

Monthly paediatric update newsletter for all health professionals working with children – put together by Dr Julia Thomson, Paediatric Consultant at Homerton University Hospital, London, UK. Housed at [www.paediatricpearls.co.uk](http://www.paediatricpearls.co.uk) where comments and requests are welcome! This month's edition by Dr. Jacqueline Driscoll, GP Registrar and Academic Clinical Fellow with a special interest in safeguarding.

## Domestic Abuse: The Importance of Asking the Question

### Do you routinely ask about domestic violence in your consults?

A reminder that it can include physical and sexual violence but also coercive control including withholding money, not letting someone leave the house unaccompanied, reading texts/emails, threats of harm to the person, wider family or pets.

#### Why does it matter?

- 1 in 4 women in the UK will experience domestic violence in their lifetime
- 750,000 children witness domestic violence each year
- 40% of teenagers have experienced an abusive relationship
- It remains hugely underreported with the Crime Survey of England and Wales finding only 18% of women experiencing partner abuse reporting it to the police in the past year (2018)
- Women who suffer domestic abuse are four times more likely to suffer anxiety, seven times more likely to have PTSD and twice as likely to have depression. Substance misuse can become a coping mechanism.

**This combination of domestic abuse, mental health difficulties and substance misuse can impact on ability to care for children and can weigh heavily on considerations around child removal.**

I recommend reading this report from The Ava Project on how this multiple disadvantage interacts to further disadvantage women in child protection proceedings. <https://avaproject.org.uk/wp-content/uploads/2022/03/Staying-Mum—Lit-Review-Final.pdf>

#### What can you do?

- Why not make the topic part of your mandatory safeguarding training for this year? Claim CPD credit? Set it as an appraisal goal?  
I suggest the many resources from AVA (against violence and abuse) including their e-learning and webinars developed in 2020 in conjunction with the Home Office <https://avaproject.org.uk/training/>
- Understand your unique position as the first point of contact for many people experiencing abuse and know how to spot the signs. See pg. 32-33 of [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/597435/DomesticAbuseGuidance.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/597435/DomesticAbuseGuidance.pdf) for more details
- Facilitate disclosures in private using routine sensitive direct questions, see <https://domesticabuse.stanford.edu/screening/how.html> for examples
- Never use a relative in place of a trained interpreter
- Make a [Multi-Agency Risk Assessment Conference](#) (MARAC) referral (with consent) to coordinate help for the family. The first step after a MARAC referral is made is that an independent domestic violence advisor (IDVA) will make contact with the victim discreetly [https://safelives.org.uk/sites/default/files/resources/MARAC\\_FAQs\\_General\\_FINAL.pdf](https://safelives.org.uk/sites/default/files/resources/MARAC_FAQs_General_FINAL.pdf)
- Up to 60% of families report no further violence after intervention by MARAC and IDVA
- If there isn't consent for a MARAC referral and you believe children in the relationship to be at harm, discuss with your safeguarding lead the best way to proceed balancing the safety of the children and the safety of the person who made the disclosure

A multi-professional safeguarding journal has recently come to my attention:

<https://onlinelibrary.wiley.com/journal/10990852>.

These are my 3 recommendations for further reading:

1. Safeguarding children when fabricated or induced illness is suspected or proven: reviewing the experiences of local safeguarding children's boards in England. <https://onlinelibrary.wiley.com/doi/10.1002/car.2653>



2. Abusive Head Trauma: Recognition, Response and Prevention. <https://onlinelibrary.wiley.com/doi/10.1002/car.2640>

3. Understanding Medical Neglect on the Frontline of Child Protection. <https://onlinelibrary.wiley.com/doi/10.1002/car.2695>

I recommend following @AoCPtweet on twitter for updates on the myriad of training opportunities the group offers.

## Resources for Adolescents

With increasing presentations of children and young people experiencing mental health crises, increasing waiting lists for CAMHS input and ever stricter criteria of who can access an overburdened CAMHS service, sometimes it's good to have other resources in your toolkit of who can help. Our social prescribers are invaluable in helping young people navigate the system. Here are some of their top resources!

1. **Kooth** (<https://kooth.com>) – online therapists, anonymous, no waiting list, suitable age 11-24. Their **journal function** can be a useful way for young people to record what triggers hard days. See their video <http://www.kooth.com>. *Could you try suggesting the journal use in general practice and see the young person again for review to learn more about what they're facing?*
2. **Papyrus** (<https://www.papyrus-uk.org/>)  
– **suicide prevention helpline** called HOPELINK for the under 35's. Can be accessed by phone, text and web chat making it a good option for young people. See the faq for more about how it works: <https://www.papyrus-uk.org/hopelineuk-faqs/>
3. **The Mix** (<https://www.themix.org.uk/>)  
– support for under 25's with housing, drugs, money, work and mental health issues. Uses videos, apps, a telephone advice line, crisis support and direct messaging. **See their housing section** for everything about supporting a young person transitioning to university to those feeling they are at risk of homelessness: <https://www.themix.org.uk/housing>
4. **Talk ED** (<https://www.talk-ed.org.uk/about/>)  
– A national eating disorder charity providing support for those with anorexia and bulimia via 1:1 support, **nutritionist guidance calls**, befriending and peer support groups. Check out their e-course for GPs to help identify eating disorders earlier: <https://www.talk-ed.org.uk/e-course-for-general-practitioners/>