key points

SELECTED BY

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The average GP, with 2,000 patients, 400 of whom will be children or young people, might have 28 children on their list suffering physical abuse; 24 emotional abuse; 24 neglect and up to 60 sexual abuse. In 2000, an NSPCC survey of 2,869 children revealed that 7% suffer 'serious physical abuse', 6% 'frequent and severe emotional maltreatment' and 6% 'serious absence of care'. Around 1% of children in the UK suffer sexual abuse by a parent or carer, 3% by a relative and 11% by someone else they know.

Adult survivors of abuse are four times more likely to consult their GP and much more likely to suffer pelvic pain, bladder problems, premenstrual and breast problems, gastrointestinal problems, pseudoseizures and mental health problems.

Many of the presenting features of abuse are particularly common in primary care; the presence of multiple symptoms or signs should increase suspicion, but no individual sign or symptom should be necessarily seen as diagnostic in its own right.

If a GP suspects abuse or neglect, further information is usually required before any diagnosis is made. GPs should consider sharing their concerns with a colleague in the practice, possibly the practice lead for safeguarding/child protection. At the same time, a check should be carried out to see if the child is subject to a Child Protection Plan (previously the Child Protection Register).

If a GP still has concerns, they should phone the local children's services team to agree a plan of how to proceed. The child may need immediate medical attention, perhaps because of injury, and referral to hospital paediatric services may be necessary. In other situations, it may be felt that the risk to the child has already been removed and the assessment is less urgent.

GPs may have difficulty engaging in child protection processes because of the tension that exists between addressing the needs of the child and maintaining the continuing relationship with other members of the family, who are likely to be registered with the practice. Being open and honest about the situation is often the best approach. It may also be wise for another GP in the practice to look after other family members, who may be confused and angry as a result of the GP's actions.

It is well recognised that children often move in and out of situations in which they are at risk of abuse and neglect, and that support from primary care teams may ameliorate this at a much earlier stage. Prompt referral at this time to housing agencies, involvement of children's services, family support and referral for, or treatment of, behavioural problems may all help to reduce the risk to children.