

APPENDIX A Definitions of Abuse and Other Harmful Behaviour

Four categories of abuse

Physical abuse

Physical abuse is a form of abuse which 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 or carer fabricates the symptoms of, or deliberately induces, illness in a child. This used to be called Munchausen's Syndrome by Proxy but is now more usually referred to as Fabricated or Induced Illness (FII).

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 a child that they are worthless or unloved, inadequate, or valued only as far as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), 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 maltreatment of a child, although it 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. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. 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 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 caregivers); or
- ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Indicators of abuse

Physical signs define some types of abuse, for example, bruising, bleeding, or broken bones resulting from physical or sexual abuse, or injuries sustained while a child has been inadequately supervised. The identification of physical signs is complicated, as children may go to great lengths to hide injuries, often because they are ashamed or embarrassed, or their abuser has threatened further violence or trauma if they 'tell.' It is also quite difficult for anyone without medical training to categorise injuries into accidental or deliberate with any degree of certainty. For these reasons it is vital that staff are also aware of the range of behavioural indicators of abuse and report any concerns to the DSL.

It is the responsibility of staff to report their concerns. It is not their responsibility to investigate or decide whether a child has been abused.

A child who is being abused, neglected, or exploited may:

- have bruises, bleeding, burns, fractures, or other injuries
- show signs of pain or discomfort
- keep arms and legs covered, even in warm weather
- be concerned about changing for PE or swimming
- look unkempt and uncared for
- change their eating habits
- have difficulty in making or sustaining friendships
- appear fearful
- be reckless with regard to their own or other's safety
- self-harm
- frequently miss school, arrive late, or leave the school for part of the day
- show signs of not wanting to go home
- display a change in behaviour – from quiet to aggressive, or happy-go-lucky to withdrawn
- challenge authority
- become disinterested in their schoolwork
- be constantly tired or preoccupied
- be wary of physical contact
- be involved in, or particularly knowledgeable about drugs or alcohol
- display sexual knowledge or behaviour beyond that normally expected for their age
- acquire gifts such as money or a mobile phone from new 'friends'

Individual indicators will rarely, in isolation, provide conclusive evidence of abuse. They should be viewed as part of a jigsaw, and each small piece of information will help the DSL to decide how to proceed.

Additional examples of abuse are outlined below, with details provided in Appendix B of KCSiE (Keeping Children Safe in Education) 2023

Child Sexual Exploitation

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

It is very important that staff report their concerns – they do not need ‘absolute proof’ that the child is at risk.

Indicators of child sexual exploitation may include:

- Acquisition of money, clothes, mobile phones, etc. without plausible explanation;
- Gang-association and/or isolation from peers/social networks;
- Exclusion or unexplained absences from school, college, or work;
- Leaving home/care without explanation and persistently going missing or returning late;
- Excessive receipt of texts/phone calls;
- Returning home under the influence of drugs/alcohol;
- Inappropriate sexualised behaviour for age/sexually transmitted infections;
- Evidence of/suspicions of physical or sexual assault;
- Relationships with controlling or significantly older individuals or groups;
- Multiple callers (unknown adults or peers);
- Frequenting areas known for sex work;
- Concerning use of the Internet or other social media;
- Increasing secretiveness around behaviours; and
- Self-harm or significant changes in emotional well-being.

Potential vulnerabilities include:

Although the following vulnerabilities increase the risk of child sexual exploitation, it must be remembered that not all children with these indicators will be exploited.

Child sexual exploitation can occur without any of these issues.

- Having a prior experience of neglect, physical and/or sexual abuse;
- Lack of a safe/stable home environment, now or in the past (domestic violence or parental substance misuse, mental health issues or criminality, for example);
- Recent bereavement or loss;
- Social isolation or social difficulties;
- Absence of a safe environment to explore sexuality;
- Economic vulnerability;
- Homelessness or insecure accommodation status;

- Connections with other children and young people who are being sexually exploited;
- Family members or other connections involved in adult sex work;
- Having a physical or learning disability;
- Being in care (particularly those in residential care and those with interrupted care histories); and
- Sexual identity.

Child criminal exploitation: county lines

Criminal exploitation of children is a geographically widespread form of harm that is a typical feature of county lines criminal activity: drug networks or gangs groom and exploit children and young people to carry drugs and money from urban areas to suburban and rural areas, market, and seaside towns. Key to identifying potential involvement in county lines are missing episodes when the victim may have been trafficked for the purpose of transporting drugs and a referral to the National Referral Mechanism should be considered. Like other forms of abuse and exploitation, county lines exploitation:

- can affect any child or young person (male or female) under the age of 18 years;
- can affect any vulnerable adult over the age of 18 years;
- can still be exploitation even if the activity appears consensual;
- can involve force and/or enticement-based methods of compliance and is often accompanied by violence or threats of violence;
- can be perpetrated by individuals or groups, males or females, and young people or adults; and
- is typified by some form of power imbalance in favour of those perpetrating the exploitation. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, cognitive ability, physical strength, status, and access to economic or other resources.

Domestic Abuse

In April 2022, the Domestic Abuse Act 2022 received Royal Assent and introduced a statutory definition for the first time. Definition:

The Domestic Abuse Act 2022 (Part 1) defines domestic abuse as any of the following behaviours, either as a pattern of behaviour, or as a single incident, between two people over the age of 16, who are 'personally connected' to each other:

- (a) physical or sexual abuse;
- (b) violent or threatening behaviour;
- (c) controlling or coercive behaviour;
- (d) economic abuse (adverse effect of the victim to acquire, use or maintain money or other property; or obtain goods or services); and
- (e) psychological, emotional, or other abuse.

People are 'personally connected' when they are or have been married to each other or civil partners; or have agreed to marry or become civil partners. If the two people have been in an intimate relationship with each other, have shared parental responsibility for the same child, or they are relatives.

The definition of Domestic Abuse applies to children if they see or hear, or experience the effects of, the abuse; and they are related to the abusive person. (The definition can be found here:

["https://www.legislation.gov.uk/ukpga/2021/17/part/1/enacted"/17/part/1/enacted](https://www.legislation.gov.uk/ukpga/2021/17/part/1/enacted))

Types of domestic abuse include intimate partner violence, abuse by family members, teenage relationship abuse and child/adolescent to parent violence and abuse. Anyone can be a victim of domestic abuse, regardless of sexual identity, age, ethnicity, socio-economic status, sexuality or background and domestic abuse can take place inside or outside of the home.

Human Trafficking

The National Referral Mechanism (NRM) is a framework for identifying victims of human trafficking and ensuring they receive appropriate care. A trafficking case may involve a range of agencies such as the police, local authorities, and charities and the NRM makes it easier for these agencies to work together.

If you think a child is in immediate danger, call the police on 999. If you receive information on a potential trafficker or think a child is a victim of trafficking:

<https://www.gov.uk/government/publications/modern-slavery-how-to-identify-and-support-victims>

Honour Based Abuse

So-called 'honour-based' violence (HBA) encompasses crimes which have been committed to protect or defend the honour of the family and/or the community, including Female Genital Mutilation (FGM), forced marriage, and practices such as breast ironing. All forms of so called HBA are abuse (regardless of the motivation) and should be handled and escalated as such. If in any doubt, staff should speak to the DSL (Designated Safeguarding Lead). Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a child being at risk of HBA, or already having suffered HBA

The national charity [Karma Nirvana](#) provides a range of resources and advice relating to HBA

Female genital Mutilation

Female genital mutilation refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. The practice is illegal in the UK.

FGM typically takes place between birth and around 15 years old; however, it is believed that the majority of cases happen between the ages of 5 and 8.

Risk factors for FGM include:

- low level of integration into UK society
- mother or a sister who has undergone FGM
- girls who are withdrawn from PSHE (Personal, Social, Health and Education)
- a visiting female elder from the country of origin
- being taken on a long holiday to the country of origin
- talk about a 'special' procedure to become a woman

Symptoms of FGM

FGM may be likely if there is a visiting female elder, there is talk of a special procedure or celebration to become a woman, or parents wish to take their daughter out-of-school to visit an 'at-risk' country (especially before the summer holidays), or parents who wish to withdraw their children from learning about FGM. Staff should not assume that FGM only happens outside the UK.

Indications that FGM may have already taken place may include:

- difficulty walking, sitting, or standing and may even look uncomfortable.
- spending longer than normal in the bathroom or toilet due to difficulties urinating.
- spending lengthy periods of time away from a classroom during the day with bladder or menstrual problems.
- frequent urinary, menstrual or stomach problems.
- prolonged or repeated absences from school or college, especially with noticeable behaviour changes (for example, withdrawal or depression) on the girl's return
- reluctance to undergo normal medical examinations.
- confiding in a professional without being explicit about the problem due to embarrassment or fear.
- talking about pain or discomfort between her legs

Keeping Children Safe in Education (2023), paragraph 44 says 'whilst **all** staff should speak to the designated safeguarding lead (or deputy) with regard to any concerns about female genital mutilation (FGM), there is a specific **legal duty on teachers**. If a teacher, in the course of their work in the profession, discovers that an act of FGM appears to have been carried out on a girl under the age of 18, the teacher must report this to the police'.

What is often less well-known is what a teacher should do next to make a report.

Below is a brief summary and must be read in conjunction with the mandatory reporting guidance. (See

<https://www.gov.uk/government/publications/mandatory-reporting-of-female-genital-mutilation-procedural-information>)

The mandatory reporting procedures say: 'It is recommended that you make a report orally by calling 101, the single non-emergency number.' And 'where there is a risk to life or likelihood of serious immediate harm, professionals should report the case immediately to police, including dialling 999 if appropriate'.

Forced marriage

Forcing a person into a marriage is a crime in England and Wales. A forced marriage is one entered without the full and free consent of one or both parties and where violence, threats or any other form of coercion is used to cause a person to enter a marriage. Threats can be physical or emotional and psychological. A lack of full and free consent can be where a person does not consent or where they cannot consent (if they have learning disabilities, for example). Nevertheless, some communities use religion and culture to coerce a person into marriage. Schools and colleges can play

a key role in safeguarding children from forced marriage. School and college staff can contact the Forced Marriage Unit if they need advice or information: Contact: 020 7008 0151 or email fmfco@fco.gov.uk and more information can be accessed using the following link
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/322307/HMG_MULTI_AGENCY_PRACTICE_GUIDELINES_v1_180614_FINAL.pdf

Recognising Extremism

Early indicators of radicalisation or extremism may include:

- showing sympathy for extremist causes
- glorifying violence, especially towards other faiths or cultures
- making remarks or comments about being at extremist events or rallies outside school
- evidence of possessing illegal or extremist literature
- advocating messages like illegal organisations or other extremist groups
- out of character changes in dress, behaviour, and peer relationships (but there are also very powerful narratives, programmes, and networks that young people can come across online so involvement with groups may not be apparent.)
- secretive behaviour
- online searches or sharing extremist messages or social profiles
- intolerance of difference, including faith, culture, gender, race, or sexuality
- graffiti, artwork or writing that displays extremist themes
- attempts to impose extremist views or practices on others
- verbalising anti-Western or anti-British views
- advocating violence towards others

Contextual Safeguarding

Contextual Safeguarding has been developed by Carlene Firmin at the University of Bedfordshire over the past six years to inform policy and practice approaches to safeguarding adolescents. Contextual Safeguarding is an approach to understanding, and responding to, young people's experiences of significant harm beyond their families. It recognises that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse. Parents and carers have little influence over these contexts, and young people's experiences of extra-familial abuse can undermine parent-child relationships.

Therefore, children's social care practitioners need to engage with individuals and sectors who do have influence over/within extra-familial contexts, and recognise that assessment of, and intervention with, these spaces are a critical part of safeguarding practices. Contextual Safeguarding, therefore, expands the objectives of child protection systems in recognition that young people are vulnerable to abuse in a range of social contexts

For more information check out the Contextual Safeguarding Network

<https://www.contextualsafeguarding.org.uk/>