



Safeguarding children in osteopathic practice Part 1: Identifying children at risk



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Abstract Safeguarding children from abuse and neglect is an essential part of osteopathic practice. Child abuse and neglect are common and osteopaths working with children or families are likely to encounter abused and neglected children and children at risk of abuse. We discuss the prevalence of abuse, and describe the four categories of abuse: physical; emotional; sexual; and neglect. We also describe their signs and symptoms. It is important for osteopaths to be aware of the prevalence of abuse, and to be able to recognise risk factors and indicators of abuse. We recommend considering abuse as a differential diagnosis to be considered in all children presenting with injuries, behavioural problems or for children with significant risk factors. Osteopaths should not wait until signs of abuse are clear and incontrovertible before seeking advice or sharing information about patients. We encourage osteopaths to contact social workers and general practitioners for advice and guidance on safeguarding issues. This is the first of a two part series; in the second part we discuss the practicalities of communicating concerns, seeking advice and making formal referrals.

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Introduction

Safeguarding is the protection of children from abuse and neglect. The National Society for Prevention of Cruelty to Children (NSPCC) defines abuse and neglect as the "maltreatment of a child...either directly by inflicting harm, or

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indirectly, by failing to act to prevent harm".¹ Child abuse and neglect are common, with a recent survey of young adults in the United Kingdom revealing that around 25% of them were abused at some point during their childhood.² Almost a third of all children are bullied, and 16% of children experience serious maltreatment by parents.² Rates of child abuse are similar in developed countries and estimates of incidence of abuse worldwide range as high as 17–31%.^{3,4} An important element of osteopathic practice is the safeguarding of children; identifying patients who may be at risk of abuse or neglect, and taking appropriate action.⁵ All osteopaths have a duty to identify children at risk and to communicate their concerns. This includes not just osteopaths who treat children, but also those who have adult patients with children.⁶

Each year thousands of children are abused. In the United Kingdom (UK) alone more than 40,000 children are identified as being at serious risk and are "subject to a child protection plan", and more than 200 children are killed as a result of abuse.⁷ Osteopaths are not responsible for confirming abuse or physically protecting the child. However, every osteopath has a responsibility for ensuring the safety and health of their patients. This includes communicating concerns of suspected abuse, odd behaviour, suspicious injuries or high risk patients, and enquiring about family background. Statistically it is highly likely that all osteopaths will have been involved in the care of a family with child protection issues whether they realise it or not. Abuse occurs in all types of families, in all social classes and all levels of education.^{1,8,9} Osteopaths are likely to see patients in high risk groups: children with injuries or pain, children with chronic illness and disability, and children with behavioural problems.^{10–12} Because of the importance of protecting children and the prevalence of abuse and neglect, it is vital that osteopaths are competent in the identification of possible safeguarding issues, and feel confident in dealing with them.

In many countries including Australia, Canada and the United States of America (USA) mandatory reporting systems are in place for healthcare professionals suspecting child abuse.^{13–15} However, with the inconsistent recognition of osteopathy in different countries and in different states within countries, practice of, and guidelines for reporting are likely to be inconsistent. The UK, Canada, Australia and the USA all share similar systems of child protection, although our experience is confined to the UK, the practicalities of identifying children at risk of abuse (and the principles of

reporting) are applicable to osteopaths worldwide.^{16,17} Although not a legal statute, most of the developed world has adopted the United Nations Conventions on the Rights of the Child which aims to "protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse".¹⁸

Osteopaths have a good opportunity to identify signs of abuse and make an assessment of the family in a place where they are unlikely to feel threatened. Osteopaths are in a unique position; they routinely undress paediatric patients as part of their examination, they often see the child on a number of appointments, and they usually talk with patients and their parents for the 20–40 min duration of the appointment. As clinicians, osteopaths also have access to confidential clinical information and may notice things that teachers or social workers may not.¹⁹ The osteopath is therefore well placed to identify potential abuse and to communicate concerns.

Abuse can be categorised into four groups: physical abuse, sexual abuse, emotional abuse and neglect.²⁰ In most cases there is a mix of types of abuse.

Physical abuse

Physical abuse is the physical maltreatment of a child, and may involve "...hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child".^{21,22} This may vary from an inappropriate or over-zealous smack, to regular disciplining with a slipper or cane, to sadistic beatings and torture. Whilst the majority of physical abuse may be a result of poor parenting and inappropriate discipline, there are significant numbers of children who are subjected to gratuitous or malicious physical abuse. Almost 12% of young adults experienced severe physical violence during childhood at the hands of an adult.²³ Recent, extreme physical abuse is usually clearly identifiable, but recognising milder forms or identifying signs of previous abuse can present more of a problem, particularly in differentiating between common accidental injuries and abuse.²⁴

Children fall frequently and most children who are crawling or walking will have bruises, but most accidental injuries match the history and are consistent with development. Accidental injuries typically involve particular areas of the body, and areas that are commonly injured in children include the occipital, parietal and frontal regions of the head, the nose and chin, palms of hands,

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