

Protecting children from abuse and neglect

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RECOGNITION AND WHAT TO DO (A GUIDE FOR PROFESSIONALS)

RECOGNITION

Child abuse can be physical, sexual, emotional or neglectful. Recognition of signs and symptoms is dependent upon professionals being open to the possibility of non-accidental injury or other forms of abuse, and sharing any possible concerns.

It is the responsibility of professionals to report concerns, NOT decide whether it is or is not child abuse.

When all agencies share concerns about the child and the family with Social Services, informed decisions can be reached and appropriate assistance can be made available if necessary.

Professional concerns about "false allegations" need to be set aside as the need to protect children must be paramount

INDICATORS OF PHYSICAL ABUSE

Most healthy children will collect bruises or other injuries from time to time, and the majority of "injuries" you see in your work will be the result of normal childhood play and exploration. Accidental bruises and grazes will usually occur on parts of the skin that are covering the bony prominences (e.g. shin, forehead, knees). Also, a very small number of children may suffer from rare conditions, like haemophilia or brittle bone disease, which may make them more susceptible to bruising and fractures.

The list of "Indicators of Abuse" which follows, though not exclusive or in themselves always diagnostic of abuse, are characteristic of non-accidental injuries.

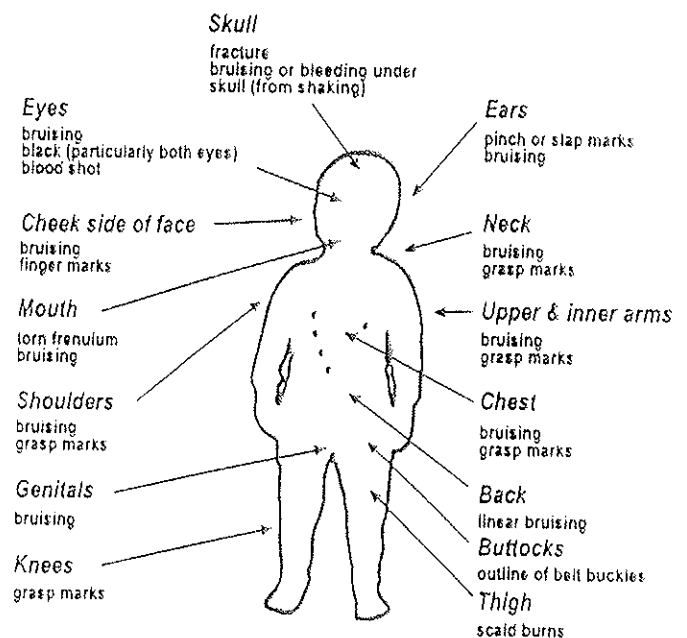
NON-ACCIDENTAL INJURY

Particular attention should be paid if:

Bruises are:

- frequent
- patterned (e.g. finger and thumb marks)
- old and new
- in unusual positions (see chart)

[Note developmental level/activities of child]



Burns and scalds have:

- clear outline
- no or few splash marks
- unusual positions
- indicative shapes (e.g. cigarettes, electric fire)

Injuries may be suspicious if

- bite marks
- large and deep scratches
- incisions

Fractures if

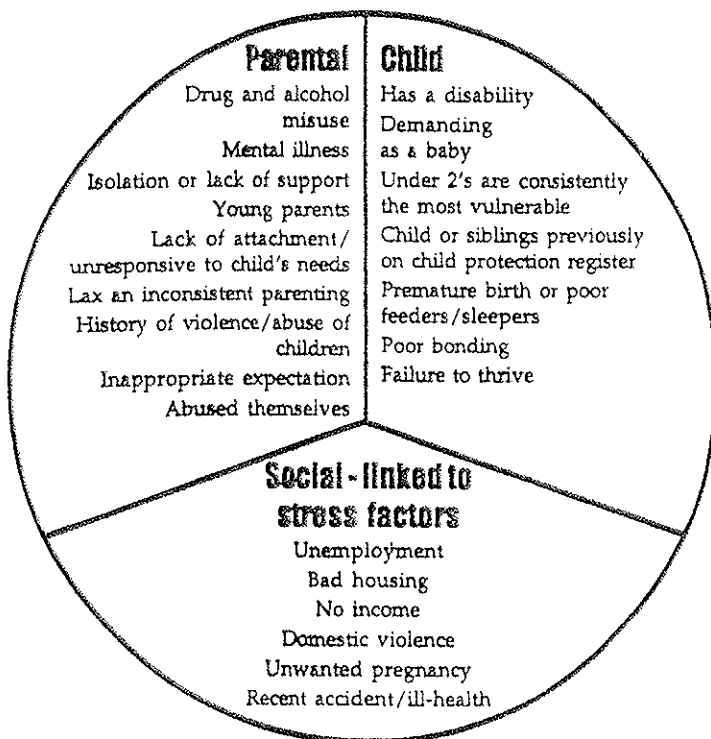
- numerous
- unreported
- healed at different times
- child under two

OTHER INDICATORS OF ABUSE

- Delay in seeking medical attention
- No (or inadequate) explanation of injuries
- Child/parent/witness reports abuse
- Changing explanations of injuries
- Recurrent injuries – particularly if forming a pattern (e.g. always Mondays)
- Inadequate parental concern
- Multiple injuries that occur at different times
- Child may be failing to thrive for no apparent reason

RISK FACTORS ASSOCIATED WITH PHYSICAL AND EMOTIONAL ABUSE

While none of these indicators would be diagnostic of abuse in itself, each is likely to place the family unit under greater pressure and may lead to the child's needs – including the need for protection from harm – not being adequately met.



POSSIBLE BEHAVIOURAL INDICATORS OF ABUSE

- Fear of adults generally or of certain adults in particular
- Poor peer relations

- Social isolation and withdrawal
- Aggression and acting out
- Pseudo maturity
- Frozen awareness (a combination of a lack of expression, lethargy and watchfulness)
- Detachment or indiscriminate attachment
- Eating disorders
- Running away
- Sudden changes in behaviour or poor school performance
- Sleep disturbance
- Psychosomatic complaints
- Self-destructive behaviour (self-mutilation, substance abuse, suicide attempts)

INDICATORS OF CHILD SEXUAL ABUSE

A child's verbal allegations must always be treated with the greatest respect. Children are entitled to be listened to and to have their statements treated seriously. Although there can be occasions when children invent allegations, as a result of adult pressure or for a variety of other reasons, research suggests that 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 that you do not question the child but record carefully what is said and contact Social Services. Do not discuss with the suspected abuser.

INDICATORS SUGGESTING THAT THERE IS A HIGH LIKELIHOOD OF SEXUAL ABUSE

- The child's own verbal allegation ("disclosure") that an assault has occurred
- Physical symptoms for which the only explanation is sexual activity, including genital/anal tearing, sexually transmitted diseases, and pregnancy in younger children
- Child's sexual abuse of other children
- Suicide attempts

- Compulsive masturbation in an inappropriate setting
- Vivid details of sexual activity in a younger child's talk/play/drawings, showing awareness of penetration, ejaculation, oral or anal sex

Indicators suggesting cause for concern and a need to investigate in order to find a satisfactory explanation

- Pregnancy and STD's in older children
- Drug and alcohol abuse
- Persistent running away
- Sexualised stories / poems
- Self mutilation
- Chronic urinary/vaginal infections
- Exposure of genitals
- Eating disorders
- Clinical depression
- Unexplained money or gifts
- Fear of particular people or situations
- Obsessional behaviour
- Developmental regression

EMOTIONAL ABUSE AND EMOTIONAL NEGLECT

There will be an emotionally abusive component in most other types of abuse. Emotional abuse leads to a child's loss of self-esteem and confidence so s/he becomes nervous and withdrawn. It may not cause physical scars but does have serious consequences for the child's development. Causes can include lack of love and affection or parents and carers who are inconsistent or constantly critical, having unrealistic expectations of a child.

Any of the following symptoms should be cause for concern:

- Excessive withdrawal or wariness;
- Repeated aggressive, disruptive behaviours;
- Excessive demands for affection or attention;
- Behaviour that is unusual for that individual child

NEGLECT

A failure to meet the child's basic needs (e.g. for love, warmth, food, clothing) may cause a deterioration in:

- The child's physical appearance, swollen hands & feet;
- Hygiene, or weight loss of the child;
- Behaviour and/or performance. A child who always seems hungry

WHAT TO DO IF YOU SUSPECT CHILD ABUSE

As someone who comes into frequent contact with young people, you will be aware that many children each year are abused and neglected.

You may have come across situations yourself when you have suspected abuse but been uncertain how to act for the best

This leaflet aims to help you when you are faced with a child who you think may have been abused or neglected. It is based on fuller guidelines that have been agreed by all the agencies involved in your local Area Child Protection Committee. These procedures are to be used when there is a concern that a child's need for protection is not being met by the family.

Copies of these guidelines are available and you should ensure that you are aware of their contents and where they are held should you need to consult them.

BASIC PRINCIPLES

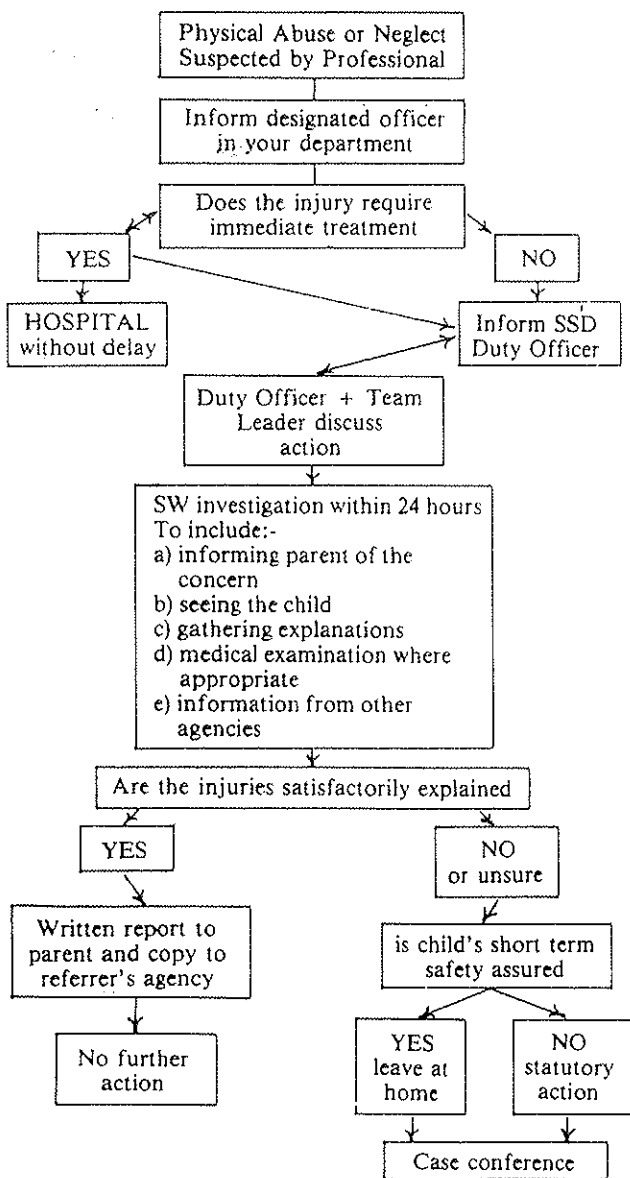
1. All children are entitled to live in a safe environment and be protected from harm;
2. In any intervention, emphasis should be placed first and foremost on the interests of the child;
3. Possible child abuse always demands urgent action. However, except when a child's injuries appear to need immediate treatment, discussions should take place with Social Services so that a planned approach can be adopted;
4. All involved should be aware of the importance of good record keeping.

ABUSE PROCEDURES

- Where any professional discovers a child who seems to require immediate treatment, they should inform their supervisor/designated officer who must ensure that the child is sent to the local Accident & Emergency Department without delay. If child abuse is suspected, this suspicion should be conveyed to the A & E staff and to the Social Services Duty Officer.
- In cases where immediate treatment is not needed, but where some form of abuse is suspected, staff should consult with their supervisor/designated officer and make

contact with the appropriate Social Work team without delay. While in some cases it will be appropriate to let parents know of the intention to refer to Social Services, *in more serious cases and in all cases of suspected sexual abuse*, the decision on when to tell the parents should be taken in discussion with Social Services.

- On receiving a referral, the duty social worker should clarify both the nature of the concerns and any other relevant information that the referrer may have about the child and family. The duty social worker should inform their manager who will decide on what action should be taken in the light of the referral and any other information from other sources that may be available. In serious cases, the police will need to be involved in this decision.



- Social Services Department has a primary responsibility for child protection and a complaint of suspected abuse must begin

to be investigated (and in the case of physical abuse, the child seen) within 24 hours of referral. Parents should be informed as soon as possible about the concerns.

- The professional making the referral should be kept informed of the progress and eventual outcome of the investigation.
- The Social Services Department will ensure that adequate arrangements have been made for the child's safety.
- In all cases where concerns continue, a Case Conference will need to be called at the earliest possible date.

SOME DO'S AND "DON'Ts" DO

- BE ALERT TO SIGNS OF ABUSE AND NEGLECT (It can happen anywhere)
- BE PREPARED TO RESPOND CALMLY. (Children are more likely to allow you to help them if you are prepared to listen and appear not to panic)
- KEEP A CLEAR RECORD OF YOUR CONCERNS AND WHAT ACTION YOU TOOK.
- MAKE YOURSELF AWARE OF LOCAL PROCEDURES FOR RESPONDING TO CHILD ABUSE.
- CONSULT SOCIAL SERVICES IF YOU ARE IN ANY DOUBT.

DON'T

- PROMISE THE CHILD THAT YOU WILL NOT TELL ANYONE ELSE.
- TRY TO "GO IT ALONE". Children are always best protected when all the agencies involved with the child WORK TOGETHER

CHILD PROTECTION TRAINING



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