

## Types of abuse and neglect

**Abuse:** a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. They may be abused by an adult or adults or another child or children.

**Physical abuse:** a form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

**Emotional abuse:** the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including 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, although it may occur alone.

**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.

**Neglect:** the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: provide adequate food, clothing and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate care-givers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

*Working Together to Safeguard Children 2015*

## **ABUSE OF DISABLED CHILDREN**

By definition of law, Disabled Children are 'Children in Need' (s17 CA 1989). Disabled children are generally more vulnerable to significant harm through abuse and neglect. Additional risks could be raised by

- Attitudes and assumptions
- Reluctance to challenge carers
- Dependency
- Communication barriers
- Lack of participation and choice
- Factors associated with impairment
- Isolation
- Double discrimination
- Spending greater periods of time away from home
- Lack of understanding and training about safeguarding disabled children
- Practices within the Criminal Justice System
- Limited personal safety programmes and personal, social and sex education for disabled young people
- Higher levels of bullying
- Greater use of direct payment and personal budgets

(Safeguarding disabled children – Practice guidance DCSF 2009)

## **ETHNICITY AND INTER-PROFESSIONAL COMMUNICATION**

For black and ethnic minority children assessment should address the impact of racism itself; however assumptions based on race can be as corrosive in its effect as racism itself. (Neil Graham QC – Victoria Climbié murder trial 2000-01)

When working with black and ethnic minority families or practitioners communication can be adversely affected by:

- avoidance
- pretending ethnicity doesn't matter
- misinterpreting what is said or intended
- making judgements based on stereotypes and prejudices
- misplaced assumptions about culture
- reluctance to challenge or probe

'There is some evidence to suggest that one of the consequences of an exclusive focus on 'culture' in work with black children and families, is [that] it leaves black and ethnic minority children in potentially dangerous situations, because the assessment has failed to address a child's fundamental care and protection needs.

(Ratna Dutt, director, Racial Equality Unit)

'The wisest course is to be humble when considering the extent of one's own knowledge about different 'cultures' and to take advice whenever it is available'. (Lord Laming – Victoria Climbié inquiry report 2003)

**The 7 golden rules to sharing information:**

1. Remember that the Data Protection Act 1998 and human rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately.
2. Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. Seek advice from other practitioners if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible
4. Share with informed consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, there is good reason to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the DfE case. When you are sharing or requesting personal information from someone, be certain of the basis upon which you are doing so. Where you have consent, be mindful that an individual might not expect information to be shared.
5. Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.
6. Necessary, proportionate, relevant, adequate, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely (see principles).
7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

***Information sharing Advice for practitioners providing safeguarding services to children, young people, parents and carers. DfE, March 2015***

## **Domestic Abuse**

Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse: Psychological; Physical; Financial; Sexual; Emotional

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

This definition, which is not a legal definition, includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.

*Home Office 2013*

## **Child sexual exploitation (CSE)**

Involves exploitative situations, contexts and relationships where young people receive something (for example food, accommodation, drugs, alcohol, gifts, money or in some cases simply affection) as a result of engaging in sexual activities.

Sexual exploitation can take many forms ranging from the seemingly 'consensual' relationship where sex is exchanged for affection or gifts, to serious organised crime by gangs and groups. What marks out exploitation is an imbalance of power in the relationship. The perpetrator always holds some kind of power over the victim which increases as the exploitative relationship develops. Sexual exploitation involves varying degrees of coercion, intimidation or enticement, including unwanted pressure from peers to have sex, sexual bullying including cyberbullying and grooming. However, it also important to recognise that some young people who are being sexually exploited do not exhibit any external signs of this abuse.

### **Signs include:**

- Going missing for periods of time or regularly returning home late
- Disengagement from education
- Appearing with unexplained gifts or new possessions
- Association with other young people involved in exploitation
- Older boyfriends/girlfriends
- Sexual health issues
- Changes in temperament/depression
- Drug and alcohol misuse
- Displaying inappropriate sexualised behaviours
- Involvement in exploitative relationships or association with risky adults.

## **Female Genital Mutilation**

Female genital mutilation is child sexual abuse and constitutes significant harm. Child protection procedures should be followed when there are concerns that a girl is at risk of, or is already the victim of, FGM.

### **Definition**

Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. It is important to note that the procedure has no health benefits.

### **Prevalence**

One or more types of FGM are practised in more than 28 African countries and also by ethnic groups in the southern part of the Arabian Peninsula and along the Persian Gulf. The World Health Organization (WHO) has also reported FGM has occurred in India, Indonesia, Iraq, Kurdistan, Israel, Malaysia and United Arab Emirates. There are also anecdotal reports FGM occurs in several other countries including Colombia, Democratic Republic of Congo, Oman, Peru and Sri Lanka.

### **Legislation and Statutory Guidance**

FGM has been a criminal offence in the UK since 1985. In 2003 the Female Genital Mutilation Act was brought into legislation and under this act the practice of FGM carries a maximum prison term of 14 years for any UK national or permanent resident convicted of carrying it out, or aiding and abetting the process, while in the UK or overseas<sup>19</sup>. However, there has yet to be a single conviction.

In addition, FGM civil protection order (FGMPO) has been introduced in order to protect girls who are at risk of FGM or girls against whom a FGM offence has been committed. It also introduced a mandatory reporting duty requiring regulated health and social care professionals to report known cases of FGM in under 18s to the police.

### **Mandatory reporting**

The Serious Crime Act 2015 introduced a legal duty for specific professional groups to report to the police any girl who has had FGM. This duty applies when a girl informs the professional that FGM has been carried out on her and/or the professional observes physical signs on the girl appearing to show that FGM has been carried out. The duty applies to all teachers and all regulated health and social care professionals in England and Wales.

(London Child Protection Procedure)

## **Radicalisation and Extremism**

The government's strategy to reduce the risk from terrorism identifies the need not only to stop terrorist attacks but also to prevent people becoming terrorists. The Government's strategy for countering international terrorism is CONTEST and the Prevent strategy forms a part of this.

The government has defined extremism as:

Vocal or active opposition to fundamental British values, including democracy, respect and tolerance of different faiths and beliefs. Also included in the definition of extremism is calling for the death of members of the armed forces.

## **The Prevent Strategy**

The Prevent Strategy sets out the following responsibilities for staff who engage with the public:

- Frontline staff who engage with the public should understand what radicalisation means and why people may be vulnerable to being drawn into terrorism as a consequence of it.
- They need to be aware of what the government means by the term 'extremism' and the relationship between extremism and terrorism.
- Staff need to know what measures are available to prevent people from becoming drawn into terrorism and how to challenge the extremist ideology that can be associated with it.
- They need to understand how to obtain support for people who may be being exploited by radicalising influences.
- Staff and organisations can access training through their local safeguarding children board.

## **Children and young people can be radicalised in different ways.**

- They can be groomed either online or in person by people seeking to draw them into extremist activity. Older children or young people might be radicalised over the internet or through the influence of their peer network – in this instance their parents might not know about this or feel powerless to stop their child's radicalisation,
- They can be exposed to harmful, extremist ideology in the immediate or extended family through the impact of extreme beliefs held by family members. including parents/carers and siblings who live with the child, or person(s) who live outside the family home but have any influence over the child's life;
- They can be exposed to violent, anti-social, extremist imagery, rhetoric and writings which can lead to the development of a distorted world view in which extremist ideology seems reasonable.

A common feature of radicalisation is that the child or young person does not recognise the exploitative nature of what is happening and does not see themselves as a victim of grooming.

(London Child Protection Procedure)

**Safeguarding Children Guidance** (please follow the links below to access documents)

[Working Together to Safeguard Children 2015](#)

[Information Sharing 2015](#)

[What to do if you are worried a child is being abused 2015](#)

[Keeping Children Safe in Education 2015](#)

[Safeguarding Disabled Children](#)

[The Prevent Duty](#)

[FGM Guidance 2015](#)

[London Safeguarding Children Board Procedures](#)

[Kingston CSE Strategy](#)

[Richmond CSE Strategy](#)

[LSCB Multi-agency Threshold Document](#)

[Resolution and Escalation Protocol](#)

[Single Point of Access \(SPA\) Protocol](#)

[Children Act 1989](#)

[Education Act 2002](#)

[Children Act 2004](#)

[Children and Families Act 2004](#)

## **Who to Contact**

The Single Point of Access (SPA), the single gateway for all incoming contacts to children's services, providing telephone and web-based support to professionals, the public, children, young people and their parent and carers.

**Contact Details**  
**Kingston: 020 8547 5008**  
**Richmond: 020 8891 7969**