

Recognising Abuse and Neglect Guidance

REGULATIONS AND STANDARDS

[The Quality and Purpose of Care Standard](#)

[The Protection of Children Standard](#)

SCOPE OF THIS CHAPTER

This chapter provides guidance on recognising abuse in children and young people, and explains what is meant by safeguarding and [significant harm](#).

RELEVANT GUIDANCE

[Working Together to Safeguard Children 2015](#)

For procedures regarding the reporting of concerns, see [Referring Safeguarding Concerns Procedure](#).

Contents

1. [Safeguarding and Promoting the Welfare of Children](#)
2. [Recognising Child Welfare Concerns](#)
3. [Child Abuse as a Form of Significant Harm](#)
4. [Neglect](#)
5. [Physical Abuse](#)
6. [Sexual Abuse and Child Sexual Exploitation](#)
7. [Emotional Abuse](#)
8. [Bullying \(including On-line/Cyberbullying\)](#)

1. Safeguarding and Promoting the Welfare of Children

Safeguarding relates to the action taken to promote the welfare of children and protect them from harm. Safeguarding is everyone's responsibility. Safeguarding is defined in Working Together to Safeguard Children (DfE, 2015) as:

- Protecting children from maltreatment;
- Preventing impairment of children's health and development;

- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
- Taking action to enable all children to have the best outcomes.

Significant Harm

The Children Act 1989 introduced the concept of 'Significant Harm' as the threshold that justifies compulsory intervention in family life in the best interests of children. Under Section 47 of the Act, local authorities have a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or is likely to suffer Significant Harm.

Under s31(9) of the Children Act 1989 as amended by the Adoption and Children Act 2002

'harm' means ill-treatment or the impairment of health or development, including for example, impairment suffered from seeing or hearing the ill-treatment of another;

'health' means physical or mental health; and

'ill-treatment' includes Sexual Abuse and forms of ill-treatment which are not physical.

2. Recognising Child Welfare Concerns

Local authorities have a duty to promote and safeguard the welfare of children and to investigate and take necessary action to protect children and young people from abuse and/or harm.

Safeguarding and promoting the welfare of children and young people and, in particular protecting them from abuse and harm, is a shared responsibility and depends on effective joint working between all staff along with all the relevant agencies and professionals.

Children should be supported by staff to understand what abuse is.

Children must be listened to and enabled to report any abuse or neglect at the earliest opportunity. They should be given information about how to report abuse or any concerns about possible abuse. This should include being able to access in private, relevant websites or help lines such as [Childline](#) to seek advice and help.

All staff have a responsibility to report any suspicions or concerns that a child has or may be mistreated or harmed.

Abuse or neglect is not always easy to identify, staff are more than likely to have some information but not the whole picture.

The first indications that a child is being abused may not necessarily be the presence of a severe injury. Indicators can present in numerous ways to the public and professionals alike:

- By remarks made by the child or his/her parents or friends;

- By changes in a child's behaviour or demeanour which may indicate abuse;
- By a series of events which, whilst not necessarily of concern in themselves, are significant if viewed in their entirety.

Initially, the situation may not seem serious but it should be remembered that intervening early can prevent minor abuse from becoming more serious.

Any allegation of harm or abuse must be addressed in line with the home's [Referring Safeguarding Concerns Procedure](#).

The registered person should ensure that all staff in the home have relevant training in safeguarding and children protection.

3. Child Abuse as a Form of Significant Harm

There are four defined categories of child abuse, which are assumed to be forms of 'Significant Harm':

- [Neglect](#);
- [Physical Abuse](#);
- [Emotional Abuse](#);
- [Sexual Abuse](#).

A person can abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children can be abused in a family or in an institution or community setting; by those known to them or, more rarely, by a stranger. They can be abused by an adult or adults or another child or children.

4. Neglect

Neglect is a form of Significant Harm which involves 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/involve:

- During pregnancy as a result of maternal substance abuse;
- Parent/carer failing to provide adequate food and clothing, shelter including exclusion from home or abandonment;
- Failing to protect a child from physical and emotional harm or danger;
- Failure to ensure adequate supervision including the use of inappropriate carers;

- Failure to ensure access to appropriate medical care or treatment;
- May also include neglect of, or unresponsiveness to a child's basic emotional needs.

Warning signs include:

- Non-organic failure to thrive, i.e. where there is poor growth for which no medical cause is found, especially with a dramatic improvement in growth on a nutritious diet away from home;
- A consistently unkempt, dirty appearance;
- Unmet medical needs, e.g. failure to seek medical advice or attend appointments for illness, severe untreated nappy rash, missed immunisations where they have not been refused on other grounds;
- Developmental delay without any other clear cause;
- Lack of social responsiveness;
- Self-stimulating behaviours such as head banging or rocking (note that some children with special needs may exhibit this behaviour due to their disability but this should also be evaluated for context);
- Repeated failure by parents/carers to prevent injury;
- Consistently inappropriately clothed for the weather;
- Hazardous living conditions.

5. Physical Abuse

Physical abuse is a form of Significant Harm which may include hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child, including fabricating the symptoms of, or deliberately causing, ill health, to a child.

Harm may be caused to children both by the abuse itself, and by the abuse taking place in a wider family or institutional context of conflict and aggression, including inappropriate or inexperienced use of physical restraint. Physical abuse has been linked to aggressive behaviour in children, emotional and behavioural problems, and educational difficulties. Violence is pervasive and the physical abuse of children frequently coexists with domestic violence and abuse. It may involve hitting, shaking, scolding, suffocating or poisoning and it may cause the following injuries:

Bruises

Symmetrically bruised eyes are rarely accidental, although they may occur where there is a fracture of the head or nose and blood seeps from the injury site to settle in the loose tissue around the eye. A single bruised eye may be the result of an accident or abuse. Careful consideration is required whenever there is an injury around the eye. It should be noted whether the lids are swollen and tender and if there is damage to the eye itself.

- Bruising in or around the mouth (especially in small babies);
- Grasp marks on legs and arms - or chest of a small child;
- Finger marks (e.g. you may see three or four small bruises on one side of the face and one on the other);
- Symmetrical bruising (especially on the ears);
- Bruising behind the ears;
- Outline bruising (e.g. belt marks, hand prints);
- Linear bruising (particularly on the buttocks or back);
- Bruising on soft tissue with no obvious explanation, e.g. inner aspect of thigh;
- Bruising of different ages.

The following are uncommon sites for accidental bruising:

- Back of legs, buttocks, except occasionally along the bony protuberances of the spine
- Mouth, cheeks, behind the ear;
- Stomach, chest;
- Under the arm;
- Genital, rectal area;
- Neck.

Babies or others who are not yet mobile, i.e. are developmentally unable to move on their own, should not get bruises or other injuries. If they have bruises or other injuries, these must be adequately explained before they are accepted as accidental.

Note

Seemingly trivial injuries should not be ignored. Abuse can and does sometimes escalate against a child if it goes unchecked. All injuries should be noted and collated in the child/ren's records.

Most falls or accidents produce one bruise on a single surface - usually on a bony area. A child who falls downstairs generally has only one or two bruises. Children usually fall forwards and therefore, bruising is most often found on the front of the body. In addition, there may be marks on their hands if they have tried to break their fall.

Bruising may be difficult to see on child who is black. Mongolian blue spots are natural pigmentation on the skin which may be mistaken for bruising. These purplish-blue skin markings are most commonly found on the backs of children.

Scars

Children may have scars, but notice should be taken if a child has large number of scars of different ages (especially if coupled with current bruising), unusual shaped scars (e.g. round ones from possible cigarette burns) or of large scars that are from burns or lacerations that did not receive medical treatment.

Fractures

These should be suspected if there is pain, swelling and discolouration over a bone or joint. Fractures should be suspected if the child is not using a limb, especially in younger children. The most common non-accidental fractures are to the long bones in the arms and legs, and to the ribs. It is very rare for a child under one year to sustain a fracture accidentally. Fractures also cause pain and it is very difficult for a parent to be unaware that a child has been hurt.

Burns/Scalds

It can be very difficult to distinguish between accidental and non-accidental burns; however, burns or scalds with clear outlines are suspicious as are burns of uniform depth over a larger area.

Bites

These can leave clear impressions of the teeth. Human bites are oval or crescent shaped. If the impression of the bites is more than 3 cm across its width, they must have been caused by an adult or older child with permanent teeth.

Other injuries which may be deliberately caused

- Poisoning;
- Ingestion or other application of damaging substances, e.g. bleach;
- Administration of drugs to children where they are not medically indicated or prescribed;
- [Female Genital Mutilation](#) or Breast Ironing is Physical Abuse and an offence regardless of cultural or other reasons. The only exception is if surgery takes place for medical reasons.

Injuries may also be caused as a result of a parent fabricating or inducing illness in a child.

6. Sexual Abuse and Child Sexual Exploitation

Sexual abuse 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.

These activities are usually kept very secret and are damaging to children, both in the short and in the long term.

Most child victims are sexually abused by someone they know - either a member of their family or someone well known to them or their family. The children are likely to have been put under considerable pressure not to reveal what has been happening.

Both boys and girls of all ages are abused and the abuse may carry on for many years before it comes to light.

Sexual abuse often presents itself in a veiled way. Although some child victims have obvious genital injuries, a sexually transmitted infection or are pregnant, relatively few show such obvious signs.

Recognition of sexual abuse generally follows either a direct statement from the child (or very occasionally from the abuser), or more often, suspicion based on the child's circumstances, behaviour, or physical symptoms or signs.

The following list of commonly observed indicators is not exhaustive and there may be situations where none of them is present, even though a child is known to have been abused sexually. Equally, even if some are present it may also not be definitive of sexual abuse. These physical signs should alert professionals to the possibility of abuse. Suspicion increases where several features are present together.

Physical manifestations

- Sexually transmitted infections;
- Pregnancy (especially in younger girls or when identity of father is uncertain);
- Genital injuries.

Although these signs are not on their own indicative of sexual abuse, they include:

- Itching, redness, soreness;
- Unexplained bleeding from genitals;
- Daytime wetting;
- Faecal soiling or retention.

Emotional and behavioural manifestations

- Inappropriate sexual behaviour;
- Withdrawn, fearful or aggressive behaviour to peers or adults;
- Running away from home;
- Suicide attempts and self harm;
- Child psychiatric problems, including behaviour problems, withdrawal from social contact, onset of wetting or soiling when previously dry and clean, severe sleep disturbances;
- Learning problems which do not match intellectual ability, or poor concentration (**N.B.** for some sexually abused children, school may be a haven - they will arrive early, are reluctant to leave and perform well);
- Marked reluctance to participate in physical activity or to change clothes for PE, etc.

7. Emotional Abuse

Emotional abuse, is a form of Significant Harm which involves 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 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 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 on-line/ Cyberbullying*) 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.

*Cyberbullying means when the internet, mobile phones or other devices are used to hurt or bully another person, this can include text messaging, emails, instant messaging and use of social networking sites such as Facebook.

It is not usually indicated by a specific incident, but is observed in the interaction with the child. One child may be scapegoated or treated completely differently to their siblings.

Parental behaviours associated with Emotional Abuse

The following may identify parental behaviours which, if persistent, may be emotionally abusive. What is inappropriate will often depend on the child's developmental stage:

- A persistently negative view of the child, particularly as inherently bad, often combined with "deserved" harsh punishment;

- Inconsistent and unpredictable responses particularly where there is threat to or rejection of the child;
- Expectations which are inappropriate for the developmental stage of the child, either too high or too low, over protective or under protective;
- A lack of emotional availability or responsiveness to the child;
- No respect for personal boundaries of the child; not seeing the child as an individual;
- Promoting mis-socialisation or poor social adaptation;
- Contradictory, confusing or misleading messages in communicating with the child which seriously distort reality for the child or promote confusion;
- Serious physical or psychiatric illness of a parent including periods of hospitalisation;
- Induction of a child into bizarre parental beliefs;
- Breakdown in parental relationship with chronic, bitter conflict over contact or residence (this would also include situations where there is domestic violence);
- Major emotional rejection of the child and parental inability to perceive his/her needs with any objectivity;
- Major and repeated familial change, e.g. separations, reconstitution of families;
- Parental drug and/or alcohol addiction or involvement in seriously deviant lifestyles;
- Entrenched offending behaviour which may be criminal and which might also lead to a term of imprisonment.

Behavioural signs in children

Behaviour in a child which may indicate emotional abuse includes:

- Very low self esteem, often with an inability to accept praise or to trust;
- Lack of any sense of fun, over-serious or apathetic;
- Excessive clingy or attention seeking behaviour;
- Over-anxiety, either watchful and constantly checking or over-anxious to please;
- Developmental delay, especially in speech;
- Substantial failure to reach potential in learning, linked with lack of confidence, poor concentration and lack of pride in achievement;
- Self harming; compulsive rituals; stereotypical repetitive behaviour;
- Unusual pattern of response to others showing emotions.

8. Bullying (including On-line/Cyberbullying)

Also see [Countering Bullying and Peer Abuse Procedure](#).

Severe or persistent forms of bullying can result in Significant Harm, which is why those providing services for children should have adequate policies, procedures and training to counter bullying.

Bullying occurs when a person or group of people behave in ways which are designed cause distress or to hurt a person or group of people.

Sometimes whole organisations can bully.

Bullying can be overt and plain for all to see. It can be subtle and insidious.

Bullying can become part of the culture, recognised or believed by all or a significant number of people as 'acceptable'; it can even be encouraged and rewarded.

Bullying can include:

- a. Name calling, being sarcastic and spreading hurtful rumours;
- b. Assault or physical violence;
- c. Threats intimidation;
- d. Spitting;
- e. Incitement of others to harass and intimidate;
- f. Destruction or taking property without permission;
- g. Extortion or undue pressure;
- h. Emotional aggression like tormenting and excluding people;
- i. Racial harassment, taunts, graffiti and gestures;
- j. Sexual aggression or harassment, unwanted physical contact or comments;
- k. Comments, threats or actions relating to people's disability;
- l. Comments, threats or actions relating to people's sexual orientation;
- m. On-line/cyberbullying: e.g. when the internet, mobile phones or other devices are used to hurt or bully another person, this can include text messaging, emails, instant messaging and use of social networking sites such as Facebook.