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'I keep hearing reports on the news that it's a real problem at the moment': Public Health Nurses' Understandings of Sexting Practices among Young People

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'I keep hearing reports on the news that it's a real problem at the moment': Public

Health Nurses' Understandings of Sexting Practices among Young People

Abstract

Over the past decade, the potential harms regarding young people's use of technology has attracted mounting political, media and research attention worldwide. One practice engaged in by many young people is that of 'sexting' and the sharing of partially, or complete nude images ('selfies'). Such images are not always retained within private spaces and are prone to be shared, with significant psychosocial consequences for young people involved. A significant risk is the hidden nature of some on-line interactions, with potential for grooming and child sexual exploitation. As key professionals working with young people, public health nurses have potential to educate and explore the risks with them. Yet to date, to our knowledge there has been no research in relation to public health nurses' understandings of the practices involved or their potential harms. A qualitative study was undertaken drawing theoretically on the Common-Sense Model (CSM) to frame the analysis. Eighteen semi-structured interviews were conducted with public health nurses in a region of England in 2016. Data were analysed through thematic analysis, and mapped to the five domains of CSM. Public health nurses' understandings of young people's sexting practices were shaped largely by media reports, rather than scientific, disciplinary knowledge. Sexting did not resonate with many public health nurses' own experiences of being a young person and was therefore difficult to understand. All were able to express an opinion about the causes and consequences of sexting and we present these as a 'perceived hierarchy of risk'. All public health nurses acknowledged the importance of their role in dealing with harm reduction associated with sexting among young people, but they need education and support to do this effectively and confidently. Findings can be transferred carefully to many contexts and countries because sexting is a practice among young people that transcends geographical boundaries.

Key words: UK; Child Sexual Exploitation; Common-Sense Model; Digital Safety; Public Health Nurses; Risk; Sexting; Qualitative; Young People.

What is known about this topic

The potential harms regarding young people's use of technology and social media has attracted mounting political, media and research attention over recent years.

A significant risk is the hidden nature of some on-line interactions, with potential for grooming and child sexual exploitation.

Public health nurses have an important role in educating and exploring risks with young people.

What this paper adds

Public health nurses' understandings of young people's sexting practices were shaped largely by media reports, rather than scientific, disciplinary knowledge.

All were able to express an opinion about the causes and consequences of sexting but many found it difficult to understand the practice.

All public health nurses acknowledged the importance of their role in dealing with harm reduction associated with sexting among young people.

Background

During the 21st century the production and sharing of sexualised, self-produced images has become a regular activity, particularly – although not exclusively - among young people (Döring 2014; Klettke et al. 2014). Under a broader category of what Courtice and Shaughnessy (2017) refer to as 'technology-mediated sexual interaction', there are two main forms. *Sexting*, the use of digital devices such as computers and mobile phones to create and exchange sexually explicit content; and *cybersex*, the interactive and real-time exchange of messages (Shaughnessy, Byers & Thornton 2011). In this study we used the term *sexting* because it was likely to be the most familiar to those who took part. Lenhart found that the prevalence of sexting amongst the 12-17 age range was 4% of all cell-owning teens (that is, those young people who own a mobile phone), with little difference in gender (Lenhart 2017). Older teens (17-year olds) most commonly reported sending a sexually explicit image within a text message, and one in six claimed to have received a sexually explicit image from someone they knew. The results of an international survey of 3,257 young people aged 13-17 years from Denmark, Hungary and UK published in December 2017, point to a much higher prevalence *and* a gender differential (Childnet International 2017). The survey found that in the last year, 30% of girls had received unwanted sexual messages online, compared to 13% of boys. Similarly, Cox Communications (2017) found that 60% of teens within this age range reported sending images to a girlfriend or boyfriend with whom they felt safe. When asked why they sexted, 43% said because they were asked and 40% because it was fun. The problem is that this seemingly 'fun' activity can have significant negative impacts; sexting carries risks.

Such images are not always retained within private spaces, and there are risks that they may be shared. For some young people, an assumed private sharing with a partner they trust, is

then distributed, for example within a social network such as school, or posted on-line. This can hold significant psychosocial consequences for young people involved. The international literature exploring the impact of sexting is beginning to grow (Kosenko et al. 2017; Doring 2014; Houck et al. 2014; Van Ouytsel et al. 2017; West et al. 2014). Among the mounting evidence, are firm suggestions of the associated adverse mental and sexual health implications (Benotsch et al. 2013; Dake et al. 2012; O'Keeffe & Clarke-Pearson 2011). Thus the negative impacts of sexting for some young people can be seen as misplaced trust, with the unconsented distribution of an assumed private image. It is tempting to regard this naïvely as a 'trust gone wrong between teenagers who know no better'. It is important however to disabuse such notions and to recognise the psychological and social impacts on the young people involved. There are predatory risks of on-line grooming, to which some young people and children fall prey.

1. Sexting practices and Child Sexual Exploitation

The hidden nature of some on-line interactions with which some young people engage, opens the opportunity for grooming and child sexual exploitation (CSE) (Public Health England 2017). Globally, CSE is associated with the use of the internet and new digital technologies, enabling perpetrators of sexual abuse and violence to access children and young people through anonymised means (Boies et al, 2004; Brickell, 2012; Hughes 2002, Livingstone & Palmer 2012). Cameron et al. (2015) reported that sexual exploitation of children commonly involves them in situations where the person responsible for the exploitation may not have direct sexual contact with the child. The following description captures what is meant by CSE, but also its association with technology:

> *Child sexual exploitation is a form of child sexual abuse. It occurs where an*
> *individual or group takes advantage of an imbalance of power to coerce,*

manipulate or deceive a child or young person under the age of 18 into sexual

activity (a) in exchange for something the victim needs or wants, and/or (b) for

the financial advantage or increased status of the perpetrator or facilitator.

The victim may have been sexually exploited even if the sexual activity

appears consensual. Child sexual exploitation does not always involve

physical contact; it can also occur through the use of technology (Department

for Education, 2017, p.5).

Table 1 provides an overview of the manifestations of CSE, showing its relationship both to

technology and to consent. Consent is often difficult to clarify in sexting cases where consent

has been assumed, implied or even explicit (Lorang et al. 2016). Overall though, sharing a

young person's sexts with other people is unacceptable, irrespective of the level of perceived

or actual consent and as we explore in the discussion section, it has legal implications.

Moreover, CSE is a crime with devastating and long lasting consequences for its victims and

their families (Department for Education, 2017). This article is not about CSE as such, it is

about public health nurses' understandings of sexting, but these need to be understood against

a backdrop of risks associated with the practice.

[Insert Table 1]

Sexting and public health nurses

As the evidence base regarding the risks of sexting begins to swell, so too does the literature

on health professionals' role in addressing the issue (Ahern & Mechling 2013; Houck et al.

2014; Ybarra & Mitchell 2014). Internationally, public health nurses (including family

nurses, health visitors and school nurses) are uniquely placed to identify adolescent health

needs and to offer guidance to young people engaged in sexting practices. However, the literature in this field is limited and there are few empirical studies. Available evidence does indicate however, that there are significant opportunities and gaps in nursing knowledge and skills to address the issue (Ahern & Mechling 2013; Crown 2014; Van Ouytsel et al. 2017). To our knowledge there has been no research in relation to public health nurses' understandings of sexting practices among young people. Yet it makes theoretical sense that such understandings might impact considerably on their capabilities in supporting young people. This study therefore, addressed this gap.

Study aims

To elucidate public health nurses' understandings about sexting and its impact on the health and wellbeing of young people.

Methods

Research Design

This was a qualitative study that integrated the Critical Incident Technique (CIT). CIT focuses on 'real' events, rather than abstract concepts (Bradbury-Jones & Tranter 2008; Yonas et al. 2013). It involves asking respondents to recount *actual* incidents. We have reported on the critical incidents in a separate article that focuses on the public health nurses' role [*insert reference after blind review*]. However, we felt there was much more to our data than we had accounted for through CIT reporting alone, hence the need for this article.

Theoretical framework

There is an argument that theory-infused qualitative studies are preferable to those where theory is absent (Bradbury-Jones et al. 2014). In seeking a framework for the current study, theoretically, we drew upon the Common-Sense Model (CSM) of self-regulation of health

and illness (Leventhal, 2003). Representations and beliefs about illness are at the core of this model. Leventhal and colleagues describe five elements of such representations/beliefs as: Identity (the label or name given to a condition); Timeline (beliefs about how long the condition will last); Cause (ideas about perceived causes of a condition); Consequences (perceptions regarding the consequences and impact of a condition); Control (beliefs about the extent to which a condition can be cured or controlled).

CSM is a complex, multi-level framework that is typically used in disease/condition orientated research relating to how peoples' beliefs alter their behaviour. CSM has been used extensively in health research, to understand medical issues such as asthma (Achstetter et al. 2016), diabetes (Paddison et al. 2010) and hearing loss (Heffernan et al. 2016). One of the authors [*insert initials after blind review*] has used CSM successfully in previous studies to explore non-disease/illness related issues [*insert reference after blind review*]. Its five domains were deemed to be entirely congruent with the more social-slant of the phenomenon. This inspired us to draw on CSM again in the context of the current study, as a novel lens through which to analyse the data. Our interpretations of the five domains are shown in Table 2.

[Insert Table 2]

Recruitment and data collection

Public health nurses were recruited from one locality in England. To be included, they needed to be practicing within the field of public health nursing (as a family nurse, health visitor, or school nurse) and working with children and young people. Data were generated through semi-structured, 1:1 interviews undertaken between May and August 2016.

Data analysis

To ensure consistency all interviews were conducted by one researcher (AL). All interviews were audio recorded and subsequently transcribed verbatim. To protect participants' anonymity, they were assigned a code from Participant 1 to 18. The analytical processes involved three discrete, yet inter-linking phases: 1) Open inductive coding of all interview transcripts using a team approach. One researcher (SB) analysed all 18 interviews and for rigour and a sample of 13 interview transcripts were analysed independently by two research team members (MC, CB-J). Transcripts were shared across the team and we met on two occasions to reflexively discuss and debate our evolving analysis; 2) Extraction and analysis of critical incidents which has been published separately [Add reference]; 3) Deductive coding to map the data to the five CSM domains which is reported here. Pre-defined codes spanning the CSM domains included descriptions of sexting, changes in sexual practices and attitudes, perceived causal factors and consequences, and beliefs about what can or cannot be done in relation to sexting. QSR NViVo 11 software was used throughout the data analysis process.

Ethics

Ethical approval was obtained via the NHS Integrated Research Application Service (IRAS 197125). Informed, written consent was gained from all participants.

Findings

Eighteen public health nurses took part. They were aged between 30 and 60 years of age; their length of time in a public health nursing role ranged from less than one year to 25 years and most (n=10) had held more than one public health nursing role over their career. In sum, they were a reasonably mature and experienced group of practitioners. Findings are reported in relation to the domains of CSM, with reference to our interpretations as indicated in Table 2. Readers can take the word 'domain' to mean 'theme'. The rich words of our participants

do not fit neatly into each domain and there is some over-lap. The quotes presented are considered the most representative for each. The verbatim quotes have been subject to minimal 'tidying' where necessary for the sake of readability.

Identity

For many public health nurses, sexting was a new phenomenon and one that they knew little about, for example:

> I think it just concerns me that I don't know much about it. I think it is important to say that somebody somewhere needs to be getting the information to all health workers about what it is, what it means and also where is the policy and how we should be reacting when we hear about this working with young people. P2

For some public health nurses, understandings were based on information from the media or hearsay:

> From what I'm hearing on the news there have been some serious cases where young people are being charged with offences. See, I don't know that much and I think I need to because I keep hearing reports on the news that it's a real problem at the moment. P3

In terms of beginning to identify the risks of sexting, understandings varied from it being a normalised practice within a 'caring' relationship (P4, P5, P13), potentially abusive (P4), manipulative and exploitive (P6):

> Is it that serious or is there some acceptable sexting? Is some of it ok, is it just fun? I don't know really. P4

> I think it's quite normal… I think they think it's a normal part of a relationship in a way. That actually it's normal to share explicit photographs. P5

What you've got is sharing images of each other innocently, possibly, which it normally is, but it's what then happens with that image and, and then is the concern… They see it as a private thing, between each other, but then the whole world can see at the touch of a button, the whole world could see it… I would imagine it's done as an intimate thing between two people, most of the time. P13

I guess it can crop up in all sorts of potentially abusive relationships. Clearly there could be pressure on either party. My guess is that it's going to be mainly boys pressurising girls, but not necessarily. My understanding is that it can be a two way of sharing this kind of stuff, from what I've heard. But it's clear that that can be part of an abusive relationship between two young people. P4

Sexting is one of those things that can get you embroiled in child sexual exploitation because… building up that relationship and then sharing photos of each other and then being manipulated by saying, 'If you don't do this with a certain person, I'll share this image of you to whoever'. P6

One public health nurse in particular found it extremely difficult to understand the motivations of young people towards sexting:

Absolutely horrifying and I don't understand it. I…I don't understand it. I just don't understand it. P14

Timeline

The speed at which sexting has come about has brought with it an element of surprise:

I think it's come up very quickly and I think it's taken a lot of people by surprise both professionals and young people. I think it's something that's almost just emerged so rapidly that before anyone really understood what was going on, suddenly this issue has appeared. P16

Generational aspects of sexting were discussed, with some public health nurses trying to understand the issue by linking it to their own experiences of being a young person:

> Through the generations things seem to come in and go out, don't they? This is obviously quite a new thing that's happening. We've certainly not heard about it in previous years, have we? P11

> I think it's always gone on, but because we have social media, we have the technology to make it instant and recordable and kept, that is the problem. So, if I take myself back to being a teenager, there was always some lad wanting to show himself off or some girl would, you know, that - there would be that sort of, you know, talk about sex and showing yourself off and that's wanting to promote yourself, because that's what you do when you're a teenager, you're very much around body and showing off and that sort of thing. P13

Cause

Cause and consequences are intricately linked, but in this context cause responds to the question: why do they do it? For some participants, the 'causes' are young people's naivety and lack of awareness of the implications:

> Probably, lack of knowledge, like I have, really. They think it's all a bit of fun and don't actually think about the implications of sending the image to somebody else. P2

> I think a lot of it is because they're quite naïve at times… A lot of them are quite naïve and they don't really know what risks they're putting themselves under. P17

Like P13 who talked of the legal implications of sexting, P15 also raised the issue in terms of young people being unaware that they may be breaking the law:

Young people aren't aware that it's against the law to share images of anybody under the age of eighteen. That's quite shocking news to them. They're not aware that they could be breaking the law. P15

Almost every public health nurse included in the study understood sexting in terms of contemporary culture and normalisation, as captured in these selected quotes:

I really think it's a huge part of adolescent culture now. There seems to be an idea that, even before a relationship has got very far before it becomes a serious relationship, that it is perfectly acceptable to be showing your body parts to other people. P1

Why wouldn't teenagers be taking photographs of each other? I mean… that's what I would expect… it doesn't surprise me, it wouldn't surprise me at all. P13

Consequences

In terms of consequences, four of the public health nurses understood the risks in terms of a sexually explicit image being 'out there', for example:

The trouble is that once it's out there, it's out there. I don't think they realise that; that actually it's very difficult to get a picture taken off of the internet, before it's gone viral. P5

I'm sure for some young people, they start getting involved in that, it might be some great fun to some of them, but for some of them, give them lots of feelings of regret and - because once it's out there, it's out there, isn't it? P11

Three different public health nurses also understood the risks in terms of an image being 'posted' and sent around the world, with reference to the emotional impacts, as captured in the following quote:

It's really difficult, isn't it, because if they're giving consent at the time they think

they're in a relationship, they're probably not thinking further of where them images

can go, which is obviously devastating for the health of the young person, if that other

person sending these pictures around… So, I think health-wise it can make them

obviously very depressed, very insecure, very isolated, being called names, just quite

devastating for them. P10

Six participants linked the consequences to adverse sexual health consequences, as reflected

in the following example:

Obviously sexting has a huge issue for the young person that's involved, because I

think that… from a public health point of view, you've got issues in terms of, sexual

activity… and exposure to sexually transmitted infections. You've got exposure to

unwanted pregnancies. P16

Some participants understood the potential consequences of sexting on vulnerability and

abusive relationships, leading into associations with grooming, for example:

It could almost be steps towards grooming. All sorts could come from this type of

behaviour. That's my worry. I think. P3

I think it's an issue around consent and criminal activity as well, you know, child

sexting to an adult, a 14-year-old sexting to a male, that's in his 20's or whatever…

I've had one [vulnerable girl] here, where she was - he was getting her to send pictures

of herself and he was actually a paedophile and he was grooming her. So, there's a

massive issue. P13

In a perspective that was slightly unusual in terms of the overall focus on victims, one

participant made reference to the criminality of the act and legal responses, with some

sympathy for the 'perpetrator':

We don't want all these teenagers getting criminal records… It worries me a bit that sometimes there may be a knee jerk reaction, from law, from the government, from, from law and stuff and we end up having all these teenagers criminalised for something that was really silly to do and actually they shouldn't have done it, but it's a lack of understanding about sharing images… they do silly things, all teenagers. P13

Control

Control is concerned with the ability to do something about the issue. Five participants referred to early intervention in schools as a systems approach to addressing the risks of sexting, for example:

I just think that it needs to be much higher on schools' agenda because there is a lot of children out there who are emotionally scarred because of it and there's nothing that we can do now to help them apart from emotional support, but the damage is done. We need to get into schools earlier. P6

Some public health nurses in the study were confident in addressing sexting with young people:

It's really important. That's why I always discuss that with young people… it is always very much part of the conversation around safe relationships and what a safe relationship looks like and how to keep themselves safe by not sending inappropriate images to each other. P6

An important finding from this study is the lack of confidence among many public health nurses in dealing with the issue, for example:

If I brought it up what would I be saying, where would I be pointing that young person for support. It's pretty, yes, I'm not confident at all at the moment. P2

It's having the right tool… I'm not confident that I've got the right tool in my bag to

say, 'right let's think about sexting' P5

Perhaps unsurprisingly, the need for education and training was suggested:

There needs to be a huge educational training programme for all health and education

professionals because it's the Police that hold all the rules at the moment about this

and we are not really aware of what it involves. P2

The final quote brings together different domains of CSM, summing up many of the issues

presented in the findings:

I wasn't aware of it until a couple of months ago, so I think for me it needs to be

shared more, spoken about more, vocalised more… It's like a hidden subject, isn't it?

Like CSE has only just come out in the last couple of years, whereas before, it

probably went on and this is possibly the same. It's something that needs to be

addressed and I think at the moment we're possibly not addressing it. P10

Limitations

Theoretically, we found CSM to be a useful framework for organising our analysis and

findings, but there are inherent limitations that we acknowledge. Firstly, we have interpreted

some representations more broadly than Leventhal may have intended. Some may see this as

an unacceptable deviation from the model's origins. That said, CSM has been used

extensively by Leventhal himself in a number of contexts and along with others, he continues

to work with the model (McAndrew et al 2017) describing it recently as a 'dynamic

framework' (Leventhal et al. 2016). With this in mind, adhering to a purist application of

CSM is unlikely to be necessary. Secondly as described, our analytical processes involved

inductive analysis followed by a mapping onto the CSM domains. We acknowledge that this

approach risks 'squeezing' data to fit the model (Bradbury-Jones et al. 2014). Or as Bourdieu

observed in his critique of practice and logic, we have potential to '*wring incoherences out of it or to thrust upon it a forced coherence*' (1997, p. 109). We argue that we have done neither. The fact that some of our quotes may appear to straddle more than one theoretical domain, demonstrates our commitment to the fullness of data as opposed to the rigid adherence to the model.

Discussion

Through viewing public health nurses' understandings of sexting in relation to CSM, although some were less knowledgeable and confident than others, collectively they were able to talk of its identity and causes. Most knew of the risks associated with young people's sexting practices and they perceived it was part of a myriad of sexual behaviours. Their understandings in this regard align with the considerable literature in the field. It is clear from extant literature that sexting poses risk to the mental and sexual health of many young people (O'Keeffe & Clarke-Pearson 2011; Rice et al. 2011; Dake et al. 2012; Benotsch et al. 2013; Van Ouytsel et al. 2017). A cluster of risky sexual behaviours exist (Rice et al. 2011; West et al. 2014; Kosenko et al. 2017), including the practice of sexting, along with multiple sexual partners and substance abuse (Ahern & Mechling 2013; Van Ouytsel et al. 2017). In the online survey conducted by Benotsch and colleagues (2013) with 763 young people, sexting was robustly associated with high-risk sexual behaviour and/or using substances.

Most public health nurses showed appreciation of the consequences of sexting, particularly in relation to non-consensual sharing of images. Similarly, the survey by Childnet International (2017) highlighted significant risks in this regard. The results of that survey highlighted the risks of threats, coercion and exploitation, with 10% of the young people who took part being pressured to share a nude image by a girlfriend/boyfriend, and 9% receiving a sexual threat online, including threats of rape. Also, 6% had experienced the sharing of their image and

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41% had witnessed their peers circulating sexualised images of someone they knew (referred to as 'revenge porn') and 25% had witnessed a peer secretly taking sexualised images of someone and sharing them online (known as 'upskirting' or 'creep shots'). To that end, young people are enmeshed in risky practices both as potential victim and as witness to the act of non-consensual sharing.

Our study illuminated some of intricacies of dealing with sexting within a socio-legal context. In the UK, by law, it is an offence to make, distribute, possess or show any indecent images of anyone aged less than 18, even if the content was created with the consent of that young person (UK Government, 1978). Lorang and colleagues (2016) explored the legal implications of sexting in the U.S.A. and suggested that for those involved, transferring and viewing sexually explicit material can be considered child pornography. As such, several states enacted legislation to help differentiate between child pornography and sexting by minors. Recent changes in statutes suggested that some minors involved in sexting could be charged with a less serious offense. Nonetheless, in the U.S.A. - as in the U.K. – as yet there is no clear national consensus on how sexting by minors is adjudicated.

In our study, one participant in particular (P13), pointed out the fine line between culpability and vulnerability. Being attuned to the potential criminality associated with sexting, reflects a sound understanding of an emerging legal context. International literature shows how sexting behaviour can be associated with criminality (Gomez & Ayala 2014) and as Korenis and Billick (2014, p.100) put it 'sexting can entangle a child or adolescent in the criminal justice system'. As of January 2016 in England and Wales, if a young person is found creating or sharing sexual images, the police can choose to record that a crime has been committed. Crimes recorded this way are unlikely to appear on future records or checks, unless the young person has been involved in other similar 'grooming' activities which may indicate that they pose a risk to others. While offering an important protective mechanism from a legal

standpoint, it is important not to problematise and demonise social media *per se*, because they offer opportunities as well as risks (Hasinoff 2012; Children's Commissioner, 2017). Quayle (2017) suggests a proactive harm reduction approach to young people's on-line behaviour that enables young people to safely participate in the benefits of digital communication.

A pervasive theme throughout our study was that of risk. Interpretations of risk and how professionals come to know risk has received little research attention (Gale et al. 2016) and so findings from the study make a useful contribution. As Cowley and colleagues (2004) point out, the daily work of most health visitors is taken up with child welfare work and this requires well-honed skills in assessing risk. Veltkamp and Brown (2017) refer to the 'intractable uncertainties' of 'risk work', which - they argue - is far from simple and involves implicit valuing, categorising, intuiting and use of tacit knowledge. Our synthesis of data relating to identity, cause and consequences, juxtaposed with emerging literature on the subject, can discern three discourses regarding levels of risk. These are presented in tabular form as a hierarchy of perceived risk (Table 3). The table may be useful in encouraging public health nurses (and other professionals) who perceive sexting solely as a low risk, naïve practice, to look beyond this viewpoint and consider the potential for escalating risk. To that end, the hierarchy might stimulate an empirical way of knowing, that supplements the intuiting and tacit knowledge identified by Veltkamp and Brown (2017).

[Insert Table 3]

In terms of the CSM domain of control, addressing harmful sexual behaviours among young people is a global public health aim with national and local implications for child protection (Bradbury-Jones et al. 2015; Quayle 2017; National Institute for Health and Care Excellence (NICE) 2017; Public Health England 2017). Recently, the UK government and public-sector organisations have produced written guidance on the safe use of social media (Childrens'

Commissioner 2017; Royal Society of Public Health 2017; National Institute for Health and Care Excellence (NICE): 2017) suggesting the risks and benefits for child health and wellbeing. But for some public health nurses in the study, sexting was a baffling phenomenon that they found difficult to understand. Some had never heard of the issue before taking part in the study. They tried to make sense of it by reflecting on their own experience of adolescence and in so doing encountered dissonance. Had we not mapped the data to the CSM domain of 'timeline', there is a chance that we may not have given this issue due credit. Yet it is an important finding. Attempting to understand the contemporary sexual practices of others in light of one's own historic viewpoint is distorted by a generational gap. The techno-cultural world is too different to make meaningful comparisons. Additionally, for many public health nurses who participated, understandings of sexting were based on what they had managed to glean from informal networks and the media. As participant 3 informed us (and as reflected in the title of this article) 'I keep hearing reports on the news that it's a real problem at the moment'. In our view this is wholly inadequate and public health nurses need formal education and support as part of on-going professional development.

The study findings point to the need for public health nurses' understandings of sexting to be informed by young people themselves. O'Keeffe and Clarke-Pearson (2011) and Rice et al. (2011) suggest that a route into broaching the subject may be through conversations about sexual activity, sexually transmitted diseases and unwanted adolescent pregnancies. All of these are familiar ground for most public health nurses. We suggest a harm minimisation approach is appropriate, as advocated by Quayle (2017). This acknowledges and respects the realities of many young people's on-line practices and as we have suggested elsewhere it recognises their agency and decision-making [insert author reference]. However, it also stays alert to the considerable inherent risks and educates young people about these. As Courtice and Shauhnessy (2017) note, discussion of such practices could include some of the legal

risks. To be successful however, public health nurses need to be fully rehearsed with the risks of sexting and the contexts in which it occurs. Moreover, this understanding needs to come at least in part from formal training and support.

The hierarchy of perceived risk proposed in this paper may be a useful start for educating public health nurses themselves and used as a tool for them to embark on the crucial conversations that they need to have with young people about the risks of sexting.

Conclusions

This study took place with one group of health professionals in the UK, but we suggest that the findings can be transferred carefully to many contexts and countries because sexting is a practice among young people that transcends geographical boundaries. It is also a practice that is likely to grow along with advancing technologies. The public health nurses who participated in the study had a collective profile of considerable life and practice experience, yet their understandings and confidence in dealing with sexting was limited in some areas. However they acknowledged the importance of their role in addressing the issue with young people and the need for robust education and support to ensure that their capabilities are maximised in this important sphere of practice. This article provides new insights into the issue and moreover, a hierarchy of perceived risk is proposed as a tentative explanatory framework. We envisage that it might be used for educational purposes with public health nurses, other professional groups and perhaps young people themselves to challenge misconceptions of sexting as a low-risk activity. It will of course be expanded upon and critiqued as the limited knowledge base in this area of public health nursing develops.

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Table 1: Manifestation of CSE (Adapted from Department for Education, 2017)

Like all forms of child sexual abuse, CSE can:

Affect all children and young people under the age of 18 years

Still be abuse even if the sexual activity appears consensual

Include both contact (penetrative and non-penetrative acts) and non-contact sexual activity

Take place in person or via technology (or a combination of both)

Involve force and/or enticement-based methods of compliance

Be accompanied by violence or threats of violence

Occur without the child or young person's immediate knowledge

Be perpetrated by individuals or groups, males or females, and children or adults

CSE is *always*:

Underpinned by some form of power imbalance in favour of those perpetrating the abuse

Table 2: Interpretation of CSM applied to this study

Domain	Original understandings	Interpretations in this study
Identity	The label given to a condition	Descriptions of what sexting is to help build a picture of what participants understand by sexting
Timeline	Beliefs about how long the condition will last	Descriptions of how sexual practices have changed and generational shifts in attitudes and behaviours
Cause	Ideas about perceived causes	Any times a participant alludes to a factor that has either led to sexting becoming an issue, or an individual becoming involved
Consequences	Perceptions regarding the consequences and impact of a condition	Consequences of sexting
Control	Beliefs about the extent to which a condition can be cured	Instances where participants reference either their beliefs that things can or cannot be done, or ideas about what could be done

Table 3: Sexting practices and a hierarchy of perceived risk

Perceived level of risk	Nature of practice	Characteristics of practice
Low	Normalised practice	Consensual sharing between two people Takes place in a seemingly caring and trusting relationship A fun, naïve activity
Medium	Potentially abusive practice	Pressure to share images Risks of the image being 'out there' Potential for non-consensual sharing of image
High	Manipulative and exploitive	Predatory behaviours Risks of grooming Potential for sexual exploitation