

## Safeguarding Policy - Appendix 1

### Types & Definitions of abuse; child protection & vulnerable adults

**Child Protection:** The original statutory guidance of 'Working Together to Safeguard Children 2010' defined four areas of abuse relating to children. This guidance has been replaced by 'Working Together to Safeguard Children 2018' which covers the legislative requirements and expectations on individual services to safeguard and promote the welfare of children. The definitions from the original 2010 guidance are still relevant and are as follows:

**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:** 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 over protection 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 of a child, though it may occur alone.

**Sexual Abuse:** This 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, or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual images, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

**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, 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.

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

The new Working Together to Safeguard Children 2018 streamlines previous guidance to clarify the responsibilities of professionals in terms of safeguarding children. There is greater emphasis on effective systems to ensure that the child's needs are paramount, and that all professionals who come into contact with children and families are alert to their needs and any risks of harm, and to share information in a timely way.

**Vulnerable Adults:** Definitions of abuse relating to vulnerable adults (No Secrets, DoH 2000 and from the 1997 Consultation 'Who Decides' issued by the Lord Chancellor's Department) What constitutes abuse? This term 'abuse' can be subject to wide interpretation; the starting point for a definition is the following statement:

Abuse is a violation of an individual's human and civil rights by any other person or persons.

The core definition of a 'vulnerable adult' taken from the above Consultation is a person:

"Who is or may be in need of community care services by reason of disability, age or illness; and is or may be unable to take care or unable to protect him or herself against significant harm or exploitation" This definition covers all people over the age of 18 years.

Consideration, however, needs to be given to a number of factors:

- Abuse may consist of a single act or repeated acts.
- It may be physical, verbal or psychological.

- It may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent.
- Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it.

Abuse can happen anywhere:

- In a person's own home
- In a residential or nursing home
- In a hospital
- In the workplace
- At a day centre or educational establishment
- In supported housing, or
- In the street

Who can abuse?

The person responsible for the abuse is often well known to the victim, and could be:

- a paid carer in a residential establishment or from a home care service,
- a social care worker, health worker, nurse, doctor or therapist, or
- a relative, friend or neighbour.

The following main different forms of abuse in relation to a Vulnerable Adult are:

**Physical Abuse:** includes hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions;

**Sexual Abuse:** including rape and sexual assault or sexual acts to which the vulnerable adult has not consented, or could not consent or was pressured into consenting;

**Psychological Abuse:** including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks;

**Financial or Material Abuse:** including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits;

**Neglect and Acts of Omission:** including 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; and

**Discriminatory Abuse:** including racist, sexist, that based on a person's disability, and other forms of harassment, slurs or similar treatment.

Any or all of these types of abuse may be perpetrated as the result of deliberate intent, negligence or ignorance.

Incidents of abuse may be multiple, either to one person in a continuing relationship or service context or to more than one person at a time. This makes it important to look beyond the single incident or breach in standards to underlying dynamics and patterns of harm. Some instances of abuse will constitute a criminal offence. In this respect vulnerable adults are entitled to the protection of the law in the same way as any other member of the public.

In addition, statutory offences have been created which specifically protect those who may be incapacitated in various ways. Examples of actions which may constitute criminal offences are; assault, whether physical or psychological, sexual assault and rape, theft, fraud or other forms of financial exploitation, and certain forms of discrimination, whether racial or gender grounds.

**Criminal Offences:** These offences differ from all other non-criminal forms of abuse in that the responsibility for initiating action rests with the police and the Crown Prosecution Service. Also when complaints about alleged abuse suggest that a criminal offence may have been committed, it is imperative that reference should be made to the police as a matter of urgency.

**Bullying:** The Anti-Bullying Alliance defines bullying as:

- Bullying behaviour deliberately causes hurt (either physically or emotionally)
- Bullying behaviour is repetitive (though one-off incidents such as the posting of an image, or the sending of a text which is then forwarded to a group, can quickly become repetitive and spiral into bullying behaviour)
- Bullying behaviour involves an imbalance of power (the person on the receiving end feels like they cannot defend themselves)

Bullying is not:

- Teasing and banter between friends without intention to cause hurt
- Falling out between friends after a quarrel or disagreement
- Behaviour that all parties have consented to and enjoy (though watch this one as coercion can be very subtle)

Bullying can take the following forms:

- Emotional – being unfriendly, ignoring someone, not involving them in activities, sending hurtful or tormenting texts, humiliating or ridiculing someone
- Physical – pushing, kicking, hitting, punching or pinching or any use of violence
- Racist – racial taunts, graffiti or gestures
- Disability – bullying because of how somebody looks or presents related to their disabilities. Children with disabilities are more likely than their non-disabled peers to be excluded from activities
- Sexual – unwanted physical contact or sexually abusive comments. Sexual bullying can also relate to gender and gender identity and includes those who do not fit with the gender role prescribed to them
- Homophobic – because of, or focussing, on the issue of a young person's actual or perceived sexual orientation
- Verbal – in the case of children with disabilities this can take place in sign language – name calling, sarcasm, spreading rumours or teasing

**Self-Harm:** Self-harm is where a person hurts themselves intentionally and this can occur in a range of ways:

- Cutting themselves (usually with a knife or razor)
- Burning their body
- Bang their heads (not to be confused in situations when working with a young person who may have additional (special) needs, but this could be an indicator)
- Throw their body against something hard
- Punch themselves
- Stick things in their body
- Swallow inappropriate objects or tablets

**Eating disorders:** Eating disorders are not just about food, they are a way of coping with emotional distress. Eating disorders can affect both sexes, people of any background and any age. About 10% of people with eating disorders are male. 18% of anorexics will die. Eating disorders can be recognised by a persistent pattern of unhealthy eating or dieting behaviour that can cause health problems and/or emotional and social distress.

There are three official categories of eating disorders:

- Anorexia nervosa
- Bulimia nervosa
- Eating disorder not otherwise specified (EDNOS) People with EDNOS do not have the full set of symptoms for either anorexia or bulimia but may have aspects of both. EDNOS is as serious as other eating disorders and as potentially damaging to health.

Anorexia Nervosa:

- The rarest – 10% of eating disorders – typically affects young people aged 12-20 years
- Individuals with anorexia nervosa do not maintain or have a body weight that is normal or expected for their age and height – they are usually less than 86% of their expected weight
- Even when underweight, individuals with anorexia continue to be fearful of weight gain. Their thoughts and feelings about their size and shape have a profound impact on their sense of self-esteem as well as their relationships
- Women with anorexia often stop having their periods
- They often do not recognise or admit the seriousness of their weight loss and deny that it may have permanent adverse health consequences

Bulimia Nervosa:

- 40% of cases mainly with adolescent onset – affects individuals between the ages of 18-25 years
- Individuals with bulimia nervosa experience binge-eating episodes which are marked by eating an unusually large amount of food within a couple of hours, feeling compelled to eat and find it difficult if not 'impossible' to stop eating
- This is then followed by attempts to 'undo' the consequences of the binge by using unhealthy behaviours such as self-induced vomiting, misuse of laxatives, enemas, diuretics, severe caloric restriction or excessive exercising
- Individuals are obsessed and preoccupied with their shape and weight and often feel their self-worth is dependent on their weight or shape

Binge Eating Disorder:

- Individuals with binge eating disorder (BED) engage in binge eating, but do not regularly use inappropriate or unhealthy weight control behaviours such as fasting or purging to counteract the binges
- BED is more common amongst individuals who are overweight or obese, terms used to describe these problems include; compulsive overeating, emotional eating or food addiction
- BED is not an officially recognised disorder, but is included in the EDNOS category

Eating problems never exist in isolation; they are usually a symptom of other problems e.g. coping with painful feelings and/or situations, boredom, anxiety, anger, shame, sadness, loneliness. Adolescence can be a key time. Stressful or traumatic events can trigger an eating problem; e.g. bullying, bereavement, family tensions, school problems, self-harm, low self-esteem, sexual, physical, emotional abuse or neglect, negative criticism, fragile sense of self, and it can be more about control than about food itself.

More information available on: [www.b-eat.co.uk](http://www.b-eat.co.uk)