

National Institute for Health and Care Excellence

Child abuse and neglect: recognising, assessing and responding to abuse and neglect of children and young people

Stakeholder Comments – Draft scope

<p>Please enter the name of your registered stakeholder organisation below.</p> <p>NICE is unable to accept comments from non-registered organisations or individuals. If you wish your comments to be considered please register via the NICE website or contact the registered stakeholder organisation that most closely represents your interests and pass your comments to them.</p>		
<p>Stakeholder organisation:</p>		<p>NSPCC</p>
<p>Name of commentator:</p>		<p>Peter Richards and Sonja Jütte</p>
<p>Comment No.</p>	<p>Section number</p> <p>Indicate number or 'general' if your comment relates to the whole document</p>	<p>Comments</p> <p>Please insert each new comment in a new row.</p> <p>Please do not paste other tables into this table, as your comments could get lost – type directly into this table</p>
<p>1</p>	<p>General</p>	<p>Guidance that aims to recognise, assess and respond to abuse and neglect must first and foremost consider the experience of the child. While it is necessary to limit the scope to some extent such that the guidance will be manageable, it will only be useful to those charged with recognising abuse and neglect if it is shaped by the prevalence and potential impact on the behaviour, emotional and mental health and general presentation of <i>children</i> rather than the demographics of perpetrators or mechanisms by which they enact the abuse.</p> <p>This principle is at the heart of the following comments.</p>
<p>2</p>	<p>4.1.1 – 4.1.4</p>	<p>Problem:</p> <ul style="list-style-type: none"> The proposed scope does not include abuse or neglect (including sexual abuse) perpetrated by adults who are not parents, family members, carers or household members. Excluding perpetrators of abuse that are outside of the child's immediate family circle ignores the risk factors that to the co-occurrence of maltreatment. This might otherwise provide crucial information to help recognise and prevent abuse. <p>Evidence on co-occurrence of maltreatment:</p> <ul style="list-style-type: none"> Evidence suggests that children and young people who experience maltreatment or severe maltreatment from a parent or guardian are at greater risk than those who are not maltreated of also experiencing abuse from others and witnessing family violence. (Radford et al, 2011: 91) For example 11-17 year olds who have experienced physical violence not by a parent or guardian are 6.58 times more

		<p>likely to experience <i>any</i> contact sexual abuse (p<0.001). The co-occurrence of maltreatment also works in the other direction. For example 11-17 year olds experiencing physical violence by a parent or guardian are 4.19 times more likely to experience any contact sexual abuse. (p<0.001).</p> <ul style="list-style-type: none"> The table on page 91 of our 2011 report (Radford et al, 2011) shows the risks of co-occurrence for several other types of maltreatments and types of perpetrators. <p>Evidence of impact of maltreatment:</p> <ul style="list-style-type: none"> “All forms of abuse in childhood were generally associated with poorer mental health and elevate delinquent behaviour” (Radford et al, page 13). Compared to young people aged between 11 and 17 who were not maltreated, there is little difference in the impact of maltreatment between that perpetrated by those within and those outside of the child’s immediate circle: <ul style="list-style-type: none"> Those severely maltreated by a parent or guardian were, “over six times (6.4) more likely to have current suicide ideation, and almost 5 times (4.6) more likely to have self-harm thoughts than were the non-maltreated young people in this age group.” Those severely maltreated by a non-resident adult, “were almost six times (5.5) more likely to have current suicidal ideation, and over 3 times (3.3) more likely to have self-harm thoughts than the non-maltreated young people in this age group.” (Ibid: 13) While children are more likely to be abused by parents or guardians than by non-resident adults, regardless of who abuses, the impact on children is and not significantly different and has similarly adverse affects. <p>Change required:</p> <ul style="list-style-type: none"> Taking into account the evidence on co-occurrence and impact of abuse and the principle of focussing on the child as the principle individual of concern, the scope should be amended to focus on identifying and assessing abuse/neglect regardless of who the perpetrator is. <p>References:</p> <ul style="list-style-type: none"> Radford et al (2011) Child abuse and neglect in the UK today. NSPCC
3	4.3.10	<p>Problem:</p> <ul style="list-style-type: none"> The proposed scope excludes parental support that is not directly related to preventing or addressing abuse and neglect, such as “generic mental health services” and “domestic violence services <i>not directly related to preventing harm to children</i>”. It is unclear what is meant by the phrase ‘<i>directly related to preventing harm to children</i>’. There is a risk that this could be interpreted to exclude services that address the impact of parental mental ill-health, parental substance misuse and domestic violence on children. Further, these circumstances, amongst others, have a more adverse impact on the child when they co-occur. <p>Evidence for change:</p> <ul style="list-style-type: none"> While parental mental ill health does not necessarily indicate poor parent-child relationships, a number of studies have shown

a number of negative effects for children who have parents with mental illness (Aldridge, 2006; Stallard et al., 2004; Tunnard, 2004). Parental mental ill health is also a fairly common element in child protection investigations. In a recent synopsis on London Serious Case Reviews (Prokop et al., 2010), it was found that 58% of children who were subjects of a Serious Case Review had a parent with mental health problems that affected child care.

- *The Hidden Harm inquiry* (ACMD, 2003, 2007) shows that parental drug use has the potential to interfere with virtually all aspects of a child's health and development and indicates that children of substance using parents are seven times more likely to become substance users themselves than the general child population.
- Although the concept of adversity has not consistently been defined in literature, it typically include, "family violence/domestic violence; parental illness/disability; parental substance abuse; parental mental health problems; family separation/bereavement/imprisonment; and parental offending/anti-social behaviour" (Davidson et al, 2012). A child that experiences *multiple* adversities has been shown to have poorer outcomes. For example, in the Millennium Cohort Study almost three in 10 children under one that were subject to multiple risk factors were linked with poorer cognitive and behavioural development between the ages of three and five (Sabates and Dex, 2012; cited in Davidson et al, 2012).

Change required:

- In keeping with comment 2, the guidelines should primarily consider the impact on the child. They should therefore include within the scope parental support to high-risk groups where there is an increased risk for the child, and in particular take into account the impact of the experience of multiple adversities.

References:

- ACMD. (2007) *Hidden Harm - update*. Advisory Council on the Misuse of Drugs (ACMD), London
- ACMD. (2003) *Hidden Harm. Responding to the Needs of Children of Problem Drug Users: The Report of an Inquiry*. Advisory Council on the Misuse of Drugs (ACMD), London
- Aldridge, J. (2006) *The experiences of children living with and caring for parents with mental illness*. Child Abuse Review, 15, 79-88
- Davidson, G., Bunting, L., Webb, MA (2012) Families Experiencing Multiple Adversities: A Review of the International Literature. Banardos.
- Sabates, R; Dex, S (2012) Multiple risk factors in young children's development. CLS Working Paper 2012/1. Centre for Longitudinal Studies, London.
- Stallard, P., Norman, P., Huline-Dickens, S., Salter, E. & Cribb, J. (2004) *The effects of parental mental illness upon children: A descriptive study of the views of parents and children*. Clinical Child Psychology and Psychiatry, 9, 39-52
- Tunnard, J. (2004) *Parental Mental health Problems: Key Messages from Research, Policy and Practice*. Research in Practice, Dartington
- Prokop, Bundred & Green. (2010) *London Review of Serious Case Reviews: 2006-2009*. Greater London Safeguarding Team, London

4	4.3.17	<p>Problem:</p> <ul style="list-style-type: none"> • Online grooming is excluded from the scope of the guidelines. • Grooming can be defined as actions that deliberately establish an emotional connection and trust with a child or young person, with the aim of engaging them in sexual behaviour or exploitation. Online grooming is exactly the same, but done via the Internet. • For children and young people the internet is an extension of their offline worlds. • Excluding online grooming from the scope does not reflect the reality of children's lives or their rapidly growing use of technology. <p>Evidence:</p> <ul style="list-style-type: none"> • The exact numbers of children who have been subjected to online grooming is unknown, because, in many cases, a child will not disclose the offences against them. • However, in 2012 the Child Exploitation and Online Protection Centre (CEOP) received 1,145 public reports relating to incidents of online grooming, 7% (80) of which related to offenders attempting to meet a child offline (CEOP, 2013); NSPCC's ChildLine service had 413 contacts from children in 2011/12 who were worried about grooming (Turnbull, 2012), 60% of which specifically mentioned online grooming; and in 2012/13 ChildLine did 327 counselling sessions with children who said they had been groomed, with many of them indicating that the grooming had started online. • For children and young people the Internet is an exciting extension of their offline worlds, a source of information and communication and a way to expand their social lives and networks. Children aged 8-11 spend an average of 9.2 hours a week online, and 12-15 year olds spend an average of 17 hours per week online (Ofcom, 2013). Internet technology is also much more mobile, with many 62% of children aged 12-15 owning an internet enabled smart phone (Ibid.) • Equally, online grooming and sexual abuse can have specific impacts on children. Very few children disclose when they are being sexually abused online. They feel shame and guilt because there is evidence of their 'willing participation' in their own abuse, such as explicit images they have posted and conversations online that can never be erased (Palmer et al, 2010). Some victims deny the abuse happened or are unaware that they were being abused, thinking that they were chatting or meeting up with their 'boyfriend' while others feel responsible for what happened to them (Ibid.). <p>Change required:</p> <ul style="list-style-type: none"> • Online abuse and grooming should not be excluded from the scope of the guidance <p>References:</p> <ul style="list-style-type: none"> • CEOP Annual Review 2012-2013. Retrieved from: http://www.ceop.police.uk/Documents/ceopdocs/AnnualReviewCentrePlan2013.pdf • Palmer, von Weller and Loof. (2010) The impact of internet abuse on children and how best to intervene; The Link – The Official Newsletter of the International Society for the Prevention of Child Abuse in Neglect (ISPCAN) Colorado USA • Turnbull, M. (2012) Caught in a Trap: Impact of Grooming in
---	--------	---

		<p>2012. London: ChildLine</p> <ul style="list-style-type: none"> Ofcom (2013) Children and Parents: Media Use and Attitudes retrieved from: http://stakeholders.ofcom.org.uk/binaries/research/media-literacy/october-2013/research07Oct2013.pdf?utm_source=updates&utm_medium=email&utm_campaign=Media+Use+2013
5	General – but very relevant for NICE’s equality considerations.	<p>Problem: The draft guidance does not identify the specific risks of abuse and neglect suffered by disabled children</p> <p>Evidence: A US study has shown that disabled children are 3.4 times more likely to be abused than non-disabled children (Sullivan and Knutson, 2000). The increased risk applies to disabled children in all the impairment groups and all forms of abuse. In the UK the Inspectors' Report on Arrangements to Safeguard Children (2005) and Ofsted's (2009) Review of Serious Case Reviews 2008 – 2009 identified a number of concerns in respect of disabled children, including: the safeguarding needs of disabled children are not always given sufficient recognition or priority; there remain significant issues in identifying and acting on welfare concerns; the child's disability can mask child protection concerns; and staff are not always good at identifying and tracking behaviour patterns and trends that can be indicators of child protection concerns. A wealth of evidence demonstrates risk factors that are specific to deaf and disabled children (Sobsey, 1994; Westcott, 1993; Westcott and Cross, 1996; Westcott and Jones, 1999; the National Working Group on Child Protection and Disability, 2003; Fisher et al. 2008, Briggs and Hawkins, 2005 and Stalker et al, 2010).</p> <p>Change required: The specific risks of understanding abuse and neglect suffered by disabled children should be included in the scope of the guidance. This should aim to expand professional understanding of how disabled children can be abused along with how they may convey their distress and attempt to disclose abuse.</p> <p>References:</p> <ul style="list-style-type: none"> Briggs, F and Hawkins, R (1996) <i>‘Keeping ourselves safe’: A survey of New Zealand school children aged 10-12 years and their parents</i>. Report for the Commissioner of Police, New Zealand and the Minister of Education. University of South Australia. Fisher, M.H., Hodapp, R.M. and Dykens, E.M. <i>Child abuse among children with disabilities: What we know and what we need to know</i> International Review of Research in Mental R Vol.35 pp 251 – 289 National Working Group on Child Protection and Disability (2003) <i>It Doesn’t Happen to Disabled Children: child protection and disabled children</i>. London: NSPCC Ofsted (2009) <i>Learning Lessons from Serious Case Reviews: year 2</i>. London: Ofsted. www.ofsted.gov.uk Sobsey D (1994) <i>Violence and Abuse in the Lives of People with Disabilities: the end of silent acceptance?</i> Baltimore MD: Paul H Brookes Publishing Company Stalker K, Green Lister P, Lerpiniere J and McArthur K (2010) <i>Child Protection and the Needs and Rights of Disabled Children and Young People: a scoping study</i>. Abridged report. University of Strathclyde Sullivan P.M., and Knutson J.F. (2000) <i>Maltreatment and Disabilities: a population based epidemiological study</i>. Child Abuse and Neglect 24 10 1257–1273

		<ul style="list-style-type: none">• Westcott H and Cross M (1996) <i>This Far and No Further: towards ending the abuse of disabled children</i>. Birmingham: Venture Press.• Westcott H.L., and Jones D.P.H. (1999) Annotation: <i>The abuse of disabled children</i> <i>Journal of Child Psychology and Psychiatry</i> Vol 40 pp 497 – 506
--	--	--

Please add extra rows as needed

Please email this form to: Childabuse@nice.org.uk

Closing date: 5pm on 20th August 2014