

Appendix 1 Types of abuse and indicators of abuse**Definitions**

A **child** is defined as anyone who has not yet reached their 18th birthday.

Parent as used throughout this policy refers to:

- All natural (biological) parents whether they are married or not;
- Any person who, although not a natural parent, has parental responsibility for a child or young person;
- Any person who, although not a natural parent, has care of a child or young person.

Abuse is a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. 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.

Child protection is the protection of children from violence, exploitation, abuse and neglect. Article 19 of the UN Convention on the Rights of the Child provides for the protection of children in and out of the home.

Safeguarding is the action that is taken to promote the welfare of children and protect them from harm.

Safeguarding means:

- 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.
- Taking action to enable all children to have the best outcomes.

Significant harm

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.

Physical abuse includes hitting, shaking, kicking, punching, burning/scalding, suffocating and other ways of inflicting pain or injury to a child. It also includes giving a child harmful substances such as drugs, alcohol or poison. Physical harm may also be caused when a parent fabricates the symptoms of, or deliberately induces illness in a child.

Most children will collect cuts and bruises and injuries, and these should always be interpreted in the context of the child's medical / social history, developmental stage and the explanation given. Most accidental bruises are seen over bony parts of the body, e.g. elbows, knees, shins, and are often on the front of the body. Some children, however, will have bruising that is more than likely inflicted rather than accidental.

Important indicators of physical abuse are bruises or injuries that are either unexplained or inconsistent with the explanation given; these can often be visible on the 'soft' parts of the body

where accidental injuries are unlikely, e.g., cheeks, abdomen, back and buttocks. A delay in seeking medical treatment when it is obviously necessary is also a cause for concern.

The physical signs of abuse may include:

- Unexplained bruising, marks or injuries on any part of the body
- Multiple bruises- in clusters, often on the upper arm, outside of the thigh
- Cigarette burns
- Human bite marks
- Broken bones
- Scalds, with upward splash marks.
- Multiple burns with a clearly demarcated edge.

Changes in behaviour that can also indicate physical abuse:

- Fear of parents being approached for an explanation
- Aggressive behaviour or severe temper outbursts
- Flinching when approached or touched
- Reluctance to get changed, for example in hot weather
- Depression
- Withdrawn behaviour
- Running away from home.

Sexual abuse and child sexual abuse within the family (CSIF) involves 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. The activities may involve physical contact, including assault by penetration (for example, 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 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.

It is recognised that there is underreporting of sexual abuse within the family. Early years and childcare setting staff and volunteers should play a crucial role in identifying / reporting any concerns that they may have through, for example, the observation and play of younger children and understanding the indicators of behaviour in older children which may be underlining of such abuse.

All staff and volunteers should be aware that adults, who may be men, women or other children, who use children to meet their own sexual needs abuse both girls and boys of all ages. Indications of sexual abuse may be physical or from the child's behaviour. In all cases, children who tell about sexual abuse do so because they want it to stop. It is important, therefore, that they are listened to and taken seriously.

The physical signs of sexual abuse may include:

- Pain or itching in the genital area
- Bruising or bleeding near genital area
- Sexually transmitted disease
- Vaginal discharge or infection
- Stomach pains
- Discomfort when walking or sitting down

- Pregnancy

Changes in behaviour which can also indicate sexual abuse include:

- Sudden or unexplained changes in behaviour e.g. becoming aggressive or withdrawn
- Fear of being left with a specific person or group of people
- Having nightmares
- Running away from home
- Sexual knowledge which is beyond their age, or developmental level
- Sexual drawings or language
- Bedwetting
- Eating problems such as overeating or anorexia
- Self-harm or mutilation, sometimes leading to suicide attempts
- Saying they have secrets they cannot tell anyone about
- Substance or drug abuse
- Suddenly having unexplained sources of money
- Not allowed to have friends (particularly in adolescence)
- Acting in a sexually explicit way towards adults

Emotional abuse is the 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 a child 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 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 a 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.

Emotional abuse can be difficult to identify as there are often no outward physical signs. Indications may be a developmental delay due to a failure to thrive and grow, however, children who appear well-cared for may nevertheless be emotionally abused by being taunted, put down or belittled. They may receive little or no love, affection or attention from their parents. Emotional abuse can also take the form of children not being allowed to mix or play with other children.

Changes in behaviour which can indicate emotional abuse include:

- Neurotic behaviour e.g. sulking, hair twisting, rocking
- Being unable to play
- Fear of making mistakes
- Sudden speech disorders
- Self-harm
- Fear of parent being approached regarding their behaviour
- Developmental delay in terms of emotional progress.

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 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 care-givers); or
- ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

It can be difficult to recognise Neglect; however, its effects can be long term and damaging for children. The physical signs of neglect may include:

- Being constantly dirty or 'smelly'.
- Constant hunger, sometimes stealing food from other children.
- Losing weight or being constantly underweight.
- Inappropriate or dirty clothing

Neglect may be indicated by changes in behaviour which may include:

- Mentioning being left alone or unsupervised.
- Not having many friends.
- Complaining of being tired all the time.
- Not requesting medical assistance and/or failing to attend appointments

Domestic Abuse

Domestic Abuse is rarely a one-off incident, but a pattern of power and control. It is any threatening behaviour, violence or abuse between adults who are, or have been in a relationship, or between family members. It can be psychological, physical, sexual, financial, or emotional abuse. Children living with Domestic Abuse in their home or who are caught up in incidents of Domestic Abuse, are victims, and this can seriously harm children and young people. Some children are physically harmed as they can get caught up in the incident, some children are witnesses to the abuse, or hear the abuse. The impact on children living in a household where there is Domestic Abuse is likely to influence their development and social skills. We will treat any disclosure of information relating to Domestic Abuse as a Safeguarding concern and we will follow local Safeguarding Procedures.

The Multi-Agency Risk Assessment Conference (MARAC) is a multi-agency approach to managing cases of Domestic Abuse and where children are living, the victim will be seen as high risk of serious harm/ homicide. A Multi-Agency response is essential in ensuring that victims and their families are as safe as possible. This setting recognises this process and that as a partner we can make a referral into MARAC, based on information provided to us by a child, parent. The necessary form to make a referral is available here:

<https://www.saferderbyshire.gov.uk/what-we-do/domestic-abuse/marac/domestic-abuse-and-marac-referrals.aspx>

Forced marriage, Honour Based Violence (HBV) and Female Genital Mutilation (FGM)

The Crown Prosecution Service describes Honour Based Violence (HBV) as 'a crime or incident which has or may have been committed to protect or defend the honour of the family or community' (www.cps.gov.uk). HBV is no specific offence but covers a range of violent acts against women that are covered by other legislation. Honour can be the motivation, excuse or justification behind a range of violent acts against women and girls.

The setting has a responsibility to take appropriate safeguarding action in relation to any identified or suspected case of FGM, in line with wider safeguarding frameworks. More information is available in Working Together to Safeguard Children.

It is illegal in the UK to subject a girl or woman to female genital mutilation (FGM), to take a child abroad to undergo FGM or for any person to advise, help or force a girl to inflict FGM on herself.

It is an offence to fail to protect a girl from the risk of FGM. All suspected or actual cases of FGM are a safeguarding concern and the safeguarding procedures must be followed; this will include a referral to the police.

All staff must be aware, that reporting this is a legal duty and further information and resources can be sought from the Derby and Derbyshire Safeguarding Children Partnership website [Derby and Derbyshire Safeguarding Children Partnership \(ddscp.org.uk\)](https://www.ddscp.org.uk)

If the setting is worried that a child (or adult) is at risk of HBV, FGM or has had FGM, the safeguarding policy and procedures must be followed, and the child will be supported in a sensitive manner.

However, in these circumstances, the child's family, or those with influence within the community, will not be approached in advance of any enquiries by the police, adult or children's social care. Where the child is considered to be at immediate risk of harm contact Starting Point immediately.

Signs may include;

- Days absent from school
- Not participating in Physical Education
- In pain/has restricted movement/frequent and long visits to the toilet/broken limbs
- Confides that she is having a special procedure, cut or celebration
- Unauthorised and or extended leave, vague explanations or plans for removal of a female in a high-risk category* especially over the summer period
- Plans to take a holiday which may be unauthorised, unexplained or extended in a country known to practice FGM

**parents from a country who are known to practice FGM*

<https://www.gov.uk/government/publications/female-genital-mutilation-resource-pack/female-genital-mutilation-resource-pack>

<https://www.ddscp.org.uk/staff-and-volunteers/info-and-resources/fgm/>

<https://www.ddscp.org.uk/staff-and-volunteers/info-and-resources/forced-marriage/>

<https://www.cps.gov.uk/crime-info/domestic-abuse>

Child Sexual Exploitation (CSE)

Children may be vulnerable to neglect, abuse or exploitation from within their family and from individuals they come across in their day-to-day lives or on-line. CSE is a type of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity.

It can occur online, and many young people can be persuaded or forced to have sexual conversations by text or online, send or post sexually explicit images of themselves, take part in sexual activities via a webcam or smartphone.

All staff will be trained to recognise signs which may indicate sexual exploitation and to identify children in the setting who may be at risk and to report this. We recognise the following risk factors for CSE and will remain alert to these factors in the wider community and the family context for our children.

Risk factors may include:

- Going missing, staying out unusually late
- Engagement in offending
- Disengagement from education
- Using drugs or alcohol
- Unexplained gifts/money
- Overly secretive
- Repeat concerns about sexual health
- Decline in emotional wellbeing
- Association in gangs
- Unexplained injuries
- Carrying weapons, access to or carrying unusual number of mobile phones

All suspected or actual cases of CSE are a safeguarding concern in which child protection procedures will be followed; this will include a referral to the police. If a staff member is concerned about a child or young person they will refer to the DSL.

Child Sexual Exploitation February 2017

<https://www.gov.uk/government/publications/child-sexual-exploitation-definition-and-guide-for-practitioners>

Child Criminal Exploitation (CCE)

All staff will be trained to recognise signs which may indicate criminal exploitation and to identify children in the setting who may be at risk and to report this.

Criminal exploitation is a type of child abuse where a child or vulnerable adult is manipulated or coerced into committing crimes.

County Lines is the police term for urban gangs exploiting young people into moving drugs from a hub, normally a large city, into other markets such as rural areas and using dedicated mobile phone lines or “deal lines”.

Cuckooing is a practice where people take over a person’s home and use the property to facilitate criminal activity. The most common form of cuckooing is where drug dealers take over a person’s home and use it to store or distribute drugs. Children living in these properties are at risk of neglect and other types of abuse.

Signs which may indicate criminal exploitation:

- Persistently going missing from school or home and / or being found out-of-area;
- Unexplained acquisition of money, clothes, or mobile phones
- Excessive receipt of texts /phone calls

- Relationships with controlling /older individuals or groups
- Leaving home / care without explanation
- Suspicion of physical assault /unexplained injuries
- Parental concerns
- Carrying weapons
- Significant decline in school results / performance
- Gang association or isolation from peers or social networks
- Self-harm or significant changes in emotional well-being

CCE is a safeguarding concern in which child protection procedures will be followed; this will include a referral to the police and Starting Point. If a staff member is concerned about a child or young person they will refer to the DSL.

Emotional/Mental Health and Wellbeing

All staff should be aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation.

Staff are well placed to observe children day-to-day and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one.

Where children have suffered abuse and neglect, or other potentially traumatic adverse childhood experiences, this can have a lasting impact throughout childhood, adolescence and into adulthood. It is key that staff are aware of how these children's experiences, can impact on their mental health, behaviour, and education.

We acknowledge many children will have periods of feeling anxious, afraid, upset and can develop phobias, but some children will experience this more frequently.

Undertaking a coordinated and evidence-informed approach to mental health and well-being leads to improved emotional health and well-being in our children, and greater readiness to learn, improved attendance, attention, behaviour, and attainment.

If staff have a mental health concern about a child we will respond to the child, inform, and discuss our concerns with parents and seek ways to support the child in and out of our early years and childcare setting.

Only appropriately trained professionals should attempt to make a diagnosis of a mental health problem. However, the setting will provide information and signposting services to children and parents and assist with the teaching of emotional health and wellbeing to children in our curriculum.

Young Bullying involves the persistent physical or verbal abuse of another child or children. It is characterised by intent to hurt, often planned, and accompanied by an awareness of the impact of the bullying behaviour. The children in our care have not reached a stage of cognitive development where he or she is able to plan to carry out a premeditated intent to cause distress to another. However, the children may come into contact with older children capable of bullying and need to be taught coping strategies.

Allegations of abuse against other children/Peer on Peer abuse/ Sexual Violence and Harassment

Children are vulnerable to physical, sexual, and emotional bullying and abuse by their peers. Such abuse will be taken seriously by this setting and we will aim to eradicate any behaviours seen as this.

We recognise that some children abuse other children or their peers; the reasons for this are complex and are often multi-faceted.

Peer on peer abuse applies when there is an allegation or suspicion that a child has abused or is at risk of abusing another child or adult, including:

- Within their household (for example sibling abuse or violence towards parents/carers).
- Outside of the child's immediate household.
- Within an education or community settings
- On-line/off-line or both

Peer on peer abuse can take various forms and includes: serious bullying / cyber-bullying, relationship abuse, domestic abuse, child sexual exploitation, 'sexting' / youth produced sexual imagery, youth and serious youth violence, gang related activity, harmful sexual behaviour, and / or sexual violence / harassment.

We recognise that peer on peer abuse is often gender based. It is more likely that girls will be victims and boys' perpetrators. However, both can experience peer on peer abuse but are likely to experience it differently. This setting understands we need to equip all staff about identifying and handling disclosures, including third party disclosures from other peers.

We understand that we need as an early years and childcare setting to have **clear mechanisms and procedures in place to identify and report incidents or concerns.**

All suspicions or incidents of peer on peer abuse will be treated seriously as a safeguarding concern and responded to. In all cases this will require a discussion with the Designated Safeguarding Lead who will consider a referral into the police and children's services.

We also understand that peer on peer incidents can affect the local community, and in the context of wider safeguarding of those children in our local community.

We will ensure that we support both the alleged abuser/s and victim/s and will use a range of strategies tools and templates available to us, for example:

<https://www.stopitnow.org.uk/concerned-about-a-child-or-young-persons-sexual-behaviour/how-to-tell-if-a-childs-sexual-behaviour-is-age-appropriate/>

We will work with partners for example, the police, health, children's services, and youth offending to help keep the child safe and feel protected. We will seek advice for the child and signpost them to services.

We will listen to and consult with the child and work with the parents.

All staff will receive an awareness and understanding of peer on peer abuse, sexual violence and harassment in their training and we will work together to reduce this behaviour and any related incidents.

Any peer on peer abuse, sexual violence and harassment will be dealt with via the setting's positive behaviour policy or the broader child protection procedure, as appropriate. We will also ensure that the needs of children and young people who abuse others will also be considered along-side those who have been abused.

Prevent and Counter Terrorism

The setting will ensure all staff, including volunteers, adhere to their duties under Prevent, as detailed in the Prevent guidance April 2021 to have due regard to prevent people from becoming drawn into terrorism. The voluntary management committee (VMC) and Supervisor will:

- Establish or use existing mechanisms for understanding the risk of extremism.
- Ensure staff understand the risk and build capabilities to deal with issues arising
- Communicate the importance of the duty.
- Ensure all staff (including students, and volunteers) implement the duty.

If we have a non-urgent Prevent concern we can seek advice by email from: ctp-em-prevent@derbyshire.pnn.police.uk or prevent@derbyshire.gov.uk

Any indicators that there is a concern of possible extremism will result in a referral to the Derbyshire Prevent Team (Derbyshire Police 101- can also route non urgent referrals through to the PREVENT Team). We will follow the setting's safeguarding procedures and complete a Prevent referral form found using the following link: [Prevent referrals \(saferderbyshire.gov.uk\)](https://saferderbyshire.gov.uk)

If this is an urgent child protection concern, the setting will call Starting Point on 01629 533190 immediately. A Prevent related referral will then trigger triage for the Police's Prevent Team and Channel. *(If the setting has children not living in Derbyshire, we will refer into the relevant social care service for that child and/or the police).*

The setting meets the requirements of the Prevent Duty through:

- **Risk assessment** – staff should be alert to changes in children's behaviour which could indicate that they may need help or protection and report concerns via the safeguarding procedures.
- **Training** – It is essential that staff are able to identify children who may be vulnerable to radicalisation and know what to do when they are identified. At a minimum, the DSL must undertake a Workshop to Raise Awareness of Prevent (WRAP) and share this knowledge and information with all staff.
- **Online safety** – All staff must be aware of the risks posed by the online activity of extremist and terrorist groups and how to manage access to the internet via phones and games etc.
- **Partnership working** – The Prevent Duty builds on existing local partnership arrangements for safeguarding and also works to build close links with parents to be able to offer support and guidance, as they are in a key position to spot signs of radicalisation

The setting supports children to build resilience to radicalisation by promoting Fundamental British Values and enabling them to challenge extremism. Effective practice prevents and tackles the use of derogatory language which is directed towards disabled people or is homophobic, sexist, or racist. All incidents of discrimination and racism will be logged.

Under the Equality Act 2010 the practice and principles of equality and diversity are effectively promoted in an age appropriate way. Stereotypical behaviours are routinely challenged, and differences are respected.