

# When to suspect child maltreatment

Information for the public

Published: 1 July 2009

[www.nice.org.uk](http://www.nice.org.uk)

## About this information

NICE clinical guidelines advise the NHS on caring for people with specific conditions or diseases and the treatments they should receive. The information applies to people using the NHS in England and Wales.

This information explains the advice about when to suspect child maltreatment that is set out in [NICE clinical guideline 89](#).

The advice in the NICE guidance covers the signs (alerting features) of possible child maltreatment in children and young people (under 18 years):

- [physical, sexual and emotional abuse](#)
- [neglect](#)
- [fabricated or induced illness](#).

The guideline does not specifically look at:

- risk factors for child maltreatment
- the identification of child maltreatment and procedures for supporting the child or young person
- education and information for parents or children or young people
- training for healthcare professionals
- child protection procedures.

This information is written for members of the public.

It does not describe child maltreatment or give details about what to do if you are a child or young person who is being maltreated or if you think a child or young person is being maltreated.

You can get more information from your local social services department and the organisations listed in [More information](#).

# Child maltreatment

Child maltreatment is the term used to describe when a child or young person is being harmed emotionally, physically, sexually or through neglect of their basic needs. It can take many forms and there are legal definitions that the guidance uses (see [Explanation of terms](#) for a summary of these definitions). The effects of child maltreatment can be severe and last into adulthood. It is important that child maltreatment is noticed and action is taken to prevent further harm.

## What the guidance says

The NICE guidance provides a summary of the alerting features that healthcare professionals might come across that suggest a child might be being maltreated. The purpose of the guideline is to raise awareness and help healthcare professionals who are not specialists in child protection to identify children who may be being maltreated. The guideline does not give healthcare professionals recommendations on how to diagnose, confirm or disprove child maltreatment. The introduction to the guideline reminds healthcare professionals of their duty to work closely with other colleagues and agencies if there is concern about the welfare of a child.

The alerting features described in the guideline include physical signs, such as injuries, and also emotional signs, such as changes in a child's behaviour and the way the child and their parents or carers behave with each other at their appointment.

Some alerting features are more likely to indicate child maltreatment than others. For this reason the guideline tells healthcare professionals to either 'consider' or 'suspect' child maltreatment as a possible explanation for what they have noticed.

To consider child maltreatment means that a healthcare professional thinks it might be one reason for the alerting feature, but they are not sure.

The guideline tells healthcare professionals to suspect child maltreatment if they see one of the alerting features that is more likely to mean that a child has been maltreated. These are not proof that a child has been maltreated and healthcare professionals will have local procedures that they should follow in these situations.

# Communicating with and about children or young people

**Healthcare professionals have a duty to protect people's welfare, and in some cases confidentiality cannot be maintained.**

Good communication between healthcare professionals and the child or young person, as well as with their families and carers, is essential. When communicating with a child or young person, healthcare professionals should consider factors such as physical or learning disabilities, sight or hearing problems, or difficulties with reading or speaking English. They should also take into account religious, ethnic or cultural needs of children or young people and their families and carers. Healthcare teams should be able to arrange an interpreter or an advocate (someone who gives support to putting across a person's views) if needed.

People have a right to confidentiality when they talk with their healthcare professional. But healthcare professionals also have a duty to protect people's welfare, and in some cases confidentiality cannot be maintained. In these circumstances, the healthcare professional should explain to the child or young person that they may need to talk to someone else about what they have heard. If a healthcare professional is concerned about sharing information about a child or young person with other people, they should seek advice from

a senior colleague, or named or designated professionals who have a specific role in safeguarding children. The healthcare professional should keep the child or young person informed about what is happening.

## Explanation of terms

The versions of the guideline for healthcare professionals contain more detailed information on the signs of child maltreatment.

### Emotional abuse

Behaviour of a parent or carer towards a child that is likely to cause severe and long-lasting negative effects on the child's emotional development. There are many forms of emotional abuse, and it can include:

- making the child feel that they are worthless, unloved or only valued if they fulfil the adult's needs
- expectations of the child that are not appropriate for their age or stage of development
- preventing the child taking part in normal social interaction
- the child seeing or hearing the ill-treatment of someone else
- frequently causing the child to feel frightened or in danger.

### Fabricated or induced illness

When a parent or carer makes up or exaggerates the child's symptoms or interferes with the child or their medication to make the child ill.

### Neglect

The ongoing failure to meet the child's basic physical or psychological needs, which is likely to damage the child's health or development. This can include a parent or carer failing to:

- provide enough food, clothing and shelter
- protect the child from physical and emotional harm or danger
- ensure adequate supervision (including the use of inadequate care-givers)
- ensure access to appropriate medical care or treatment
- respond to the child's basic emotional needs.

## Physical abuse

When the child is physically harmed, for example by hitting, shaking, throwing, poisoning, burning or scalding, drowning or suffocating. Physical harm may also be caused by fabricated or induced illness.

## Sexual abuse

Involves forcing or enticing the child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

## More information

The organisations below can provide more information about child maltreatment. NICE is not responsible for the quality or accuracy of any information or advice provided by these organisations.

- ChildLine, 0800 1111 (helpline for children and young people) [www.childline.org.uk](http://www.childline.org.uk)
- National Association for People Abused in Childhood  
0808 801 0331 [www.napac.org.uk](http://www.napac.org.uk)
- NSPCC, 0808 800 5000 (helpline for adults who are worried about a child)  
[www.nspcc.org.uk](http://www.nspcc.org.uk)

- Survivors UK, 0845 122 1201 [www.survivorsuk.org](http://www.survivorsuk.org)
- The Survivors Trust [www.thesurvivorstrust.org](http://www.thesurvivorstrust.org)

## Accreditation

