

Types of abuse and children that are potentially at risk of greater harm

Abuse, neglect & exploitation

Recognising Abuse

Child abuse occurs to children of both sexes and all ages, in all cultures, religions, and social classes and to children with and without disabilities. All staff and volunteers should be alert to signs that a child may be at risk of significant harm.

Abuse

A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults, or another child or children.

Child on child abuse

Child-on-child abuse is most likely to include, but may not be limited to:

- bullying (including cyberbullying, prejudice-based and discriminatory bullying)
- abuse in intimate personal relationships between children (sometimes known as 'teenage relationship abuse')
- physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm (this may include an online element which facilitates, threatens and/or encourages physical abuse)
- sexual violence, such as rape, assault by penetration and sexual assault; (this may include an online element which facilitates, threatens and/or encourages sexual violence) Consensual image sharing, especially between older children of the same age, may require a different response. It might not be abusive – but children still need to know it is illegal- whilst non-consensual is illegal and abusive. UKCIS provides detailed advice about sharing of nudes and semi-nude images and videos
- sexual harassment, such as sexual comments, remarks, jokes and online sexual harassment, which may be standalone or part of a broader pattern of abuse
- causing someone to engage in sexual activity without consent, such as forcing someone to strip, touch themselves sexually, or to engage in sexual activity with a third party
- consensual and non-consensual sharing of nude and semi-nude images and/or videos (also known as sexting or youth produced sexual imagery)
- upskirting, which typically involves taking a picture under a person's clothing without their permission, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress, or alarm, and
- initiation/hazing type violence and rituals (this could include activities involving harassment, abuse or humiliation used as a way of initiating a person into a group and may also include an online element).

Domestic Abuse

Domestic abuse can encompass a wide range of behaviours and may be a single incident or a pattern of incidents. That abuse can be, but is not limited to, psychological, physical, sexual, financial or emotional. Children can be victims of domestic abuse. They may see, hear, or experience the effects of abuse at home and/or suffer domestic abuse in their own intimate relationships (teenage relationship abuse). All of which can have a detrimental and long-term impact on their health, well-being, development, and ability to learn.

Physical abuse

This 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.

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 development 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 to a child, though it may occur alone.

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 (e.g. rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may 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 of 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.

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 their sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

Harmful Sexual Behaviour (HSB)

Children's sexual behaviour exists on a wide continuum, ranging from normal and developmentally expected to inappropriate, problematic, abusive and violent. Problematic, abusive and violent sexual behaviour is developmentally inappropriate and may cause developmental damage. HSB can occur online and/or face-to-face and can also occur simultaneously between the two. HSB should be considered in a child protection context. When considering HSB, both ages and the stages of development of the children are critical factors. Sexual behaviour between children can be considered harmful if one of the children is much older, particularly if there is more than two years' difference or if one of the children is pre-pubescent and the other is not. However, a younger child can abuse an older child, particularly if they have power over them, for example, if the older child is disabled or smaller in stature. Dedham Therapy Farm recognises that often children that display harmful sexual behaviour have often experienced their own abuse or trauma.

Children who have experienced sexual violence display a very wide range of responses to their experience, including in some cases clear signs of trauma, physical and emotional responses, or no overt signs at all. Dedham Therapy Farm remains alert to the possible challenges of detecting those signs and show sensitivity to the needs of the irrespective of how overt the child's distress is.

Female Genital Mutilation

FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs. It is illegal in the UK and a form of child abuse with long-lasting harmful consequences.

- A relative or someone known as a 'cutter' visiting from abroad.
- A special occasion or ceremony takes place where a girl 'becomes a woman' or is 'prepared for marriage'.
- A female relative, like a mother, sister or aunt has undergone FGM.
- A family arranges a long holiday overseas or visits a family abroad during the summer holidays.
- A girl has an unexpected or long absence from school or sessions.

- A girl struggles to keep up in school.
- A girl runs away – or plans to run away - from home.
- Having difficulty walking, standing or sitting.
- Spending longer in the bathroom or toilet.
- Appearing quiet, anxious or depressed.
- Acting differently after an absence from school, college or farm sessions.
- Reluctance to go to the doctors or have routine medical examinations.
- Asking for help – though they might not be explicit about the problem because they're scared or embarrassed

If Staff have concerns regarding FGM. The safeguarding procedure must be followed and details must be reported immediately to the DSL who will consider referral to Children's Social Care and/or Police.

Forced Marriage

When it comes to the marriage of an adult, a forced marriage is not the same as an arranged marriage. There are clear distinctions between them. In an arranged marriage, the families of both spouses take a leading role in the arrangements, but the choice of whether to go ahead with the marriage remains the decision of the prospective spouses. However, in a forced marriage, one or both spouses do not consent to the marriage but are coerced into it. An arranged marriage can, however, become a forced marriage if there is any form of coercion. Forcing someone to marry against their will can include in some cases physical violence and/or psychological, financial, sexual and emotional pressure. In cases of vulnerable adults who lack the capacity to consent, coercion is not required for a marriage to be forced.

When it comes to the marriage of a child, the distinction between a forced marriage and an arranged marriage does not exist. Following legislation which came into force on 27 February 2023, it is an offence to engage in any conduct for the purpose of causing a child to marry before their eighteenth birthday, even if violence, threats or another form of coercion are not used. Such a marriage is deemed a forced marriage.

Forced marriage can happen to both women and men, although many of the reported cases involve young women and girls aged between 16 and 25. There is no "typical" victim of forced marriage. They can be over or under 18 years of age, some may have a disability, some may have young children and some may also be spouses from overseas.

Neglect

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 and clothing
- 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)
- ensure access to appropriate medical care or treatment

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Radicalisation is the process of a person legitimising support for, or use of, terrorist violence. **Terrorism** is an action that endangers or causes serious violence to a person/people; causes serious damage to property; or seriously interferes or disrupts an electronic system. The use or threat must be designed to influence the government or to intimidate

the public and is made for the purpose of advancing a political, religious or ideological cause. Although there is no single way of identifying whether a child is likely to be susceptible to radicalisation into terrorism, there are factors that may indicate concern. It is possible to protect people from extremist ideology and intervene to prevent those at risk of radicalisation being drawn to terrorism. As with other safeguarding risks, staff should be alert to changes in children's behaviour, which could indicate that they may be in need of help or protection. Staff should use their judgement in identifying children who might be at risk of radicalisation and act proportionately which may include the designated safeguarding lead (or a deputy) making a Prevent referral.

Children may be susceptible to radicalisation into terrorism. Similar to protecting children from other forms of harms and abuse, protecting children from this risk should be a part of the settings safeguarding approach. Extremism is the vocal or active opposition to our fundamental values, including democracy, the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. This also includes calling for the death of members of the armed forces.

Children potentially at risk of greater harm

We recognise that some children may potentially be at risk of greater harm and require additional help and support. These may be children with a Child in Need or Child Protection Plan, those in Care or previously in Care or those requiring mental health support. We work with Social Care and other appropriate agencies to ensure there is a joined-up approach to planning for these children and that they receive the right help at the right time.

Our setting understands that children with special educational needs (SEN) and / or disabilities can face additional safeguarding challenges. Barriers can exist when recognising abuse and neglect in this group of children. These can include:

- Assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability, without further exploration
- That they may be more prone to peer group isolation than others
- The potential to be disproportionately impacted by things like bullying, without outwardly showing signs
- Communication difficulties in overcoming these barriers

Children who may benefit from Early help intervention

Signs that a child or young person may benefit from early help include:

- displaying disruptive or anti-social behaviour
- being bullied or bullying others
- having poor attendance
- being involved in, or at risk of, offending
- having poor general health
- having anxiety, depression or other mental health issues
- misusing drugs or alcohol
- having a particularly challenging relationship with parents or appearing to be unusually independent from their parents
- experiencing difficulties at home, such as domestic abuse, parental substance abuse or parental mental health problems
- Is disabled or has certain health conditions and has specific additional needs
- Has special educational needs (whether or not they have a statutory Education, Health and Care plan)
- has a mental health need
- is a young carer
- is showing signs of being drawn in to anti-social or criminal behaviour, including gang involvement and association with organised crime groups or county lines
- is frequently missing/goes Children Missing Education (CME), home or care.
- Is deliberately missing education or has persistent/or unexplainable absences
- has experienced multiple suspensions, is at risk of being permanently excluded from schools, colleges and in Alternative Provision or a Pupil Referral Unit.

- is at risk of modern slavery, trafficking, sexual and/or criminal exploitation
- is at risk of being radicalised or exploited
- has a parent or carer in custody, or is affected by parental offending
- is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse
- is misusing alcohol and other drugs themselves
- is at risk of so-called 'honour'-based abuse such as Female Genital Mutilation or Forced Marriage
- is a privately fostered child.

Some groups of children may be more likely to need early help than their peers. These include children who:

- have been excluded from school
- have special educational needs
- are disabled
- are in care
- are leaving or preparing to leave care
- are young carers are young parents (or about to become young parents) are experiencing housing issues
- LGBT+
- Children Missing Education (CME)
- Absent from education

In line with managing internally, the setting may decide that the children involved do not require referral to statutory services but may benefit from early help. Early help is support for children of all ages that improves a family's resilience and outcomes or reduces the chance of a problem getting worse. Providing early help is more effective in promoting the welfare of children than reacting later. Early help can be particularly useful to address non-violent HSB and may prevent escalation of sexual violence. It is particularly important that the designated safeguarding lead (and their deputies) know what the local early help process is and how and where to access support.

Criminal Court

Children are sometimes required to give evidence in criminal courts, either for crimes committed against them or for crimes they have witnessed. There are two age appropriate guides to support children 5-11-year olds and 12-17 year olds. The guides explain each step of the process, support and special measures that are available. There are diagrams illustrating the courtroom structure and the use of video links is explained. Making child arrangements via the family courts following separation can be stressful and entrench conflict in families. This can be stressful for children. The Ministry of Justice has launched an online child arrangements information tool with clear and concise information on the dispute resolution service. This may be useful for some parents and carers

Children with special educational needs or disabilities (SEND) or certain medical or physical health conditions can face additional safeguarding challenges both online and offline. Dedham Therapy recognises additional barriers can exist when recognising abuse, neglect & exploitation in this group of children. These can include:

- assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's condition without further exploration
- these children being more prone to peer group isolation or bullying (including prejudice-based bullying) than other children
- the potential for children with SEND or certain medical conditions being disproportionately impacted by behaviours such as bullying, without outwardly showing any signs, and
- communication barriers and difficulties in managing or reporting these challenges.

- cognitive understanding – being unable to understand the difference between fact and fiction in online content and then repeating the content/behaviours in sessions or the consequences of doing so.

LGBT+

The fact that a child or a young person may be LGBT++ is not in itself an inherent risk factor for harm. However, children who are LGBT+ can be targeted by other children. In some cases, a child who is perceived by other children to be LGBT+ (whether they are or not) can be just as vulnerable as children who identify as LGBT+.

However, the Cass review identified that caution is necessary for children questioning their gender as there remain many unknowns about the impact of social transition and children may well have wider vulnerabilities, including having complex mental health and psychosocial needs, and in some cases additional diagnoses of autism and/or attention deficit hyperactivity disorder.

It recommended that when families/carers are making decisions about support for gender questioning children, they should be encouraged to seek clinical help and advice. When parents are supporting pre-pubertal children, clinical services should ensure that they can be seen as early as possible by a clinical professional with relevant experience.

As such, when supporting a gender questioning child, the setting should take a cautious approach and consider the broad range of their individual needs, in partnership with the child's parents (other than in the exceptionally rare circumstances where involving parents would constitute a significant risk of harm to the child), including any clinical advice that is available and how to address wider vulnerabilities such as the risk of bullying. The setting should refer to our Guidance for Schools and Colleges in relation to Gender Questioning Children, when deciding how to proceed.

Risks can be compounded where children who are LGBT+ lack a trusted adult with whom they can be open. It is therefore vital that staff endeavour to reduce the additional barriers faced and find a safe space for them to speak out or share their concerns with members of staff they trust.

Children Missing Education (CME)

Children Missing Education (CME) education are children of compulsory school age who are not registered pupils at a school and are not receiving suitable education otherwise than at a school. Children missing education are at significant risk of underachieving, being victims of harm, exploitation or radicalisation, and becoming NEET (not in education, employment or training) later in life.

Staff should be aware of the safeguarding response to children who are absent from education, particularly on repeat occasions and/or prolonged periods.