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Why you should read this article:
- To enhance your awareness of the alerting signs of child abuse linked to faith or belief (CALFB)
- To better understand the circumstances in which CALFB may occur and the metaphorical thinking behind it
- To contribute towards revalidation as part of your 35 hours of CPD (UK readers)
- To contribute towards your professional development and local registration renewal requirements (non-UK readers)

Child abuse linked to faith or belief: working towards recognition in practice

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Abstract

Child abuse linked to faith or belief (CALFB) is a worldwide issue that is linked to serious short-term and long-term consequences and even death. Children affected by CALFB may have undergone multiple abuses – such as ritual starvation, beatings, burns, stabbings and drowning – prompting concern in hospitals, schools and communities, including in emergency and primary care settings. Nurses have an important role in safeguarding children and young people, and their role in identifying and responding to CALFB is often challenging.

This article uses a 'competemility' (cultural competence and cultural humility) approach to raise awareness of CALFB reporting and investigations in the UK. It examines medical evidence and psychosocial indicators of this form of abuse and explains the metaphorical language and thoughts associated with reported beliefs. The article aims to support nurses to be culturally sensitive to CALFB and to explore how they can contribute to preserve the safety of children in familial and community settings.

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Keywords

child abuse, clinical, cultural competence, culture, diversity, health promotion, professional, professional issues, religion, safeguarding, spirituality, transcultural care

Aims and intended learning outcomes

Nurses have an essential role in safeguarding children and young people. This article aims to raise awareness, among nurses, of the sensitive issue of child abuse linked to faith or belief (CALFB), including its reported practices, beliefs and consequences. After reading this article and completing the time out activities you should be able to:

» Reflect on the importance of nurses' cultural awareness and knowledge of CALFB.
» Identify cultural knowledge and skills that might assist nurses to recognise CALFB, including its associated alerting signs.
» Recognise the importance of using sensitive, professional curiosity when exploring CALFB.
» Consider how to use a trauma-informed approach when responding to children who have experienced CALFB, listening to their preferences and concerns and working closely with specialist organisations.

Introduction

CALFB is an international concern, with the United Nations Convention on the Rights of the Child (2006) making specific recommendations to eliminate corporal

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punishment, stigmatisation and violence against children accused of witchcraft. The Children in Need Census 2017/2018 reported 1,630 cases of CALFB in England (Department for Education 2019). This a considerable rise from the 47 children identified as victims of such abuse in England between 2000 and 2005 (Stobart 2006). However, in the UK and elsewhere, CALFB is often unidentified in health and social care settings, reportedly due to a lack of awareness or confidence in discussing the issue (Department for Education 2012, 2019, Oakley et al 2017). Nurses' reticence to discuss the issue might be due to sensitivities associated with discussing the Equality Act 2010 protected characteristics of 'religion or belief' and 'race'.

This article reports on the literal expression of such beliefs in UK child abuse investigations, highlighting the authors' retrospective analysis of the medical and metaphorical associations. The authors do so to raise nurses' awareness of the relevance of such beliefs and to improve nurses' capacity to sensitively explore and recognise the issue when and if suspected, reported or encountered in practice. The definition of CALFB used is not exhaustive and the authors acknowledge that all types of abuse are implicated, in all religious communities and settings.

The article uses a 'competemility' (cultural competence and cultural humility) approach to address the issue of CALFB. The application of competemility principles shows how 'individuals and organisations must engage in the process of becoming culturally competent, while concurrently engaging in the process of becoming culturally humble' (Fitzgerald and Campinha-Bacote 2019). The authors acknowledge that this approach has limitations where the English language is the sole reporting mechanism. However, this reflects the constraints in which CALFB is encountered in UK investigations of child abuse and in the authors' collective experience of the reporting of the issue in diverse familial and community settings.

The authors acknowledge their positionality in terms of their English language reporting and analysis of beliefs. Reporting on the experience of this type of child abuse is removed from their personal experience, although two of them have encountered such beliefs in childhood (MC, JT). Three of the authors have encountered such beliefs in children and young people's nursing, including in hospital and community settings, and have been involved in child protection investigations that explored whether reported or suspected beliefs served as explanatory models for child abuse (MC, JT, GD). This may pose a risk of practical, clinical or experiential bias. Therefore, to address this potential issue, the authors consulted and presented their work to multidisciplinary community professionals – including nurses, health visitors, social workers, and safeguarding, policing and religious faith-based representatives – and integrated feedback from multiple research, practice and educational fora in their reflective review.

Associated terms and definitions

Global debates about the different forms of CALFB are linked to historical and current concerns, with violence, abuse, torture and maltreatment occurring in familial and community settings, including places of worship (Oakley et al 2019, Mulvihill et al 2022). Oakley et al (2019) asserted that all religious and faith groups are potentially represented in various definitions of CALFB that involve reported beliefs in witchcraft, evil eye or supernatural powers to create fear about or among children to make them more compliant (Department for Education 2012). However, many cases and beliefs are not formally recognised in 'mainstream' religions (Adinkrah 2011, Vuckovic Sahovic and Eriamiatoe 2020). Faith leaders worldwide have begun to mobilise their efforts to address the issue of child abuse in communities (Oakley et al 2017, 2019, Allen 2021, Mulvihill et al 2022).

Multiple forms of psychological and physical victimisation involve mental, emotional and sometimes sexual abuse (Bartholomew 2015). Pearce (2012) reported on physical implements used to torture, beat, burn and drown children accused of being possessed by a demonic spirit or of practising witchcraft. In the UK, notable deaths involving CALFB include the cases of Victoria Climbié, Ayesha Ali, Khyra Ishaq and Kristy Bamu (Department for Education 2012, Pearce 2012).

In 2018-19, the authors reviewed the UK National Society for the Prevention of Cruelty to Children (NSPCC) Repository of Serious Case Reviews, searching for all reported beliefs and practices where children were perceived or persecuted in ways that suggested they were 'other-than-normal'; that is, possessed, spiritualised, demonised or tortured. They found 48 relevant reports of CALFB, representing parental, step-parental and/or extrafamilial perceptions or beliefs about 'evil spirit' possession, 'djinn' or 'jinn' possession, 'juju' and 'kindoki' ('Congo

Key points

- Child abuse linked to faith or belief (CALFB) is a worldwide issue, with violence, abuse, torture and maltreatment occurring in familial and community settings
- CALFB often involves reported beliefs in witchcraft, evil eye or supernatural powers to create fear about or among children
- CALFB involves extrapolating from a physical experience, through metaphor, to an imagined personification of evil
- Beliefs present in CALFB often represent a narrative rather than a literal reality and do not inevitably lead to harmful practices
- Nurses need to be aware of the alerting signs of CALFB and use a 'competemility' (cultural competence and cultural humility) approach to address it

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bewitchment'). These terms represent diverse beliefs about associated practices, including accusations of child witchcraft, in the literature (Mpolo 1981, Briggs and Whittaker 2018, Oakley et al 2017, 2019).

Box 1 provides definitions of some terms associated with CALFB. However, it is important to note that these terms do not always represent harmful beliefs and that the beliefs expressed do not always reflect harmful practices, often representing a narrative rather than a literal reality. Such beliefs do not inevitably lead to harm (Oakley et al 2017, 2019), and to suggest so would be highly disrespectful and even discriminatory.

'Witchcraft' is a useful term for exploring differences in belief or perception, and can appear as a metaphor for diverse, culturally contingent beliefs and practices through which perpetrators of abuse seek to explain or justify the harms they have inflicted (Adinkrah 2011, Nadan et al 2015, Bradbury-Jones et al 2018, Briggs and Whittaker 2018, Parish 2018).

Box 1. Definitions of some terms associated with child abuse linked to faith or belief

- Black magic – magic involving the supposed invocation of evil spirits for evil purposes
- Child sorcerers – a child who is reportedly claimed or believed to have magic or supernatural powers
- Dainee – in some Indian folklore contexts, women are referred to pejoratively as dainees, meaning witch or witchcraft beings of pure evil
- Dakini – various references to female occultism, natural spirits of good and evil, inspiration and power. It is sometimes linked to Buddhism
- Demon – derives from the Greek word daimon, meaning a supernatural spirit of inferior sort
- Djinn or jinn – jinn is an Arabic term that is romanised as djinn. It is anglicised as genie, with a broader meaning of spirit or demon
- Evil eye – a look or stare believed to bring bad luck to the person at whom it is directed. Its perception and nature vary across cultures
- Genie – spirit of Arabian folklore, imprisoned in a bottle or oil lamp, capable of benevolence and granting of wishes when summoned
- High science – a belief in magic in the age of science
- Juju – various definitions of spiritual beliefs incorporating spells and objects such as amulets in religious practice in West Africa, including Ghana, Nigeria and Cameroon
- Kindoki – thought by believers to be a kind of witchcraft or evil spirit possession, originating from the Democratic Republic of the Congo
- Ndoki – various local definitions associated with Pentecostal witchcraft and sorcery. The notion of ndoki is also relevant within African-American religions, albeit with a different meaning than in places such as Angola
- Obeah – a kind of sorcery reportedly practised in the Caribbean in particular
- Poltergeist – derived from German, meaning a ghost or spirit that makes loud noises and throws items around
- Satanism – the worship of Satan, typically involving a form of counter-cultural Christianity. It is associated with the founding of the atheistic Church of Satan in the US
- Sorcery – the use of magic, particularly black magic
- Voodoo – reportedly a religion in parts of the Caribbean and southern US, combining elements of Roman Catholicism and traditional African magical and religious rites. It is characterised by sorcery and spirit possession
- Witchcraft – the perceived facility or capacity to summon evil spirits and demons to do or cause harm to others. A practitioner of witchcraft is known as a witch

(Oxford Learner's Dictionaries 2022)

Millbank and Vogl (2018) suggested that witchcraft should be seen as 'inextricably related to the social, political, and economic aspects of everyday life' and that it 'cannot be understood within binaries such as good and evil… sorcery and witchcraft practices and beliefs do not always lead to harm'.

Cultural anthropologists have explored how accusations of 'witchcraft' can greatly harm individuals in communities by causing social fear and isolation, with real (embodied) consequences such as illness and death associated with sudden and prolonged ostracisation (La Fontaine 2016). Witchcraft itself is described as a metaphor for such practices (Adams 2003). Knowledge about the metaphorical associations of witchcraft can assist nurses to sensitively explore such beliefs with parents or carers and children and young people, when or if alerted of witchcraft or encountering witchcraft.

It has been reported to the United Nations Human Rights Council that human rights abuses due to beliefs in witchcraft have not been well recognised due to the challenges in understanding why the naming of a witch occurs and/or why a child is accused of witchcraft in different cultures (Alston 2009). There are clear violations of human rights to dignity and safety, such as beatings, burnings, banishment, torture and dismemberment, in many countries due to harmful practices and accusations of witchcraft and ritual attacks (Ero et al 2020). Brooke and Ojo (2020) asserted that nurses can only provide person-centred care if they understand the cultural beliefs that may present challenges to providing care, one of which may include beliefs in witchcraft as an explanatory model of illness. Nurses can develop cultural awareness, knowledge, skills and a desire to learn more about how to identify and respond to CALFB by recognising the care event as a cultural encounter.

TIME OUT 1

Abusive behaviours might be closely associated with beliefs and values that people strongly identify with as individuals. Develop cultural awareness by reflecting on any beliefs that you have. How powerful are those beliefs for you? How would you feel if your beliefs were discussed with you or in your absence?

Metaphorical thinking and harmful beliefs

Much of the language used to describe the practices associated with CALFB is metaphorical in nature, and this reflects the fact that many of the thinking patterns

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that underpin this form of abuse involve metaphorical thinking. The use of metaphor varies considerably across different languages and cultures, and can be challenging to recognise because an expression that may be seen as metaphorical by one person or in one language or context may be viewed as literal by another person or in another language or context. As such, it is a somewhat contentious topic.

Acts of CALFB often draw on bodily-based metaphors. Crucially, they also involve perceived or actual physical enactment of such metaphors. Tedam and Adjoa (2019) provided an example of this in their reflective first-hand account of CALFB, where Adjoa was accused of witchcraft by her stepmother. They report an incident that occurred just after Adjoa had vomited during an illness. Adjoa reported (Tedam and Adjoa 2019):

'Then, in my native language, my stepmother said that this was the witchcraft I was vomiting out. I looked at her in disbelief. I was ill and here she was finding a link between my vomiting and being a witch, which she believed I was.'

Here, Adjoa expressed her shock on learning how her stepmother was interpreting her vomiting. Adjoa described the disconnect between the literal act of vomiting and the meaning that her stepmother ascribed to this. Her stepmother's interpretation of the meaning of this vomiting appears to show similarities between the physical act of vomiting and the reified abstract concept of 'evil'. Both have a physical form, both are 'unhygienic', 'foul-smelling' and 'unhealthy'; both are 'within' yet reveal themselves by 'coming out'; and both appear to have an element of independent agency. Adjoa's stepmother made a connection between the vomiting and the evil, understanding the vomiting to be a manifestation of the evil. This is an example of metaphorical thinking, which is a property of everyday language and thought (Gibbs 1994).

The use of metaphorical thinking to express a belief in witchcraft was also apparent in the next part of Adjoa's account, where she reported that her stepmother did not want her transferring her 'witchcraft' to the plates and cups in the house, so she gave her a separate set to use (Tedam and Adjoa 2019). Here the evil is being talked about as if it has a physical form that metaphorically resembles a viral or bacterial infection. Again, the evil is metaphorically construed, this time as an unhealthy, dirty physical entity.

It is important for nurses involved in child protection and safeguarding to be aware of this kind of metaphorical thinking because it has a practical bearing on how perpetrators of CALFB think about and justify harmful activity. Evidence that many of the practices associated with CALFB involve the physical enactment of bodily-based metaphors is found in the literature on UK investigations of child abuse (Stobart 2006). Table 1 shows common practices associated with CALFB and their associated metaphorical motivations.

CALFB involves extrapolating from a physical experience, through metaphor, to an imagined personification of evil, sometimes used to justify a harmful physical action. Metaphorical ideas include the idea that evil is a physical entity; that the evil is 'inside' the child and needs to be 'brought out'; that the evil needs to be physically attacked; and that, like a virus, one of its main aims is to 'infect' other people. Although these ideas are essentially metaphorical, they sometimes result in highly literal behaviour.

Use of metaphor in everyday language and thought

Outside of the field of CALFB, many metaphors have been shown to have a strong physical basis and operate on a literal level as well as a metaphorical level. For example, in many languages, the concept of morality is often expressed though notions of cleanliness; for example, 'squeaky clean behaviour' versus 'getting one's hands dirty'. This metaphorical relationship has been shown to go beyond language and can influence physical behaviour; for example, Zhong and Liljenquist (2006)

Table 1. Common practices associated with child abuse linked to faith or belief and their associated metaphorical motivations

Practice	Associated metaphorical motivation
Beating	To beat the devil out of the child
Burning	To use extreme heat to burn the evil out
Cutting	To create a way out for the evil
Isolating	To prevent the evil from spreading to other people
Semi-strangulation	To squeeze the life out of the evil
Starving	To weaken the evil spirit

(Stobart 2006)

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found that people who had read about immoral deeds were more likely to accept a gift of an antiseptic wipe than people who had read about moral deeds. Zhong and Liljenquist (2006) suggested that this is because people literally feel 'dirty' when they have read about immoral deeds and need to physically 'clean away the dirt'. They concluded that this is a physical manifestation of the metaphor 'morality is cleanliness'. Metaphors might reflect moral and/or religious values or constructs about 'good' and 'evil' in individual and organisational expressions of belief.

Similarly, in many languages, the abstract concept of 'goodness' is often expressed metaphorically through references to height, with good things being 'up' – for example 'things are looking up' or 'I'm feeling on top of the world' – and bad things being 'down' – for example 'I'm feeling down' or 'you're going down in my estimation'. Again, this metaphorical relationship has been shown to affect physical behaviour, with Crawford et al (2006) finding that people remember emotionally positive images better when they appear at the top of a computer screen and emotionally negative images better when they appear at the bottom of the screen. Crawford et al (2006) suggested that this finding reflects a fundamental, physical relationship between 'goodness' and height.

These are just two examples and numerous other metaphors have been shown to be physically experienced in this way (Gibbs 2005, 2015, Littlemore 2019). Viewing CALFB through the lens of metaphor creates a space for health and social care professionals to develop their capacity for critically thinking about the possible effects of harmful beliefs on children's immediate and long-term vulnerability to abuse in familial and community settings, including places of worship (Mulvihall et al 2022).

TIME OUT 2

A patient you care for tells you they are concerned about the behaviour or illness of a child they are related to. Develop your cultural knowledge by asking what the patient understands by the child's behaviour or illness and whether they have attempted to have any discussions about possible solutions. How would you use professional curiosity to ask 'what is happening?' for the patient and child involved?

Presentation and alerting signs

Beliefs in child spirit possession do not always lead to harm (Oakley et al 2017, 2019). However, in some circumstances, the associated terms and metaphors are interpreted literally. Recognising spirit possession as a 'diagnosis' (Mpolo 1981) may involve related faith-based or belief-based interventions. A child might be severely punished, singled out or ostracised, which may involve escalating intrafamilial and extrafamilial violence, leading to serious harm and, in some cases, death. CALFB is a specific form of maltreatment that intersects with other compounding forms of abuse, including childhood neglect. It may be subsumed within other categories of abuse, including female cutting – also known as female genital mutilation (FGM) (Waigwa et al 2018). Raising nurses' awareness of CALFB may improve the identification of other forms of abuse.

Survivor testimonies show that social factors such as migration stress, depression, strong religious beliefs and bereavement suggest an increased likelihood that metaphors will be experienced in a physical or literal way (Li and Cao 2016). Another factor is age, with children being more likely than adults to interpret metaphors literally (Littlemore 2019). All these factors have been shown to have a role in CALFB in the UK (Stobart 2006). These social features characterise the familial contexts in which CALFB occurs, combined with low levels of empowerment experienced by survivors in relation to perpetrators (Li and Cao 2016).

The physical and psychosocial indicators of CALFB are known as alerting signs. Figure 1 provides examples of these alerting signs, based on the authors' synthesis of the evidence from their collective research and their practice-informed expertise and judgement.

Children affected by CALFB may experience multiple adversities and trauma, including poverty and neglect, inadequate parenting, migration stress, bereavement, kinship fostering, parental mental health issues and domestic abuse (NSPCC 2014, National FGM Centre 2021, Barnardos 2022). Medical reports have described multiple 'tramline' wounds that suggested physical forms of violence causing scarring on limbs and contact or chemical burns in unusual locations (Yiltok et al 2007). Chemical injuries or burns can be caused by the use of 'expunging' foods or herbs (such as chilli pepper) and household cleaning items (such as caustic soda) (Royal College of Paediatrics and Child Health 2022). In some CALFB cases, the potential misuse of traditional 'folk' remedies has been reported (NSPCC 2014, National FGM Centre 2021). Emaciation is another alerting sign of CALFB. A thorough investigation of the child's condition, including a physical 'top to toe' assessment of the type, severity and patterns

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of injuries and an exploration of possible explanations for them, will aid the recognition of harmful practices and/or intentional abuse (NSPCC 2014, Surrey Safeguarding Children Partnership 2018, Barnardos 2022, Royal College of Paediatrics and Child Health 2022).

It is important to be aware that these alerting signs are not, in and of themselves, sufficient to identify CALFB. Several of them are common in other situations involving vulnerable children – for example children with disabilities, refugee children and migrant children who have experienced multiple forms of abuse – and in other forms of child maltreatment. Therefore, many of the alerting signs shown in Figure 1 indicate behaviours that require closer attention. For example, 'frozen awareness' (a state in which a child is unresponsive to their surroundings but clearly aware of them) or incontinence after a long period of continence in a child are usually associated with complex trauma and severe emotional abuse and neglect, and should trigger concern about CALFB in the absence of any other cause if the child has intersecting physical injuries.

CALFB is challenging to identify because perpetrators undertake a range of practices. Child 'exorcisms', also known as 'deliverances', can be arranged through some churches, faith groups and online (Parish 2018). Financial and sexual exploitation may reflect challenging situations. Similar to female cutting, such practices cost money and may be recommended by perpetrators to take place for their own economic gain (Department for Education 2012, Waigwa et al 2018). Oakley et al (2019) suggested that faith awareness and literacy training may assist health and social care professionals to develop cultural and religious sensitivity.

TIME OUT 3

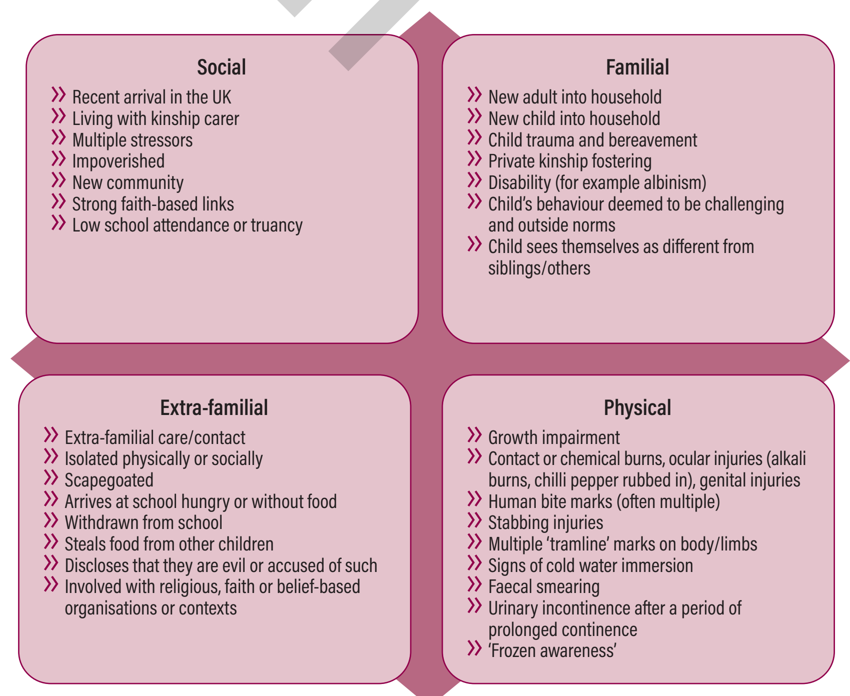
Access the Barnardos (2022) podcast about Mardoche Yembi's experience of child abuse linked to faith or belief (**barnardos.org.uk/podcast/witchcraft-mardoche-yembi**). What do you think are the implications of Mardoche's story in terms of assisting nurses to recognise and prevent harms associated with accusations of witchcraft?

Using sensitive, professional curiosity

Using sensitive, professional curiosity, it is important for health and social care professionals to ask open questions about a child's social and cultural experience. A child might be isolated or scapegoated in their family, school or community because their behaviour is outside perceived norms, disobedient, rebellious or overly independent. The child may be perceived to bring 'bad luck' or be a cause of harm or disability, for example albinism (Taylor et al 2019) or the illness, loss or death of a family member. Conversely, they may be talented, stand out or bring challenges to family relationships that might escalate into child abuse (Department for Education 2012). Professional curiosity requires an awareness of the language and metaphors that people adopt to communicate concerns about a child's behaviour or beliefs. It is important to recognise that health and social care professionals too may hold such beliefs.

All health and social care professionals in contact with children and families should be aware of alerting signs of CALFB (Figure 1) and routinely ask 'what is happening?' to children in their families, homes and communities (National FGM Centre 2021). This can be a helpful question for nurses to ask, opening a space for them to explore parents' or carers' perceptions and management of a child's behaviour, recognising who and what is important to children in and outside of their home. This helps to develop an understanding of the child's experience of discipline or punishment while remaining mindful of the child's human right to protection from harsh chastisement that leaves a physical mark or injury (Children Act 1989, amended 2004).

Figure 1. Alerting signs of child abuse linked to faith or belief



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FURTHER RESOURCES

Department for Education – National action plan to tackle child abuse linked to faith or belief **www.gov.uk/government/publications/national-action-plan-to-tackle-child-abuse-linked-to-faith-or-belief**

National FGM Centre – Branded a witch: Mardoche's story **www.youtube.com/watch?v=liOxqgZRss0**

National FGM Centre – Mardoche Yembi: advice for professionals **www.youtube.com/watch?v=38bKOfSIz6s**

National FGM Centre – CALFB: Resources for exploring concerns **nationalfgmcentre.org.uk/calfb/resources-for-exploring-concerns**

Thirty-One:Eight – Research into safeguarding in Christian faith contexts **thirtyoneeight.org/help-and-resources/research**

TIME OUT 4

Read the National Institute for Health and Care Excellence (2019) quality standard on child abuse and neglect (**nice.org.uk/guidance/QS179**). What are the implications of this guidance in terms of developing cultural knowledge and skills in your area of practice?

Providing trauma-informed care

To address CALFB, it is vital that health and social care professionals are aware that exposure to CALFB likely results in complex trauma. They need to understand the different types of trauma that may be inflicted and recognise that trauma refers to the effect on an individual, family or community rather than to the event itself (Law et al 2021). Exploring such concerns is important, while recognising that trauma might be re-experienced, perhaps on multiple occasions. It is crucial to undertake sensitive conversations that incorporate specialist organisations and faith awareness (Oakley et al 2019) in a way that is meaningful to the individuals and communities served.

The authors suggest that in this context, nurses need to move from being trauma aware to being trauma informed. A trauma-informed child welfare system recognises the complex signs and symptoms of trauma (Strand 2018) and responds by fully integrating knowledge about diverse forms of trauma into policies, procedures and practices that seek to reduce the possibility of re-traumatisation (Substance Abuse and Mental Health Services Administration 2012).

Although developmental trauma due to CALFB requires trauma-informed care, children's access to psychological and social support services is often limited, even in the aftermath of surviving serious abuse or witnessing it. Allen (2021) and Mulvihill et al (2022) called for the mobilisation of faith-based approaches to facilitate justice for victims and survivors of CALFB in terms of securing a conviction and supporting sibling and family recovery from the experience. Nurses are well placed to conduct vital health assessments that identify and recognise the various markers of child abuse, as well as to work towards enabling disclosure, reporting safeguarding concerns and making appropriate referrals to secure a place of safety for children affected by CALFB.

Child protection supervision is often provided by local safeguarding teams, including designated safeguarding nurses in hospitals or community settings. This supervision is important to avoid enmeshed professional-personal relationships that can lead to collusion or deception in the parent's or carer's presentation and reporting of a child's behavioural issues (McGregor and Devaney 2020). Seeing the context through metaphor (Kendall-Taylor and Stanley 2018) may improve the recognition of child abuse in practice and nurses' capacity to prevent it. Resources and specialist organisations to support nurses in exploring and responding to CALFB are provided in the 'further resources' section of this article.

Conclusion

CALFB is a complex form of child maltreatment that is represented in all faiths. Safeguarding children affected by CALFB is relevant to the role of all nurses who care for children and young people. However, many nurses in the UK have reported they are unfamiliar with, or uncomfortable about discussing, CALFB. Nurses need to be aware of the alerting signs of CALFB, as well as the testimonies, research and specialist organisations that can support them to develop 'competemility' in responding to this form of abuse. The authors encourage greater professional curiosity among nurses to support them in prioritising children and preserving their safety at the point of care.

TIME OUT 5

Identify how exploring CALFB applies to your practice and the requirements of your regulatory body

TIME OUT 6

Now that you have completed the article, reflect on your practice in this area and consider writing a reflective account: **rcni.com/reflective-account**

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Child abuse linked to faith or belief

TEST YOUR KNOWLEDGE BY COMPLETING THIS MULTIPLE-CHOICE QUIZ

1. The term 'competemility' refers to:

a) Cultural complexity and cultural ability ☐
b) Cultural compartmentalisation and cultural civility ☐
c) Cultural competence and cultural humility ☐
d) Cultural compatibility between two individuals or groups ☐

2. Which statement is false?

a) The terms associated with child abuse linked to faith or belief (CALFB) always represent harmful beliefs and practices ☐
b) Acts of CALFB often draw on bodily-based metaphors ☐
c) All religious and faith groups are potentially represented in various definitions of CALFB ☐
d) Much of the language used to describe the practices associated with CALFB is metaphorical in nature ☐

3. The term 'witchcraft' is defined as:

a) Ghosts or spirits that make loud noises and throw items around ☐
b) The perceived facility or capacity to summon evil spirits and demons to do or cause harm to others ☐
c) A look or stare believed to bring bad luck to the person at whom it is directed ☐
d) The worship of Satan ☐

4. In CALFB, which of these metaphorical motivations is commonly associated with the practice of starving a child?

a) To beat the devil out of the child ☐
b) To prevent the evil from spreading to other people ☐
c) To squeeze the life out of the evil ☐
d) To weaken the evil spirit ☐

5. Which of the following factors can increase the likelihood that metaphors will be experienced in a physical or literal way?

a) Migration stress ☐
b) Strong religious beliefs ☐
c) Bereavement ☐
d) All of the above ☐

6. One physical alerting sign of CALFB is:

a) Child trauma and bereavement ☐
b) Multiple 'tramline' wounds on the body and/or limbs ☐
c) If the child's behaviour is deemed to be challenging and outside the norms ☐
d) Low school attendance or truancy ☐

7. What is 'frozen awareness'?

a) A state in which a child is unresponsive to their surroundings but clearly aware of them ☐
b) A state in which health and social care professionals lack the confidence to raise concerns about CALFB ☐
c) A state in which a child is aware they are being abused but feels unable to report it ☐
d) A state in which health and social care professionals feel unable to address CALFB due to a lack of support services ☐

8. When exploring a child's social and cultural experience, health and social care professionals should:

a) Make assumptions about the child's experiences based on the family's beliefs ☐
b) Avoid asking 'what is happening?' to children in their families, homes and communities ☐
c) Use sensitive, professional curiosity ☐
d) Trust the parent's or carer's presentation and reporting of a child's behavioural issues ☐

9. Which statement is true?

a) CALFB is unlikely to result in complex trauma ☐
b) Trauma might be re-experienced, perhaps on multiple occasions ☐
c) Trauma refers to the event itself rather than the effect on an individual, family or community ☐
d) Nurses should move away from being trauma informed and focus solely on being trauma aware ☐

10. Nurses' role in addressing CALFB may include:

a) Conducting vital health assessments that identify and recognise the various markers of child abuse ☐
b) Reporting safeguarding concerns ☐
c) Making appropriate referrals to secure a place of safety for children affected by CALFB ☐
d) All of the above ☐

How to complete this assessment

This multiple-choice quiz will help you test your knowledge. It comprises ten multiple choice questions broadly linked to the previous article. There is one correct answer to each question.

You can read the article before answering the questions or attempt the questions first, then read the article and see if you would answer them differently.

You may want to write a reflective account. Visit rcni.com/reflective-account

Go online to complete this multiple-choice quiz and you can save it to your RCNi portfolio to help meet your revalidation requirements. Go to **rcni.com/cpd/test-your-knowledge**

This multiple-choice quiz was compiled by **Alex Bainbridge**

The answers to this quiz are:

1. c 2. a 3. b 4. d 5. d 6. b
7. a 8. c 9. b 10. d

This activity has taken me __ minutes/hours to complete. Now that I have read this article and completed this assessment, I think my knowledge is:

Excellent ☐ Good ☐ Satisfactory ☐ Unsatisfactory ☐ Poor ☐

As a result of this I intend to: ____

____

____

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