

Signs and Indicators of Abuse Summary

(We also use the detailed guide provided by CB Childcare Consultancy and this is used in staff training and also displayed on the staff room notice board. **Please see Appendix G**), however this will give staff some indication of what to look out for as a guide.

Although these signs do not necessarily indicate that a child has been abused, they may help staff recognise that something is wrong.

If you have any concerns you must pass these to your DSL immediately.

Physical Abuse

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. Occasionally a 'pattern' may be seen e.g. fingertip or hand mark. 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.
- Burns- shape of burn, uncommon sites, friction burn

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- Withdrawn behaviour.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.

Neglect

It can be difficult to recognise neglect, however its effects can be long term and damaging for children. Our DSL's also use the **One Minute Guide to Neglect and the Cornwall Graded Care Profile (copies attached, please see appendix CC and DD)** as additional guides when we have concerns about Neglect.

It is also impossible to recognise that aspects of neglect can be very subjective. We may need to challenge ourselves and others and remember that people can have different values and that there will be differences in how children are cared for which may be based on faith or cultural issues that our different to ours.

In respecting these differences we must not be afraid to raise our concerns if we believe the care being given to the child may be impacting on its safety and welfare.

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 (obesity may be a neglect issue as well).
- 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

Emotional Abuse

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 (also known as faltering growth) 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 or carers. 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/anxious 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.
- Development delay in terms of emotional progress.
- Overreaction to mistakes.

Sexual Abuse

It is recognised that there is underreporting of sexual abuse within the family. All Staff and Governors/trustees/committee 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 Governors/trustees/committee 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.
- Stomach pains
- Discomfort when walking or sitting down.

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.
- Sexual knowledge which is beyond their age, or developmental level.
- Sexual drawings or language.
- 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
- Acting in a sexually explicit way towards adults.

Note: A child may be subjected to a combination of different kinds of abuse. It is also possible that a child may show no outward signs and hide what is happening from everyone.

Child Sexual Exploitation (CSE)

Many aspects of CSE take place online so it may be difficult to identify this within the setting. The behaviours also need to be considered within the context of the child's age and stage of development. As they get older this may be more difficult to identify. However, abuse indicators may include:

- Children talking about having lots of 'friends' online whom when asked they do not know personally
- Disengagement from education
- Using drugs or alcohol
- Unexplained gifts/money
- Repeat concerns about sexual health
- Decline in emotional wellbeing
- Talking about physically meeting up with someone they met online
- Posting lots of images of themselves online
- Going missing
- Talking about friendships with older young people/adults
- Engagement with offending
- Exclusion or unexplained absences from home or school
- Isolation from peers/social network
- Frequently in the company of older people – association with 'risky' adults
- Accepting lifts or being picked up in vehicles
- Physical injury without plausible explanation
- No parental supervision/monitoring of online activity
- Poor school attendance
- Secretive behaviour
- Self-harm or significant changes in emotional well-being
- Concerning use of internet or other social media
- Returning home late
- Chronic tiredness

Female Genital Mutilation (FGM)

Although situations of FGM may be unusual it is important that you do not assume it could not happen here. 5-8 year old girls are the most vulnerable and ALL GIRLS before puberty.

Indicators may include:

- Days absent
- Not participating in physical activities they perhaps normally would
- 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.