

GENERAL INDICATORS

The following may occur to any children being abused but are particularly important in cases of sexual or emotional abuse where outward physical signs may not be present:

- Onset of wetting or soiling – day or night
- Sleeping disturbance e.g. excessive daytime tiredness
- Eating disturbance e.g. stealing food, hoarding
- Recurrent abdominal pains
- Recurrent headaches
- Social withdrawal
- Restlessness and aimlessness
- Inexplicable school failure
- Poor trust and secretiveness
- Indiscriminate and careless sexual behaviour
- Drug abuse
- Running away
- Self-mutilation and other forms of self harm
- Medically unexplained fits, faints, etc.

OTHER FACTORS IN PARENT/CARER

May potentially impact upon children. These include:

Drug or alcohol use, learning disability, disability or chronic ill health, mental ill health (concerning the parent/carer, child, or their living situation).

Acute family stress such as domestic violence, racism or other discrimination, homelessness, oppressive/disruptive behaviour by a child, can all seriously impact on a child's well-being.

CONSENT AND CONFIDENTIALITY

Parents should normally be consulted and their agreement sought to Children's Social Care being contacted. However, this should not be done if to do so would place a child at risk of increased harm, interfere with criminal enquiries or raise concerns about the safety of staff members.

If in doubt, discuss with Children's Social Care

If you think a child is potentially at risk of harm, parent's lack of agreement should not prevent a referral to Children's Social Care, at the earliest opportunity.

REFERRALS

Record your decisions and discussions with your manager/supervisor as soon as possible and retain all original notes (these may be disclosed in future court proceedings). All new safeguarding referrals should be made to the appropriate local authority contact point as detailed below, following the guidance provided:-

Nottingham City

Children & Families Direct

☎ 0115 876 4800

✉ candfdirect@nottinghamcity.gcsx.gov.uk

Further details on Children and Families Direct can be found at: www.nottinghamcity.gov.uk/Children--Families-Direct

Nottinghamshire

Multi Agency Safeguarding Hub (MASH)

☎ 0300 500 80 90 (during normal office hours)

✉ mash.safeguarding@nottscc.gcsx.gov.uk

Emergency Duty Team

☎ 0300 456 4546 (outside office hours)

Further details on the MASH and how to make a referral are available at: www.nottinghamshire.gov.uk/caring/childrenstrust/pathway-to-provision/mash/

Telephone referrals from practitioners should be confirmed in writing, by the referrer, within 24 hours.

For further information about safeguarding children or to order copies of this card please visit the websites by following the link below or email.

Nottingham City Safeguarding Children Board

www.nottinghamcity.gov.uk

✉ safeguarding.partnerships@nottinghamcity.gov.uk

Nottinghamshire Safeguarding Children Board

www.nottinghamshire.gov.uk/nscb

✉ info.nscb@nottscc.gov.uk



Working in Partnership to Safeguard Children & Young People

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INDICATORS OF POSSIBLE CHILD ABUSE

DON'T IGNORE THEM

Individual factors or indicators of abuse may not be particularly worrying in isolation, but in combination they can suggest that there is a serious cause for concern.

You should be alert to the indicators overleaf and if you encounter any of them:

- Take any immediate necessary action to protect the child
- If the child is in pain, or requires emergency medical attention this should be arranged without delay. Do not seek a medical opinion to clarify if abuse has taken place this will be arranged if necessary by Children's Social Care
- Bring your concerns to the immediate attention of your supervisor/line manager and together consult the local Safeguarding Children procedures (available on the NSCB and/or NCSCB webpages) alongside your own agency's practice guidance where this exists
- If you think a child has been or is at risk of abuse or you are not sure, refer to Children's Social Care or the Police. Do not delay this if your line manager is not available (see later sections which provide advice on seeking consent and making a referral).

Remember that child abuse happens to children of both sexes, at all ages, all cultures, religions, social classes, and both to children with and without disabilities.

**CHILD PROTECTION IS
EVERYONE'S RESPONSIBILITY**

IDENTIFYING CHILD ABUSE

Identification of child abuse is difficult. The indicators below are not an exhaustive list but should prompt consideration of whether child abuse may be taking place. As well as the indicators given below, consider the following:

- Always listen carefully to the child, particularly to what is said spontaneously
- Record carefully what the child has said and how and when the account was given. Whenever possible avoid questioning a child. If questions are asked record them and any response to them. Retain original notes; they may be needed in court
- Beware of any failure or delay by adults in seeking appropriate medical assistance for the child
- Beware of vague explanations which are lacking in detail
- Beware of explanations that are inconsistent with what you observe or know, especially of the child's development and mobility
- Take note of any inappropriate responses from adults who are involved in the care of the child
- Note if there is any history or pattern of unexplained injury or illness
- Remember that when the care of an abused child has been shared between parents and others, the source of the abuse can be more difficult to determine.

Indicators of PHYSICAL ABUSE

Bruises:

- In children who are not independently mobile
- In babies should always be referred to children's social care
- That are seen away from bony prominences
- To the face, back, abdomen, arms, buttocks, ears and hands
- Multiple in clusters
- Multiple of uniform shape
- That carry an imprint – of an implement or cord
- With petechiae (dots of blood under the skin) around them.

Bites:

- Differentiating between adult/child bite on size requires a specialist dentist. If an adult is suspected of biting a child a referral should always be made to Children's Social Care. An oval or circular mark may indicate a bite.

Burns or scalds:

- With clear outlines which may match an implement
- That are multiple in nature
- On the body away from the hand e.g back, shoulders or buttocks
- Small and round which may be from cigarettes.

Scars:

- Multiple, unusual shapes or that suggest a child did not receive appropriate medical treatment.

Fractures:

- In children under 18 months
- In children that are inconsistent with developmental stage
- Alleged unnoticed fractures – fractures cause pain and it would be difficult for a carer to be unaware.

Other injuries:

- Poisoning, injections, ingestion or other applications of damaging substances (including drugs and alcohol)
- Signs of shaking:
 - May present with unexplained pain, fitting, paralysis, extreme irritability or with less obvious signs, such as increased head circumference, poor feeding, excessive crying, vomiting or associated injury
 - Excessive crying in babies can be difficult to manage and may make them more vulnerable to inflicted brain injury. All parents need to be advised on how to manage episodes of prolonged crying
- Female genital mutilation, including female circumcision is abuse and should be reported. If a woman has been circumcised any female children in the family are at increased risk and should be assessed appropriately.

Indicators of NEGLECT:

- Ignoring the child's need to interact
- Failing to express positive feelings to the child, showing no emotion in interactions with the child
- Denying the child opportunities for interacting and communication with peers or adults
- Inadequate provision of food
- Exposure to inadequate, dirty and/or cold environments
- Abandoned or left in circumstances without appropriate adult supervision which are likely to endanger them
- Prevented by their carers from receiving appropriate medical advice or treatment
- Living environment unsafe for child's developmental stage
- Poor standard of hygiene affecting child's health.

Indicators of SEXUAL ABUSE:

- Recurrent genital or anal symptom (for example, bleeding or discharge) without a medical explanation
- Genital, anal or perianal injury without a suitable explanation
- Anal fissure, without medical explanation
- Unusual sexualised behaviours in a pre-pubertal child
- Pregnancy or sexually transmitted infection, including anogenital warts, in a child younger than 13 years if there is no clear evidence of vertical transmission or blood contamination. In 13-15yr if no disclosure of consenting sexual behaviour with a peer. In 16-17yr consider if power imbalance in relationship, sexual exploitation.

Indicators of EMOTIONAL ABUSE:

- Persistently telling a child they are worthless or unloved
- Bullying a child or frequently making them frightened
- Persistently ridiculing, making fun of or criticising a child
- Abnormally passive, lethargic or attention seeking behaviour
- Specific habit disorders e.g. faecal smearing, excessive drinking, eating unusual substances, and self-harm
- Severely delayed social development, poor language and speech development not otherwise explained
- Excessively nervous behaviour such as rocking or hair twisting
- Low self esteem.