

# LONDON TUTORIAL COLLEGE

## SAFEGUARDING (CHILD PROTECTION) POLICY

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*LTC is committed to safeguarding and promoting the welfare of young people and expects all staff and volunteers to share this commitment.*

Why does LTC have a safeguarding policy?

- It helps to create a safe and positive environment for students
- It clarifies what is required of LTC in relation to the protection of students
- It is a statement of intent that demonstrates LTC's commitment to safeguard students from harm.

Our prime responsibility is the welfare and wellbeing of all students in our care. We believe we have a duty to the students, parents/agents, tutors and staff to act quickly and responsibly in any instance of concern that comes to our attention.

We follow the requirements laid out in *Keeping Children Safe in Education: Statutory Guidance for Schools and Colleges* (April 2014) and DCSF guidance *Safeguarding Children And Safer Recruitment In Education* (Jan 2010).

LTC has a duty to report any suspicions of abuse and neglect to the Local Authority who have a duty to investigate such matters. We will follow the child protection procedures laid out by the local authority and will seek their advice on all steps taken subsequently.

It is rare for students to lie about abuse which has occurred. If the student is young, he or she does not have the language or experience to make up stories about abuse, particularly sexual abuse. They may, however, later deny that abuse took place to protect someone they love or because they are afraid. Students may also get the details confused because of the traumatic nature of what happened. When dealing with students, question gently and minimally along the lines of "tell me what happened", but do not interrogate or ask leading or suggestive questions.

LTC strives to create an atmosphere of trust in which students know they will be listened to and believed. They will then be encouraged to share their concerns and thus potentially harmful situations can be avoided.

It is the policy of LTC to ensure that all staff are familiar with child protection issues and procedures and regularly review and update this policy.

In the context of safeguarding and promoting the welfare of international students, as we understand ourselves at LTC to be both morally and legally obliged to do, it is important to know that child abuse falls under universal jurisdiction law. This allows States or international organizations to claim criminal jurisdiction over an accused person regardless of where the alleged crime was committed, and regardless of the accused's nationality, country of residence, or any other relation with the prosecuting entity. Crimes prosecuted under universal jurisdiction are considered crimes against all, too serious to tolerate jurisdictional arbitrage (the practice of taking advantage of the discrepancies between competing legal jurisdictions).

In the UK it relates to the ill treatment or neglect of any individual less than eighteen years of age. A child who has suffered from physical injury, physical neglect, or a failure to thrive may well fall within the spectrum of physical abuse. Records demonstrate that emotional or sexual abuse has in very many cases occurred when a person who has custody, charge or care of the child, either himself or herself commits the abuse or knowingly fails to prevent it.

### **Definition of terms**

The Designated Safeguarding Lead (DSL) for LTC is the Principal, Grazyna Sutherland. As the DSL, she takes specific responsibility for safeguarding matters within LTC.

For the purposes of understanding our duties of care in their legal context, a “*child*” is any person under the age of 18. The following references to “*child*”, children and “*student(s)*” are synonymous with this definition. At the same time we require the same degree of vigilance and care to be applied to all LTC students over the age of 18, and the same flow of feedback even if in some circumstances the handling of a situation may differ accordingly.

For the purposes of this Safeguarding Policy (SP), all references to ‘*child*’ or ‘*children*’ - whether singular or plural – are used and are taken to refer to students enrolled at LTC.

‘*LTC personnel*’ means any full time member of staff or tutor having any responsibility for a child as defined in their contract during that contractual period. This may also refer to any personnel at LTC, whether paid or unpaid, whether under a contract of service or apprenticeship, under a contract for services, or otherwise than under a contract, who has similar responsibility for a child and may be interacting with children for or on behalf of LTC. The normal duties of LTC personnel include caring for, supervising or being in sole charge of children; they also involve unsupervised contact with children under arrangements made by a responsible person within LTC.

### **Need for and scope of policy**

A safeguarding policy helps to create a safe and positive environment for children. Although no standards or processes can offer complete protection for children, the risk of abuse against children can be minimised by implementing such a policy and following the standards enshrined in it.

This safeguarding policy clarifies what LTC requires in relation to the protection of children. It sets out standards of behaviour for all staff when they are around children and what to do if they notice, or are told about, inappropriate behaviour in others.

This safeguarding policy is a statement of intent that demonstrates LTC's commitment to safeguard children from harm. It will help LTC personnel to undertake best practice in this area and deter those who would wish to abuse children from joining LTC as a member of its personnel.

This policy also provides a basis of protection for LTC personnel and persons acting on behalf of the College.

### **Aims of the policy**

The welfare of children enrolled in LTC is of paramount concern to everyone at the College. It is incumbent upon all who work here to do everything possible to ensure that children are protected from harm at all times.

### This Safeguarding Policy sets out:

1. *LTC's principles for the protection of children*

LTC recognises that child protection is not only a legal obligation but also essentially a moral responsibility of both the institution and the individual

2. *LTC's expectations in terms of behaviour and good practice for working with children*

LTC upholds that everyone involved must accept responsibility and take precautions to help create a safe place for children and their protection. This, in turn, requires that everyone be well informed and aware of child protection issues. Likewise, children, their parents and homestay families should know that there is always a responsible adult within LTC whom they can approach if they are worried or in difficulty. LTC works to maintain an ethos where children feel secure and are encouraged to talk and are always listened to.

3. *LTC's guidelines for responding appropriately if abuse of a child is alleged, disclosed, discovered or suspected*

LTC encourages openness about concerns relating to child protection matters because child abuse thrives on secrecy. The guidelines in this policy explain what should be done about those concerns.

### **The role of the Designated Safeguarding Lead (DSL)**

The DSL is the Principal and responsible for ensuring that all reasonable steps have been taken to safeguard and promote the welfare of every child.

The DSL takes specific responsibility for Child Protection matters within LTC. This person is responsible for:

- being conversant with all legislation including regulations relevant to the law of Child Protection.
- holding and being fully conversant with the Guidance and Regulations of the Children Act 1989, or any legislation subsequent to that Act.
- briefing LTC personnel on the contents of the guidance and procedures and on the procedures; this includes the briefing of new LTC personnel as part of their induction after joining the College.
- ensuring the procedures below are followed within LTC;
- liaising with Kingston Council Single Point of Access (SPA) Team on child protection procedures;
- receiving reports of alleged or suspected child abuse within LTC;
- incidents at the homestay or outside LTC, contacting the SPA Team and taking other action in response, as set out below;
- ensuring that all records of concern about a child, even if there is not a need to take any immediate action, are kept confidentially and securely.

### **The role of LTC and its personnel**

LTC and all its associated personnel should be aware of the need to report allegations or suspicions of child abuse to the DSL. All personnel should be alert to the fact that children often tell other children rather than the personnel of an educational institution or other adults such as, in our case, the homestay family, about abuse.

LTC should keep accurate and unchanged/unchangeable records of alleged or suspected abuse, even if such abuse is only a minor incident.

The DSL has responsibility for receiving complaints of abuse, investigating those complaints and reporting any complaints to the appropriate authority.

### **Lines of communication beyond LTC**

The Principal must ensure that the children in LTC's care have a line of communication with a party or parties beyond both the personnel engaged or employed by LTC and the parents of the child. The following advice and information are provided by the Children's Commissioner:

*"If you are a student under the age of 18 who needs advice or assistance, you can call the Children's Commissioner's on the free phone number 0800 528 0731 or send an email to [advice.team@childrenscommissioner.gsi.gov.uk](mailto:advice.team@childrenscommissioner.gsi.gov.uk) . If your enquiry involves an urgent concern about a child protection issue, you should contact your local police or social services. Adults can also call the NSPCC child protection helpline on 0808 800 5000. Students under 18 can also call Child line on 0800 1111. We would recommend that you try to get your questions answered by adults who work directly with you first."*

### **Lines of communication within LTC**

There should, at all times, be routine contact between all parties (an LTC appointee, the child, homestay family and the child's parents, as a preventative measure against child abuse.

**Allegations of abuse made by a child should be reported as follows:**

- A child should speak to a member of the LTC staff or one of the adults of the homestay family about any abuse that is taking place
- If the alleged abuser is a member of the LTC personnel, the child should know that the first port of call is the Principal (or DSL), or otherwise any other member of the LTC personnel on the basis of the person considered by the child most approachable
- If the alleged abuser is the Principal (DSL), the child should initially report it to another member of LTC's personnel. This individual should then report the matter to a senior member of staff (other than the other Principal) or (or and then) to the Kingston Council Single Point of Access Team, whichever is appropriate.

*Any person responsible for the welfare of a child has a duty under English law to report any suspicions of abuse to the relevant authority.*

**Parents**, in a similar way, should report alleged abuse to one of LTC's personnel or the DSL or one of the adults of the homestay, depending on who the alleged abuser is.

**LTC's Response to suspicions or allegations of abuse**

Any member of the LTC personnel who is told of any incident or has strong suspicion of physical or sexual child abuse must report the information to the DSL. (In the absence of the DSL, an immediate report should be made to the next most senior member of staff).

If a child or group of children disclose the fact that they are upset or worried, or if a child or group of children give the appearance of being upset, every effort should be made to keep the individual or group of individuals calm and not distressed. It is not appropriate to try to force conversation whilst there is an emotive atmosphere. The individual(s) concerned should be taken to a private place where, if the situation warrants it, a second responsible adult should be asked to be present. The following guidelines should be observed:

- *Confidentiality should never be guaranteed.* LTC personnel should guarantee that they will only pass on information to the minimum number of people who must be told to ensure that the proper action is taken to sort out the problem, that they will never tell anyone who does not have a clear 'need to know' and that they will personally take whatever steps they can to protect the informing child/children or LTC personnel from any retaliation or unnecessary stress that might be feared after a disclosure of alleged abuse has been made.
- Any questioning should be limited to the minimum necessary to seek clarification only, strictly avoiding 'leading' the child or adult who has approached them by making suggestions or asking questions that introduce their own ideas about what may have happened. (Questions such as, 'Did he do X to you?' should not be used; instead a minimum number of questions of the 'Tell me what happened?' type may be asked).

- The alleged perpetrator should not be criticised because the child's emotions may already be horribly mixed. The child should not be asked to repeat everything that s/he has already disclosed to another member of the LTC personnel.
- As soon as the child or adult has disclosed that he or she believes that something abusive has happened to him or her, or to someone else, no further questions should be asked of him or her. Further questioning could cause more damage and prejudice possible criminal proceedings.
- The informing child or adult should be asked what steps s/he would like taken to protect him/her now that the allegations have been made and should be given an assurance that LTC will try to follow these wishes.
- The matter should be referred immediately, with all relevant details, to the DSL.
  - The adult to whom the disclosure has been made should make a written record as soon as possible of what s/he has been told. The record should not include the writer's own assumptions and interpretations but solely what s/he has heard and seen. Original notes should not be destroyed, even if the record may be written up more neatly and fully at a later stage. The record should comprise dates, times, places, plus any non-verbal behaviour as well as words used, including sexual words (if any used). If injury is apparent, a diagram should be appended in order to give exact location.
- An allegation of abuse should never be discounted simply on the grounds of the child's location or because the alleged abuser is someone well known to and trusted by the individual to whom the disclosure has been made.

### **Action by LTC**

When the DSL receives an allegation of physical or sexual abuse she will:

- a) take any steps needed to protect any child involved from risk of immediate harm.

Furthermore, LTC must take any necessary steps for the longer-term protection and support of each child who has made allegations of abuse, or who is alleged to have suffered from abuse, taking his or her wishes fully into account. This may involve the child receiving continuing support and protection from a member of LTC's personnel chosen by him or her, or changing accommodation, or returning to his or her parents temporarily.

- b) Not interview or investigate the allegation further but *refer the matter immediately to local Safeguarding office, the Single Point of Access Team (LADO)* when an allegation is made against LTC member of staff or volunteer and it must report within 24 hours. **SPA (the Single Point of Access) should be informed on 0208 547 5008 during office hours OR 020 8770 5000 during out of office hours (evenings and weekends).**

- c) The DSL should speak personally to the SPA and not rely on leaving a message. If advice is sought, a staff member may first call SPA to discuss the matter.

- d) If the report involves an allegation of a criminal act, a report will also be made to the Police and the college will fully co-operate with any investigations they carry out. The College will act on all reports of alleged abuse regardless of whether they are recent, are reported to have taken place in the past, have taken place on college premises.

- e) Whilst LTC has a duty first and foremost to the child, it must at all times respect the rights of parents and keep them informed of all matters relating to the child.

- f) Suspend temporarily, without prejudice, pending investigation, any member of LTC's personnel who is alleged to have abused a child or children. LTC will not hesitate to cease to engage any member of its personnel, without prejudgement of guilt and as a precautionary measure, where there is a concern about possible abuse.
- g) Take any necessary steps to protect and support a child who is alleged to have abused another and inform his/her parents immediately.
- h) Ensure that any child being interviewed by the police has available supportive LTC personnel of his or her own choice to accompany him or her if this becomes necessary.
- i) Make arrangements, where feasible, for any child who has been the subject of abuse to receive any necessary continuing counselling and support, by agreement with his or her parents where appropriate.

### **Allegations against a member of staff**

Any allegation against a member of staff will be treated seriously and investigated immediately. The Principal with SPA will take appropriate action as quickly as possible. An initial investigation will take place to determine the exact nature of the allegation. Advice will be sought from SPA. In accordance with the LTC procedures for staff conduct, the member of staff will be temporarily suspended, without prejudice, pending the final outcome of the investigation.

All investigations will take place in accordance with LTC procedures, and with the safety of children as paramount.

Following the preliminary investigation, if there is evidence to substantiate allegations, disciplinary action will be taken. If the allegations made are found to be unsubstantiated, all relevant parties will be informed and it shall be made clear that the member of staff is exonerated.

Any allegations against a member of staff will be reported to SPA safeguarding and they will be kept informed of the outcome of any investigations.

We take child protection issues extremely seriously. It should therefore be noted that action will be taken against any persons making allegations that are found to be malicious, mischievous, vexatious or spurious.

### **Allegations of abuse against a member of LTC's personnel or anyone in their household**

Following investigation, LTC will consider taking, and if necessary will take, the appropriate measures to safeguard the child against any member of its personnel, where it believes children are at risk of abuse from that member of the LTC personnel or of their household, even in cases where there may be no criminal prosecution. Cessation from a role within LTC's personnel (without prejudice) may be necessary to protect all concerned, including the member of LISC's personnel or his/her household member.

The College will make its own assessment of whether a child's welfare is at risk, whatever the outcome of a police or safeguarding investigation may be. The level of evidence needed for

criminal prosecution is likely to be higher than that which may trigger valid and appropriate precautionary proceedings taken by LTC.

Appropriate precautionary proceedings and grounds for concern over its children's welfare may therefore be based on 'balance of probability', rather than on evidence 'beyond reasonable doubt'.

In any instance of an allegation of child abuse LTC will, after reasonable investigation and if satisfied on a balance of probabilities that there is substance to the allegation, immediately terminate any contract or other arrangement with that member of the LTC personnel or other person.

LTC has a duty to terminate any possible contact between the child and that person and report the alleged abuse to the Disclosure Barring Service.

Where LTC has 'low level' concerns that do not amount to allegations or suspicions of specific abuse, but which may indicate the possibility of abuse occurring, the Principal will discuss these with the SPA.

### **Recruitment and screening**

It is an undertaking of LTC to make all its personnel aware of this safeguarding policy and to request them to sign a Safeguarding Declaration. LTC will seek to take up not fewer than two references as to the character and suitability of any person under their control and their suitability to have contact with a child.

All applicant LTC personnel *must* declare any history, criminal or civil, of child abuse. Enhanced Disclosure Barring Service checks will be sought to confirm this. Permission to interact with children is dependent upon a judgement of these declarations and the results of an enhanced DBS check.

If any member of LTC's personnel is considered to be a risk to children, s/he needs to understand that s/he will not be allowed to work with children again in LTC or any allied organisation/agency.

All LTC personnel, when using outsourced services (e.g. taxi firms) whose personnel may have contact with a child, must obtain a written assurance from the service provider that all such personnel have been subjected to enhanced Disclosure Barring Service checks (DBS checks) and other relevant checks have also been done according to any other legal requirements or LTC guidelines.

### **Complaints and abuse**

The DSL needs to ensure that all staff are fully aware of this policy document and that some complaints might understate an allegation of abuse and so these should be routed via the appropriate channels.

### **Staff concern that action is not being taken**

Although extremely unlikely, it is possible that staff may feel that the DSL is not taking appropriate action, which as a consequence is exposing students to potential harm. If a member of staff believes this to be the case, despite having made the DSL aware of their concerns for a student, then they should regard themselves as having responsibility to raise the issues directly with SPA advising the Office Manager that they have done so.

### **False alarms**

It is important to realise that adherence to the Children Act will inevitably lead to some investigations being triggered which do not substantiate the allegations made, as well as those that do and to entirely false allegations. It is a basic assumption that it is better to accept some false alarms than to fail to initiate the specialist investigation of instances of real abuse. The SPA will work with the Principal and her team and anyone else involved in any false alarm investigation to assist in recovery from the incident, as well as working with LTC to assist in 'living through' and recovering from a substantial investigation.

### **Whistleblowing**

We recognise that children cannot be expected to raise concerns in an environment where adults fail to do so. All adults involved in LTC 's provision of care should be aware of their duty to raise concerns, where they exist, about the management of child protection, which may include the attitude or actions of other adults.

### **Advice on one-to-one contact with children**

All staff and tutors must ensure that there are *always* two adults at the premises whenever there are any students present. LTC personnel should be wary of placing themselves in situations where they are open to accusations of inappropriate conduct. Essentially this involves exercising common sense.

- If in conversation with a child in a room or a car, for example, a respectful distance should be observed. LTC personnel or a member of the homestay household should never be alone with a child in a bedroom with a closed door. If any member of LTC's personnel is involved in corrective and personal guidance of a child, it is advisable to take precautions: e.g., if inside, by leaving the door to the room open, remaining seated at a reasonable distance from the child, ensuring there is a witness when appropriate or that there is another responsible adult in proximity where possible.
- On occasions it may be unavoidable that a single child has to be transported in a member of a LTC personnel's personal vehicle. It is prudent on such occasions to ensure that the child passenger sits in the rear seat to reduce the possibility of accidental contact, which might be misconstrued.
- It is good advice not to make physical contact with a child. This is most important advice in a one-to-one situation between a member of LTC's personnel and a child. LTC personnel should note that, in one-to-one discussions, confidentiality should not be promised to the child.

- Exclusive one-to-one situations with a child that could either arouse undue suspicion or lead to misinterpretation and false allegations should always be avoided.

## DEFINITION OF ABUSE

Some of the following descriptions sometimes relate more appropriately to the younger child but it is important to remain inclusive when addressing this subject in order to achieve the highest level of safeguarding.

- **Abuse and neglect** – Somebody may abuse or neglect a child by inflicting harm, or failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, a stranger.
- **Physical abuse** – Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, near drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately causes the ill-health of a child whom they are looking after. This situation is commonly described using terms such as fictitious illness by proxy or Munchausen’s syndrome by proxy (a behaviour pattern in which a caregiver fabricates, exaggerates, or induces mental or physical health problems in one for whom they are responsible).
- **Emotional abuse** – Emotional abuse is the persistent emotional ill-treatment 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 in so far as they meet the needs of another person. It may feature age-related or developmentally inappropriate expectations being imposed on children. It may involve causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of ill-treatment of a child, though it may occur alone.
- **Sexual abuse** – Sexual abuse involves physically forcing, coercing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g., rape or buggery) or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways. In this context tutors should at all times be aware of their status and never abuse their position of trust by engaging in any sexual activity with students.
- **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. It may involve a parent or carer failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs.
- **Organised abuse** – Organised or multiple abuse may be defined as abuse involving one or more abusers and a number of related or non-related abused children. The abusers concerned may be acting in concert to abuse children, sometimes acting in isolation, or may be using an institutional framework or position of authority to recruit children for abuse. Organised and

multiple abuse occur both as part of a network of abuse across a family or community and within institutions such as residential homes or schools.

A child may suffer more than one category of abuse.

## **SIGNS OF CHILD ABUSE**

### THE CHILD WITH AN INJURY

- a) BRUISES – on any part of the body, but especially on the head or face and trunk. Sometimes a finger pattern is visible, which could indicate that the child has been gripped tightly and possibly violently shaken.
- b) WEALS – on any part of the body, often linear indicating abuse with a whip, belt or other edged implement; when raised and white, are relatively easy to identify, but when older may be seen as faint linear bruises.
- c) BITE MARKS – human bite marks can be differentiated from animal bites. Typically, human bites form two hemispherical lines on the skin.
- d) BLACK EYE – often without gross bruising of the forehead.
- e) BURNS AND SCALDS – these may be severe and tend to occur in older children.
- f) INJURIES ABOUT OR INSIDE THE MOUTH – especially to gum margin, or to the frenulum inside the upper lip, or under the tongue.
- g) INJURIES TO EARS - especially when there is bleeding from the entrance to the ear or bruising around or behind the ear lobe(s) indicating injury by pulling.
- h) INJURIES TO LIMBS – tender swollen joints or suspected fractures in any part of the body.
- i) INJURIES TO GENITAL AREA – especially where bleeding is reported, or a child is walking awkwardly or bruising of any kind is noted.

### FALLS & ACCIDENTS

Falls or accidents produce one bruise on a single surface, usually on a bony protuberance. A student who falls downstairs generally sustains one or two bruises. Bruising caused as a result of accidents is usually found on the front of the body as a student generally falls forward. In addition there may be marks on a student's hands if these have been used to break a fall.

### SCARS

A large number of children have scars, but note should be taken of an exceptionally large number of different aged scars, especially if coupled with current bruising, unusually shaped scars, or large scars resulting from burns or lacerations that have not received medical treatment.

### FRACTURES

Fractures should be suspected if there is pain, swelling and discoloration over a bone or joint. The most common non-accidental fractures are to the long bones i.e. arms, legs, ribs.

### BURNS & SCALDS

It can be very difficult to distinguish between accidental and non-accidental burns, but as a general rule, burns or scalds with clear outlines are suspicious as are burns of uniform depth over

a larger area. Burns can be caused by a student being forcibly held close to or being placed on a source of heat when the burns may take on the shape of the object involved. Scalds or 'dunking' injuries can occur when, for instance, a limb is dipped into very hot water. Typically, a 'tidal mark' pattern occurs.

### DIAGNOSIS

It cannot be sufficiently stressed that on no account should non-medical personnel attempt to diagnose physical injury. The role of non-medical personnel is to ensure that the student receives prompt and thorough expert medical assessment and treatment.

### PHYSICAL NEGLECT

A student's growth and development may be impaired through receiving insufficient food, care and concern, praise and encouragement, or stimulation. A student who is subject to physical neglect or who is failing to thrive may display some of the following characteristics:

- a) short stature and underweight for chronological age (so called 'infantile proportions')
- b) cold and mottled skin with pinkish or purplish colouring at the extremities
- c) swollen limbs with pitted sores which are slow to heal
- d) especially poor skin condition with excoriation (peeling) and discomfort in evidence;
- e) dry, sparse hair, alopecia (hair loss) and general physical debility
- f) 'pot-belly' and loose stool, the causes of which may be poor diet, irregular meals and tension
- g) diarrhoea
- h) voracious appetite/eating disorders
- i) an ability to thrive away from the home environment
- j) unresponsiveness

### THE SICK CHILD

There is no injury but the child is definitely ill with no obvious diagnosis.

- a) A listless, apathetic or restless child.
- b) Pallor, failure to thrive, loss of weight and signs of poor nutrition – perhaps with sores about the mouth and on the skin leading to a poor growth rate.

### THE EMOTIONALLY DEPRIVED CHILD

Emotional abuse occurs when a student's need for love, security, praise and recognition is left unmet. Such abuse can exist in the absence of physical ill-treatment. Students who grow up in an emotionally abusive or rejecting environment find their needs are met with indifference, hostility or perhaps in an inconsistent and unpredictable manner. Parents may be verbally hostile and their attitudes encompass ridicule, sarcasm, shaming, belittling, frightening, threatening, tantalising etc. The results can cause damage to a student's self-esteem, with serious implications for any subsequent relationships made by the student.

In the most extreme cases, students are subject to cruel treatment and punishments, such as being locked up in cold, dark surroundings, or becoming household drudges having to perform

heavy and/or inappropriate tasks. Basic needs such as food, drink and warmth may be withheld or required to be 'earned'. In some families, one child in particular may be scapegoated and subjected to hostility and ostracism. Where emotional abuse is suspected, it is advantageous to obtain expert assessment and opinion through the psychological and psychiatric services.

A variety of behavioural patterns may be seen in the emotionally abused child. Some present as misbehaving, overactive, demanding, restless, disobedient and unduly aggressive.

Others may be withdrawn and apathetic, unable to participate in play and with an impaired capacity to enjoy life.

“Frozen watchfulness” sometimes describes the appearance of an unhappy young student.

### SEXUAL ABUSE

Some cases of child sexual abuse come to light through direct reporting to an agency such as the police, social services, general practitioners, schools or other child care workers, but in many cases recognition of child sexual abuse depends on persons being responsive to certain physical and behavioural indicators, and being alert to the possibility of child sexual abuse.

Listed below are features which may indicate that a student is being sexually abused. Suspicion of sexual abuse increases when several factors are present together. These indicators might be reported to us either by a student or a doctor.

### EXAMPLES OF PHYSICAL INDICATORS

- (a) bruises, scratches, bite marks, or other injuries
- (b) torn, stained or bloody clothing
- (c) pregnancy in teenagers especially when the identity of the father is vague or kept secret
- (e) recurrent urinary infections
- (f) difficulty walking or sitting; complaints of pelvic pain
- (g) psychosomatic features such as recurrent abdominal pain or headaches, etc. or hysterical seizures or fainting fits sometimes misdiagnosed as epilepsy.

### BEHAVIOURAL INDICATORS

None of the following are definite indicators of sexual abuse, and may be features of normal development or evidence of other causes of disturbed behaviour. Suspicion increases when several occur together or seem age inappropriate.

### **General**

Many of these are common features of emotional disturbance of all kinds, but occasionally indicate sexual abuse:

- (a) lack of trust in familiar adults, or marked fear of men, especially in female children / students who may have been abused under threat or with force
- (b) inappropriate displays of affection between fathers and daughters or mothers and sons, including overtly flirtatious or seductive behaviour reminiscent of that between lovers rather than that between a parent and child
- (c) social isolation, or sudden poor peer group relationships; the student withdraws into a private/fantasy world
- (d) regressive behaviour e.g. sudden immature behaviour
- (e) sudden change in mood or behaviour e.g. becoming quite, sad, sullen, withdrawn
- (f) changes in eating pattern such as a loss of appetite, 'faddiness', excessive pre-occupation with food
- (g) loss of self-esteem and desire to make self unattractive, depression, frozen responses
- (h) pseudo-mature or overtly compliant behaviour, often masking distress and anger

### **BEHAVIOUR IN OLDER CHILDREN**

- (a) Anti-social behaviour, delinquency, or sexually precocious behaviour, including promiscuity and, in some cases, prostitution;
- (b) truancy or persistent attempts to run away from home;
- (c) self-mutilation, suicidal feelings/attempts, e.g. overdoses;
- (d) abuse of alcohol or drugs (both illegal and legal substances);
- (e) hysterical attacks.

### **FEMALE GENITAL MUTILATION (FGM)**

John Cameron, Head of Child Protection Operations  
NSPCC : Every Child is worth fighting for

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- What is FGM?
  - Why is FGM performed (social, historical, cultural)?
  - Facts and figures about FGM
  - The Legal and professional responsibilities of those caring for women with FGM

#### What is FGM?

Comprises of all procedures that involve partial or total removal and/or injury of female genital organs for cultural or any other non-therapeutic reasons.

(WHO (World Health Organisation) 1995)

#### *Motives and Functions*

- psychosexual - attenuation of sexual desire, promotion of virginity and chastity in young women and fidelity in married women

- sociological – identifying with cultural heritage, initiation of girls into womanhood, social integration
- religious reasons - compliance with religious dictat
- hygiene and aesthetics

#### *Why it continues today*

- FGM known to Ancient Romans, Egyptians and Arabs.
- gender inequality – a continuum of repression of female sexuality in patriarchal society
- sanctions
- rewards
- decision making

#### *Examples of why practised in the UK*

- protects women from rape
- ensures young women remain pure for marriage
- increases their eligibility for marriage
- increase the dowry
- maintains family dignity

#### *Estimated prevalence of FGM*

- Globally 100 – 140m girls and women affected, 3m girls in Africa at risk of undergoing FGM annually
- 66,000 women with FGM in 2001 living in the UK (FORWARD /LSHTM/City Uni, 2007).
- Increased in estimated percentages of all maternities to women with FGM from 1.06 per cent in 2001 to 1.43 percent in 2004. Mostly likely due to increase in immigration
- 24,000+ under the age of 15 are at high risk of FGM and nearly 9,000 are at risk of Type I or Type II in England and Wales
- Over 1,700 victims of FGM were referred to specialist clinics in the last two years.

#### *FGM and Islam*

Myths and confusion that exist around the issue of FGM: tendency to associate FGM with Islam but is a practice that predates Islam as well as Christianity and Judaism.

FGM has no link with Islam.

#### *Where does FGM occur?*

- In more than 28 countries in Africa and parts of the Middle East. Iraq Kurds, Yemen.
- FGM reported amongst Bohra Muslims in India, Pakistan and East Africa, Malaysia and Indonesia.
- Immigrant Population in Western countries including the UK.

#### *FGM practice in Africa*

#### FGM Risk Category:

Type I: Almost universal

Type II: 25 -74 per cent prevalence predominantly

- Central African Republic
- Chad
- Cote D'Ivoire
- Guinea Bissau
- Kenya
- Liberia
- Mauritania
- Senegal

Type III : over 30 % FGM

- Sudan (north)
- Somalia
- Eritrea
- Djibouti

FGM is practised in 28 African countries and in parts of the Middle East and Asia. In Africa around 3 million girls are thought to undergo FGM every year. FGM is often a pre-requisite for marriage but can cause lifelong physical and psychological problems.

*Health consequences:*

Short term: severe pain, bleeding, shock, acute urine retention, infections and death.

Long term: failure of wound to heal, cysts, recurrent urinary tract infections, menstrual problems, lack of pleasurable sexual sensation, pain during sexual intercourse , child birth complications, social, behavioural and psychological consequences.

<b>FGM is child abuse</b>
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- primary victims: usually carried out on young girls at some time between infancy and the age of 15
- commonly under the age of 10 – most probably 6 and 8 years old
- can also be enforced on adult females.

**FGM is a serious offence**

“Under FGM Act 2003, it is an offence for a UK national or permanent residents

- to excise, infibulate or otherwise mutilate the whole or any part of a girl’s labia minora or clitoris
- to aid or abet, counsel or procure another to do so
- whether in the UK or outside it
- on girls who are UK nationals or permanent residence “.

## **Public Legislation**

- Sections 157 and 175 Education Act 2002: Safeguarding and promoting welfare of children in schools and colleges
- Section 11 for the Children Act 2004 : duty to work together to safeguard children
- Section 40 of the Children Act 2006: early years
- Section 149 of the Equality Act 2010 (EA 2010): imposes a duty on all public authorities, whenever they exercise any of their functions, to have due regard to the need to (a) eliminate discrimination; and (b) advance equality of opportunity between men and women.

## The Criminal Law

Prohibition of Female Circumcision Act 1985 (penalty – 5 years' imprisonment )

Female Genital Mutilation Act 2003

- Offence to commit FGM [S1]
- Offence to assist a girl to commit FGM on herself [S2]
- Offence for someone in the UK to arrange or assist FGM outside of UK even if carried out by a person who isn't a UK national or resident [S3]
- Any act done outside UK by UK National or resident [S4]  
Penalty – 14 years imprisonment

*Some issues regarding the law:*

- ignorance about the offence or consent is no defence
- NO AGE LIMIT - 'Girl = woman'
- defence: If it is a surgical operation necessary for physical / mental health
- mental health does not include belief that FGM is required as a matter of custom or ritual
- other offences ? Possible private law, prohibited steps etc.; failure to take adequate action to prevent.

## **What to look out for**

A girl at immediate risk of FGM may not know what's going to happen. But she might talk about:

- being taken 'home' to visit family
- a special occasion to 'become a woman'
- an older female relative visiting the UK

She may ask a teacher or another adult for help if she suspects FGM is going to happen or she may run away from home or miss school.

*Symptoms of FGM to look out for*

A girl or woman who's had FGM may:

- have difficulty walking, sitting or standing
- spend longer than normal in the bathroom or toilet
- have unusual behaviour after an absence from school or college or certain lessons
- be particularly reluctant to undergo normal medical examinations
- ask for help, but may not be explicit about the problem due to embarrassment or fear.

### *Challenges*

- securing intelligence: public and professionals
- identification of perpetrators
- attitude and behavioural change

### *Harm with the 'best of intentions' ?*

- often a single incident
- parents think they are doing it in the best interests of the child.
- child's care otherwise is non-abusive

### *Dilemmas: to act or not to act?*

- Many professionals struggle with this dilemma because the care of children otherwise is not problematic.
- single incident no risk of future harm
- Once FGM has occurred, what are the grounds to remove the child?
- However, parents are punished in other forms of abuse: clear benefits from securing a prosecution.

FGM is under reported.

**If you suspect that a child is at risk of FGM or has undergone FGM it must be referred to the SPA in case of suspicion or the Police in "known" cases (this is mandatory).**

### *Some barriers of reporting:*

- children are unlikely to 'tell on their parents'
- many from families not known to agencies
- once in a lifetime event
- honour based violence
- community acceptance / marriage
- victim's may be too young to remember
- language / immigration status
- unaware of the law
- lack of understanding of health implications

### *Importance of speaking out*

- clear physical harm
- suppressed trauma
- need for a protective plan to address emotional implications of FGM
- important that all agencies liaise to assess risk to other children and provide support to victims

### *What the public want from a Helpline*

- anonymity
- take action on behalf of callers, listen and hear.

- accessibility in different ways

#### **NSPCC HELPLINE**

- **0808 800 5000**
- [help@nspcc.org.uk](mailto:help@nspcc.org.uk)

**GS**

**Principal**

**Reviewed: February 2016**

**Next Review: August 2017 (or as new legislation or practice dictates)**