

Proposal for Sexual Abuse Prevention and Child Protection Team

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Child sexual abuse is a growing public health problem. Children with sexual abuse experience fear, agony, pain, shame, helplessness and loss of dignity. The known magnitude of child sexual abuse is only like the tip of an ice berg and much of it is not reported. The management of abused children is challenging and evolving in the country.

The government has legalized and prohibited the violation of child's rights. In 2012 the Indian government introduced the POCSO Act to bring to justice those who sexually abuse children and to bring awareness among people regarding sexual abuse of children and the legal implications for the perpetrators, punishable by Law. In 2013 Tamil Nadu state government has introduced the POCSO Act. In 2014, CMC established the services for managing children presenting with potential abuse by the integrated services of Child Health, Child and Adolescent Psychiatry and Forensic Medicine departments. There have been 60 children with reported CSA at CMC. Mandatory reporting and management of the medicolegal aspects of these cases possess a huge challenge on the health system. Nurses have a major role in the management of children coming to CMC with suspected CSA and who need to be provided comprehensive services.

Caring for children with sexual abuse can be very challenging as they go through trauma at multiple levels. They are afraid to disclose their experiences to their parents. They find it difficult to reveal the events of the abuse to the doctor and older children may experience fear and social stigma. Nurses working for children with such abuse need to be available for children and contribute to the child's wholeness and healing as they pass through the phases of management and care. When in the hospital the nurse is in a position to

hand hold the child, from the initiation of the treatment till the justice system is able to give justice. Special abilities and competencies are required to be able to take.

Recently, the central government has posted a team of six nurse coordinators in the central government hospitals in the emergency services to coordinate the CSA services and seeking the CMC Model for role of the CPSA nurse to introduce the government nursing services for CSA.

Currently, in our tertiary center, we have a nurse in the CPSA team to be available for the child with CSA during the process of various activities and coordinate the functioning of the CPSA team. The functioning of children's services, in CMC for suspected CSA can be improved with a nurse who will coordinate the activities of the team, be responsible and make sure all procedures have been performed, support the child and family throughout the procedures and provide information as needed. Thus the responsibilities of the nurse can significantly improve the effectiveness and prompt functioning of the team. The nurse needs to be empowered to develop competencies such as skills of history collection, physical assessment, coordinating the functions of the team, communication, counselling, documentation and reporting and thus become an essential team member of the Child Abuse and Protection team, CMCF. There is a proposal that the nurse assigned would perform extended role and play a vital role in the team.

Aim of the Nurse's Role

The aim of establishing the role of the CPSA nurse is that the nurse will play a vital role in the multidisciplinary Child Protection and Sexual Abuse team, by assisting, facilitating and coordinating CPSA team activities, providing adequate protection to the child and family and optimizing chances for an optimal physical and psychological healing outcome.

Roles and Responsibilities of the CPSA Nurse would be as Follows

1. Arrives at the particular site, upon receiving the Code White alert, from where the code has been sent ie the OPD or Emergency where the child is being seen by the primary unit
2. Ensures that the team members arrive to the primary unit within 5 to 10 minutes
3. Introduces self as the nurse responsible for the care of the child in the service to the child and family and develops rapport
4. Identifies a place for the interaction between the team members and the family for privacy and confidentiality of the whole process should be maintained.
5. Makes the child and parents at ease and comfortable and assures them of confidentiality of the whole process.
6. Assesses the mental status of the child and the parents

7. Collects simple history provided by the parent or the child and documents the same
8. Assist the doctor in documenting the ID marks and injuries on the body of the child.
9. Performs nursing assessment related to general condition and related to abuse.
10. Ensures that the kit from Microbiology and Forensic Examination kit is available before the full examination by the primary physician commences
11. Provides information to the family about the samples that needs to be taken for diagnosis, the examination process, forensic evidence collection and its importance with the information sheet
12. Role of a CPN related to police investigation process when the child is in the hospital:
 - i. Enquire with the family where would they prefer the police interaction with the child and the family. As per POCSO Act, the child (but not the family) can choose the place of police interrogation. If the family chooses hospital as the place of police interaction, then the same can be facilitated by the CPN.
 - ii. In case of admitted patient, the CPN will ensure in discussion with the Consultant in charge of the child, whether the child is in a state of physical and emotional stability to speak with the police.
 - iii. In case of Outpatient, if the child is not in a state to interact with the police officers, then the same can be arranged on a subsequent visit of the child to the hospital.
13. Provides psychological support to the child and the family throughout the process of police interaction. Sometimes these interactions become quite lengthy, which could go on for three or more hours. At any point of time during police interaction with the child, if the child gets anxious and manifests discomfort, the police officer should be request to give the child a break or may request to come back on another time / day.
14. Ensure that the police officer interacting with the child should not be below the rank of S.I. (Sub-inspector of Police). Ensures that the police is in mufti dress code [Note: While ensuring that the police officer/s while interacting with the child must be in mufti (plain clothes), we cannot deny police interaction with adult family members of the child, even if police are not in mufti.). If the police officer arrives in uniform, then the Nurse can politely request the Police officer to come back to the hospital in mufti before interacting with the child else the child may get anxious and may refrain from providing any information.
15. The CPN should accompany the child and family all throughout the police interaction, if it is occurring in the hospital.
16. Prepares a copy of the ID card of the police officer and attaches to the patient chart
17. Checks if the child is in good mental and physical health to participate in the police interview
18. Obtain consent from the parent and the child to meet the police

19. Obtain the police contact details so that they can be informed once the child is ready to speak - the interview process should be done preferably before the discharge of the child from the hospital
20. Ensure that after discharge the child comes back to the appropriate department for follow up and treatment
21. Will be the point of contact for child and family to discuss further progress regarding the pending treatment and ongoing investigation process through follow up phone call.

The physical and psychological effects of child sexual abuse can be permanent and life threatening. The nurse in cooperation, with a multidisciplinary team, can assist in providing adequate protection and services for the child's optimal outcome [1-5].

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