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**The SEXTING Study: Final Report for Burdett Trust for Nursing**

A collaboration between University of Birmingham, South Warwickshire Foundation  
NHS Trust and the Burdett Trust for Nursing



Final Report for Burdett Trust for Nursing

**The SEXTING Study** - A collaborative study looking at **SEX**ual Health of Young People who use **T**echnology to Share Sexualised Images **I**Nvestigatin**G** Public Health Nurses' Role

A collaboration between University of Birmingham, South Warwickshire Foundation NHS Trust and the Burdett Trust for Nursing

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## **Summary**

The Sexting study was a collaborative project between University of Birmingham, South Warwickshire Foundation NHS Trust and Burdett Trust for Nursing commenced in September 2015 and was completed in May 2017. The aim was to provide an insight into the public health nurse (PHN) role around sexting and young people and to investigate the nurses' knowledge and confidence to discuss issues with their clients. The methodology used to capture public health nurse experiences was the Critical Incident Technique (CIT) with vignettes developed to encourage discussion within a focus group of young people.

Findings support the literature in suggesting young people's sexting is often a signifier of harmful sexual behaviour. Nine critical incidents were identified, demonstrating the PHN role in risk assessment through regular contact with young people in their homes and in schools. PHN understanding about sexting appears to be driven by national media accounts and local safeguarding issues that have arisen in their practice. For most PHNs the research study was the only opportunity for reflection about sexting as one of a cluster of risk factors associated with the technology. PHNs were not confident about discussing the issue with young people, even though some had already done so in light of harmful sexual behaviours, including grooming for child sexual exploitation.

The researchers also used the four well established principles of health visiting (Cowley and Frost 2017) to investigate public health nurses' practise as this is the focus of the research question and data analysis. Search for health needs and stimulating awareness of health needs were identified strongly from the data as practise issues for PHNs around sexting.

In conclusion, the study findings suggest that PHNs have an important role to play in sexual and mental harm reduction associated with young people's sexting. There is an urgent need for local consideration of health and social care policy implementation on this issue, alongside enhanced practice education about the social determinants and impacts of harmful sexual behaviour.

## **Background**

For the purposes of this study and our literature review, we used the Doring (2014) definition of sexting - a portmanteau of 'sex' and 'texting' that refers to the interpersonal exchange of self-produced sexualised texts and images via cell phone or internet. Doring continued to explain that it has arisen during the 21<sup>st</sup> century as cell phones with cameras and full internet connectivity have become common place amongst the population as a whole. This has meant that the production and distribution of self-produced images has become a regular activity which can include those images of a sexualised nature.

Doring's review of the literature around sexting included 50 studies from Europe and USA published between 2009 and 2013 and found that whilst the emergence of the behaviour has been viewed as mainly a youth phenomenon, sexting is more commonplace amongst adults. However adolescents are becoming steadily more involved as they grow in age.

Van Ouytsel et al (2014) undertook an integrative literature search between 2012 and 2014 specifically looking at the use of sexting amongst 10 - 20 year olds in education settings. The nine studies used were from US, Belgium and South Korea and concurred that involvement in sexting can be indicative of engagement in a range of sexual behaviours, including sexual risk taking (multiple partners, unprotected intercourse) and substance abuse (smoking, alcohol and drug taking). Regarding the use within the young age groups, James et al (2017) reported that 67% children aged 13 have a smartphone and 70% children aged between 5 and 15 have access to a tablet computer at home.

Benotsch (2013) in undertaking an online survey with 763 young people found that sexting is robustly associated with high-risk sexual behaviour and/or using substances. A teens and sexting project conducted by Lenhart (2009) found that the prevalence of sexting amongst the 12-17 age range was 4% of all cell-owning teens with little difference in gender. The older teens (17 year olds) most commonly reported sending a sexually explicit image with text, and one in six claimed to have received a sexually explicit image or video from someone they know. Cox Communications (2009) found that 60% of teens within this age range reported sending images to their girlfriend or boyfriend whom they felt was safe and their privacy would not be compromised. When asked why they sexted, the 43% said because they were asked and 40% because it was fun. The body of literature that is available from UK, Europe and USA indicate that sexting is an activity that has profound consequences and potential health and social risks for young people and that the numbers of young people sexting is increasing and becoming the 'norm' for this population.

Stonard et al (2017) studied 52 adolescents aged between 12 and 18 years primarily looking at the link between electronic communication technology and technology-

assisted adolescent dating and violence. A notable finding from this study was the associated anxiety and distress identified by young female adolescents and the sense that there was no escape from the person or unwanted contact once messages/images had been sent and circulated.

Public health has long been defined as “the art and science of preventing disease, prolonging life and promoting health through the organized efforts of society” (Acheson, 1988; WHO). Using this definition, sexting can be identified as public health issue and within the UK, PHNs are uniquely placed to identify adolescent health needs involving sexual health promotion. Moreover, studies have shown the mental health effects and risktaking behaviours that arise from sexting are increasing areas of practice that lend themselves to PHN intervention (Stonard 2017; Van Ouytsel 2014; Benotsch 2013). However, the impact of their role is possibly limited by a lack of knowledge and confidence in identifying and responding to new socio-technical practices, including intimate ‘sexting’ behaviours (Crown 2014). A rapid review of the literature in 2015 found a number of studies (approx. 35) which highlighted significant gaps in nursing knowledge and skills with authors recommending participatory practitioner research in the field (Crown 2014, Doring 2014).

## **Introduction**

### **Aim and Objectives**

The aim of the study was to provide new insights into the role of Public Health Nurses (PHNs) within the rapidly expanding area of technology and social media; their knowledge and confidence around the issues around sexting with young people and to start to identify ways to empower young people to take control of their images and keep themselves safe under the public health agenda.

The objectives therefore were to:

1. Have a better understanding of PHN's perception of sexting within their target population
2. Contribute to the existing knowledge base regarding sexting as a public health issue for PHNs working with this age group
3. Identify the key public health issues raised by PHNs from their experience of working with this client group
4. Gain information from which to undertake further study with young people in Warwickshire and beyond.
5. Investigate the need for development of evidence-based risk prevention messages for PHNs to use with this client group.

## **Theoretical perspective**

The study was concerned with the practises of public health nurses that are based on four well established principles. The principles were first identified in the 1970s as a way to guide and articulate how the profession was taught and practised. Updated in 2010 and 2017 (Cowley & Frost 2017), the principles are:

1. Search for health needs;
2. Stimulation of an awareness of health needs;
3. Facilitation of health-enhancing activities;
4. Influence on policies affecting health.

The principles formed a useful frame through which to approach our inquiry. They are not a theoretical framework as such because they are actually intended as principles for practise and education. However, they formed an implicit lens through which to investigate public health nurses' practise and are made explicit for example, in the research questions and data analysis processes.

## Methodology

This was an exploratory study in an area that is not well-researched and for this reason a study of qualitative design was utilised. Qualitative research is widely recognised for its ability to provide insights and explanations of human experiences (Ritchie & Spencer 1994). The methodology by which these experiences were captured used the Critical Incident Technique (CIT). The hallmark of a CIT study is a focus on 'real' events, rather than abstract concepts. It typically involves asking respondents to recount *actual* incidents. (Taylor et al 2013). We were interested in how PHNs actually discuss sexting and its implications with young people and how it affects them on a day to day basis. We felt that CIT was congruent with the study aim and it is recognised to be a relatively quick, simple and flexible research approach that lends itself to the time frame of the proposed study conducted in two phases.

Ethical approval was sought and approved for the study from West Midlands NHS Integrated Research Application Service (IRAS 197125). Participants were invited to join the study and were given written information about the study prior to interview. Informed and written consent was sought. For the focus group (Phase 2) the participants were required to be aged 16 and above. Local R&D approval was granted from South Warwickshire Foundation Trust (SWFT).

Phase 1: interviews with PHNs (Interview questions/schedule appendix 1)  
PHNs (n=18) were recruited using purposive sampling. Clinical leads for the three groups of PHNs were approached by letter and asked to discuss at team meetings. Any PHN who was interested in participating was then contacted by lead researcher and further information sent and consent obtained. During the lifetime of the study, in line with the national alignment of public health services from NHS to local authority, provision for local school nurses changed from the NHS Trust to a third sector charity and nurses were based in one area of the County. At the same time, the Trust was commissioned to provide school health for a neighbouring Trust and so the school nurses who participated in the study were drawn from this area too. The study interviewed equal numbers of school nurses, health visitors and family nurses from the three areas of Warwickshire - North, South, Rugby plus Coventry (school nurses). All PHNs were interviewed at their usual place of work in a quiet area identified by the participant.

Consent was obtained and anonymity discussed. (See appendix 2 for consent form)  
Data were generated through semi-structured 1:1 interviews which were recorded using a voice-activated device. We asked PHNs to recall 'real' incidents where they have addressed the sexual health of a young person and then using open questioning, discussed the degree in which they addressed (or had considered addressing) the issues of sexting.

Transcription of the data enabled it to be analysed using an inductive classification system designed for CIT (Cormack 2000) in line with the study's aim and objectives.

Anonymised vignettes were produced for use in phase 2. which ensured that the public health risks identified by nursing staff, both experienced and potential, and how to prevent ill health in this client group regarding sexting behaviour were discussed by young people themselves with their views captured in relation to the information shared.

#### Phase 2: Focus group with young people

One focus group interview was conducted which consisted of three young people and was facilitated by the lead researcher and another member of the research team. The group was held at a Trust premises which was familiar to all members of the group. The young people were invited to discuss the vignettes (see appendix 3) arising from Phase 1 and discuss their experience (if any) around the scenario. They were encouraged to discuss and debate the PHNs' decisions and responses in relation to promoting sexual health. This focus group interview was also recorded on the same voice-activated device. Refreshments were offered and thank you gestures in the form of shop vouchers, were offered to all focus group members.

Data analysis of the transcripts used the framework of Ritchie and Spencer (1994) to offer a methodical, rigorous approach to the rich qualitative data we had collected. We hoped that this would enable the researchers to have a better understanding of the issues around sexting, young people and PHNs and in turn be more able to develop and disseminate some good practice guidance for staff to use with this client group and possible local working group establishment to take this work forward.

## Findings from phase 1 – interviews with public health nurses

### Is Sexting a public health issue?

This question provoked a lot of discussion around what PHNs felt is public health. Overwhelmingly they felt that the mental and emotional well being of young people and their families were the most pressing public health issues and nurses commented that clients/young people who had had repercussions from sexting had shown signs of depression, low self-esteem, stress, anxiety and self-blame

*“It was my fault, I shouldn’t have let it happen” PHN009*

One nurse felt that long term public health issues such as depression could end up costing the NHS a lot of money

*“Its huge, the consequences, the money that can be spent” PHN010*

and went on to suggest a comparison with Child Sexual Exploitation (CSE) which was not recognized or addressed early enough she felt and so the true costs of not recognizing sexting as a health issue would be identified in years to come.

*“Its like a hidden subject, isn’t it?”*

One school nurse felt that:

*“of course, sexting is not really on the public health agenda yet’ PHN006.*

This PHN went on to describe a young person who now has a criminal record for sending and receiving photos of his 15 year old girlfriend (same school year as him). He is suffering emotionally, withdrawing from school and with this record, will find his job prospects limited. His family have also been bullied and victimised in the community where they live. This PHN stated that local services were just addressing each case individually and not as a wider public health issue.

Other participants stated that it could lead to more unsafe and early sexual practices and health issues around sexually transmitted diseases, unwanted/unplanned pregnancy, under age sex and grooming of young people.

*“...once you’ve exposed your body parts to him it might well feel a bit more coercive” PHN010*

*“I was really upset because it did actually lead to her being groomed by older men” PHN020*

*“If your personal limits are eroded by sexting, then you are at risk of a sexual relationship that you don’t really want and certainly don’t plan for contraception or safe sex” PHN040*

One issue that was repeatedly discussed was how sexting has become normalised amongst young people. PHNs reported that, in their experience, it was only when things went wrong did young people and services recognise it as a wider issue. Two PHNs discussed that it was only after safeguarding services had become involved with a family because of the repercussions of sexting, that they had had the opportunity to explore the issue with their clients. One PHN reported that this gave her the opportunity to

*“Reflect on the impact sexting had started to have on her life and her circle of friends and family” PHN009*

The second PHN commented

*“I haven’t really thought about it a lot until recently. I think one of my caseloads recently, involved with CSE, maybe start thinking of sexting, because at a meeting it was brought up that this young girl was actually sending photos of herself and being videoed, so myself, I think I’ve only really become aware of it in the last few months”. PHN010*

and went on to describe how she would support this client

*“If I had her still, I would be discussing with her sort of what she was thinking when she sent them? Was she aware that they could be passed on? Obviously the girl’s saying that she didn’t know some of them were taken, so try to find out the contents of what does she mean, she didn’t know they were taken and explore it more and I think to me, trying to make our clients aware that yes, they might be in a relationship, yes they are sending these texts out, but what happens if that relationship breaks down? Where are they going to go then?” PHN010*

Normalisation of sending images was also raised by PHN005 who felt that young people send images of everything they see and that this was seen as a normal part of a relationship

*“I think they think that its just what you do. Just like going to the cinema”*

Do nurses feel that sexting is an important issue to discuss with young people?

We asked this question using a scale where each participant was asked to score themselves from 1 (not at all important) to 10 (very important) and then to further rate their confidence to have a conversation with young people in the same form. This style of questioning is used within Family Nurse Partnership (FNP) to help young people make changes to their health behaviour (Miller and Rollnick (2013))

It was generally expressed by all nurses that sexting was an important issue to raise with young people but most felt lacking in confidence currently to initiate the conversation

*"I wish I felt confident to talk about it, had more knowledge on it"  
"its about making sure I'm giving the right advice" PHN003*

*'For me, would need more, the knowledge around computers and how that would work, because that's the way I am, but also I would need to know the best approach: what's the best language to be using, what's the best you know' PHN013*

However two PHNs stated that they were feeling more confident with one feeling that she just needed to

*" Start practicing" PHN010*

and another reported that sexting was

*"Very much part of the conversation around safe relationships"  
PHN006.*

This PHN reported that she would always

*"Discuss that [sexting] with young people if they came for the C. card or any sexual health advice"*

*(The C. card scheme is aimed at young people between the ages of 13 and 24 years and after registering they are able to access free condoms, information and advice. This scheme is often delivered by school nurses in conjunction with local sexual health services)*

A good example about confidence was provided by PHN010. She stated that when as a professional you feel confident about a subject then you are more able to discuss it with clients.

As part of her role she was supporting a client who had sent images to her boyfriend when they were in a relationship. The client was now being controlled by him as he was threatening to share the images, as they had ended their relationship. She further commented that

*“I guess I feel confident to address that more now from that situation”*

What do nurses need to know in order to have a conversation with young people about sexting and who could provide this?.

All nurses mentioned their lack of knowledge about the subject of sexting, and that they would like information or training around the following areas.

Communication and how to start a conversation with young people and having the opportunity to build a trusting relationship with the young person so they felt safe with their nurse to discuss the issue

*“Suggestions of how to start the conversation not just cold but in the context of a sexual health conversation” PHN015*

*‘For me, would need more, the knowledge around computers and how that would work, because that’s the way I am, but also I would need to know the best approach: what’s the best language to be using, what’s the best you know’ PHN013*

*‘I think it should be started from when kids are younger and just part of your general parenting. Again, everybody talking public health, talking to parents about how...the importance of restricting access to that wider technology so that children don’t fall prey and become vulnerable’ PHN020*

There were very few suggestions from the nurses about how they could increase their knowledge about sexting and in turn, confidence to talk to young people. Several nurses mentioned the reorganisation of the school health service due to commissioning changes within public health. Mostly this was seen as a reduction in school health services but one nurse commented that now all the school nursing team for an area were based together and she saw that as a positive change for the team. This nurse felt that there would be people in the team that could help support others to improve their knowledge around the subject

*“People in our team would have some really good ideas and we’ve got people in our team that have got expertise” PHN017*

PHN015 asked

*“What resources around sexting have we got?”*

whereas nurse PHN015 was aware of an NSPCC App and website that provided information for young people, parents and professionals. The App Zipit can be downloaded and provides the user with witty comments and images to send back when asked for images. (NSPCC 2016).

Another positive information session was described by PHN006 where sixth form pupils provided internet safety workshops on PHSE days at one of her schools which was welcomed by pupils, teachers and school health staff. She also was thinking about taking a young person who she had been working with around sexting, into schools to inform the school community about how it can affect your life.

Two of the family nurses interviewed suggested that the sexting should be included within FNP programme materials which would ensure that the subject was raised and leave the young person knowing that it was a subject that they could return to at some point in the future.

*“Not just us talking, its down in black and white as well isn’t it?” PHN010;  
PHN003*

This would help the PHN who said

*“I’m not confident that I’ve got the right tool in my bag to say “right lets think about sexting” “ PHN005*

One suggestion was that asking about sexting became a routine enquiry by healthcare professionals in a similar way to how we ask about domestic abuse. This nurse wanted guidelines as to what to ask and how, but did not offer any suggestions as to where these guidelines might be produced or by which service. However this PHN recognised the issue of judgment stating

*‘Its very important not to be judgmental and be, be accepting of what you’re told” PHN011*

It was apparent that none of the nurses had sought out information about sexting for themselves and none had received any training or updating about the subject, even though 11 had discussed incidents involving sexting and young people. They all reported that their knowledge (however limited) came from client or personal incidents that they had encountered and from media stories.

The nurses that participated all reported that young people needed to be more informed about the legal consequences of sexting and that this should be undertaken by schools but they were unsure as to which agency could do this work.

*“ Young people aren’t aware that its against the law to share images of anyone under the age of 18” PHN015*

*“Something that should be done earlier on in education” PHN009*

*“And actually talking about safety on the internet and it needs to start in primary school” PHN013*

One suggestion of who could undertake this work was made by two nurses. They both suggested that the theatre groups who schools had used to inform young people about particular subjects such as CSE, could be used to increase knowledge about sexting and the possible consequences.

*“Would be a very good topic for a theatre group to take on” PHN010*

Both nurses wanted to be part of this learning when it occurred.

The issues of vulnerability and safety was raised by six nurses with particular regard to young people or parents with a learning disability. Generally they stated that the young person was a victim who needed support,

*“Because to me, that girl needs support and help, it's grooming, isn't it” PHN010*

However on two occasions PHNs questioned whether the young person had grasped the issue.

*“Whether she is aware that what she did was wrong” PHN013*

whilst another described a client’s older daughter with a learning disability as having a very high sex drive at 14 who was

*“Seeking out her sexual fantasies through these chat lines” PHN013*

This young person arranged to meet ‘her boyfriend’ after chatting over the internet only to find out that it was actually a 20 year old man.

It was felt that these vulnerable clients needed more support that was tailored to them rather than the whole school approach but again no reference was made as to who might undertake this work.

Finally, the discussion around sexting and the incidents that nurses had encountered. This provoked a range of emotions from anger, horror and disbelief to surprise and a feeling of helplessness. For many of the nurses they felt concern that sexting was so normalized amongst young people that there was a degree of pressure placed on them at a very young age to share images. Acknowledgement was made that young people learning about their bodies had always shared pictures but not of people that they knew and were having a relationship with.

*“It was magazines when we were kids. All the boys had magazines. “*

PHN005

## **Findings – Phase 2 Focus group of young people**

The focus group consisted of three young people aged between 19 and 21 years of age. Two of the young women had babies and one was a friend of one of the participants and did not have children. The vignettes shared with the focus group are in appendix 3 and offered very different scenarios for the young people to discuss. Although the three participants were not highly representative of the target population, they did offer unique perspectives on their experiences of sexting and the three scenarios presented to them.

Participant 1 (P1) disclosed that she had sexted whilst participants 2 (P2) and 3 (P3) had not ever sent images of themselves. P1 discussed how she felt that sexting was ok and had not had any serious repercussions following sending images.

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*“I’ve only ever sent images to people that I 100% trust and am having a relationship with”*

She went on to clarify what images she had sent

*“Never shown my genitalia – that’s private private that is. Boobs are boobs. Lots of people have seen my boobs either when I breastfed [child’s name] or when I was younger getting drunk. If any of my naughty selfies got out and got posted I would just think oh well, I look ok. its only my boobs”.*

and could recognise that not all young people want to share images of themselves.

*“Everyone is different – depends on the type of person you are”*

P2 and P3 were very clear that they had refused to send images when asked and repeatedly said that.

*“I just wouldn’t do it. Even if I trusted them 100%. Once its out its out. I think it is so stupid”. (P3)*

*“They are the worst – men who are already in a relationship. One kept sending me photos and asking me for some when I’ve already said no” (P2)*

P3 also associated sexting with drinking culture and behaviour again which she did not participate in.

*"I think people who go drinking are more likely... I don't drink much. Only started clubbing when I was 18"*

There was a lot of discussion around grooming and young people being coerced by older adults. P2 gave this example

*"if she's 13 and he's for example 19/20/21 the minute she sends that picture, he thinks that she'll have sex with me, she'll do that with me and he's grooming her. If she says no, he'll say why did you send this picture to me. It'll lead to rape. In this instance it should be reported to the police regardless of young person's feelings. Its grooming".*

When asked who should report this to the police, the young people felt that if a PHN was involved then they should do this and inform the parents of the younger person. They would like strong support systems put place for the victim but were unsure of who this would be.

P1 had disclosed a rape to a trusted school teacher as she felt safe with this person, and all 3 reported very little experience of school nurses. When questioned about other nurses they had encountered the two who had family nurses would talk to them.

*"Family nurses are different from nurses at doctors. Its easy to talk about anything. It just comes pouring out." (P3)*

P2 did not feel she would talk to any nurse and would use a friend to confide in.

There was a lot of discussion around the scenario regarding vulnerability and chat rooms and the support needed for a young person in this situation. However there was no agreement as to who would be best to offer this support.

*"You don't know who's behind the screen in chat rooms. Don't do it. It could be anyone. I would be concerned about anyone sending explicit photos over the internet and not having met the person face to face." (P1)*

Finally there was a general discussion around how common is sexting. Here there was some contradiction with P3 saying

*"Most people wouldn't do it. If smart you know you are committing a crime"*

Whereas P1 reported

*“Stuff like sexting happens so so so much. [PHNs] should be aware of it and have the knowledge about it. Lots of people need educating about the risks. Girls and guys are sending photos of their genitalia and this crosses the line. This is my personal opinion. This feels like an invasion – invading my space when I receive pics of penis”*

Finally, all three participants were thanked and offered telephone support and thankyou gestures as per protocol.

## **Discussion**

### **This qualitative study looked at young people's sexting and the current practice of PHNs within a defined locality.**

The study met its aim to provide a new insight into the role of Public Health Nurses (PHNs) within the rapidly expanding area of technology and social media; their knowledge and confidence around the issues around sexting with young people and to start to identify ways to empower young people to take control of their images and keep themselves safe under the public health agenda.

The study, met the original objectives which were:

1. To better understanding of PHN's perception of sexting within their target population

The study team have a much better understanding now of how PHNs perceive sexting within their role and how much exposure they have had to the subject when working with young people.

2. To raise awareness of sexting as a public health issue for PHNs working with this age group

Sexting as a public health issue was identified by all nurses as a public health issue that needs to be considered when working with young people and children. The nurses were able to cite examples of mental health and emotional wellbeing issues that their clients had experienced and identified the safeguarding aspects particularly when working with a 'vulnerable' young person. Vulnerability was a recurring idea which was alluded to rather than directly expressed as a term. For example, some PHNs talked about risk factors among certain groups; young people in general, and learning disabled girls in particular. This was evident in critical incidents described, whereby paedophile grooming was identified as an escalating feature of young girls misplaced or 'wrong' involvement in intimate 'trusting' relationships with young boys and older men who abused them.

3. To document and record public health issues raised by PHNs from their experience of working with this client group

The research team have documented the public health issues raised by PHNs and are planning to take this forward with the relevant organisations as evidence that nurses need more knowledge and training if they are to feel confident to support their client group.

4. To gain information from which to undertake further study with young people in Warwickshire and beyond.

Some of the nurses were able to suggest ways of increasing their knowledge and in turn confidence around the issue of sexting and young people which

would be cost effective and improve nurses self efficacy. Using the resources within schools and their teams may build job satisfaction and expertise in this field.

5.To investigate the need for development of evidence-based risk prevention messages for PHNs to use with this client group.

Whilst undertaking this study NSPCC and ChildLine have developed some very welcomed resources which young people can use when asked to send body images and sexts. The study team will be very interested to see how and if these become used by young people and what evidence to support their use is available. It is important that these resources are made widely available and accessible for both practitioners and young people alike.

The results of this small study have shown how for the PHNs interviewed, sexting is considered to be a public health issue which has yet to be addressed fully by the health and education services around young people. The data collected also indicated how PHNs are highly reflective practitioners with many of the incidents recalled by nurses leading to a reflective period around what they could have done better and what more they could do next time. All identified that they needed training in the area of social media and sexting to increase their knowledge so in turn to be more support to the young people that they work with.

If we look at the results through the implicit lens of the four principles of health visiting/public health nursing (Cowley & Frost 2017), we are able to see how relevant they are to public health nursing practise as described by the participants of this study.

Firstly, their narratives reveal the myriad ways PHNs '**search for health needs**' through regular contact with children, young people and families through home visiting and formal links with schools. They all cited how the mental health and emotional wellbeing of young people could and is being affected by the sharing of images publicly without consent and by someone with whom they trusted.

Further to this some of the PHNS described how they '**stimulate awareness of health needs**' by identifying the problem of sexting among their client group. They felt that this study was raising the awareness of sexting and its impact on public health.

One of the PHNS described how her professional awareness raising was stimulated through multidisciplinary case study reporting on child sexual exploitation.

During the interview she had the opportunity to reflect on what she would do differently, at an earlier stage, or in continued support of the young girl in question.

Early intervention work with school-aged children is a good example of **'facilitating health enhancing activities'** and it was suggested by one nurse that discussion of social media and sexting should be started earlier than secondary school and that in some areas this was happening.

All nurses wanted to feel empowered to undertake this work with the young people that they work with and suggested a number of training opportunities and development of 'tools' to enable them to start up a conversation. Public health nurses felt that feeling more empowered they then would potentially feel more able to start a conversation with young people about this subject. In turn this should improve the care that young people receive as the subject area becomes within the normal sphere of nursing.

Finally regarding **'the influence on policies affecting health'** one nurse commented that each case appeared to be handled by the public services individually which led her to conclude that there was no consistent policy being formed around sexting locally.

Another nurse was hoping, that following a year of data collecting children and young people's health needs at school, she would be able to provide evidence that sexual health and relationship work which includes sexting, would be given a priority and thus influence local policy.

All nurses described how they would feel more confident to act as a resource within the field once they understood more about the issue.

Health intelligence is providing informed analysis and interpretation to underpin decisions and fits well within the influencing policies affecting health principle. The nurse who had experienced sexting within the safeguarding arena has had an opportunity to reflect on her role within this setting and feels she would now be more able to act as her client's advocate and add knowledge to the decision-making process. This nurse particularly felt that consent was an issue for the young people that she worked with.

In September 2016 National Institute for Health and Clinical Excellence (NICE) published guidelines that aimed to "prepare teachers, nurses, social workers and others to recognise harmful sexual behaviour when it occurs and ensure they can work across team boundaries so that problem behaviour is not ignored or missed and children and young people receive the help they need." Sexting was included within the potentially harmful sexual behaviours identified with a recommendation that a joined-up approach and early intervention by 'safeguarding leads' at school could help support the young person and tailor any intervention required. It also called for more research into the impact electronic media has on sexual behaviour.

Since these interviews were undertaken, there has been guidance from the Children's Commissioner for England issued in the form of a 'Digital 5 A Day Framework' to help children and young people lead healthy online lives. It offers a positive relationship with technology and guidance around how to stay safe online. (Children's Commissioner, 2017)

### **Ethical issues and safety**

Ethical permissions were sought and obtained via the Integrated Research Application Service (IRAS 197125) and the local Trust's Research and Development service. All participants were informed about confidentiality and anonymity in the reporting of the results. The safety of the young people who comprised the focus group was acknowledged at the beginning of the group and the protocol for following up on any disclosure of episodes of poor child protection/safeguarding practice, was discussed. All participants (PHNs and young people) were made aware via the Participant Information Sheet (appendix 4) of the obligation of the researcher to use local managerial reporting systems should disclosure of safeguarding issues arise, as in line with NMC regulation. Also acknowledging the emotively charged nature of our research and as in previous studies with sensitive issues, all participants were provided with information as to where they could discuss the subject further such as help-lines and counselling services.

As the focus group was using simplified vignettes taken from the data collected from PHNs, it was important to ensure each PHN consented to the stories being shared in a form which maintained anonymity for the PHN. Those PHNs who offered personal or family experiences were not used in the study.

Finally due to the sensitive and explicit nature of the material being discussed during the focus group, it was deemed safer to have the young people's children in a separate room with a member of the family nursing team.

### **Study strengths and limitations**

This study was undertaken in 2015/16 during a time of rapid change within the world of Information Technology and provides an example of how PHNs are responding to this ever changing technology. The team was able to interview equal numbers of school nurses, health visitors and family nurses and the study was supported by the local Public Health department responsible for commissioning all PHN participants. The study obtained good data from which to extract vignettes to discuss with a focus group of young people as per protocol. The focus group was undertaken and provided the research with some valuable insight into the need for an adolescent

centred approach from PHNs, if they are to form a trusting relationship with their client group.

Organisational limitations were recognised as during the timeline of the study provider/commissioner changes for the school health service within the area were undertaken. This increased the length of the recruitment phase of the study and involved interviewing half of the sample of school nurses from a neighbouring area newly provided by the NHS Trust.

Methodological limitations centred around the size of the study. The research team acknowledge that this is a small scale study based in one locality of England. Further research would like to replicate the study in more areas to compare PHNs data. Finally, the change of personal and the effects this had on services can be viewed as a structural limitation. Originally the team planned to use the client shadow boards of young people that were established in both the north and south of the county. However, due to personnel changes within the teams, both groups had lapsed and had no plans to meet in the foreseeable future. Therefore a request was issued via social media for participants and three young people volunteered to be interviewed. This reflected well how personnel changes and service priorities can alter within a short space of time.

### **Recommendations for future research, policy, practice and education**

This study was undertaken within the context of 2015/16 where the rapidly changing world of IT was occurring and the issue of sexting with its implications for young people, was becoming transparent. The results indicated that the PHNs interviewed were beginning to reflect upon the IT issues that their clients were facing and so it would be of most interest to conduct future research into how PHNs continue to respond to this ever changing IT world. It would also be most timely to replicate the study in other areas to add credibility to our findings.

Further study into how PHNs contribute to reducing children and young people's sexual and mental health as a public health investment might be a very timely within the budget restraints on the NHS currently.

From the focus group with young people, this study demonstrated how they value a trusting relationship with professionals in order to disclose issues around sexting. Therefore further research around building trust between young people and PHNs would provide the Public Health Nursing profession with a very valuable and practical insight. At the time of the study, school nursing was undertaking a large online health needs assessment and so less visible to their client group on an everyday basis.

It was intended that this study was a first step towards a more comprehensive programme of research regarding the health impacts of sexting among young people.

The research team would envisage that this study would be influential in policy development regarding the subject of sexting as a public health issue and the support of practitioners working within this area, via the professional bodies representing PHNs (RCN, CPHVA for example) and the NMC.

Further work around developing the adolescent-centred approach would be a practice issue where there is a recognition that all young people require information and support in differing ways from trusted professionals.

Finally, we recommend that sexting and online safety be incorporated into mandatory safeguarding training for all PHNs as this study has shown how it can be used within the Child Sexual Exploitation arena. In terms of impact, we hope this study will provide evidence for practice and provide a platform for education and training in relevant areas. As a result, stakeholders such as health professionals and managers would have evidence to inform the development of future services

## **Conclusion**

In conclusion the body of literature that is available from UK, Europe and USA indicate that sexting is an activity that has profound consequences and potential health and social risks for young people and that the numbers of young people sexting is increasing and it is becoming the 'norm' for this population.

This study suggests PHNs have an important role to play in the sexual and mental health harm reduction associated with young people's sexting. It did reveal that while most of the PHNs interviewed can identify young people at risk of sexting harms, there is a gap in their knowledge and confidence to deal with the issue. The study also supported the literature that suggests young people's sexting is often a signifier of harmful sexual behaviour for which the nurses requested further training and information.

There is an urgent need for local consideration of health and social care policy implementation around this issue, alongside enhanced practice education about the social determinants and impacts of harmful sexual behaviour. PHNs are uniquely placed to inform local safeguarding knowledge through regular home visiting and health based links to young people in schools. Their contact with children, young people and families can be viewed as a potentially protective factor. Whilst there appears to be little known regarding the PHN contribution to children and young people's sexual and mental health as a return on public investment, this study has shown that PHNs can respond to harmful sexual behaviours such as sexting and identify the mental health issues that can arise from this practice. This study has indicated that the current PHN service is willing to promote digital safety for young people through home visiting and school support and that with an increased capacity of PHNs, could further protect the public health of this client group.

### **Acknowledgements**

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## **Appendices**

### **Appendix 1** Interview Schedule

Interview schedule for individual interviews with Public Health Nurses.docx

#### **Interview schedule for individual interviews with Public Health Nurses**

The intention of the interview is to generate discussion rather than to adopt a rigid question/answer session. However, to ensure that the interviews align with the aims of the study we will use an interview guide. This will be used to guide, rather than constrain the discussion and will be based around the following questions/discussion points:

Sign consent form and explain anonymity and confidentiality

Introduction of self and topic

Can you tell me about your role in supporting young people in relation to sexual health?

What do you think about the issue of sexting among young people?

How do you think sexting relates to health?

How confident do you feel in addressing the issue of sexting with young people?

Are you able to give me an example of engaging with a young person where you consider they may have shared a sexualised image?

What was your reaction?

How do you reflect on this now?

What was the outcome?

Is there anything else about the issue of sexting that you would like to discuss?

Debrief and contact numbers

The SEXTING study Alison.lewis@swft.nhs.uk Interview schedule for public health nurses

Version 1 06/01/16

## **Interview schedule for focus group interview with young people**

The intention of the focus group is to generate discussion rather than to adopt a rigid question/answer. However, to ensure that the group discussion aligns with the aims of the study we will use a topic guide. This will be used to guide, rather than constrain the discussion and will be based around the following questions/discussion points:

Sign consent form and explain anonymity and confidentiality

Introduction of self and topic

Read the selected vignette(s) that describe how nurses deal with the issue of sexting

You have heard the scenario that describes the way that this nurse deals with the issue of sexting, what do you think about this?

How helpful or otherwise was the nurse's interaction with the young person in the scenario?

If you could give the nurse some advice, what would it be??

Is there anything else about the issue of sexting that you would like to discuss?

Debrief and contact numbers

The SEXTING Study Alison.lewis@swft.nhs.uk Interview schedule for focus group interview

Version 1 06/01/16

## Appendix 2 Consent form

I \_\_\_\_\_ (patient's name) have read and understood the Patient Information Sheet Version 1 (6<sup>th</sup> January 2016) approved for subjects taking part in the SEXTING study.

	Please initial all boxes
<ul style="list-style-type: none"> <li>I confirm that I have read and understood the information sheet dated 6<sup>th</sup> January 2016 (version 1) for the above study. I've had the opportunity to consider the information and any questions, any of which have been answered to my satisfaction.</li> </ul>	
<ul style="list-style-type: none"> <li>I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care or legal rights being affected.</li> </ul>	
<ul style="list-style-type: none"> <li>I understand that data collected during the study may be looked at by personnel designated by the sponsor, SWFT, University of Birmingham and members of the research ethics committee.</li> </ul>	
<ul style="list-style-type: none"> <li>I understand that data from this study can be transferred to other countries or collaboration groups in the study and measures will always be implemented to protect the information, by transferring them in an encrypted form.</li> </ul>	
<ul style="list-style-type: none"> <li>I agree to take part in the above study.</li> </ul>	

**Statement by Participant** I hereby consent to take part in this study. I understand that I will receive a signed copy of this consent form for my records.

\_\_\_\_\_ (full name)

\_\_\_\_\_ (signature)

\_\_ / \_\_ / \_\_ (date) \_\_ : \_\_ hrs (time) \*

### **Appendix 3** Vignettes to share with young people focus group

#### **Vignette 1 Susie**

Susie is a family nurse working in the community. She told us that she knew that some young men were getting younger girls to send them 'selfies' of their genitals, and that this led to a young girl being groomed by older men for sex. Susie said she felt really upset about this. She also said she wasn't surprised as she knew the young girl and families involved and that some of the boys were already known to police and social services. The young girl did go to the police but later withdrew her statement and no charges were brought against the older men. Susie felt strongly that even if the victim withdraws her statement the police should act to bring charges against the alleged perpetrator, particularly when there is evidence of genital selfies being shared by a group of men.

*C113-P20*

#### **Vignette 2 Jill**

Jill is another nurse we interviewed. She is a health visitor (public health nurse) working in the community. She told us that she was very shocked and concerned about the problem of sexting for teenage mothers with learning disabilities. One young mum sent explicit images of herself to a man she believed she was in a relationship with. The young mum met this man through 'chat lines' and had never met him face to face. Jill said it emerged he was actually a paedophile and was grooming her for sexual exploitation. Jill believes that the young mother has a high sex drive and doesn't think she has done anything wrong. She believes young people are a vulnerable group anyway, because of their developing brain, and that young people with learning difficulties are especially vulnerable. Jill feels terrible for the young mum involved and says she thinks sexting is a massive mental health issue; that whoever this happens to, they will carry it with them for the rest of their lives.

*C11- P13*

#### **Vignette 3 Diana**

We also interviewed Diana; a family nurse who said she was familiar with the problems some young mothers reported about their partners threatening to share intimate pictures or selfies. She says the problem of sharing selfies had happened to not just one family she has worked with, but many young mothers who are involved with partners 'who appear to have a hold on them'. Diana said she found an opportunity to talk to the young mum about the importance of not having these images to start with; how dangerous they can be. She said that the young mum was able to reflect on the impact it already had on her life and her circle of friends and family. The young mum is no longer in this relationship but Diana thinks she is still involved with people who think this behaviour is normal.

*C15-PO9*

#### **Vignette 4 Nadine**

Nadine is a family nurse we interviewed who says she has some experience of the problems young people experience through taking selfies or sexting. She is aware of a case where a

young boy was charged with a criminal offence because he was found to be in possession of a pornographic image which he had not taken himself but he had shared. She talked about how she could see that young boys could get into this situation without realising how it might end up, through their not understanding the issues or consequences. Nadine believes education has a role to play; that teachers and health professionals should have discussions about the possible harms. A whole range of safety aspects could be discussed, she says, on how to keep safe. This might prevent the fact that some 15 year olds are now on child protection plans and a 16 years old on the sex offenders register.

*C13 PO6*

#### **Vignette 5 Alex**

We also interviewed Alex, a school nurse, who says she was shocked by the younger age of some of the sexting incidents she was involved in. Alex told us about a young girl in Year 7 who had an older boyfriend in year 11. The boy asked her to take a photograph of her genitals and send it to him, which she did. The boy then reportedly said to her 'I know where you live and if you do not have sex with me I will tell your mother'. Alex said it was blackmail. Fortunately, this girl had a good friend who told the head teacher. The young girl's parents took her out of the school and returned to their country of origin. Alex said they were extremely distressed. . Alex says she herself was shocked and angry because the girl was so young and also struggled with her learning

*C14 PO7*

#### **Vignette 6 Belinda**

Belinda is a school nurse. When we interviewed her she talked about an incident she was aware of, whereby a boy and girl were texting each other, as part of a group on WhatsApp and SnapChat. One of the girls, 14 years old sent naked images of herself to the boy. The boy said he was shocked and had not asked for this picture. Belinda said that another girl took a picture of a penis on Instagram and said it was this boy's penis. This penis image was shared among the group. Since then the police and school have been involved, 'everybody has seen it' and the picture of the penis had to be investigated. Although it wasn't the boy's genitals that were actually shared on social media, his mental health has since deteriorated. He is reportedly devastated, socially isolating and no longer enjoys or school. He has lost all confidence. Belinda says she is shocked about 'how kids of this age act, that they are so much more sexually aware and take this behaviour as the norm'; this boy, she says, 'he did nothing wrong and it has had such a big effect on him'. *C17P12*

## Appendix 4 Participant Information Sheet

### **Invitation to Participate Public Health Nurses**

#### **Research Project Title**

**Sexual Health of Young People who use Technology to Share Sexualised Images: INvestigatinG Nurses' Role (The SEXTING Study)**

Dear X (Name)

We invite you to participate in an exploratory research study to investigate how to empower public health nurses (PHNS) who work with young people regarding sexual health. The study focuses on nurses knowledge and confidence in addressing young people's use of sexualised self-images ( known as selfies and or sexting) and will report on good practice identified.

We will invite you to a 1:1 interview which will take approximately 30 minutes. The interview will be recorded and anonymized. If you decide to take part in this study you will be asked to sign the informed consent form. You will receive a copy of the information sheet with the consent form.

The study will be conducted under ICH-Good Clinical Practice rules (a set of internationally recognised guidelines to produce safe and valid data) and the applicable regulatory requirements in the UK. The study has been reviewed and approved by IRAS X (Reference Number xxxx) to be conducted in the UK. The study is funded by the Burdett Trust for Nursing and sponsored by South Warwickshire Foundation NHS Trust (SWFT) in collaboration with University of Birmingham.

We would be grateful if you could respond to this invitation asap by returning the detachable slip at the bottom of this letter to the name and address below;

Best regards

Mrs Alison Lewis

**The SEXTING Study**. SWFT, Lakin Road, Warwick, Warwickshire CV34 5BW  
Tel: 07808 763323 Email: Alison.Lewis@swft.nhs.uk Version 1 06/01/2016 Invitation to participate

I Do/Do Not (delete as appropriate) accept the invitation to participate in  
**The SEXTING Study**

**NAME:**

**Contact details:**

