



Safeguarding Appendix 2: Recognising Signs of Abuse

Date of Last Review: October 2018

Date of Next Review: October 2019

Responsibility: Miss E. Campbell

Advisory Body Signature:

This policy was updated to acknowledge the changes in Keeping Children Safe in Education (Sept 2018). In particular, reference is made to peer-on-peer abuse and sexual abuse between peers.

Abuse, including neglect and safeguarding issues are rarely standalone event that can be covered by one definition or label. In most cases, multiple issues will overlap.

Categories of Abuse:

- Physical Abuse
- Emotional Abuse (including Domestic Abuse)
- Sexual Abuse
- Neglect

Physical abuse may involve 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 of a child.

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur.

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving high level of violence, whether or not the child is aware of what is happening.

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,

Signs of abuse in children

The following non-specific signs may indicate something is wrong:

- Significant change in behaviour
- Extreme anger or sadness
- Aggressive and attention-seeking behaviour
- Suspicious bruises with unsatisfactory explanations
- Lack of self-esteem
- Self-injury
- Depression
- Age inappropriate sexual behaviour

Types of Abuse

- Child Sexual Exploitation
- Forced Marriage

- Female Genital Mutilation (FGM)
- Fabricated or induced illness
- Gangs and Youth Violence
- Gender based violence
- Private Fostering
- Trafficking
- Peer on Peer abuse
- Honour based violence
- Child Criminal Exploitation: County Lines

Risk Indicators

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

- Must be regarded as indicators of the possibility of significant harm
 - Justifies the need for careful assessment and discussion with designated/named/ lead person, manager, (or in the absence of all those individuals, an experienced colleague)
 - May require consultation with and / or referral to Children's Services
- 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 her/his age and development (though full account needs to be taken of different patterns of development and different ethnic groups)

The parent or carer may:

- Persistently avoid child health promotion services and treatment of the child's episodic illnesses
- Have unrealistic expectations of the child
- Frequently complain about/to the child and may fail to provide attention or praise (high criticism/low warmth environment)
- Be absent or misusing substances
- Persistently refuse to allow access on home visits
- Be involved in domestic abuse

Staff should be aware of the potential risk to children when individuals, previously known or suspected to have abused children, move into the household. Staff should also be aware that vulnerable children, such as those with Special Educational Needs (whether or not they have a statutory Education Health Care Plan), disabilities are more at risk of abuse.

Peer-on-Peer Abuse

KCSIE September 2018 makes it a requirement for schools to respond to peer-on-peer abuse and places new emphasis on the need to address the safeguarding concerns represented by peer on peer abuse. In Annex A, the following is stated: "*Children can abuse other children. This is generally referred to as peer on peer abuse and can take many forms. This can include (but is not limited to) bullying (including cyberbullying); sexual violence and sexual*

harassment; physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm; sexting and initiating/hazing type violence and rituals."

Abuse is abuse and should never be tolerated or passed off as "banter", "just having a laugh".

Further guidance for peer-on-peer abuse is contained within the anti-bullying policy.

Recognising Physical Abuse

The following are often regarded as indicators of concern:

- An explanation which is inconsistent with an injury
- Several different explanations provided for an injury
- Unexplained delay in seeking treatment
- The parents/carers are uninterested or undisturbed by an accident or injury
- Parents are absent without good reason when their child is presented for treatment
- Repeated presentation of minor injuries (which may represent a "cry for help" and if ignored could lead to a more serious injury)
- Family use of different doctors and A&E departments
- Reluctance to give information or mention previous injuries

Bruising

Children can have accidental bruising, but the following must be considered as non-accidental unless there is evidence or an adequate explanation provided:

- Any bruising to a pre-crawling or pre-walking baby
- Bruising in or around the mouth, particularly in small babies which may indicate force feeding
- Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive)
- Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally
- Variation in colour possibly indicating injuries caused at different times
- The outline of an object used e.g. belt marks, hand prints or a hair brush
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting
- Bruising around the face
- Grasp marks on small children
- Bruising on the arms, buttocks and thighs may be an indicator of sexual abuse

Bite Marks

Bite marks can leave clear impressions of the teeth. Human bite marks are oval or crescent shaped. Those over 3 cm in diameter are more likely to have been caused by an adult or older child.

A medical opinion should be sought where there is any doubt over the origin of the bite.

Burns and Scalds

It can be difficult to distinguish between accidental and non-accidental burns and scalds, and will always require experienced medical opinion. Any burn with a clear outline may be suspicious e.g.:

- Circular burns from cigarettes (but may be friction burns if along the bony protuberance of the spine)
- Linear burns from hot metal rods or electrical fire elements
- Burns of uniform depth over a large area
- Scalds that have a line indicating immersion or poured liquid (a child getting into hot water on his/her own accord will struggle to get out and cause splash marks)
- Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation

Scalds to the buttocks of a small child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

Fractures

Fractures may cause pain, swelling and discolouration over a bone or joint.

Non-mobile children rarely sustain fractures.

There are grounds for concern if:

- The history provided is vague, non-existent or inconsistent with the fracture type
- There are associated old fractures
- Medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement
- There is an unexplained fracture in the first year of life

Scars

A large number of scars or scars of different sizes or ages, or on different parts of the body, may suggest abuse.

Recognising Emotional Abuse

Emotional abuse may be difficult to recognise, as the signs are usually behavioural rather than physical. The manifestations of emotional abuse might also indicate the presence of other kinds of abuse.

The indicators of emotional abuse are often also associated with other forms of abuse.

The following may be indicators of emotional abuse:

- Developmental delay
- Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or not attachment
- Indiscriminate attachment or failure to attach
- Aggressive behaviour towards others
- Scape-goated 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

Recognising Signs of Sexual Abuse

Boys and girls of all ages may be sexually abused and are frequently scared to say anything due to guilt and/or fear. This is particularly difficult for a child to talk about and full account should be taken of the cultural sensitivities of any individual child/family.

Recognition can be difficult, unless the child discloses and is believed. There may be no physical signs and indications are likely to be emotional/behavioural.

Some behavioural indicators associated with this form of abuse are:

- Inappropriate sexualised conduct
- Sexually explicit behaviour, play or conversation, inappropriate to the child’s age
- Continual and inappropriate or excessive masturbation
- Self-harm (including eating disorder), self-mutilation and suicide attempts
- Involvement in prostitution or indiscriminate choice of sexual partners
- An anxious unwillingness to remove clothes e.g. for sports events (but this may be related to cultural norms or physical difficulties)

Some physical indicators associated with this form of abuse are:

- Pain or itching of genital area
- Blood on underclothes
- Pregnancy in a younger girl where the identity of the father is not disclosed
- Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing

Sexual Abuse by Young People

The boundary between what is abusive and what is part of normal childhood or youthful experimentation can be blurred. The determination of whether behaviour is developmental, inappropriate or abusive will hinge around the related concepts of true consent, power imbalance and exploitation. This may include children and young people who exhibit a range of sexually problematic behaviour such as indecent exposure, obscene telephone calls, fetishism, bestiality and sexual abuse against adults, peers or children.

Developmental sexual activity encompasses those actions that are to be expected from children and young people as they move from infancy through to an adult understanding of their physical, emotional and behavioural relationships with each other. Such sexual activity is essentially information gathering and experience testing. It is characterised by mutuality and of the seeking of consent.

Inappropriate sexual behaviour can be inappropriate socially, inappropriate to development, or both. In considering whether behaviour fits into this category, it is important to consider what negative effects it has on any of the parties involved and what concerns it raises about a child or young person. It should be recognised that some actions may be motivated by information seeking, but still cause significant upset, confusion, worry, physical damage, etc. it may also be that the behaviour is “acting out” which may derive from other sexual situations to which the child or young person has been exposed.

If an act appears to have been inappropriate, there may still be a need for some form of behaviour management or intervention. For some children, educative inputs may be enough to address the behaviour.

Abusive sexual activity includes any behaviour involving coercion; threats, aggression together with secrecy, or where one participant relies on an unequal power base.

Assessment

In order to more fully determine the nature of the incident the following factors should be given consideration. The presence of exploitation in terms of:

- **Equality** – consider differentials of physical, cognitive and emotional development, power and control and authority, passive and assertive tendencies
- **Consent** – agreement including all the following:
 - Understanding what is proposed based on age, maturity, development level, functioning and experience
 - Knowledge of society's standards for what is being proposed
 - Awareness of potential consequences and alternatives
 - Assumption that agreements or disagreements will be respected equally
 - Voluntary decision
 - Mental competence
- **Coercion** – the young perpetrator who abuses may use techniques like bribing, manipulation and emotional threats of secondary gains and losses that is loss of love, friendship, etc. Some may use physical force, brutality or the threat of these regardless of victim resistance.

In evaluating sexual behaviour of children and young people, the above information should be used only as a guide.

Recognising Neglect

Evidence of neglect is built up over a period of time and can cover different aspects of parenting. Indicators include:

- Failure by parents or carers to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene and medical care
- A child seen to be listless, apathetic and irresponsive 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
- Child left with adults who are intoxicated or violent
- Child abandoned or left alone for excessive periods

Child Sexual Exploitation

The following list of indicators is not exhaustive or definitive but it does highlight common signs which can assist professionals in identifying children or young people who may be victims of sexual exploitation.

Signs include:

- Underage sexual activity
- Inappropriate sexual or sexualised behaviour

- Sexually risky behaviour, 'swapping' sex
- Repeat sexually transmitted infections
- In girls, repeat pregnancy, abortions, miscarriage
- Receiving unexplained gifts or gifts from unknown sources
- Having multiple mobile phones and worrying about losing contact via mobile
- Having unaffordable new things (clothes, mobile) or expensive habits (alcohol, drugs)
- Changes in the way they dress
- Going to hotels or other unusual locations to meet friends
- Seen at known places of concern
- Moving around the country, appearing in new towns or cities, not knowing where they are
- Getting in/out of different cars driven by unknown adults
- Having older boyfriends or girlfriends
- Contact with known perpetrators
- Involved in abusive relationships, intimidated and fearful of certain people or situations
- Hanging out with groups of older people, or anti-social groups, or with other vulnerable peers
- Associating with other young people involved in sexual exploitation
- Recruiting other young people to exploitative situations
- Truancy, exclusion, disengagement with school, opting out of education altogether
- Unexplained changes in behaviour or personality (chaotic, aggressive, sexual)
- Mood swings, volatile behaviour, emotional distress
- Self-harming, suicidal thoughts, suicide attempts, overdosing, eating disorders
- Drug or alcohol misuse
- Getting involved in crime
- Police involvement, police records
- Involved in gangs, gang fights, gang membership
- Injuries from physical assault, physical restraint, sexual assault.

This should be reported via normal social services channels who will then contact police exploitation team.

Child Sexual Exploitation Warning Signs - **SAFEGUARD**

Often, children and young people who are victims of sexual exploitation do not recognise that they are being abused. There are a number of warning signs that can indicate a child may be being groomed for sexual exploitation. To assist you in remembering and assessing these signs and behaviours, we have created the mnemonic - **SAFEGUARD**.

	<p>Sexual identity, wellbeing and choice</p> <p>Sexually transmitted infections (particularly repeat infections); Pregnancy; terminations; changing or out of character sexual behaviour; exploring sexual relationships in an unsafe context or environment; unable to disclose sexual orientation and fearful of societal responses.</p>
	<p>Absence, truancy and going missing</p> <p>Truancy from school, including during the school day; missing from home or care, and repeat incidents; travelling outside borough/town when missing; unexplained absences.</p>
	<p>Family and home</p> <p>Sexual, physical, emotional abuse and neglect; risks of forced marriage or so called honour based violence; female genital mutilation; domestic violence; substance misuse; parental mental health concerns; bereavement; parental and sibling criminality; experiences of homelessness or sofa surfing; living in care or temporary accommodation; immigration status.</p>
	<p>Emotional and physical health</p> <p>Suicidal thoughts, plans and attempts; self-harm; low self-esteem/confidence/worth; learning difficulties; changing emotional wellbeing and signs of poor mental health; unexplained injuries and changes in physical appearance.</p>
	<p>Gangs, Groups, Age Gaps and Crime</p> <p>Involvement in gangs or gang affected family, peers or siblings; concerns of abusive peer groups; involvement with older individuals or groups, lacking friends in the same age groups; older 'boyfriends'; sudden changes in peer groups; bullying, both on and off line; friends of young people experiencing CSE.</p>
	<p>Use of technology and sexual bullying</p> <p>Sexting, both sending and receiving; being listed on social network pages in relation to sexual activity and, or named in videos; secretive use of the internet/phones/social networking sites; sudden behaviour changes when using the phone or internet; control via phone or internet; multiple or secretive social networking profiles.</p>
	<p>Alcohol and substances</p> <p>Reliance on and changing use of substances, both legal and illegal.</p>
	<p>Receipt of unexplained gifts or money</p> <p>Unexplained money, mobile phones; phone credit, items, clothes, money; new nails; travel in taxis; gifts where payment is required at a later date; worries about having debts</p>
	<p>Distrust of authority figures</p> <p>Resistance to communicating with parents, carers, teachers, social services, health, police and others.</p>

SAFEGUARD Mnemonic taken from the London Child Sexual Exploitation Operating Protocol, 3rd Edition (June 2017)

Sexual images (Sexting)

'Sexting' Creating and sharing sexual photos and videos of under-18s is illegal.

Sharing youth produced sexual imagery, which is commonly known as 'sexting' covers the incidents where

- A person under the age of 18 creates and shares sexual imagery of themselves with a peer under the age of 18
- A person under the age of 18 shares sexual imagery created by another person under the age of 18 with a peer under the age of 18 or an adult
- A person under the age of 18 is in possession of sexual imagery created by another person under the age of 18.

When such an incident involving youth produced sexual imagery comes to a member of staff's attention, this will be shared with the Designated Safeguarding Lead with a view to referring to appropriate agencies following the referral procedures. Further information and advice on youth produced sexual imagery is available in the non-statutory guidance produced by the UK Council for Child Internet Safety (UKCCIS)

Forced Marriage (FM)

This is an entirely separate issue from arranged marriage. It is a human rights abuse and falls within the Crown Prosecution Service definition of domestic violence. Young men and women can be at risk in affected ethnic groups. Whistle-blowing may come from younger siblings. Other indicators may be detected by changes in adolescent behaviours. Never attempt to intervene directly as a school or through a third party.

Female Genital Mutilation (FGM)

The Department for Education's Keeping Children Safe in Education explains that FGM comprises "*all procedures involving partial or total removal of the external female genitalia, or other injury to the female genital organs*".

It is essential that staff are aware of FGM practices and the need to look for signs, symptoms and other indicators of FGM.

What is FGM?

It involves procedures that intentionally alter/injure the female genital organs for non-medical reasons.

4 types of procedure:

- Type 1 Clitoridectomy – partial/total removal of clitoris
- Type 2 Excision – partial/total removal of clitoris and labia minora
- Type 3 Infibulation entrance to vagina is narrowed by repositioning the inner/outer labia

- Type 4 all other procedures that may include: pricking, piercing, incising, cauterising and scraping the genital area.

Why is it carried out?

Belief that:

- FGM brings status/respect to the girl – social acceptance for marriage
- Preserves a girl's virginity
- Part of being a woman / rite of passage
- Upholds family honour
- Cleanses and purifies the girl
- Gives a sense of belonging to the community
- Fulfils a religious requirement
- Perpetuates a custom/tradition
- Helps girls be clean / hygienic
- Is cosmetically desirable
- Mistakenly believed to make childbirth easier

Is FGM legal?

FGM is illegal in the UK and a form of child abuse with long- lasting, harming consequences.

Circumstances and occurrences that may point to FGM happening

- Child talking about getting ready for a special ceremony
- Family taking a long trip abroad
- Child's family being from one of the 'at risk' communities for FGM (Kenya, Somalia, Sudan, Sierra Leon, Egypt, Nigeria, Eritrea as well as non-African communities including Yemeni, Afghani, Kurdistan, Indonesia and Pakistan)
- Knowledge that the child's sibling has undergone FGM
- Child talks about going abroad to be 'cut' or to prepare for marriage

Signs that may indicate a child has undergone FGM:

- Prolonged absence from school and other activities
- Behaviour change on return from a holiday abroad, such as being withdrawn and appearing subdued
- Bladder or menstrual problems
- Finding it difficult to sit still and looking uncomfortable
- Complaining about pain between the legs
- Mentioning something somebody did to them that they are not allowed to talk about
- Secretive behaviour, including isolating themselves from the group
- Reluctance to take part in physical activity
- Repeated urinal tract infection
- Disclosure

It is a statutory duty for staff to report disclosures of FGM carried out on a pupil under 18 must immediately report this to the police.

Potential signs that a child may be at risk of FGM include:

- The girl's family having a history of practising FGM (this is the biggest risk factor to consider)
- FGM being known to be practised in the girl's community or country of origin
- A parent or family member expressing concern that FGM may be carried out
- A family not engaging with professionals (health, education or other) or already being known to social care in relation to other safeguarding issues
- A girl:
 - Having a mother, older sibling or cousin who has undergone FGM
 - Having limited level of integration within UK society
 - Confiding to a professional that she is to have a "special procedure" or to attend a special occasion to "become a woman"
 - Talking about a long holiday to her country of origin or another country where the practice is prevalent, or parents stating that they or a relative will take the girl out of the country for a prolonged period
 - Requesting help from a teacher or another adult because she is aware or suspects that she is at immediate risk of FGM
 - Talking about FGM in conversation – for example, a girl may tell other children about it (although it is important to take into account the context of the discussion)
 - Being unexpectedly absent from school
 - Having sections missing from her 'red book' (child health record) and/or attending a travel clinic or equivalent for vaccinations/anti-malarial medication

The 'One Chance' rule

As with Forced Marriage there is the 'One Chance' rule. It is essential that settings /schools/colleges take action **without delay**.

Honour Based Violence

For information on HBV please refer to the individual policies.

Fabricated or Induced Illness

A rare form of child abuse, which may include parents or carers fabricating signs and symptoms of illness, falsifying medical records, letters or documents, or inducing illness.

Signs:

- Frequent and unexplained absences from school, particularly from PE lessons

- Regular absences for doctor's or hospital appointments
- Repeated claims by parent(s) that a child is frequently unwell and that he/she requires medical attention for symptoms which, when described are vague in nature, difficult to diagnose and which teachers/early years staff have not themselves noticed (for example, headaches, tummy aches, dizzy spells)

Frequent contact with opticians and/or dentists or referrals for second opinions

Gangs and Youth Violence

Gangs are defined as a relatively durable, predominantly street-based group of young people who:

- See themselves (and are seen by others) as a discernible group
- Engage in criminal activity and violence
- Lay claim over territory
- Have some form of identifiable structural feather
- Are in conflict with other, similar gangs

Early warning signs of gang involvement or youth violence include:

- Aggression
- Truancy
- Substance use

The Ravensbourne School would work with local police and 'community safety partners' when developing an approach.

Effective approaches include:

- Mentoring programmes
- Bullying prevention
- Improving social skills and resilience
- Involving parents
- Cognitive Behaviour Therapy (CBT)

Gender-based Violence/Violence Against Women and Girls

Violence against women and girls (VAWG) is a term that covers a number of offences including domestic violence, stalking, sexual assault, forced marriage and FGM.

The Ravensbourne School will educate children about healthy relationships and consent so that children recognise abuse and know they can seek help.

If there is a risk of immediate serious harm to a child, a referral would be made to children's social care immediately.

Private Fostering

Private fostering arrangements are arrangements made without the involvement of the LA for the care of a child under the age of 16 (under 18, if disabled) by someone other than a parent of close relative.

Privately fostered children are a potentially vulnerable group.

Signs to look out for:

- A child being collected from school by someone new on a regular basis
- A child mentioning that he/she is staying somewhere else or that his/her parents have gone away
- Something unusual or unclear in the child's administration file

Staff should notify the school's safeguarding lead where they become aware of private fostering arrangements.

The safeguarding lead should speak to the family of the child involved to check that they are aware of their duty to inform the LA.

Trafficking

Any child transported for exploitative reasons is considered to be a trafficking victim.

Exploitation includes prostitution or other sexual exploitation, forced labour or services, slavery or servitude.

Signs include:

- A history with missing links and unexplained moves
- Indication of physical or sexual abuse

Children missing from education

A child going missing from education, particularly repeatedly, can be a warning sign of a range of safeguarding issues. This might include abuse or neglect, such as sexual abuse or exploitation or child criminal exploitation, or issues such as mental health problems, substance abuse, radicalisation, FGM or forced marriage.

There are many circumstances where a child may become missing from education, but some children are particularly at risk. These include children who:

- Are at risk of harm or neglect
- Are at risk of forced marriage or FGM
- Come from Gypsy, Roma, or Traveller families
- Come from the families of service personnel
- Go missing or run away from home or care

- Are supervised by the youth justice system
- Cease to attend a school
- Come from new migrant families

We will follow our procedures for unauthorised absence and for dealing with children who go missing from education, particularly on repeat occasions, to help identify the risk of abuse and neglect, including sexual exploitation, and to help prevent the risks of going missing in future. This includes informing the local authority if a child leaves the school without a new school being named, and adhering to requirements with respect to sharing information with the local authority, when applicable, when removing a child's name from the admission register at non-standard transition points.

Staff will be trained in signs to look out for and the individual triggers to be aware of when considering the risks of potential safeguarding concerns which may be related to being missing, such as travelling to conflict zones, FGM and forced marriage.

If a staff member suspects that a child is suffering from harm or neglect, we will follow local child protection procedures, including with respect to making reasonable enquiries. We will make an immediate referral to the local authority children's social care team, and the police, if the child is suffering or likely to suffer from harm, or in immediate danger.