would do in raising concerns with quality of care, rather than having the real opportunity to do so in the clinical setting.

Results

Student knowledge following the IP teaching session

Sessions 1-4: adult, learning disability, children's and mental health nursing.

This inter-professional group of students reported on several aspects following the IPE session.

They remarked on how the session made a *'difficult subject easy to learn'*, it was informative and that it was also *'scary to think what actually happens'* in SE. They highlighted increased levels of knowledge of the effects of SE and that it is a highly organised and networked operation. The group felt professional curiosity was essential and they were now able to speak up and feel supported in doing so. The group highlighted their new knowledge of trafficking (*'it can be town to town not necessarily overseas'*), as well as existing and emerging models of SE. The importance of speaking up and voicing concerns was highlighted, even if there is a risk of *'getting it wrong'*. They noted how other professionals may unwittingly exclude considering SE when carrying out assessments of physical and/or behavioural changes in children and young people.

Students in session 1-4 also felt they now knew more about documents, how to report SE, and policies. Some made links to the Government counter terrorism strategy, Contest, '*National 4 P's action plan*,' (Gov.uk, 2018), which had been taught in a previous session. The students made connections to the government PREVENT strategy and protecting vulnerable people (Gov.uk, 2018). This group also reported on their understanding around age of consent and new knowledge of how exploitation can occur and that it can happen to anyone especially vulnerable people and children. They now appreciated that vulnerable people can be exploited without their understanding, through manipulation or coercion.

Sessions 5-8: physiotherapy students and adult nursing students

These 2 student groups indicated they now felt better able to spot the person at risk of sexual exploitation and felt more confident at '*protecting*' them and referring to safeguarding teams. Health Care Professionals have regular contact with the public and the students acknowledged that '*victims*' do not explicitly ask for help. They noted that '*huge numbers*' do not report it and there are a number of different models of sexual exploitation.

Figure 3. An example of the same student's (see fig 2) visual representation of new knowledge post IPE session



Sessions 9-12: occupational therapy students and adult nursing students

Following the session this group said they knew about the warning signs, secretive behaviour, petty crime, unexplained gifts and inappropriate behaviour. Additionally, they now knew anyone is vulnerable, even boys. The group reported they had an improved awareness of SE, the need to be vigilant, and who to tell if concerned. The group identified the importance of using professional curiosity to look for and explore signs/changes in behaviour and to think about what may be causing this behaviour. The group highlighted the duty as a health care

professional, to look out for the risk and it is *'unacceptable not to act on clues we come across it the course of our career or even training placement'*.

Sessions 13-16: midwifery, mental health and adult nursing students

This group reported on the importance of recognising indicators of SE and felt it was very relevant they know about them as professionals. They now felt more aware of the extent of the problem and could speak up and felt supported in doing so as they have *'learned more about documents/ policies and how to report'*. Their level of knowledge had been deepened, including prevalence and the fact that some victims were aware they were being groomed. The sessions encouraged these students to think about SE more holistically, with knowledge about professionals' roles in helping young victims of SE, for example referring to mental health staff and others who they may not work with daily. They commented that *'an understanding has developed about estimated statistics and how challenging it can be to overcome other professionals' attitudes'*.

Discussion

Pre- session knowledge

The students reported from their uni professional lens before the session, that they had little knowledge of SE and what they did know was mostly from the media. They did appear to appreciate that people with Intellectual Disabilities (IDs) were more vulnerable, but that it can happen to anyone. Another uni professional group indicated they felt SE was not a matter for health personnel, and mainly Social Services and law enforcement bodies.

Post-session knowledge

Acknowledging the students were from different professional and personal backgrounds, the comments following the IPE session mainly related to changes in their knowledge and understanding. An overarching theme that emerged in our study was that all students changed from having little or no prior knowledge of SE, '*believing it was other professionals' business*', to recognising the significance of their '*pivotal position*' as health care professionals. Some of the IP sessions had only 2 different disciplines represented, (e.g. session 5-8, adult nursing specialism and physiotherapy) but this is acceptable, according to the Centre for the Advancement of Inter Professional Education (CAIPE) (2012), who state that it is still appropriate 'when two or more professions learn with, from and about each other to improve collaboration and the quality of care'. In addition to the 4 specialisms of nursing, this study included midwifery, physiotherapy and occupational therapy students in the IP mix.

There were comments in the post session feedback that SE could be a highly organised and networked operation. Students stated that they knew more about documents, policies and increased understanding around age of consent. There was evidence students were using knowledge gained around vulnerabilities from other curriculum content. There was a strong recurring theme throughout around acknowledging their roles as health care professionals in spotting SE and referring to safeguarding authorities. Some noted that the session encouraged holistic thinking, and this is endorsed in the document Working Together to Safeguard Children (Dept. for Education, 2018), which contains a 'myth-busting guide to information sharing' and highlights additional signs in children and young people which indicate they could be vulnerable to SE.

Students did comment that previously they felt they could not raise concerns unless they were sure, but now they felt confident in reporting suspicions even when uncertain. They justified having professional curiosity and felt more able to challenge other professionals themselves, either as a student or a qualified practitioner. This is in line with guidance in the Intercollegiate document from The Royal College of Paediatrics and Child Health (2014) around roles and responsibilities of health care professionals when working in the area of Safeguarding.

Educational process

Following the IPE session, there was evidence of transformative learning. Mezirow (1990)

talked about critical reflection and perspective transformation. He went on to argue that adulthood may be the time for reassessing assumptions of the formative years that may have resulted in distorted views of reality. Some students may have felt they were being asked to challenge their belief systems. Hence one student response being *'it is disgusting'* and another stated *'scary to think what actually happens'*. Bandura (1971) in discussing his social learning theory, supported the notion that learning may also take place via unplanned experiences and at an unconscious level, by for example, observing and internalizing the behaviour of another person. This may have led to some students in their small IP subgroups, reflecting and altering their views on SE as a direct result of being in an inter professional learning environment.

Outcomes of an affective nature enable students to embrace future learning as well as changing attitudes and sets of values. This was evident in our study as highlighted by this students' comments post session *'we all need to have professional curiosity'* and, *'we now know the warning signs and to follow safeguarding referral procedures even if we think we may be*

wrong'. Another stated it is *'unacceptable not to act on clues we come across in the course of our career or even training placement'*. The classroom became as Burns (1982) put it, a social learning environment as well as a place for cognitive gain.

Students are diverse, many with different experiences of their own to draw upon and some may have had reasons for participating or not participating in our study. It is not certain if these were related to the sensitive topic, facilitator enthusiasm/engagement skills, student learning style, genuine non-attendance on the day or simply a general lack of interest. Pollard (2005) refers to 'second year scepticism' and explores students' at times, ambivalent attitude to interprofessional learning at the mid-point of their studies. Sexual Exploitation is also an emotive and sensitive subject for facilitators to explore with students, and they may have had mixed levels of confidence in addressing the issue in a uni-professional setting, let alone in an interprofessional context. This could have subsequently resulted in students possibly not feeling confident enough themselves to self-report on knowledge gained. However, there was no evidence from student feedback to suggest this was the case in our study. Key to the success of this educational initiative was the effective preparation of the facilitators when they met to discuss the educational material in advance of delivering the session, so they were included, fully briefed and aware of the contemporary issue of SE. Inter professional collaboration on preparing the education materials was the beginning of the process. The authors and the police had prepared the content but recognised that owing to the sensitivity of the subject matter, the need to prepare facilitators was integral to achieving the intended learning outcomes. Like the students, they too were diverse with a range of different experiences and views of their own on the subject. According to Freeth (2005), IPE makes different demands on educators for whom

uni professional teaching may be the norm and IPE 'can be uncomfortable for some'. In the case of IPE around the emotive subject of sexual exploitation, an encouraging and supportive approach was taken with the preparation of the facilitators. Steven et., al (2007) feel this is crucial when dealing with emotions and discussions of sensitive issues.

This paper has attempted to fill the gap in demonstrating the effectiveness of an IPE initiative around sexual exploitation. Participant feedback indicated an increased level of knowledge in relation to SE, in particular, participants identified they were better able to;

- identify signs of SE in children young people or adults.
- appreciate various models of exploitation.
- consider signs of trafficking.
- understand issues around SE and the legal framework.
- apply safeguarding principles and consider the role of the health care professional.

Limitations of the study

In total, 377 students attended the sessions on SE and 157 consented to participate in the qualitative study. A limitation may have been not exploring further the reasons for not participating. Information on student age was not requested and this may be another limitation of the study. Anderson (2008) suggested mature entrants valued IPE and preferred more challenging learning resources. Our students were all undergraduates and appeared to be from a range of ages, including some mature students with previous work experience in the health care arena. Gaining feedback from the facilitators delivering the sessions would have been

informative and any relevant observations on their part could influence this innovative IPE approach. This could be included in future research.

Conclusion

Sexual Exploitation is a widespread international issue, with new cases regularly being highlighted. Numbers in some individual inquiries have reached over one and a half thousand (Jay, 2014). These are serious issues that health care professionals will encounter in a range of practice contexts, therefore, it is essential that all health and allied health students are prepared to recognize, report and help manage them. It has been highlighted that training in sexual issues should be part of under graduate health curricula, and the professional bodies for Nursing Midwifery and Allied Health, state that Safeguarding is a requirement for professional practice (NMC, 2015, HCPC, 2016), yet the NSPCC suggested that there is a paucity of professional knowledge around the particular safeguarding aspect of SE (Hackett, Holmes and Branigan, 2016).

This study has indicated that the new IP session on sexual exploitation has had a positive impact on the knowledge of undergraduate health students. The IPE nature of the delivery has been a pivotal influence on student learning. Following the study students reported an increased level of awareness, understanding and confidence when working with SE. This IPE session has since been incorporated into the nursing, midwifery and allied health programme in a local university and is part of a second-year undergraduate module on knowledge and skills for safe practice.

It is important that this aspect of safeguarding is incorporated into health care curricula and should have as much status as traditional practice-based skills. This paper has considered the way future health practitioners are educated and has challenged the traditional means of healthcare delivery. Health Professions Network Nursing and Midwifery (2010) state that IPE is an opportunity to not only change the way we think about educating future health practitioners, but it is an opportunity to step back and reconsider traditional methods of health care delivery. Through effective IPE there can be a change in educational practices as well as a change in the culture of health care. The context for inter professional learning around SE has been acknowledged to be crucial in this study, and we are confident that future practitioners will make a difference to the lives of those who may be victims or vulnerable to SE.

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Declaration of interest

The authors report no conflict of interest. The authors alone are responsible for the content and writing of the paper.

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