



Safeguarding Policy for churches

children and adults at risk

Revised April 2023

Sample Policy

This is a sample local church safeguarding policy, which should be used as a starting point to help your church put your own policy in place.

It is important to note that this is not a 'catch-all' policy. It covers the broad basics of good safeguarding practice, but it will need to be adapted depending on the individual circumstances of your church.

It is also important to remember that a safeguarding policy alone is worthless without proper implementation and a church-wide commitment to taking safeguarding seriously.

We hope that you will find this sample policy useful. If you have any questions about policy, or safeguarding generally, please contact the Denominational Safeguarding Adviser for support and guidance.

**“Suffer the little children to
come unto me, and forbid
them not” (Mark 10:14)**



Introduction

Safeguarding is taken seriously by

.....Church

We acknowledge children's and adults right to protection from abuse, regardless of gender, ethnicity, disability, sexuality or beliefs. We consider that the welfare of children is paramount. We will follow legislation, statutory guidance and recognised good practice in order to protect vulnerable people in our church.

We will seek to establish a caring environment in which there is an informed vigilance about the dangers of abuse.

We will implement, maintain and regularly review the procedures outlined in this policy, which are designed to prevent and to be alert to abuse.

We will appoint a Safeguarding Coordinator, who will have specific responsibilities for safeguarding, although we recognise that safeguarding is a whole church responsibility. The Safeguarding Coordinator is the person to whom all concerns or allegations should be addressed. In the absence of the Safeguarding Coordinator, the Church Minister or Wardens should be contacted.

We will organise activities in such a way as to promote a safe environment and minimise the risk of harm to children and adults.

We will follow a safer recruitment process for the selection and appointment of people to

work with children or adults at risk, whether voluntary or paid, lay or ordained.

We are committed to providing support, resources and training to those who work with children and adults.

We believe that domestic abuse in all its forms is unacceptable and inconsistent with a Christian way of living and recognise that it can affect both adults and children.

All concerns and allegations of abuse will be responded to appropriately, including referring to the statutory authorities if necessary.

We will co-operate with the statutory authorities in any investigation, will follow multi-agency decisions and will maintain confidentiality of any investigations to those directly involved.

We will refer concerns about staff - volunteers and paid, lay and ordained - that meet the relevant criteria to the Local Authority Designated Officer

Aim and purpose of this policy

The aim of this policy is to provide procedures for promoting safeguarding, preventing abuse and protecting children, adults at risk and staff. This includes clear procedures for taking appropriate action when safeguarding concerns are raised involving children and adults within our church, or those who attend our activities and events.

Who this policy applies to

This policy is approved and endorsed by the Church Council and applies to:

- all those who attend our church
- our trustees and staff (both paid and voluntary)
- organisations who hire our building with the agreement to operate under the church safeguarding policy

Children and parents/carers will be informed of this policy and our procedures. The term 'children' refers to those under the age of 18 years.

Duty of care and confidentiality

We have a duty of care to all beneficiaries of the church, whether adults or children. We will maintain confidentiality at all times, except in circumstances where to do so would place the individual or another individual at risk of harm.

Preventing abuse

The church will appoint a Safeguarding Coordinator(s) for safeguarding children and adults.

Activities will be organised to promote a safe environment and healthy relationships, whilst minimising opportunities for harm, misunderstanding or false accusation. For each event, risk assessments will be carried out, appropriate consent forms will be used (for children's activities), appropriate records will be kept, and adequate insurance will be in place.

We are committed to safer recruitment and selection of all paid staff and volunteers and will ensure that all appropriate checks are completed including obtaining a Disclosure and Barring Service (DBS) certificate

Volunteers and paid staff will have access to appropriate training via Thirtyone:eight, which will provide workers with a basic understanding of what to do if they are concerned for a child or adult.

If we become aware of someone within our congregation known to have harmed children or adults in the past, we will inform the Denominational Safeguarding Adviser and co-operate with them and the relevant statutory authorities to put in place a plan to minimise the risk of harm to children and adults.

Organisations wishing to hire our building for activities with children or adults must confirm in writing that they will follow the principles of this safeguarding policy as a condition of the letting agreement. If they have their own safeguarding policy, they will be asked to provide a copy. If they do not have their own safeguarding policy, the church will encourage them to adopt one before agreeing to the hire or may agree that they can follow the church safeguarding policy and procedures.

What are we protecting people from?

The definitions of abuse differ between children and adults. A copy of the definitions relating to children is attached to this policy at Appendix 1. The definitions of abuse in relation to adults is attached as Appendix 2.

How to recognise abuse

It is important to be aware of the possible signs and symptoms of abuse. Please see Appendix 3 for those relating to children and Appendix 4 for those relating to adults at risk. Some signs could be indicators of a number of different categories of abuse.

It is essential to note that these are **only indicators of possible abuse**. There may be other, innocent, reasons for these signs and/or behaviour. They will, however, be a guide to assist in assessing whether abuse of one form or another is a possible explanation for a child or adult's behaviour.

Receiving and responding to disclosures or observations of abuse or inappropriate behaviour and other safeguarding concerns

This procedure relates to all kinds of safeguarding disclosures or observations which occur on your church premises (including in situations where the premises are hired), in your church-related activities, and regarding those who attend your church and its related activities. Whilst this procedure focuses on children and adults who may be vulnerable, in fact any adult who makes a disclosure must be treated with the same care and support and responded to in the same way.

If the disclosure or allegation concerns a church officer, then it must be read in conjunction with the procedure in the next section but the principles of how to respond in the first instance are much the same.

The welfare of the child, young person or vulnerable adult must come first. A proper balance must be struck between protecting children, young people and/or vulnerable adults and respecting the rights of the person against whom any concern is raised.

Allegations of abuse or concerns about a child or adult who may be vulnerable may arise in a number of ways in the parish context:

- a child or adult who may be vulnerable discloses alleged abuse
- an adult discloses concern for a child or adult who may be vulnerable
- an adult discloses concerns about the behaviour of another adult, or a child
- someone notices signs of potential abuse of a child or adult who may be vulnerable.

There may also be situations where you are informed of or observe behaviour which is inappropriate and may potentially lead to abuse. For all such concerns, you should consult with the Denominational Safeguarding Adviser(DSA).

Guidelines for responding to a person disclosing abuse

Whenever a child, young person and/or adult reports that they are suffering or have suffered significant harm through abuse or neglect, or have caused or are causing harm to others, the initial response should be limited to listening carefully to the child, young person and/or adult. If someone makes a disclosure this might be the only time, they will tell someone about what is happening.

Respond

Do:

- Listen
- take what is said seriously
- only use open questions (open questions begin with words such as 'who', 'what', 'when', 'where' and 'how'. Open questions cannot be answered with a 'yes' or 'no')
- remain calm
- take into account the person's age and level of understanding
- check, if face to face, whether they mind you taking notes while they talk so you can make sure you capture the information accurately. At the end you can check with them that you have understood everything correctly
- offer reassurance that disclosing is the right thing to do establish only as much information as is needed to be able to tell your activity leader/manager/nominated safeguarding officer/DSA and statutory authorities what is believed to have happened, when and where
- check out what the person hopes to result from the disclosure
- tell the child or adult what you are going to do next.

Do Not

- make promises that cannot be kept (for example, that you won't share the information)
- make assumptions or offer alternative explanations
- investigate
- contact the person about whom allegations have been made
- do a physical or medical examination.

Record

- Make some very brief notes at the time, if appropriate, and write them up in detail as soon as possible.
- Record the date, time, place and the actual words used.
- Record facts and observable things, not your interpretations or assumptions.
- Don't speculate or jump to conclusions.

Report

- If there is immediate danger to a child/adult, contact the police. Ring 999.
- Otherwise, avoid delay and take action: talk immediately, within 24 hours, to your activity leader/manager/nominated safeguarding officer and share any concerns.
- Within 24 hours, the nominated safeguarding officer should report the concerns to the DSA.
- The DSA will advise regarding reporting to child/adult social care and/or the police. This must be done within 24 hours.

If in any doubt seek advice from child/adult social care and/or the police.

Disclosure from a perpetrator

A disclosure may be made by someone who is a convicted offender or from someone who is disclosing previously unreported abuse. This information is more likely to be disclosed to those providing pastoral support, for example, clergy and pastoral workers.

The motive for admitting what has happened may be a desire to address the problem and obtain help. The person who admits to a potential offence against a child or adult must be told that the information **WILL NOT** be kept confidential, and that the information will be passed on to Child/Adult Social Care and/or the Police.

Be supportive but do not seek more details than you need. Report within 24 hours what is believed to have happened to your activity leader/manager/the nominated safeguarding officer/the DSA and the statutory agencies.

Observing signs of potential abuse or mistreatment

If you observe injuries or behaviours in children or adults who may be vulnerable which are of concern, you should:

- seek medical treatment when necessary
- ask open questions about any injuries you observe
- note what the child or adult says in response
- carefully record your observations as soon as possible and keep the record in a secure place
- inform the Church Safeguarding Officer and seek advice as to what further action to take.

Disclosures from adults about a child or adult who may be vulnerable

Adults may speak of concerns about a child or vulnerable adult, or the behaviour of an adult. These should be listened to carefully, and the conversations should be recorded in writing. The adult needs to know that if it is considered that a child or adult who may be vulnerable is suffering significant harm, the information may have to be passed on, whether or not the adult making the disclosure wishes this to happen.

Most situations are not emergencies. However:

- ***if a child or adult who may be vulnerable needs immediate medical help, call emergency services on 999, and ensure that those who respond are informed of any protection concerns***
- ***if it would be dangerous for the child or adult who may be vulnerable to return home, or he or she does not want to return home and you are sufficiently concerned for their safety, contact the emergency social care service or the police***
- ***if you observe a child or adult who may be vulnerable being harmed or at risk of harm by someone other than a family member, you should inform the parents or carers immediately, and work with them on appropriate referral to police or social care.***

If a church officer becomes aware that a child has or is suffering significant harm through abuse or neglect or is likely to suffer significant harm in the future, this must be reported to the nominated safeguarding officer and the DSA **within 24 hours**.

If, through discussion with the DSA, it is decided that a child may be suffering or be at risk of suffering significant harm, concerns must always be referred to children's social care. At this stage, a referral to the police may also be required if a crime has been committed. Depending on the situation, the DSA may decide to refer the concerns themselves or support the church body to

make the referral. The timing of such referrals should reflect the level of perceived risk of harm but be within 24 hours of identification or disclosure of harm or risk of harm.

A referral to children's social care and other emergency services (for example, for any urgent medical treatment) must not be delayed by the need for consultation with either the nominated safeguarding officer or the DSA if they are not available.

If the child is considered to be at immediate risk of harm or danger, then this must be reported to the police immediately. This may also require contacting children's social care, including the emergency duty team (if the concern arises outside normal office hours).

Whilst those making referrals should seek, in general, to discuss any concerns with the family and, where possible, seek their agreement to make referrals, this should only be done where such discussion and agreement-seeking will not place a child at increased risk of significant harm. This should only be done after advice has been sought from the nominated safeguarding officer and/or the DSA.

What will the Denominational Safeguarding Adviser(DSA) do?

- Offer advice and support to a church body.
- Consider the child's/adult's safety throughout.
- Check whether a referral to children's/adult's social care and/or police is necessary.
- Agree next steps.
- Consider any support needs.
- Record case information.
- Consider whether a safeguarding agreement is required.
- Contact communications colleagues to discuss communications within the church, as required.
- Inform the Diocesan Secretary and/or registrar to agree if notification to Charity Commission and the insurance company is necessary.
- Consider whether other colleagues or those in other organisations need to be informed, following advice from Children's/Adult Social Care/Police.

Making a referral to the statutory agencies

- Referrals should be made to Children's Social Care or adult Social Care for the area where the child/adult is living or is found. If a crime has also been committed, the Police should also be contacted.
- If the child/adult is known to have an allocated social worker, the referral should be made to them or in their absence to the Social Worker's Manager or a Duty Social Worker. In all other circumstances, referrals should be made to the duty officer.
- The referrer should confirm verbal and telephone referrals in writing, **within 48 hours**, often this may mean completing an EMARF (Electronic Multi-Agency Referral Form)

When making a referral, have the following information ready wherever possible:

- name, date of birth and address of the child/young person/adult.
- names and addresses of parents or carers and other significant people
- any other contact details
- names and ages of any other children in the household
- date, time and context of the disclosure
- details of the disclosure
- any information on the adult about whom there are concerns
- what the person disclosing the concerns has been told will happen next
- discussions with the child/adult
- discussions with the parent (children only)

- discussions within the church
- any work undertaken with the family by the church
- your name and contact details
- name and contact details of all relevant church contacts
- any known or previous issues of concern
- any professionals you are aware of, currently involved with the child/adult.

If all the above information is not available at the time of referral, still pass on the information that is, as the child/young person/adult's safety is the priority and there must not be a delay.

The referrer should keep a copy of the written referral, confirming the verbal and telephone referral.

Do I need to obtain consent for a referral about a child?

All people over the age of 16 are presumed, in law, to have the capacity to give or withhold their consent to the sharing of confidential information, unless there is evidence to the contrary. For a child or young person under the age of 16 who can understand the significance and consequences of making a referral to children's social care, they should be asked their view. However, it should be explained that whilst their view will be taken into account, the church has a responsibility to take whatever action is required to ensure the child's safety and the safety of other children.

Where a child under 16 years of age is concerned, the consent of their parent or carer should be obtained before their personal information is shared. If this is not possible owing to the urgency of the situation, they should be notified that information has been shared as soon as possible. Where a parent or carer has been implicated in the abuse, or the child will be placed at further risk of abuse by involving the parent or carer, the information can be shared without consent. If in any doubt seek the advice of the DSA.

Where a decision is made not to seek parental permission before making a referral to children's social care, the decision must be recorded in the case record, dated and signed, and confirmed in the referral to children's social care.

A child protection referral from a church officer cannot be treated as anonymous, so the parent will ultimately become aware of the identity of the referrer. Where the parent refuses to give permission for the referral, unless it would cause undue delay, further advice should be sought from the DSA and the outcome fully recorded.

If, having taken full account of the parent's wishes, it is still considered that there is a need for referral:

- the reason for proceeding without parental agreement must be recorded
- the parent's withholding of permission must form part of the verbal and written referral to children's social care
- the parent should be contacted to inform them that, after considering their wishes, a referral has been made.

Consent and capacity

Referrals of suspected abuse are made to adult social services and the police. Where possible, for a person over 18, this should be done with their written consent.

The starting point is the presumption that an adult can give consent and has the mental capacity to do so. The provisions of the Mental Capacity Act 2005 are complex, and questions and concerns about consent and mental capacity should always be discussed with the DSA.

Information can be shared legally without consent if a person is unable to or cannot reasonably be expected to gain consent from the individual concerned, or if to gain consent could place somebody at risk. Relevant personal data can be shared lawfully without consent if it is to keep an adult safe from neglect or physical, emotional or mental harm, or if it is protecting their physical, mental or emotional well-being. This is known as a Substantial Public Interest Concern.

Never make these decisions on your own. If you are going to share personal data, this should always be discussed with the nominated safeguarding officer and/or the DSA. Of course, you may be able to share data, at least initially, without identifying the individual concerned both within the church and with the statutory services.

Ultimately, the most important consideration is whether the sharing of information is likely to support the safeguarding of a vulnerable adult.

If the allegation concerns a church staff member or volunteer

For any concerns relating to children, the Local Authority Designated Officer (LADO) will be contacted. The timing and method of any action to be taken will be discussed and agreed with the LADO. This will cover communication with the worker, suspension, investigation and possible strategy meetings. A decision will be taken by the LADO about when to inform the worker and the church will follow this advice. For LADO contact details, see Key Contacts.

In accordance with the law, a referral will be made to the Disclosure and Barring Service (DBS) if the church withdraws permission for an individual to engage in work with children / adults at risk OR would have done so had that individual not resigned, retired, been made redundant or been transferred to a different position because the employer believes that the individual has engaged in relevant conduct, satisfied the harm test, or committed an offence that would lead to automatic inclusion on a barred list.

In such cases, a report will also be made to the Charity Commission, as they deem such a referral to be a 'serious incident' and therefore require notification.

Safer recruitment practice guidance

The following summarises the steps to safer recruiting for Churches and contains models of good practice to support safer recruiting in the Free Church of England.

Finding and recruiting the right people to work with children and adults experiencing, or at risk of, abuse or neglect can be difficult. What follows is a safer recruitment checklist to help make sure that Dioceses and Churches recruit/appoint appropriate people as employees or volunteers. It is a criminal offence for an individual who is barred from working with vulnerable people (children and adults experiencing, or at risk of, abuse or neglect) to apply for a regulated activity role and it is a criminal offence for an organisation to appoint a barred person to a regulated activity role. A DBS check is the end of the process when the appointer/appointing body is minded to appoint. A DBS check is not the start of the process and should not be the only check of suitability.

The steps to Safer Recruiting: an executive summary

1.	<p>Be clear about who is responsible for appointments. In local churches this rests with the Church Council. Responsibility can be delegated but the person must have been safely recruited him/herself, be capable and competent in recruitment and able to keep personal matters confidential.</p>
2.	<p>Have a policy statement on the recruitment of ex-offenders. Applicants must be clear about how they will be treated if they are ex-offenders. The DBS has published a sample policy statement on the recruitment of ex-offenders. (downloadable from www.thirtyoneight.org).</p>
3.	<p>Ensure that there are safeguarding policies in place. The Church must have adopted the Free Church of England safeguarding policies.</p>
4.	<p>Have a clear job description or role which sets out what tasks the applicant will do.</p>
5.	<p>Application form/references. Always ask for and take up references. Ask referees specifically about an individual's suitability to work with vulnerable people. Ensure that you carefully examine application forms and references and make sure that the information that has been provided is consistent and the organisation has a satisfactory explanation from the applicant in relation to any discrepancies and any gaps in the applicant's personal history and/or career.</p>
6.	<p>The Confidential Declaration. Ask if there is any reason why an applicant should not be working with children and adults experiencing, or at risk of, abuse or neglect. The Diocesan Safeguarding Adviser is there to give advice and must be contacted if an applicant discloses any information in his/her Confidential Declaration. A Confidential Declaration form can be found in <i>A Safe Church</i>, page 60</p>
7.	<p>Interview/discussion. Have a face-to-face interview or discussion with pre-planned and clear questions to assess a person's suitability for a role. Check the Confidential Declaration and the references. Questions must assess the values, motives, behaviours and attitudes of those applying for roles which work with vulnerable groups. If the person/chair of the interview panel conducting the interview/discussion is minded to recommend approval then the applicant must be asked to complete an appropriate criminal record check (for example, an enhanced criminal record check, if eligible). Special arrangements apply to overseas applicants. An enhanced criminal record check must always be required in relation to people sent abroad to work with vulnerable people (children or adults experiencing, or at risk of, abuse or neglect) as part of the UK recruitment process.</p>
8.	<p>Approval. The decision to appoint to voluntary or paid work must be made by those who have the responsibility for appointments.</p>
9.	<p>It is good practice to induct a new volunteer, ensure supervision and support is in place and conduct a review regularly as the role requires.</p>

Concerns, Complaints and Compliments

Should anyone have any concerns, complaints or compliments, please contact:

Name

Telephone No

Email

It would be helpful to have complaints in writing, as this avoids any possible misunderstanding about what the issue is. However, whether verbal or in writing, complaints will be acted upon. Any written complaint will be responded to within 10 days.

Review

The Church Council will review this policy annually, amending and updating it as required, and informing the Church Meeting that this has been done.

Date of the most recent review:

Date of the next review:

Signed: (on behalf of the Church Council)

Key Contacts: Sources of advice and support

- The church **Safeguarding Coordinator** is the person to whom all concerns, or allegations should be addressed:

Name

Telephone No

Email

- In the absence of the Safeguarding Coordinator, the **Deputy Safeguarding Coordinator** can be contacted:

Name

Telephone No

Email

- **Denominational Safeguarding Adviser**

Name: Revd Mark Spiers

Telephone No: 07900 912754

Email: Markspiers198@btinternet.com

- **Thirtyone:eight** (*This should only be used for urgent advice if you are unable to contact your Denominational Safeguarding Adviser*) 24 hour helpline: 0303 003 1111

- **Local Authority Designated Officer (LADO)**

Name

Telephone No

Email

- **Statutory contact in the case of a child**

[Please insert contact details for your local Children’s Social Care Department, including out of hours number]

Name

Telephone No

Email

- **Statutory contact in the case of an adult at risk**

[Please insert contact details for your local Adult Social Care Department, including out of hours number]

Name

Telephone No

Email

Safeguarding Policy Statement

.....Church

The following statement has been agreed by the Leadership of (insert name of Church)

This Church is committed to the safeguarding of children and adults at risk, and to ensuring their well-being.

- We believe that all children and adults at risk should know that they are valued within the church and safety enjoy and have access to every aspect of the life of our church.
- We respect the personal dignity and rights of children and adults at risk (for example, as set out in the Human Rights Act 1998 and the United Nations Convention on the Rights of the Child) and will ensure that our policies and procedures reflect this.
- We recognise that we all have a responsibility to help prevent the physical, sexual, emotional abuse and neglect of children under 18 years of age.
- We recognise that we all have a responsibility to help prevent the physical, sexual, psychological, emotional, financial, discriminatory abuse and neglect of adults at risk.
- We recognise that domestic abuse affects both adults and children and believe that domestic abuse in all its forms is unacceptable and inconsistent with a Christian way of living.
- We will report any abuse of children or adults at risk that we discover or suspect.
- Where an allegation suggests that a criminal offence may have been committed, the Police will be contacted as a matter of urgency.
- We recognise that Children's Services has responsibility for investigating all allegations or suspicions of abuse where there are concerns about a child, and that Adult Services do so for adults at risk.
- We acknowledge that the Local Authority Designated Officer (LADOs) have responsibility for dealing with all allegations and concerns about people working with children, whether paid or voluntary workers, lay or ordained.
- We recognise that safeguarding is a whole church responsibility.

We are committed to:

- The establishment of a loving environment, which is safe and caring, and where there is an informed vigilance about the dangers of abuse.

- Following the relevant legislation, statutory, denominational and specialist guidelines in relation to safeguarding children and adults at risk.
- Ensuring that we keep up to date with national and local developments relating to safeguarding.
- Building constructive links with the relevant Voluntary and Statutory Authorities.
- Taking all reasonable steps to ensure that as a church, everyone works within the agreed procedures of our safeguarding policies.
- Supporting the Safeguarding Coordinator and Deputy in their work and in any action, they may need to take in order to protect children and adults at risk.
- Following safer recruitment principles in the appointment and selection of all those who work with children and adults at risk, be they volunteer or paid staff, lay or ordained.
- Supporting, supervising, resourcing and training all those who undertake work with children and adults at risk.
- Ensuring that the children and adults we have contact with know that they are valued and feel empowered to tell us if they are suffering harm.
- Reporting any abuse of children or adults at risk that we discover or suspect.
- Supporting all those in our church who are affected by abuse.
- Supporting and supervising those who pose a risk to children or adults at risk, implementing contracts of behaviour, whilst bearing in mind the overarching principle that the welfare of the child is paramount.
- If an assessment is made that someone poses an unmanageable risk to those in need of protection and could not safely attend our church, we will ensure that they continue to be offered pastoral care and will signpost them to appropriate agencies for support.

Name: (on behalf of the church leadership)

Signed:

Date:

What is abuse and neglect of children?

The below definitions are taken from *Working Together to Safeguard Children 2016* and apply to England.

Abuse and neglect are forms of maltreatment of a child. 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 institutional or community setting, by those known to them or, more rarely, by a stranger, for example, via the internet. They may be abused by an adult or adults, or another child or children.

Physical abuse

Physical abuse 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

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to 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 the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child from participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.

Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Sexual abuse

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

Neglect is 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)
- ensure access to appropriate medical care or treatment.
-

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

What is abuse of adults at risk?

Abuse is a violation of an individual's human and civil rights by any other person or persons. Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it.

Physical abuse

This is the infliction of pain or physical injury, which is either caused deliberately, or through lack of care.

Psychological or emotional abuse

These are acts or behaviour, which cause mental distress or anguish or negates the wishes of the adult at risk. It is also behaviour that has a harmful effect on the adult at risk's emotional health and development or any other form of mental cruelty.

Sexual abuse

This is the involvement in sexual activities to which the person has not consented or does not truly comprehend and so cannot give informed consent, or where the other party is in a position of trust, power or authority and uses this to override or overcome lack of consent

Neglect or Act of Omission

This is the repeated deprivation of assistance that the adult at risk needs for important activities of daily living, including the failure to intervene in behaviour which is dangerous to the adult at risk or to others. A vulnerable person may be suffering from neglect when their general well being or development is impaired.

Financial or material abuse

This is the inappropriate use, misappropriation, embezzlement or theft of money, property of possessions.

Discriminatory abuse

This is the inappropriate treatment of an adult at risk because of their age, gender, race, religion, cultural background, sexuality, disability, etc. Discriminatory abuse exists when values, beliefs or culture result in a misuse of power that denies opportunity to some groups or individuals. Discriminatory abuse links to all other forms of abuse.

Signs of possible abuse in children

Physical abuse

- Physical signs include:
- Unexplained injuries
- Injuries that are inconsistent with the explanation
- Injuries that reflect an article being used e.g. an iron
- Bruising, especially the trunk, upper arm, shoulders, neck or fingertip bruising
- Burns/scalds, especially from a cigarette
- Human bite marks
- Fractures, especially spiral
- Swelling and lack of normal use of limbs
- Serious injury with lack of / inconsistent explanation
- Untreated injuries

Psychological/emotional signs include:

- Unusually fearful with adults
- Unnaturally compliant to parents
- Refusal to discuss injuries/fear of medical help
- Withdrawal from physical contact
- Aggression towards others
- Wears cover up clothing

Fictitious illness by proxy

- This is a psychiatric illness, whereby a parent or carer deliberately inflicts harm onto a child, normally the child's mother. The child has commonly had genuine serious illness in the first year of life and a dependency on medical attention has developed in the mother. It is very difficult to diagnose/evidence.

Female Genital Mutilation

- A cultural (not religious) procedure whereby parts of female genitalia are removed - also referred to as female circumcision. This is normally undertaken on pre pubescent girls, who are either taken abroad for procedure or "practitioners" come to the UK. There can be no anaesthetic and no sterile equipment used. Complications include serious infection, septicaemia, numerous gynaecological problems and in some cases, death.

Emotional abuse

The classic description of emotional abuse is a "Low Warmth, High Criticism" style of parenting.

Signs include:

- Physical, mental and emotional lags
- Acceptance of punishments, which appear excessive
- Over reaction to mistakes

- Continual self-depreciation
- Sudden speech disorders
- Fear of new situations
- Neurotic behaviour (such as rocking, hair twisting, thumb sucking)
- Self harm
- Extremes of passivity or aggression
- Drug/solvent abuse
- Running away
- Bullying/Aggression
- Overly compliant behaviour
- Overeating or loss of appetite
- Clingy
- Fearful/withdrawn
- Sleep disorders

Neglect

Physical signs include:

- Tired/listless
- Poor personal hygiene
- Poor state of clothing
- Emaciation, potbelly, short stature
- Poor skin tone and hair tone
- Untreated medical problems
- Failure to thrive with no medical reason

Psychological/emotional signs include:

- Constant hunger
- Constant tiredness
- Frequent lateness/non attendance at school
- Destructive tendencies
- Low self esteem
- Neurotic behaviour
- No social relationships
- Running away
- Compulsive stealing/scavenging
- Multiple accidents/accidental injuries

Sexual abuse

Physical signs include:

- Damage to genitalia, anus or mouth
- Sexually transmitted disease
- Unexpected pregnancy, especially in very young girls
- Soreness to genitalia area, anus or mouth
- Repeated stomach aches
- Loss of weight
- Gaining weight

- Unexplained recurrent urinary tract infections, discharges or abdominal pain
- Unexplained gifts/money

Psychological/emotional signs include:

- Sexual knowledge inappropriate for the child's age
- Sexualised behaviour in young children
- Sexually provocative behaviour/promiscuity
- Hinting at sexual activity
- Sudden changes in personality
- Lack of concentration, restlessness
- Socially withdrawn
- Overly compliant behaviour
- Poor trust in significant adults
- Regressive behaviour, onset of wetting – day or night
- Suicide attempts, self mutilation, self disgust
- Eating disorder

**“You may choose to look
the other way but you can
never say again that you
did not know”.**

William Wilberforce



Signs of possible abuse in adults

Physical

- A history of unexplained falls, fractures, bruises, burns, minor injuries
- Signs of under or overuse of medication and/or medical problems unattended

Psychological

- Alteration in psychological state e.g. withdrawn, agitated, anxious, tearful
- Intimidated or subdued in the presence of the carer
- Fearful, flinching or frightened of making choices or expressing wishes
- Unexplained paranoia

Sexual

- Pregnancy in a woman who is unable to consent to sexual intercourse
- Unexplained change in behaviour or sexually implicit/explicit behaviour
- Torn, stained or bloody underwear and/or unusual difficulty in walking or sitting
- Infections or sexually transmitted diseases
- Full or partial disclosure or hints of sexual abuse
- Self-harming

Neglect or Omission

- Malnutrition, weight loss and /or persistent hunger
- Poor physical condition, poor hygiene, varicose ulcers, pressure sores
- Being left in wet clothing or bedding and/or clothing in a poor condition
- Failure to access appropriate health, educational services, or social care
- No callers or visitors

Financial or Material

- Disparity between assets and living conditions
- Unexplained withdrawals from accounts or disappearance of financial documents
- Sudden inability to pay bills
- Carers or professionals fail to account for expenses incurred on a person's behalf
- Recent changes of deeds or title to property

Discriminatory

- Inappropriate remarks, comments, or lack of respect

- Poor quality or avoidance of care

Institutional

- Lack of flexibility or choice over meals, bedtimes, visitors, phone calls, etc
- Inadequate medical care and misuse of medication
- Inappropriate use of restraint
- Sensory deprivation e.g. denial of use of spectacles or hearing aids
- Missing documents and/or absence of individual care plans
- Public discussion of private matter
- Lack of opportunity for social, educational, or recreational activity



**ALERT YOUR SAFEGUARDING ADVISER IF YOU
THINK SOMETHING MAY BE WRONG**

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