

RECOGNISING CHILD ABUSE: A GUIDE FOR FOSTER CARERS



1 DEFINITIONS

- 1.1 'Child abuse and neglect' is a generic term encompassing all ill treatment of children including serious physical and sexual assaults as well as cases where the standard of care does not adequately support the child's health or development.
- 1.2 Children may be abused or neglected through the infliction of harm, or through the failure to act to prevent harm.
- 1.3 Abuse can occur in a family or an institutional or community setting. The perpetrator may or may not be known to the child, but inter-familial abuse is more common than "stranger" abuse.
- 1.4 '*Working Together to Safeguard Children*' sets out definitions and examples of the four broad categories of abuse which are used for the purposes of creating a Child Protection Plan.
 - Neglect
 - Physical abuse
 - Sexual abuse and
 - Emotional abuse
- 1.5 These categories overlap and an abused child does frequently suffer more than one type of abuse.

(N.B. A copy of 'Working Together to Safeguard Children' can be downloaded from the DfE website: <https://consult.education.gov.uk/child-protection-safeguarding>

PHYSICAL ABUSE

- 1.6 Physical abuse may take many forms e.g. hitting, shaking, throwing, poisoning, burning or scalding, drowning or suffocating a child.
- 1.7 It may also be caused when a parent or carer feigns the symptoms of, or deliberately causes, ill health to a child. This unusual but potentially dangerous form of abuse is described as fabricated or induced illness in a child

EMOTIONAL ABUSE

- 1.8 Emotional abuse is the persistent emotional ill treatment of a child such as to cause severe and persistent effects on the child's emotional development, and may involve:
 - Conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person
 - Imposing developmentally inappropriate expectations
 - Causing children to feel frightened or in danger - e.g. witnessing domestic violence
 - Exploitation or corruption of children
- 1.9 Some level of emotional abuse is inevitably involved in most types of ill treatment of children, though emotional abuse may occur alone.

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SEXUAL ABUSE AND SEXUAL EXPLOITATION

- 1.10 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 and includes penetrative (i.e. vaginal or anal rape) and non-penetrative acts. **(See also policy on Sexual Exploitation)**
- 1.11 It may also include non-contact activities, such as involving children in looking at, or in the production of pornographic materials, watching sexual activities or encouraging children to behave in sexually inappropriate ways.

NEGLECT

- 1.12 Neglect involves 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 and development.
- 1.13 This may involve failure to provide adequate food, shelter or clothing, failure to protect from physical harm or danger or failure to ensure access to appropriate medical care or treatment. It may also include neglect of a child's basic emotional needs.

2 RISK INDICATORS

- 2.1 The factors described in this section are frequently found in cases of child abuse. Their presence is not proof that abuse has occurred, but:
- Must be regarded as indicators of the possibility of significant harm
 - Justifies the need for careful assessment and discussion with designated / named / lead person, manager, (or in the absence of all those individuals, an experienced colleague)
 - May require consultation with and/or referral to the SSD
- 2.2 The absence of such indicators does not mean that abuse or neglect has not occurred.
- 2.3 In an abusive relationship the child may:
- Appear frightened of the parent/s or step-parent or withdrawn in their presence.
 - Act in a way that is inappropriate to her/his age and development (though full account needs to be taken of different patterns of development and different ethnic groups)
- 2.4 The parent or carer may:
- Persistently avoid child health promotion services and treatment of the child's episodic illnesses
 - Have unrealistic expectations of the child
 - Frequently complain about/to the child and may fail to provide attention or praise (high criticism/low warmth environment)
 - Be absent or misusing substances
 - Persistently refuse to allow access on home visits or allow access to the child
 - Be involved in domestic violence

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- Withdraw the child from school.

2.5 Staff should be aware of the potential risk to children when individuals, previously known or suspected to have abused children, move into the household. Any new adult in the household could pose a possible risk, particularly where a mother has a new male partner.

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2.6 The following are often regarded as indicators of concern:

- An explanation which is inconsistent with an injury
- Several different explanations provided for an injury
- Unexplained delay in seeking treatment
- The parents / carers are uninterested or undisturbed by an accident or injury
- Parents are absent without good reason when their child is presented for treatment
- Repeated presentation of minor injuries (which may represent a 'cry for help' and if ignored could lead to a more serious injury)
- Family use of different doctors and A&E departments
- Reluctance to give information or mention previous injuries

Bruising

2.7 Children can have accidental bruising, but the following must be considered as non accidental unless there is evidence or an adequate explanation provided:

- Any bruising to a pre-crawling or pre-walking baby
- Bruising in or around the mouth, particularly in small babies which may indicate force feeding
- Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive)
- Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally
- Variation in colour possibly indicating injuries caused at different times
- « The outline of an object used e.g. belt marks, hand prints or a hair brush
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting
- Bruising around the face
- Grasp marks on small children
- Bruising on the arms, buttocks and thighs may be an indicator of sexual abuse

Bite Marks

2.8 Bite marks can leave clear impressions of the teeth. Human bite marks are oval or crescent shaped. Those over 3cm in diameter are more likely to have been caused by an adult or older child.

2.9 A medical opinion should be sought where there is any doubt over the origin of the bite.

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Burns and Scalds

- 2.10 It can be difficult to distinguish between accidental and non-accidental burns and scalds, and will always require experienced medical opinion. Any burn with a clear outline may be suspicious e.g.
- Circular burns from cigarettes (but may be friction burns if along the bony protuberance of the spine)
 - Linear burns from hot metal rods or electrical fire elements
 - Burns of uniform depth over a large area
 - Scalds that have a line indicating immersion or poured liquid (a child getting into hot water of its own accord will struggle to get out and cause splash marks)
 - Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation
- 2.11 Scalds to the buttocks of a small child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

Fractures

- 2.12 Fractures may cause pain, swelling and discolouration over a bone or joint.
- 2.13 Non- mobile children rarely sustain fractures.
- 2.14 There are grounds for concern if:
- The history provided is vague, non-existent or inconsistent with the fracture type
 - There are associated old fractures
 - Medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement
 - There is an unexplained fracture in the first year of life
- 2.15 A large number of scars or scars of different sizes or ages, or on different parts of the body, may suggest abuse.

RECOGNISING EMOTIONAL ABUSE

- 2.16 Emotional abuse may be difficult to recognise, as the signs are usually behavioural rather than physical. The manifestations of emotional abuse might also indicate the presence of other kinds of abuse.
- 2.17 The indicators of emotional abuse are often also associated with other forms of abuse.
- 2.18 The following may be indicators of emotional abuse:
- Developmental delay
 - Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment
 - Indiscriminate attachment or failure to attach
 - Aggressive behaviour towards others

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- Scape-goated within the family
- Frozen watchfulness, particularly in pre-school children
- Low self-esteem and lack of confidence
- Withdrawn or seen as a 'loner' - difficulty relating to others

RECOGNISING SEXUAL ABUSE

- 2.19 Boys and girls of all ages may be sexually abused and are frequently scared to say anything due to guilt and/or fear. This is particularly difficult for a child to talk about and full account should be taken of the cultural sensitivities of any individual child / family. In addition a child who has been abused from an early age, may regard this behaviour as normal and therefore will not realise that there is anything to disclose. A child will often not disclose abuse until they are in foster home where they feel safe or because they are then able to recognise that what had been happening to them was not normal.
- 2.20 Recognition can be difficult, unless the child discloses and is believed. There may be no physical signs and indications are likely to be emotional / behavioural.
- 2.21 Some behavioural indicators associated with this form of abuse are:
- Inappropriate sexualised conduct
 - Sexually explicit behaviour, play or conversation, inappropriate to the child's age
 - Continual and inappropriate or excessive masturbation
 - Self-harm (including eating disorder), self-mutilation and suicide attempts
 - Involvement in prostitution or indiscriminate choice of sexual partners
 - An anxious unwillingness to remove clothes for - e.g. sports events (but this may be related to cultural norms or physical difficulties) or conversely a greater willingness to remove their clothing at inappropriate times.
- 2.22 Some physical indicators associated with this form of abuse are:
- Pain or itching of genital area
 - Blood on underclothes
 - Pregnancy in a younger girl where the identity of the father is not disclosed
 - Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing

RECOGNISING NEGLECT

- 2.23 Evidence of neglect is built up over a period of time and can cover different aspects of parenting. Indicators include:
- Failure by parents or carers to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene and medical care, attention and affection
 - A child seen to be listless, apathetic and unresponsive with no apparent medical cause
 - Failure of child to grow within normal expected pattern, with accompanying weight loss
 - Child thrives away from home environment
 - Child frequently absent from school
 - Child left with adults who are intoxicated or violent

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- Child abandoned or left alone for excessive periods

3. ACTION FOR FOSTER CARERS

The above list of Risk Indicators is not an exhaustive list. If you have any concerns about your foster child's behaviour or physical or mental health, you should tell the child's social worker, their manager and your social worker immediately. It is important to remember that all children can exhibit difficult behaviour at times and some children exhibit sexualised behaviour. This does not mean that they have or are being abused or neglected and it is important to be able to distinguish between 'normal' abnormal behaviour and abnormal behaviour. With abused children, often more than one of the physical and emotional symptoms listed above will exist, but if in doubt seek advice. Recording what you have observed or been told by the child, is essential in establishing patterns of behaviour and whether this is possibly linked to abuse or neglect. Do not ask leading questions or make suggestions to the child about possible abuse, as this may affect any subsequent legal action that may be needed.

Physical, sexual and emotional abuse to children can also be inflicted by other children. It is important to be aware that a child who has been abused, may consider the abuse as 'normal' and therefore abuse other children, without realising that what they are doing is wrong. Always ensure that children are left in the care of a responsible adult, until you are sure that their behaviour is 'safe'.