Risk is recognised, Responded to and Reduced

Type of Abuse	Definition
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 fabricates the symptoms of, or deliberately induces illness in a child; see section.
Emotional abuse	Emotional abuse is the persistent emotional maltreatment 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 age or developmentally inappropriate expectations 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 participating in normal social interaction; • Seeing or hearing the ill-treatment of another; • Serious bullying, causing children frequently to feel frightened or in danger, or the exploitation or corruption of children; • Exploiting and corrupting 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, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape, buggery or oral sex) or non-penetrative acts. Sexual abuse includes abuse of children through sexual exploitation. Penetrative sex where one of the partners is under the age of 16 is illegal, although prosecution of similar age, consenting partners is not usual. However, where a child is under the age of 13 it is classified as rape under s5 *Sexual Offences Act 2003*. Sexual abuse includes 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	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 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.

Recognition of abuse and neglect

The factors described below are frequently found in cases of child abuse or neglect. Their presence is not proof that abuse has occurred, but:

• Must be regarded as indicators of the possibility of significant harm;

• Indicates a need for S47 strategy meeting to plan investigation and careful assessment

The absence of such indicators does not mean that abuse or neglect has not occurred.

In an abusive relationship the child may:

• Appear frightened of the parent;

• Act in a way that is inappropriate to their age and development.

The parent may:

• Persistently avoid routine child health services and/or treatment when the child is ill;

• 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 leave the child with inappropriate carers;

• Have mental health problems which they do not appear to be managing;

Be misusing substances;

• Persistently refuse to allow access on home visits;

• Persistently avoid contact with services or delay the start or continuation of treatment;

• Be involved in domestic violence;

• Fail to ensure the child receives an appropriate education.

Professionals should be aware of the potential risk of harm to children when individuals (adults or children), previously known or suspected to have abused children, move into the household.

Recognising physical abuse

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 parent/s 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);

• Frequent use of different doctors and accident and emergency departments;

• Reluctance to give information or mention previous injuries.

Bruising

Children can have accidental bruising, but the following must be considered as indicators of harm unless there is evidence or an adequate explanation provided. Only a paediatric view around such explanations will be sufficient to dispel concerns listed below:

• 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

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.

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

Burns and scalds

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.

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

Fractures may cause pain, swelling and discolouration over a bone or joint, and loss of function in the limb or joint. Non-mobile children rarely sustain fractures.

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.

Scars

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

Emotional abuse may be difficult to recognise, as the signs are usually behavioural rather than physical.

The indicators of emotional abuse are often also associated with other forms of abuse. Professionals should therefore be aware that emotional abuse might also indicate the presence of other kinds of abuse.

The following may be indicators of emotional abuse:

• Developmental delay;

• Abnormal attachment between a child and parent (e.g. anxious, indiscriminate or no attachment);

• Indiscriminate attachment or failure to attach;

• Aggressive behaviour towards others;

• Appeasing behaviour towards others;

• Scapegoated 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

Sexual abuse can be very difficult to recognise and reporting sexual abuse can be an extremely traumatic experience for a child. Therefore both identification and disclosure rates are deceptively low.

Boys and girls of all ages may be sexually abused and are frequently scared to say anything due to guilt and / or fear. According to a recent study36 three-quarters (72%) of sexually abused children did not tell anyone about the abuse at the time. Twenty-seven percent of the children told someone later, and around a third (31%) still had not told anyone about their experience/s by early adulthood.

If a child makes an allegation of sexual abuse, it is very important that they are taken seriously. Allegations can often initially be indirect as the child tests the professional's response. There may be no physical signs and indications are likely to be emotional / behavioural.

Behavioural indicators which may help professionals identify child sexual abuse include:

• Inappropriate sexualised conduct;

• Sexually explicit behaviour, play or conversation, inappropriate to the child's age;

• Contact or non-contact sexually harmful behaviour;

• Continual and inappropriate or excessive masturbation;

- Self-harm (including eating disorder), self mutilation and suicide attempts;
- Involvement in sexual exploitation 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).

Physical indicators associated with child sexual abuse include:

- Pain or itching of genital area;
- Blood on underclothes;
- Pregnancy in a child;
- 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.

Sex offenders have no common profile, and it is important for professionals to avoid attaching any significance to stereotypes around their background or behaviour. While media interest often focuses on 'stranger danger', research indicates that as much as 80 per cent of sexual offending occurs in the context of a known relationship, either family, acquaintance or colleague37.

Recognising neglect

It is rare that an isolated incident will lead to agencies becoming involved with a neglectful family. Evidence of neglect is built up over a period of time. Professionals should therefore compile a chronology and discuss concerns with any other agencies which may be involved with the family, to establish whether seemingly minor incidents are in fact part of a wider pattern of neglectful parenting. Use of the graded care tool can help professionals track progress or lack of progress.

When working in areas where poverty and deprivation are commonplace professionals may become desensitised to some of the indicators of neglect. These include:

- Failure by parents or carers to meet essential physical needs (e.g. adequate or appropriate food, clothes, warmth, hygiene and medical or dental care);
- Failure by parents or carers to meet essential emotional needs (e.g. to feel loved and valued, to live in a safe, predictable home environment);
- 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 inappropriate carers (e.g. too young, complete strangers);
- Child left with adults who are intoxicated or violent;
- Child abandoned or left alone for excessive periods.

Disabled children and young people can be particularly vulnerable to neglect due to the increased level of care they may require.
Although neglect can be perpetrated consciously as an abusive act by a parent, it is rarely an act of deliberate cruelty. Neglect is usually defined as an omission of care by the child's parent, often due to one or more unmet needs of their own.
These could include domestic violence, mental health issues, learning disabilities, substance misuse, or social isolation / exclusion, this list is not exhaustive.

While offering support and services to these parents, it is crucial that professionals maintain a clear focus on the needs of the child.

Potential risk of harm to an unborn child

In some circumstances, agencies or individuals are able to anticipate the likelihood of significant harm with regard to an expected baby (e.g. domestic violence, parental substance abuse or mental ill health, history of abuse or neglect of another child).

These concerns should be addressed as early as possible before the birth, so that a full assessment can be undertaken and support offered to enable the parent/s (wherever possible) to provide safe care.

Definition Domestic Violence

The definition of 'domestic violence and abuse was updated by the Home Office in March 2013 to include the reality that many young people are experiencing domestic abuse and violence in relationships at a young age. They may therefore be Children in need or likely to suffer significant harm, the definition from the Home Office is as follows:

"Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence and abuse between those aged 16 or over, who are or have been intimate partners or family members regardless of gender and sexuality.

This can encompass, but is not limited to, the following types of abuse:

- Psychological;
- Physical;
- Sexual;
- Financial;
- Emotional.

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim."

Examples of these behaviours are:

- Psychological / Emotional Abuse - intimidation and threats (e.g. about children or family pets), social isolation, verbal abuse, humiliation, constant criticism, enforced trivial routines, marked over intrusiveness;
- Physical violence - slapping, pushing, kicking, stabbing, damage to property or items of sentimental value, attempted murder or murder;
- Physical restriction of freedom - controlling who the mother or child/ren see or where they go, what they wear or do, stalking, imprisonment, forced marriage;
- Sexual violence - any non-consensual sexual activity, including rape, sexual assault, coercive sexual activity or refusing safer sex; and
- Financial abuse - stealing, depriving or taking control of money, running up debts, withholding benefits books or bank cards.

Key facts about domestic violence

- Of all the violent crimes investigated by the British Crime Survey (which excludes some categories such as child sexual assault and trafficking) domestic violence is consistently the violent crime least likely to be reported to the police
- On average over the years between 1995 and 2006, two women per week in England and Wales were killed by a partner or ex-partner
- Women are at greatest risk of being killed at the point of separation or after leaving a violent partner, and 76% of domestic homicides occur after separation
- Non-fatal domestic violence and stalking also continue or increase after separation for many women. According to the British Crime Survey, about 20% of domestic violence incidents are experienced after the relationship has ended;
- 30% domestic violence begins or escalates during pregnancy;
- 16 - 24 year olds are at greatest risk of suffering domestic violence;
- A significant proportion of perpetrators are also misusing drugs and/or alcohol, although research suggests that most perpetrators are not drug addicts or alcoholics. Of those who are, there is evidence that they use abusive behaviour as much when sober if not more than when under the influence of drugs or alcohol;
- In 2002, nearly three quarters of children on the subject of a Child Protection Plan lived in households where domestic violence occurs;
- In relationships where there is domestic violence, children witness about three-quarters of incidents. About half the children in such families have themselves been badly hit or beaten. Sexual and Emotional Abuse are also more likely to happen in these families;
- Where there is abuse of a woman by a male partner there is sometimes also child physical and sexual abuse involving the same abusive partner. Estimates of the overlap vary but range from 40-60%;
- Domestic violence causes 16% of homelessness;
- An audit in Greenwich found that 60% of mental health service users had experienced domestic violence, and a separate survey of women using mental health services in Leeds found that half of them had experienced domestic violence;
- A 2003 survey from the BBC found that 29% of men and 22% of women felt that domestic violence was acceptable in some circumstances;
- One third of all female suicide attempts can be attributed to current or past experience of domestic violence, and 50% of women of Asian origin who have attempted suicide or self-harm are domestic violence survivors.

The impact of domestic violence on children

- The risks to children living with domestic violence include:
- Direct physical or sexual abuse of the child. Research shows this happens in up to 60% of cases; also that the severity of the violence against the mother is predictive of the severity of abuse to the children (Note: A study by Bowker, Arbitell and McFerron (1988) found that the more frequent the violence to wives, including physical violence and marital rape, the more extreme the physical abuse of the children. The authors concluded that: "the severity of the wife beating is predictive of the severity of the child abuse");

- The child being abused as part of the abuse against the mother:
  - Being used as pawns or spies by the abusive partner in attempts to control the mother;
  - Being forced to participate in the abuse and degradation by the abusive partner.

- Emotional abuse and physical injury to the child from witnessing the abuse:
  - Hearing abusive verbal exchanges between adults in the household;
  - Hearing the abusive partner verbally abuse, humiliate and threaten violence;
  - Observing bruises and injuries sustained by their mother;
  - Hearing their mother's screams and pleas for help;
  - Observing the abusive partner being removed and taken into police custody;
  - Witnessing their mother being taken to hospital by ambulance;
  - Attempting to intervene in a violent assault;
  - Being physically injured as a result of intervening or by being accidentally hurt whilst present during a violent assault.

- Negative material consequences for a child of domestic violence:

  - Being unable or unwilling to invite friends to the house;
  - Frequent disruptions to social life and schooling from moving with their mother fleeing violence;
  - Hospitalisation of the mother and/or her permanent disability.

- Children who witness domestic violence suffer emotional and psychological maltreatment (Note: Section 31 Children Act 1989: impairment suffered from seeing or hearing the ill treatment of another [amended by the Adoption and Children Act 2002]). They tend to have low self-esteem and experience increased levels of anxiety, depression, anger and fear, aggressive and violent behaviours, including bullying, lack of conflict resolution skills, lack of empathy for others and poor peer relationships, poor school performance, anti-social behaviour, pregnancy, alcohol and substance misuse, self-blame, hopelessness, shame and apathy, post-traumatic stress disorder - symptoms such as hyper-vigilance, nightmares and intrusive thoughts - images of violence, insomnia, enuresis and over protectiveness of their mother and/or siblings.

The impact of domestic violence on children is similar to the effects of any other abuse or trauma and will depend upon such factors as:

- The severity and nature of the violence;
- The length of time the child is exposed to the violence;
- Characteristics of the child's gender, ethnic origin, age, disability, socio economic and cultural background;
- The warmth and support the child receives in their relationship with their mother, siblings and other family members;
- The nature and length of the child's wider relationships and social networks; and
- The child's capacity for and actual level of self-protection
- The impact of domestic violence on unborn children
- 30% of domestic violence begins or escalates during pregnancy (Note: Gynneth Lewis and James Drife, Why Mothers Die 2000-2002 - Report on confidential enquiries into maternal deaths in the United Kingdom [CEMACH, 2005]), and it has been identified as a prime cause of miscarriage or still-birth (Gillian Mezey, "Domestic Violence in Pregnancy" in S. Bewley, J. Friend, and G. Mezey (ed.) Violence against women [Royal College of Obstetricians and Gynaecologists, 1997]), premature birth, foetal psychological damage from the effect of abuse on the mother's hormone levels, foetal physical injury and foetal death (Note: Robert Anda, Vincent Felitti, J. Douglas Bremner, John Walker, Charles Whitfield, Bruce Perry, Shanta Dube, Wayne Giles, "The enduring effects of childhood abuse and related experiences: a convergence of evidence from neurobiology and epidemiology", in European Archives of Psychiatric and Clinical Neuroscience, 256 [3] 174 - 186 [2006 - available online at The Child Trauma Academy]). The mother may be prevented from seeking or receiving proper ante-natal

or post-natal care. In addition, if the mother is being abused this may affect her attachment to her child, more so if the pregnancy is a result of rape by her partner.

The impact of domestic violence on mothers and their ability to parent

The child/ren are often reliant on their mother as the only source of good parenting, as the abusive partner will have significantly diminished ability to parent well. This is particularly so because domestic violence very often co-exists with high levels of punishment, the misuse of power and a failure of appropriate self-control by the abusive partner.

Many mothers seek help because they are concerned about the risk domestic violence poses to their child/ren. However, domestic violence may diminish a mother's capacity to protect her child/ren and mothers can become so preoccupied with their own survival within the relationship that they are unaware of the effect on their child/ren.

Mothers subjected to domestic violence have described a number of physical effects, including frequent accommodation moves, economic limitations, isolation from social networks and, in some cases, being physically prevented from fulfilling their parenting role by the abuser. The psychological impact can include:

- Loss of self-confidence as an individual and parent;
- Feeling emotionally and physically drained, and distant from the children;
- Not knowing what to say to the children;
- Inability to provide appropriate structure, security or emotional and behavioural boundaries for the children;
- Difficulty in managing frustrations and not taking them out on the children; and
- Inability to support the child/ren to achieve educationally or otherwise.

Mothers subjected to domestic violence can experience sexually transmitted diseases and/or multiple terminations.

Domestic violence contributes directly to the breakdown of mental health, and mothers experiencing domestic violence are very likely to suffer from depression and other mental health difficulties leading to self-harm, attempted suicide and/or substance misuse.

The abusive partner's ability to parent

Professionals are often very optimistic about men's parenting skills (Hester and Radford [1996]), whilst scrutinising the mother's parenting in much greater detail. However, research (Holden and Ritchie [America, 1991]) has found that the abusive partners had inferior parenting skills, including being:

- More irritable;
- Less physically affectionate;
- Less involved in child rearing; and
- Using more negative control techniques, such as physical punishment.

Barriers to disclosure for children

Children affected by domestic violence often find disclosure difficult or go to great lengths to hide it. This could be because the child is:

- Protective of their mother;

- Protective of their abusing parent;
- Extremely fearful of the consequence of sharing family 'secrets' with anyone. This may include fears that it will cause further violence to their mother and/or themselves;
- Being threatened by the abusing parent;
- Fearful of being taken into care;
- Fearful of losing their friends and school;
- Fearful of exposing the family to dishonour, shame or embarrassment;
- Fearful that their mother (and they themselves) may be deported.

Safety planning

Safety planning for mothers and children is key to all interventions to safeguard children in domestic violence situations. All immediate and subsequent assessments of risk to child/ren and their mother should include a judgement on the family's existing safety planning. Emergency safety plans should be in place whilst assessments, referrals and interventions are being progressed.
In some cases which reach threshold scale 4 (severe risk of harm to the child/ren), the emergency safety plan / strategy should be for the child/ren and, if possible, the mother, not to have contact with the abuser.

Listening to the child

Whenever a child reports that they are suffering or have suffered significant harm through abuse or neglect, or have caused or are causing physical or sexual harm to others, the initial response from all professionals should be limited to listening carefully to what the child says to:

- Clarify the concerns;
- Offer re-assurance about how the child will be kept safe;
- Explain what action will be taken.

A strategy meeting should be convened to plan investigation and assessment of the alleged harm.