Child abuse inquiry urges nurses to help survivors tell their stories

Head of the Truth Project says the Independent Inquiry into Child Sexual Abuse wants nurses’ help encouraging victims of historical abuse to come forward

Nurses, midwives and health visitors encounter victims of historical and current abuse in a variety of healthcare settings and specialties. The Independent Inquiry into Child Sexual Abuse, which is looking at the extent to which institutions and organisations in England and Wales have failed to protect children from sexual abuse, wants nurses’ help in supporting patients who may have information to contribute.

The Truth Project, one part of the three-strand statutory inquiry, is allowing victims and survivors of child sexual abuse to share their experiences.

Panel member Dru Sharpling, a barrister and former chief crown prosecutor for central casework, is overseeing the Truth Project. Addressing controversies surrounding the inquiry, including the resignation of several senior figures, Ms Sharpling told the BBC earlier this month: ‘Although it has been a difficult start for this inquiry, we are determined to see it through.’

She tells Nursing Standard that the inquiry is keen to enlist the help of nurses to help victims and survivors of child sexual abuse to share their experiences.

Unreported cases

‘Nurses have access to many people who may want to contribute to the Truth Project, and we are keen to gain their help in encouraging them to come forward,’ she says.

‘The Truth Project is the most important thing I have ever done. It enables people, sometimes for the first time, to come in confidence to tell the inquiry team about what happened to them when they were sexually abused as a child. It also gives us the opportunity to get a better understanding overall of the nature and scope of child sexual abuse.’

One in 20 children in the UK have been sexually abused, according to children’s charity NSPCC. In 2014, there were more than 28,000 sexual abuse cases reported to police that involved children under the age of 16, but many more go unreported, the inquiry notes.

RCN professional lead for children and young people Fiona Smith says nurses can be the first point of disclosure for an adult survivor of child sexual abuse. It could be a comment made in a consultation that raises suspicions.

‘Many of the adult survivors of abuse may have received support from mental health, public health or practice nurses,’ she says.

‘They may disclose something during a consultation, examination or assessment. Nurses need to be aware of what the inquiry is about and how they can enable the adult survivor to get their story heard, and for lessons to be learned,’ she says. ‘It is vital that nurses, midwives and health visitors believe what they are told.’

Ambassadors

So far, 500 people have registered an interest or provided a written statement to the inquiry, which aims to report in 2020. The inquiry hopes ‘professional ambassadors’ such as nurses will help bring others forward.

Credit card-sized concertina leaflets will be made available to nurses and other NHS staff to give to patients where appropriate.

Ms Sharpling says: ‘The inquiry is not a therapeutic service, but we do provide support before someone comes to see us, and on the
Child sexual abuse in the UK

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2020 when the inquiry aims to report its findings

day that they are going to share their experiences. We also follow up with a phone call to see how they are doing, and signpost them to organisations that may be able to help them.’

She acknowledges that coming forward to speak to the Truth Project is not easy, and describes those who do as ‘extraordinarily brave’.

The inquiry is predominantly examining historical child sexual abuse, which began before the age of 18, and with evidence of institutional failures, such as a victim not being listened to. Ms Sharpling says present victims will not be turned away if they wish to give evidence, but added that the police would need to be informed due to potential ongoing risk to a child.

Under the Nursing and Midwifery Council code, nurses must raise concerns immediately if they believe a person is vulnerable or at risk and needs extra support and protection.

There are signs to look for when caring for children and young people, says former Nursing Standard Nurse of the Year Stacey Atkinson.

Gut feeling

Ms Atkinson, senior lecturer in learning disability nursing at Huddersfield University, was named Nurse of the Year in 2002, and was awarded a CBE for her work pioneering sex education for children with learning disabilities. She says that a gut feeling is often the precursor to identifying a case of child sexual abuse.

‘I once worked with a child who had Down’s syndrome who thought it was normal to kiss using tongues,’ she says. ‘She was very young, so where did that come from, unless it had been done to her? You also look for any marks on their bodies, any alterations in behaviour’, she adds.

Other potential signs can be communicating something through their behaviour, such as wrapping up in clothes in a bid to prevent an attack, or acting out sexual activities.

Giving evidence to the inquiry

A person can tell the inquiry what happened to them in writing or via a video or audio file. They can also do so in person at one of the inquiry’s three regional offices, in the north-east and north-west of England, and Wales, and via pop-up offices in London.

Those attending in person can bring friends or family, and will give evidence to one panel member, a trained facilitator and a note-taker.

Their account will not be tested, challenged or contradicted. All information will be anonymised and the victims and survivors can write a message to be published.

The information provided will inform the inquiry’s conclusions and recommendations, but the inquiry cannot bring criminal convictions or award compensation to victims.

For more details on how to contact the inquiry, go to iicsa.org.uk/contact-us