

Recognition and Referral of Possible Child Abuse

A guide to safeguarding children in
Northamptonshire

What to do if you think a child is being abused

Child Protection is your responsibility.



Produced by the
Local Safeguarding Children Board Northamptonshire (LSCBN)
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www.lscbnorthamptonshire.org.uk

This leaflet has been produced by the Local Safeguarding Children Board Northamptonshire (LSCBN) to help any person working with children or parents recognise possible indications of child abuse, to inform them when and how to refer concerns and to explain what action may be taken as a result.

This leaflet should be read in conjunction with the inter-agency child protection procedures published by the LSCBN which provide detailed procedures and offer guidance for workers in specific circumstances.

CHILD PROTECTION

Child abuse happens to children of both sexes, at all ages and in all cultures, religions and social classes and both to children with and to children without disabilities. Other children and young people may also abuse children.

All children and young people under the age of 18 are covered by the Children Acts 1989 and 2004 in relation to Child Protection.

RECOGNITION

Identification of child abuse can at times be difficult. The LSCBN provides multi-agency training on child protection (see website for details). The indicators of child abuse given in this leaflet are not prescriptive and they may be signs of other concerns.

The indicators must be regarded in the context of the child's life and should be considered in relation to the following:

- Always listen to the child, particularly to what is said spontaneously.
- Look at whether the normal behaviour of the child has changed.
- Note if there is any history or pattern of unexplained injury or illness.
- Be aware of any delay by the carers seeking medical assistance, or failure to meet medical needs.
- Be aware of explanations that are inconsistent with what you observe or know, especially of the child's development and mobility.
- Be aware that children may seem compliant, unafraid and attached to their abusers.
- Take note of any inappropriate responses from carers.
- Remember that your records should be confidential and kept in a safe place.

POSSIBLE INDICATORS OF ABUSE

General signs of abuse

The following may occur to any child who is being abused, but are particularly **significant** in cases of sexual or emotional abuse where outward physical signs may not be present. **This is not a definitive list.** The absence of such indicators does not mean that abuse or neglect has not occurred. Not all indicators need to be present.

- Acting out, aggressive behaviour
- Appear frightened of their parents
- Unexplained change in attitude or behaviour
- Social withdrawal
- Restlessness and aimlessness
- Sleeping and eating disturbance (including eating disorders)
- Poor trust and secretiveness
- Unexplained bullying or aggressive behaviour to other children
- Inexplicable school failure
- Onset of enuresis (bedwetting) or daytime wetting
- Smearing faeces
- Cutting (self mutilation) and other forms of self-harm
- Indiscriminate and careless sexual behaviour
- Recurrent abdominal pains
- Recurrent headaches
- Hysterical fits or fainting
- Drug and/or alcohol abuse
- Running away

Definitions of physical, emotional and sexual abuse and neglect can be found in section one of the inter-agency procedures.

Possible indicators of physical abuse

Bruises:

- Any bruising to a pre-crawling or pre-walking baby, or child with no independent mobility
- 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
- Multiple bruises of uniform shape
- Multiple bruises in clusters
- Bruises that carry the outline of an object used e.g. belt marks, hand prints or a hair brush
- Bruising or tears around, behind, or to the earlobe/s indicating injury by pulling or twisting

- Bruising around the face, back and abdomen
- Grasp marks on small children
- Bruises away from bony prominences
- Bruising on the arms, buttocks and thighs may be an indicator of sexual abuse

Burns, bites and scars:

- Clear impressions of teeth (human bite marks are oval or crescent shaped those over 3cm are more likely to have been caused by an adult or older child).
- Burns or scalds (especially with clear outlines such as a line indicating immersion or poured liquid)
- Small round burns which may be from cigarettes
- Linear burns from hot metal rods or electrical fire elements
- Burns of uniform depth over a large area
- Large numbers of different aged scars
- Old scars that indicate the child did not receive medical treatment
- Friction burns

Fractures:

- Swelling and lack of normal use of limbs
- Fractures in children less than one year
- The history provided is vague, non-existent or inconsistent with the fracture type
- *Alleged unnoticed fractures:* Fractures cause pain and it would be difficult for a carer to be unaware of the child's distress at the time of the injury.

However, fractures in young children heal quickly and babies may be able to use a fractured limb without pain within a few days; this may mask a healing fracture.

Shaken Baby:

Babies are particularly vulnerable to head injuries and the effects of being shaken. This may be shown by being limp, fractious, glazed eyes, poor responses, poor feeding, drowsiness or vomiting (medical advice should always be sought).

Other Concerns and Injuries:

- Poisoning, injections, ingestion or other applications of damaging substances (including drugs and alcohol).
- Genital mutilation, including female circumcision
- (Also see General Signs)

Possible indicators of emotional abuse

- Abnormal attachment between a child and parent/carers (anxious, indiscriminate or no attachment)
- Indiscriminate attachment or failure to attach
- Developmental delay
- Aggressive behaviour towards others
- Low self esteem and lack of confidence
- Frozen watchfulness, particularly in pre-school children
- Scape-goated within family
- Withdrawn or seen as a 'loner' – difficulty in relating to others
- (Also see general signs)

There is an element of emotional abuse in all categories of abuse.

Possible indicators of sexual abuse

- 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)
- 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
- (Also see general signs)

Possible indicators of neglect

- Failure by parents or carers to meet the basic essential needs e.g. Adequate food, clothes, warmth, hygiene and medical care
- 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
- Child abandoned or left alone for excessive periods
- (Also see general signs)

Consider what the child is experiencing

- Does the child witness domestic abuse?
- Is the child rejected or scape-goated by their parent/carer?
- Is their parent/carer under stress?
- Are there mental health problems or alcohol/drug misuse issues within the family?

WHAT TO DO IF A CHILD DISCLOSES ABUSE

- You may be the first person that a child has trusted and it has probably taken a great deal of courage to tell you about the abuse
- Listen carefully and reassure the child they have done the right thing in talking to you
- Take seriously what the child is saying or showing you
- Remain calm and do not demonstrate your own emotions
- Do not criticise or make judgements about the alleged abuser
- Do not promise confidentiality
- Do not ask leading questions or ask a child to undress to show you injuries
- **Follow your own organisation's child protection procedures and the following guidance:**

WHAT TO DO IF YOU THINK A CHILD IS BEING ABUSED

Any person who works with children or parents has a responsibility to report concerns they have about a child.

Individual factors or indicators of abuse may not be particularly worrying in isolation, but in combination they can suggest that there is serious cause for concern.

If you encounter any of the indicators listed:

- ALWAYS discuss your concerns with a manager, child protection advisor or designated member of staff within your own organisation and do not work alone.
- Consult the Inter-Agency Child Protection Procedures and/or your own organisation's child protection procedure.
- For consultation or advice you may, contact Northamptonshire County Council's Initial Assessment Team:
Email: cypsinitialcontacts@northamptonshire.gov.uk
Tel: 0300 126 1006 (extended opening hours)
Fax: 0300 126 8900
Visit: www.northamptonshire.gov.uk/cyps
Or
NSPCC: 0808 800 5000 (Freephone National Helpline)
- . They will help decide whether a referral should be made.

You should be prepared to follow the advice of these professionals. They have a duty act if they consider that the concerns are serious.

- You must keep a written record of your concerns noting dates and incidents. Please refer to your own agency record keeping policy, however as a minimum you should include discussions with the child, parents, and managers, information provided to the CPYS and decisions taken. Records must be clearly written, timed, dated and signed.

See Flowchart on P.10

All referrals and concerns should be made to the Initial Assessment Team (as above) however:

- If you think a child is in **immediate** danger – call the Police.
- If you think a child needs **emergency** medical attention – seek medical advice without delay.

MAKING A REFERRAL

Referral to the Initial Assessment Team

Where available, the following information should be provided with the referral (absence of information must not delay referral)

- Is your information first-hand or did someone tell you about the incident/situation, who else have you spoken to?
- Full names, date of birth and gender of children
- Family address
- Identity of those with parental responsibility
- Names and date of birth of all household members
- Ethnicity, first language and religion of children and parents/carers
- Any need for an interpreter, signer or other communication aid
- Any special needs of children
- Any significant/important recent or historical events/incidents in the children's or family's life
- Cause for concern including details of any allegations, their sources, timing and location
- Child's current location and emotional and physical condition
- Referrer's relationship and knowledge of children and parents/carers
- Known current or previous involvement of other agencies/professionals
- Information regarding parental knowledge of, and agreement to, the referral

Unless you believe it may place the child at risk, you should advise the parents/carers that you intend to make a referral

- Formal referrals from named professionals cannot be treated as anonymous, so the parent will ultimately become aware of the identity of the referrer.
- You must complete an Inter-Agency Referral Form to ensure that all the relevant information is gathered as quickly as possible. Telephone referrals should be followed up by completing the inter-agency referral form within 24 hours. **All sections of the form must be completed in full.**

The Inter-Agency Referral form can be downloaded from here:

http://www.proceduresonline.com/northamptonshire/scb/chapters/p_referrals.html

- You may be requested to find out more information at this stage.

- The Initial Assessment Team must acknowledge referrals within one working day of receipt. If this does not occur within three working days, the referrer should contact the Initial Assessment Team again.

POSSIBLE FURTHER ACTION

Child Protection Investigation:

- If it is clear that the child may have been harmed or is at risk of being harmed, the CYPs will undertake a Child Protection Investigation, also known as a section 47 investigation. This may involve the Police, Health, Education and other agencies.
- A Social Worker will make enquiries, which will include speaking to the family and to professionals involved with the family (e.g. Health Visitor, School, family Doctor) to gather information.
- Unless it may place the child at risk, the Social Worker will seek the permission of the parents/carers before they do this.
- If the Investigation indicates that there may be a continuing risk of significant harm, a Child Protection Conference will be arranged with NRCS.
- The decision to take emergency action to provide immediate protection for a child may be taken at any time there is evidence that the risk to the child is sufficiently acute.

Child Protection Conference (CPC)

The purpose of an initial child protection conference is to:

- Share and evaluate information in an inter-agency setting with regard to children's health, development and functioning and the parent/carer's capacity to ensure the child's safety and promote their well being;
- Make judgements about the likelihood of children suffering or likely to suffer future significant harm and whether there are sufficient concerns to place children on the child protection register;
- Decide what future action is needed to safeguard children and promote their welfare, how that action will be taken forward and with what intended outcomes and time scales;
- Allocate a key worker for children who are made subject to a child protection plan to develop, co-ordinate and implement the child protection plan;
- Identify a multi-agency core group to develop and monitor the outline child protection plan.
- All invited professionals are expected to give attendance the highest priority. Invited representatives must provide a report to the conference chair at least 48 hours in advance.

The Child Protection Plan

- A child will be made subject to a child protection plan if: they are at risk of significant harm AND there are unresolved child protection issues AND these require an inter-agency child protection plan.
- NRCS is responsible for maintaining a record of all children in Northamptonshire subject to an inter-agency child protection plan.

REMEMBER

The indicators listed in this leaflet are not exhaustive and must be regarded in the context of the child's life. **ALWAYS** discuss your concerns with a senior colleague or supervisor/manager/designated child protection worker.

CONTACT

Emergency

If a child is in immediate danger or left alone, you should contact the police directly on Tel: 03000 111222, and where in need of medical assistance also call an Ambulance (call 999).

Non Emergency

If there is no immediate danger or you need advice or information see below;

Advice/Information

If you want to discuss your concerns or need advice e.g. if you not sure whether your concerns are justified, you would like more information about issues like confidentiality or you would like to know what happens next (after you have reported your concerns), do one of the following:

Speak to Northamptonshire County Council – Children and Young People's Service
Contact Centre on: 0300 126 1006 (extended opening hours)

Speak to the National Society for the Prevention of Cruelty to Children (NSPCC) at
[NSPCC National Helpline](#) Tel: 0808 800 5000

If you do not wish to give your name to the Children and Young People's Service or NSPCC, you do not have to. If you do give your name, you can ask that your identity is not revealed to the parents/carer of the child concerned.

If you work with children and families and need to discuss or refer concerns please contact:

Northamptonshire County Council – Children and Young People's Service Contact Centre

Email: CYPInitialcontacts@northamptonshire.gov.uk

Visit: www.northamptonshire.gov.uk/cyps

Call: 0300 126 1006 (extended opening hours)

Fax: 0300 126 8900

Also please see the inter-agency procedures and referral form here:

[LSCB Northamptonshire Procedures](#)

[Multi Agency Referral Form](#) (WORD)

NOTE: If you are using pre-Office 2007, you will need to navigate to the 'Tools menu' and select 'Unprotect document', this will allow you to change the default values.

[Multi Agency Referral Form](#) (PDF)

A guide to safeguarding children in Northamptonshire

[Child Exploitation and Online Protection \(CEOP\) Centre](#)

[NSPCC National Helpline](#) Tel: 0808 800 5000

[Childline](#) Tel: 0800 1111

