

1.14.10 Child Exploitation Policy

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REGULATIONS AND STANDARDS

England

- Regulation 12: The protection of children standard
- Guide to the protection of children standard
- Regulation 42: Notification of offences

Wales

- Social Services and Well-being (Wales) Act 2014
- Regulation 15: Personal plan
- Regulation 18: Provider assessment
- Regulation 27: Safeguarding policies and procedures
- Regulation 60: Notifications (Schedule 3)

Scope of this chapter

The information in this chapter is taken from Government guidance documents as listed below. It should be read in conjunction with the Local Authority Safeguarding Partnerships (England) / National Independent Safeguarding Board (Wales) procedures regarding exploitation of children and young people and related procedures in this manual.

This policy is intended to explain the nature of exploitation of children, young people and vulnerable adults and to recognise its signs and respond appropriately so that potential victims get the support and help they need.

To ensure that staff and professionals are aware that the exploitation of young people is a widespread form of harm to children, young people and vulnerable adults.

RELEVANT INFORMATION AND GUIDANCE

- [Child sexual exploitation: definition and guide for practitioners \(2017\)](#)
- [Safeguarding Children and Young People from Sexual Exploitation \(2009\)](#)
- [What to do if you suspect a child is being sexually exploited](#)
- [See Me Hear Me](#)
- [National Working Group](#)
- [Child Exploitation and Online Protection Centre](#)
- [National Crime Agency - UK Human Trafficking Centre](#)
- [Responding to child sexual exploitation – College of Policing](#)
- [Child Sexual Abuse – The children’s Commissioner](#)
- [The Office of the Children’s Commissioner - An Inquiry into Sexual Exploitation in Gangs and Groups](#)
- [Parents Against Child Exploitation](#)
- [Unprotected Overprotected: meeting the needs of young people with learning disabilities who experience or are at risk of CSE](#)
- [Towards a Contextual Response to Peer on Peer Abuse](#)
- [Exploitation of children and vulnerable adults: County Lines guidance . Home Office \(2018\)](#)
- [Home Office Child Exploitation Disruption Toolkit](#)
- [Criminal Exploitation of children and vulnerable adults: County Lines guidance](#)
- Safeguarding children and young people from sexual exploitation: supplementary guidance 2009.
- Statutory guidance on children who run away or go missing from home or care, 2014.
- Statutory guidance on children who run away or go missing from home or care – Flowchart to accompany the statutory guidance, 2014.

Relevant Chapter

Absent Missing Children/Young People Policy
Child and Adult Protection Policy

1. Introduction

Bryn Melyn Care is committed to ensuring our children and young people are safe. Bryn Melyn Care believes that its duty to safeguard children's care is paramount. We subscribe to best practice and invest heavily in staff training and keeping up to date with legislative requirements and statutory guidance.

It is through our comprehensive training programme, supported and underpinned by our policies and procedures, that we ensure that the quality of Safeguarding in all areas of the organisation supports the protection of children from exploitation, abuse or neglect.

We recognise the growing risk in relation to the exploitation of vulnerable young people, particularly those who are looked after or have emotional and/or mental health difficulties. For this reason, we have high expectations in relation to the safeguarding of young people in our care, and the prevention of exploitation.

Our aim is to prevent children and young people from abuse through child exploitation by:

- Reducing their vulnerability;
- Improving their resilience;
- Reducing tolerance of exploitative behaviours.

We will do this by working closely with the professionals and stakeholders involved in a young person's care in order to gather information where we have concern that a young person may be involved in, or at risk of, exploitation.

We train and encourage staff to place true value on building positive relationships with the children cared for by us to generate a culture of openness and trust. Child care professionals employed by Bryn Melyn Care are trained to be alert to any signs that a child is at risk of harm through child exploitation.

We believe that awareness raising and preventative education equips children and young people with the skills they need to make safe and healthy choices and to avoid situations which put them at risk of exploitation.

2. What is Child Sexual Exploitation?

In England – “*Child Sexual Exploitation is a form 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 (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child Sexual Exploitation does not always involve physical contact, it can occur through the use of technology*”.(DfE 2017)

In Wales –“*Child Sexual Exploitation is the coercion or manipulation of children and young people into taking part in sexual activities. It is a form of sexual abuse involving an exchange of some form of payment which can include money, mobile phones and other items, drugs, alcohol, a place to stay, ‘protection’ or affection. The vulnerability of the young person and grooming process employed by the perpetrators renders them powerless to recognise the exploitative nature of relationships and unable to give informed consent.*”

(All Wales Protocol for Safeguarding and Promoting the Welfare of children who are at risk of abuse through Sexual Exploitation’ 2013)

Child sexual exploitation is not a choice. It is a form of abuse. It is important to remember that even when a relationship appears consensual, it may be an exploitative relationship. There can be an interchangeable status between victim and perpetrator. Young people can be both victim and perpetrator. Males and females can be both victims and perpetrators.

While it may appear that some young people are 'choosing' exploitation to meet their needs, it is vital to remember that young people have limited options and so it is not a 'choice' as such but rather 'constrained choices' or 'survival strategies'.

Risk Factors of CSE

Young people's peer groups, communities and social media activity are either key risk factors or key protective factors. For example, if a young person socializes with peers who have a positive influence on their thinking and behaviours, this will more than likely protect them within their communities and neighbourhoods. Likewise, if young people socialise with peers who are themselves involved in risky activities such as substance misuse, gangs or exploitative relationships, this too

may impact on the young person's safety and wellbeing in the community and their neighbourhoods.

Key risk factors and vulnerabilities for young people; Child Sexual Exploitation

- Having a physical or learning disability.
- Being in care (particularly those in residential care and those with interrupted care histories).
- Having a prior experience of neglect, physical and/or sexual abuse.
- Lack of a safe/stable home environment, now or in the past (domestic violence or parental substance misuse, mental health issues or criminality, for example).
- Going missing (for short or long periods).
- Substance misuse issues.
- Disengagement or absences from education/training/employment.
- Lack of positive activities or hobbies.
- Gang-association/involvement and/or criminal behaviour.
- Recent bereavement or loss.
- Social difficulties, such as anti-social or violent behaviour.
- Social isolation, such as a lack of a friendship group or support network.
- Lack of insight into vulnerabilities and risks.
- Emotional and/or communication difficulties.
- Absence of a safe environment to explore sexuality, sexual identity or gender identity.
- Economic vulnerability.
- Homelessness or insecure accommodation status.
- Connections with other children and young people who are being sexually exploited.
- Family members or other connections involved in adult sex work.
- Low self-esteem
- Poor self-confidence

Key risk indicators are;

- Unexplained money or gifts
- Going missing (for short or long periods)

- Being distressed or withdrawn on return
- Disengaging from existing social networks
- Secrecy around new associations
- Additional mobile phones or concerning use of technology
- Sexual health problems
- Disclosure of rape/sexual assault (and reluctance to report)
- Changes in temperament/emotional wellbeing
- Drug or alcohol misuse
- Secretiveness
- Unexplained physical injuries.

We must all remember this is not an exhaustive list. Staff must remain alert to possible signs of child sexual exploitation even if young people do not have any of the above risk indicators or vulnerabilities evident.

3. What is Trafficking ?

Trafficking does not just occur across borders and can refer to children being moved within or between towns and cities. Children do not have to have been physically moved by an offender; they may have travelled independently or on foot but under instruction from the abuser or having been provided with a location. Internal trafficking can include; transporting the victims, arranging the transport, coercing the victim to travel to the destination, receiving the victim at the destination or harbouring.

Child trafficking is when children are recruited, moved or transported for the purposes of exploitation, slavery, or abuse, in these cases the child or young person should be considered a victim of trafficking. This includes whether or not they have been forced, deceived or the child/young person believes that they are traveling willingly from one location to another, for example, where a child takes a bus or walks

from one location to another for the purpose of exploitation. Children can be trafficked as part of sexual exploitation, criminal exploitation such as the selling of drugs, forced marriage, forced labour and benefit fraud.

The Modern Slavery Act 2015 establishes that a person commits an offence if the person arranges or facilitates the travel of another with a view to being exploited.

Children who are trafficked will experience physical, sexual and emotional abuse. Children are groomed and then threatened, coerced or intimidated.

Possible signs of trafficking include a child who;

- Spends a lot of time doing household chores;
- Rarely leaves their house, has no freedom of movement and no time for playing;
- Is orphaned or living apart from their family, often in unregulated private foster care;
- Lives in substandard accommodation;
- Isn't sure which country, city or town they're in;
- Is unable or reluctant to give details of accommodation or personal details;
- Has no documents or has falsified documents;
- Is seen in inappropriate places such as brothels or factories;
- Possesses unaccounted for money or goods;
- Deprived of earnings or is required to earn an amount of money every day/pay off an exorbitant debt;
- Has injuries from 'workplace' accidents;
- Offers a story which is very similar to stories given by other children.

Additional information can be accessed here:

<https://www.gov.uk/government/publications/modern-slavery-training-resource-page>

Staff must report any concerns regarding trafficking to the Manager of the home immediately who must then report this immediately to the National Referral Mechanism (NRM) and police . The National Referral Mechanism (NRM) is a framework for identifying victims of human trafficking and ensuring they receive appropriate care. When a child or young person is trafficked, a range of agencies may be involved such as the police, the UK Border Agency (UKBA), local authorities and non-governmental organisations such as charities. The NRM makes it easier for these agencies to co-operate, share information and facilitate access to advice, accommodation and support.

Anyone can seek guidance from NSPCC Child Trafficking Advice Centre 0808 800 5000.

4. Child Criminal Exploitation (otherwise known as “County Lines”)

“Child Criminal Exploitation is commonly referred to as County Lines and occurs where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18. The victim may have been criminally exploited even if the activity appears consensual. Child Criminal Exploitation does not always involve physical contact; it can also occur through the use of technology.”

Criminal exploitation of children is broader than just county lines, and includes for instance children forced to work on cannabis farms or to commit theft.

“County Lines” is a national term used by police and law enforcement to commonly describe the approach taken by gangs and criminal networks originating from urban areas, which travel to locations such as county or coastal towns to sell class A drugs. Gangs typically use children, young people and vulnerable adults to deliver drugs to customers and this often involves the child being subjected to deception, intimidation, violence, and financial exploitation and grooming.

County lines is a major, cross-cutting issue involving drugs, violence, gangs, safeguarding, criminal and sexual exploitation, modern slavery, and missing persons; and the response to tackle it involves the police, the National Crime Agency, a wide range of Government departments, local government agencies and VCS (voluntary and community sector) organisations.

County lines relates to a group (not necessarily affiliated as a gang) establishing a network between an urban hub and county location, into which drugs (primarily heroin and crack cocaine) are supplied.

The group or individual exploits young or vulnerable people to achieve the storage and/or supply of drugs, movement of cash proceeds and to secure the use of dwellings (commonly referred to as ‘cuckooing’). The group, or individuals exploited by them, regularly travel between the urban hub and the county market, to replenish stock and deliver cash. The group is inclined to use violence or threats and weapons, including knives, corrosives and firearms.

Staff must ensure that they remain vigilant to potential risk factors in order to prevent risk from increasing and that they consider young people's vulnerabilities and risk factors as well as risk factors of the area.

Key risk factors for young people are:

- Young people/adults who have substance misuse issues living in

or visiting 'cuckooed' premises.

- Young people who are looked after or who have been looked after and who are exploited for drug running purposes.
- Young people with mental health difficulties.
- Young people who go missing from their parents/carers.
- Young people who are withdrawn, who do not engage in school and have limited trusted adults around them.
- All child victims are targeted by offenders due to their ability to operate without drawing attention to themselves.
- Key risk factors of areas are:
 - Towns with high unemployment.
 - Towns with high levels of social housing and deprivation.
 - Towns which are close to a prison
 - Towns which have a probation centre nearby
 - Towns which have a drug treatment centre
 - Towns which have children's homes
 - Towns which have a train station or easy vehicle access

5. What to do if you have concerns that a young person is being exploited

Where risks or activities relating to possible exploitation are identified or there are immediate concerns for the young person's safety due to exploitation they must follow the Child and Adult Protection Procedure. If you believe a person is at immediate risk of harm and you cannot wait for a response you should contact the police immediately. Staff must share any concerns that they have with the Home Manager/On-call who will then refer their concerns to the placing authority and local authority to where the home is located within one working day.

All staff must ensure that all relevant information is recorded including information about anyone the child or young person is associating with including appearance, cars, telephone activity, the child's pattern of

going missing, any names the child discloses, other children who may go missing with the child or at the same time, any addresses the child says they have frequented or ask to be collected from, this can form an evidence trail and a chronology of concerns can be established and shared with relevant professionals.

A referral will be made to the homes Local Authority Safeguarding team and CIW or OFSTED will be notified immediately if a concern is raised.

The Homes Manager must ensure that a preventative approach is taken and that all young people are educated around the risks associated with grooming, online safety, safe/healthy relationships, sex including what consent means, and child sexual/ criminal exploitation.

Internet use can be a key risk factor relating to child exploitation. If Phone are available to the young person there are known risks relating to child exploitation and wherever possible staff must supervise internet use.

Any concerns relating to online grooming must be immediately documented on the Young Persons paperwork and Incident report form and reported to the Home's Manager.

A multi-agency professionals meeting may be convened as soon as possible to review any potential child exploitation risks and agree actions to be taken to safeguard the child or young person.

Child exploitation risks must be reviewed and discussed regularly within the staff team and also in the monthly Safeguarding Meetings. The purpose of this is to ensure that information is being shared and that proactive measures are being taken to safeguard the child or young person.

If a child or young person discloses that they are being exploited, it is

likely that this will be very traumatic for them. Staff must be aware of the potential impact that this could have on the young person's mental health and emotional wellbeing. Safety measures must be put in to support the young person and follow the Child and Adult Protection procedure in relation to reporting and recording the disclosure after ensuring the child/young person's safety is protected.

Staff must ensure that the language they use is not 'victim-blaming'. Staff must listen and show young people that they are non-judgmental and do not blame the young person for the abuse. If a young person has been sexually exploited by someone who they perceive as being in a relationship with, they may find it very traumatic to see this relationship as being exploitative and that the person did not love them as they perceived. It may take time for young people to understand and recognise that they have been exploited and so staff must be patient and support young people to get to this stage at the young person's own pace.

As well as BMC policies you need to also ensure you follow your Local Authority Safeguarding Procedures and Protocol.

6. Risk Assessment Process

The risk assessment process is essential for ensuring that children and young people are kept safe from exploitation. A Missing from Care Risk Assessment and Action Plan is completed for all children cared for by Bryn Melyn Care alongside an individual protocol for absent and missing children. This information is updated regularly by the Home Manager to ensure that it is accurate and current.

All children / Young People at Bryn Melyn Care will have a Risk Assessment and Behaviour Support Plan based on referral information provided by the placing authority. A missing person form is completed

by the Home Manager and informed by the information shared by the placing social worker. This document is then shared with the local police, the Community Support Officer, the child's school, and the social worker.. The missing person form will include an up to date photograph of the child where possible to support the safe recovery of the child if he/she should absent themselves from our care.

We know that being missing is one of the biggest risk factors in Child Exploitation. Staff are trained to do everything possible to dissuade a child thought to be at risk from leaving the safety of their care. This includes talking to them, offering alternative activities, shared activities, considering additional staffing to further safeguard them and reduce the risks posed, waking nights and safer staffing options agreed with the placing social worker within our 1:1 or 2:1 model of therapeutic care.

The risk assessment process to keep young people safe from exploitation at is held by the Home Manager. They have responsibility for drawing up a comprehensive risk assessment and risk management plan which will include supervision and monitoring of the child at risk as agreed with the placing social worker and any other professionals involved. The circumstances under which room searches or searches of the young person's belongings, including possible confiscation will be outlined within this plan and all parties will agree to the action/s to be undertaken to safeguard the child concerned. Reporting and recording will also be established.

Any intelligence gathered will immediately be shared with senior management within Bryn Melyn Care, the Police Protection Unit (PPU), Local Authority Safeguarding Team and the young person's social worker. The Home Manager, in consultation with the above agencies,

will make any necessary adjustments to the risk assessment and management plan. For example, free time may need to be curtailed; access to social networking sites may need revising. The professionals will reconvene as and when necessary. Parents or Carers of any other young people thought to be at risk will also be notified by the Home Manager.

The Home's Manager is responsible for notifications and the involvement of external professionals, particularly the PPU and safeguarding team where immediate action is warranted in order to maintain safety. For example, staff may discover the name and/or address of persons who may present a risk to the young person. This will immediately be notified to the PPU and the safeguarding team. Home Manager is then responsible for following up with phone calls and emails to establish what steps have been taken to address this risk.

The Home Manager will take steps to establish contact with the parents or carers of other young people with whom the resident associates. The contact details of these associates will be kept on file and shared with the police. Through these contacts further information may be gathered about where they young person goes within the community and who his or her wider associates are.

Throughout this process, the team around the child, including their therapist and school will work closely with the child, encouraging them to share and explore their situation. Where children give evidence which may lead to prosecutions all professionals will play a role in supporting them through the process.

Our services have a 'never give up' approach to caring for children and

young people. We know that children who reject offers of help and support remain of concern. We apply a tenacious response to keeping risk assessments and protocols under constant review and revising the policies, procedures and practice guidance relating to Child Exploitation, children who go missing from home, school or care and sexually active young people under the age of 18.

Appendix

Recognising Abuse Guidance

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7. **Emotional Abuse**
8. **Causes of Abuse and Neglect (Significant Harm)**
9. **Caring for Children who have been Abused**
10. **Revision History**

Regulation and Standards

England

- [Regulation 12: The protection of children standard](#)
- [Guide to the protection of children standard](#)

Wales

- Regulation 15: Personal plan
<https://www.legislation.gov.uk/wsi/2017/1264/regulation/15/made>

- Regulation 27: Safeguarding policies and procedures
<https://www.legislation.gov.uk/wsi/2017/1264/regulation/27/made>
- Regulation 36: Supporting and developing staff
<https://www.legislation.gov.uk/wsi/2017/1264/regulation/36/made>

Scope of this Chapter

This Chapter provides detailed guidance on the meaning and recognising of Significant Harm (Child Abuse) it also provides guidance on caring for Children who have been abused.

Relevant Guidance

Working Together to Safeguard Children 2018

C4EO 'Safeguarding theme'

For procedures regarding the reporting of concerns, see **Child and Adult Protection Procedure**

1. The Concept of 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 and gives local authorities 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.

There are no absolute criteria to rely on when judging what constitutes significant harm, however; 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;

'Development'

Means physical, intellectual, emotional, social or behavioural development.

'Health'

Means physical or mental health; and

'Ill-treatment'

Includes sexual abuse and forms of ill-treatment which are not physical.

Under s31(10) of the Act:

Where the question of whether harm is suffered by a child is significant turns on the child's health and development, his/her health or development shall be compared with that which could reasonably be expected of a similar child.

2. Recognising Significant Harm

In making your judgment about whether or not the concerns you have about a child and their family meet the criteria for likely or actual suffering of significant harm, it is more than likely you will have some information but not the whole picture.

This is where an integrated approach and effective joint working between agencies and professionals that have different roles and expertise is essential. Sharing and helping to analyse information so that an assessment can be made using The Assessment Framework is essential, as it provides a way in which all agencies who have involvement with the family can contribute their information and their understanding to a whole picture of whether the child is in need and/or whether a child is in need of protection.

You may be so concerned about what you see or hear from a child or from an adult about a child that you believe the criteria has been met and action should be taken. However, it maybe that when all aspects of the picture are put together the family is considered to be in need of support rather than compulsory intervention.

Also the piece of information, which you have, may give you cause for some concern but not enough to meet the criteria for significant harm. However, when all the aspects of the picture are put together it may become apparent that this child is suffering or is at risk of suffering significant harm and action does need to be taken.

Your responsibility therefore is not individually to make a judgment about whether or not the threshold of significant harm has been reached; it is to provide the best information possible in order to ensure that this judgment is made on the basis of as full a picture as possible about the family.

To understand and identify significant harm, it is necessary to consider:

- The nature of harm, in terms of maltreatment or failure to provide adequate care;
- The impact on the child's health and development;
- The child's development within the context of their family and wider environment;
- Any special needs, such as a medical condition, communication impairment or disability that may effect the child's development and care within the family;
- The capacity of parents to meet adequately the child's needs; and
- The wider and environmental family context.

Frontline professionals should get to know children as individual people and as a matter of routine consider how their situation feels to them. The child's reactions, his or her perceptions, and wishes and feelings should be ascertained and should be given due consideration, so far as is reasonably practicable and consistent with the child's welfare and having regard to the child's age and understanding (section 53 of the Children Act 2004 amended Sections 17 and 47 of the Children Act 1989).

To do this depends on effectively communicating with children and young people including those who find it difficult to do so because of

their age, an impairment or their particular psychological or social situation. This may involve using interpreters, drawing on the expertise of early years workers in communicating with very young children or those working with disabled children.

It is necessary to create the right atmosphere when meeting and communicating with children, to help them feel at ease and reduce any pressure from parents, carers or others. Children will need reassurance that they will not be victimised for sharing information or asking for help or protection; this applies to children living in families as well as those in institutional settings, including custody.

It is essential that any accounts of adverse experiences coming from children are as accurate and complete as possible.

'Accuracy is the key, for without it effective decisions cannot be made and equally, inaccurate accounts can lead to children remaining unsafe, or to the possibility of wrongful actions being taken that affect children and adults' (Jones DPH (2003) Communicating with vulnerable children: a guide for practitioners).

3. Child Abuse and Neglect as a form of Significant Harm

Abuse and neglect is not always easy to identify.

The first indications that a child is being abused or neglected 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 or neglect;
- By indications that the family is under extreme stress;
- 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 prompt help to a family in trouble might prevent minor abuse and neglect escalating into something more serious.

Working Together to Safeguard Children 2015 defines categories of child abuse, which are identified as forms of '**Significant Harm**':

- **Neglect**;
- **Physical Abuse**;
- **Emotional Abuse**;
- **Sexual Abuse**.

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 institution or community setting; by those known to them or, more rarely, by a stranger. They may be abused by an adult or adults or another child or children.

4. Neglect

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 inadequate care-takers;
- 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:

- Faltering growth, 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;
- Severe and persistent infestations (for example, scabies or head lice) in a child;
- Un-met 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 special needs children 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.

Impact of Neglect on the Child

- Severe neglect young children has adverse effects on children's ability to form attachments and is associated with major impairment of growth and intellectual development;
- Persistent neglect can lead to serious impairment of health and development and long term difficulties with social functioning, relationships and educational progress;
- Neglected children may experience low self-esteem, feelings of being unloved and isolated;
- Neglect can result in extreme cases in death.

The impact of neglect varies depending on how long the child has been neglected, the child's age and the multiplicity of neglectful behaviours.

(Daniel, Taylor & Scott (2009) 'Noticing and helping the neglected child'.

5. Physical Abuse

Impact of Physical Abuse on a child:

- Physical abuse can lead directly to neurological damage, physical injuries, disability or, at the extreme, death;
- 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;
- Physical abuse of children often coexists with domestic violence.

Physical Features that should prompt you to suspect child maltreatment:

Bruises

- Bruising in the shape of a hand, ligature, stick, teeth mark, grip or an implement;
- Bruising not caused by a medical condition (for example, a coagulation disorder), with an unsuitable explanation, including those:
 - In a child who is not independently mobile;
 - That are multiple or in clusters;
 - Of similar shape and size;

- On non-bony parts of the face or body, including the eyes, ears and buttocks;
- On the neck that look like attempted strangulation;
- On the ankles and wrists that look like ligature marks.

Bites

- Human bite mark thought unlikely to have been caused by a young child.

Lacerations, abrasions or scars

- Lacerations, abrasions or scars on a child that have an unsuitable explanation, including those:
 - On a child who is not independently mobile;
 - That are multiple or have a symmetrical distribution;
 - On areas usually protected by clothing, or the eyes, ears and sides of face;
 - On the neck, ankles and wrists that look like ligature marks.

Burns or Scalds

- Burn or scald injuries on a child:
 - With an absent or unsuitable explanation; **or**
 - Who is not independently mobile; **or**
 - On soft tissue areas not expected to accidentally come into contact with a hot object (for example, backs of hands, soles of feet, buttocks, back); **or**
 - In the shape of an implement (for example, cigarette or iron); **or**
 - That indicate forced immersion (for example, scalds to buttocks, perineum and lower limbs, to limbs in a glove,

stocking or symmetrical distribution or with sharply delineated borders).

Fractures

- One or more fractures in a child if there is no medical condition that predisposes to fragile bones or if the explanation is absent or unsuitable, including:
 - Fractures of different ages;
 - X-ray evidence of occult fractures (for example, rib fractures in infants).

Head Injuries

- Intracranial injury in a child if there is no major confirmed accidental trauma or known medical cause in one or more of the following circumstances:
 - There is an absent or unsuitable explanation;
 - The child is aged under 3 years;
 - There are also other inflicted injuries, retinal haemorrhages, or rib or long bone fractures;
 - There are multiple subdural haemorrhages.

Poisoning

- Poisoning in a child in any of the following circumstances:
 - Deliberate administration of inappropriate substances, including prescribed and non-prescribed drugs;
 - Unexpected blood levels of drugs not prescribed for the child;
 - Reported or biochemical evidence of ingestions of one or more toxic substances;
 - The child could not access the substance independently;

- Repeated presentations of ingestions of substances in the child or other children in the household;
- There is an absent or unsuitable explanation.

Other Injuries

- Retinal haemorrhages or injury to the eye in a child if there is no major confirmed accidental trauma or medical explanation, including birth-related causes;
- Signs of spinal injury in a child if there is no major confirmed accidental trauma;
- Intra-abdominal or intrathoracic injury in a child if there is no major confirmed accidental trauma, with an absent or unsuitable explanation, or with a delay in presentation. There may be no external bruising or other injury;
- Female genital mutilation, which includes female circumcision, excision and infibulation, is physical abuse and an offence regardless of cultural or other reasons. The only exception is if surgery takes place for medical reasons.

Other Features

- Child has a near-drowning incident with an absent or unsuitable explanation;
- Repeated apparent life-threatening events in a child, if the onset is witnessed only by one parent or carer and a medical explanation has not been identified.

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

See **NICE Guidance 'When to suspect child maltreatment'**.

6. Sexual Abuse

Sexual Abuse is 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 sexually 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 and/or anal 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 indicators

- Sexually transmitted infections (dependent on age, and nature of sexual relationship);
- Pregnancy (dependent on age and nature of sexual relationship);

See **Sexual Health and Relationships Procedure**;

- Persistent or recurrent genital or anal symptoms (for example, bleeding or discharge) in a girl or boy, without a medical explanation;

- Genital, anal or perianal injury in a girl or boy, with an absent or unsuitable explanation;
- Unusual sexualised behaviours in a prepubertal child (for example, oral-genital contact with another child or doll, requesting to be touched in the genital area, or inserting or attempting to insert an object, finger or penis into another child's vagina or anus).

See **NICE Guidance 'When to suspect child maltreatment'**

Emotional and behavioural indicators

Behaviour with sexual overtones (depending on age and understanding):

- Explicit or frequent sexual preoccupation in talk and play;
- Sexual relationships with adults or other children;
- Hinting at sexual activity or secrets through words, play or drawings.

Children may also behave in the following ways:

- Withdrawn, fearful or aggressive behaviour to peers or adults;
- Running away from home;
- Suicide attempts and self mutilation;
- Child psychiatric problems, including behaviour problems, withdrawal from social contact, onset of wetting or soiling when previously dry and clean, severe sleep disturbances, arson (fire setting);
- Learning problems which do not match intellectual ability, or poor concentration (NB: 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.

Information Communication Technology is an important element in our awareness of sexual abuse and its manifestations. The internet has, in particular, become a significant tool in the distribution of indecent photographs/pseudo photographs of children. Internet chat rooms, discussion forums and bulletin boards are used as a means of contacting children with a view to grooming them for inappropriate or abusive relationships, which may include requests to make and transmit pornographic images of themselves, or to perform sexual acts live in front of a webcam.

There is also growing cause for concern about the exposure of children to inappropriate material via interactive communication technology - for example, adult pornography and/or extreme forms of obscene material. Allowing or encouraging a child to view such material may warrant further enquiry. Children themselves can engage in text bullying and use mobile phone cameras to capture violent and/or assaults of other children for circulation.

Impact of Sexual Abuse

The severity of the impact of sexual abuse on a child is believed to increase the longer the abuse continues, the more extensive the abuse, and the older the child. Also the relationship of the abuser to the child, the extent of premeditation, the degree of threat and coercion, sadism, and bizarre or unusual elements can be important.

A child's ability to cope with the experience of sexual abuse, once recognised or disclosed, is strengthened by the support of the non-abusive adult carer who believes the child, helps the child understand the abuse, and is able to offer help and protection.

The reactions of practitioners also have an impact on the child's ability to cope with what has happened, and on his or her feelings of self worth

A proportion of adults and children who sexually abuse children have themselves been sexually abused and / or been experienced other types of abuse but it would be quite wrong to suggest that children who are sexually abused inevitably go on to become abusers themselves

(see **Jones and Ramchandani (1999) Child Sexual Abuse.**

Informing Practice from Research)

7. Emotional Abuse

Emotional Abuse 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;

- The child seeing or hearing the ill-treatment of another person, adult or child;
- 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; stereotypic repetitive behaviour;
- Unusual pattern of response to others showing emotions.

Impact of Emotional Abuse

There is increasing evidence of the adverse long-term consequences for children's development where they have been subject to sustained emotional abuse, including the impact of serious bullying.

(see **Barlow & Schrader-MacMillan (2009) Safeguarding Children from Emotional Abuse - What Works?**)

Emotional Abuse has an important impact on a developing child's mental health, behaviour and self esteem. It can be especially damaging in infancy. Underlying emotional abuse may be as important if not more so, as other more visible forms of abuse in terms of its impact on the child.

Domestic Violence, adult mental health problems and parental substance misuse may be features in families where children are exposed to emotional abuse. There are separate procedures in Part 4 of this manual which describe these and other areas of concern.

8. Causes of Abuse and Neglect (Significant Harm)

There is no 'typical' situation or environment in which child abuse or neglect may occur although many children are abused by parents.

Parental responses to allegations of abuse which directly implicate them are very varied. The following do not indicate either that abuse has taken place or that no abuse has taken place, but should raise concern:

- There may be an unequivocal denial of abuse and possibly non-compliance with enquiries or requests, for example, for the child to be medically assessed;
- Sometimes parents may react aggressively to a suggestion that they may be responsible for harm to their child;
- There may be reluctance to give information or explanations may be incompatible with the harm suffered by the child or explanations may be inconsistent over time;

- Parents may display a lack of awareness that the child has suffered harm or that their actions may be harmful;
- Parents may seek to minimise the severity of the abuse or not accept that their actions constitute abuse at all;
- Blame or responsibility for the harm may be projected on to the child (i.e. the victim) or a third party;
- Parents may seek help from any of the statutory or relevant voluntary agencies on matters unrelated to the abuse or its causes. This may be to draw attention to concerns other than those being presented;
- The parents may disappear.

Children may also be abused in an institution or community setting; by those known to them or, more rarely, by a stranger. For example, children may be subject to ill treatment or abuse in the following settings:

- Where they are **Looked After** by the council in local authority or in independent residential or foster homes;
- By teachers in day or residential schools in the public, private voluntary or charitable sector;
- When placed in secure accommodation, prison or custody,
- When participating in clubs or associations;
- At leisure or sporting facilities, events or activities;
- Children may also be coerced into prostitution, sexual exploitation or pornography;
- They may be severely bullied or abused by other children at school, whilst playing, at clubs or in residential or foster care;
- They may be enticed or befriended by 'strangers' whilst away from home, which can include children who have run away or are missing from home or care;
- They can be subject to organised abuse by groups of adults who may be relatives, friends of the family or professionals;

- They may be placed at risk resulting from domestic violence or from parental drug and alcohol use;
- Children may also be subject to risk caused to the mental illness of parents.

Characteristics of parents and children who are more likely to experience severe maltreatment (Significant Harm)

Some children and young people have characteristics which make them 'hard to engage' or 'hard to help/change' and when combined with one or more of the above parental characteristics are most vulnerable to continuing harm:

- Children born prematurely and/or suffering the effects of drug and/or alcohol misuse, which can make children fretful, hard to feed and unresponsive;
- Children with disabilities and other characteristics which make them hard to parent or 'unrewarding' in the eyes of parents who lack self-esteem and confidence;
- Individual members of sibling groups 'singled out for rejection' and/or targeted for abuse;
- Children returning home from care, especially if they suffer the loss of an attachment figure;
- Teenagers who engage in risk-taking or anti-social behaviour.

9. Caring for Children who have been Abused

This is generic guidance and advice for staff caring for children who have been abused, it is not intended as being specific care management guidelines for individual children. If children have been abused or mistreated to the extent that they require specific treatments or counselling, this should be addressed in their Placement Plans, agreed by the Placing Authority/social worker.

In the absence of such a plan, the following may be useful as general guidelines.

Children who have Suffered Sexual Abuse are Survivors

Children who have suffered Sexual Abuse are survivors; not only have they experienced family, society, adult/child relationships being breached, but every taboo this society holds as a basic right to be safe.

Survivors should not be treated as 'victims of Sexual Abuse' but people and children in their own right. It is important to 'look past' any label which might have been placed on them.

That said, Sexual Abuse can be very psychologically damaging, as can any form of child abuse. Child Sexual Abuse is often linked and involved the suffering of Physical, Emotional Abuse and Neglect too.

Behaviours which Might be Associated with Sexual Abuse

There is no definitive list of behaviours that suggest abuse may have taken place, but the following may be indicators (also see guidance above relating to specific forms of abuse e.g. Neglect or Physical Abuse).

- a. Mistrust of adults (either gender);
- b. Difficulty in establishing close human relationships;
- c. Sexually promiscuousness;
- d. Sexually precociousness;
- e. Withdrawn;
- f. Eating disorders;
- g. Violence;
- h. Offending;
- i. Fire lighting (Helen Kenwood made this association);
- j. Poor educational performance;
- k. Absconding (from care / Home / school etc.);
- l. Exhibitionism;

- m. Preoccupation with cleanliness;
- n. Poor personal hygiene;
- o. Disturbed sleep pattern;
- p. Rocking (rhythmic swaying either during night or day time);
- q. Self-harm;
- r. Poor self-image;
- s. Low self-esteem;
- t. Attention needing behaviour;
- u. Delayed speech or poor vocabulary;
- v. Destruction of belongings / environment;
- w. Hiding clothes especially underwear;
- x. Hiding food;
- y. Stealing food;
- z. Encopresis (incontinence of faeces);
- aa. Enuresis (involuntary passing of urine);
- bb. Constipation.

Indeed, many more behaviours can also be connected to sexually abused children, some of which involve stimulation of genitalia for self-gratification or solace (often not age appropriate).

'Day Landmarks'

Areas of the day such as meal times, evenings, bedtimes etc. may be associated with the time abuse was suffered. It is important to be sensitive to this and emphasize that their environment is now safe. Much reassurance might be required.

Health Issues

Children can often be very worried about their physical health, not only in their genital region.

Children who have been sexually abused might suffer from:

- a. HIV;
- b. Sexually transmitted infections;
- c. Urinary tract infections;
- d. Damage to genitals;
- e. Digestive disorders;
- f. Incontinence
- g. Thrush;
- h. Other genital infections;
- i. Hypochondria.

The above might cause the child much distress, anxiety and worry. A medical to prove 'everything's O.K.' is often ignored and should not be assumed happened at investigation or disclosure stage.

Self-Image

Children often suffer from a 'used goods syndrome'. They feel worthless, unwanted, unloved, cheap etc. Staff should praise and help children 'find themselves'.

Relationships

Often the child/adult relationship has been damaged. A feeling of mistrust, in that 'you are only be nice to me so you can abuse me' is evident.

Children may never feel safe in an adult/s company, which can be demonstrated in anti-social behaviours e.g. violence, abusive language, panic etc.

Trust might be very hard to achieve but only time and proof of security will tell. Therefore it is very important that sexually abused children are not 'let down' and promises are kept etc.

What Forms can Child Sexual Abuse take?

- a. Inappropriate verbal interaction;
- b. Inappropriate non-verbal interaction;
- c. Witnessing adults involved in sexual acts (deliberately);
- d. Access to pornographic material (magazines, computer disks, videos, audio tapes etc.);
- e. 'Hands on abuse' where inappropriate touching occurs e.g. sexual intercourse, fondling etc.);
- f. Abusive telephone calls;
- g. Witnessing others being abused;
- h. Incest;
- i. Sibling abuse;
- j. Invasion of 'personal space'.

Self-Protection

It is important the child can be encouraged to protect themselves. There is no 'standard format' of attempting this self-protection work but needs to be specific to the particular child, perhaps using examples from their own experiences/behaviour. At some point specialist advice should be sought.

Realisation

Child abuse doesn't go away. The more knowledge a child obtains about sexual relationships and society values in general the more a child realises just what has happened to them. Therefore at some stage in their development it might appear not to be a big issue, whereas later difficulties may again come to the fore. Sensitivity and compassion are needed to cushion these hurtful rationalisations and honesty of reply and interaction are needed. Someone available to listen will be very valuable and specialist help should be sought.

Consistent development monitoring should be an integral part of any treatment programme. Paediatric care, speech therapy, physical and / or occupational therapy, special educational help and various forms of therapy or individual psychotherapy are many of the therapies often

indicated for abused children.

Family Ties

When a child discloses it is like a balloon. If the situation is handled carefully the balloon deflates at a steady pace. Sometimes the balloon will burst and bits go everywhere. Disclosure is a traumatic experience. Would you share your most private sexual experience with someone you didn't know very well? in detail? and perhaps on video? No, but this is what children who disclose sometimes have to do.

After disclosure children can be told, often in anger, such things as:

- a. "How could you say such a thing about your father";
- b. "You're a liar, an evil person";
- c. "You've broken your family up now" etc.

Often, therefore, many children who are looked after suffer remorse, guilt etc. Not only because of seeing the traumatic consequences of their disclosure, but also being 'cast out' by their families, the ones who should (and perhaps still do) love them the most. Again, sensitivity and compassion to help bridge building (if possible) into broken relationships might be appropriate at some stage, but only at the child's pace.

Some children recreate the dynamics of their families and invite harm by 'playing the victim' often incurring further abuse from peers or rejecting carers. Where possible therefore, specific provisions for children should be offered in the context of a carefully devised intervention plan for the whole family.

Sexual Abuse Doesn't Stop

Child abuse is very difficult to prove in Court, especially Sexual Abuse. Often before disclosure children are involved in offending, excluded from school and are disruptive at Home. This can be 'set up' by abusers. "Oh this is the next thing s/he's done, look how s/he behaves usually!". Abusers organise a mantle of protection around themselves. They might appear to be very respectable people in their own community e.g. Church attendants, fund raisers, youth club helpers etc. "How could anyone say such a thing about Mr. or Mrs. Bloggs, they're so nice!".

Abusive families and people continue to place responsibility for disclosure on the child. Even when they are in care, in prison or even dead! The 'mantle' of we or I'm a safe person continues to occur and breaking this cycle of 'closed awareness' is often impossible. Staff should always try to actively be aware of this e.g. stopping distressing phone calls etc.

In conclusion, as in many areas of social work there are no 'quick fixes' in this area. The most important factor must always be to support the child, emphasise the positives and keep the child's welfare as paramount.

Revision History

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End