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### **Appendix for Policy 3a.2 Safeguarding and Child Protection Recognition of Abuse and Neglect**

The factors described below are frequently found in cases of child abuse or neglect. Their presence is not proof that abuse has occurred, but:

- Must be regarded as indicators of the possibility of significant harm
- Indicates a need for careful assessment and discussion with the nursery Designated Safeguarding Officer.
- May require consultation with and/or referral to Camden Social Care Team
- The absence of such indicators does not mean that abuse or neglect has not occurred.

#### **In an abusive relationship**

*The child may:*

- Appear frightened of the parent
- Act in a way that is inappropriate to their age and development

*The parent may:*

- Persistently avoid routine child health services and/or treatment when the child is ill.
- Have unrealistic expectations of the child.
- Frequently complain about/to the child and may fail to provide attention or praise (a high criticism / low warmth environment)
- Be absent or leave the child with inappropriate carers
- Have mental problems which they do not appear to be managing
- Be misusing substances
- Persistently refuse to allow access to home visits
- Persistently avoid contact with services or delay the start or continuation of treatment
- Be involved in domestic violence
- Fail to ensure the child receives an appropriate education

Professionals should be aware of the potential risk of harm to children when individuals (adults or children), previously known or suspected to have abused children, move into the household.





### **Types of Abuse**

(from 'Working Together to Safeguard Children' – HM Government 2013)

A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent them. Children may be abused in a family or in an institutional or community setting by those known to them, or more rarely, by others e.g. via the internet). They may be abused by an adult or adults, or another child or children. The signs and indicators listed below may not necessarily indicate that a child has been abused, but will help us to recognise that something may be wrong, especially if a child shows a number of these symptoms or any of them to a marked degree.

#### **Indicators of child abuse**

- Failure to thrive and meet developmental milestones
- Fearful or withdrawn tendencies
- Unexplained injuries to a child or conflicting reports from parents or staff
- Repeated injuries
- Unaddressed illnesses or injuries
- Significant changes to behaviour patterns.

Softer signs of abuse as defined by National Institute for Health and Care Excellence (NICE) include:

- Low self-esteem
- Wetting and soiling
- Recurrent nightmares
- Aggressive behaviour
- Withdrawing communication
- Habitual body rocking
- Indiscriminate contact or affection seeking
- Over-friendliness towards strangers
- Excessive clinginess
- Persistently seeking attention.

We are aware that peer on peer abuse does take place, so we include children in our policies when we talk about potential abusers. This may take the form of bullying, physically hurting another child, emotional abuse, or sexual abuse. We will report this in the same way as we do for adults abusing children, and will take advice from the appropriate bodies on this area.

#### **Physical Abuse**

- Hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child.
- Fabricating the symptoms of, or deliberately induces illness to a child





### *Recognising Physical Abuse*

- Explanation which is inconsistent with an injury
- Several different explanations provided for an injury
- Unexplained delay in seeking treatment
- Parent/s are uninterested or undisturbed by an injury or accident
- Parents are absent without good reason when their child is presented for treatment
- Repeated presentation of minor injuries
- Frequent use of different doctors and A&E departments
- Reluctance to give information or mention previous injuries

### **Female genital mutilation**

This type of physical abuse is practised as a cultural ritual by certain ethnic groups and there is now more awareness of its prevalence in some communities in England including its effect on the child and any other siblings involved. This procedure may be carried out shortly after birth and during childhood as well as adolescence, just before marriage or during a woman's first pregnancy and varies widely according to the community<sup>1</sup>.

Symptoms may include bleeding, painful areas, acute urinary retention, urinary infection, wound infection, septicaemia, incontinence, vaginal and pelvic infections with depression and post-traumatic stress disorder as well as physiological concerns. If you have concerns about a child relating to this area, you should follow our safeguarding policy in the same way as other types of physical abuse. There is a mandatory duty to report to police any case where an act of female genital mutilation appears to have been carried out on a girl under the age of 18, we will ensure this is followed in our setting.

### **Fabricated illness**

This is also a type of physical abuse. This is where a child is presented with an illness that is fabricated by the adult carer. The carer may seek out unnecessary medical treatment or investigation. The signs may include a carer exaggerating a real illness or symptoms, complete fabrication of symptoms or inducing physical illness, e.g. through poisoning, starvation, inappropriate diet. This may also be presented through false allegations of abuse or encouraging the child to appear disabled or ill to obtain unnecessary treatment or specialist support.

### **Emotional Abuse**

- Emotional abuse is persistent emotional maltreatment of a child such as to cause severe and persistent 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 include not giving the child the opportunities to express their views, deliberately silencing them or making fun of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children.
- These may include interactions that are beyond the child's developmental capability as well as overprotection and limitation of exploration and learning or preventing the child participating in normal social interaction
- It may involve seeing or hearing the ill-treatment of another
- It may involve serious bullying (including cyber bullying) causing children frequently to feel frightened or in danger, or the exploitation or corruption of children
- Some level of emotional abuse is involved in all types of maltreatment of a child though it may occur alone

#### *Recognising Emotional Abuse*

Emotional abuse may be difficult to recognise as the signs may be emotional rather than physical

- Developmental delay
- Abnormal attachment between a child and parent (e.g. anxious, indiscriminate, or no attachment)
- Indiscriminate attachment or failure to attach
- Aggressive behaviour towards others
- Appeasing behaviour towards others
- Scapegoated within the family
- Frozen watchfulness particularly in pre-school children
- Low self-esteem and lack of confidence
- Withdrawn or seen as a 'loner' – difficulty relating to others

#### **Sexual Abuse**

- Sexual abuse involves forcing or enticing a child or young person to take part in sexual, not necessarily involving a high level of violence, whether or not the child is aware of what is happening.
- The activities may involve physical contact, including assault by penetration (e.g. rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing
- They may also include non-contact activities such as involving children in looking at, or in the production of sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in the preparation for abuse (including via the internet)
- Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse as can other children.

#### *Recognising Sexual abuse*

##### *Behavioural Indicators*

- Inappropriate sexualised conduct
- Sexually explicit behaviour, play or conversation, inappropriate to the child's age





- Contact or not contact, sexually harmful behaviour
- Continual or inappropriate masturbation
- Self-harm including eating disorders, self-mutilation and suicide attempts
- Involvement in sexual exploitation or indiscriminate choice of sexual partners
- An anxious unwillingness to remove clothes for example at sports events, (N.B – this could be related to cultural norm or physical difficulties)

#### *Physical Indicators*

- Pain or itching of genital area
- Blood on under clothes
- Pregnancy in a child
- Physical symptoms such as injuries to the genital or anal areas, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing.

#### **Neglect**

Neglect is 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/carer knowingly not:

- Providing adequate food, clothing and shelter (including exclusion from home and abandonment)
- Protecting a child from physical and emotional harm or danger
- Ensuring adequate supervision (including the use of inadequate care givers)
- Ensuring access to appropriate medical care or treatment or access to education

#### *Recognising Neglect*

- Failure by parents or carers to meet essential physical needs (e.g adequate or appropriate food, clothes, warmth, hygiene and medical or dental care)
- Failure by parents or carers to meet essential emotional needs (e.g. to feel loved and valued, to live in a safe, predictable home environment)
- A child seen to be listless, apathetic and unresponsive with no apparent medical cause
- Failure of child to grow within normal expected pattern, with accompanying weight loss
- Child thrives away from home environment
- Child frequently absent from school/nursery
- Child left with appropriate carers (e.g. too young, complete strangers)
- Child left with adults who are intoxicated or violent
- Child abandoned or left alone for excessive amounts of time

Disabled children and young people can be particularly vulnerable to neglect due to the increased level of care they may require





### **Extremism – the Prevent Duty**

Under the Counter-Terrorism and Security Act 2015 we have a duty to refer any concerns of extremism to the police (In Prevent priority areas the local authority will have a Prevent lead who can also provide support).

This may be a cause for concern relating to a change in behaviour of a child or family member, comments causing concern made to a member of the team (or other persons in the setting) or actions that lead staff to be worried about the safety of a child in their care.

Alongside this we will be alert to any early signs in children and families who may be at risk of radicalisation, on which we will act and document all concerns when reporting further.

