



tree of
HOPE

*The fundraising charity supporting
children's healthcare needs*

Safeguarding & Protecting Children & Young People Policy and Procedures

February 2017

Amended April 2017 following assessment by Justine Croft of Kent Safeguarding Children Board
Review due April 2018

Introduction

At Tree of Hope, we put children and young people at the heart of everything we do. This document is an active demonstration of that commitment and our relentless desire to ensure that children with whom we work remain safe & protected.

This document aims to be a comprehensive guide to identifying, reporting any form of abuse of any child with whom we work, and where necessary escalating that report to higher levels. We remain committed to the safety and protection of children and young people at all times, and as such this document is at the centre of how we aim to do that.

Children are defined as under 18 years old.

Young people are defined as between 18-25 years old. Tree of Hope does not work with young people over the age of 25 years old.

Document Control

This document has been drawn using NSPCC guidelines and draws on best practice and example policies from other organisations working with children and young people. It has been approved and formally adopted by the Tree of Hope Trustee board and will be formally reviewed by that Board annually.

Each member of staff and all volunteers will be given a copy of this document, it will also be kept on the main office notice board and on the Tree of Hope T drive.

Operational owners

Any concerns with a child, young person, parental behaviour or indeed this document itself must be raised immediately with the Tree of Hope Safeguarding lead.

The Tree of Hope Safeguarding lead is the CEO. The Deputy Safeguarding lead is the Family Support Manager.

Reporting

Any concerns or observations held by any member of Tree of Hope staff about children or young people with whom we have any contact must immediately be raised verbally and then followed up in writing. Not to do so may be considered a disciplinary event.

If for any reason, the Safeguarding lead cannot be contacted, all staff and volunteers can contact the local Safeguarding Children Board website. For example Kent Safeguarding Children Board on 03000 411111, out of hours 03000 419191 or Childline on 0800 1111. If you are concerned that the child is at immediate risk of harm, contact the police by telephoning 999.

Purpose

At Tree of Hope, we believe in children and young people and we have a fundamental responsibility to ensure that, in every aspect of our work, they are protected and kept safe from harm and treated fairly and equally. All children and young people, without exception, have the right to protection from abuse regardless of their age, gender reassignment, marriage, pregnancy, sex, sexual orientation, religion, race, or disability.

Safeguarding is a statutory responsibility and this Policy and Procedure outlines the core details of that responsibility to ensure compliance with UK government legislation, policy, guidance, research and good practice.

The Government published guidance 'Working Together to Safeguard Children' in March 2015. It is available on the internet, on numerous sites including the Department for Education:

<https://www.education.gov.uk/aboutdfe/statutory/g00213160/working-together-to-safeguard-children>

Safeguarding and promoting the welfare of children and young people is defined for the purposes of this guidance as:

- protecting children and young people from maltreatment;
- preventing impairment of children and young people's health or development;
- ensuring that children and young people grow up in circumstances consistent with the provision of safe and effective care;
- taking action to enable all children and young people to have the best outcomes.

Safeguarding children and young people must have three key elements:

1. The creation of a culture in which children and young people are valued and their right to be safe is upheld.
2. The management of risk to minimise circumstances where children and young people using Tree of Hope suppliers may suffer harm.
3. Working together with other organisations that have a responsibility to safeguard and protect children and young people.

Scope

This policy outlines the 'must do's' for all staff and volunteers to ensure that they are clear about their role, responsibility and expectations to ensure that children and young people are protected from harm.

This Policy operates in accordance with national legislation and guidance to safeguard and protect children and young people.

It provides clear information and procedures on:

1. Responding to a safeguarding/child protection concern, including children and young people at risk of sexual exploitation, trafficking, or going missing
2. Referring a child protection concern
3. Tackling extremism and radicalisation
4. Fabricated and Induced Illness
5. Female genital mutilation
6. Sexual exploitation
7. Online safety and social media applications
8. Managing safeguarding allegations against staff and volunteers
9. Communicating safeguarding and child protection responsibilities and compliance.

Everyone who works or volunteers for Tree of Hope has a duty to safeguard and promote children and young people's welfare alongside a duty to recognise, respond and share concerns or worries about possible abuse and harm in a timely fashion. Everyone who works or volunteers for Tree of Hope will be supported to make decisions as to how to proceed in a way that is in the best interests and safety of the child or young person. Tree of Hope do not undertake DBS checks on its staff or volunteers as

they are rarely in any direct contact with children and young people and when they are it is when they are under the supervision of their parents or a therapist or doctor.

Failure to follow this Policy and Procedures could place children at risk of harm and may result in disciplinary action, following Tree of Hope disciplinary policy which can be found in the staff handbook.

1. Responding to a Safeguarding or Child Protection Concern

1.1 A child or young person discloses information to you about abuse or harm that they are experiencing

Action Required: All Staff and Volunteers

- Always offer reassurance, listen to and take seriously what they are saying.
- Never promise to keep secrets or be persuaded by the child, young person or family not to take action if you are worried that a child or young person is being harmed or is at risk of harm.
- It is not your job to investigate, verify what is being said or examine the child or young person; this is the statutory responsibility of the local authority/child protection services and/or the Police. However, it is important to have as much relevant information as possible and it may be necessary to undertake some enquiries before making a referral. For example, information such as how long ago an incident may have happened, the location, the alleged perpetrator and if the child has any injuries would all be useful to ascertain if it is possible and/or appropriate to do so.
- Explain the process to the child or young person: that you will need to pass this information on, to whom, the reasons why and possible actions, *unless* in your judgement this poses an increased risk to the child or young person's safety. In this case the staff member or volunteer must advise the child or young person *before* the child or young person is contacted by a third party.
- Consult with your Line Manager or other responsible manager to agree course of action but do not delay if this would place a child or young person at increased risk.
- If the child or young person is present and is at immediate risk of harm, take the appropriate course of action to secure the immediate safety of the child or young person unless to do so would put you or others at risk. This could include: contacting 999 emergency services on their behalf, contacting local child protection/children services directly or seeking vital medical assistance and calming angry or upset children, young people and adults
- If you receive a telephone call from a child or young person, take as much detail as possible, including full name, age/date of birth, contact details, email address, mobile number, involvement with Tree of Hope suppliers and, if they say they are being abused, a brief outline of what is happening to them. If the child or young person is in immediate danger, advise them to call the Police; you must also contact the Police to check that the concern has been referred to them by the child or young person. If the child or young person is not in agreement with this/not able to do this, you have a duty to call the police and pass on any information you have.
- If the child or young person is not in receipt of a Service and not in immediate danger, advise them that they can contact their local authority for support and advice under the early help and preventative services or Childline on 0800 1111

Action Required: Safeguarding lead or Deputy

- a. Make a clear assessment of whether the information received from the staff member is deemed to be a child protection referral **i.e. has or could the child be at risk of significant harm?** If your assessment is that the child or young person is suffering, or likely to suffer, significant harm, a referral must be made to the child protection service local to that child.
- b. The **Children Act 1989** introduced **Significant Harm** as the threshold that justifies compulsory intervention in family life in the best interests of **children**. Physical Abuse, Sexual Abuse, Emotional Abuse and Neglect are all categories of **Significant Harm**.
- c. If your assessment is that a referral is not needed, you must identify what course of action is to be taken to respond to the concerns identified and ensure that all decisions and the reasons for them are recorded on the child or young person's CIVI file.

2. Referring Child/Young Person Protection Concerns

Action Required: Safeguarding lead or deputy

- A child or young person's need for protection must always be the primary concern.
- Decisions to inform the child, young person and parent/carer about any referral will be informed by local inter-agency protocols; an assessment of any increased risk of harm to the child or young person; and the possibility of prejudicing any subsequent police investigation. If in doubt about the decision and timing of informing a child, young person and their family, seek advice from the Safeguarding lead and/or the local child protection services.
- Following consideration of the above, if you assess there is risk, tell the child or young person, as appropriate to their age and understanding, and parent/carer, that the referral will be made.
- Contact must be made with the appropriate child protection services or police following local inter-agency procedures.
- Share with child protection services any other relevant information or known risks about the child, young person and family within the context of their wider family and environment.
- Agree with child protection services what the child, young person and parents/carers will be told about the next steps, by whom and when, and actions which need to be taken.
- Referrals of suspected child abuse must always be confirmed by encrypted email or recorded delivery using local referral protocols to the local child protection service within 24 hours.
- Ensure you record all actions, decisions, risk assessments and contact in CIVI.
- If you become concerned that the situation has escalated and it seems that the child or young person is at increased risk of significant harm you must immediately contact the police and local child protection services to seek guidance on what to do.
- If child protection services do not make further contact with Tree of Hope within three days, you must contact them for an update.

3. Tackling Extremism and Radicalisation

Tree of Hope supports the PREVENT strategy: "Supporting vulnerable individuals who are being targeted and recruited to the cause of violent extremism." Staff should be aware of the potential for this and what to do if any indicators are made known to them.

Definitions

Radicalisation is defined as the act or process of making a person more radical or favouring of extreme or fundamental changes in political, economic or social conditions, institutions or habits of the mind.

Extremism is defined as the holding of extreme political or religious views.

Indicators of radicalisation or extremism

There are a number of behaviours which may indicate a child or young person is at risk of being radicalised or exposed to extreme views. These include;

- Spending increasing time in the company of other suspected extremists.
- Changing their style of dress or personal appearance to accord with the group.
- Day-to-day behaviour becoming increasingly centred on an extremist ideology, group or cause.
- Loss of interest in other friends and activities not associated with the extremist ideology, group or cause.
- Possession of materials or symbols associated with an extremist cause.
- Attempts to recruit others to the group/cause.
- Communications with others that suggests identification with a group, cause or ideology.
- Using insulting to derogatory names for another group.
- Increase in prejudice-related incidents committed by that person – these may include; physical or verbal assault, provocative behaviour, damage to property or derogatory name calling.
- Possession of prejudice-related materials prejudice related ridicule or name calling inappropriate forms of address refusal to co-operate.
- Attempts to recruit to prejudice-related organisations, condoning or supporting violence towards others.

Action Required: All Staff and Volunteers

- If staff have concerns about the wellbeing of a child or young person they are working with might be at risk of extremism or radicalisation, they should refer to the Safeguarding lead or deputy and follow Safeguarding procedures.

4. Fabricated or Induced Illness (FII)

Definition:

Fabricated or induced illness (FII) is a rare form of child abuse. It occurs when a parent or carer, usually the child's biological mother, exaggerates or deliberately causes symptoms of illness in the child. FII is also known as 'Munchausen's syndrome by proxy

Indicators:

FII covers a wide range of symptoms and behaviours involving parents seeking healthcare for a child. This ranges from extreme neglect (failing to seek medical care) to induced illness.

Behaviours in FII include a parent or other carer who:

- persuades healthcare professionals that their child is ill when they're perfectly healthy

- exaggerates or lies about their child's symptoms
- manipulates test results to suggest the presence of illness – for example, by putting glucose in urine samples to suggest the child has diabetes
- deliberately induces symptoms of illness – for example, by poisoning the child with unnecessary medication or other substances
- It's difficult to estimate how widespread FII is because many cases may go unreported or undetected.
- One study published in 2000 estimated 89 cases of FII in a population of 100,000 over a two-year period. However, it's likely that this figure underestimates the actual number of cases of FII.
- FII can involve children of all ages, but the most severe cases are usually associated with children under five.
- In more than 90% of reported cases of FII, the child's mother is responsible for the abuse. However, there have been cases where the father, foster parent, grandparent, guardian, or a healthcare or childcare professional was responsible.

Action Required: All Staff and Volunteers

- If staff have concerns about the wellbeing of a child or young person they are working with might be at risk of extremism or radicalisation, they should refer to the Safeguarding lead or deputy and follow Safeguarding procedures.

5. Female Genital Mutilation

Definition

'Female Genital Mutilation (FGM) comprises of all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural or non-medical reasons. It has no health benefits and harms girls and women in many ways. It involves removing and damaging healthy and normal female tissue, and hence interferes with the natural function of girls' and women's bodies. The practice causes severe pain and has several immediate and long term consequences, including difficulties in childbirth also causing dangers to the child.' (Multi-Agency Practice Guidelines)

FGM is illegal in the UK. It is a form of child abuse and as such is dealt with under Tree of Hope Safeguarding policies.

Government guidance on FGM

'FGM is considered child abuse in the UK and a grave violation of the human rights of girls and women. In all circumstances where FGM is practised on a child it is a violation of the child's right to life, their right to their bodily integrity, as well as their right to health. The UK Government has signed a number of international human rights laws against FGM, including the Convention on the Rights of the Child.

It is acknowledged that some FGM practising families do not see it as an act of abuse.

However, FGM is child abuse and has severe significant physical and mental health consequences both in the long and short term.

Girls are at particular risk of FGM if there is a close female relative known to have had FGM. The risk is increased during the summer holidays and this is a time when families may take their children abroad for the procedure. Many girls may not be aware that they may be at risk of undergoing FGM.'

UK communities that are most at risk of FGM include those originating from Kenya, Somalia, the Sudan, Sierra Leone, Egypt, Nigeria and Eritrea. Girls from non-African communities who are at risk of FGM include those from the Yemen, Kurdistan, Indonesia and Pakistan.

Action Required: All Staff and Volunteers

- Tree of Hope staff need to be particularly sensitive to signs that may indicate possible safeguarding concerns, particularly for young girls travelling to these destinations for any medical procedures.
- Any disclosure or suspicion that FGM is about to take place or may have taken place should be reported to the Safeguarding lead or deputy immediately.

6. Child/Young People's Sexual Exploitation

Definitions

Sexual Abuse

A child or young person is sexually abused when they are forced or persuaded to take part in sexual activities. This doesn't have to be physical contact, and it can happen online.

Child sexual exploitation (CSE) is a type of abuse in which children or young people are sexually exploited for money, power or status. Children or young people may be tricked into believing they're in a loving, consensual relationship. They might be invited to parties and given drugs and alcohol.

Indicators

Children and young people are more vulnerable to abuse through sexual exploitation if they have experience of one or more of the following:

- Child sexual abuse
- Domestic abuse within the family
- Family breakdown
- Physical abuse and emotional deprivation
- Bullying in or out of school
- Family involvement in sexual exploitation
- Parents with a high level of vulnerabilities (drug / alcohol, mental health etc.)
- Drug / alcohol, mental health or other difficulties themselves
- Being looked after in residential care
- Going missing frequently.

Action Required: All Staff and Volunteers

- If staff have any concerns that a child or young person is being exploited this should be shared with the Tree of Hope Safeguarding lead or deputy immediately.

7. Online Safety and Social Media Applications

6.1 Communicating with children and young people as service users via email, text message or instant messaging

The use of online media in service delivery should always be within the context of a planned and supervised piece of work, consistent with Tree of Hope's Safeguarding Policy.

Action Required: Safeguarding lead or deputy

- Ensure that any use of digital technology is discussed as part of supervision, risk assessed and any decision recorded on the CIVI file, as appropriate.
- Any contact undertaken with or about a client via text message must be recorded on the CIVI file as a 'contact recording.' Text messaging or emailing children or young people should be avoided if possible but it is understood that young people may wish

to have a direct say in their treatments, therapies and operations so may be in direct contact.

8. Responding to a safeguarding allegation against a staff member or volunteer

Action Required: Person who has a concern or receives a concern from a member of the public/service user

- Inform your Line Manager or other responsible manager immediately, especially if the nature of the allegation indicates that there is a serious risk of harm.
- Do not investigate the concerns yourself.
- Notify the Tree of Hope Safeguarding lead or deputy immediately.

Action Required: Safeguarding lead or deputy

- Upon receiving information ensure that the safety of any child or young person is paramount. If a crime has been committed immediately contact the police and relevant external bodies. The matter should also be referred immediately to the local child protection services and the Local Area Designated Officer (LADO) should be informed. If other children or young people are also at risk (e.g. other children in the household of the alleged perpetrator), you must pass these concerns and any known details on too.
- Conduct a risk assessment within 24hrs to decide whether the person concerned can continue in their role in conjunction with advice from the Police if involved.
- The advice of the LADO should be sought BEFORE any kind of internal investigation takes place to avoid jeopardising any potential police investigation.
- If the allegation involves a Tree of Hope service user, then you must consider whether the service user's records should be sealed.
- Notify the Local Authority Designated Officer (LADO) of the conclusion of any internal investigation.
- At the conclusion of a case all required regulatory referrals or notifications must be made.

9. Whistleblowing

A whistleblower is an employee that reports an employer's misconduct. There are laws that protect whistleblowers from being fired or mistreated for reporting misconduct. One of these laws is the Whistleblower Protection Act.

Staff should refer to the Whistleblowing section of the staff handbook for guidance in this area.

10. Communicating Safeguarding and Child Protection Responsibilities and Compliance Measures

Action Required: All Staff

- Ensure that all staff and volunteers are aware of this Policy & Procedure.
- Ensure local contact numbers are displayed in an accessible place for staff and volunteers
- Requirement for Safeguarding training at least every two years.

Definitions

Child

Children Acts 1989 & 2004 define a child as anyone who has not yet reached their 18th birthday.

The United Nations Convention on the Rights of the Child (UNCRC) applies to “all human beings under the age of 18 years unless, under the law applicable to the child, majority is attained earlier.”

Safeguarding

Safeguarding children and young people and promoting their welfare means protecting them from maltreatment, preventing impairment of their health and development, and ensuring that they grow up in circumstances consistent with the provision of safe and effective care. Safeguarding can be defined as all agencies working with children, young people and families taking reasonable measures to minimise risk of harm to children and young people’s welfare; and where there are concerns about children and young people, agencies work together to take appropriate action to address those concerns in accordance with organisational and local policies and procedures.

Child Protection

Child protection is part of safeguarding and promoting welfare and is as defined by Section 47 of the Child Protection Act. This action refers to the activity that is undertaken to protect specific children and young people who are suffering, or are at risk of suffering, significant harm. This includes children and young people affected by: domestic abuse, female genital mutilation, forced marriage, honour-based violence, ‘missing’ children, young runaways, child sexual exploitation and trafficking. This list is not exhaustive.

Early Help

Early Help means taking action to support a child, young person or their family early in the life of a problem, as soon as it emerges. It can be required at any stage in a child’s life from pre-birth to adulthood, and applies to any problem or need that the family cannot deal with or meet on their own. It also applies to all children and young people, with any form of need.

Early Help requires that agencies should work together as soon as a problem emerges or a need is identified to ensure the child gets the right response, and the right services, from the right people at the right time. Our aim is to meet need early and avoid a problem escalating or the need increasing.

Early Help is provided to prevent or reduce the need for specialist interventions unless they are absolutely the correct response to meet the need and resolve the problem.

Early Help can be provided in the most complex of circumstances as well as the simplest. Early help means responding promptly if a child is at immediate risk of harm (or has other significant or complex needs) as much as it means responding to a need which only requires advice or guidance.

References

Please note this list is not exhaustive:

- The Children Acts (1989); (2004)
- The United Nations Convention on the Rights of The Child (1989)
- 'Working Together to Safeguard Children: A guide to interagency working to safeguard and promote the welfare of children', Department of Health (2015)
- Strategy for Dealing with Safeguarding Children and Vulnerable Adults Issues in Charities, Charity Commission (2012)
- Early Years Foundation Stage (England) (2012).

Appendix 1 – Definitions of abuse

Types of abuse

The principle statutory framework for the protection of children in England can be found within the Children Act 1989 and the Children Act 2004.

The key guidelines for professionals working in safeguarding is Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children ('Working Together').

Physical abuse

Working Together defines physical abuse as:

hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child.

Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child'.

NSPCC guidance suggests that the causes of physical abuse might include:

'Being unable to cope with the stress and frustration of parenting can lead to physical abuse. A lack of support from family, friends or community often makes this problem worse. Parents who learned bad parenting from others, perhaps from their own past experiences of a violent parent, may be a factor, as are unrealistic expectations of how a child should behave.

In particular, children born prematurely or disabled are more vulnerable to physical abuse. No one knows for sure why this is the case, but the increased demands and stress of caring for a child with special needs could be a reason'.

Emotional abuse

Paragraph 1.34 of Working Together describes emotional abuse as being the persistent emotional maltreatment of a child or young person such as to cause severe and persistent adverse effects on the child's emotional development. When working with vulnerable children, young people and families, emotional abuse is often the most difficult category of harm to evidence.

According to the NSPCC, 'a parent's behaviour might include:

- not responding to their child's emotional needs by persistently
- ignoring them or being absent;

- humiliating or criticising their child;
- disciplining a child with degrading punishments;
- not recognising a child's own individuality and limitations, like pushing them too hard, or being too controlling
- exposing a child to distressing events or interactions, like domestic violence, drug or alcohol misuse, or mental health problems
- failing to promote a child's social development, such as not allowing them to have friends'.

The NSPCC has also suggested the following possible causes of emotional abuse:

'There are different reasons why a parent may emotionally abuse their child. It could be anger towards themselves, or towards their own parents, misdirected onto their child. Or, their dysfunctional behaviour may be caused by the trauma of their own past experiences of an abusive childhood. Another reason may be that they have learned bad parenting from others, or that they simply misunderstand their child, like believing that their child cries to annoy them.

Child emotional abuse occurs in all kinds of families, but particularly where there are additional stresses on the family. Adult mental health problems, domestic violence, drug or alcohol addiction, marital break-ups and family disputes are common stressors. All can leave a parent unable to behave or respond appropriately to the child's emotional needs'.

Sexual abuse

Paragraph 1.35 of Working Together describes sexual abuse as involving forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening.

An abuser may be a man or woman, or another child or adolescent. Both boys and girls can be abused, and sometimes from an early age.

According to the NSPCC, sexual abuse of children might include:

- sexual touching of any part of the body, clothed or unclothed, including using an object;
- all penetrative sex, including penetration of the mouth with an object or part of the body;
- encouraging a child to engage in sexual activity, including sexual acts with someone else, or making a child strip or masturbate; intentionally engaging in sexual activity in front of a child or not taking proper measures to prevent a child being exposed to sexual activity by others;
- meeting a child following sexual grooming, or preparation, with the intention of abusing them;
- taking, making, permitting to take, distributing, showing or advertising indecent images of children;
- paying for the sexual services of a child or encouraging them into paying for prostitution or pornography;
- showing a child images of sexual activity including photographs, videos or webcams.

Although often the child will display no obvious signs of sexual abuse, sometimes a child who is being abused will show the following types of behaviour. He or she may

:

- start to avoid being alone with particular family member;
- show unexpected fear of an adult or be reluctant to socialise with them;
- try to tell you about the abuse indirectly, through hints or clues.
- For example, they may talk about being asked to keep a secret or ask anxious questions about the family being broken up or daddy being taken away;
- describe behaviour by an adult that suggests your child is being groomed for future abuse;
- start to behave aggressively,
- to have sleep problems or to wet the bed;
- refuse to attend school or suddenly lose concentration and start performing badly at school;
- display sexually inappropriate behaviour, including use of sexual language and sexual information that you would not expect them to know; appear depressed, withdrawn or complain about physical ailments that don't have a medical explanation;
- have physical symptoms to suggest sexual abuse – these can include anal or vaginal soreness or an unusual discharge.

Neglect

Paragraph 1.36 of Working Together defines neglect as being 'the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development'. Neglect may occur during pregnancy as a result of maternal substance abuse.

Once a child is born, neglect may involve a parent or carer failing to:

- 'provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- protect a child from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate caregivers)
- ensure access to appropriate medical care or treatment;
- it may also include neglect of, or unresponsiveness to, a child's basic emotional needs'.

Information and communication technology-based forms of abuse

The internet and mobile phones provide young people with ways to gather information and to communicate with each other. Chatrooms and social networking sites such as Facebook are popular with children and young people, but also with abusers looking for victims. Sexual abusers often enter into cyber conversation with a child by posing as a child or young person. They may then strike up a relationship with a child and arrange to meet up with a view to abusing them.

The Child Exploitation and Online Protection Centre (CEOP) investigates cases of sexual abuse and grooming on the internet. Section 15 of the Sexual Offences Act 2003 makes it an offence for an adult who has established contact with a child on at least two occasions to meet, or travel with the intention of meeting a child, with intent to commit a sexual offence against that child. In the UK this behaviour is a criminal offence. The offence is punishable by up to ten years imprisonment.

Appendix 2 – Indicators of abuse

The following is a list of signs and symptoms that may be consistent with abuse; some children can exhibit one or more of these signs for other reasons. This is not comprehensive or final.

Physical abuse

Unexplained bruises / welts / lacerations / abrasions:

- on face, lips, mouth
- on torso, back, buttocks, thighs
- in various stages of healing
- clustering forming regular patterns
- reflecting shape of article used, e.g. belt, buckle, electrical flex
- on several different surface areas
- regularly appear after absence, weekend, or holiday
- bite marks or fingernail marks

Unexplained burns:

- cigar or cigarette burns especially on soles, buttocks, palms or back
- scalds, where hands, feet or body have been forcibly immersed in very hot water
- patterns like electrical burner, iron, etc.
- rope burns on arms, legs, neck or torso

Unexplained fractures:

- to skull, nose, facial structure
- in various stages of healing
- multiple or spiral fractures

Behavioural indicators:

- flinching when approached or touched
- reluctance to change clothes for PE lessons
- wary of adult contacts
- difficult to comfort
- apprehension when other children cry
- crying / irritability
- frightened of parents
- afraid to go home
- rebelliousness in adolescence
- reports injury caused by parents
- behavioural extremes - aggressiveness, withdrawal, impulsiveness
- regression to childlike behaviour
- apathy
- depression
- panics in response to pain

Sexual abuse

Physical Indicators:

- difficulty in walking, sitting down
- pain or itching in the groin
- excessive crying

- sickness

Behavioural Indicators:

- inappropriate sexual behaviour or knowledge for the child's age
- promiscuity
- sudden changes in behaviour
- running away from home
- wary of adults
- feeling different from other children
- unusual avoidance of touch
- reporting of assault
- substance abuse (e.g. glue sniffing)
- emotional withdrawal through lack of trust in adults
- over compliance with requests of others
- frequent complaints of unexplained abdominal pains
- eating problems
- sleeping disturbances
- poor peer relationships
- possessing money or "gifts" that cannot be adequately accounted for
- inappropriately sexually explicit drawings or stories
- soiling
- frequent non-attendance at school
- failure to attend medical appointments

Emotional abuse

Physical Indicators:

- failure to thrive
- delays in physical development or progress

Behavioural Indicators:

- sucking, biting, rocking
- anti-social, destructive
- sleeping disorders, inhibition of play
- complaint, passive, aggressive, demanding
- inappropriately adult or infant
- impairment of intellectual, emotional, social or behavioural development

Neglect

Physical Indicators:

- consistent hunger
- poor hygiene
- inappropriate dress
- consistent lack of supervision, especially in dangerous activities for long periods
- unattended physical problems or medical needs
- abandonment

Behavioural Indicator:

- begging
- stealing food
- constant fatigue, listlessness
- poor relationship with care-giver
- frequent delays in picking child up from playgroup or school