Nursing in Practice: Online CPD module

January 2020

[Strap] How not to miss

[Head] Abuse in children

[Stand] Senior Lecturer Dr Helen Elliott on spotting the signs of abuse in children

[box]

Key learning points

- Be alert and question the behaviour of the child or parent/carer
- Ask for help
- Report if abuse is suspected
- Develop a multi-agency approach
- Nurses must pursue referrals if they are not satisfied with the response

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[Sub] Case

A mother comes into the clinic with her eight-year-old daughter to see the practice nurse. She explains that her daughter has been soiling her underwear for the past few weeks and is concerned that she has been aggressive towards other children at school. She mentions that a few months ago, she left her daughter in the care of a male family friend for a short period. Soon after this, her behaviour seemed to change. Because of her challenging behaviour, she has been excluded from the classroom.

[Sub] Red herrings

The range of non-specific physical and psychosocial symptoms, alongside the lack of disclosure, can make it challenging to recognise child sexual abuse.[1] When exploring the issue of soiling, the primary care nurse may initially consider if the child is suffering from the following:

- Diarrhoea.
- Abdominal pain.
- Constipation.
- Poor diet.
- Lack of fluids.

The nurse should also consider if the child has difficulty in accessing the toilet during the school day, which may result in a reluctance to use the toilet facilities.

[Sub] How not to miss

Nurses must be able to recognise the diverse and non-specific signs of sexual abuse since the child is unlikely to disclose.[1] As defined in the government guideline '*Working Together to Safeguard Children*', there are four main categories of abuse and neglect: physical abuse, emotional abuse, sexual abuse and neglect.[2] Children may be abused by a family member, in an institutional, community setting, by those known to them or by a stranger. Children have a right to be protected from all forms of abuse and neglect and have a right to be safe.[3]

'Professional curiosity'[4] will help the nurse to think more broadly when assessing the possible reasons why the child is soiling and the reason for her behaviour change. Rather than focusing on the presenting symptoms, the primary care nurse needs to assess the child more holistically to identify the need for early intervention.[2]

In addition to assessing concerns around soiling, the nurse can ask the mother about her daughter's:

- Behaviour- (aggressive, disruptive, withdrawn).
- Sleep.
- Possible bed-wetting.
- School attendance.
- Levels of concentration.
- Learning difficulties.
- Developmental delay.

The nurse should be alert to the child's behaviour as she may:

- Flinch when touched.
- Use sexual language or display inappropriate sexual behaviour.
- Show signs of depression.
- Have poor interaction with her mother.

The following are highly suggestive signs of sexual abuse:

- Frequent urinary tract infections.
- Sexual health problems such as sexually transmitted infections.
- Vaginal or anal discharge.
- Anogenital complaints such a genital skin lesions or genital pain.

However, the presence of warning signs does not always mean that abuse has taken place. It does mean that, taking a child-centred approach, further exploration is needed that includes multiple agencies to establish the welfare of the child. The World Health Organisation states 'child sexual abuse is the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent.'[5]

The voice of a child should be central to clinical practice however, feelings of shame and guilt often prevent children from disclosing, so they remain silent.[6] However, if the child does disclose abuse, the primary care nurse should not question her further in order to reduce the risk of additional trauma. Speaking to children about traumatic experiences should only be undertaken by skilled, specially trained professionals.[7] Instead, the nurse should:

- Be empathetic and provide emotional support.
- Tailor the conversation to the child's age and developmental stage
- Respect the child's boundaries.
- Ask for permission before touching the child.
- Try to gain the child's trust.
- Reassure the child of the support and help she will receive.

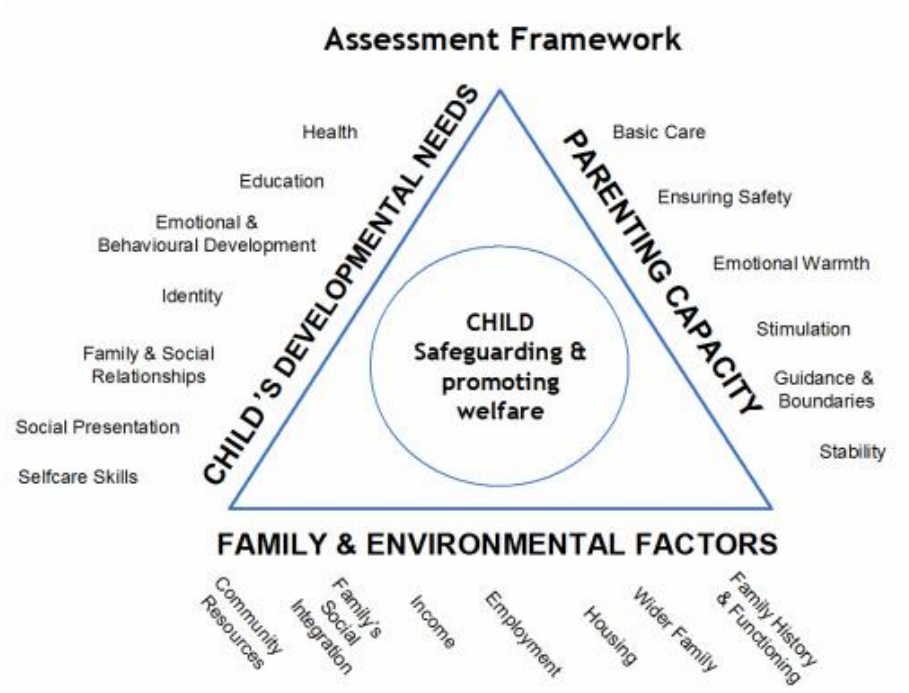
If the mother were to disclose that the child had been sexually abused, the nurse should seek to clarify her concerns away from the child, so that she is not influenced by what she may overhear.

The nurse should consider if the mother:

- Has a good parental relationship with the child.
- Is engaging with services such as attending GP appointments.
- Is showing signs of substance misuse.
- Is showing signs of mental or physical health problems.
- Is suffering from domestic abuse.

Following an initial assessment, if abuse is suspected or disclosed, the nurse needs to assess the risk and to identify possible harm. The Common Assessment Framework supports a holistic approach and builds a picture of the child's welfare and safety.[8]

[box] Common Assessment Framework (CAF, 2012)[8]



[Sub] What to do next

The Children Act describes significant harm as 'the threshold that justifies compulsory intervention in family life in the best interests of children'.[9] Liaising with colleagues who are experts in the field of safeguarding and the assessment of children is often the first point of call. Identify who the named GP is for safeguarding, whose role it is to support colleagues in practice.

Discuss concerns with the manager, named or designated professionals (doctor/nurse) and the child's school nurse. Sharing information is the key to providing early help and initiating effective child protection. Nurses should know how to contact children's social care and to complete the appropriate referral forms. Primary care nurses require regular education and training that focuses on safeguarding children to develop their competence in identifying and escalating concerns.[10] Referring to NICE quality standards as well as local safeguarding polices for child abuse and neglect will help to signpost and guide nurses.[11]

Where there is a coordinated response, children and families are best supported when all relevant agencies work together.[2] Nurses must be aware of and understand the local multi-agency

procedures to safeguard children. The Laming report emphasised the importance of practitioners knowing when and how information can be legally shared to protect the safety and welfare of children.[12] Information shared should be 'necessary, proportionate, relevant, adequate, accurate, timely and secure').[2] Sharing information with others should also be guided by the Caldicott principles in protecting the identity of patients and the Data Protection Act in complying with the law.[13,14]

Primary care nurses who have concerns about the welfare of a child must make a referral to the local authority children's social services and should raise concerns that a child is suffering from significant harm or is likely to do so.[2] Nurses must understand the principles of consent concerning children under 18 years and consider Gillick competency and Fraser guidelines.[15]

If it is practical, the nurse should discuss concerns with the mother and seek agreement for a referral to the local authority children's social services. However, if seeking agreement is likely to place the child at risk of significant harm, the decision should be made to seek advice from a manager or safeguarding lead and the outcome documented. A referral to the police is required if the child is at risk or in immediate risk of harm.

The nurse should keep accurate records detailing all the concerns and discussions that take place about the child's welfare, decisions made and the rationale for the decisions. The primary care nurse should keep a record of:

- Conversations with the child.
- Conversations with the parent.
- Discussions with the manager.
- Information provided to local authority children's social services.
- Written, verbal and telephone referrals.
- Decisions and actions taken (noting time and date, and signed).[2]

Remember that documentation could be used for child protection and legal proceedings.

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[Sub] References

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