

When to suspect child maltreatment

Scope: summary of the purpose of the guidance

1 Summary

The guidance on suspected maltreatment of a child will provide a concise summary of clinical features associated with maltreatment that may be observed when the child initially presents to the NHS. When used in routine practice, the guidance should prompt healthcare professionals who are not specialists in child protection to consider possible maltreatment. The guidance will not be a definitive assessment tool. Nor will it define diagnostic criteria or tests.

2 Aim of the guidance

To improve child protection by promoting early recognition of suspected maltreatment by:

- raising awareness of the clinical features associated with maltreatment and the possibility of it.
- providing a concise summary of the major features associated with maltreatment that can be referred to when a child initially presents to the NHS.

3 Target audience

The main users of the guidance will be healthcare professionals who routinely examine or deliver care to children and who are not specialists in child protection. These professionals work in a wide range of settings in primary, secondary and tertiary care.

4 Population of the guidance

The population of the guidance will be children and young people younger than 18 years. Unborn children will not be covered in the guidance.

5 Definitions

'Maltreatment' includes neglect, emotional abuse, physical abuse, sexual abuse and fabricated or induced illness, alone or in combination.

'Specialists in child protection' are named and designated healthcare professionals.

6 Clinical questions

Main/overarching questions

Which clinical features, alone or in combination, should prompt a non-specialist healthcare professional during a routine consultation to consider the possibility of maltreatment? The features should be associated with one or more of the following:

- neglect
- emotional abuse
- sexual abuse
- physical abuse
- fabricated or induced illness.

Clinical questions

The clinical questions or clinical features covered in the guidance will be fully defined during the development process; it is not possible to give all the details at this stage. The clinical features reviewed in this guidance will be available on the NICE website once they have been confirmed in the development process.

The clinical features will be associated with one or more of the following questions, and relate specifically to features that may be observed at an initial consultation.

- What are the signs and symptoms of physical abuse?
 - What are the patterns of bruising in children?
 - What are the patterns of non-accidental fractures?
 - What are the patterns of oral injuries?
 - What are the features associated with non-accidental neurological injury in children?
 - What are the patterns of non-accidental scalds?
 - What are the patterns of non-accidental contact burns?
 - What are the patterns of non-accidental bites in children?
 - What are the patterns of non-accidental poisoning?
 - What are the features of non-accidental suffocation?
 - What are the behavioural signs in the child?
- What are the signs and symptoms of sexual abuse?
 - Physical signs
 - ◊ male genital child sexual abuse
 - ◊ anal child sexual abuse
 - ◊ prepubertal female child sexual abuse
 - ◊ postpubertal female child sexual abuse.
 - Behavioural signs in the child.
- What are the signs and symptoms of emotional abuse (including the consideration of carer–child interactions at the initial consultation)?
- What are the signs and symptoms of neglect:
 - lack of provision
 - failure to adequately supervise the child
 - faltering growth due to neglect?
- What are the signs and symptoms of fabricated or induced illness?

7 Exclusions from the scope

- Risk factors for maltreatment, for example family factors.
- Independent clinical features of parental/carers behaviour not related to the child.
- Diagnostic assessment, investigation and tests, for example X-rays.

- Communication of suspicions to parents and/or the child.
- Education and information for parents, carers and children.
- Treatment and care of children if maltreatment is suspected.
- Healthcare professionals' competency, training and behaviour, including behavioural change and the type of healthcare professional who should consider maltreatment.
- Service organisation.
- How healthcare professionals should proceed once they have come to suspect maltreatment.
- Child protection procedures.

8 The guidance developers

The National Institute for Health and Clinical Excellence ('NICE' or 'the Institute') has commissioned the National Collaborating Centre for Women's and Children's Health to develop guidance on clinical features for suspecting maltreatment in children for use in the NHS in England and Wales. This follows referral of the topic by the Department of Health (see appendix).

The National Collaborating Centre for Women's and Children's Health has recruited the following professional and lay members to a Guideline Development Group:

- two children's nurses
- three community paediatricians
- one child psychiatrist
- one social worker
- one accident and emergency specialist
- two general practitioners
- one hospital paediatrician
- one child psychologist
- four patient/carer representatives.

9 Approach to development

The guidance will provide advice on good practice that is based on the best available evidence. The evidence will be systematically reviewed to ensure the maximum coverage of relevant clinical features. Once the Guideline Development Group has defined the clinical questions in detail a list of clinical features that will be reviewed will be placed on the NICE website.

For some areas in this scope it is anticipated that there will not be good quality data. A formal consensus process will therefore be conducted. Outlined below are the main constituent groups for each area. The exact number from each constituent group will be determined by the Guideline Development Group.

- Physical – paediatricians, allied paediatric specialists such as radiologists, ophthalmologists, forensic medical examiners, GP specialists, nurse specialists and patient/carer groups.
- Sexual – paediatricians, genitourinary clinicians, forensic medical examiners, GP specialists, nurse specialists and patient/carer groups.
- Emotional – psychologists, psychiatrists, social workers, GP specialists, nurse specialists and patient/carer groups.
- Fabricated or induced illness – paediatricians, psychologists, psychiatrists, GP specialists, nurse specialists and patient/carer groups.
- Neglect – social workers, health visitors, paediatricians, psychologists, GP specialists, nurse specialists and patient/carer groups.

Appendix A: Referral from the Department of Health

The Department of Health asked the Institute:

‘To prepare a clinical guideline on the identification of children who have been subject to physical, sexual or emotional abuse or who have a fabricated or induced illness.’