

Safe from Harm: Home Office Guidance for all Voluntary Organisations

These recommendations form the basis of the procedures and recommendations for good practice. The following is a summary.

- Adopt a policy statement on safeguarding the welfare of children.
- Plan the work of the organisation so as to minimise situations where the abuse of children may occur.
- Introduce a system whereby children may talk with an independent person.
- Apply agreed procedures for protecting children to all paid staff and volunteers.
- Give all paid staff and volunteers clear roles.
- Use staff supervision and support as a means of protecting children.
- Treat all would-be paid staff and volunteers as job applicants for any position involving contact with children.
- Gain at least one reference from a person who has experience of the applicant's paid work or volunteering with children.
- Explore all applicants' experience of working or contact with children in an interview before appointment.
- Find out whether an applicant has any conviction for criminal offences against children.
- Make paid and voluntary appointments conditional on the successful completion of a probationary period.
- Issue guidelines on how to deal with disclosure or discovery of abuse.
- Train paid staff and volunteers, their line managers or supervisors, and policy makers in the prevention of child abuse.

Communicating Electronically

The issues involved in communicating electronically are not basically different from those in face to face communication except that the person is not with you so neither of you can use facial expressions or body language to clarify your meaning. It is also normally private, so others are not there to provide a context and background. Also, it does in principle create a record which could in some circumstances be printed out and use in evidence.

We need to be aware that those who wish to abuse young people often start with electronic communications and then attempt to lure young people into an unprotected face to face meeting.

Good practice is to communicate in such a way that achieves its purpose without unintentionally encouraging habits in young people which could be dangerous.

The Internet

The internet is a wonderful tool for gaining information, for education and for fun, but it is largely unregulated, anonymous and can pose dangers not only to our own sensibilities and sense of decency, but of real 'stranger danger' allowing paedophiles to approach children.

Our children are often more computer literate than we are and this can lead to a sense of not being able to protect them from those dangers.

People in the Church need to be aware of technological advances, and, in particular, of the proliferation of child pornography on the internet and its use to feed the fantasies of abusers or to normalise abuse to children.

- Children may meet unsuitable people through chat rooms and message boards; they should be warned not to give out identifying information.
- Children could be targeted through parish websites; care should be taken not to identify children in this way.

A few other Do's and Don'ts

- If young people want you to hold their mobile phone numbers, e-mail addresses or similar, make sure that their parents know and have agreed.
- Keep communications short. If you need a discussion, fix a time to do so face to face during or following the group.
- Use an appropriate tone; friendly, and not over-familiar or personal.
- Whilst communications should be warm and friendly, they should not suggest or offer a special relationship.
- Respect the young person's confidentiality unless abuse is suspected or disclosed. (It may involve a process to reach this point).
- Make sure your communication is such that it would not embarrass you for it to be seen by the young person's parents or church officials.

Definitions of child abuse

An abused child is a boy or girl, aged under 18, who has suffered from, or is believed to be at significant risk of, physical injury, neglect, emotional abuse, or sexual abuse.

Someone 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.

The whole church community, and in particular all leaders and helpers in groups that have children and young people as members, should be alert to signs of stress affecting the care and parenting of children. They should be able to offer help and friendship to parents to prevent a situation escalating to the point where a child is at risk.

Physical abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. 'Munchausen's Syndrome by Proxy' (fictitious disorder by proxy) may also constitute physical abuse, whereby a parent or carer feigns the symptoms of or deliberately causes ill health in a child.

Emotional abuse

Emotional abuse is the persistent emotional ill treatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may involve 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 ill treatment of a child, though it may occur alone.

Neglect

Neglect is the persistent failure to meet a child's basic physical and psychological needs, likely to result in the serious impairment of the child's health or development. It may involve a parent or carer failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of a child's basic emotional needs.

Sexual abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative and non-penetrative acts. They may include non-contact activities, such as involving children in looking at or the making of pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

Children and young people with disabilities are especially vulnerable and need special care and protection.

It should be remembered that children and young people can also abuse. They will need help too. They may themselves have been abused when younger.

Signs and Symptoms of Child Abuse

This summary gives a brief outline of some of the signs and symptoms you may see which are causes for concern. The level of concern will be much greater when several of these symptoms present themselves all at once or over a definite period of time in one child or young person. On their own, many of these symptoms may indicate little more than normal child development.

Physical abuse

The first evidence of abuse may not be an obvious severe injury.

Bruises

- bruises in or around the mouth
- fingertip bruising on arms, chest or face, indicating tight gripping or shaking
- two simultaneous black eyes without bruising to forehead
- bruises of different colours indicating injuries of different ages
- bruising showing the marks of a belt or implement or a hand print
- bruising or tearing around the earlobes
- bruising to the head or soft tissue areas of the body

Bites

- human bite marks are oval- or crescent-shaped and can leave a clear impression of teeth

Burns and scalds

- burns with a clear outline are suspicious
- circular burns from cigarettes
- linear burns from hot metal rods or electrical elements
- burns of a uniform depth over a large area
- friction burns from being pulled across a floor
- scalds producing a waterline from immersion or pouring of hot liquid
- splash marks around the main burn area caused by hot liquid being thrown
- old scars indicating previous burns

Fractures

- any fracture when a child is under 1 year old is suspicious
- any skull fracture in the first 3 years is suspicious

Female circumcision

- female circumcision is illegal

Emotional abuse

Again, this is difficult to identify. It is the result of ill treatment in the form of coldness, hostility and rejection, constant denigration or serious distorted emotional demands or extreme inconsistency of parenting. Some of the signs and symptoms are as follows:

- low self-esteem
- apathy
- being fearful and withdrawn, or displaying 'frozen watchfulness'
- unduly aggressive behaviour

- excessive clinging or attention-seeking behaviour
- constantly seeking to please
- over-readiness to relate to anyone, even strangers

Neglect

This is often difficult to identify but leads to the physical and emotional harm of a child. Neglect is the most common form of abuse. The signs and symptoms include:

- failure of a parent to provide adequate food, clothes, warmth, hygiene, medical care or supervision
- failure of a child to grow within the normal expected pattern: they may show pallor, weight loss and signs of poor nutrition
- failure of parents to provide adequate love and affection in a stimulating environment
- a child may be listless, apathetic or unresponsive with no apparent medical cause
- a child may be observed thriving when away from the home environment
- the child may be emaciated
- the child may be constantly hungry

Sexual abuse

Sexual abuse can be suspected by physical signs, behaviour or following a direct statement by the child or young person. It is often investigated because of a combination of these signs.

Physical signs

A medical practitioner will normally identify these. Others can be more generally observed:

- recurrent abdominal pain
- unexplained pregnancy
- difficulty walking and sitting
- faecal spoiling or retention
- recurrent urinary tract infections

Behavioural signs

May include:

- knowledge unusual for the age of the child
- sexually provocative relationships with adults
- sexualised play with other children
- hints of sexual activity through play, drawing or conversation
- requests for contraceptive advice
- lack of trust or marked fear of familiar adults
- sudden onset of soiling or wetting
- severe sleep disturbance
- change of eating habits
- social isolation and being withdrawn
- role reversal in the home, e.g. a daughter taking over the mothering role
- inappropriate displays of physical contact between adult and child
- learning difficulties, poor concentration
- inability to make friends
- using school as a haven, arriving early and leaving reluctantly

- reluctance to take part in physical activity
- truancy
- running away from home
- self-harm, mutilation or suicide attempts
- dependence on drugs or alcohol
- anti-social behaviour, including promiscuity and prostitution

Hearing a Child Abuse Disclosure

As a church worker you may get to know your children and young people very well. They may trust you enough to be able to tell you about unhappy things that are happening – at home, at school, at church. This is both a privilege and a responsibility. Remember that the child may want the abuse to stop but still love the abuser. The child may think you are able to stop the abuse without anything else happening. If a child tells you something in confidence **always** tell them that depending on the circumstances you may have to tell someone else if they are being harmed.

If it is possible, try to have another adult present whilst the child speaks, but do not prevent the child from speaking if this is not a possibility.

1. RECEIVE

- Listen to what is being said, without displaying shock or disbelief.
- Accept what is said.
- Take notes or make notes as soon as possible.

2. REASSURE

- Reassure the child, but only as far as is honest and reliable. For example, don't make promises you may not be able to keep like 'I'll stay with you', or, 'Everything will be alright now'.
- **Don't** promise confidentiality; you have a duty to refer.
- **Do** reassure and alleviate guilt, **if the child refers to it**. For example, you could say:
'You're not to blame'
'You're not alone; you're not the only one this sort of thing has happened to'.

3. REACT

- React to the child only as far as is necessary for you to establish whether or not you need to refer the matter, but don't 'interrogate' for full details.
- **Do not ask** leading questions, e.g., 'What did he do next?' (this assumes he did!), or 'Did he touch your private parts?' Such questions may invalidate your evidence (and the child's) in any later prosecution in court.
- **Do ask** open questions like 'Anything else to tell me?', 'Yes?', 'And?'.
- **Do not** criticise the perpetrator; the child may love him/her, and reconciliation may be possible.
- **Do not** ask the child to repeat it all for another member of staff. Explain what you have to do next and who you have to talk to.
- Try to see the matter through yourself and keep in contact with the child. Ensure that if a social services interview is to follow, the child has a 'support person' present if they wish (possibly yourself).

4. RECORD

- Make some very brief notes at the time and write them up as soon as possible.
- **Do not** destroy your original notes in case a court requires them.
- Record the date, time and place, any noticeable non-verbal behaviour, and the words used by the child. If the child uses sexual 'pet' words, record the actual words used, rather than translating them into 'proper' words.
- Draw a diagram to indicate the position of any bruising.
- Record statements and observe things, rather than your 'interpretations' or assumptions.

5. REMEMBER

- Follow the guidelines. Consult as appropriate. Refer to social services, if relevant.

6. RELAX

- Try to! Get some support for yourself if you need it.

(Longman Group UK Ltd.)