

POLICY ON THE PREVENTION, IDENTIFICATION & INVESTIGATION OF ABUSE

CHILD ABUSE

(a) Role of the Nursery Nurse or Kids Club Leader/Swim Teacher/ Crèche Attendant

While it is the statutory duty of the Director of Social Work to investigate cases of child abuse, any staff working with children in a day care or sessional basis have major responsibility to assist the social work department in identifying cases of child abuse.

It is important to note that child abuse can affect children of all ages regardless of background.

(b) Forms of Child Abuse

Physical Abuse: is the most common form of child abuse and is the most easy to identify. The usual indicators are bruises, lacerations, cuts, fractures, scalds, burns and bite marks for which there are inconsistent or unsatisfactory explanations.

Severe Physical Neglect: can lead to children being obviously under-fed, badly clothed and excessively tired.

Failure to Thrive: often associated with emotional abuse, can lead children to be noticeably behind the physical and emotional development of their peers.

Sexual Abuse: while child abuse coupled with violence can usually be fairly easily identified, where sexual abuse may be occurring the signs are not so obvious. Children can be identified and processed through the system as truants, but the suspected root of the problem may be sexual abuse.

Children can show this by their behaviour or by an attempt at telling a trusted person, that sexual abuse is occurring and all staff should be alert to any such attempts to pass on this information. They should be aware of children's own language for sexual acts and parts of the body. Evidence suggests that any suggestion that a child is being sexually abused should be taken seriously and warrants careful investigation.

Behaviour clues include running away from home, hysterical behaviour, sudden onset learning difficulties, psychosomatic complaints such as persistent abdominal pains, cystitis, infections and pregnancy. Other clues include a child's drawings, promiscuous actions, depression, anorexia nervosa and bulimia, imitation acts of young children of sexual activity etc. Many behavioural clues could be caused by other problems but when the above signs are present the question as to whether sexual abuse has occurred should consider as one of a number of possibilities.

(c) **Physical Indicators**

All of you will remember having minor accidents as children - falling off a bicycle, tripping up a step - and will recall the numerous bumps and scratches you got from them. Some of you will have had more serious accidents which led to fractures or burns, perhaps requiring medical attention, hospital treatment or admission. Children frequently injure themselves as they grow up and certain ages in particular are very accident-prone.

There are some injuries, however, which are less likely to be caused by accident. It is essential to realise that the child's age and developmental stage is of great importance in determining whether or not an injury is likely to have been accidental.

Even the most elaborate scratch mitt will not always prevent a small baby from scratching her own face, but we would not expect a child not yet able to walk or crawl to have the bumped and bruised knees common to a toddler or older child. Certain types or locations or marks should also make us suspicious. Knocking against a burning cigarette would leave only a slight, irregular shaped mark; a round red cigarette burn is not likely to have been caused accidentally.

Similarly, it is difficult, even for an older child, to bruise the centre of his back unless he falls directly onto the sharp edge of something, a toy for example. So utmost care must be taken when attempting to determine what has caused the physical accident.

(d) **Common Indicators of Child Abuse**

Handslap marks.

Grip marks, often visible if a child has been shaken and sometimes the only physical indicator of sexual abuse if a child has been forcibly held by the abuser.

Bruising in unusual positions, including the genital area if sexual abuse has occurred.

Black eyes, often caused by a direct blow, although they may also result from an accidental bang to the nose or forehead.

Burns and scalds in unusual positions or in a definite shape; accidental burns usually leave splash marks (dipping scalds are more likely to have been caused deliberately).

Bite marks, often evident as bruising, and teeth marks (a doctor would be able to tell whether the bite was inflicted by an adult or another child).

A torn frenulum (piece of skin inside the upper lip) may be the result of direct blow or of an object, such as a feeding bottle, being forced into the mouth.

Multiple fractures or fractures of varying ages (X –rays may reveal past fractures or spiral fractures caused by twisting of the limb).

Poisoning, such as making a child drink bleach for swearing, or take alcohol or medicine to sleep or be quite.

Injuries to the genital or rectal area, including unexplained soreness or bleeding, sexually transmitted diseases and pregnancy, may be indicators of sexual abuse.

Poor physical care, including inadequate hygiene, inappropriate dress, constant hunger and lack of attention to medical needs, may indicate neglect.

Restricted growth and development may be the result of non-organic failure to thrive.

Remember that all of the above indicate the possibility of abuse, they should not be taken on their own absolute proof that abuse has occurred.

(e) **Behavioural Indicators**

There are certain physical indicators which should alert us to the possibility of child abuse, but there may also be changes in a child's behaviour which suggests that all is not well. Sometimes it is only through these behavioural indicators that we come to realise a child is in difficulty; in sexual abuse, for example, there is often no physical evidence of what has been happening to a child. A Child who is being abused is likely to be a child who is unhappy so we shall begin by considering how a child might let us know there is a problem.

Once again it is important to remember that children show signs of distress for reasons other than abuse. Perhaps there has been a death in the family. The child's parents may be in the process of separation or divorce. Even normal events, such as a change of school, can be very difficult for a child and may lead to unsettled behaviour for a time. Nevertheless, any evidence of unhappiness should prompt us to look more closely at a child's circumstances and we must always remember that child abuse is one possible explanation for what we have observed.

f) **Behavioural Examples of Child Abuse**

A fear of adults generally or of certain adults in particular.

Poor peer relationships with other children and an inability to make friends.

Aggression and acting-out behaviour.

Social isolation and withdrawal.

Pseudo-maturity (that is, false maturity).

'Frozen awareness' (a combination of lack of expression and watchfulness).

Detachment.

Sleep disturbance.

Running away.

Eating disorders.

Delinquency.

Psychological problems (that is, affecting the mind).

Psychosomatic complaint (that is, illness caused by a hidden fear or anxiety).

Low attainment of a sudden drop in school performance.

Self-destructive behaviour, including substance abuse and suicide.

(g) **The Response of Nursery Nurse Staff/Shipmates Leader/Swim Teacher**

Wherever there is evidence that a child has been abused or there is strong suspicion of abuse, this must be reported to the Duty Manager immediately.

Following reporting the incident a full report should be submitted by the personnel involved in the incident. Following completion of this report it should be handed immediately to the Duty Manager.

The information about the incident should not be discussed with anyone at any time as this will have direct bearing if the incident is relayed to the courts.

(h) **Following Reporting the Incident**

- (i) The Duty Manager (Dryside) responsible for the Crèche and Youth Activity clubs will obtain information in relation to the child's personal details from the relevant Registration forms.
- (ii) The Police/Social Work Department should be contacted to gain advice on how to progress with the issue.
- (iii) It may be necessary to arrange meetings between those involved in reporting the issue and the Police/Social Work Department in an effort to establish the facts.
- (iv) Care should be taken to ensure we report to the correct authorities including the Care Inspectorate if the child is in the Crèche & Kids Clubs.

To conclude we have a duty of care for every child within the activity they are participating and part of this duty of care involves reporting any incidents which you may determine as being a form of abuse. We can never be too careful in attempting to preserve the wellbeing of a child, no matter what difficulties that could possibly occur from reporting such an incident.

All staff must be aware of these responsibilities in line with our Staff Interaction with Children Code of Practice.