

Types of Abuse

The NHS lists the following main categories of abuse:

Physical abuse

Examples include: Slapping, pushing, kicking, rough handling, twisting of limbs/ extremities, misuse of medication, or inappropriate sanctions or restraint.

Sexual abuse

Examples include: Rape and sexual assault or sexual acts to a child or to which the vulnerable adult has not consented, could not consent or was pressured into consenting. Non-contact abuse such as voyeurism, involvement in pornography.

Psychological / Emotional abuse

Examples include: verbal assault or intimidation, emotional abuse, deprivation of contact verbal abuse, threats of harm or abandonment, humiliation or blaming, overriding of consent, choices or wishes, felling worthless, frightened or unloved. **NB:** Psychological/emotional abuse will usually occur in conjunction with other forms of abuse.

Financial abuse

Examples include: theft, fraud, exploitation, and pressure in connections with wills, property, possessions or benefits.

Neglect and acts of omission

Examples include: ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

Discriminatory abuse

This abuse is usually motivated by discriminatory and oppressive attitudes towards race gender, culture background, religion physical and/ or sensory impairment, sexual orientation and age.

Institutional abuse, neglect and poor practice

This may take the form of isolated incidents of poor or unsatisfactory professional practice at one end of the spectrum, through to persuasive ill treatment or gross misconduct.

Self neglect

Has been recognised within the Care Act 2014 as part of the safeguarding framework.

Recognising signs of abuse:

The following are possible signs that should raise questions as to whether abuse might be occurring.

You should always remember that it is not your role to determine whether abuse is or is not occurring, but to raise concerns that can be followed up if you think you might have detected signs of abuse.

Signs of possible physical abuse

- Any injuries not consistent with the explanation given for them
- Injuries which occur to the body in places which are not normally exposed to falls or rough games
- Injuries which have not received medical attention
- Reluctance to change for, or participate in, games or swimming
- Bruises, bites, burns and fractures, for example, which do not have an accidental explanation
- The child gives inconsistent accounts for the cause of injuries
- Frozen watchfulness

Please see the diagram in the appendix for illustration of injuries that are likely to be non-accidental.

Signs of possible sexual abuse

- Any allegations made by a child concerning sexual abuse
- The child has an excessive preoccupation with sexual matters and inappropriate knowledge of adult sexual behaviour for their age, or regularly engages in sexual play inappropriate for their age
- Sexual activity through words, play or drawing
- Repeated urinary infections or unexplained stomach pains
- The child is sexually provocative or seductive with adults
- Inappropriate bed-sharing arrangements at home
- Severe sleep disturbances with fears, phobias, vivid dreams or nightmares which sometimes have overt or veiled sexual connotations
- Eating disorders such as anorexia or bulimia.

Signs of possible emotional abuse

- Depression, aggression, extreme anxiety, changes or regression in mood or behaviour, particularly where a child withdraws or becomes clingy
- Obsessions or phobias
- Sudden underachievement or lack of concentration
- Seeking adult attention and not mixing well with other children
- Sleep or speech disorders
- Negative statements about self
- Highly aggressive or cruel to others
- Extreme shyness or passivity

- Running away, stealing and lying

Signs of possible neglect

- Dirty skin, body smells, unwashed, uncombed hair and untreated lice
- Clothing that is dirty, too big or small, or inappropriate for weather conditions
- Frequently left unsupervised or alone
- Frequent diarrhea
- Frequent tiredness
- Untreated illnesses, infected cuts or physical complaints which the carer does not respond to
- Frequently hungry
- Overeating junk food

What to do if you suspect abuse is occurring

Remember: It is not your responsibility to determine whether abuse is occurring, it is your responsibility to report it if you see possible signs of abuse.

If someone discloses abuse to you, or tells you something that causes concern:

- Listen to what they are telling you, do not ask questions about it or press them, but make sure they have the opportunity to say anything that they want to.
- Questioning them further may be seen as leading and compromise evidence if the incident goes to trial.
- Make it clear that if they or others are in danger of harm you will need to pass this information on. Never promise not to tell others.
- Respond calmly.
- Do ask practical questions to determine if they or others (for example siblings) are in immediate danger. **If you think anyone is in immediate danger call the police.**
- Keep yourself safe from allegations. If anyone wants to talk to you privately ensure you are still in sight line of others. Do not close the door to a room unless there is a window in the door.

Recording and reporting

- All incidents should be reported to the named Safeguarding lead (if you are volunteering) who will decide what appropriate action should be taken. This may include contacting social services or other appropriate agencies. In all cases confidentiality (as outlined in the confidentiality

policy) will be balanced with the need to ensure everyone's safety and wellbeing. Information will be shared on a need to know basis.

- Write down what you have been told or what you have observed as soon as possible in as much detail as possible, including whether anyone else witnessed it. This should only include what you have seen or been told, not your own opinions on it.
- Never use full names in your recording – if possible use initials. Never use people's full names in email correspondence.
- Details should be recorded on an Incident Report Form
- If the form is not immediately available write it elsewhere to ensure all detail is captured. All written records should be passed on to the named Safeguarding lead.
- It is likely due to the sensitive nature of any issues that you will not be kept informed of what happens, but your role in raising awareness is still vital to ensure everyone's safety.

Code of Behaviour

Everyone who volunteers on behalf of Wrestlingworth Goodwill Fund has a responsibility to ensure that their behaviour is appropriate, both to protect others from abuse and to protect themselves from allegations.

It is your responsibility to ensure:

- Your behaviour is appropriate at all times
- You observe the rules established for the safety and security of young and/or ^[L]_[SEP]vulnerable people and understand the consequences of not adhering to these rules
- Other volunteers are aware of where you are and what you are doing.
- Do not spend time with children or vulnerable adults unobserved.
- Colleagues should look out for each other to ensure that they are not behaving in ^[L]_[SEP]ways which could be misinterpreted
- You do not show favouritism among a group
- Do not arrange meetings with children or vulnerable adults outside of working hours
- If you do bump into someone outside of work keep communication brief and professional. It is a good rule to wait to see if they acknowledge you before saying hello, as they may not want to explain to whoever they are with where they know you from
- Do not add children or vulnerable adults to personal social media networks, or give them personal information such as your phone number or address
- Be aware of any physical contact
- Never make remarks that could be construed as suggestive or threatening or use any other inappropriate language
- Do not give personal gifts of any kind and report any gifts you receive to Trustees
- Take any allegations or concerns about abuse seriously and refer

concerns immediately following the procedures outlined above.

- Do not do things of a personal nature which a child or vulnerable adult can do for themselves, or that their carers, group leaders or support workers can do
- Do not take photos or film any child or vulnerable adult for personal use
- Always follow the confidentiality policy

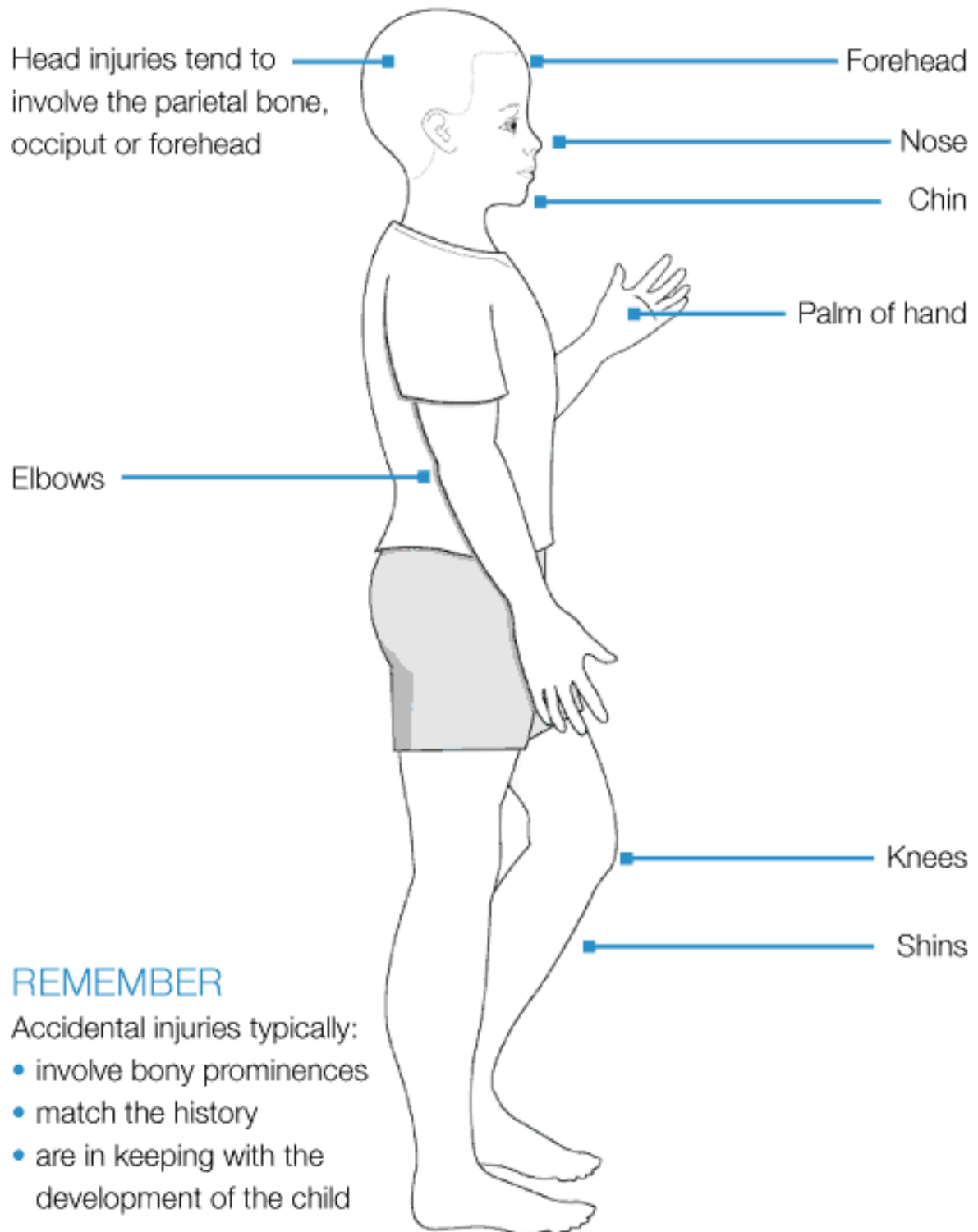
Confidentiality Policy

When we work with you we will keep what you mention confidential, and not pass on what you tell us, unless we are worried that you or someone else is at risk of serious harm. If we were going to pass concerns on this would only be to relevant people or services, and we would always try to talk to you about it first.

Appendix

From - <http://www.cpdtd.org.uk/>

Typical features of accidental injuries



Typical features of non-accidental injuries (injuries that should raise concerns)

Ears – especially pinch marks involving both sides of the ear

The “triangle of safety” (ears, side of face, and neck, top of shoulders): accidental injuries in this area are unusual

Inner aspects of arms

Back and side of trunk, except directly over the bony spine

Black eyes, especially if bilateral

Soft tissues of cheeks

Intra-oral injuries

Forearms when raised to protect self

Chest and abdomen

Any groin or genital injury

Inner aspects of thighs

Soles of feet

REMEMBER

Concerns are raised by:

- injuries to both sides of the body
- injuries to soft tissue
- injuries with particular patterns
- any injury that doesn't fit the explanation
- delays in presentation
- untreated injuries

