



Beautiful New Beginnings CIC

Safeguarding Officer Key Roles and Responsibilities

Safeguarding Officer – Carolyn Whitehead

Deputy Safeguarding Lead – Valerie Bray

Safeguarding is everyone's responsibility.

Beautiful New Beginnings is committed to the safety and wellbeing of everyone we come into contact with.

- Drawing up and enforcing the company's safeguarding policy.
- Being alert to and recognising welfare issues, being sure to challenge poor practice.
- Sharing appropriate information with relevant people.
- Gathering any other relevant information and evidence.
- Consulting local safeguarding children board procedures for additional information and guidance if needed.
- Making referrals to social services when appropriate.
- Continue working with the family, sharing information and contributing to plans if the concern is investigated.
- Ensuring that all staff having contact with children, vulnerable adults and/or their families have received appropriate training on safeguarding issues.
- Being the first point-of-call for all staff who have safeguarding concerns
- Ensuring that policies are regularly reviewed yearly and in light of new legislation and policy documentation

Signs and Definitions of Abuse

Neglect

Definitions

Neglect is "the ongoing failure to meet a child's basic physical and psychological needs" (Department for Education, 2018; Department of Health, 2017; Scottish Government, 2014; Wales Safeguarding Procedures Project Board, 2019).

It is a form of child abuse that can have serious and long-lasting impacts on a child's life - it can cause serious harm and even death.

The four main types of neglect are:



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- **physical neglect:** not meeting a child's basic needs, such as food, clothing or shelter; not supervising a child adequately or providing for their safety
- **educational neglect:** not making sure a child receives an education
- **emotional neglect:** not meeting a child's needs for nurture and stimulation, for example by ignoring, humiliating, intimidating or isolating them
- **medical neglect:** not providing appropriate health care (including dental care), refusing care or ignoring medical recommendations (Horwath, 2007).

Neglect can happen at any age, sometimes even before a child is born. If a mother has mental health problems or misuses substances during pregnancy, for example, she may neglect her own health and this can damage a baby's development in the womb (Haynes et al, 2015).

Signs of Neglect

There's often no single indicator that a child is being neglected. You may notice more than one sign and your concerns might become more frequent if problems are mounting up. This could indicate that a child and their family need support.

Children who are neglected may:

- live in an unsuitable home environment, for example in a house that isn't heated throughout winter
- be left alone for a long time
- be smelly or dirty
- wear clothing that hasn't been washed and/or is inadequate (for example, not having a winter coat)
- seem particularly hungry, seem not to have eaten breakfast or have no packed lunch/lunch money.

They may suffer from poor health, including:

- untreated injuries
- medical and dental issues
- repeated accidental injuries due to lack of supervision
- untreated and/or recurring illnesses or infections
- long term or recurring skin sores, rashes, flea bites, scabies or ringworm



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- anaemia.

Babies and young children may:

- have frequent and untreated nappy rash
- be failing to thrive (not reaching developmental milestones and/or not growing at an appropriate rate for their age).

A child who is experiencing neglect may display unusual behaviour, or their behaviour may change. You may notice or become aware that a child:

- has poor language, communication or social skills
- withdraws suddenly or seems depressed
- appears anxious
- becomes clingy
- is aggressive
- displays obsessive behaviour
- shows signs of self-harm
- is particularly tired
- finds it hard to concentrate or participate in activities
- has changes in eating habits
- misses school
- starts using drugs or alcohol
- isn't brought to medical appointments such as vaccinations or check-ups.

Risk and vulnerability factors

Any child can suffer neglect, but research shows that some children are more vulnerable including those who:

- have a disability
- are born prematurely or with a low birth weight
- have complex health needs
- are in care



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- are seeking asylum.

All families come under pressure from time to time. Although many parents are able to provide loving care for their children during difficult periods, increased or continued stress can affect how well a parent can look after their child.

Research shows that parents with a low income, or living in poorer neighbourhoods, are more likely to feel chronically stressed than other parents (Jütte et al, 2014); and parents who are facing complex problems such as domestic abuse or substance misuse can struggle to meet their children's needs (Haynes et al, 2015).

If parents are feeling particularly isolated, this can make it harder for them to ask for help and increases the risk of child abuse or neglect (Jütte et al, 2014).

Domestic Abuse

Definition

Domestic abuse is any type of controlling, coercive, threatening behaviour, violence or abuse between people who are, or who have been in a relationship, regardless of gender or sexuality. It can include physical, sexual, psychological, emotional or financial abuse.

Each UK nation has its own definition of domestic abuse for professionals who are working to prevent domestic abuse and protect those who have experienced it (Department of Health, Social Services and Public Safety, 2016; Home Office, 2013; Police Scotland and the Crown Office and Procurator Fiscal Service, 2017; Welsh Government, 2016).

Domestic abuse can include:

- sexual abuse and rape (including within a relationship)
- punching, kicking, cutting, hitting with an object
- withholding money or preventing someone from earning money
- taking control over aspects of someone's everyday life, which can include where they go and what they wear
- not letting someone leave the house
- reading emails, text messages or letters



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- threatening to kill or harm them, a partner, another family member or pet.

Witnessing domestic abuse

Exposure to domestic abuse or violence in childhood is child abuse.

Children may witness domestic abuse directly, but they can also witness it indirectly by:

- hearing the abuse from another room
- seeing a parent's injuries or distress afterwards
- finding disarray like broken furniture
- being hurt from being nearby or trying to stop the abuse
- experiencing a reduced quality in parenting as a result of the abuse (Royal College of General Practitioners and NSPCC, 2014; Holt, Buckley and Whelan, 2008).

Signs

Domestic abuse can happen in any relationship. It can continue even after the relationship has ended, for example during contact visits or on social media.

Both men and women can be abused or be abusers.

Young adolescents or older teenagers can also experience domestic abuse in their own relationships (Barter et al, 2009).

Risk and vulnerability factors

Times of transition or adversity

All families have their ups and downs. While many parents or carers experiencing challenging circumstances are able to provide safe and loving care for their family, it can be difficult to cope if problems mount up. This can leave children more vulnerable to abuse and neglect.

Times of transition, such as pregnancy, having a baby or separation and divorce, can increase levels of stress and conflict in a relationship.

When parents are already experiencing challenges such as mental health problems or substance misuse it can be more difficult to maintain healthy relationships.

In some cases, these factors can lead to or worsen domestic abuse.



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Links to other forms of abuse

If a child lives in a home where domestic abuse is happening, they're more at risk of other types of abuse (Stanley, 2011).

Signs and indicators

It can be difficult to tell if domestic abuse is happening, because perpetrators can act very differently when other people are around.

Children who witness domestic abuse may:

- display challenging behaviour
- suffer from depression and anxiety
- not do as well at school as usual.

Signs of anxiety

Children who experience domestic abuse may feel on constant alert. Signs of anxiety or fear-related behaviour include:

- bed wetting or unexplained illness
- running away from home
- constant worry about possible danger or safety of family members
- aggression towards others (Early Intervention Foundation, 2018).

FGM

Definition

Female genital mutilation (FGM) is the partial or total removal of the external female genitalia for non-medical reasons. It's also known as female circumcision or cutting.

FGM is often performed by someone with no medical training who uses instruments such as a knife, scalpel, scissors, glass or razor blade. Children are rarely given anaesthetic or antiseptic treatment and are often forcibly restrained.



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The age at which FGM is carried out varies. It may take place:

- when a female baby is newborn
- during childhood or adolescence
- just before marriage
- during pregnancy.

There are four main types of FGM:

- Type 1 (clitoridectomy) – removing part or all of the clitoris.
- Type 2 (excision) – removing part or all of the clitoris and cutting the inner and/or outer labia.
- Type 3 (infibulation) – narrowing the vaginal opening.
- Type 4 – other harmful procedures to the female genitals including pricking, piercing, cutting, scraping or burning (NHS Choices, 2016).

Labia elongation (also referred to as labia stretching or labia pulling) involves stretching the labia minora, sometimes using sticks, harnesses or weights (AFRUCA, 2016).

FGM is child abuse and is illegal in the UK. It can be extremely dangerous and can cause:

- severe pain
- shock
- bleeding
- infection such as tetanus, HIV and hepatitis B and C
- organ damage
- blood loss and infections
- death in some cases.

Sometimes religious, social and cultural reasons are given to justify FGM, however it's a dangerous practice and can cause long-lasting health problems that continue throughout a child's life, including:

- incontinence or difficulties urinating
- frequent or chronic vaginal, pelvic or urinary infections



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- menstrual problems
- kidney damage and possible kidney failure
- cysts and abscesses
- pain during sex
- infertility
- complications during pregnancy and childbirth
- emotional and mental health problems (NHS Choices, 2016).

Signs

A child at immediate risk of FGM may ask you directly for help. But even if they don't know what's going to happen, there may be other signs. You may become aware of:

- a relative or 'cutter' visiting from abroad
- a special occasion or ceremony to 'become a woman' or prepare for marriage
- a female relative being cut – a sister, cousin, or an older female relative such as a mother or aunt
- a family arranging a long holiday or visit to family overseas during the summer holidays
- unexpected, repeated or prolonged absence from school
- a girl struggling to keep up in school and the quality of her academic work declining
- a child running away from or planning to leave home.

A child or woman who's had female genital mutilation (FGM) may:

- have difficulty walking, standing or sitting
- spend longer in the bathroom or toilet
- appear withdrawn, anxious or depressed
- display unusual behaviour after an absence from school or college
- be particularly reluctant to have routine medical examinations
- ask for help, but may not be explicit about the problem due to embarrassment or fear.



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Assessing risk

The National FGM Centre has produced an assessment tool to help social workers dealing with situations where there are concerns about FGM to decide on the most appropriate action to take (National FGM Centre, 2018).

The Department of Health also provides guidance to help health professionals identify and assess the risk of female genital mutilation (FGM) for patients in their care and talk to patients and family members about FGM (Department of Health, 2017).

Child Sexual Abuse

Definition

Child sexual abuse (CSA) is when a child is forced or persuaded to take part in sexual activities. This may involve physical contact or non-contact activities and can happen online or offline (Department for Education, 2018; Department of Health, Social Services and Public Safety, 2017; Scottish Government, 2014; Wales Safeguarding Procedures Project Board, 2019). Children and young people may not always understand that they are being sexually abused.

Contact abuse involves activities where an abuser makes physical contact with a child. It includes:

- sexual touching of any part of the body, whether the child is wearing clothes or not
- forcing or encouraging a child to take part in sexual activity
- making a child take their clothes off or touch someone else's genitals
- rape or penetration by putting an object or body part inside a child's mouth, vagina or anus.

Non-contact abuse involves activities where there is no physical contact. It includes:

- flashing at a child
- encouraging or forcing a child to watch or hear sexual acts
- not taking proper measures to prevent a child being exposed to sexual activities by others
- making a child masturbate while others watch
- persuading a child to make, view or distribute child abuse images (such as performing sexual acts over the internet, sexting or showing pornography to a child)
- making, viewing or distributing child abuse images
- allowing someone else to make, view or distribute child abuse images



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- meeting a child following grooming with the intent of abusing them (even if abuse did not take place)
- sexually exploiting a child for money, power or status (child sexual exploitation).

Signs

Not all children will realise they are being sexually abused, particularly if they have been groomed. But there may be physical, behavioural and emotional signs that indicate a child has experienced sexual abuse.

Physical indicators include:

- bruising
- bleeding
- discharge
- pain or soreness in the genital or anal area
- sexually transmitted infections (Lindon and Webb, 2016).

Girls who are being sexually abused may become pregnant at a young age.

Emotional and behavioural indicators include:

- being afraid of and/or avoiding a particular person (including a family member or friend)
- having nightmares or bed-wetting
- being withdrawn
- alluding to 'secrets'
- self-harming
- running away from home
- developing eating problems
- displaying sexualised behaviour or having sexual knowledge that's inappropriate for their stage of development
- misusing drugs or alcohol (Lindon and Webb, 2016).



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Our Childline service offers support and advice to children and young people who have been sexually abused. One young person told us about how it affected them:

"I'm feeling quite depressed and am so numb that I've started cutting myself. I was sexually abused by my dad for many years and although it's stopped now I have really nasty dreams about being abused, and wake up in the night with flashbacks."

Gender unknown, secondary school age (NSPCC, 2016a)

Risk and vulnerability factors

Any child or young person could potentially experience sexual abuse – but some groups of children may be more at risk:

- disabled children (Jones et al, 2012)
- girls aged between 15 and 17 years (Radford et al, 2011)
- children who have experienced other forms of abuse (Finkelhor, Ormrod, and Turner, 2007)

Who sexually abuses children?

Child sexual abuse is committed by men, women, teenagers and other children. Offenders come from all parts of society and all backgrounds. They often seem 'normal' to others and in many cases their friends, relatives and co-workers find it hard to believe that they have abused a child.

Relationship between the child and their abuser

Many children who have experienced sexual abuse were abused by someone they know. This may be:

- a member of their family
- a friend
- an adult who has sought out and targeted them as a potential victim.

Perpetrators of child sexual abuse may look for weak spots in a family, community or organisation so they can gain unsupervised access to children. They often plan the abuse in advance and start grooming the child, the child's family and the child's environment. The victim may believe they have a sincere or loving relationship with their abuser and their family and friends may trust and respect the abuser.

Research suggests that child sexual abuse can be carried out in different ways.



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- Inappropriate relationships where an older abuser has some kind of power over the child. This could be physical, emotional or financial.
- The “boyfriend” model involves the abuser grooming the child by exchanging gifts and other normal dating activities. The child may think they are in a conventional relationship.
- Organised exploitation and trafficking where children are abused by more than one adult as part of a network. The child may be forced or manipulated into taking part in sexual acts with other people. Organised exploitation may involve the movement of victims into and across the country, as well as exchanging images of child abuse (Dagon, 2012; Pemberton, 2011).

Child Trafficking and Modern Slavery

Definition

Child trafficking is child abuse. It's defined as recruiting, moving, receiving and harbouring children for the purpose of exploitation (HM Department for Education (DfE) and Home Office, 2011; DHSSPS and Northern Ireland and Police Service of Northern Ireland, 2011; Scottish Government, 2013; All Wales Child Protection Review Group, 2011).

Child trafficking is a form of modern slavery (HM Government, 2014).

Many children are trafficked into the UK from overseas, but children can also be trafficked from one part of the UK to another.

Children are trafficked for:

- child sexual exploitation
- criminal activity, including:
 - cannabis cultivation
 - street crime - such as pickpocketing, begging and bag theft
 - moving drugs
 - benefit fraud
 - immigration fraud
 - selling pirated goods, such as DVDs
- forced marriage
- domestic servitude, including:



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- cleaning
- childcare
- cooking
- forced labour, including working in:
 - restaurants
 - nail bars
 - factories
 - agriculture
- illegal adoption
- unreported private fostering arrangements (for any exploitative purpose).

This list is not exhaustive and children who are trafficked are often exploited in more than one way.

How child trafficking happens

Traffickers may use grooming techniques to gain the trust of a child, family or community. They may trick, force or persuade children to leave their homes.

Child trafficking can involve a network of organised criminals who recruit, transport and exploit children and young people within or across borders. Some people in the network might not be directly involved in trafficking a child but play a part in other ways – such as falsifying documents, bribery, owning or renting premises, or money laundering (Europol, 2011).

Child trafficking can also be organised by individuals and children's own families.

Signs

Children who are trafficked are intentionally hidden and isolated from the services and communities who can identify and protect them. While identification may be difficult, there will be signs that you can watch for.

Children who have **been trafficked or are at risk of being trafficked** may:

- spend a lot of time doing household chores
- rarely leave their house, have no freedom of movement and no time for playing
- be orphaned or live apart from their family, often in unregulated private foster care



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- live in substandard accommodation
- not be sure which country, city or town they're in
- be unable or reluctant to give details of accommodation or personal details
- not be registered with a school or a GP practice
- not have any documents (or have falsified documents)
- not have access to their parents or guardians
- be seen in inappropriate places - such as brothels or factories
- possess money or goods they can't account for
- be permanently deprived of a large part of their earnings, for example if they're required to earn a minimum amount of money every day or pay off an exorbitant debt
- have injuries from workplace accidents
- give a prepared story which is very similar to stories given by other children.

Signs an **adult may be trafficking a child** include:

- making multiple visa applications for different children
- acting as a guarantor for multiple visa applications for children
- travelling with different children who they aren't related to or responsible for
- insisting on remaining with and speaking for the child
- living with unrelated or newly arrived children
- abandoning a child or claiming not to know a child they were previously with.

Risks and vulnerability factors

Boys and girls of all ages can be victims of trafficking. Children who have been trafficked may be from the UK or another country.

Children are particularly vulnerable to trafficking if they come from an area where:

- there is poverty
- there is or has recently been a war
- education levels are low
- child protection services are ineffective or do not exist



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- social customs mean that children are expected to respect and follow the adult in charge without question
- children's rights are not upheld.

Generally, human trafficking happens because of:

- demand for cheap or free labour, or a workforce who can be easily controlled and forced into criminal activity
- inequalities between countries – such as different education or employment opportunities
- a lack of equal opportunities, discrimination or marginalisation.

(These lists have been compiled from the experiences of young people from our [Child Trafficking Advice Centre \(CTAC\)](#) advisory group, CTAC's casework and research by Europol (2011)).

Emotional Abuse

Definition

Emotional abuse is emotional maltreatment of a child, which has a severe and persistent negative effect on the child's emotional development (Department for Education, 2017¹; Department of Health, 2017²; Scottish Government, 2014³; Wales Safeguarding Procedures Project Board, 2019⁴). It's also known as psychological abuse.

Most forms of abuse include an emotional element, but emotional abuse can also happen on its own.

Children can be emotionally abused by anyone:

- parents or carers
- family members
- other adults
- other children.

There are several categories of emotional abuse.

Denying emotional responsiveness (also known as emotional neglect)

- ignoring the child



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- not showing affection.

Rejection

- verbal humiliation
- name-calling
- criticism
- physical abandonment
- excluding the child from activities.

Isolating

- putting unreasonable limitations on a
- child's freedom of movement
- restricting social interaction
- not communicating with the child.

Exploiting or corrupting

- encouraging a child to take part in
- criminal activities
- forcing a child to take part in activities
- that are not appropriate for their stage of development.

Terrorising

- threatening violence
- bullying
- deliberately frightening a child
- deliberately putting a child in a dangerous situation (Daly and Wright, 2017⁵)

Signs

Indicators

It can be difficult to recognise emotional abuse and children may not always realise they are experiencing it.

However there may be indicators in the way a child behaves and reacts to certain situations.

Children who are being emotionally abused may:



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- lack confidence
- struggle to control strong emotions
- struggle to make or maintain relationships
- display behaviour that's inappropriate to their stage of development (for example not being able to play, developing language late or using language you may not expect of a child their age) (Iwaniec, 2006⁹).

Babies and pre-school children who are being emotionally abused or neglected may:

- be overly affectionate towards strangers or people they haven't known for very long
- lack confidence or become wary or anxious
- not appear to have a close relationship with their parent or carer, for example when being taken to or collected from nursery
- be aggressive or nasty towards other children and animals.

Older children may:

- struggle to control strong emotions or have extreme outbursts
- seem isolated from their parents
- lack social skills or have few, if any, friends
- use language, act in a way or know about things that you wouldn't expect them to know for their age

Risk and vulnerability factors

Children from any background can be at risk of emotional abuse. But some are more vulnerable than others.

When a family is going through a tough time, parents and carers may struggle to provide a safe and loving environment for their children. Many parents are still able to care for their children during stressful periods, but those who are experiencing:

- relationship problems or marital break-ups
- family arguments and disputes
- financial problems or unemployment



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- mental health problems
- poverty
- drug or alcohol addiction
- domestic abuse

may find it more challenging to give their child the emotional support they need.

This is particularly the case if the parents or carers are socially isolated; perhaps because:

- they have communication difficulties or don't speaking English as a first language
- they have had to move away from friends and family.

Parents or carers who experienced emotional abuse as children may think it's the norm and therefore they may not understand that they are being emotionally abusive towards their own children (Royle, 2016¹⁰).

Children who are emotionally abused are often suffering another type of abuse or neglect at the same time – but this isn't always the case.

Child Sexual Exploitation

Definition

Child sexual exploitation (CSE) is a type 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 (Department for Education, 2017; Nirect, 2018; Scottish Government, 2018; Wales Safeguarding Procedures Project Board, 2019).

Children and young people in sexually exploitative situations and relationships are persuaded or forced to perform sexual activities or have sexual activities performed on them in return for gifts, drugs, money or affection.

CSE can take place in person, online, or using a combination of both.

Perpetrators of CSE use a power imbalance to exploit children and young people. This may arise from a range of factors including:

- age



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- gender
- sexual identity
- cognitive ability
- physical strength
- status
- access to economic or other resources (Department of Education, 2017).

Sexual exploitation is a hidden crime. Young people have often been groomed into trusting their abuser and may not understand that they're being abused. They may depend on their abuser and be too scared to tell anyone what's happening because they don't want to get them in trouble or risk losing them. They may be tricked into believing they're in a loving, consensual relationship.

Some children and young people are trafficked into or within the UK for sexual exploitation.

Child sexual exploitation online

When sexual exploitation happens online, young people may be persuaded or forced to:

- have sexual conversations by text or online
- send or post sexually explicit images of themselves
- take part in sexual activities via a webcam or smartphone (Hamilton-Giachritsis et al, 2017).

Abusers may threaten to send images, video or copies of conversations to the young person's friends and family unless they take part in further sexual activity. Images or videos may continue to be shared long after the sexual abuse has stopped.

Signs

Child sexual exploitation (CSE) can be very difficult to identify. Warning signs can easily be mistaken for 'normal' teenage behaviour.

Behavioural indicators

Children and young people who are being sexually exploited may display certain behaviours:

- displaying inappropriate sexualised behaviour for their age
- being fearful of certain people and/or situations
- displaying significant changes in emotional wellbeing



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- being isolated from peers/usual social networks
- being increasingly secretive
- having money or new things (such as clothes or a mobile phone) that they can't explain
- spending time with older individuals or groups
- being involved with gangs and/or gang fights
- having older boyfriends or girlfriends
- missing school and/or falling behind with schoolwork
- persistently returning home late
- returning home under the influence of drugs/alcohol
- going missing from home or care
- being involved in petty crime such as shoplifting
- spending a lot of time at hotels or places of concern, such as known brothels
- not knowing where they are, because they have been trafficked around the country (Department for Education, 2017).

Physical signs include:

- unexplained physical injuries and other signs of physical abuse
- changed physical appearance - for example, weight loss
- scars from self-harm (Department for Education, 2017).

Repeat sexually transmitted infections, pregnancy and terminations can also be a sign of CSE (Coffey and Lloyd, 2014).

Risks and vulnerability factors

Child sexual exploitation can happen to any child or young person. But research has identified certain factors that may make a child or young person more vulnerable to CSE. These include:

- low self-esteem or self-confidence
- lacking friends from the same age group
- being a young carer
- being in or leaving care
- a history of abuse, particularly sexual abuse



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- recent bereavement or loss
- homelessness
- links to a gang through relatives, peers or intimate relationships
- living in a gang-affected neighbourhood (Department for Education, 2017).

There are some factors affecting LGBTQ+ children and young people that can put them at risk of sexual exploitation. For example, they don't always receive relevant sex and relationships education and may not be able to find safe spaces where they can meet peers. If the young person feels isolated and unsupported, they may go online and/or build relationships with strangers. This can mean they are more easily influenced by exploitative adults (Barnardo's, 2016).

Perpetrators of child sexual exploitation

CSE can be perpetrated by:

- individuals or groups
- males or females
- children or adults.

The abuse can be a one-off occurrence or a series of incidents over time and range from opportunistic to complex organised abuse (Department for Education, 2017).

Identifying perpetrators is difficult because:

- data isn't always recorded or is inconsistent or incomplete
- children and young people may only know their abuser by an alias, nickname or appearance
- victims may be 'passed between' abusers and assaulted by multiple perpetrators
- children and young people are often moved from location to location and abused in each place
- young people may be given alcohol or drugs, so may not remember details clearly (Berelowitz et al, 2012).

People who sexually exploit children are often described as highly manipulative individuals. They exert power over young people through physical violence, emotional blackmail or financial pressure, for example holding them in debt.



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Perpetrators may use one victim to gain access to others, persuading or forcing a child or young person to bring their friends along to pre-arranged meetings or 'parties'. In some cases, if a child or young person tries to break free, the perpetrator will use their peers to draw them back in (Child Exploitation and Online Protection command (CEOP), 2011).

Harmful Sexual Behaviour

Definition

Harmful sexual behaviour (HSB) is developmentally inappropriate sexual behaviour which is displayed by children and young people and which may be harmful or abusive (derived from Hackett, 2014). It may also be referred to as sexually harmful behaviour or sexualised behaviour.

HSB encompasses a range of behaviour, which can be displayed towards younger children, peers, older children or adults. It is harmful to the children and young people who display it, as well as the people it is directed towards.

Technology assisted HSB

Technology assisted HSB (TA-HSB) is sexualised behaviour which children or young people engage in using the internet or technology such as mobile phones. This might include:

- viewing pornography (including extreme pornography or viewing indecent images of children)
- sexting

(Hollis and Belton, 2017).

Signs

Children and young people demonstrate a range of sexual behaviours as they grow up, and this is not always harmful.

Sexualised behaviour sits on a continuum with five stages:

- appropriate – the type of sexual behaviour that is considered 'appropriate' for a particular child depends on their age and level of development
- inappropriate – this may be displayed in isolated incidents, but is generally consensual and acceptable within a peer group



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- problematic – this may be socially unexpected, developmentally unusual, and impulsive, but have no element of victimisation
 - abusive – this often involves manipulation, coercion, or lack of consent
 - violent – this is very intrusive and may have an element of sadism
- (Hackett, 2010).

A child's behaviour can change depending on the circumstances they are in, and sexual behaviour can move in either direction along the continuum. So it's important not to label all of a child's behaviour as belonging to one category.

Risks and vulnerability factors

Experience of abuse and neglect

Many children and young people who display HSB have experienced abuse or trauma (Hackett et al, 2013).

Children who have been sexually abused may not know that what has happened to them is wrong. This can lead to them displaying harmful sexual behaviours towards others (Ringrose et al, 2012).

Complex needs

Children and young people who display HSB may have complex needs and may display other behavioural problems alongside their HSB (Hollis, 2017).

For example, children who display harmful sexual behaviour may:

- have poor self-regulation and coping skills
- experience social anxiety and a sense of social inadequacy
- have poorly internalised rules for social behaviour
- have a poorly developed sense of morality
- lack secure and confident attachments to others
- have limited self-control and act out emotional experiences through negative or otherwise inappropriate behaviour
- have little insight into the feelings and needs of others or their own mental states
- place their own needs and feelings ahead of the needs and feelings of others



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- show a poorly defined sense of personal boundaries
- have developed strong and not easily corrected cognitive distortions about others, themselves, and the world they share
- have deficits in social skills and in social competence overall

(Rich, 2011).

Physical Abuse

Definition

Physical abuse is defined as deliberately hurting a child and causing physical harm (Department of Health, 2017; Department for Education, 2018; Scottish Government, 2014; Wales Safeguarding Procedures Project Board, 2019). It includes injuries such as:

- bruises
- broken bones
- burns
- cuts.

It may involve:

- hitting
- kicking
- shaking
- throwing
- poisoning
- burning
- scalding
- drowning
- any other method of causing non-accidental harm to a child.

Physical abuse may also happen when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child. This is known as Fabricated or Induced Illness (FII) (Wales Safeguarding



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Procedures Project Board, 2019; HM Government, 2008; Department of Health Social Services and Public Safety, 2017; Scottish Government, 2014).

Breast ironing or breast flattening, a practice of using hard or heated objects to suppress or reverse the growth of breasts, is a recognised form of child abuse (Crown Prosecution Service, 2019).

Signs

Bumps and bruises don't necessarily mean a child is being physically abused – all children have accidents, trips and falls. These injuries tend to affect bony areas of the body such as elbows, knees and shins and aren't usually a cause for concern. However, some injuries are more likely to indicate physical abuse.

Signs and indicators

Bruises:

- commonly on the head but also on the ear, neck or soft areas (abdomen, back and buttocks).
- defensive wounds commonly on the forearm, upper arm, back of the leg, hands or feet.
- clusters of bruises on the upper arm, outside of the thigh or on the body.
- bruises with dots of blood under the skin.
- a bruised scalp and swollen eyes from hair being pulled violently.
- bruises in the shape of a hand or objects

Burns or scalds:

- can be from hot liquids, hot objects, flames, chemicals or electricity.
- these may be on the hands, back, shoulders or buttocks. Scalds in particular may be on lower limbs, both arms and/or both legs.
- a clear edge to the burn or scald
- sometimes in the shape of an implement – for example, a circular cigarette burn
- multiple burns or scalds.

Bite marks:

- usually oval or circular in shape



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- visible wounds, indentations or bruising from individual teeth.

Fractures or broken bones:

- fractures to the ribs or the leg bones in babies
- multiple fractures or breaks at different stages of healing.

Signs of head injury in an infant:

- visible signs such as swelling, bruising or fractures
- unusual behaviour – being irritable, lethargic, unresponsive or not wanting to feed
- seizures
- vomiting
- respiratory problems
- being comatose.

Not all head injuries are caused by abuse. There are also other medical reasons a baby may have these symptoms.

Behavioural changes

- fear of specific individuals
- flinching when approached or touched
- reluctance to get changed in front of others or wearing long sleeves or trousers in hot weather
- depression or withdrawn behaviour.

Risks and vulnerability factors

Physical abuse can happen in any family. But babies and children who have a disability are at a higher risk of suffering physical abuse (Jones et al, 2012).

Some parents may also struggle to provide their children with safe and loving care if they are facing difficulties such as:

- poverty



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- poor housing
- substance misuse
- relationship problems
- domestic abuse
- the effects of childhood abuse or neglect.

If parents are isolated and don't get enough support, things can become even more challenging. The more of these problems a family is facing, the harder it can be to cope – and the greater the risk of harm to children.

Challenges parents or carers may face

Adults who physically abuse children may have:

- emotional or behavioural problems – such as difficulty controlling their anger
- health issues which make it difficult for them to cope
- family or relationship problems
- experienced abuse as a child (Miller-Perrin and Perrin, 2013).

Bullying

Definition

Bullying is when individuals or groups seek to harm, intimidate or coerce someone who is perceived to be vulnerable (Oxford English Dictionary, 2018).

It can involve people of any age, and can happen anywhere – at home, school or using digital technologies (cyberbullying). This means it can happen at any time.

Bullying encompasses a range of behaviours which are often combined.

Verbal abuse:

- name-calling
- saying nasty things to or about a child.

Physical abuse:

- hitting a child



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- pushing a child
- physical assault.

Emotional abuse:

- making threats
- undermining a child
- excluding a child from a friendship group or activities.

Cyberbullying/online bullying:

- excluding a child from online games, activities or friendship groups
- sending threatening, upsetting or abusive messages
- creating and sharing embarrassing or malicious images or videos
- 'trolling' - sending menacing or upsetting messages on social networks, chat rooms or online games
- voting for or against someone in an abusive poll
- setting up hate sites or groups about a particular child
- encouraging young people to self-harm
- creating fake accounts, hijacking or stealing online identities to embarrass a young person or cause trouble using their name.

Signs

Indicators that a child could be experiencing bullying include:

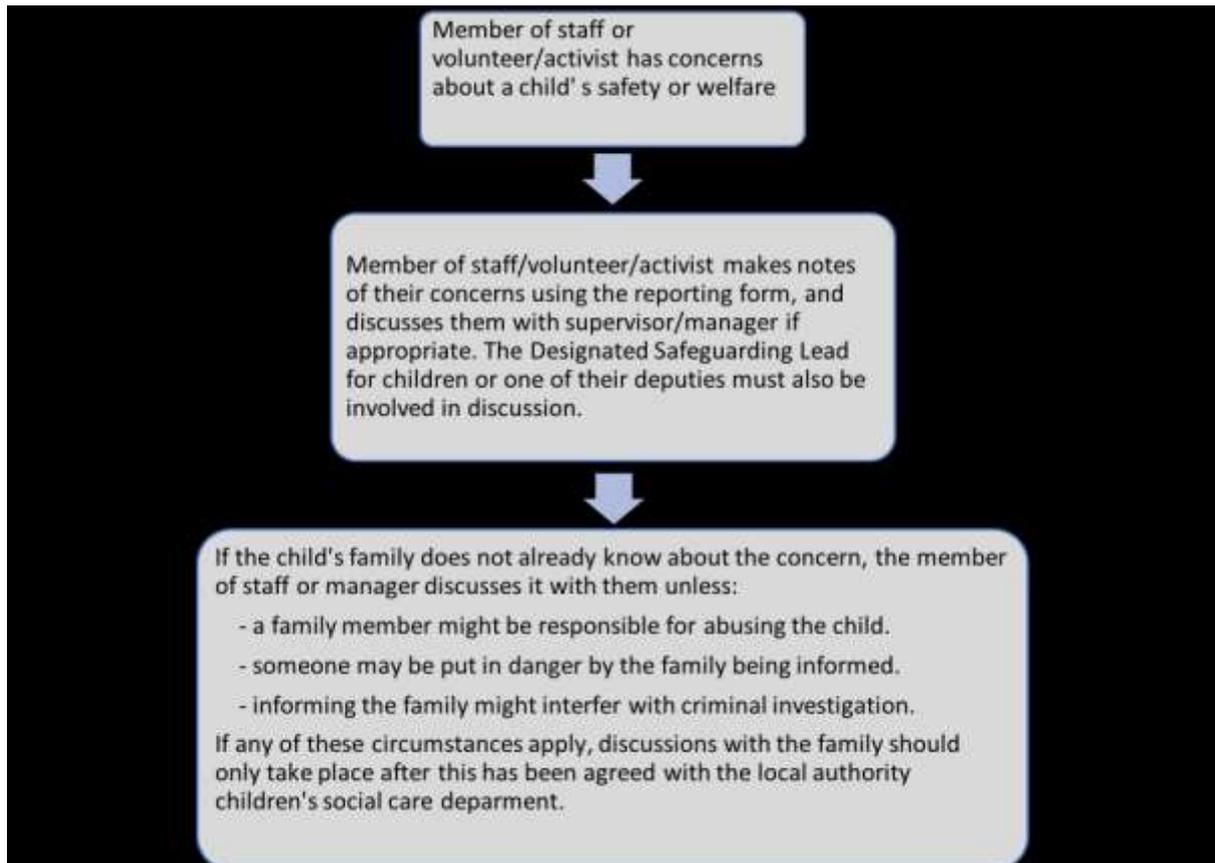
- being reluctant to go to school
- being distressed or anxious
- losing confidence and becoming withdrawn
- having problems eating and/or sleeping
- having unexplained injuries
- changes in appearance
- changes in performance and/or behaviour at school.



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Adults may notice that a child isn't spending time with their usual group of friends, has become isolated or that other children's behaviour towards a child has changed.

Reporting Procedure



In the case of immediate harm or danger 999 will be called by the member of staff or volunteer present.



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Safeguarding children incident report form

Incident report form

This form will be used by members of staff or volunteers to record disclosures or suspicions of abuse. The completed form should be sent to the manager dealing with the allegations.

Your name	Your position
Place of work	Contact phone number
The child's details	
Name	
Address/phone number	
Date of birth	
Other relevant details about the child: <i>Eg family circumstances, physical and mental health, any communication difficulties.</i>	
Parent/guardian/carers details	
Details of the allegations/suspicions	
Are you recording: <ul style="list-style-type: none"> • Disclosure made directly to you by the child? • Disclosure or suspicions from a third party? • Your suspicions or concerns? 	
Date and time of disclosure	
Date and time of incident	
Details of the allegation/suspicions. <i>State exactly what you were told/observed and what was said. Use the persons own words as much as possible</i>	
Action taken so far:	
Signed	Date



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