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GLENCREE CENTRE FOR PEACE & RECONCILIATION

CHILD & VULNERABLE PERSONS PROTECTION POLICY

CONTENTS

INTRODUCTION

Glencree has a child and vulnerable person protection policy to ensure that any matters concerning children and vulnerable adults are considered and responded to appropriately. The guiding principle of this policy is that the best interest and welfare of children and vulnerable persons is paramount.

This policy relates to any child and vulnerable person protection concerns that arise for any Glencree staff member, Committee member or Board member during the performance of their contractual duties within Glencree.

A minor is defined by law as any person under the age of 18 years (other than a person who is or has been married). In this policy a minor shall be referred to as a child or young person. A vulnerable adult is defined as an adult who may be restricted in capacity to guard himself / herself against harm or exploitation or to report such harm or exploitation. Restriction of capacity may arise as a result of physical or intellectual impairment. Vulnerability to abuse is influenced by both context and individual circumstances.

AIMS

This policy aims to:

- Develop awareness and responsibility in the area of child and vulnerable adult protection amongst Glencree staff members, Committee members and Board.
- Establish appropriate and transparent procedures for good practice in reporting child and vulnerable adult protection concerns.
- Foster an approach to sharing information that is appropriate and sensitive, with the wellbeing of the child or vulnerable adult as its first priority.
- Establish procedures in relation to record-keeping of child and vulnerable adult protection concerns.
- Establish and promote an environment where child and vulnerable adult complainants and/or witnesses are treated appropriately with dignity, respect and compassion.

- Inform Glencree staff members, Committee members and Board of current guidelines and legislation which place obligations on registrants of the designated professions where child and vulnerable adult protection issues arise.
- Support child and vulnerable adult protection training.

PRINCIPLES OF BEST PRACTICE IN CHILD PROTECTION

The following principles of best practice in child and vulnerable adult protection imbue this policy:

- The welfare of children and vulnerable adult is of paramount importance.
- A proper balance must be struck between protecting children and vulnerable adults, and respecting the rights of parents /guardians.
- Where there is any conflict between the best interest of the child or vulnerable adult and the rights of the parents/guardian, the child's or vulnerable adult's welfare shall come first.
- Children and vulnerable adults have a right to be heard, listened to and involved in any decisions that affect them, taking into account in particular their age, understanding and emotional maturity; this is a child / vulnerable adult centred approach.
- Confidentiality should never be promised.
- Actions and procedures taken to protect children and vulnerable adults and promote their welfare should not in themselves be abusive or cause unnecessary distress and should consider the overall needs of the child or vulnerable adult.
- Intervention should not deal with the child or vulnerable adult in isolation from his/her family setting unless the protection of the child or vulnerable adult requires this.
- Effective prevention, detection, and treatment of child and vulnerable adult abuse or harm requires a coordinated multi-disciplinary and interagency approach.

- Any knowledge, belief, concerns or suspicions of child or vulnerable adult protection issues shall be reported without delay to the Designated Liaison Person ("DLP"). Notwithstanding that obligations to report may attach, under relevant guidelines and legislation, to the individuals who have initially formed the concern, it is considered good practice within Glencree that the onward reporting to and liaison with TUSLA (formerly the Child and Family Agency) and/or An Garda Síochána is best carried out by the DLP to ensure clarity and consistency of reporting. It is considered that the best interest of children and vulnerable adults are met by adopting this approach. As is set out below, the party who originally formed the concern shall be informed as to whether a report has or has not been made and is free thereafter to act in their own right as they deem appropriate.
- Where issues of consent in relation to the treatment of children or vulnerable adults arise regard shall be had to the HSE National Consent Policy, 2017.
- While the primary consideration is always the child's or vulnerable adult's welfare, any individual against whom an allegation has been made shall be treated fairly.

ROLE OF DESIGNATED LIAISON PERSONS IN GLENCREE

Glencree has a Designated Liaison Person. The role of the DLP is to:

- Be the contact person for Glencree staff members, Committee members and Board members who may have a child protection concern.
- Be responsible for ensuring that the standard reporting procedure is followed, so that child and vulnerable adult protection concerns are referred without delay to the HSE / TUSLA and/or An Garda Síochána as appropriate.

The DLP shall be provided with specific training in relation to their role and responsibility within Glencree and shall have a full understanding of the functions and procedures that shall be

followed by the HSE / TUSLA and/or An Garda Síochána, once a report has been received. In addition, the DLP shall develop a relationship with the relevant personnel in the HSE / TUSLA and An Garda Síochána which will enhance appropriate and effective reporting.

REPORTING PROCEDURES

In the interests of the safeguarding of children and vulnerable adults, where there are reasonable grounds for concern in relation to the welfare of a child or vulnerable adult, or knowledge or belief of a serious offence having been committed against a child or vulnerable adult, such matters shall be notified without delay (unless there are justifiable reasons so not to do) to the HSE / TUSLA and/or An Garda Síochána as appropriate.

This shall apply to both historical/retrospective disclosures of abuse and current alleged abuse.

While the basis for concern should be established as comprehensively as possible, children and vulnerable adult or their parents shall not be interviewed in detail about suspected abuse. It is the role of the HSE / TUSLA to assess and/or the role of An Garda Síochána to investigate as appropriate.

Where it is considered justifiable to make a report to the appropriate authorities only those that absolutely need to know shall be informed of the concern or allegation: this is referred to as the "**need to know principle**" which is important to observe in child and vulnerable adult protection matters.

In addition to Glencree's general commitment to reporting child and vulnerable adult protection concerns, there are specific ethical and legal reporting requirements.

SPECIFIC OBLIGATIONS IN THE REPORTING OF CHILD / VULNERABLE ADULT PROTECTION CONCERNS

Reporting of child protection concerns should be considered with regard to:

- Ethical Obligations
- Children First: National Guidance for the Protection and Welfare of Children, 2017
- Safeguarding Vulnerable Persons at Risk of Abuse: National Policies & Procedures, 2014
- The Criminal Justice (Withholding of Information on Offences Against Children and Vulnerable Persons) Act 2012
- The National Vetting Bureau (Children and Vulnerable Persons) Act 2012

ETHICAL OBLIGATIONS

A variety of issues, such as the need to report child and vulnerable adult welfare concerns to appropriate authorities, or the potential entitlement of parents or guardians to access their child's or vulnerable adult's records under the Freedom of Information Act, 2014, may compromise a young or vulnerable person's rights to confidentiality and privacy. It is important that a young or vulnerable person is never promised absolute confidentiality. Confidentiality may be compromised where there are reasonable grounds for believing that:

- There is a risk of harm to a child or vulnerable adult
- There is a risk of harm to other children or vulnerable persons
- It is mandated by law or a court order to so disclose.
- It is in the public interest to so disclose

Any Glencree staff member, Committee member or Board member having knowledge or reasonable grounds for such concern should consult immediately with the DLP within Glencree. The DLP will then make a report as appropriate to the HSE / TUSLA and/or An Garda Síochána.

CHILDREN FIRST: NATIONAL GUIDANCE FOR THE PROTECTION AND WELFARE OF CHILDREN, 2017 AND SAFEGUARDING VULNERABLE PERSONS AT RISK: NATIONAL POLICIES & PROCEDURES, 2014

Both documents set forward principles of good practice in the identification and reporting of suspected child or vulnerable adult protection concerns. All Glencree staff members, Committee members and Board members should be familiar with both documents.

REPORTING OBLIGATIONS

Knowledge, or reasonable grounds for concern, that a child or vulnerable adult may have been, is being, or is at risk of being sexually abused, harmed or neglected must be reported to the HSE / TUSLA without delay. Concern about a potential risk posed by a specific person, even if the children or vulnerable adults at risk are unidentifiable should also be made without delay. The safety and wellbeing of children and vulnerable adults must always take priority.

Child and vulnerable adult abuse and neglect are categorized into the following categories:

	Child Abuse	Vulnerable Person Abuse
Physical	✓	✓
Sexual	✓	✓
Emotional / Pscychological (including bullying)	✓	✓
Financial		✓
Institutional		✓
Neglect	✓	✓
Discrimination		✓
Institutional	✓	✓

While such abuse or neglect may take many forms, Detailed examples of signs and symptoms of each category together with guidance on how to recognise each are included in Appendix 2 and 3 of this policy.

REASONABLE GROUNDS FOR CONCERN

The following are examples of reasonable grounds for concern:

- An injury or behaviour that is consistent with both abuse and an innocent explanation, but where there are corroborative indicators supporting the concern that it may be a case of abuse.
- Consistent indicators over a period of time that a child or vulnerable person is suffering from emotional or physical neglect, including self-neglect.
- Admission or indication by someone of an alleged abuse.
- A specific indication from a child or vulnerable person that she/he was abused.
- An account from a person who saw the child or vulnerable person being abused.
- Evidence (e.g. injury or behaviour) that is consistent with abuse and unlikely to have been caused in any other way.

This list is not an exhaustive list of reasonable grounds for concern.

RETROSPECTIVE DISCLOSURES OF ABUSE BY ADULTS (INCL. VULNERABLE ADULTS)

Child protection concerns may arise where the complainant is an adult who discloses retrospectively that they have experienced abuse or neglect. Vulnerable persons may also disclose a retrospective experience of abuse or neglect. In such circumstances consideration must be given to the following:

- Establish whether there is any current risk to any child or vulnerable person who may be in contact with the alleged abuser.
- If any risk is deemed to exist to a child or vulnerable person who may be in contact with an alleged abuser, this should be reported to the DLP who will in turn contact the HSE / TUSLA.
- A concern about a potential risk to children or vulnerable adults posed by a specific person, even if the children or vulnerable adults are unidentifiable, should be reported to the DLP who will in turn contact the HSE / TUSLA.

THE CRIMINAL JUSTICE (WITHHOLDING OF INFORMATION ON OFFENCES AGAINST CHILDREN AND VULNERABLE PERSONS) ACT 2012

Under the Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons) Act 2012 ("The Withholding of Information Act") it is an offence to fail to disclose to An Garda Síochána, without reasonable excuse, information concerning certain serious offences committed against a child or vulnerable adult. These serious offences are listed in the Schedules to the Withholding of Information Act and include most sexual offences and offences such as assault causing harm or serious harm, cruelty to a child, abduction of a child, manslaughter and murder (all are offences that carry a penalty of imprisonment lasting five years or more).

It is important to note that this law only applies to information that a person receives or becomes aware of after the passing of the Act (1st August, 2012). However, the law does apply to serious offences that occurred before the passing of the Act but that are only disclosed or only become known after the 1st August, 2012; therefore a retrospective disclosure of childhood abuse by someone who is now an adult may require to be reported under this Act.

WHAT INFORMATION MUST BE REPORTED?

Where a person knows or believes an offence has been committed, and the person has information which he or she knows or believes might be of material assistance in securing the apprehension, prosecution or conviction of the offender, it must be reported to An Garda Síochána.

WHO IS SUBJECT TO THIS LAW?

Every person, organisation and sector of society other than the victim of an offence is subject to this obligation to report

WHAT ARE THE PENALTIES FOR NON-REPORTING?

Penalties vary from fines and up to 12 months in prison to sentences of five or more years for the non-reporting of serious offences such as assault causing harm; assault causing serious harm; cruelty to a child or vulnerable adult; abduction and manslaughter.

WHEN MIGHT THERE BE A "REASONABLE EXCUSE" TO NOT REPORT?

The Act acknowledges that in certain circumstances, a person may have a reasonable excuse for not making a report. Such a reasonable excuse may be considered a defence to not making a report to An Garda Síochána. The defences that are contemplated in the Act are set out below. However, it may ultimately be a matter for a court to decide if the excuse is reasonable. It is Glencree's policy that the best interest of the young or vulnerable person must always be the primary concern.

- Where a child over 14 years makes known his/her view that they do not want the offence to be disclosed
- Where the parents/guardian of a child under 14 years makes known their view that they do not want the offence to be disclosed (but not if the offender is a family member) and they are acting in the interests of the health and welfare of the child
- Where a designated healthcare professional providing services to a child or vulnerable adult is of the view that it should not be disclosed and he/she is acting in the interests of the health and welfare of the child.
- Where a prescribed person providing support services to the child or vulnerable adult is of the view that it should not be disclosed and he/she is acting in the interests of the health and welfare of the child or vulnerable adult.

SUMMARY OF REPORTING OBLIGATIONS UNDER THE WITHHOLDING OF INFORMATION ACT AND CHILDREN FIRST ACT

The obligations imposed by both are said to operate in parallel. Reporting lines are distinct and separate. Regard must always be had to the obligation to report under both Children First Act and the Withholding of Information Act.

	Under the Withholding of	Under Children First
WHAT	Knowledge or belief that a serious offence has been committed against a child or vulnerable	Suspicions or concerns relating to: • Sexual Abuse • Physical Abuse • Emotional Abuse
WHEN	If there is knowledge or belief that a serious offence has been committed	Knowledge, or reasonable grounds for concern, that a child may have been, is being, or is at risk of being abused or neglected Concern about a potential risk posed by a specific person, even if the children are
HOW	In line with: • Glencree's child and vulnerable persons protection policy and procedures • Reasonably and in	In line with: • Glencree's child and vulnerable persons protection policy and procedures • Reasonably and in good faith
TO WHOM	• Designated Liaison Person • An Garda Síochána	• Designated Liaison Person • HSE / TUSLA • Wherethe above are not available, and there is an immediate

REPORTING PROCESS

Any Glencree staff member, Committee member or Board member having concern as to a child's welfare should consult immediately with the DLP within Glencree and complete the internal reporting form (see Appendix 4). The DLP shall undertake to do the following:

1. Discuss and establish if possible, in consultation with the person who raised the concern, if reasonable grounds for concern exist.

2. If reasonable grounds for concern of child abuse exist the information should be forwarded without delay to the HSE / TUSLA using this form. In the case of concerns of abuse of a vulnerable adult(s), the DLP should contact the HSE confidential recipient who will receive and report concerns of abuse or neglect.
   The confidentialrecipient is Ms. Leigh Gath and she can be contacted by email on leigh.gath@crhealth.ie or LoCall 1890 1000 14.

3. In an emergency situation where contact is not possible with the HSE / TUSLA and the DLP is concerned that there is an immediate danger to a child, An Garda Síochána shall be contacted without delay.

4. If the DLP is unsure whether there are reasonable grounds for concern and would find it helpful to discuss the matter to establish whether reasonable grounds for concern do exist, the DLP shall talk directly to the Duty Social Worker in the HSE / TUSLA. At this stage there may be no need to reveal the identity of the young or vulnerable person. The purpose of this contact is to assist the DLP in deciding whether or not to formally report his or her concerns to the HSE / TUSLA. This is referred to as the "informal reporting" procedure.

5. Where a report is to be made to the HSE / TUSLA, the DLP should inform the parents /guardians unless doing so is likely to place the child at further risk. If there is doubt as to whether or not informing the parents/guardians may endanger the child then the DLP will consult with the Duty Social Worker within the HSE / TUSLA.

6. Inform the CEO of Glencree of the fact that a report has been made.

7. Inform Glencree staff member, Committee or Board member who raised the concern of the fact that a report has been made to the HSE / TUSLA. A written record should be maintained of this.

8. Where the DLP decides that it is not appropriate to pass on the concern brought to their attention, the DLP must inform in writing the person, Committee or Board member who raised the concern of this fact and inform them that they/it have the right to report directly to the HSE / TUSLA and/or An Garda Síochána should they still believe the matter to warrant such action. A written record should be maintained of this.

9. The DLP is responsible for carefully recording the reasons for reporting or non-reporting and ensuring that such records are kept securely and confidentially in line with the standard record keeping procedures set out below.

RECORDING OF INFORMATION

The DLP is responsible for making notes of all communications between any parties relating to the suspected abuse or concern. Records should be made contemporaneously, or as soon thereafter and should be signed and dated after each entry. Every decision should include the rationale for the decision.

Records of this nature are highly sensitive and must be stored securely and confidentially in a locked facility to which only the appropriately designated members of staff have access. Electronic records must only be stored in the secure drives to which only the appropriately designated members of the staff have access.

THE NATIONAL VETTING BUREAU (CHILDREN AND VULNERABLE PERSONS) ACT 2012 - 2016

As part of a suite of legal and policy measures in relation to child protection, the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 was passed into law in 2012. Garda vetting of all persons working with children was previously required under Children First but since, 2012, it has been placed on a mandatory legal footing.

The Act requires that following an investigation, inquiry or regulatory process (howsoever defined), Glencree shall, as soon as is possible, notify the National Vetting Bureau of An Garda Síochána ("the Bureau") of any *bona fide* concern that a person who is the subject matter of an investigation, inquiry or regulatory process may:

- Harm any child or vulnerable person
- Cause any child or vulnerable person to be harmed
- Put any child or vulnerable person at risk of harm
- Attempt to harm any child or vulnerable person
- Incite another person to harm any child or vulnerable person

In the best interest of children it is considered that such a report should be made as soon as possible, after any investigation, inquiry or regulatory process has identified such a *bona fide* concern. Any such *bona fide* concern must be reported immediately to the DLP. The DLP shall provide the Bureau with the specified information and shall state the reasons for the *bona fide* concern that gives rise to the report.

Glencree shall notify the person in respect of whom the *bona fide* concern has been raised of the concern and of the intention to notify the Bureau. If Glencree becomes aware that any information notified to the Bureau is in fact incorrect or inaccurate, Glencree shall inform the Bureau of this as soon as may be. The legal obligations for notification that arise under this Act are separate and distinct to the obligations that arise under the Withholding of Information Act, Children's First Guidance, Safeguarding Vulnerable Persons at Risk of Abuse and ethical obligations for the reporting of child and vulnerable adult protection concerns.

OTHER RELEVANT LEGISLATION TO CONSIDER:

THE CRIMINAL JUSTICE ACT, 2006

Section 176 of the Criminal Justice Act 2006 creates the offence of reckless endangerment of children. It is an offence for a person having authority or control over a child or abuser to endanger a child by causing or permitting any child to be put in or left in a situation which creates a substantial risk of serious harm or sexual abuse. It is an offence under section 176 to fail to take reasonable steps to protect a child from such a risk while knowing the child is in such a situation.

PROTECTION FOR PERSONS REPORTING CHILD ABUSE

The Protections for Persons Reporting Child Abuse Act, 1998 provides protection against civil liability for persons who communicate allegations about child abuse reasonably and in good faith to a designated officer of the HSE or to any member of An Garda Síochána. This protection applies to organisations and to individuals. This protection is in addition to the defence of 'qualified privilege' in any defamation action where concerns are reported reasonably and in good faith to the appropriate authorities. Again, the method of reporting should be in line with this Child Protection Policy.

ALLEGATIONS MADE AGAINST A GLENCREE STAFF, COMMITTEE OR BOARD MEMBER

Any allegations made or concerns raised in relation to a child or vulnerable adult protection concern against a Glencree staff member, Committee member or Board member arising out of the performance of their contractual and statutory duties with Glencree shall be processed in accordance with the relevant guidance for employers dealing with allegations of abuse against an employee.

Please note that a child or vulnerable adult complainant will be assisted at all times by a parent, guardian or other appropriate adult and accordingly, no Glencree staff member, Committee member or Board member should be alone at any stage with a child or children during the performance of their contractual duties with Glencree.

TRAINING

Glencree staff members, Committee members and Board members shall be familiar with this Policy and shall receive appropriate training in this regard.

REVIEW OF POLICY

This policy shall be reviewed at least every two years based on Glencree's experience of its operation and also as necessary in light of any legislative changes or guidelines that may be issued by relevant authorities.

Date policy adopted: 27 July 2018

Date of next review: 1 February 2020

APPENDIX 1: REFERENCES

This Policy has been developed with regard to the following legislation and guidelines:

1. The Children First Act, 2015
2. Children First: National Guidance for the Protection and Welfare of Children (Department of Children and Youth Affairs, 2017)
3. Safeguarding Vulnerable Persons at Risk of Abuse: National Policies & Procedures, 2014
4. Child Protection and Welfare Practice Handbook (HSE 2011)
5. The Criminal Justice (Withholding of Information on Offences Against Children and Vulnerable Persons) Act 2012
6. The National Vetting Bureau (Children and Vulnerable Persons) Act 2012
7. Protections for Persons Reporting Child Abuse Act 1998
8. The Criminal Justice Act, 2006
9. The HSE National Consent Policy, 2017

APPENDIX 2: SIGNS & SYMPTOMS OF CHILD ABUSE

Detailed examples of signs and symptoms of each category together with guidance on how to recognise each

1. Signs and symptoms of neglect

Child neglect is the most common category of abuse. A distinction can be made between 'wilful' neglect and 'circumstantial' neglect. 'Wilful' neglect would generally incorporate a direct and deliberate deprivation by a parent/carer of a child's most basic needs, e.g.withdrawal of food, shelter, warmth, clothing, contact with others. 'Circumstantial' neglect more often may be due to stress/inability to cope by parents or carers.

Neglect is closely correlated with low socio-economic factors and corresponding physical deprivations. It is also related to parental incapacity due to learning disability, addictions or psychological disturbance.

The neglect of children is 'usually a passive form of abuse involving omission rather than acts of commission' (Skuse and Bentovim, 1994). It comprises 'both a lack of physical caretaking and supervision and a failure to fulfil the developmental needs of the child in terms of cognitive stimulation'.

Child neglect should be suspected in cases of:

- abandonment or desertion;
- children persistently being left alone without adequate care and supervision;
- malnourishment, lacking food, inappropriate food or erratic feeding;
- lack of warmth;
- lack of adequate clothing;
- inattention to basic hygiene;
- lack of protection and exposure to danger, including moral danger or lack of supervision appropriate to the child's age;
- persistent failure to attend school;

- non-organic failure to thrive, i.e. child not gaining weight due not only to malnutrition but also to emotional deprivation;
- failure to provide adequate care for the child's medical and developmental problems;
- exploited, overworked.

2. Characteristics of neglect

Child neglect is the most frequent category of abuse, both in Ireland and internationally. In addition to being the most frequently reported type of abuse; neglect is also recognised as being the most harmful. Not only does neglect generally last throughout a childhood, it also has long-term consequences into adult life. Children are more likely to die from chronic neglect than from one instance of physical abuse. It is well established that severe neglect in infancy has a serious negative impact on brain development.

Neglect is associated with, but not necessarily caused by, poverty. It is strongly correlated with parental substance misuse, domestic violence and parental mental illness and disability.

Neglect may be categorised into different types:

- Disorganised/chaotic neglect: This is typically where parenting is inconsistent and is often found in disorganised and crises-prone families. The quality of parenting is inconsistent, with a lack of certainty and routine, often resulting in emergencies regarding accommodation, finances and food. This type of neglect results in attachment disorders, promotes anxiety in children and leads to disruptive and attention-seeking behaviour, with older children proving more difficult to control and discipline. The home may be unsafe from accidental harm, with a high incident of accidents occurring.
- Depressed or passive neglect: This type of neglect fits the common stereotype and is often characterised by bleak and bare accommodation, without material comfort, and with poor hygiene and little if any social and psychological stimulation. The household will have few toys and those that are there may be broken, dirty or inappropriate for age. Young children will spend long periods in cots, playpens or pushchairs. There is often a lack of food, inadequate bedding

and no clean clothes. There can be a sense of hopelessness, coupled with ambivalence about improving the household situation. In such environments, children frequently are absent from school and have poor homework routines. Children subject to these circumstances are at risk of major developmental delay.

- Chronic deprivation: This is most likely to occur where there is the absence of a key attachment figure. It is most often found in large institutions where infants and children may be physically well cared for, but where there is no opportunity to form an attachment with an individual carer. In these situations, children are dealt with by a range of adults and their needs are seen as part of the demands of a group of children. This form of deprivation will also be associated with poor stimulation and can result in serious developmental delays.

The following points illustrate the consequences of different types of neglect for children:

- inadequate food – failure to develop;
- household hazards – accidents;
- lack of hygiene – health and social problems;
- lack of attention to health – disease;
- inadequate mental health care – suicide or delinquency;
- inadequate emotional care – behaviour and educational;
- inadequate supervision – risk-taking behaviour;
- unstable relationship – attachment problems;
- unstable living conditions – behaviour and anxiety, risk of accidents;
- exposure to domestic violence – behaviour, physical and mental health;
- community violence – anti social behaviour.

3. Signs and symptoms of emotional neglect and abuse

Emotional neglect and abuse is found typically in a home lacking in emotional warmth. It is not necessarily associated with physical deprivation. The emotional needs of the children are not met; the parent's relationship to the child may be without empathy and devoid of emotional responsiveness.

Emotional neglect and abuse occurs when adults responsible for taking care of children are unaware of and unable (for a range of reasons) to meet their children's emotional and developmental needs. Emotional neglect and abuse is not easy to recognise because the effects are not easily observable. Skuse (1989) states that 'emotional abuse refers to the habitual verbal harassment of a child by disparagement, criticism, threat and ridicule, and the inversion of love, whereby verbal and non-verbal means of rejection and withdrawal are substituted'.

Emotional neglect and abuse can be identified with reference to the indices listed below. However, it should be noted that no one indicator is conclusive of emotional abuse. In the case of emotional abuse and neglect, it is more likely to impact negatively on a child where there is a cluster of indices, where these are persistent over time and where there is a lack of other protective factors. These might include:

- rejection;
- lack of comfort and love;
- lack of attachment;
- lack of proper stimulation (e.g. fun and play);
- lack of continuity of care (e.g. frequent moves, particularly unplanned);
- continuous lack of praise and encouragement;
- serious over-protectiveness;
- inappropriate non-physical punishment (e.g. locking in bedrooms);
- family conflicts and/or violence;
- every child who is abused sexually, physically or neglected is also emotionally abused;
- inappropriate expectations of a child relative to his/her age and stage of development.

Children who are physically and sexually abused and neglected also suffer from emotional abuse.

4. Signs and symptoms of physical abuse

Unsatisfactory explanations, varying explanations, frequency and clustering for the following events are high indices for concern regarding physical abuse:

- bruises (*see below for more detail*);
- fractures;
- swollen joints;
- burns/scalds (*see below for more detail*);
- abrasions/lacerations;
- haemorrhages (retinal, subdural);
- damage to body organs;
- poisonings – repeated (prescribed drugs, alcohol);
- failure to thrive;
- coma/unconsciousness;
- death.

There are many different forms of physical abuse, but skin, mouth and bone injuries are the most common.

Bruises

Accidental

Accidental bruises are common at places on the body where bone is fairly close to the skin. Bruises can also be found towards the front of the body, as the child usually will fall forwards. Accidental bruises are common on the chin, nose, forehead, elbow, knees and shins. An accident-prone child can have frequent bruises in these areas. Such bruises will be diffuse, with no definite edges. Any bruising on a child before the age of mobility must be treated with concern.

Non-accidental

Bruises caused by physical abuse are more likely to occur on soft tissues, e.g. cheek, buttocks, lower back, back, thighs, calves, neck, genitalia and mouth. Marks from slapping or grabbing may form a distinctive pattern. Slap marks might occur on buttocks/cheeks and the outlining of fingers may be seen on any part of the body. Bruises caused by direct blows with a fist have no definite pattern, but may occur in parts of the body that do not usually receive injuries by accident. A punch over the eye (black eye syndrome) or ear would be of concern. Black eyes cannot be caused by a fall on to a flat surface. Two black eyes require two injuries and must always be suspect. Other distinctive patterns of bruising may be left by the use of straps, belts, sticks and feet. The outline of the object may be left on the child in a bruise on areas such as the back or thighs (areas covered by clothing). Bruises may be associated with shaking, which can cause serious hidden bleeding and bruising inside the skull. Any bruising around the neck is suspicious since it is very unlikely to be accidentally acquired. Other injuries may feature – ruptured eardrum/fractured skull. Mouth injury may be a cause of concern, e.g. torn mouth (frenulum) from forced bottle-feeding.

Bone injuries

Accidental

Children regularly have accidents that result in fractures. However, children's bones are more flexible than those of adults and the children themselves are lighter, so a fracture, particularly of the skull, usually signifies that considerable force has been applied.

Non-accidental

A fracture of any sort should be regarded as suspicious in a child under 8 months of age. A fracture of the skull must be regarded as particularly suspicious in a child under 3 years. Either case requires careful investigation as to the circumstances in which the fracture occurred. Swelling in the head or drowsiness may also indicate injury.

Burns

Accidental

Children who have accidental burns usually have a hot liquid splashed on them by spilling or have come into contact with a hot object. The history that parents give is usually in keeping with the pattern of injury observed. However, repeated episodes may suggest inadequate care and attention to safety within the house.

Non-accidental

Children who have received non-accidental burns may exhibit a pattern that is not adequately explained by parents. The child may have been immersed in a hot liquid. The burn may show a definite line, unlike the type seen in accidental splashing. The child may also have been held against a hot object, like a radiator or a ring of a cooker, leaving distinctive marks. Cigarette burns may result in multiple small lesions in places on the skin that would not generally be exposed to danger. There may be other skin conditions that can cause similar patterns and expert paediatric advice should be sought.

Bites

Accidental

Children can get bitten either by animals or humans. Animal bites (e.g. dogs) commonly puncture and tear the skin, and usually the history is definite. Small children can also bite other children.

Non-accidental

It is sometimes hard to differentiate between the bites of adults and children since measurements can be inaccurate. Any suspected adult bite mark must be taken very seriously. Consultant paediatricians may liaise with dental colleagues in order to identify marks correctly.

Poisoning

Accidental

Children may commonly take medicines or chemicals that are dangerous and potentially life-threatening. Aspects of care and safety within the home need to be considered with each event.

Non-accidental

Non-accidental poisoning can occur and may be difficult to identify, but should be suspected in bizarre or recurrent episodes and when more than one child is involved. Drowsiness or hyperventilation may be a symptom.

Shaking violently

Shaking is a frequent cause of brain damage in very young children.

Fabricated/induced illness

This occurs where parents, usually the mother (according to current research and case experience), fabricate stories of illness about their child or cause physical signs of illness. This can occur where the parent secretly administers dangerous drugs or other poisonous substances to the child or by smothering. The symptoms that alert to the possibility of fabricated/induced illness include:

i. symptoms that cannot be explained by any medical tests; symptoms never observed by anyone other than the parent/carer; symptoms reported to occur only at home or when a parent/carer visits a child in hospital;
ii. high level of demand for investigation of symptoms without any documented physical signs;
iii. unexplained problems with medical treatment, such as drips coming out or lines being interfered with; presence of unprescribed medication or poisons in the blood or urine.

5. Signs and symptoms of sexual abuse

Child sexual abuse often covers a wide spectrum of abusive activities. It rarely involves just a single incident and usually occurs over a number of years. Child sexual abuse most commonly happens within the family.

Cases of sexual abuse principally come to light through:

(a) disclosure by the child or his or her siblings/friends;

(b) the suspicions of an adult;

(c) physical symptoms.

Colburn Faller (1989) provides a description of the wide spectrum of activities by adults which can constitute child sexual abuse. These include:

Non-contact sexual abuse

- 'Offensive sexual remarks', including statements the offender makes to the child regarding the child's sexual attributes, what he or she would like to do to the child and other sexual comments.
- Obscene phone calls.
- Independent 'exposure' involving the offender showing the victim his/her private parts and/or masturbating in front of the victim.
- 'Voyeurism' involving instances when the offender observes the victim in a state of undress or in activities that provide the offender with sexual gratification. These may include activities that others do not regard as even remotely sexually stimulating.

Sexual contact

- Involving any touching of the intimate body parts.
- The offender may fondle or masturbate the victim, and/or get the victim to fondle and/or masturbate them.
- Fondling can be either outside or inside clothes.

- Also includes ‘frottage’, i.e. where offender gains sexual gratification from rubbing his/her genitals against the victim’s body or clothing.

Oral-genital sexual abuse

- Involving the offender licking, kissing, sucking or biting the child’s genitals or inducing the child to do the same to them.

Interfemoral sexual abuse

- Sometimes referred to as ‘dry sex’ or ‘vulvar intercourse’, involving the offender placing his penis between the child’s thighs.

Penetrative sexual abuse, of which there are four types:

- ‘Digital penetration’, involving putting fingers in the vagina or anus, or both. Usually the victim is penetrated by the offender, but sometimes the offender gets the child to penetrate them.
- ‘Penetration with objects’, involving penetration of the vagina, anus or occasionally mouth with an object.
- ‘Genital penetration’, involving the penis entering the vagina, sometimes partially.
- ‘Anal penetration’ involving the penis penetrating the anus.

Sexual exploitation

- Involves situations of sexual victimisation where the person who is responsible for the exploitation may not have direct sexual contact with the child. Two types of this abuse are child pornography and child prostitution.
- ‘Child pornography’ includes still photography, videos and movies, and, more recently, computer-generated pornography.
- ‘Child prostitution’ for the most part involves children of latency age or in adolescence. However, children as young as 4 and 5 are known to be abused in this way.

The sexual abuses described above may be found in combination with other abuses, such as physical abuse and urination and defecation on the victim. In some cases, physical abuse is an integral part of the sexual abuse; in others, drugs and alcohol may be given to the victim.

It is important to note that physical signs may not be evident in cases of sexual abuse due to the nature of the abuse and/or the fact that the disclosure was made some time after the abuse took place. Carers and professionals should be alert to the following physical and behavioural signs:

- bleeding from the vagina/anus;
- difficulty/pain in passing urine/faeces;
- an infection may occur secondary to sexual abuse, which may or may not be a definitive sexually transmitted disease. Professionals should be informed if a child has a persistent vaginal discharge or has warts/rash in genital area;
- noticeable and uncharacteristic change of behaviour;
- hints about sexual activity;
- age-inappropriate understanding of sexual behaviour;
- inappropriate seductive behaviour;
- sexually aggressive behaviour with others;
- uncharacteristic sexual play with peers/toys;
- unusual reluctance to join in normal activities that involve undressing, e.g. games/swimming.

Particular behavioural signs and emotional problems suggestive of child abuse in young children (aged 0-10 years) include:

- mood change where the child becomes withdrawn, fearful, acting out;
- lack of concentration, especially in an educational setting;
- bed wetting, soiling;
- pains, tummy aches, headaches with no evident physical cause;
- skin disorders;

- reluctance to go to bed, nightmares, changes in sleep patterns;
- school refusal;
- separation anxiety;
- loss of appetite, overeating, hiding food.

Particular behavioural signs and emotional problems suggestive of child abuse in older children (aged 10+ years) include:

- depression, isolation, anger;
- running away;
- drug, alcohol, solvent abuse
- self-harm;
- suicide attempts;
- missing school or early school leaving;
- eating disorders

All signs/indicators need careful assessment relative to the child's circumstances.

APPENDIX 3: SIGNS & SYMPTOMS OF VULNERABLE PERSON ABUSE

Type of Abuse: Physical	
Definition	Physical abuse includes hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.
Examples	Hitting, slapping, pushing, burning, inappropriate restraint of adult or confinement, use of excessive force in the delivery of personal care, dressing, bathing, inappropriate use of medication.
Indicators	Unexplained signs of physical injury – bruises, cuts, scratches, burns, sprains, fractures, dislocations, hair loss, missing teeth. Unexplained/long absences at regular placement. Child or vulnerable adult appears frightened, avoids a particular person, demonstrates new atypical behaviour; asks not to be hurt.
Type of Abuse: Sexual	
Definition	Sexual abuse includes rape and sexual assault, or sexual acts to which the vulnerable person has not consented, or could not consent, or into which he or she was compelled to consent.
Examples	Intentional touching, fondling, molesting, sexual assault, rape. Inappropriate and sexually explicit conversations or remarks. Exposure of the sexual organs and any sexual act intentionally performed in the presence of a child or vulnerable adult. Exposure to pornography or other sexually explicit and inappropriate material.

Indicators	Trauma to genitals, breast, rectum, mouth, injuries to face, neck, abdomen, thighs, buttocks, STDs and human bite marks. Child or vulnerable adult demonstrates atypical behaviour patterns such as sleep disturbance, incontinence, aggression, changes to eating patterns, inappropriate or unusual sexual behaviour, anxiety attacks.
Type of Abuse: Emotional/Psychological (including Bullying and Harassment)	
Definition	Psychological abuse includes 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.
Examples	Persistent criticism, sarcasm, humiliation, hostility, intimidation or blaming, shouting, cursing, invading someone's personal space. Unresponsiveness, not responding to calls for assistance or deliberately responding slowly to a call for assistance. Failure to show interest in, or provide opportunities for a person's emotional development or need for social interaction. Disrespect for social, racial, physical, religious, cultural, sexual or other differences. Unreasonable disciplinary measures / restraint. Outpacing – where information /choices are provided too fast for the vulnerable person to understand, putting them in a position to do things or make choices more rapidly than they can tolerate.
Indicators	Mood swings, incontinence, obvious deterioration in health, sleeplessness, feelings of helplessness / hopelessness, Extreme low self esteem, tearfulness, self abuse or self

	destructive behaviour. Challenging or extreme behaviours – anxious/ aggressive/ passive/withdrawn.
Type of Abuse: Financial	
Definition	Financial or material abuse includes theft, fraud, exploitation, pressure in connection with wills property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
Examples	Misusing or stealing the person's property, possessions or benefits, mismanagement of bank accounts, cheating the service user, manipulating the service user for financial gain, putting pressure on the service user in relation to wills property, inheritance and financial transactions.
Indicators	No control over personal funds or bank accounts, misappropriation of money, valuables or property, no records or incomplete records of spending, discrepancies in the service users internal money book, forced changes to wills, not paying bills, refusal to spend money, insufficient monies to meet normal budget expenses, etc.
Type of Abuse: Institutional	
Definition	Institutional abuse may occur within residential care and acute settings including nursing homes, acute hospitals and any other in-patient settings, and may involve poor standards of care, rigid routines and inadequate responses to complex needs.

Examples	Service users are treated collectively rather than as individuals. Service user's right to privacy and choice not respected. Staff talking about the service users personal or intimate details in a manner that does not respect a person's right to privacy.
Indicators	Lack of or poor quality staff supervision and management. High staff turnover. Lack of training of staff and volunteers. Poor staff morale. Poor record keeping. Poor communication with other service providers. Lack of personal possessions and clothing, being spoken to inappropriately, etc.
Type of Abuse: Neglect	
Definition	Neglect and acts of omission 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.
Examples	Withdrawing or not giving help that a vulnerable person needs so causing them to suffer e.g. malnourishment, untreated medical conditions, unclean physical appearance, improper administration of medication or other drugs, being left alone for long periods when the person requires supervision or assistance.
Indicators	Poor personal hygiene, dirty and disheveled in appearance e.g. unkempt hair and nails. Poor state of clothing. non attendance at routine health appointments e.g. dental, optical, chiropody etc. socially isolated i.e. has no social relationships.

Type of Abuse: Discriminatory	
Definition	Discriminatory abuse includes ageism, racism, sexism, that based on a person's disability, and other forms of harassment, slurs or similar treatment.
Examples	Shunned by individuals, family or society because of age, race or disability. Assumptions about a person's abilities or inabilities.
Indicators	Isolation from family or social networks.

APPENDIX 4: INTERNAL REPORT FORM

Date of Disclosure / Concern:	
Time of Disclosure / Concern:	

Details of Complainant

Name:	
Address:	
Tel.:	
Email:	
Age:	
Relationship to alleged victim:	

Details of Alleged Victim

Name:	
Address:	
Tel.:	
Email:	
Age:	

Details of Parent / Carer

Name:	
Address:	
Tel.:	
Email:	
Age:	
Relationship to alleged victim:	
Are they aware of the allegation / suspicion / complaint?	**YES** **NO**

Details of Alleged Perpetrator

Name:	
Address:	
Tel.:	
Email:	
Age:	
Relationship to alleged victim:	
Are they aware of the allegation / suspicion / complaint?	**YES** **NO**
Current contact with child(ren) or vulnerable person(s), if known:	

Details of Allegation

Details of concern(s), allegation(s) or incident(s) include dates/times and location, who was present, description of observed injuries:

Action Taken

Details of evidence to support the concern:

Are there any immediate child or vulnerable adult protection concerns? If so please record what they are and state what actions have been taken by whom to address them:

Details of person completing this form

Name:	
Tel.:	
Email:	
Status within Glencree:	
Form completed - date and time:	
Signed:	
Date and time form submitted to Designated Liaison Person (DLP):	

Designated Liaison Person to Complete

Action Taken:

Record who has been contacted (if any) in relation to this incident:

Name:	
Tel.:	
Email:	
Profession:	
Organisation:	
Date and time:	
How was the report made:	**Verbally (in person)** **Verbally (by phone)** **Written**

Internal Report Forms must be retained by the Designated Liaison Person in a secure location

Signed by Designated Liaison Person (DLP):	
Date:	