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Clark, Maria T. ; Littlemore, Jeannette; Taylor, Julie; Debelle, Geoffrey

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Nursing Children and Young People

Exploring Child Abuse Linked to Faith or Belief (CALFB): Diversity and Debate

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Corresponding Author:	Maria Tighe Clark, PhD., MSc, RGN, SCPHN(HV). RNT. University of Nottingham School of Nursing and Division of Midwifery: University of Nottingham School of Health Sciences Nottingham, Nottinghamshire UNITED KINGDOM
Other Authors:	Jeannette Littlemore, MA, PhD, PGCHE, FAcSS
	Julie Taylor, PhD., RN., MSc, BSc (Hons)., RNT., FRCN
	Geoff Debelle, MB, BS, FRACP, FRCPCH
Abstract:	Child abuse linked to faith or belief (CALFB) is a worldwide phenomenon, linked to serious short and long-term consequences and even death. Children affected have undergone multiple harms including ritual starvation, beatings, burns, stabbings, and drowning, prompting concern in hospitals, schools, and communities, including emergency and primary care. Nurses play a key role in safeguarding children and young people and their role in identifying and responding to CALFB is challenging. This article uses a 'competemility' (cultural competence and cultural humility approach) to raise awareness of CALFB reporting in UK investigations of child abuse. It examines medical evidence and psychosocial indicators of the abuse and shows the metaphorical language associated with reported beliefs. This article will help nurses to be culturally sensitive to CALFB: To help them explore and preserve the safety of children in familial community contexts.
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Nursing Children and Young People

TITLE

Exploring Child Abuse Linked to Faith or Belief (CALFB): Diversity and Debate

Abstract

Child abuse linked to faith or belief (CALFB) is a worldwide phenomenon, linked to serious short and long-term consequences and even death. Children affected have undergone multiple harms including ritual starvation, beatings, burns, stabbings, and drowning, prompting concern in hospitals, schools, and communities, including emergency and primary care. Nurses play a key role in safeguarding children and young people and their role in identifying and responding to CALFB is challenging. This article uses a 'competemility' (cultural competence and cultural humility approach) to raise awareness of CALFB reporting in UK investigations of child abuse. It examines medical evidence and psychosocial indicators of the abuse and shows the metaphorical language associated with reported beliefs. This article will help nurses to be culturally sensitive to CALFB: To help them explore and preserve the safety of children in familial community contexts.

Key words

Safeguarding; child abuse, competemility; faith; belief; spirits; juju; djinn; kindoki; metaphor.

Aim and intended learning outcomes

Nurses play a key role in safeguarding children. This article aims to raise awareness of the sensitive issue of 'child abuse linked to faith or belief' (CALFB), the reported practices and beliefs, sometimes resulting in serious short and long-term consequences and even death. In the United Kingdom (UK), as elsewhere, the issue is often unidentified, reportedly due to lack of awareness or confidence in discussing the issue (Oakley et al 2018; Department for Education (DfE), 2012; 2018). Nursing reticence to discuss the issue might be due to sensitivities associated with discussing protected characteristics of religion, race and belief (The Equality Act, 2010). This article uses a 'competemility' approach to address the issues, highlighting our retrospective analysis of the medical and metaphorical associations. Our 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 & Campinha-Bacote, 2019:2). Five time-out activities reflect the competimility domains i.e., cultural awareness, cultural knowledge, cultural skill, cultural encounters, and cultural desire. We acknowledge that this approach has its limitations where English language is the sole reporting mechanism. This reflects the constraints in which CALFB is encountered both literally in UK investigations of child abuse and in our collective experience of reporting from diverse familial and community contexts.

After reading this article and completing the activities you should be able to:

- Reflect on how **cultural awareness** of CALFB will enable nurses to adhere to The Code which asks you to prioritise people and preserve their safety.
- Recognise the relevance of CALFB in improving nurses' **cultural knowledge**. The Code states that nurses must ensure people's physical, social, and psychological needs are recognised, assessed, and responded to. This includes attention to the impact of belief on health care and experience.
- Identify **cultural skills** that might help nurses to identify CALFB. The Code states reflection is important in improving nurse's practice and performance. Consider how a nurse's personal beliefs might relate to professional practice.
- Develop your knowledge and skills in exploring diversity debates about CALFB, by adhering to the Code that asks nurses to treat people as individuals and uphold their dignity. Undertaking the activities will help nurses use multiple forms of evidence to reflect on beliefs as **cultural encounters**.
- Consider how **cultural desire** to learn about CALFB can help you to listen to people (including children) and respond to their preferences and concerns [The Code] by working closely with people and partnership agencies.

Introduction

Child abuse linked to faith and belief (CALFB) is an international problem. The United Nations Convention on the Rights of the Child (UNCRC) made specific recommendations to eliminate corporal punishment, stigmatisation and violence

against children accused of witchcraft (UNCRC, 2006). Debates about the different forms of CALFB are linked to historical and current concerns with violence, abuse, torture and maltreatment in multiple settings. All religious and faith groups are represented, and many cases and beliefs are not formally recognised within 'mainstream' religions (Adinkrah, 2011; Vuckovic et al 2019). Faith leaders worldwide have begun to mobilise their efforts to address the problem of child abuse within communities (Allen, 2021; Oakley et al 2018, 2019).

The Children in Need Census (England) (2017/2018) reported 1,417 cases of CALFB (Oakley et al 2018). Approximately 170 children in England were reported to have experienced grave injury due to CALFB (DfE, 2018). 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 practicing witchcraft. Deaths related to CALFB was heavily publicised in the media. It must be noted that a belief in child evil spirit possession does not inevitably lead to harm (Oakley et al, 2018, 2019). To suggest so would be highly disrespectful and even discriminatory. Below, we report on the literal expression of such beliefs in UK child abuse investigations. We do so to raise nurses' awareness of the relevance of such beliefs, to improve nursing capacity to recognise the issue when and if suspected, reported, or encountered in practice.

Metaphorical thinking and harmful beliefs – but is it child abuse?

We start by acknowledging our 'white' authorial positionality in English language reporting and analysis of beliefs. Reporting on the experience of this type of child abuse is removed from our personal experience, although two of us have encountered such beliefs in childhood (MC, JT). Three of us have encountered the belief in children and young peoples' nursing, including hospital and community settings (MC, JT, GD). Three of us 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 poses a practical, clinical experiential bias, perhaps, leading us to this exploration. As authors we have consulted and presented our work in progress (over 3 years) to multi-discipline

community practitioners, including nurses, health visitors, social workers, safeguarding, policing and religious faith-based representatives, integrating both individual and organisational feedback from multiple research, practice, and educational fora in our reflective review.

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 that underpin this reported form of abuse involve metaphorical thinking. Metaphor (in both language and thought) varies considerably across languages and cultures; it is a difficult thing to spot; 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. As such, it is a somewhat contentious topic.

Acts of CALFB draw heavily on bodily-based metaphors. Crucially, they also involve perceived or actual physical enactment of the mental landscape of such metaphors. We can see an example of this in the reporting of Tedam and Adjoa's (2018) 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 reports:

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.

(Tedam and Adjoa, 2018; 59)

Here, Adjoa expressed her shock on learning about how her mother-in-law was interpreting her vomiting. She (Adjoa) highlights the disconnect between the very literal act of vomiting and the meaning that her stepmother ascribes to this act. Her mother in law's interpretation of the 'meaning' of this vomiting appears to highlight 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. Her stepmother made the connection between the vomiting and the evil but understands the vomiting to be a manifestation

of the evil. This is a manifestation of 'metaphorical thinking', which as we discuss next, is a property of everyday language and thought (Gibbs, 1994).

Metaphorical thinking to express a belief in witchcraft is also apparent in the next part of Adjoa's account where she goes on to report 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 & Adjoa, 2018;59). Here the evil is being talked about as if it has a physical form which metaphorically resembles a viral or bacterial infection. Again, the evil is metaphorically construed; as an unhealthy, dirty, physical entity. It is important for nurses tasked with child protection to be aware of this kind of metaphorical thinking as it has a practical bearing on how perpetrators 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. The largest review of child abuse linked to witchcraft accusations carried out a detailed examination of the 47 children identified as victims of such abuse since 2000. In Table 1 we see these common practices associated with child abuse linked to faith and belief, and their associated (metaphorical) motivations (Stobart, 2006):

Table 1 CALFB common practices and metaphorical motivations (Stobart, 2006)

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

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, those which cannot be confirmed in science. How powerful are those beliefs for you? How might you feel if your beliefs were discussed with you or about you?

Presentations

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

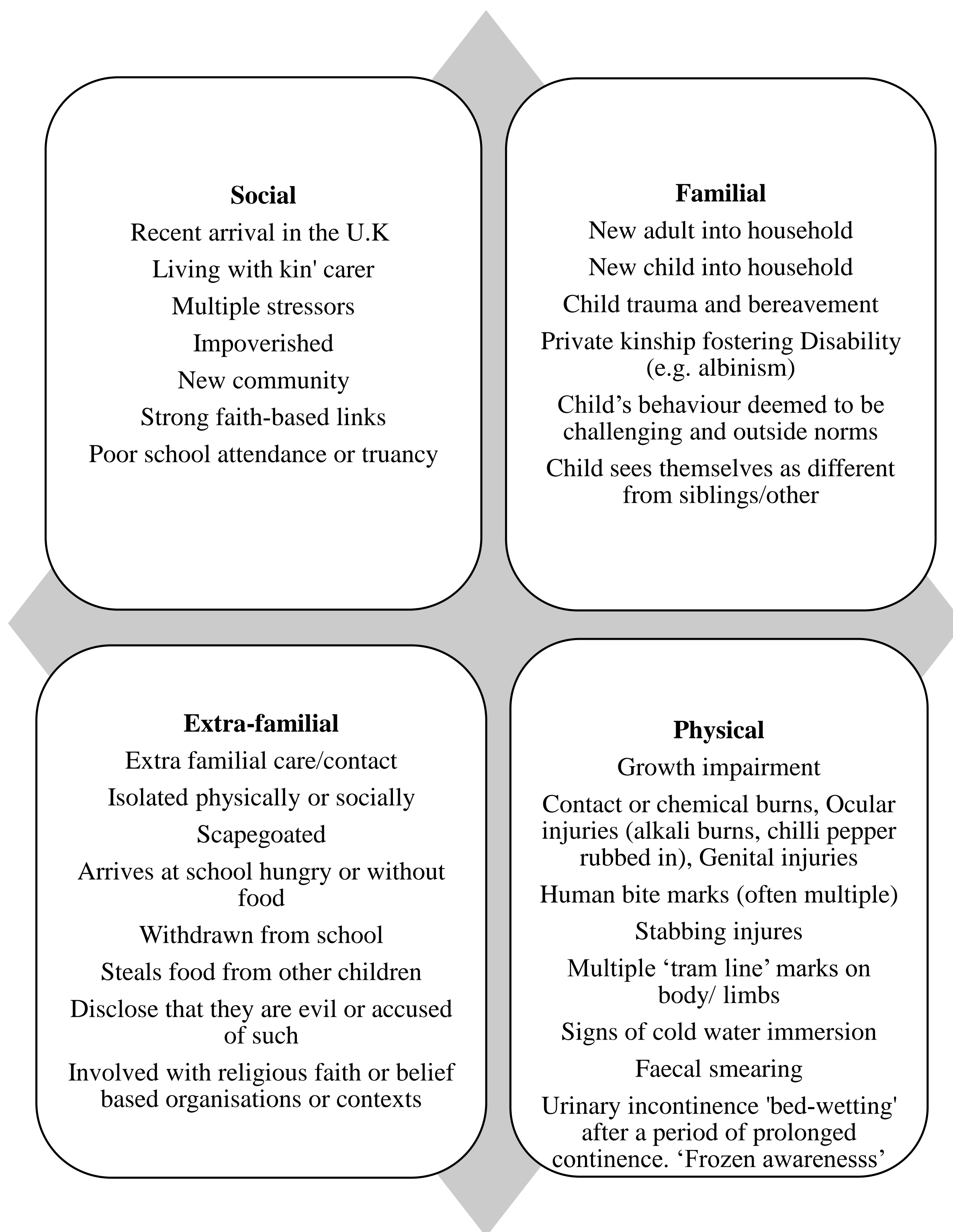
'inside' the child and needs to be 'brought out', that the evil needs to be physically attacked, and that, like a virus, one of its main aims is to infect other people. Although these ideas are essentially metaphorical, they sometimes result in very 'literal' behaviour. Outside of the field of CALFB, 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, 'morality' is often expressed though notions of 'cleanliness' (e.g., 'squeaky clean behaviour' vs. 'getting one's hands dirty'). This metaphorical relationship has been shown to go beyond language and can shape physical behaviour; Zhong and Liljenquist (2006) found that people who have read about immoral deeds are more likely to accept a gift of an antiseptic wipe after having participated in the study than people who have read about moral deeds. They argue that this is because people literally feel 'dirty' when they have read about the immoral deeds, and need to physically clean away the dirt, and conclude 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/or 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' ('things are looking up'; 'I'm feeling on top of the world') and bad things being 'down' ('I'm feeling down'; 'you are going down in my estimation'). Again, this metaphorical relationship has been shown to affect physical behaviour; Crawford et al (2006) found that people remember emotionally positive images better when they appear at the top of a computer screen, with negative images being recalled better when they are seen toward the bottom of the screen. They argue 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). The value of viewing CALFB through the lens of metaphor is that it creates additional space to develop critical thinking.

Displacement is frequently linked to CALFB accusations, where injuries required medical attention. Children had experienced multiple adversities and trauma: poverty and neglect, inadequate parenting, bereavement, kinship fostering, parental mental illness and domestic abuse. Medical reports also described multiple 'tram-track' wounds or scarring on limbs and contact or chemical burns in unusual

locations (Yiltok et al 2007). Emergency hospital admissions involving expunging herbal substances found in eyes, ears and genitalia have been described. Emaciation is another alerting sign of CALFB. These forms of maltreatment are thought to be attempts to force the 'devil' responsible for child's witchcraft to leave the child's body (see Table 1 for their metaphorical motivations, according to Stobart, 2006). However, these signs are not, in and of themselves, diagnostic. Many are common to other situations involving vulnerable children – for example, disabled children, refugee, and migrant children who have suffered multiple forms of abuse- and other forms of child maltreatment. Those physical and psychosocial indicators we found associated with CALFB are listed as 'alerting signs' (**Figure 1)**.

Figure 1: Reported alerting Signs of Child Abuse linked to Faith or Belief



Summary of Evidence (England)

In 2018/19, we 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 prosecuted in ways that suggested they were 'other-than-normal'; possessed, spiritualized, demonized, or tortured. We found 48 relevant reports of CALFB, representing parental, step-

parental and/or extra-familial perceptions or beliefs about 'evil spirit' possession, 'Djinn/Jinn' spirit possession, 'Juju' or 'Kindoki' ("Kongo bewitchment") (Mpolo, 1981). These words represented diverse beliefs about associated practices, including accusations of child witchcraft represented in the global and UK literature (Oakley et al 2018; 2019. Mpolo, 1981; Briggs & Whittaker, 2018) (Figure 2)

Figure 2: Some word associations with child abuse linked to faith or belief

Black magic	Kindoki	Ndoki	Djinns
Voodoo	Obeah	Child sorcerers	Evil eye
Genies	Poltergeists	Juju	Dakini
High science	Demons	Dainee	Satanism

Again, it is important to note that words used 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. The UK case investigations are limited to a summary content analysis. Although we searched for the term 'witchcraft' in the NSPCC repository we did not find it mentioned as a belief, excepting one case which suggested an 'exorcism' undertaken by the mother of a child during her pregnancy, considered unrelated to the child death (Petitt and Perry, 2018).

The issue of psychopathology was evident in some child death reviews, relating to perpetrators' mental health difficulties and expressed beliefs about child evil spirit possession. Nonetheless, while 'witchcraft' was generally not mentioned, we question why this is the case. Associative links are made by UK survivors and perpetrators of CALFB to explain their experience of spirit possession (Bartholomew, (2015); DfE, (2012), (2018), Oakley et al (2018); Pearce, (2012).

Cultural anthropologists have explored how *accusations* of 'witchcraft' can render great harm to individuals within communities, by constructing social fear and isolation with real [embodied] consequence (La Fontaine, 2016). Witchcraft itself is described as a metaphor for such practices (Adams, 2003). Knowledge about metaphorical associations can help nurses to sensitively explore such beliefs with parents/carers and children and young people, when and if alerted or encountered.

Time Out 2

A person you care for tells you they are concerned about a child's behaviour or illness. Develop your **cultural knowledge** by asking what the person understands by the behaviour or illness, and whether they have tried solutions. How would you use professional curiosity to ask 'what is happening' for the person and child involved?

Sensitive, professional curiosity

Using sensitive, professional curiosity, it is important 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, is disobedient, rebellious or overly independent. The child may be perceived to bring 'bad luck' or be a cause of harms, or disability, e.g. 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 (DfE, 2012).

Many of the 'alerting signs' in Figure 1 show behaviours that require closer attention. For example, incontinence after a long period of continence, and 'frozen awareness' are associated with cumulative trauma and severe emotional abuse and neglect, but their presence in a child could be due to any one factor, and should trigger concern about CALFB in the absence of any other cause, when a child has intersecting physical injuries. CALFB is difficult to identify, because perpetrators undertake a range of practices. Child 'exorcisms' (also known as deliverances) can be secured through some churches, faith groups, and online (Parish, 2018). Financial and sexual exploitation may reflect challenging situations. Like female cutting (FGM), the practices may take place in economically driven circumstances (National FGM Centre, (2021), Waigwa et al (2018)). Oakley et al (2019) suggest that faith awareness (literacy training) may help professionals develop religious sensitivity. Professionals can find supporting resources and organizations to help them tackle child abuse linked to faith or belief through the UK National Action Plan (DfE, 2012)

and National FGM Centre resources (National FGM Centre, 2021, 2018a, 2018b) (http://nationalfgmcentre.org.uk/).

Developmental trauma due to CALFB requires trauma-informed care. Children's access to psychological and social support services is limited, even in the aftermath of surviving serious abuse or witnessing it. Allen's (2021) call for mobilizing faith-based approaches to the problems associated with child abuse, shows the urgent need to explore how faith-linked beliefs impact on (1) children's experience of wrongdoing and (2) parent/carer behaviour management in the context of sibling and family experience. Nurses are well-placed to contribute vital health assessments.

Time Out 3

Go to the National FGM Centre resources for professionals in identifying and referring concerns about CALFB: Child Abuse Linked to Faith or Belief – National FGM Centre. Think of the children and families you have had concerns about or might encounter. If you are worried about a child, how does working with specialist organisations help you to develop **cultural knowledge** about CALFB?

Recognising cumulative trauma

Recognising CALFB as a cumulative trauma is vital if professionals are to address it. Professional curiosity requires some awareness of the language and metaphors practitioners', and service users adopt to communicate concerns about a child's behaviour or beliefs. Practitioners too may hold such beliefs. A diversity mindset is required to understanding the different types of trauma that may be inflicted and to recognise that trauma is the impact on an individual, family or community rather than the event itself (Law et al., forthcoming). Exploring such concerns is important, recognising trauma might be re-experienced, perhaps on multiple occasions. Undertaking sensitive conversations that incorporate specialist supports and faith-based literacy (Oakley et al 2019) meaningful to the individuals and communities served is critical, and we would argue that we need to move from being trauma *aware* in this context, to be trauma *informed.* A trauma-informed child welfare system recognises that attention to diversity is crucial (Strand, 2018). It recognises the signs and symptoms of trauma and responds by fully integrating knowledge about trauma into policies, procedures and practices that seek to resist the possibility of re-traumatization (SAMHSA, 2012).

All professionals in contact with children and families should be aware of alerting signs of abuse and routinely ask 'what is happening' to children in their family in their

homes and communities. It is helpful to explore perceptions and management of child behaviours, recognising who and what is important to children within and outside of their home. This helps build a picture of child experience of discipline or punishment, while mindful of the child human right to protection from harsh chastisement that leaves a physical mark or injury (The Children Act, 1989). Child protection supervision is important to help avoid enmeshed professional – personal relationships that can lead to collusion or deception in the parental/carer presentation and reporting of child behavioural problems (McGregor and Devaney, 2020). Seeing the context through metaphor (Kendall-Taylor and Stanley, 2018) may improve identification and help build nursing capacity to prevent child abuse.

Time Out 3

Listen to Mardoche Yembi present his survivor experience of CALFB where he was accused of being a witch by his aunt and uncle.Branded a Witch - Mardoche Yembi - YouTube. What do you think are the implications of Mardoche's story for helping nurses to recognise and prevent harms associated with *accusations* of witchcraft?

In the UK, some notable child deaths involving ritual, torturous abuse of this nature include Victoria Climbié, Ayesha Ali, Khyra Ishaq, and Kirsty Bamu (DfE, 2012; Pearce, 2012). Survivor testimonies show social factors such as migration stress and bereavement suggest an increased likelihood that metaphor will be experienced in a physical or 'literal' way: to include, stress and depression, strong religious beliefs (Li and Cao, 2016), ideology (Inbar et al 2009), and age, with children being more likely than adults to interpret metaphors literally (Littlemore, 2019). All these factors have been shown to play a role in child abuse related to faith and belief in the UK (Stobart, 2006). These social features characterise familial contexts in which CALFB occurs, combined with the low levels of empowerment experienced by sufferers in relation to perpetrators.

Beliefs in child spirit possession do not always lead to harm (Oakley at el, 2018; 2019). However, under certain circumstances, such as those described earlier, the words are *interpreted* literally. Recognising spirit possession as a 'diagnosis' (Mpolo, 1981) may involve related faith or belief-based interventions. A child might be severely punished singled out or ostracised. This may (or may not) involve escalating intra-and extra-familial violence, leading to serious harms 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 FGM) (Waigwa et al 2018). Raising nurses' awareness of CALFB may improve identification of other forms of abuse.

Time Out 4

Read the NICE quality standard [QS179] for protecting children from Child Abuse and Neglect (NICE, 2019) What are the implications for developing **cultural skills** at work?

…………

Research

Millbank & Vogl, (2018:375) suggest "witchcraft …should be seen as inextricably linked with the social political and economic aspects of everyday life. It cannot be understood within binary dimensions such as good and evil…sorcery and witchcraft practices and beliefs do not always lead to harm". 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 inflicted (Adinkrah, 2011; Bradbury-Jones et al, 2018; Briggs & Whittaker, 2018; Nadan et al, 2014; Parish, 2018).

It was reported to the Human Rights Council 2009 (Alston, 2009) that human rights abuses due to beliefs in witchcraft have not been well recognised due to the difficulties in understanding why the naming of a witch occurs and/or a child is accused of witchcraft in different cultures. 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 & Ojo (2019) assert that nurses can only provide person-centred care if they understand those cultural beliefs that may pose 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 desire to learn more about how to identify and respond to CALFB, by recognising the care event as a cultural encounter.

Conclusion

CALFB is a complex form of child maltreatment with implications for global nursing. Safeguarding children affected by CALFB is relevant to the nursing role for children and young people all over the world. It is represented in all faiths and reported as a cumulative trauma that most nurses in the UK are unfamiliar with or uncomfortable about discussing. In this article we outlined the presenting indicators reported, borne out in our practical experience in hospital and community nursing (health visiting)

and paediatric medicine. We signposted to specialist organisations, testimonies and research that supports nurses to develop 'competemility' in preparing to respond to CALFB. We encourage greater professional curiosity, to prioritise children and preserve their safety at the point of care in nursing contexts.

Time Out 5

Reflective account
Now that you have read this article on CALFB you might like to complete the questionnaire [insert page] and write a reflective account on a 'competemility' approach to providing culturally sensitive care as part of your revalidation. [Go to…]

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NCYP1444 Responses to Reviewers

Thank you for the fulsome reviews which were very helpful. We have substantially re-written this article making major changes to tone and content, to reflect the useful suggestions made by reviewers. We are grateful for the candour and clarity provided by the three reviewers, including annotations, to explain positioning. We have addressed each point and highlighted the changes in text. In addition, we made additional changes reflected in annotated red, by applying new theoretical scaffolding (a ‘competemility’ approach) aligned to five time-out activities. We do hope the re-submission is acceptable and enables more nursing readers to confidently explore CALFB.

Reviewers comments	Authors changes in response
This is a difficult set of concepts to convey and especially when you need to identify problems without prematurely judging people for their beliefs and culture. The current polemical environment makes that especially difficult. I think it fair though to say that beliefs shape our identities and that we rely on a range of them to determine behaviour. Some of that is tacit, unwitting, some of it is strategic and quite conscious. We for example have folk beliefs about environments and viral infections (don't go out in the rain, you'll catch your death of cold). Those beliefs can become more imperative during significant change, including migration, or where a community feels under threat. Its in such contexts then that we need to uncover that which is abusive whilst respecting the integrity of others who believe that they act in good faith. I think that the way in here is to acknowledge the merit of narrative, inviting people to make sense of events and what caused them/is causing them. If we allow people to narrate, make it easier for them to do so, without immediately slamming down with science, we might understand enough to identify children at risk. You don't have word space to write extensively on best enquiry practice (there are other resources you direct them to as well), but I do think that best principles enquiry table will give extra purpose to points made about metaphorical and literal belief. I hope that you will consider some adjustments, the piece is well worth working upon.	Thankyou. We especially appreciated the way these comments were annotated in script, and we have responded to each in turn as follows below.

I like the explicit way in which you link intended learning outcomes and Code precepts- very word envelope efficient.	Thankyou. We have retained these and added minor changes to reflect the 5 elements of the cultural competence-cultural humility model (competemility)
The Children in Need Census (England) reported 1,417 cases of CALFB [over what period- in 2018?]	We clarified i8t was in the period 2017-2018 (as reported (DfE, 2018, Oakley et al 2018)
[This becomes overly complex as you try to combine remarks about abusive behaviour and post death reasoning. I would uncouple the two, unless dead bodies are being burned or stabbed for instance.]	Thankyou, we have clarified and uncoupled the sentences.
In this context, explaining phenomena in symbolic terms, as representing something that confirms or sustains beliefs)- [later you expand on metaphor through illustration, but this bracket might help here	Thankyou, we have elaborated and simplified this section to explain the symbolic nature of the phenomena.
contagion? infection	Thankyou, we have changed accordingly
What about this instead- a bit more thought provoking. Abusive behaviours may be closely associated with beliefs and values that strongly define the identity of the individual. Reflect now on any beliefs that you have, those which cannot be confirmed in science. How powerful are those beliefs for you? How might you feel if your beliefs were discussed with you? [I suggest this, because it would be so easy for some readers to fear that any serious inquiry into harm represented a form of cultural imperialism. An activity such as this concedes that we are all influenced by powerful beliefs and that some go unquestioned. It will set the reader up for future guidance in your article.]	Thankyou, we are very grateful for the candour and thoughtful steer, which enabled us to re-think our approach. We have changed the time-out activities to reflect the suggestions made. We applied an established framework (competemility) to scaffold our analysis, better demonstrating our longer process of peer-reviewed presentations and consultations with CALFB stakeholders, including survivors and experts writing about and presenting their experience of CALFB. The time out activities now reflect attempts to address cultural competence and cultural humility combined, and we have used this framework to better explain our authorial positioning. We hope this lessens the sense of imperialism in our writing or analysis, and/or goes some way to acknowledging the potential for clinical bias (at least). Again, we thank the reviewer for voicing this important point, which helped us to review our tone and content from our etic perspective. We think this better prepares the reader to engage with and reflect on the guidance provided.
The question arises of whether these ideas are literal or metaphorical, given that they sometimes result in very real behaviour repeated point I think- what about, 'in a secular society such reasoning can be unsuspected, and seem entirely irrational. Nonetheless, the beliefs and reasoning are powerful drivers of behaviour' This seems the	Thankyou, We have substantially reviewed and edited the section on metaphor, to reduce duplication of points and to explain how and why the distinction between literal thinking and metaphorical thinking is challenging/not clear cut. We retained the points that are integral to analysis, demonstrated in the literal accounts provided by survivors of CALFB (Tedam &

essence of your point about beliefs and literal/metaphorical thinking. However, the distinction between literal thinking and metaphorical thinking is not clear cut	Adjoa). We trust this is now clear and acceptable.
(see Box 1). Illustrative case study	In reviewing the article as a whole and to allow for the substantial revisions advised, we decided to remove the case study, which showed less evidence of our competemility approach. We trust this is acceptable.
Kindoki' (briefly define).	Thank you. We have briefly defined and provided a reference. Thi is also addressed in the video time-out activities (Mardoche Yembi's survivor account).
practices. It is possible for individuals to use such terms as part of folk tradition and storying, acknowledging that they represent a narrative rather than a literal reality. [I think you might add something like this to explain the point. I appreciate that you don't want to refer to sophisticated and less sophisticated people].	Thankyou, again we appreciate the candour. We have substantially revised this section to better reflect the point about narrative versus literal realities, while recognising the relationship between them.
[Not for adjustment-simply your reflection. Witch and their craft arguably have different cultural connotations. In the UK (recipient country) witchcraft for instance is often conceived of as comical, historical and comparatively unthreatening (think of Halloween). In Africa the status of the witch (or related term) practitioner is quite different. They may sometimes be a medicine person, a healer but they are powerful and mediators of good and harm. The sense of unworldly influence is closer to personal experience and the sense of lost control after migration can arguably heighten the felt threat].	Thank you. We did not amend a particular section here but used the point in our revised reflection on key literature on comparative religions (moral philosophy) and cultural anthropology of witchcraft (e.g Le Fontaine etc). This helped us to apply the competemility approach to scaffolding thoughts and beliefs in relation to CALFB. We are hopeful that readers will be supported to do the same through the 5 time out activities that now better reflect this approach. We have explained the point about migration stress in a number of places, with reference to the UK investigations of child abuse that demonstrate this point.
Do you think this para gets a bit complicated? I sense that the abusers imagine that they are protecting the child from spiritual harm, countering witchcraft. Indeed, in some churches some of these 'protective' measures might be condoned. Here we tread lightly, once again to avoid charge of imperialism. I think that you need another time out by now. Something like this… Time Out	Thankyou. We have substantially edited this section, simplifying content and revising the time out suggestions. Rather than asking a leading question, we used the competemility approach to scaffold the way in which nurses might ask what is happening for parents/carers and children, in way that enables the service user/client/patient/interviewee to explain their thoughts and beliefs about the child's difficulties and behaviours at the point of contact/care. The competemility approach is emphasised to promote a culturally safe way of questioning.

Imagine now that you are inviting family members to recount what they understand has caused an illness, or different child behaviour, that which you fear could occasion an abusive behaviour solution. Speculatively, what principles would you commend at this point. For example, would you ask about 'witchcraft' or 'folk beliefs'? Would you instead ask the interviewee to explain what has been happening as regards the child?	
You haven't taught best practice yet, but I think that the reader can speculate given your above text and it leads into later teaching. Inviting interviewees to narrate what has been happening can quickly reveal beliefs and fears. This is possible without immediate interrogation about what they have already done (family solutions).]	Thankyou. We revised the paper as a whole and used the competemility approach to suggest 'best practice' in opening conversations about CALFB, by moving through the five stages identified. The time-out activities now reflect this process, and are better aligned to actions that nurses (and others) can take to improve their confidence and capacity to undertake conversations with parents/carers (and perhaps children) about what has been happening. This includes updating on knowledge about CALFB, while demonstrating awareness of the potential altering signs, that might together signify a need for working closely with other agencies to assess and support the child and family involved.
National FGM Centre, 2021, 2018a, 2018b)[add web addresses here]	Thank you. We have added the web address in text.
Time Out 23?	Thank you. We have re-ordered the time out activities
emotionally intense, asymmetrical power relationship This is a bit abstract. I suspect that you mean social factors related to living in a new culture, where shared identity and tradition become especially important. In such circumstances families make look inward and to the past to explain problems and to counter threats. There is an interesting literature on psychotic illness amongst migrant populations, too diverse to discuss within your article but it reinforces what I think is your point	Thank you. We recognise your point and have substantially re-written to scaffold the analysis in the context of the reported data provided in the UK investigations of child abuse. This point related mainly to Tedam & Adjoa's first-hand account of surviving CALFB, and the testimonies evident in the video links (time out activities). We have reviewed and edited in text and time out activities to emphasise the learning points.
This is a highly valuable research article with major implications for nursing practice. There is a wider safeguarding issue which does not a[pear here such as the use of JuJu in human trafficking and exploitation. In its current format it reads as a multi professional article, well suited to a	Thankyou. We appreciate the review and glad the major implications for nursing practice are understood. We have strengthened the way we acknowledge and explain our mutual authorial position, including two of the authors substantial nursing experience, one in community nursing (health visiting). We have explained how our clinical backgrounds influenced the shape of our

journal focussed on Child Abuse. I conclude that it needs restructuring to be specific to the interface between health professionals and faith practices. An introduction to the particular religious practices and then the abuse placed in that context would help as a way in to the body of the paper. I felt it lacked the voice of nurses within the community here.	analysis and we adopted a competemility approach to scaffold our progressive sections, relating to the 5 time out activities. In addition, ewe have explained the longer 3 year process of analysis which involved multiple presentations and feedback at educational, practice, parliamentary and research fora, including and involving feedback from community nurses, safeguarding practitioners++ and others, nationally and globally. We do hope this is clearer and acceptable, enabling a greater sense of the rigour of our longer journey and nursing informed approach.
Well written and well referenced, informative article	Thank you
Reviewer #1: I read your article with keen interest having studied similar in a sociology masters degree some years ago. You manage to muster some important points from the literature in this article. I think that the aim is entirely right and that the intended learning outcomes fit with that. The article is perhaps a little thin on recommended enquiry approach to sustain. all of your intended learning outcomes (see my reflections below and in text annotations).	Thankyou. We appreciate the candour and interest and recognise the valuable sociological view (one of the authors is also a sociology graduate).We have substantially reviewed as whole, employing a theoretical lens that has practical value for application (competemility approach). We trust this to better scaffold the content, fleshing out the vital areas of enquiry to sustain and advance intended learning outcomes in the five related domains.
Are the most recent and relevant articles cited and discussed? Are seminal references cited and discussed?	Thankyou. We believe we undertook a through review that reflected three of the authors longer work in the field, including the work of wider key experts. We presented this analysis at two multi-discipline expert conferences on CALFB and one nursing specific conference, receiving feedback also integrated into this review. We were invited to present this evidence to a parliamentary group in 2017. We liaised closely with key agencies and disciplines engaged with the topic, including commissioned agencies and others cited in text.
Reviewer #1:: The work seems very well referenced. the penultimate research section feels a bit like material that we couldn't squeeze in earlier. You might wish to consider that section and what is essential, if you explain a bit more upon principles of good practice when investigating patients at risk of possibly abusive behaviour.	Thankyou. We reviewed the section identified and made substantial changes to the text as whole, integrating the competemility approach as a scaffolding structure to enable good practice. This is evident now throughout the paper in the progressive learning afforded by the 5 elements of the allied time-out activities.

Reviewer #2: The 2021 IICSA reports into the COE and RC churches would allow the paper to contextualise the safeguarding risks in religious communities, though I am ware that this was not the main focus of this paper and it may have been written prior to their release.	Thank you. We understand why this report is raised and we reviewed the report for mention of CALFB in familial community contexts. Our paper does not focus on CALFB in religious institutions and indeed this is a limitation of the term and the way it is applied in the literature. We have included the wider references that acknowledge this limitation, but cannot add this report as it is not relevant to our aim/scope. Instead we have clarified our limitation in this regard in abstract and introduction.
Reviewer #2: The Title is somewhat misleading as it would lead the researcher to expect a wider focus on Faith communities and abuse including more recent reports such as the Independent Inquiry into Child Sexual Abuse. The abstract is clearer although the focus on metaphorical language is strong in the literature, and may not help the reader to understand in nursing practice. The conclusion is clear and one with which I am fully in agreement. The Title could reflect the outcomes more clearly. The authors touch on the reality that there is a significant membership of the nursing workforce who are practicing in these faiths. Their voices could have been valuable contributions to this paper	Thankyou. We have revised the title in accordance with suggestions and better aligned the contact and learning outcomes using a competemility approach. We also substantially reviewed and simplified the metaphor content to improve accessibility for nursing readership. We retained the metaphor analysis because we recognise its relevance to debates about CALFB, also now included within national guidance from the UK National FGM Centre. We have presented this work in multiple fora since 2017 and are aware that CALFB represents all faiths. We have strengthened this message and also better stated our positionality as nurses and authors, acknowledging our potential bias and limitations. We agree that the voices of faith communities are needed and we have cited the ample literature that makes this point. We have included faith voices in the videos and links to time-out activities. We hope this addresses these points and is now acceptable for nursing exploration.
Reviewer #2: This is a high quality research paper written by authors with clear insight into the complexity of safeguarding across diverse faiths and communities. I found it disappointing that the religious and cultural context to the paper was limited. For Example: a description of how Djinn/Jinn is practiced and has developed in West African religion would contextualise the practice within the faith, before describing the abusive and coercive use of metaphor in migrant communities. Examples which are given, such as Victoria Climbie are examples of poor cultural competence and safeguarding practice. Relating these practices to current safeguarding terminology such as disguised compliance, professional curiosity and Coercive control would illuminate the subject matter for the journals	Thankyou. We appreciate the empowering comments and agree with the limitations of our paper, which we have addressed as far as possible within the limited word count. The aim and outcomes of our analysis were limited to textual reported cases and so we cannot give concrete examples of perpetrators behaviours, including coercive control, even in cases where domestic abuse was reported in retrospective analysis (in UK investigations). We have however strengthened the section explaining our positionality and limitations in this regard, with respect to the plethora of plural, vital cultural anthropological and moral philosophical perspectives that relate to this enquiry. We believe there is ample citing of key literature to enable the nurse reader to explore the topic further, should they wish to. We have substantially reviewed our tone and content, adopting the competemility approach to help scaffold our reporting of the language reported in the literature, and in the UK child abuse

readership. There are times when beliefs/ faith are described as ideas, which would not be acceptable language to the faithful. I really like the exploration of metaphors in relation to good, bad and relating to cleanliness. The relationship between faith, religion and metaphor could be further developed to give the reader context. I also like the concept of moving from Trauma aware to Trauma informed , but there is also the concept of Faith aware and Faith informed that would be useful here.	investigations. We have added reference to trauma informed care and reminded of the wider Oakley et al work that also calls for faith literacy in CALFB explorations.
Reviewer #3: Yes relevant and recent references provided	Thankyou. We have updated the reference list to reflect the substantial changes made and additions that helped address the points raised by the 3 or 4 reviewers.
Reviewer #3: Yes, clear aim stated and followed through	Thankyou
Reviewer #3: Evidence based information, up to date relevant reference. Good links to further resources to enhance knowledge	Thankyou
This is a sensitive topic, you could so easily become criticised for cultural imperialism in this context. Yet as you clearly recognise, we have to tackle an abuse problem, whilst remaining sensitive to cultural integrity. I think that you manage to do that, but there are some modest adjustments that will help you explain things better for the reader. 1) I think you need to spell out metaphor earlier in the article (see my annotations). I would acknowledge more directly too, that beliefs are strongly associated with personal and cultural identity and that sometimes, for example after migration, these might be relied upon to a much greater degree. The sense of threat, resultant upon significant change, can risk narratives that link profound beliefs to misguided actions. 2) Central to your account is metaphor versus literal belief. Occasionally that gets muddled (see my annotations). What would probably help is brief reference to narrating, how people story events, meanings and implications. All human beings do this, for instance associated with the course of illness, why cancer	Thankyou. As indicated we have substantially reviewed and addressed these points in text. We adopted a competemility approach to structuring and scaffolding the article as whole, better signposting to the cues for enabling professional sensitive curiosity. We substantially addressed the problem with metaphor presentation and explained and retained the vital points regarding narrative and literal expression. We are grateful for the suggestions regarding changes to the time out activities, which we have adopted. The principles for culturally safe practice are embed in the activities and captured safely within the word envelope at 5.400 words.

happened to me. That would help you counter criticism that you are patronising others beliefs. Notice how my suggested additional time out also cues the reader into thinking about the power of beliefs, their own as well as others. 3) I think then that you need to recount a few principles in conducting interviews with children/relatives as regards the origins of illness/different child behaviour. Principles include, open invitation to tell the story of what had been happening? It includes showing interest in beliefs, allowing the profile of concerns to emerge. It includes recognising that child and carer accounts may share an explanatory accord about why something is wrong (children don't always feel immediately abused). You might capture such principles in a two column table and stay safely within the word envelope (approx 5500 words).	
Time Outs: Are the time outs useful as learning activities and relevant to the content? Reviewer #1: I've annotated your time out activities and think you need an additional one early on in your article. Taking the reader to wo additional resources is an excellent idea and serves to expand on the teaching possible within one article. Reviewer #2: I think the time outs are appropriate and would broaden the nurses opportunities to translate to practice the valuable learning within this paper. It would need to be led by a culturally well informed practitioner/ Lecturer Reviewer #3: Yes and well linked to text given	Thankyou. We adopted the competemility approach to scaffold the learning for the 5 time outs, adding and earlier one as suggested and where suggested by reviewer #1. Thankyou for acknowledging the external stakeholder expertise and links provided, which are essential to the readers learning for collaborative practice. Thankyou - we intend those practitioners who engage with the materials will have the opportunity to reflect on and consider their cultural positionality in relation to CALFB and be prepared to acknowledge this as we have modelled in re-writing this paper. CALFB is a new area for some and familiar to others – we are hopeful that the competemility approach will allow all practitioners/lecturers to develop cultural awareness in the context in which they practice. Thankyou, we are pleased the links between time out activities and text work well.
References: Are the most recent and relevant articles cited and discussed?	

Are seminal references cited and discussed? Reviewer #1: The work seems very well referenced. the penultimate research section feels a bit like material that we couldn't squeeze in earlier. You might wish to consider that section and what is essential, if you explain a bit more upon principles of good practice when investigating patients at risk of possibly abusive behaviour. Reviewer #2: The 2021 IICSA reports into the COE and RC churches would allow the paper to contextualise the safeguarding risks in religious communities, though I am ware that this was not the main focus of this paper and it may have been written prior to their release. Reviewer #3: Yes relevant and recent references provided	Thankyou. We have reviewed and tightened all sections, especially those on metaphor and adapted the references accordingly. We have also improved practical time out activities, reflecting professional curiosity cues aligned to 5 domains of competemility. Thankyou., We addressed this earlier, acknowledging the report and agreeing that it is not of great relevance for this paper, which focuses on CALFB in familial community contexts (as reported in UK child abuse investigations). We have strengthened the sections on our positionality to make this limitation and focus clearer.
Illustrative material: Is there an aspect of the text that requires diagrammatic or pictorial representation? Reviewer #1: You make good use of tables, figures and a case study. All of these bring the subject to life as well as help you keep the main text rolling along. See above my suggestion for one additional table, outlining principles of best enquiry (column one) and brief rationale (column two). Reviewer #2: No Comments here Reviewer #3: Not that I could think of	Thankyou. We have explained that we have removed the Box 1 case study due to word limits with extensive review suggestions, and to adhere to the main criticism re cultural imperialism in language tone and content. We considered an additional table, and recognise the value, on reflection we decided a narrative adoption of the competemility approach allowed for nuanced exploration of CALFB, through time out activities that show the rationale. The time out activities do lead to a tabular reflective guide for best enquiry (National FGM Centre) and so we do not repeat that here, but instead guide the nurse reader to this culturally aware resource.
Scenarios: Would the article benefit from the inclusion of a case study or scenario? Reviewer #1: I admired the case studies of abused children, their explanation of circumstances. This seemed compelling material. Reviewer #2: Examples from SCR reviews are used but I wondered if clear learning for health professional	Thank you. We are hopeful the time out activities show the clear learning for health professionals likely to encounter or anticipate the encounter with CALFB.

would make for a good care scenario Reviewer #3: Resource had case study included	
Conclusion: Does the conclusion summarise the main points in the article? Reviewer #1: The conclusion is a fair reflection of what you teach in the text. Take a last look though as regards your intended learning outcomes. I think that they are better supported if you weave in a little on best principles of enquiry with families. It is this that readers will value highly. Reviewer #2: Yes, the conclusion is good. It acknowledges the complexity of CALFB and the increasing requirement in safeguarding practice for nurses to be aware of global concerns, that impact on communities within their practice. Reviewer #3: yes it does	Thankyou We have reviewed and strengthened the alignment throughout by using the competemility approach to best practice enquiry with families. This is better reflected now in the abstract, introduction, main text, time out activities and in the conclusion.