




Royal College
of Nursing



Protection of nurses working with children and young people

Guidance for nursing staff



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This guidance aims to raise awareness among nurses and their managers of the complex issues surrounding child abuse in the context of relationships between nurses and children. There are many different forms of abuse – neglect, physical injury, emotional abuse as well as sexual abuse. This guidance concentrates on sexual abuse.

Nurses do not expect allegations of child abuse to be made against them, but it is important that they acknowledge that such a possibility exists. It is because of the risk of allegation that it is in the interest of the nursing profession to tackle issues and develop strategies, which protect both children from harm and professionals from false accusations.

Introduction

For the vast majority of nurses, whether male or female, harming those in their charge is the farthest thing from their minds. However, the RCN recognises that there are child abusers who target youngsters when they are at their most

vulnerable. Abusers of children sometimes actively seek access to children by joining professions such as nursing, social work and teaching.

While in most identified cases, sexual abuse against children is carried out by men, it is important to keep things in perspective – and to recognise that most nurses, whether male or female, provide high standards in all aspects of caring for children.

This is not, of course, just a matter for nurses. It is also relevant to teachers who work in hospitals, visitors, complementary therapists, doctors, students on placements, other health care workers, and ancillary workers. In health care settings, most cases of child sexual abuse which have been brought before the courts have occurred in hospitals – but they could happen anywhere.

Where a nurse has been perceived as making inappropriate contact with a child, it may be the result of a misunderstanding. An act may be perfectly innocent, but the incident could lead to concerns about the motives of a particular member of staff.

The RCN is aware that even flagging up this sensitive issue could contribute to fears among male or female nurses – and discourage them from touching, cuddling, or physically holding children at all.

But the issue of concern here is inappropriate contact. It is clearly important not to inhibit perfectly natural therapeutic behaviour between nurses and children. As the UKCC (1999) observes: “Physical contact is an integral part of healing. Supportive physical gestures as part of therapeutic caring relationships can be essential in helping a client or in providing reassurance.”

However, close working relationships can never emulate close family relationships. Thus the norms for professional nursing care are different from those between child and parent or other relative.

Strategies for minimising risk

Respect for privacy and dignity is a right for all children regardless of age, sex, ethnic background or culture. The intimate nature of many nursing interventions, if not practised in a sensitive and respectful manner, could lead to misinterpretation and occasionally to allegations of abuse.

Wherever possible all nurses and health care staff, whether male or female, should follow the principles of good practice below

particularly when work requires care of an intimate or personal nature.

- ◆ Care of this kind should not be undertaken without training, or negotiation with and explanation to the child and the child’s main carer.
- ◆ In community settings, whenever possible, a parent or other carer should be present.
- ◆ Nurses must be aware that actions with a particular child could be misinterpreted by that child or others.
- ◆ When touching children or just spending time with them, nurses must be aware of the accepted cultural and social norms for that child and family. Nurses need to be sensitive about inappropriate places, times and situations for touching. In a multicultural society, what is considered normal behaviour differs from individual to individual and between different communities.
- ◆ Care should be negotiated between the nurse, parent/ carer and child. Assessment is the key to ensuring effective nursing care. Usual practices for intimate, personal care should be established and form the basis for care provided by the nurse.
- ◆ Self-care should be promoted where possible involving the child’s main carer.
- ◆ The nurse should be responsive to the

child's reactions. If the child appears uncomfortable, unusually shy or overtly precocious, this must be brought to the attention of other members of the nursing team and recorded.

- ◆ Nurses should be aware of the potential for misinterpretation within the context of a wide range of intimate care procedures – including catheter care, administration of rectal medication or bathing. Where appropriate, consent should be obtained from the child and/or parents/ carers.
- ◆ Children should not be taken on visits outside a hospital without prior consent from the parent/ carer and without fulfilling the requirements of local policies.
- ◆ The results of nurses' actions should be documented and concerns reported.
- ◆ The child's personal preferences should be documented in the care plan to ensure consistency of approach.
- ◆ Some children, particularly adolescent girls and those from non-Christian backgrounds, are likely to prefer a female carer. This reflects social, religious and cultural preferences, and should be respected and accommodated.
- ◆ In cases of suspected child abuse, specifically sexual abuse, consideration should be given to the gender of the health care worker allocated to that child's care.
- ◆ All nurses should have a supervisor working closely with them to allow the practitioner to reflect on their practice and raise awareness of potentially difficult situations. Supervisors should also be in a position to reduce the risk of inappropriate behaviour occurring and dispel misconceptions about normal therapeutic behaviour.

Issues for male nurses

Men who work with children should recognise that they can occasionally be placed in a vulnerable position. This may be particularly so in situations where they are working alone with children, and where care is unobserved by colleagues or the child's parents/ carers. In these situations, it is important to recognise the potential vulnerability of both the child and of the practitioner. It may be appropriate to use chaperones or to move care to a safe, observed area. Strategies to deal with these situations ought not to inhibit or compromise the development of normal, therapeutic relationships between nurses and children/ families.

The key to good practice is to exercise common sense. Men particularly should not place themselves in a vulnerable situation where actions could be misinterpreted. The principles of clinical supervision and clinical decision making have clear relevance here.

Recruitment

Employers should adopt effective and well-tested recruitment policies and procedures, which ensure effective investigation of any allegations of abuse and reflect current child protection guidelines:

- ◆ police checks should be carried out to identify applicants with a recorded offence
- ◆ when employing staff, organisations should always check PIN numbers with the NMC and make rigorous checks of references from previous employers, including an examination of previous health care records
- ◆ all settings should have opportunities for continuous professional updating, including regular seminars and workshops on minimising risks to children, and being aware of appropriate touching
- ◆ induction programmes should include a training session on child protection issues and local policies
- ◆ a non-punitive climate needs to be encouraged which allows staff and patients to freely discuss these issues and make sure their concerns are heard and acted upon.

Conclusion

The role of nurses is to work in partnership with children, relatives and others. Nurses must be aware that most cases of child abuse are perpetrated by people known to the child. If nurses find themselves the subject of a child abuse allegation, this may be indicative of an underlying problem in the family, with an abuser trying to transfer guilt onto the nurse.

Employers need to have a procedure for handling cases where an accusation has been made. These procedures need to balance the need to protect children with the effects on the individual accused, including the long-term consequences if the claim turns out to be false.

If a claim is made against you contact your local RCN office or board for advice and assistance. You can also contact RCN Direct for 24 hour information and advice on 0845 772 6100.

Summary

The incidence of child sexual abuse by nurses, whether men or women, is very rare and should never be used as an excuse for discriminating against staff or preventing equal opportunities. But a good understanding of the issues, a continuous programme of education and adherence to good nursing practice, particularly in intimate care, protects both child and professional.

Reference

UKCC (1999) *Practitioner-client relationships and the prevention of abuse*. London: UKCC.

Further reading

Department of Health (1997) *Child protection guidance for senior nurses, health visitors, midwives and their managers*. London: The Stationery Office.

Department of Health (England) (1993) *Management of suspected cases of child abuse*, Chief Nursing Officer, professional letter 93/8.

Home Office (1999) *Caring for young people and the vulnerable: guidance for preventing abuse of trust*. London: Home Office.

Useful contacts and websites

Area Child Protection Committee in

England and Wales (ACPC's). This website provides information about Area Child Protection Committees and inter-agency work they undertake to safeguard children in their area from abuse and neglect – particularly useful for those working in health care. www.acpc.gov.uk

NSPCC Child Protection helpline

0808 800 5000, www.nspcc.org.uk



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