



## Inspire Partnership Multi-Academy Trust Indicators of Harm/Abuse Policy

Date	Review Date
September 2020	September 2021

At Inspire Partnership Multi-Academy Trust the safety and well-being of our pupils is paramount in all we do. All staff within the Academy access high-quality safeguarding training each year; as part of this training staff are taught to recognise signs and indicators of abuse. For further indicators, please refer to the schools 'Child Protection Policy'.

### **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 or carer fabricates the symptoms of, or deliberately induces, illness in a child.

### **Indicators in the child**

#### **Bruising**

It is often possible to differentiate between accidental and inflicted bruises. The following must be considered as non-accidental unless there is evidence or an adequate explanation provided:

- Bruising in or around the mouth;
- 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, for example the back, mouth, cheek, ear, stomach, chest, under the arm, neck, genital and rectal areas
- 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;

- Linear bruising at any site, particularly on the buttocks, back or face;
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting;
- Bruising around the face;
- Grasp marks to the upper arms, forearms or leg;
- Petechae haemorrhages (pinpoint blood spots under the skin.) Commonly associated with slapping, smothering/suffocation, strangling and squeezing.

## **Fractures**

Fractures may cause pain, swelling and discolouration over a bone or joint. It is unlikely that a child will have had a fracture without the carers being aware of the child's distress. If the child is not using a limb, has pain on movement and/or swelling of the limb, there may be a fracture. There are grounds for concern if:

- The history provided is vague, non-existent or inconsistent;
- 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
- Rib fractures are only caused in major trauma such as in a road traffic accident, a severe shaking injury or a direct injury such as a kick.
- Skull fractures are uncommon in ordinary falls, i.e. from three feet or less. The injury is usually witnessed, the child will cry and if there is a fracture, there is likely to be swelling on the skull developing over 2 to 3 hours. All fractures of the skull should be taken seriously.

## **Mouth Injuries**

Tears to the frenulum (tissue attaching upper lip to gum) often indicates force feeding of a baby or a child with a disability. There is often finger bruising to the cheeks and around the mouth. Rarely, there may also be grazing on the palate.

## **Poisoning**

Ingestion of tablets or domestic poisoning in children under 5 is usually due to the carelessness of a parent or carer, but it may be self-harm even in young children.

## **Fabricated or Induced Illness**

Professionals may be concerned at the possibility of a child suffering significant harm as a result of having illness fabricated or induced by their carer. Possible concerns are:

- Discrepancies between reported and observed medical conditions, such as the incidence of fits;
- Attendance at various hospitals, in different geographical areas;
- Development of feeding / eating disorders, as a result of unpleasant feeding

- interactions;
- The child developing abnormal attitudes to their own health;
- Non organic failure to thrive - a child does not put on weight and grow and there is no underlying medical cause;
- Speech, language or motor developmental delays;
- Dislike of close physical contact;
- Attachment disorders;
- Low self-esteem;
- Poor quality or no relationships with peers because social interactions are restricted;
- Poor attendance at academy and under-achievement.

### **Bite Marks**

Bite marks can leave clear impressions of the teeth when seen shortly after the injury has been inflicted. The shape then becomes a more defused ring bruise or oval or crescent shaped. Those over 3cm in diameter are more likely to have been caused by an adult or older child. A medical/dental opinion, preferably within the first 24 hours, 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. Scalds are the most common intentional burn injury recorded. Any burn with a clear outline may be suspicious e.g. circular burns from cigarettes, 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. Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation. Scalds to the buttocks of a child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

The following points are also worth remembering:

- A responsible adult checks the temperature of the bath before the child gets in;
- A child is unlikely to sit down voluntarily in a hot bath and cannot accidentally scald its bottom without also scalding his or her feet;
- A child getting into too hot water of his or her own accord will struggle to get out and there will be splash marks.

### **Scars**

A large number of scars or scars of different sizes or ages, or on different parts of the body, or unusually shaped, may suggest abuse.

### **Emotional / behavioural presentation**

- Refusal to discuss injuries;
- Admission of punishment which appears excessive;
- Fear of parents being contacted and fear of returning home;
- Withdrawal from physical contact;

- Arms and legs kept covered in hot weather;
- Fear of medical help;
- Aggression towards others;
- Frequently absent from academy ;
- An explanation which is inconsistent with an injury;
- Several different explanations provided for an injury.

### **Indicators in the parent**

- May have injuries themselves that suggest domestic violence;
- Not seeking medical help/unexplained delay in seeking treatment;
- Reluctant to give information or mention previous injuries;
- Absent without good reason when their child is presented for treatment;
- Disinterested or undisturbed by accident or injury;
- Aggressive towards child or others;
- Unauthorised attempts to administer medication;
- Tries to draw the child into their own illness;
- Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault;
- Parent/carer may be over involved in participating in medical tests, taking temperatures and measuring bodily fluids;
- Observed to be intensely involved with their children, never taking a much needed break nor allowing anyone else to undertake their child's care;
- May appear unusually concerned about the results of investigations which may indicate physical illness in the child;
- Wider parenting difficulties may (or may not) be associated with this form of abuse.
- Parent/carer has convictions for violent crimes.

### **Indicators in the family/environment**

- Marginalised or isolated by the community;
- History of mental health, alcohol or drug misuse or domestic violence;
- History of unexplained death, illness or multiple surgery in parents and/or siblings of the family;
- History of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

## **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 children that they are worthless or unloved, inadequate, or valued only insofar 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 the 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 cyberbullying), 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, though it may occur alone.

### **Indicators in the child**

- Developmental delay;
- Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment;
- Aggressive behaviour towards others;
- Child scape-goated within the family;
- Frozen watchfulness, particularly in pre-academy children;
- Low self esteem and lack of confidence;
- Withdrawn or seen as a 'loner' - difficulty relating to others;
- Over-reaction to mistakes;
- Fear of new situations;
- Inappropriate emotional responses to painful situations;
- Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)
- Self-harm;
- Fear of parents being contacted;
- Extremes of passivity or aggression;
- Drug/solvent abuse;
- Chronic running away;
- Compulsive stealing;
- Low self-esteem;
- Air of detachment – 'don't care' attitude;
- Social isolation – does not join in and has few friends;
- Depression, withdrawal;
- Behavioural problems e.g. aggression, attention seeking, hyperactivity, poor attention;
- Low self-esteem, lack of confidence, fearful, distressed, anxious;
- Poor peer relationships including withdrawn or isolated behaviour.

### **Indicators in the parent**

- Domestic abuse, adult mental health problems and parental substance misuse may be features in families where children are exposed to abuse;
- Abnormal attachment to child e.g. overly anxious or disinterest in the child
- Scapegoats one child in the family;

- Imposes inappropriate expectations on the child e.g. prevents the child's developmental exploration or learning, or normal social interaction through overprotection;
- Wider parenting difficulties may (or may not) be associated with this form of abuse.

### **Indicators of in the family/environment**

- Lack of support from family or social network;
- Marginalised or isolated by the community;
- History of mental health, alcohol or drug misuse or domestic violence;
- History of unexplained death, illness or multiple surgery in parents and/or siblings of the family;
- History of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

## **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 because 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 care-givers); 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 in the child**

#### **Physical presentation**

- Failure to thrive or, in older children, short stature;
- Underweight;
- Frequent hunger;
- Dirty, unkempt condition;
- Inadequately clothed, clothing in a poor state of repair;
- Red/purple mottled skin, particularly on the hands and feet, seen in the winter due to cold;
- Swollen limbs with sores that are slow to heal, usually associated with cold injury;
- Abnormal voracious appetite;
- Dry, sparse hair;

- Recurrent / untreated infections or skin conditions e.g. severe nappy rash, eczema or persistent head lice / scabies/ diarrhea;
- Unmanaged / untreated health / medical conditions including poor dental health;
- Frequent accidents or injuries.

### **Development**

- General delay, especially speech and language delay;
- Inadequate social skills and poor socialisation.

### **Emotional / Behavioural presentation**

- Attachment disorders;
- Absence of normal social responsiveness;
- Indiscriminate behaviour in relationships with adults;
- Emotionally needy;
- Compulsive stealing;
- Constant tiredness;
- Frequently absent or late at academy ;
- Poor self-esteem;
- Destructive tendencies;
- Thrives away from home environment;
- Aggressive and impulsive behaviour;
- Disturbed peer relationships;
- Self-harming behavior.

### **Indicators in the parent**

- Dirty, unkempt presentation;
- Inadequately clothed;
- Inadequate social skills and poor socialization;
- Abnormal attachment to the child .e.g. anxious;
- Low self-esteem and lack of confidence;
- Failure to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene;
- Failure to meet the child's health and medical needs e.g. poor dental health; failure to attend or keep appointments with health visitor, GP or hospital; lack of GP registration; failure to seek or comply with appropriate medical treatment; failure to address parental substance misuse during pregnancy;
- Child left with adults who are intoxicated or violent;
- Child abandoned or left alone for excessive periods;
- Wider parenting difficulties may (or may not) be associated with this form of abuse.

### **Indicators in the family/environment**

- History of neglect in the family;
- Family marginalised or isolated by the community;
- Family has history of mental health, alcohol or drug misuse or domestic violence;
- History of unexplained death, illness or multiple surgery in parents and/or siblings of the family;
- Family has a past history of childhood abuse, self-harm, somatising disorder or false

- allegations of physical or sexual assault or a culture of physical chastisement;
- Dangerous or hazardous home environment including failure to use home safety equipment; risk from animals;
- Poor state of home environment e.g. unhygienic facilities, lack of appropriate sleeping arrangements, inadequate ventilation (including passive smoking) and lack of adequate heating;
- Lack of opportunities for child to play and learn.

## **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 (including via the internet).

Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

### **Indicators in the child**

#### **Physical presentation**

- Urinary infections, bleeding or soreness in the genital or anal areas;
- Recurrent pain on passing urine or faeces;
- Blood on underclothes;
- Sexually transmitted infections;
- Vaginal soreness or bleeding;
- Pregnancy in a younger girl where the identity of the father is not disclosed and/or there is secrecy or vagueness about the identity of the father;
- 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.

## **Emotional Behavioural presentation**

- Makes a disclosure;
- Demonstrates sexual knowledge or behaviour inappropriate to age/stage of development, or that is unusually explicit;
- Inexplicable changes in behaviour, such as becoming aggressive or withdrawn;
- Self-harm - eating disorders, self-mutilation and suicide attempts;
- Poor self-image, self-harm, self-hatred;
- Reluctant to undress for PE;
- Running away from home;
- Poor attention / concentration (world of their own)
- Sudden changes in academy work habits, become truant;
- Withdrawal, isolation or excessive worrying;
- Inappropriate sexualised conduct;
- Sexually exploited or indiscriminate choice of sexual partners;
- Wetting or other regressive behaviours e.g. thumb sucking;
- Draws sexually explicit pictures;
- Depression.

## **Indicators in the parents**

- Comments made by the parent/carer about the child;
- Lack of sexual boundaries;
- Wider parenting difficulties or vulnerabilities, may (or may not) be associated with this form of abuse;
- Grooming behaviour;
- Parent is a sex offender.

## **Indicators in the family/environment**

- Marginalised or isolated by the community;
- History of mental health, alcohol or drug misuse or domestic violence;
- History of unexplained death, illness or multiple surgery in parents and/or siblings of the family;
- Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement; Family member is a sex offender.

<b>Headteacher:</b>		<b>Date:</b>	
<b>Chair of the Trust Board:</b>		<b>Date:</b>	6 October 2020

