

SECTION 3**RECOGNITION OF ABUSE**

This section describes child abuse and how to recognise children at risk

You need to be familiar with this section if you have direct contact with children and young people. This includes not only the clergy but also paid youth workers, volunteer helpers, captains of bell towers, music group leaders etc.

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3.1 Introduction

The term “child abuse” encapsulates all the ways in which a child’s health (physical, emotional, intellectual, spiritual), and their social development, can be damaged by other people. It consists of anything which individuals, institutions or processes do, or fail to do, which directly or indirectly harms children or damages their prospects of safe and healthy development into adulthood. Note that we use the term “children” to mean everyone under 18, but much of what is recommended also applies to vulnerable adults.

Child abuse

- is a misuse of power and a betrayal of trust
- is not new – but it has been recognised and condemned only quite recently
- can affect girls and boys, babies and teenagers, or those with learning or physical disabilities
- can affect children from any kind of family background
- occurs in all cultures, religions and classes
- is mostly committed by an adult known to the child, most usually a family member, eg parent, step-parent, grandparent
- can be organised by a number of adults
- can be perpetrated by children against other children (referred to as “child on child” abuse)
- results in significant harm to the child, violating both their dignity and their rights and preventing them from achieving their full potential.

The harm it causes affects children all their lives, bearing on their relationships and on their sense of identity and self worth.

It is also important to protect those 16-18 year olds who are legally able to give their consent to sexual activity but who may nevertheless be harmed by those who are responsible for them and whom they trust.

3.2 Organised Abuse

Organised or multiple abuse may be defined as abuse involving one or more abusers and a number of related or non-related children or young people. The abusers may be acting in networks to abuse children or in isolation. They may use an institutional framework or position of authority or trust to recruit children for abuse. They may use children themselves to recruit other children.

3.3 Definition of abuse

Child abuse takes many forms. "Working Together" (1999) identifies four categories of abuse – physical, emotional, sexual and neglect.

Physical Abuse

Physical abuse can include hitting, shaking, throwing, poisoning, burning or scalding, drowning or suffocating etc. It can also result from a parent or carer feigning the symptoms of, or deliberately causing, ill health to a child they are looking after (factitious illness by proxy or Munchausen syndrome by proxy).

The impact of physical abuse

Physical abuse can lead directly to pain, injury, neurological damage, disability or – at the extreme – death. Harm may be caused both by the abuse itself, and by its taking place in the context of conflict and aggression. In turn, physical abuse has been linked to aggressive behaviour on the part of the child and to emotional, behavioural and educational difficulties. Where a child is disabled, injuries or behavioural symptoms may mistakenly be attributed to their disability rather than the abuse.

Emotional abuse

Emotional abuse includes making a child feel worthless, unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include making them frequently feel frightened or in danger. It may result from inappropriate expectations, exploitation or corruption. Some level of emotional abuse is involved in all types of ill treatment of a child, though it may occur alone. Parents or carers of children with a disability may have to work harder to ensure their emotional needs are met. It may be difficult to include such children in everyday activities with the rest of the family, but to leave them out may be damaging.

The impact of emotional abuse

There is increasing evidence that sustained emotional abuse has adverse long term effects on children's development and on their mental health, behaviour and self esteem. It can be especially damaging in infancy. Underlying emotional abuse may be as important, if not more so, than other more visible forms of abuse. In families where the child experiences a low level of emotional warmth and a high level of criticism, negative incidents may have a more damaging impact. A dysfunctional home where there is eg domestic violence, or substance misuse, will have an impact on a child, even if they are not directly involved. In extreme cases emotional abuse can lead to suicide.

Sexual abuse

Sexual abuse involves forcing or enticing a child to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetration (eg rape or buggery) or non-penetrative acts. They may include non-contact activities, such as getting children to look at pornographic material, watch sexual activities, encouraging them to behave in

sexually inappropriate ways or in the extreme, involving them in the production of pornographic material (see Appendix G for guidance on Internet and mobile 'phone safety).

The impact of sexual abuse

Disturbed behaviour including self harm, inappropriate sexualised behaviour, sadness, depression and loss of self esteem, have all been linked to sexual abuse. In disabled children these behaviours have sometimes mistakenly been attributed to their disability. The impact of sexual abuse is believed to increase the longer abuse continues, the more extensive it is, the older the child, the extent of premeditation and the degree of threat and coercion. Sadism and bizarre or unusual elements also affect the severity of impact. The adverse effects of sexual abuse may endure into adulthood.

The support of a non-abusive adult carer who believes the child, helps them understand the abuse, and can offer help and protection increases a child's ability to cope. (NB this role is not to be undertaken by church people and carers without full endorsement and support from the statutory authorities).

A proportion of adults who sexually abuse children have themselves been sexually abused as children. They may also have been exposed as children to domestic violence and discontinuity of care. However, it would be quite wrong to suggest that most children who are abused will inevitably go on to become abusers themselves.

Sexual abuse occurs in all communities in Britain and is acceptable in none.

Neglect

Neglect is the persistent failure to meet a child's basic needs, seriously impairing the child's health or development. It may involve failing to provide adequate food, shelter and clothing, failure to protect from physical harm or danger or failure to get proper medical care or treatment. In the extreme it may involve abandonment. It may also include neglect of, or being unresponsive to, a child's basic emotional needs.

Children with a disability may have greater needs, or a need for a higher than usual standard of care: caring skills therefore may need to be at a higher level than for able bodied children.

The impact of neglect

Severe and/or persistent neglect of young children is associated with major impairment of growth and intellectual development and long term difficulties with social functioning, relationships and educational progress. Neglect can also result, in extreme cases, in death.

Note

Church communities must be particularly vigilant to identify any kind of **spiritual abuse** which can be perpetrated under any one of the above headings (or a combination of them). Spiritual abuse includes the misuse of the authority of

leadership, oppressive teaching, or obtrusive healing and deliverance ministries, which may result in physical, emotional or sexual abuse. Other forms of spiritual abuse include the denial to children of the right to faith or the opportunity to grow in the knowledge and love of God.

3.4 Recognising when children are troubled

When children are troubled, they may show it through their behaviour. Consider these examples:

Joe (5) is unmanageable in his Sunday children's group. He cannot concentrate, even for limited periods. He disrupts the group by running about, pulling children's hair or knocking their crayons onto the floor. Sometimes he destroys other children's work. If a leader tries to comfort him, or tries to move him back to his seat, he struggles wildly like a trapped bird

Jenny (7) had recently started to steal. She has twice stolen from the children's collection. At Brownies, she took money and sweets from other children. She has also become very spiteful to other children and is clingy towards the youth leader. She used to be a friendly, open child.

A range of difficult behaviours is significant. It is also important to notice a change of behaviour, especially if it is sudden. These signals need not cause great alarm **but they should not be ignored**, especially not out of politeness, reserve or caution. If those who care for the child can help them identify the cause of distress – or if this is obvious – steps can be taken to help.

Any number of upsetting experiences, other than child abuse, may cause a child to behave in a demanding or distressed way. Most children go through phases when they are naughty. We all know about the "terrible twos" and about the pains of adolescence. However, if a child stands out from a group as a problem, the question should be asked "What is wrong?"

- has there been a recent bereavement in the family?
- is a parent or carer seriously ill?
- has there been a major disruption of family life – perhaps separation or divorce, a parent being made redundant, a move of house to a new area?
- is the child being bullied at school?
- is the child being abused?

The danger with children who are consistently difficult is that they will be frozen out of clubs or Sunday activities by exasperated adults who feel defeated or have no one to consult. **These children, above all, need help.**

3.5 Signs and symptoms

NB The concerns, signs and symptoms need to be taken seriously and in all the situations outlined below it is vital that guidance is sought and the Diocesan Child Protection Adviser (DCPA) is informed (see Section 4).

A “lone ranger/rescue mission” or “I’ll get them for this” approach is not appropriate. It could further harm a child and get in the way of the Social Services taking the appropriate action.

Concerns about the well being of a child may come from a number of sources:

- from the child themselves
- from a family member or other adult
- from someone who has abused
- from an adult who has been abused

From the child themselves

A child will give signals or indicators that something is wrong in three ways:

- visual
- behavioural
- verbal

or a combination of these.

Visual indications:

- A child may be thin and pale, look tired and be poorly cared for – unwashed, shoes too tight, lack of warm clothes

eg Jason is 6. He is delivered to his Sunday group by a very overbearing father. He sits at the edge of the class and watches the leader fixedly. He never speaks to or plays with other children. He is poorly dressed, smells of urine and is alarmingly pale and thin. He cannot concentrate on the class, and looks terrified if spoken to by the leaders. If touched by an adult, he flinches.

- There may be repeated signs of bruising or marks which are quite different from the usual childhood cuts and bruises. For example, burn marks or pressure bruises from fingertips, or red marks round the neck.
- A leader may come across evidence of a severe beating by a strap or stick, with harsh bruising across the back, buttocks or legs, with skin broken in places

eg the youth leader notices that Tracey (10) has a very red mark on her leg. When viewed closely, it is clearly a slap mark showing the shape of a hand. Tracey says she does not know how the mark got there. Two weeks later, the youth leader sees some small circular marks on Tracey’s arm which appear to be cigarette burns. When asked about them, Tracey says that she and her younger sister were playing with some matches, and that their mother punished them. The youth leader takes an opportunity to notice Tracey when she is changing into sports gear. There are old bruises on her back.

Behavioural indications

- A child who has been well adjusted and normal, suddenly becomes withdrawn and depressed
- A child who becomes naughty or disruptive. They may lie, steal and be destructive. Such a child is usually unpopular, and the behaviour may mask the child's need for help.
- A child who acts out adult sexual behaviour

eg Jane (3) attends the parent and toddler club. She spends a lot of time in the play house with little boys, and has been found several times without her pants, pretending sexual intercourse. She is generally unable to concentrate on activities, and runs wildly about, or sits in a corner sucking her thumb until her face is sore.

- A child who appears “frozen” and fearful
- A child who draws pictures of a sexually explicit nature or of violence in the home

Verbal indications

- A child who gives inappropriate explanations for bruises or burn marks.
- A child who confides a story of physical or sexual abuse – perhaps about a parent or carer well known to the confidante. Such a story must be taken seriously. The telling of such a story is an indicator of problems, whether or not all the details of the story are credible. It is very important that the listener does not appear shocked, and listens carefully.

All these signs and symptoms need to be taken very seriously. See Section 4 for guidance on how to take action

From a family member of other adult

- A family member, a parent or other carer, an older sibling, a friend of the family, may want to confide. Recognizing possible verbal signals in these circumstances is important.
- Either the adult may:
 - refer to abuse or domestic violence involving a spouse, partner, or family friend
 - give clues, but find it difficult to be explicit
 - present a scenario of another person who needs help. “I have a friend who has a big problem – can you advise me how to help them?”

- Or you may have cause for concern because the behaviour or appearance of an adult has changed eg:
 - a parent or carer may be seen often losing their temper with the child. The outbursts may indicate that the person is suffering considerable stress
 - a parent or carer who is known to abuse alcohol or drugs
 - a mother who shows signs of physical abuse eg black eyes, marks on her neck, or other bruising.

In all these situations, it is vital that guidance is sought, and the DCPA is informed (see Section 4).

From an abuser

People who abuse children are practised in deception, and are unlikely to disclose such practices. However, there may be occasions when, due to their particular role, a priest learns from someone during sacramental confession or pastoral counselling that they have abused a child.

The rules of confidentiality in these two situations are different. In the first, the House of Bishop's policy confirms that the seal of the confessional remains absolute. In the second, while it is recognized that a person's right to confidentiality is very important, an exception is to be made if children could be at risk.

It is therefore important that the priest clarifies with the person whether what is taking place is in sacramental confession or spiritual or other counselling, so that the person fully understands the boundaries of confidentiality.

If, during sacramental confession, someone says they have abused a child a priest must:

- always consider whether children may still be at risk and, if so, must halt the confessional and urge the person making the confession to report that abuse to Social Services or the Police.
- consider whether absolution should be withheld until the person concerned makes this report
- assure the person of their help in making this report and their continued pastoral care

If abuse is disclosed in a pastoral setting the priest must report the matter to Social Services or the Police and seek advice from the DCPA.

From an adult survivor

Adult survivors tend to recall abuse in fragments, as in recovery from amnesia. This is because the memory of abuse is often suppressed. In talking about their abuse, an adult may appear:

- hesitant
- confused
- vague
- apologetic
- to think it was their fault
- to expect no-one to believe them

Some people are concerned about the accuracy of memories of abuse which adults have recovered during therapy. The phrase "False Memory Syndrome" has been coined but the word "syndrome" usually refers to a well documented group of signs and symptoms associated with a particular condition. There may have been only a very small number of cases of "false memories" so these examples should not be used to dismiss the reports of people who say they were abused.

If you get information about abuse you should inform the DCPA. The person making the allegation may have particular needs for counselling and support which can be met by other agencies than the Church. The DCPA can advise on this. Victim Support or local rape crisis centres may be appropriate. Christian Survivors of Sexual Abuse and Safety Net have been set up to support Christians who have experienced abuse (see Appendix K).

The decision to make a complaint to the Police, thus seeking legal redress, is for the adult themselves.

If you get information about possible abuse you should consider whether children may still be at risk and seek advice from the DCPA. The Church must refer allegations by adults to the Police or Social Services, as it is necessary to safeguard any children who might currently be at risk. This means involving Social Services or the Police. The DCPA will seek guidance from the statutory agencies in such situations.

Reference: House of Bishops' Policy statements 1999 and 2003

Concerns about the safety of children can come to light in a number of ways. They should be taken seriously and the procedures in Section 4 followed.

3.6 Significant harm

The Children Act 1989 requires a Social Services Department, as part of its general duty, to safeguard and promote the welfare of children in need, to take action whenever there is reasonable cause to suspect that a child is suffering, or is likely to suffer significant harm.

There are no absolute criteria: it depends on such things as the severity of ill-treatment, the degree and extent of physical harm, the duration and frequency of

abuse and neglect, the extent of pre-meditation, the degree of threat and coercion, sadism and bizarre or unusual elements in child sexual abuse. The Act gives the following definitions of such harm. It can result from one traumatic event or a series of events that interrupt, change or damage the child's physical or psychological development.

Sources of stress for children and families

To quote the South Yorkshire Child Protection Committees' procedures:

Many families under great stress nonetheless manage to bring up their children in a warm, loving and supportive environment in which the children's needs are met and they are safe from harm. Sources of stress within families, however, have a negative impact on a child's health, development and well-being, either directly, or because they affect the capacity of parents to respond to their child's needs. This is particularly the case when there is no other significant adult who is able to respond to the child's needs. Research tells us that such sources of stress may include the following

- *Domestic abuse: prolonged and/or regular exposure to domestic abuse can have a serious impact on a child's development and emotional well-being, despite the best efforts of the abused parent/carer to protect the child*
- *Mental illness of a parent or carer: NB mental illness in a parent or carer does not necessarily have an adverse impact on a child but (for professional helpers) it is essential always to assess its implications for any children involved in the family*
- *Parental drug and/or alcohol misuse*
- *Substance misuse by adults and young people*
- *Racism and racial harassment*

3.7 Abuse and children with a disability

Disability is defined as:

- a major physical impairment, severe medical illness, and/or a moderate to severe learning disability
with
- an ongoing high level of dependency on others for personal care and the meeting of other basic needs

The available evidence suggests that children with a disability are at increased risk of abuse and neglect. The presence of multiple disabilities appears to increase this risk. Parents of such children may well experience multiple stresses. Children with a disability may be especially vulnerable to abuse because they may

- have fewer social contacts than other children
- receive intimate personal care and contact from a larger number of carers
- have an impaired capacity to challenge abuse
- have communication difficulties which may make it difficult to tell others what is happening
- be inhibited about complaining because of a fear of losing services
- be especially vulnerable to bullying and/or intimidation
- be more vulnerable than other children to abuse by their peers

3.8 Abuse of children on grounds of race, religion, language and culture

Children from all cultures are subject to abuse and neglect. All children have a right to grow up in safety. Cultural factors neither explain nor condone acts of omission or commission which place a child at risk of significant harm. Professionals should guard against myths and stereotypes – both positive and negative – of people who are deemed to be different from ourselves.

Anxiety about being accused of racism should not prevent the necessary action being taken to safeguard a child.

Although racism can cause significant harm it is not, in itself, a category of abuse. It can be a contributory factor in all four categories of abuse. Institutional racism operates within the field of child welfare, evidenced by the disproportionate number of black children in care and the lack of take up of family support services. Any intervention in accordance with these procedures should take account of the impact of racism on a particular child and his or her family and should avoid reinforcing racism through stereotyping (see Section 1.5 for a definition of racism).

3.9 Children and young people who abuse

To quote the South Yorkshire Area Child Protection Committees' procedures:

Bullying

Bullying maybe defined as deliberately harmful behaviour, usually repeated over a period of time, where it is difficult for those bullied to defend themselves. It can take many forms, but the main types are physical (eg hitting, kicking, theft), verbal (eg racist or homophobic remarks, threats, name-calling) and emotional (eg isolating an individual from the activities and social acceptance of their peer group). The damage inflicted by bullying can frequently be underestimated. It can cause considerable distress to children, to the extent that it affects their health and development or, at the extreme, causes them significant harm (including self harm).

ALL SETTINGS IN WHICH CHILDREN ARE PROVIDED WITH SERVICES OR ARE LIVING AWAY FROM HOME, SHOULD HAVE IN PLACE RIGOROUSLY ENFORCED ANTI-BULLYING STRATEGIES.

When child protection procedures should be considered

There may be some instances of bullying where parents/carers or professionals may be aware of the problem but unable or unwilling to protect the child.

In these circumstances the DCPA should be contacted for advice about the possible need for a referral of both victim and perpetrator to social services for an initial assessment.

In addition, there may be circumstances where a child is clearly suffering or likely to suffer, significant harm, and an offence may have been committed.

The child in these circumstances should be referred to the police or social services (see section 4).

Children and young people who sexually harm others

Children and young people who abuse others should be held responsible for their abusive behaviour, whilst being identified and responded to in a way which meets their needs as well as protecting others. Such children are likely to have considerable needs. Evidence suggests that they may have suffered considerable disruption in their lives, been exposed to violence within the family, may have witnessed or been subject to physical or sexual abuse, have problems in their educational development, and may have committed other offences.

Work with adult abusers has shown that many of them began committing abusive acts during childhood or adolescence and that significant numbers of them have been subjected to abuse themselves. Early intervention with children and young people may therefore play an important part in protecting the public by preventing the continuation or escalation of abusive behaviour.

Action

Please refer to Section 4 of this handbook.

3.10 The Responsibility of the Church

As Christians, we are called to recognize the unique status and immense worth of each child. The Children Act 1989 emphasises the place of children in society by stipulating *“that a child’s welfare is paramount”*.

It is the responsibility of everyone in a church community to take action if they have a concern about a child. Some church members, eg members of the clergy, youth workers, captains of bell towers, organists, or music group leaders will have direct contact with children, so it is more likely that any concerns will come to their attention. However, this does not remove the responsibility from the rest of the congregation.

Clergy and anyone in the church who wears robes and/or has a public position may be regarded by a child, depending on their age and understanding, as someone to trust. These people have a responsibility to work together with the whole congregation to promote the welfare of children in the church and the community.