"You just know something's not right" – What Makes Primary Healthcare Professionals Suspect Child Abuse? A Qualitative Study.

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Context:

The number of children on child protection registers in England increased by 96% from 2002 to 2016, with neglect remaining the most common reason [1]. However, child abuse is still underreported and underdiagnosed, and several factors have been cited for this, including a lack of education and confidence in child protection services and a fear of false accusations [2,3]. There is little research on what triggers reporting and even less on the experiences of primary healthcare professionals in these situations.

Project aim:

Develop an understanding of how primary healthcare professionals define child abuse and to identify triggers and barriers to reporting their suspicions.

Description:

Primary healthcare professionals, the majority of whom were based in a general practice in Haringey, North London, were recruited purposefully to participate in interviews. Eight semi-structured interviews were conducted with two GPs, one nurse, two receptionists, two health visitors and one social worker.

- Interviews followed a topic guide, exploring perceptions of child abuse, triggers and barriers to reporting and suggestions of how the current reporting system could be improved
- Interviews were audio-recorded before being transcribed verbatim, coded and thematically analysed. Transcription and initial coding were carried out by myself while themes were agreed upon with input from SS and JR
- Field notes were also collected during interviews, and four participants took part in member checking to enhance the credibility of findings
- Coding was both inductive and deductive in that some codes were a priori and derived from the topic guide while others emerged during interviews
- Constant comparison methods were used in the analysis of the data

Outcomes:

Four main themes were identified, summarised in Table 1.

Theme 1 – "You just know something's not right"

The majority of participants used intuition when confronted by consultations/situations causing a feeling of unease. This "gut feeling" was triggered by implausible stories, the presentation of the child, parents and home, and more obvious signs of abuse, such as injuries in "non-accidental areas".

Theme 2 – Perceptions of child abuse

Perceptions were influenced by definitions of child abuse, cultural factors and beliefs about responsibility. Participants described there is a fine line between what is considered abuse and what is not in some cases, and cultural nuances added another layer of complexity. This was particularly important because the general practice where participants were recruited from is in Haringey, London

– an area known for its socio-economic and ethnic diversity, factors often cited by participants as contributing to the high case-load. Participants concluded that regardless of their role all primary healthcare professionals have a responsibility when it comes to child safeguarding.

Theme 3 – "I'm reporting everything!"

This was the approach taken by some healthcare professionals, determined by the support available and participants' own recent safeguarding training, which was described as inadequate in some instances.

Theme 4 – Barriers to reporting

The main barriers to reporting were a lack of information and professional fears over misdiagnosis. The importance of team-working was described through peer review of cases and the availability of a guaranteed support network. However, this was not always possible, which delays the process of intervening. Different reporting systems in primary care and a lack of a single unifying set of records were given as examples of poor communication.

Theme	*Subthemes*
"You just know something's not right"	Obvious signs of abuse
	Implausible story
	Presentation of child, parents and home
Perception of child abuse	Cultural differences
	Responsibility
"I'm reporting everything!"	Support
	Safeguarding training
	"I think all GPs are…scared of missing something"
Barriers to reporting	Lack of information
	"Sometimes you're wrong"
	Difficult and complex situation

Conclusions:

This qualitative study provided an insight into the experiences of staff working in primary care services towards child abuse. It found that most primary healthcare professionals believe that everyone has a responsibility for the identification of child abuse, though how this is done is often vague and intuitive.

Deficiencies in training could be addressed by ensuring all members of the primary care team have opportunities to attend practical safeguarding courses. A common primary care record could make information gathering and sharing easier and reduce the uncertainties primary healthcare professionals face when considering intervention. GPs could access the notes other professionals had made, and vice versa – something viewed by participants as positive and potentially life-saving.

Participants were reassured before the interview that there were no "correct" answers. Although I had some interaction with most participants prior to this study during my GP placement, the majority of participants regarded me a junior researcher working on his educational project thus this was unlikely have a negative impact.

From undertaking this project I now understand the value of qualitative research as it allowed me to capture rich and detailed data on such a sensitive and important topic. I have also developed an appreciation of the multidisciplinary nature of child safeguarding within primary care – noting that everyone has some responsibility towards identifying and managing this in an appropriate and timely way as possible.

Ethical Approval:

This project was approved by the UCL Research Ethics Committee (project ethics identification number: 12483/001) and Health Research Authority (REC reference: 18/HRA/0938, IRAS project ID: 240070) on 19th January 2018 and 12th February 2018 respectively.

References

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