

### Types of Abuse

#### **Definition:**

**Abuse:** A form of maltreatment of a child which involves inflicting harm or failing to act to prevent harm. Children may be abused in a family, institutional or community setting by those known to them, or, more rarely, by others, e.g. via the internet.

#### **Types:**

##### **Physical abuse:**

- the actual or likely physical injury to a child;
- failure to prevent physical injury;
- when a parent or carer feigns the symptoms of, or deliberately causes, ill health to a child.

##### **Emotional abuse:**

- the persistent failure to meet a child's basic physical or psychological needs;
- where failure to meet a child's needs results in serious impairment of their health or development
- e.g. failure to provide adequate food, shelter and clothing;
- failing to protect a child from physical harm or danger;
- failure to ensure a child has access to appropriate medical care or treatment.

##### **Sexual abuse:**

- forcing or enticing a child to take part in sexual activity whether or not the child is aware of what is happening;
- inappropriate sexual activities which involve physical contact, penetrative or non-penetrative acts;
- non-contact activities such as exposing children to pornographic material or watching sexual
- activity or encouraging the child to act in a sexually inappropriate way

##### **Neglect:**

- the persistent emotional ill-treatment of a child to cause or resulting in severe and persistent adverse effects on their emotional development;
- conveying to a child that they are worthless, unloved, inadequate or valued only by meeting the needs of another person;
- deliberately making a child feel afraid or in danger;
- Serious bullying, including cyberbullying;
- the exploitation or corruption of children.

### Female genital mutilation

#### **Definition:**

Female genital mutilation commonly referred to as FGM, is defined as the partial or total removal of the external female genitalia, or any other injury to the female genital organs. If staff members are worried about someone who is at risk of FGM or who has been a victim of FGM, they are required to share this

information with social care or the police. Teachers are personally required to report to the police any discovery, whether through disclosure by the victim or visual evidence, of FGM on a girl under the age of 18.

Teachers failing to report such cases will face disciplinary action. (NB. The above does not apply to any suspected or at risk cases, nor if the individual is over the age of 18. In such cases, local safeguarding procedures will be followed)

**Indicators that may show a heightened risk of FGM include the following:**

- The position of the family and their level of integration into UK society
- Any girl with a mother or sister who has been subjected to FGM
- Any girl withdrawn from personal, social and health education (PSHE)

**Indicators that may show FGM could take place soon:**

- The risk of FGM increases when a female family elder is visiting from a country of origin
- A girl may confide that she is to have a 'special procedure' or a ceremony to 'become a woman'
- A girl may request help from a teacher if she is aware or suspects that she is at immediate risk
- A girl, or her family member, may talk about a long holiday to her country of origin or another country where the practice is prevalent

It is important that staff look for signs that FGM has already taken place so that help can be offered, enquiries can be made to protect others, and criminal investigations can begin.

**Indicators that FGM may have already taken place include the following:**

- Difficulty walking, sitting or standing
- Spending longer than normal in the bathroom or toilet
- Spending long periods of time away from a classroom during the day with bladder or menstrual problems
- Prolonged or repeated absences from school followed by withdrawal or depression
- Reluctance to undergo normal medical examinations
- Asking for help, but not being explicit about the problem due to embarrassment or fear

Staff will not examine pupils, and so it is rare that they will see any visual evidence, but they will report to the police where an act of FGM appears to have been carried out. FGM is also included in the definition of 'honour-based' violence (HBV), which involves crimes that have been committed to defend the honour of the family and/or community, alongside forced marriage and breast ironing. All forms of HBV are forms of abuse, and will be treated and escalated as such.

## **Forced Marriage**

**Definition:**

Forced Marriage is defined as a marriage that is entered into without the full and free consent of one or both parties, and where violence, threats or any other form of coercion is used to cause a person to enter into the marriage. Forced marriage is classed as a crime in the UK.

**Signs (including, but not limited to)**

- Becoming anxious, depressed and emotionally withdrawn with low self-esteem
- Showing signs of mental health disorders and behaviours such as self-harm or anorexia
- Displaying a sudden decline in their educational performance, aspirations or motivation
- Regularly being absent from school
- Displaying a decline in punctuality
- An obvious family history of older siblings leaving education early and marrying early

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

### **Definition:**

Child sexual exploitation (CSE) is defined as: a form of sexual abuse where children are sexually exploited for money, power or status.

### **Signs (including, but not limited to)**

- Going missing for periods of time or regularly going home late
- Regularly missing lessons
- Appearing with unexplained gifts and new possessions
- Associating with other young people involved in exploitation
- Having older boyfriends or girlfriends
- Undergoing mood swings or drastic changes in emotional wellbeing
- Displaying inappropriate sexualised behaviour
- Suffering from sexually transmitted infections or becoming pregnant
- Displaying changes in emotional wellbeing
- Misusing drugs or alcohol

CSE does not always involve physical contact, as it can also occur online. It is also important to note that a child can be sexually exploited even if the sexual activity appears consensual.

West Earlham Infant School has adopted the following procedure for handling cases of CSE, as outlined by the DfE:

### **1. Identifying cases**

School staff members are aware of and look for the key indicators of CSE; these are as follows:

- Going missing for periods of time or regularly going home late
- Regularly missing lessons
- Appearing with unexplained gifts and new possessions
- Associating with other young people involved in exploitation
- Having older boyfriends or girlfriends
- Undergoing mood swings or drastic changes in emotional wellbeing
- Displaying inappropriate sexualised behaviour
- Suffering from sexually transmitted infections or becoming pregnant
- Displaying changes in emotional wellbeing
- Misusing drugs or alcohol

### **2. Referring cases**

Where CSE, or the risk of it, is suspected, staff will discuss the case with the dedicated member of staff for child protection. If after discussion a concern still remains, local safeguarding procedures will be triggered, including referral to the LA.

### 3. Support

The LA and all other necessary authorities will then handle the matter to conclusion. The school will cooperate as needed.

#### **Vulnerability**

In order to assess vulnerability, it is necessary to consider the factors which affect child development. These fall into 4 categories called contexts:

- Child context – individual attributes, health, personality, motivation and behaviour.
- Family / home context – relationships with parents, siblings and carers as well as the home environment in which the child lives.
- Learning context – informal home learning environment and formal education at playgroups, nursery, pre-school and primary school.
- Community context – the socio-economic environment in which the child lives, the resources and opportunities that are available, community values, cohesion and safety.

Negative experiences in one or more of these four contexts can have adverse effects on brain development and the formation of core skills and may indicate that children require additional support.

#### **The 6R principles support staff in maintaining best practice**, they are:

**Recognition.** Staff should be aware of the signs or indicators of abuse and how they might be presented. This includes recognition of subtle changes such as falling quality of work, reluctance to engage or concentrate to task or unusual patterns e.g. lateness, illness, absence or failure to produce homework. Staff should be aware that disclosure is not always easy to recognise. Children may struggle to express their story or feelings, may use euphemisms or analogies that might not make sense to another person, particularly when they feel embarrassed. They may not clearly interpret the actions of an abuser.

**Response:** Appropriate response is vital. To do this effectively it is necessary to ascertain what is being conveyed. In this situation children are often very scared or emotional so staying calm and use of effective, empathic listening skills is essential. Even if it is difficult to ascertain what the child is saying staff should only use open questions that are not leading or suggestive. It is not the role of staff to obtain a detailed account, remember the child will have to repeat their story so they should focus on listening and comprehending what is being said. Whilst it may be difficult, it is essential staff do not display shock, outrage or panic. Staff must be clear they cannot be the sole keeper of confidentiality.

**Reassure:** Reassuring the child is an important part of the disclosure process. Staff should reassure the child they have done the right thing in telling and that they will everything they can to help. It is vitally important not to make unrealistic promises e.g. “It will be all right now”. A more appropriate reassurance would be “Thank you for telling me. I am glad you felt you could talk to me”.

**Reporting:** Staff should report a concern as soon as possible. Delays in reporting can place the child at further risk. It is essential the designated safeguarding leads receive information as early as possible to enable them to respond in an appropriate, timely way.

**Recording:** All staff involved will be asked to write a record detailing their account of the incident. This is most effective if written as soon as possible. All records should state when the incident happened, date and time, and who was present. Staff should record precisely what has been alleged, using key phrases or words the child used. It is important to distinguish when making a personal interpretation of the facts e.g. 'he seemed very sad' 'I thought she seemed very angry because...' Once written staff should sign and date the entry. This is important in establishing and maintaining a timeline of events.

**Referral:** In the main, referral to agencies such as social care or the police is the responsibility of the designated safeguarding lead however, staff may be asked to contribute to the process e.g. speaking to a social worker. In 2015, HM Government introduced direct reporting procedures for Female Genital Mutilation (FGM). It is essential staff are aware of these reporting requirements and when they apply