DCPC Essential Pre course reading

Child abuse definitions and signs and symptoms.

Working Together 2010 - Definitions of Abuse

PHYSICAL ABUSE
Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child.
It may also be caused when a parent / carer fabricates 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 children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.
Not giving the child opportunities to express their views, deliberately silencing them or ‘making fun’ of what they say or how they communicate
Imposing developmentally inappropriate expectations e.g. interactions beyond the child’s developmental capability, overprotection, limitation of exploration and learning, preventing the child from participation in normal social interaction
Causing children to feel frightened or in danger e.g. witnessing domestic violence, seeing or hearing the ill treatment of another
Exploitation or corruption of children
Some level of emotional abuse is involved in most types of ill treatment of children, though emotional abuse 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:

- Provide adequate food, clothing or shelter (including exclusion from home or abandonment)
- Protect from physical and emotional harm or danger
- Meet or respond to a child’s basic emotional needs
- Ensure adequate supervision including use of adequate care-takers
- Ensure access to appropriate medical care or treatment
- Ensure that her/his educational needs are met

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

Whilst the above definitions are useful it is also necessary to understand the consequences, both short and long-term, for children who may suffer abuse.

Physical abuse

Physical abuse can range from over-chastisement, slapping with the hand, a belt, a stick or other object, to shaking, punching or throwing a child across the room. It can lead directly to neurological damage, physical injuries, disability or – at the extreme – death. Harm may be caused by the abuse itself and by abuse taking place in a wider family or institutional context of conflict and aggression. It also includes a parent/carer fabricating symptoms of or inducing illness in a child. Some physical abuse is reactive; some may be clearly premeditated with intent to cause harm.

Neglect

This can range from ignoring a child’s developmental needs to not feeding or clothing her/him adequately and not properly supervising her/him. Persistent neglect can lead to serious impairment of health and development, and long-term difficulties with social functioning, relationships and educational progress. Neglect may occur by omission or commission – it is important that problems for a child’s parent do not obscure neglect of a child in the family. Unborn babies may now be regarded as suffering neglect due to maternal substance misuse.

Sexual Abuse

Is the involvement of a child or adolescent in sexual activities that s/he does not understand, cannot give consent to and which are not acceptable by our society. This includes inappropriate touching, taking of obscene photographs, producing/trading in child pornography (including via the Internet) as well as attempted or actual sexual intercourse. Its adverse affects may endure into adulthood and affect the ability to build and maintain affective adult relationships. Research indicates about a third of victims of sexual abuse may become adult perpetrators.
Emotional Abuse

Emotional abuse can range from rejecting a child, refusing to show a child love or affection, or making a child unhappy by continually belittling her/him or verbally abusing her/him. It has an important impact on a developing child’s mental health, behaviour and self-esteem. It may also include developmentally inappropriate expectations including overly high expectations which the child cannot fulfil. Domestic violence, adult mental health problems and parental substance misuse may be features in families where children are exposed to such abuse. Emotional abuse may occur by omission or commission and it is important the problems for a child’s parents do not obscure professionals’ view of their child’s emotional development.

Bullying – serious bullying causing a child to feel frightened or in danger may now be regarded as emotional abuse. Failures of a school to deal effectively with bullying could be seen as neglect/failure of duty of care.

Possible Indicators of Abuse

The following is a list of signs and symptoms that may be consistent with abuse; NB some children can exhibit one or more of these signs for other reasons. However, if there are concerns about a child displaying any of these indicators, discussions should be held as soon as possible with the designated child protection co-ordinator in the school (DCPC). In simple terms indicators can be physical e.g. marks and bruises, behavioural i.e. aggressive or withdrawn or secretive etc, disclosures i.e. a child tells you something that indicates they are suffering abuse, presentation/appearance may be unkempt dirty etc. In schools you will be particularly able to notice changes in appearance, achievement, friendships etc which may be early indicators that all is not well with the child. We ask that you be curious and check out concerns with the DCPC and senior colleagues.

PHYSICAL ABUSE

Physical Indicators

*Unexplained bruises/welts/lacerations/abrasions:*

- on face, lips, mouth
- on torso, back, buttocks, thighs
- in various stages of healing
- clustering forming regular patterns
- reflecting shape of article used, e.g. belt, buckle, electrical flex
- on several different surface areas
- regularly appear after absence, weekend, or holiday
- bite marks or fingernail marks

*Unexplained burns:*

- cigar or cigarette burns especially on soles, buttocks, palms or back
- ‘immersion’ burns, where hands feet or body have been forcibly immersed in very hot water
- patterns like electrical burner, iron etc
- rope burns on arms, legs, neck or torso
Unexplained fractures:
- to skull, nose, facial structure
- in various stages of healing
- multiple or spiral fractures

Behavioural Indicators
- flinching when approached or touched
- reluctance to change clothes for PE lessons
- wary of adult contacts
- difficult to comfort
- apprehension when other children cry
- crying/irritability
- frightened of parents
- afraid to go home
- rebelliousness in adolescence
- reports injury caused by parents
- behavioural extremes- aggressiveness, withdrawal, impulsiveness
- regression to childlike behaviour
- apathy
- depression
- poor peer relationships
- panics in response to pain

NEGLECT

Physical Indicators
- consistent hunger
- poor hygiene
- inappropriate dress
- consistent lack of supervision, especially in dangerous activities for long periods
- unattended physical problems or medical needs
- abandonment

Behavioural Indicators
- begging
- stealing food
- constant fatigue, listlessness
- poor relationship with care-giver
- frequent delays in picking child up from playgroup or school
SEXUAL ABUSE

Physical Indicators

- difficulty in walking, sitting down
- stained or bloody underclothing
- pain or itching in genital area
- bruising, bleeding, injury to external genitalia, vaginal and/or anal areas
- vaginal discharge
- bed wetting
- excessive crying
- sickness

Behavioural Indicators

- inappropriate sexual behaviour or knowledge for the child's age
- promiscuity
- sudden changes in behaviour
- running away from home
- wary of adults
- feeling different from other children
- unusual avoidance of touch
- reporting of assault
- substance abuse (e.g. glue sniffing)
- emotional withdrawal through lack of trust in adults
- over compliance with requests of others
- frequent complaints of unexplained abdominal pains
- eating problems
- sleep disturbances
- poor peer relationships
- possessing money or ‘gifts’ that cannot be adequately accounted for
- inappropriate sexually explicit drawings or stories
- enuresis or soiling, especially at the end of school
- frequent non-attendance at school
- avoidance of school medicals

EMOTIONAL ABUSE

Physical Indicators

- failure to thrive
- delays in physical development or progress

Behavioural Indicators

- sucking, biting, rocking
- anti-social, destructive
- sleeping disorders, inhibition of play
- compliant, passive, aggressive, demanding
- inappropriately adult or infant
- impairment of intellectual, emotional, social or behavioural development
The Department of Health Framework for Assessment of Children in Need and their families was published in 2000.

It is the national basis for assessing and understanding the needs of children. The headings or domains are used when sharing information about children such as in referral forms to Children’s social services and reports for child protection case conferences.

The child is at the centre of three domains:

**Individual developmental needs.** This is broken down into various areas as seen above. The areas for consideration are largely self explanatory. It is also useful to think about “age appropriate” in terms of development needs e.g. age appropriate self-care skills.

**Parenting capacity** is about the parent’s ability to understand and respond appropriately to the child’s needs. Whilst education staff may not always feel they know parents well, they will know for example how far parents assist the child with homework, respond to communications from school. They may have observed interactions at the school gate etc. Do the children arrive at school on time, well presented and ready to learn?

**Environmental factors** this is about external factors which may affect a parent’s ability to care for their child. It is important to separate family/parenting issues from environmental issues. It is possible to be an excellent parent in an adverse or challenging environment. It is also possible to be a poor parent despite having economic, material or educationally advantageous situations – think of the “cash rich, time poor” parents.