

Safeguarding Children in General Practice in Hertfordshire

Late Winter Newsletter

February 2018

This newsletter is brought to you by your Named GPs for Safeguarding Children In Hertfordshire. Editor Vimal Tiwari
vtiwari@nhs.net

Named Safeguarding GPs are available to support and advise you in all Safeguarding and Child Protection Matters but are unable to accept referrals which must be made to Children's Social Care <https://www.hertfordshire.gov.uk/services/Childrens-social-care/Childrens-social-care.aspx>

Dr Simonee Allen **Watford and Three Rivers** e-mail: simonee.allen@nhs.net

Dr Elizabeth Aylett **East Herts** e-mail: e.aylett@nhs.net

Treena Beard Primary care Nurse Specialist Safeguarding Children Mobile: 07795 883364 Email: Treena.Beard@enhertscg.nhs.uk

Dr Helen Davies **Welwyn and Hatfield** e-mail: helen.davies14@nhs.net

Dr Meeta Duggal **Dacorum** e-mail: meeta.duggal@nhs.net

Dr Ram Mahalingam **Stevenage** e-mail: r.mahalingam@nhs.net

Dr Fabienne Smith **North Herts and Royston** e-mail: smith3fa@yahoo.co.uk

Dr Vimal Tiwari **St Albans Harpenden and Hertsmere** email vtiwari@nhs.net

Advice on recording of domestic abuse notifications in GP records

These are RCGP recommendations based on research from Professor Gene Feder and his team at Bristol University, resources available online at <http://www.rcgp.org.uk/clinical-and-research/clinical-resources/domestic-violence.aspx>

The challenge of recording domestic violence and abuse (DVA) information in the electronic medical record (EMR) of people experiencing or perpetrating abuse and their children is how to do this without increasing risk of harm to victims and their children. When the perpetrator is not aware of a disclosure of DVA, an accidental discovery increases the risk to the victim and their children and possibly also the general practitioner and practice staff.

Information about DVA from police report or MARAC correspondence:

- **When you are certain** that the perpetrator is aware that domestic abuse has been disclosed to the police or another agency, relevant information regarding the abuse should be recorded in the perpetrator's EMR and that of the victim and children.
- **When you are not certain** that the perpetrator is aware of any allegation, the guidance is the same as for disclosure from the victim. This can be ascertained from the details and source of the information received by the practice. The practice safeguarding/domestic violence lead may be best placed to make this judgement
- Disclosure by a victim, perpetrator or child living in a household with DVA: : Record the disclosure under 'History of domestic abuse' (14XD) .Nature of abuse can be

Update on Sexual Offences legislation:

Sexual Activity with a Child is a Crime

New offence introduced in April 2017 - **sexual communications with a child**

If anyone aged 18 or over intentionally communicates with a child they do not reasonably believe to be aged 16 or over with the aim of obtaining a response for sexual gratification, they will be committing a crime.

Consent in children aged 13-17

Making no objection is not the same as giving consent. If somebody is incapable of giving consent due to drink or drugs, or a person gives consent due to fear or when they do not understand what they are consenting to, then it is not true consent. A perpetrator will still be committing a crime punishable by up to life imprisonment if they do not obtain full and freely given consent before having sex.

Managing suspicious bruising and marks on children:

See Hertfordshire Bruising Flowchart and Multi-Agency Protocol for the Management of Bruising, Bites and Suspicious/Unexplained Marks in Children (0-17).

This is now available online at

http://hertsscb.proceduresonline.com/chapters/p_bruising.html

coded through the HARK template and/or free text. Use the online visibility function to hide this consultation from online access. Do not record anything in the perpetrator's records.

- If you are not sure whether someone disclosing is a victim or perpetrator of abuse it is probably safest to follow the victim disclosure guidance.
- If you do code a consultation or communication as 'History of Domestic Abuse', as we recommend, this should be a major active problem until the abuse is resolved or the patient is presenting it as a past problem.
- If a perpetrator discloses: Record the disclosure under 'History of domestic abuse' (14XD). Nature of abuse and perpetrator status should be recorded as free text. Use the online visibility function to hide this consultation from online access

The perpetrator may not know that their ex/partner/ family member has disclosed DVA to a GP or nurse. Nor will they necessarily know if their case is being discussed at the multi-agency risk assessment conference (MARAC).

Relevant to all DVA information

- **Ensure that any reference to DVA on a victim's or their children's records is not accidentally visible to the perpetrator during appointments.** The computer screen showing the medical record should never be seen by third parties (i.e. family or friends accompanying a patient)

- Never disclose any allegation to the perpetrator or any other family members

- Ensure that any decision to record the information in the perpetrator's EMR is made with due regard to the associated risks, and documented.

- Ensure that any reference to DVA in a perpetrator's record is redacted if provided to the perpetrator unless you are certain it is information that the perpetrator already knows

- Be aware of the potential danger of the perpetrator having access to information about their abuse and to information in children's EMRs; this includes via online access to their own information and their children's information, as well as via the victim's EMR.

- Ensure that any reference to DVA is redacted from children's records if provided to the perpetrator or provided to children who are deemed to have capacity to request their information.

HARK template available online at

<http://www.stfs.org.uk/sites/stfs/files/Appendix%20C%20-%20Sample%20questions%20and%20HARK%20questions.pdf>

Accompanying documents: Recommended Child Registration Form, Age Appropriate Sex guidance, LADO Threshold

Independent Inquiry into Child Sexual Abuse: The Truth Project

This independent inquiry was set up as a result of serious concerns that some organisations had failed, and were continuing to fail, to protect children from sexual abuse.

The Truth Project offers an opportunity for victims and survivors to share their experience and be respectfully heard and acknowledged. The Truth Project is a very important part of the Inquiry's work, as hearing from victims and survivors will allow us to understand the nature and scale of child sexual abuse, and to hear their suggestions for change. It will also help us to challenge long-held myths about abuse. More detail about the Truth Project is available on the website

<https://www.truthproject.org.uk/i-will-be-heard>

A national awareness raising campaign started on 8 January 2018 and uses billboards, radio commercials, print advertisements in national and regional newspapers, and social media to ensure victims and survivors are aware of the Truth Project.

Child sexual abuse (CSA) is a physically and emotionally destructive event that, unfortunately, happens often. This form of abuse occurs when a child is used to gratify an older individual. A central theme is that the abuser exploits power over the victim, often to fulfil their need to be powerful at the expense of the child.

Publicity about the Truth Project may result in more victims/survivors coming forward to disclose childhood abuse and some victims/survivors may seek help from their GPs for recurring depression and post-traumatic stress. GPs need to be aware of the importance of appropriate therapeutic response and local support resources.