

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE**SCOPE****1 Guideline title**

Suspected abuse: diagnostic investigations of children referred for suspected sexual and/or physical abuse.

1.1 Short title

Suspected abuse: diagnostic investigations of children with suspected abuse

2 Background

- a) 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 a clinical guideline on indications for suspecting abuse 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 guideline will provide recommendations for good practice that are based on the best available evidence of clinical and cost effectiveness.
- b) The Institute's clinical guidelines will support the implementation of National Service Frameworks (NSFs) in those aspects of care where a Framework has been published. The statements in each NSF reflect the evidence that was used at the time the Framework was prepared. The clinical guidelines and technology appraisals published by the Institute after an NSF has been issued will have the effect of updating the Framework.
- c) NICE clinical guidelines support the role of healthcare professionals in providing care in partnership with patients, taking account of their individual needs and preferences, and ensuring that patients (and

their carers and families, where appropriate) can make informed decisions about their care and treatment.

3 Clinical need for the guideline

- a) In 2005 there were 25,900 children's names on the child protection registers in England (including unborn children). This translates into rates of 24 per 10,000 children younger than 18 for any type of abuse, 10 per 10,000 for neglect, 4 for physical abuse, 2 for sexual abuse, 5 for emotional abuse and 3 for multiple types of abuse. There were 552,000 referrals concerning child maltreatment to social services departments in England during the year ending 31 March 2005. These figures represent those seen as 'at risk' of abuse by social services, and are likely to be an under-estimation of the true scale of the problems, with surveys of the general public suggesting that around 20% of people have suffered some form of maltreatment as a child.
- b) The National Service framework for Children, Young People and Maternity Services states that: 'The abuse of a child – physically, emotionally or sexually – or neglect can have a serious impact on all aspects of the child's health, development and well-being which can last throughout adulthood. The immediate and longer term impact can include anxiety, depression, substance misuse, eating disorders and self-destructive behaviours. As an adult, the individual can experience difficulties in forming or sustaining close relationships, establishing themselves in the workforce and/or developing the attitudes and skills necessary.' It goes on to point out that: 'The high cost of abuse and neglect both to individuals (and to society) underpins the duty on all agencies to be proactive in safeguarding children.'
- c) The Children Act 1989, revised in 2004, sets out the current definitions of child abuse and child protection legislation in UK. The Act introduces the concept of significant harm as a threshold that

once breached justifies intervention in family life to secure the best interests of the child. It establishes the principals that the welfare of the child is paramount and that agencies must cooperate in the interests of the child to identify abuse and protect a child from further harm.

- d) The roles of the professionals involved and how they work together as a team are set out in Working Together (HM Government 2006). The Department of Health and Department for Education and Skills have produced the National Service Framework for Children, Young People and Maternity Services. This document includes the service framework for child protection services. The formal procedures for assessment of suspected abuse of children is outlined in 'Framework for the assessment of children in need and their families' and 'What to do if you're worried a child is being abused' (available from www.dh.gov.uk).
- e) All these documents recognise that, 'Timely intervention to safeguard children and young people who are being harmed requires accurate identification and a sound medical evaluation of the signs and symptoms of abuse or neglect. ' The NSF also states that, 'A broad range of integrated, evidence-based services are available to prevent children and young people from being harmed, safeguarding those who are likely to suffer significant harm, and address the needs of those children who have suffered harm, at the same time, providing support to their parents/carers.'
- f) Furthermore, evidence from a number of randomised control trials suggests that interventions to prevent abuse or recurrence of abuse have some effect on the short- and long-term well-being of the child.
- g) For the various initiatives and structures above to work effectively, it is of particular importance to have systems in place both for recognising the possibility of abuse of children and carrying out

diagnostic investigations. This guideline will support these systems by evaluating and producing guidance on diagnostic investigations. The epidemiological and aetiological evidence base for signs and symptoms of abuse relies on the results of diagnostic investigations. The validity of these investigations is therefore likely to be the area in which evidence-based guidance is likely to have the most beneficial impact.

- h) The scope of this guidance requires further focus (within the area of diagnostic investigations) to ensure sufficient consideration is given to each area of abuse the guideline will cover. The current information on clinical need, NHS infrastructure and available evidence base suggests that guidance should be developed on diagnostic investigations of physical and/or sexual abuse.

4 The guideline

- a) The guideline development process is described in detail in two publications that are available from the NICE website (see 'Further information'). 'The guideline development process: an overview for stakeholders, the public and the NHS' describes how organisations can become involved in the development of a guideline. 'The guidelines manual' provides advice on the technical aspects of guideline development.
- b) This document is the scope. It defines exactly what this guideline will (and will not) examine, and what the guideline developers will consider. The scope is based on the referral from the Department of Health (see appendix).
- c) The areas that will be addressed by the guideline are described in the following sections.

4.1 Population

4.1.1 Groups that will be covered

a) People younger than 18 years, who have been referred from the community, primary care or A&E settings to secondary care because of suspected abuse of the following types.

- Intentional physical abuse, including:
 - bruising, bites and lacerations
 - burns and scalds
 - fractures
 - oral injury
 - head injury
 - internal injury.

- Sexual abuse, including:
 - contact
 - penetration
 - specific sites, such as anal, oral or genital
 - pre- or post-pubertal
 - male or female.

4.1.2 Groups that will not be covered

- a) People older than 18 years suspected of being abused.
- b) People under 18 years with claims (or suspicion by a health care professional) of emotional abuse, neglect or fabricated or induced illness.
- c) People with historical claims of abuse.
- d) Unborn children.
- e) Perpetrators of suspected abuse.

4.2 *Healthcare setting*

- a) The guideline will cover diagnostic interventions in secondary and tertiary care settings within the NHS (but excluding A&E) . .

4.3 *Clinical management*

4.3.1 Clinical management covered

- a) What are the most clinical and cost effective diagnostic investigations, or groups of investigations, for a person under 18 years suspected of being physically or sexually abused?
Diagnostic methods for each sub-type of abuse listed in 4.1.1 (such as bruising or scalds) will include the following.

Investigation of physical abuse:

- history taking
- cutaneous injury recording and measurement
- coagulation
- photography
- skeletal radiology
- neuroradiology
- ophthalmology
- abdominal radiology
- dental assessment
- thermal injury assessment
- bite assessment
- additional investigations to exclude differential diagnosis.

Investigation of sexual abuse:

- history taking
- physical examination
- recording and measurement
- photography
- virology and forensic laboratory tests.

- b) The guideline development groups will take reasonable steps to identify ineffective interventions and approaches to care. If robust and credible recommendations for re-positioning the intervention for optimal use, or changing the approach to care to make more efficient use of resources, can be made, they will be clearly stated. If the resources released are substantial, consideration will be given to listing such recommendations in the 'Key priorities for implementation' section of the guideline.

4.3.2 Clinical management not covered

- a) Referral criteria or indications for suspicion of physical or sexual abuse.
- b) Treatment and care for those who have been abused.
- c) Competencies of those undertaking investigations.
- d) Specifying which healthcare professional should undertake diagnostic investigations.
- e) Service organisation will not be addressed in this guideline

4.4 Status

4.4.1 Scope

This is the draft scope. The consultation period is 11 December 2006 to 19 January 2007.

The guideline will cross refer to the following guidance:

- Depression in children and young people: identification and management in primary, community and secondary care. NICE clinical guideline 28 (2005). Available from www.nice.org.uk/CG028
- Self-harm: the short-term physical and psychological management and secondary prevention of self-harm in primary and secondary care. NICE clinical guideline 16 (2004). Available from www.nice.org.uk/CG016

- Head injury: assessment, investigation and early management of head injury in children and adults. NICE clinical guideline 4 (2003). Available from www.nice.org.uk/CG004
- Health Development Agency (2005) Injury mortality and morbidity among children aged 0–14 varies substantially depending on the child's age, gender, socio-economic group, cultural and/or ethnic group, and where they live. Available from www.nice.org.uk/page.aspx?o=504653
- Health Development Agency (2003) Prevention and reduction of accidental injury in children and older people. Available from www.nice.org.uk/page.aspx?o=502597
- Health Development Agency (2001) What works in preventing unintentional injuries in children and young adolescents? Available from www.nice.org.uk/page.aspx?o=502353

4.4.2 Guideline

The development of the guideline recommendations will begin in March 2007.

5 Further information

Information on the guideline development process is provided in:

- ‘The guideline development process: an overview for stakeholders, the public and the NHS’
- ‘The guidelines manual’.

These booklets are available as PDF files from the NICE website (www.nice.org.uk/guidelinesmanual). Information on the progress of the guideline will also be available from the website.

Appendix: Referral from the Department of Health

The Department of Health asked the Institute to develop a guideline:

'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.'