

Appendix 1. Definitions and signs of abuse

[A complete list of suggested things to look out for, are listed in appendices on the PBSGL website under the Child Protection module. Pilot groups who studied this module felt that the lists of possible signs were large, and hard to study in a single session]. For full details go to <http://www.gpcpd.nes.scot.nhs.uk/pbsgl/module-topics.aspx> and scroll down to the Child Protection module.

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child, including by fabricating the symptoms of, or deliberately inducing, illness in a child. For details see appendices on the PBSGL website.

Emotional abuse is the persistent emotional maltreatment of a child potentially having severe and persistent adverse effects on the child's emotional development.

- conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person
- not giving the child opportunities to express their views
- deliberately silencing them or 'making fun' of what they say
- age or developmentally inappropriate expectations being imposed on children, either beyond their capabilities, or over protection
- witnessing the ill-treatment of another
- serious bullying (including cyber-bullying), causing children frequently to feel frightened

Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone. A complete list of suggested things to look out for is on the PBSGL website.

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)
- non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing
- non-contact activities, such as involving children in looking at sexual images
- grooming a child in preparation for abuse (including via the internet). Women can commit acts of sexual abuse, as can other children

Alerting features, and indicators of potential risks, in cases of teenage sexual activity, are listed in appendices on the PBSGL website.

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. It involves 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
- respond to a child's basic emotional needs

Alerting features to suspect neglect are listed in appendices on the PBSGL website.

References:

- RCGP Safeguarding Children and Young People. A Toolkit for General Practice. 2011
- NICE CG89 When to suspect child maltreatment.

Appendix 2. Barriers to picking up cases of abuse

There are many barriers that individuals often have to overcome before taking appropriate action when faced with a concern about a child's welfare

- not “seeing the child : the needs of the child can easily be overshadowed by those of the parents
- not looking: child abuse is upsetting. It is easier to ignore the problem or seek other explanations
- looking for the wrong thing : missing behavioural or mood change
- underestimating the problem : failing to appreciate the danger to a child
- condoning the problem : deprivation does not cause neglect
- not knowing what to do next : being unaware of local procedures or contacts
- the patchwork or jigsaw - when different people hold pieces of information
- the problem is hidden : parents may be frightened or feel ashamed to inform you
- the doctor-patient relationship : we are often concerned for our relationship with the family
- working ineffectively with other agencies and failing to develop inter- professional relationships
- individual freedom versus “the Nanny State” : judging someone else’s child rearing practices is uncomfortable
- cultural relativism : this concept describes practitioners’ acceptance of different childcare practices as normal and acceptable to the culture of the family and their decision not to intervene

Sometimes we:

- find it hard to believe what we are hearing
- incorrectly accept hearsay as fact
- cannot believe the suspicion that may be about someone we know
- fear ‘getting it wrong’ for the child and family
- worry we may make it worse for the child
- believe the services are stigmatising
- simply ‘don’t want to get involved’
- do not have the information on what to do and who to contact
- fear retribution
- have been victims ourselves

A number of common barriers exist that prevent children from telling, or if they do, often lead to them retracting their statements.

Children often don’t tell because they:

- are scared because they have been threatened
- believe they will be taken away from home
- believe they are to blame/they will break up family feel guilty

- may not realise what abuse is and think it happens to all children
- feel embarrassed/don't want the shame
- don't want the abuser to get into trouble
- have communication difficulties
- may not have opportunity – always with abuser
- have learning disabilities
- may not know how to say what has happened for example, they may not have the vocabulary
- are afraid they will not be believed
- believe they have 'told' (by dropping hints that an adult has missed) and or haven't been believed, "so what's the point"
- don't have a trusted person they can tell

Reference:

Keep me Safe; RCGP strategy for Child Protection:

www.rcgp.org.uk/clinical_and_research/safeguarding_children_toolkit.aspx

Appendix 3. What can practices do to reduce the incidence of abuse?

In the RCGP publication, *Safeguarding Children & Young People: A Toolkit for General Practice* 2011, 11 steps are given for practices to follow to help protect children on their lists:

1. be aware of, understand and recognise child abuse
2. develop and maintain a culture of openness and awareness
3. identify and manage the risks and dangers to children and young people in your practice and activities
4. develop a child protection policy
5. create clear boundaries for example with the limits to confidentiality
6. follow safe recruitment practice including obtaining references for all team members
7. support and supervise staff and volunteers
8. ensure there is a clear procedure for addressing concerns
9. know your legal responsibilities
10. have a practice policy which welcomes and encourages children and young people to participate in your practice
11. provide safeguarding education and training to all members of the team

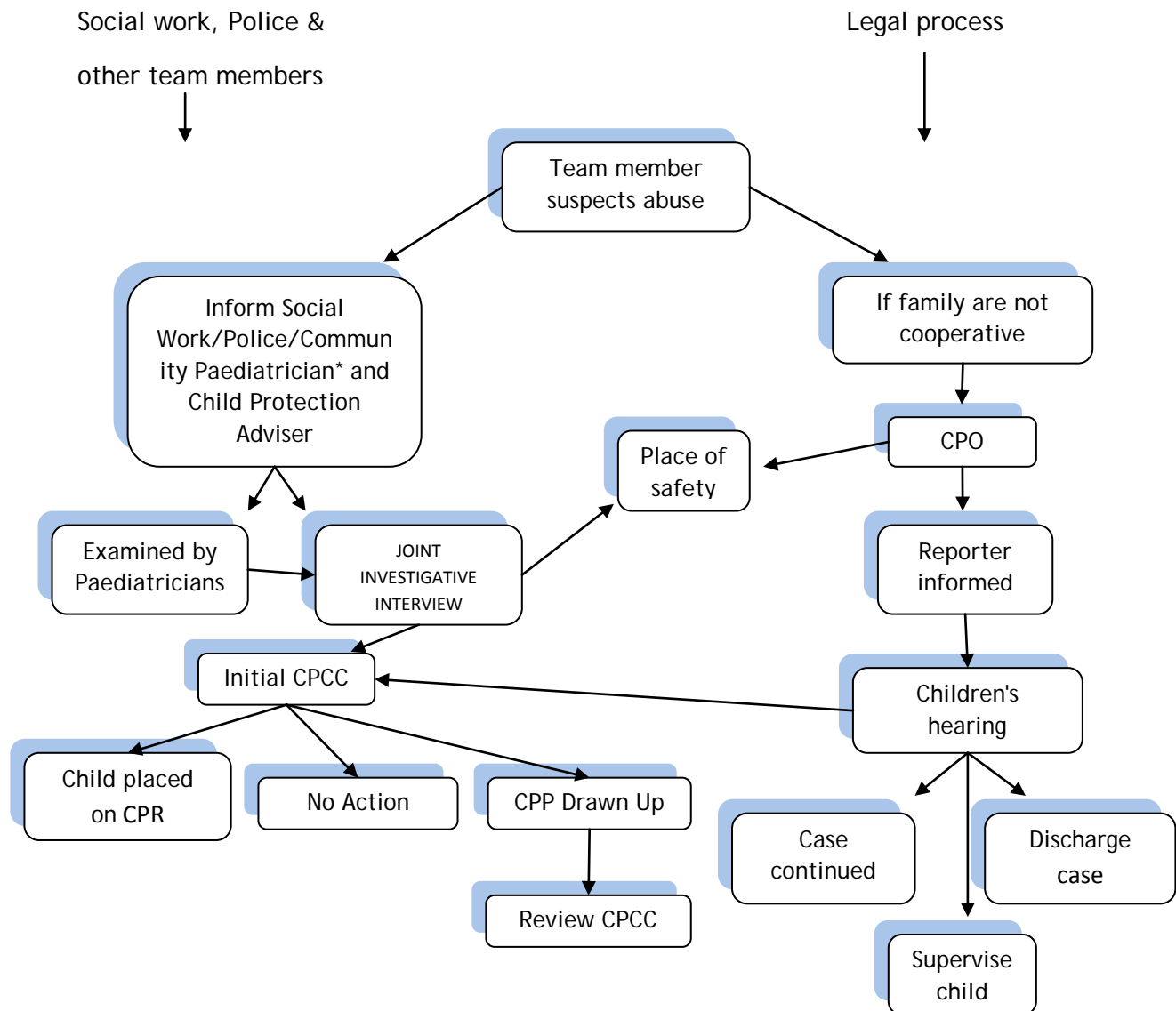
Generally the most effective way of ensuring that children are safeguarded is by working in partnership with parents and carers. This might include:

- identifying vulnerable mothers and families in difficulty e.g. at the ante-natal booking appointments
- acknowledging parental risk factors such as domestic abuse, drug and alcohol abuse and a history of abuse or offending which might impact on parenting quality and child care abilities
- encouraging the involvement of parents as much as possible with their child's care
- knowing the names of parents, carers or those with parental responsibility
- recording the name of the accompanying adult and if possible identifying the relationship to the child
- ensuring that communications between the practice and parents take account of any communication difficulties
- involving parents, as well as children, in developing policies relating to them

Appendix 4

Flowchart: possible procedures on a Child Protection Case

No two investigations of suspected child abuse are the same, but possible connections between the various agencies are as follows:



*as per local protocol