

# **SAFEGUARDING CHILDREN (CHILD PROTECTION POLICY)**

## **OCTOBER 2009**

(This Policy is supported by the Safer Recruitment Policy – 2009)

(Following the launch of Contact Point and the Introduction of the ISA, amendments will be made to this policy to comply with current regulations)

Designated Child Protection: Mr C A Middleditch (Headteacher)

Deputy Designated Child Protection: Mrs E Hardman (Deputy Headteacher)

Governor Responsible: Mrs P Downton (Chair of Governors)

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Section 11 of the Children Act 2004 places a duty on all agencies to make arrangements to safeguard and promote the welfare of children.

This duty is part of a comprehensive programme of change which began with the publication of Every Child Matters: Change for Children (September 2003) focusing on improving the following outcomes for children and young people:

- Be healthy
- Stay safe
- Enjoy and Achieve
- Make a positive contribution
- Achieve economic well being.

Safeguarding and promoting the welfare of children is defined as:

- Protecting children from maltreatment.
- Preventing impairment of children's health or development.
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care.
- Enabling children to have optimum life chances and to enter adulthood successfully.

This Policy applies to the whole of the workforce, including volunteers, governors and any contractors working on the school site. The policy focuses on five main elements:

1. Staff recruitment and selection – ensuring that all staff, including volunteers – have been appropriately checked for their suitability through the safe recruitment procedures (see Safer Recruitment Policy, 2009).
2. Raising awareness of safeguarding issues and equipping children with skills needed to keep them safe.
3. Developing and implementing procedures for identifying and reporting cases, or suspected cases of abuse.
4. Supporting pupils who have been abused in accordance with an agreed child centred plan.
5. Establishing a safe and nurturing environment free from discrimination or bullying where children can learn and develop happily.

## 1. PURPOSE

- 1.1 An effective whole-school child protection policy is one which provides clear direction to staff and others about expected behaviour when dealing with child protection issues. An effective policy also makes explicit the school's commitment to the development of good practice and sound procedures. This ensures that child protection concerns and referrals may be handled sensitively, professionally and in ways which support the needs of the child.

We will follow the procedures set out in the Southend, Essex, Thurrock (SET) Child Protection Handbook and take account of guidance issued by the Department for Children Schools and Families.

## 2. INTRODUCTION

- 2.1 Elmstead Primary School takes seriously its responsibility to protect and safeguard the welfare of children and young people in its care. 'The welfare of the child is paramount' (*Children Act 1989*).
- 2.2 Section 175 of the Education Act 2003 places a statutory responsibility on the governing body to have policies and procedures in place that safeguard and promote the welfare of children who are pupils of the school.
- 2.3 This policy applies to all pupils, staff, governors, volunteers and visitors to Elmstead Primary School.
- 2.4 This school recognises it is an agent of referral and not investigation.

## 3. SCHOOL COMMITMENT

- 3.1 We recognise that for our pupils, high self-esteem, confidence, supportive friends and clear lines of communication with a trusted adult helps to prevent abuse.

Our school will therefore:

- a. Establish and maintain an environment where pupils feel safe and secure and are encouraged to talk, and are listened to.
- b. Ensure that pupils know that there are adults within the school who they can approach if they are worried or in difficulty.

- c. Include in the curriculum activities and opportunities for PSHCE, which equip pupils with the skills they need to stay safe from abuse. Further information can be obtained from the school's PSHCE co-ordinator.
- d. Include in the curriculum material, which will help pupils develop realistic attitudes to the responsibilities of adult life, particularly with regard to childcare and parenting skills. Further information can be obtained from the school's PSHCE Co-ordinator.
- e. Ensure that wherever possible every effort will be made to establish effective working relationships with parents and colleagues from other agencies.

#### 4. FRAMEWORK

- 4.1 Schools do not operate in isolation. Child protection is the responsibility of all adults and especially those working with children. The development of appropriate procedures and the monitoring of good practice are the responsibilities of the Essex Child Protection Team.

#### 5. ROLES AND RESPONSIBILITIES

- 5.1 All adults working with or on behalf of the children have a responsibility to protect children.
- 5.2 It is the role of the Designated Child Protection Co-ordinator to ensure the child protection procedures are followed within the school, and to make appropriate referrals to Essex Social Care Services in accordance with school procedures. In this school the **Designated Child Protection Co-ordinator is Mr Clive Middleditch**. If for any reason Mr Middleditch is unavailable, the **Deputy Designated Child Protection Co-ordinator**, who will act in his absence, is **Mrs Eve Hardman**. Additionally, it is their role to ensure all staff employed within the school are aware of the school's internal procedures to advise staff and to offer support to those requiring this
- 5.3 The Governing Body and senior school staff are responsible for ensuring that the school's use of safe recruitment processes are always followed. As part of the school's recruitment and vetting process, enhanced Criminal Records Bureau (CRB), List 99 and other statutory lists will be sought on all staff that have substantial and unsupervised access to children. (Reference should be made to the Safer Recruitment Policy, 2009, for further details).
- 5.4 The role of the nominated governor for child protection is to ensure that the school has an effective policy, that the SET Procedures are complied with, and to support the school in this aspect. It is important to stress that governors are not given details relating to individual child protection cases or situations to ensure confidentiality is not breached.

- 5.5 The Designated Child Protection Co-ordinator will provide an annual report for the governing body detailing any changes to the policy and procedures; training undertaken by all staff and governors and other relevant issues.
- 5.6 Representatives from the Education Safeguarding Service are available to offer advice, support and training to the school's Designated Child Protection Co-ordinator.

## 6. PROCEDURES

- 6.1 All action is taken in line with the SET Procedures, a copy of which is available in the Headteacher's office.
- 6.2 Staff are kept informed about child protection responsibilities and procedures through induction, briefings and termly awareness training. Other adults in the school rarely work unsupervised, more usually working alongside members of the school staff. However, should there be a need for this (eg supply teachers), the Headteacher will ensure they are aware of the school's policy and the identity of the Designated Child Protection Co-ordinator.
- 6.3 Any member of staff, volunteer or visitor to the school who receives a disclosure of abuse, an allegation or suspects that abuse may have occurred **must** report it immediately to the Designated Child Protection Co-ordinator (Mr Middleditch) or in their absence, the Deputy Designated Child Protection Co-ordinator (Mrs Hardman). In the absence of either of the above, the matter should be brought to the attention of the most senior member of staff.
- 6.4 The Designated Child Protection Co-ordinator or their Deputy will immediately refer cases of suspected abuse or allegations to the relevant investigating agency (ie Essex Social Care Direct) by telephone and in accordance with the SET Procedures.
- 6.5 The telephone referral to Essex Social Care will be confirmed in writing within 24 hours. Essential information will include the pupil's name, address, date of birth, family composition, the reason for the referral, whether the child's parents are aware of the referral, the name of the person who initially received the disclosure plus any advice given. This written confirmation must be signed and dated by the referrer.
- 6.6 We will always undertake to share our intention to refer a child to Social Care Services with the parents or carers unless to do so could place the child at greater risk of harm or impede a criminal investigation. On these occasions advice will be taken from Essex Social Care Services or Essex Police.
- 6.7 A statement in the school brochure will inform parents and carers about our school's duties and responsibilities under child protection procedures (See Appendix 2). Parents can obtain a copy of the school's child protection policy on request.

## **7. TRAINING AND SUPPORT**

- 7.1 The Headteacher and all other staff who work with the children will undertake appropriate child protection awareness to equip them to carry out their responsibilities for child protection effectively, that is kept up to date by refresher training at termly intervals.
- 7.2 The school will ensure that the Designated Child Protection Co-ordinator, also undertakes training in inter-agency working that is provided by the LA, and refresher training at two yearly intervals to keep knowledge and skills up to date.
- 7.3 Temporary staff and volunteers who work with children in the school will be made aware of the school's arrangements for child protection and their responsibilities.
- 7.4 Support will be available for staff from the Headteacher in the first instance, and from members of the school's Leadership Team where there are concerns about queries about child protection.
- 7.5 All staff should have access to advice and guidance on the boundaries of appropriate behaviour and conduct. These matters form part of staff induction and are referred to in the staff handbook.

## **8 PROFESSIONAL CONFIDENTIALITY**

- 8.1 Confidentiality is an issue which needs to be discussed and fully understood by all those working with children, particularly in the context of child protection. The only purpose of confidentiality in this respect is to benefit the child. A member of staff must never guarantee confidentiality to a pupil nor should they agree with a pupil to keep a secret, as where there is a child protection concern this must be reported to the Designated Child Protection Co-ordinator and may require further investigation by appropriate authorities.
- 8.2 Staff will be informed of relevant information in respect of individual cases regarding child protection on a 'need to know basis' only. Any information shared with a member of staff in this way must be held confidentially to themselves.

## **9 RECORDS AND MONITORING**

- 9.1 Well-kept records are essential to good child protection practice. Our school is clear about the need to record any concern held about a child or children within our school, the status of such records and when these records should be passed over to other agencies.

- 9.2 Any member of staff receiving a disclosure of abuse or noticing signs or indicators of abuse, must make an accurate record as soon as possible noting what was said or seen, putting the event in context, and giving the date, time and location. All records will be dated and sign and will include the action taken.
- 9.3 These file notes are kept in a confidential file, which is separate to other files, and stored in a secure place in the school office. In the same way notes must be kept of any pupil who is being monitored for child protection reasons.
- 9.4 If a pupil transfers from the school, these files will be copied for the new establishment and forwarded to the pupil's new school marked confidential and for the attention of the receiving school's Designated Child Protection Co-ordinator.

## **10 ATTENDANCE AT CHILD PROTECTION CONFERENCES**

- 10.1 The Designated Child Protection Co-ordinator would attend a child protection conference called in respect of a pupil. They may be accompanied by other relevant staff of this is of benefit for the pupil.
- 10.2 The Designated Child Protection Co-ordinator will be available to offer staff attending a child protection conference the necessary support and guidance.

## **11 SUPPORTING PUPILS AT RISK**

- 11.1 Our school recognises that children who are abused or who witness violence may find it difficult to develop a sense of self-worth or view the world as a positive place.
- 11.2 This school may be the only stable, secure and predictable element in the lives of children at risk. Nevertheless, whilst at school their behaviour may still be challenging and defiant or they may be withdrawn.
- 11.3 This school will endeavour to support pupils through:
- a. The curriculum to encourage self-esteem and self-motivation.
  - b. The school ethos which promotes a positive, supportive and secure environment and which gives all pupils and adults a sense of being respected and valued.
  - c. The implementation of the school's behaviour management policies.
  - d. All staff will agree a consistent approach which will endeavour to ensure the pupil knows that some behaviour is unacceptable but s/he is valued.

- e. Regular liaison with other professionals and agencies who support the pupils and their families.
  - f. A commitment to develop productive, supportive relationships with parents, whenever it is in the child's best interest to do so.
  - g. The development and support of a responsive and knowledgeable staff group, trained to respond appropriately in child protection situations.
  - h. Recognition that statistically children with behavioural difficulties and disabilities are most vulnerable to abuse so staff who work in any capacity with children with profound and multiple disabilities, sensory impairment and / or emotional and behavioural problems, will need to be particularly sensitive to signs of abuse.
  - i. Recognition that in a home environment where there is domestic violence, drug or alcohol abuse, children may also be vulnerable and in need of support or protection.
- 11.4 This policy should be considered alongside other related policies in school. These include the Policy for the teaching of PSHCE, the Policy for the Management of Pupils' Behaviour (including our Policy on Physical Intervention and our Anti-Bullying Policy), our Health and Safety Policy and the Safer Recruitment Policy.

## **12 SAFE SCHOOL, SAFE STAFF**

- 12.1 It is essential that the high standards of concern and professional responsibility adopted with regard to alleged child abuse by parents are similarly displayed when members of staff are accused of abuse.
- 12.2 Only authorised agencies may investigate child abuse allegations (Social Care Services, the Police or in some areas, the NSPCC). Whilst it is permissible to ask the child(ren) simple, non-leading questions to ascertain the facts of the allegation, formal interviews and the taking of statements is not.
- 12.3 The procedure to be followed in the event of an allegation being made against a member of staff is set out within the SET Procedures.
- 12.4 The Headteacher, or Deputy Headteacher, should in the first instance contact the Education Safeguarding Service. Through discussion and consultation, a decision will be made whether to make a referral to Essex Social Care Services. Where the allegation is against the Headteacher, the Chair of Governors will take this action.

- 12.5 If for any reason it is decided that a referral to Essex Social Care Services is not appropriate, it will be necessary to address matters in accordance with the school's disciplinary procedures in liaison with the school's HR Advisor.
- 12.6 Where services or activities are provided separately by another body, using the school premises, the Governing Body will seek assurance that the body concerned has appropriate policies and procedures in place in regard to safeguarding children and child protection.

### **13 ACCESS TO THE INTERNET AND DIGITAL RECORDING MEDIA**

Use of the above has been carefully considered and is monitored at all times.

- The Internet permission form explains use of the Internet to parents.
- Parents must give permission before children are allowed to access the Internet.
- The school network is protected and filtered. Children are unable to access unsuitable sites.
- Teacher guidance on the use of the Internet is provided to pupils. Children are warned about sites which may be deemed unsuitable.
- Use of the Internet is monitored at all times and supervised by a member of staff.
- Mobile phones are not permitted for pupil use during school hours. Phones used in breach of this regulation will be retained by the school until the parent/carer is contacted and then returned. Cameras on such phones are not permitted to be used in school AT ANY TIME.
- All parents/carers are asked to indicate their preference regarding the use of photographs in school. They indicate whether their children's photographs may be used in school/ in the press/ on the school website etc. The school office hold lists of parental choices.

### **14 WHISTLEBLOWING**

- 13.1 We recognise that children cannot be expected to raise concerns in an environment where staff fail to do so.
- 13.2 All staff should be aware of their duty to raise concerns about the attitude or actions of colleagues. If necessary they should speak to the nominated 'whistleblowing' governor or the Education Safeguarding Service.

**15. POLICY REVIEW**

14.1 The Governing Body is responsible for ensuring the annual review of this policy.

## Recognition of Child Abuse and Neglect

### The Circumstances

Explanations may be inconsistent, vague or not compatible with what you know. There may have been a delay in reporting an injury or in seeking treatment. There may be no explanation.

### The Background

The child may have already been taken to hospitals or doctors on a number of past occasions. There may be a known history of unexplained or suspicious incidents or neglect. Parents may not mention previous injuries known to have occurred.

### The Parents

Home may be a violent, stressful place and parents may feel at odds with the world. The family may have moved several times and may be socially isolated. Parents may perceive the child as naughty, demanding, difficult, dull, stupid or ungrateful. They may have unrealistic expectations of their children and difficulty in putting their children's needs before their own. They may have been abused themselves in the past and this may be a contributory factor. There may be issues of drug and alcohol abuse and mental health problems.

### The Child

On the one hand, the child may appear hyper-vigilant yet unresponsive, regarding all adults with a look of frozen watchfulness (awaiting the next blow). On the other hand, (s)he may act in an indiscriminate or impulsive way with grown ups. The child could be aggressive, unusually eager to please or may want to take care of adults. The child could simply present as being annoying, constantly irritable or apparently taking no pleasure in play. Frequent unexplained absences from school may be significant. Behaviour may indicate inappropriate sexual knowledge.

A child's statement about the allegation of abuse, whether in confirmation or denial, should always be taken seriously. A child's testimony should not be viewed as inherently less reliable than that of an adult. However, professionals need to be aware that a false allegation may be a sign of a disturbed family environment and an indication that the child may need help. Similarly, it should be remembered that a retracted statement may be an indication of the child's fear of consequences rather than necessarily meaning that the allegation was false.

### Types of Abuse

For the purposes of the Child Protection Register, child abuse is divided into emotional abuse, neglect, physical injury and sexual abuse. These categories are not mutually exclusive; all abuse involves some emotional damage.

## Emotional Abuse

Emotional abuse is the persistent emotional ill-treatment of a child such as to cause severe and continuing adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may involve inappropriate age or developmental expectations being imposed on children. It could also be frequently causing a child to feel frightened or in danger which can lead to the exploitation or corruption of children.

The sense of security that enables children to thrive and enjoy the outside world is obvious and easily recognisable. Once this is withdrawn, a child's delicate self esteem can be grossly undermined and can lead to compulsive or disturbed behaviours, physical or psychological developmental impairment, or even suicide.

Emotional abuse may be difficult to quantify and have no physical signs. Great diligence may be necessary to obtain sufficient evidence to protect the child before irreparable damage is done.

Emotional abuse may take the form of a basic failure to respond to a child's fears and worries, or a deliberate form of harm involving frightening, bullying or scapegoating of a child.

A child, who despite receiving adequate material and physical care, may be the subject of emotional neglect or rejection, which in some ways is even more difficult for children to bear. Children who appear depressed or withdrawn, who have difficulty making friendships or simply present as passive and apathetic may be having to deal with enormous yet hidden hostility, denigration and rejection at home.

Children may also be deemed to be suffering emotional abuse if the demands placed upon them, such as looking after young children or adults, preclude their own social activities and their right to play.

Behaviours which are emotionally abusive include the following:

- Fear inducing/terrorising
- Fear inducing/creation of insecurity
- Tormenting
- Humiliating
- Denigrating
- Corrupting
- Scapegoating
- Inappropriate roles/responsibilities
- Isolating/rejecting
- Ignoring/marginalising

The effects of such abuse are not always immediate and children even in the same household are likely to respond in very different ways. Many of the responses to emotional abuse are included in the section entitled "Symptoms of Sexual Abuse".

## Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs and is likely to result in the serious impairment of a child's health or development. It may involve a parent or carer failing to provide adequate food, shelter, clothing or appropriate medical treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Child neglect is a serious condition that can result in retarded physical and emotional development. Coupled with physical abuse it can have fatal consequences. A child's development is highly sensitive to both physical and psychological stress.

The judgement of the degree of neglect we may find tolerable accords with social values, but at the point where insufficient care or protection leads to actual or potential impairment then child abuse can be said to have occurred.

### Physical Neglect

This type of neglect may be the consequence of lack of concern and/or poverty. Children who receive an inadequate diet, lack clean hygienic conditions and severe infestations are examples of physical neglect. Children allowed to live in dangerous conditions or who are left to harm themselves must also be considered.

Child supervision is an issue subject to wide sub-cultural variability. Factors include the age of the child and his or her maturity as well as the length of time the carer is away. A further consideration is often the age and maturity of the temporary carer.

### Medical Neglect

Medical neglect means failure on the part of the parent or carer to take reasonable steps to prevent injury or disease and/or failure to seek medical/psychological treatment or advice within a reasonable length of time when it is clear that medical intervention is necessary. Failure to identify injury, disease or to follow essential medical advice may also be neglectful.

### Non-organic 'Failure to Thrive'

Non-organic Failure to Thrive is a phrase applied to infants or children who fail to develop adequately, drop away from their expected growth centile or grow erratically for reasons that have no medical or organic basis.

A parent can fail to adequately nourish a child for a variety of reasons: inexperience of childcare, lack of knowledge of how to feed, lack of care or feelings of hostility. Alternatively, some infants are difficult to feed and there may be a more complex psychological problem related to a child's hostile or stressful environment such as attachment difficulties.

Explanations related to the small stature of parents should always be carefully scrutinised. Many children otherwise regarded as simply small have been observed to have rapidly gained weight following an admission to a hospital or to care.

Children undernourished in their early years can be disadvantaged for life as their brain growth may be affected. This, in turn, affects all aspects of development and general health.

### Physical Abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may be also caused when a parent or carer feigns the symptoms of or deliberately causes ill health to a child whom they are looking after.

### Bruises

Falls and accidents often produce only a single bruise which is usually on a bony prominence. Even a child who falls downstairs can sometimes only sustain one or two bruises. Conversely, a fall may often produce bruises on several surfaces such as a knee, a forearm and hand. Children usually run and therefore fall forwards which can lead to bruises on the front of the body and marks on their forehead, knees, and shins as well as on their hands if they managed to break their fall.

Bruises are virtually universal in the mobile child. Bruising on the less mobile child should always be a cause of concern and bruising in a young baby or a child with severe learning or physical disability should be viewed with deep suspicion.

Children are commonly struck on the head, ears, cheeks, mouth, chest, upper arms, stomach, thighs and buttocks. Any bruising to the lips or gums, ears, genital or rectal area, neck or buttocks should arouse particular suspicion and indicate the need for an expert paediatric opinion as such bruising is rarely caused accidentally.

To produce finger marks, bruising to the pinnae of the ears, outline marks (such as from a belt or strap), or grasp marks requires considerable force. Suspected bruising may turn out to be a symptom of a bleeding disorder, a birthmark, skin pigmentation or a skin disease but these distinctions are for medical practitioners to make.

### Black Eyes

Bruises around and to the eyes are not uncommon and can be accidental if children have had an injury to the forehead or nose. In this instance, the bruising will be underneath the eyes. However bruising to the upper lids of the eyes and around the orbital ridge and surrounding tissue will need a medical opinion.

### Easy Bruising

Parents often claim their child 'bruises easily'. In most cases this claim is incorrect and should be investigated by blood tests.

### Burns and Scalds (Thermal Injury)

Scalds and burns are common accidents in children. A child who presents with any burn should be comprehensively medically examined.

It can be difficult to distinguish between accidental and inflicted burns but, generally, non-accidental burns are characterised by their regular outlines and their location. (eg, "glove" and/or "stocking" injuries to the extremities) whereas a child who pulls a saucepan of boiling water over themselves suffers diffuse scalds to the facial and chest area. Burns to the buttocks and groin are rarely accidental.

Accidental burns or scalds should always lead to questioning the amount of supervision and protection offered to the child and should raise the issue of child neglect.

A common burning object, readily to hand at moments of stress or anger, is the cigarette. Although children can sustain very superficial burns by accident if parents smoke, brushing against the tip does not cause the characteristic circular punched out area of skin loss. Multiple cigarette burns are more readily diagnosed as non-accidental injury than single burns that heal rapidly without the need for any medical attention. However, such burns usually produce very typical scars. (NB-Impetigo/skin infection can be confused with cigarettes burns).

Friction burns are relatively common when children suffer playground accidents but these are usually associated with contact areas such as buttocks, stomach or chest and back.

### Bites and Scratches

Bites inflicted by peers or siblings are common in childhood. Children can also suffer bites and scratches from pets.

Human bite marks are usually distinctive as a circle of two discontinuous semi-circles corresponding to the upper and lower teeth. There is usually no central bruising although this area may be swollen. 'Love bites' to a child may be signs of a sexual abuse. Bite marks may be associated with serious or sadistic abuse and are of forensic importance. An expert should always examine them.

The random movements of newborn infants frequently cause scratch marks, especially on the face. However, extensive and deep scratches are unlikely to be self-inflicted.

### Lesions and Cuts

A torn frenulum (the web of skin joining the upper gum and the upper lip) is usually the result of a shearing force that requires specialist interpretation and investigation.

Restraining children by applying bands and ropes to wrists and ankles can lead to straight-edged lesions, which should arouse suspicion.

Children can be beaten with a variety of instruments and repeated blows may result in a series of marks.

### Children whose Illness is Fabricated or Induced by Carers

Child welfare concerns may arise when:

- reported symptoms and signs found on examination are not explained by any medical condition from which the child may be suffering, or
- physical examination and results of investigations do not explain reported symptoms and signs found on examination, or
- there is an inexplicably poor response to prescribed medication and other treatment, or
- new symptoms are reported on resolution of previous ones, or
- reported symptoms and found signs are not observed independently of the carer, or
- the child's normal, daily life activities are being curtailed beyond that which might be expected for any known medical disorder from which the child is known to suffer.

There may be a number of explanations for these circumstances and each requires careful consideration. The characteristic of fabricated or induced illness is that there is a lack of the usual symptoms or signs or, in circumstances of proven organic illness, lacks the usual response to proven effective treatments. It is this puzzling discrepancy which alerts the medical clinician to possible harm being suffered by the child.

The following list of behaviours exhibited by carers when fabricating or inducing illness in a child is not exhaustive but can include the following:

- Deliberately inducing symptoms in children by administering medication or other substances, or by means of suffocation
- Interfering with treatments by overdosing, not administering them or interfering with medical equipment such as infusion lines
- Obtaining specialist treatments or equipment for children who do not require them
- Exaggerating symptoms, causing professionals to undertake investigations and treatments which may be invasive, are unnecessary and therefore are harmful and possibly dangerous
- Claiming the child has symptoms which are unverifiable unless observed directly, such as pain, frequency of passing urine, vomiting or fits. These claims result in unnecessary investigations and treatments which may cause secondary physical problems
- Alleging psychological illness in a child.

### Other Indicators of Physical Abuse

- Delay in seeking medical attention
- No explanation or inadequate explanation of injuries
- Child/parent/witness reports abuse
- Changing explanation of injuries
- Recurrent injuries - particularly if forming a pattern (eg, always on a particular day or in the care of the same person)
- Inadequate parental concern
- Multiple injuries that occurred at different dates

## Sexual Abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (eg, rape or buggery) or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities or encouraging children to behave in sexually inappropriate ways.

A child's verbal allegations must always be treated with the greatest respect. Children are entitled to be listened to and to have their allegations treated seriously. Although there can be occasions when children invent allegations, as a result of adult pressures or for a variety of other reasons, research suggests that such fabricated allegations are rare and that children are, in fact, more likely to claim they are not being assaulted when they are than vice versa.

Once concerns are reported it is important that the indicators are weighed in terms of significance and in the context of the child's life, before the assumption is made that the child is or has been sexually assaulted. Some indicators take on greater or lesser weight depending on the child's age. It is essential you do not question the child but record carefully what is said and contact Social Services. Do not discuss with a suspected abuser.

Less than half of victims of sexual abuse will present any forensic or medical evidence or any sign of neglect or physical abuse. Nevertheless, many commonly exhibit behavioural or emotional symptoms which will give some clue to their private suffering and confusion.

It is important to note that these symptoms are not specific to sexually abused children and can have a number of causes.

## Symptoms of Sexual Abuse

These effects present singly or in clusters of behaviours, depending on each child's environment and specific situation.

For the pre-school child, the effects may show in:

- Sexually explicit play and behaviour;
- Wetting and soiling;
- Delayed language and development;
- Eating and sleeping problems;
- Dysfunctional attachment behaviour;
- Withdrawn or over-active states
- Aggressive behaviours (to self and others);
- Clinging behaviour and becoming mute.

In children between the ages of 6 and 12 years, the above effects may be recognisable with further elaborations:

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- Poor learning and concentration;
- Heightened sexual behaviour and arousal;
- Truancy and self-neglecting;
- Depression and anxiety;
- Psychosomatic illnesses;
- Physical risk-taking;
- Poor social skills;
- Moments of lacking control;
- Avoidance of men or women (depending on gender of abuser).

For the older child, the effects may include any of the above-mentioned patterns with further escalations:

- Sexually precocious behaviour and prostitution;
- Solvent/alcohol/drug abuse;
- Anorexia and bulimia;
- Self harming and suicide attempts;
- Changes in school performance;
- Isolation from peers;
- Sexual abuse of other children.

If a child is showing signs of emotional or behavioural stress, then the possibility of sexual abuse must be considered, particularly where there are sudden changes with no apparent explanation.

### Self-destructive Behaviour

Many victims of sexual abuse will in some way act out their distress. Common amongst adolescent behaviour is self-mutilation, drug abuse, alcohol abuse and prostitution. Attempts at suicide are often the result of self-loathing and the inability to betray the abuser, who may be quite close.

Children have commonly been known to cut or burn themselves, have themselves tattooed and to make themselves ill.

They will seek the attention they desperately need by committing offences or by running away from home or absconding after getting themselves placed in care. Sexual abuse should always be considered as a possible explanation.