



Rainbow Nursery | גן קשת

Child Protection and Safeguarding

Guidelines for nursery staff on different types
of abuse

Recognising signs of child abuse

Introduction

There is no clear dividing line between one type of abuse and another. Children may show symptoms from one or all of the categories given below. The following is not a comprehensive or definitive list, but gives an indication of situations, which should alert you to possible cause for concern.

Physical abuse

Physical abuse can take various forms. In addition to the following examples, injury may be inflicted through means such as suffocating or poisoning.

- Bruises in places not normally harmed during play, for example, back of the legs, abdomen, groin area
- Bruising in or around the mouth area (especially in young babies) – Note: "Bruising to immobile babies" is listed in the LSCB procedures as one of the indicators for which for a referral to children's social care should always be made.
- Grasp marks on legs and arms – or chest of a small child
- Finger marks (for example, you may see three or four small bruises on one side of the face and none on the other)
- Symmetrical bruising, i.e. the same pattern of bruising on both sides of the body/head/legs/arms etc. (especially on the ears or around the eyes)
- Outline bruising (for example, belt marks, hand prints)
- Linear bruising (particularly on the buttocks or back)
- Old and new bruising (especially in the same area, for example, buttocks)
- Unexplained injuries, bruises or marks
- Fear, watchfulness, over-anxiety to please
- **Bites** – these can leave clear impressions of teeth. Human bite marks are oval or crescent shaped. If the distance is more than 3cm across, it indicates that they have been caused by an adult or older child.
- **Fractures** – these should be suspected if there is pain, swelling and discolouration over a bone or joint. As fractures also cause pain it is difficult for a parent or carer to be unaware that a child has been hurt.
- **Burns/scalds** – it can be very difficult to distinguish between accidental and non-accidental burns, but as a general rule, burns or scalds with clear outlines are suspicious, as are burns of uniform depth over a larger area.

Points to note:

- It is very rare for a child under one year to sustain fractures accidentally
- Bruising is very rare in babies who are not yet mobile.

Neglect

Neglect occurs when the child's parents or carers do not consistently meet their needs for food, warmth, protection, stimulation, education and care, including of their health needs. It may also occur when children are not helped with the development of their behaviour and emotions.

Warning signs include:

- Child frequently appears hungry, asks for food
- Consistently unkempt, dirty appearance, smelly, poor hygiene
- Babies' nappies not being changed frequently enough
- The child's clothes are often dirty, scruffy or unsuitable for the weather
- Repeated failure by parents/carers to prevent accidental injury
- Medical needs of child unmet – for example, failure to seek medical advice for illness
- Developmental delay
- Behaviours such as head banging or rocking.
- The child is exposed to risks and dangers, such as the home being unsafe or drugs or needles being left around
- The child is left alone with unsuitable carers
- The child has lots of accidents
- No one seeks medical help when the child is ill or hurt.

Sexual abuse

Sexual abuse involves forcing or enticing a child to take part in sexual activities, whether or not the child is aware of what is happening. Sexual abuse occurs when children are used by others to meet their own sexual needs, this might include sexual activity involving the child or showing the child pornographic material on videos or the internet.

Most child victims are sexually abused by someone they know – either a member of their family or someone well known to them or their family. The child is likely to have been put under considerable pressure not to reveal what has been happening and many children feel guilty and responsible about their involvement. There are no typically sexually abusing families.

Very young children or children with special needs may not be aware or have the language to describe what is happening to them and it is particularly difficult in such cases to assess possible abuse by an adult or a child's sibling or another child

Some possible signs:

- Explicit or frequent sexual pre-occupation in talk and play
- Hinting at sexual activity or secrets through words, play or drawing
- Sexualised behaviour – for example, pretend sexual intercourse during play
- Sexually provocative relationships with adults
- Itching, redness, soreness or unexplained bleeding from vagina or anus
- Bruising, cuts and marks in the genital area
- Repeated urinary tract or genital infections.

Emotional abuse

Emotional abuse occurs when children are persistently denied love and affection. Children will be harmed if they are frequently shouted at, made to feel stupid, rejected, used as a scapegoat or live in a violent atmosphere.

This might include:

- The parent/carer giving the repeated message to the child that he/she is worthless, unloved or inadequate
- The parent/carer having wildly unrealistic expectations of their child's abilities, taking into account the child's age and stage of development
- The child showing serious difficulties in his/her emotional, social or behavioural development
- The parent/carer frequently causing the child to feel frightened or in danger.

Some possible signs:

- Very low self-esteem, often with an inability to accept praise or to trust adults
- Excessively clinging, withdrawn anxious behaviour
- Demanding or attention-seeking behaviour
- Over-anxious – either watchful, constantly checking or over-anxious to please
- Withdrawn and socially isolated
- Unwillingness to communicate
- Sudden speech disorders
- Repetitive, nervous behaviour such as rocking, hair twisting.

Supporting a child who tells about abuse

- Stay calm
- Ensure that the child is, and feels safe
- Seek necessary medical treatment without delay
- Tell the child they are not to blame – it's not their fault
- Tell and show the child that they are being taken seriously – do not express disbelief
- Explain to the child that they have done the right thing to tell you
- Do not promise that you will be able to keep secret the things the child has told you – be honest and explain that it will be necessary to tell someone else
- Keep questions to a minimum and ask only open questions. For example: after noticing a mark on a child, ask: "How did that happen?" and NOT "Did Daddy do that?" which is a 'leading' question.
- Use the child's own words but check out with the child what they mean if this is unclear (for example, the child may have particular words for parts of the body)
- Repeat back to the child (as accurately as possible) what you have heard to check your understanding of what the child has told you
- Ask the child if he/she has told their mum/dad/other person these things
- Any child old enough to communicate directly should be asked how he/she hurt himself/herself. In younger children it is perfectly normal to ask the parent/carer what happened where an injury is clearly visible.
- Tell the child what will happen next and what you intend to do
- Write down what the child has told you as soon as possible after the event. Ensure that records are recorded factually and signed and dated. They should be countersigned by the designated person for child protection in your setting.

DON'T:

- Put it off
- Press the child for explanations
- Leave it to someone else to help the child
- Be afraid to voice your concerns, the child may need urgent protection and help.

Remember!

- Any child anywhere can be abused at any time.
- Children with disabilities are especially vulnerable.
- Child abuse can be committed by anyone – adults or children.

There is separate guidance for managing allegations of abuse against all adults working with children in early years and childcare settings. This guidance can be found online at: www.cambridgeshire.gov.uk/childcare

Table 1: Common Physical and Behavioral Signs of Child Abuse and Neglect

Type of Abuse	Physical Signs	Behavioral Signs
<p>Physical Abuse</p> <p>From CFOC, Appendix K and Glossary (AAP et al., 2002) and Wesley et al. (1997)</p>	<ul style="list-style-type: none"> • Bruises and marks on the face, neck, back, buttocks, arms, thighs, ankles, abdomen, genitals or back of legs • Burns or injuries in the shape of the object that caused the injury such as: bite marks, hand prints, cigarette burns, belt buckle markings or burns from scalding liquids • Unexplained or several broken bones, especially a broken rib, severe skull fracture or other major head injury 	<ul style="list-style-type: none"> • Explanation for a physical injury that is not consistent with the injury or the child’s developmental age • Avoidance of adult contact • Behavioral extremes—passive or aggressive • Inappropriate or advanced maturity • Empty or frozen stare • Fear when other children cry • Seeking affection from all adults (does not favor parents or other close relatives) • Wearing clothes that cover the body and is not appropriate for the weather
<p>Neglect</p> <p>From CFOC, Appendix K and Glossary (AAP et al., 2002) and Wesley et al. (1997)</p>	<ul style="list-style-type: none"> • Inappropriate clothes • Poor hygiene • Consistent hunger • Medical needs that are not addressed • Repeated cases of head lice • Parent or caregiver who is impaired because of substance abuse, or physical or mental illness 	<ul style="list-style-type: none"> • Tiredness or lack of energy • Whispering speech • Empty facial expressions • Frequent absences or lateness • Begging for or hoarding food • Reporting by child that no caretaker is at home • Lack of adult supervision for long periods of time
<p>Emotional Abuse</p> <p>From CFOC, Appendix K and Glossary (AAP et al., 2002) and Wesley, Dennis & Tyndall (1997)</p>	<ul style="list-style-type: none"> • Delayed physical, emotional or intellectual development • Habits such as rocking, or sucking on fingers, that are not developmentally appropriate, given the child’s age 	<ul style="list-style-type: none"> • Withdrawal • Lack of energy • Decreased social contact • Fear of parent/caregiver • Behavioral extremes—passive or aggressive • Empty facial expressions • General fear
<p>Sexual Abuse</p> <p>From CFOC, Appendix K and Glossary (AAP et al., 2002), Wesley et al. (1997) and Smith (2000)</p>	<ul style="list-style-type: none"> • Pain, itching, bruises, swelling or bleeding around the genital area • Stained or bloody underwear • Difficulty in sitting or walking • A sexually transmitted disease (STD) 	<ul style="list-style-type: none"> • Reporting by child of sexual abuse by parent or adult • Frequent touching/fondling of genitals or masturbation • Inappropriate sexual expression with trusted adults • “Clinginess,” fear of separation • Excessive bathing • Acting out the abuse using dolls, drawings or friends • Neglected appearance • Avoidance of certain staff, relatives or friends • Lack of involvement with peers

Adapted from Young-Marquardt and National Training Institute for Child Care Health Consultants, UNC-CH, 2004.

Table 2: Factors Linked to Child Abuse

(Adapted from AAP et al. [2002] Appendix L)

	Risk Factors	Protective Factors
Individual Child	<ul style="list-style-type: none"> • Emotional/behavioral difficulties • Child with special needs • Premature birth • Unwanted child 	<ul style="list-style-type: none"> • Emotionally satisfying relationships with others • Availability of caring family members and siblings • Presence of adult role models
Individual Parent	<ul style="list-style-type: none"> • Poor parenting skills and abilities • Limited knowledge of child development • History of abuse • Substance abuse • Mental illness • Unrealistic expectation of child's behavior • Teenage parent • Depression/low self-esteem 	<ul style="list-style-type: none"> • Supportive person available at birth of child • Emotionally satisfying relationships with others • High level of education in mother • Positive parenting skills and abilities • Accurate knowledge of child development
Family	<ul style="list-style-type: none"> • Child/parent interaction • Stress in parents • Domestic violence • Isolated from extended family • Social isolation • Single parent • Adult in home who is not related to the child • Poverty 	<ul style="list-style-type: none"> • Availability of caring family members and siblings • Presence of adult role models • Harmony in family • Social support from a person important to the child
Community	<ul style="list-style-type: none"> • Unemployment, money problems • Poverty • Housing • Neighborhood crime 	<ul style="list-style-type: none"> • Stable and connected neighborhoods • Access to good health care, education and employment services • Availability of caring friends, teachers and neighbors
Cultural/Societal	<ul style="list-style-type: none"> • Levels of acceptable violence • Corporal punishment 	<ul style="list-style-type: none"> • Social network of relatives and friends • Respect for children's rights

Fact Sheets for Families

Never Shake a Baby!

Each year, more than 1,300 American children are forcefully shaken by their caretakers. Powerful or violent acts of shaking may lead to serious brain damage—a condition called “shaken baby syndrome” (SBS). The American Academy of Pediatrics, an organization of 55,000 pediatricians, pediatric medical sub-specialists and pediatric surgical specialists, considers shaken baby syndrome to be a clear and serious form of child abuse. Shaken baby syndrome often involves children younger than 2 years but may be seen in children up to 5 years of age.

What is shaken baby syndrome?

The term “shaken baby syndrome” is used for the internal head injuries a baby or young child sustains from being violently shaken. Babies and young children have very weak neck muscles to control their heavy heads. If shaken, their heads wobble rapidly back and forth, which can result in the brain being bruised from banging against the skull wall.

Generally, shaking happens when someone gets frustrated with a baby or small child. Usually the shaker is fed up with constant crying. However, many adults enjoy tossing children in the air, mistaking the child’s excitement and anxious response for pleasure. Tossing children, even gently, may be harmful and can cause major health problems later on in life.

What are the signs and symptoms?

Signs of shaken baby syndrome may vary from mild and nonspecific to severe. Although there may be no obvious external signs of injury following shaking, the child may suffer internal injuries. Shaking can cause brain damage, partial or total blindness, deafness, learning problems, retardation, cerebral palsy, seizures, speech difficulties and even death.

Damage from shaking may not be noticeable for years. It

could show up when the child goes to school and is not able to keep up with classmates.

Tips for prevention

Shaken baby syndrome is completely preventable.

- Never shake a baby—not in anger, impatience, play, or for any reason.
- Avoid tossing small children into the air.

Address the causes of crying to reduce stress

Caregivers and parents can become exhausted and angry when a baby cries incessantly. Some babies cry a lot when they are hungry, wet, tired or just want company. Some infants cry at certain times. Feeding and changing them may help, but sometimes even that does not work.

If a young child in your care cries a lot, try the following:

- Make sure all of the baby’s basic needs are met.
- Feed the baby slowly and burp the baby often.
- Offer the baby a pacifier, if supplied by parents.
- Hold the baby against your chest and walk or rock him/her.
- Sing to the baby or play soft music.
- Take the baby for a ride in a stroller or car.
- Be patient. If you find you cannot calmly care for the baby or have trouble controlling your anger, take a break. Ask someone else to take care of the baby or put him/her in a safe place to cry it out.
- If the crying continues, the child should be seen by a health care provider.

No matter how impatient or angry you feel, never shake a baby!


References

National Center on Shaken Baby Syndrome.

American Academy of Pediatrics, *Policy Statement: Pediatrics* Volume 108, Number 1, July 2001, pp. 206-210.

California Childcare Health Program, *Health and Safety in the Child Care Setting: Prevention of Injuries*.

by Rahman Zamani, MD, MPH



Provided by California Childcare Health Program
For more information, please contact:
Healthline 1-800-333-3212

Distributed by:

Indicators of the three types of child abuse*

Physical Signs		
Neglect and Emotional Abuse	Physical Abuse	Sexual Abuse
<p>The child:</p> <ul style="list-style-type: none"> • Is underweight or small for age • Is always hungry • Is not kept clean • Is inappropriately dressed for weather • Has not received needed medical care 	<p>The child:</p> <ul style="list-style-type: none"> • Has unexplained bruises or welts in unusual places • Has several bruises or welts in different stages of healing, in unusual shapes, or in clusters • Has unexplained burns • Has unexplained broken bones or dislocations • Has unexplained bites or explanation for injury differs from that of a parent or caretaker 	<p>The child:</p> <ul style="list-style-type: none"> • Has difficulty walking or sitting • Is wearing torn, stained or bloody underwear • Has pain, swelling or itching of genitals • Has bruises, cuts or bleeding on genitals or anal area • Feels pain when urinating or defecating • Has a discharge from the vagina or penis, or a sexually transmitted disease

Behavioral Signs		
Neglect and Emotional Abuse	Physical Abuse	Sexual Abuse
<p>The child:</p> <ul style="list-style-type: none"> • Begs for or steals food • Frequently arrives at child care early and leaves later than expected • Has frequent, unexplained absences • Is overtired or listless 	<p>The child:</p> <ul style="list-style-type: none"> • Tells you he has been hurt by parents or others • Becomes frightened when other children cry • Says the parents or caretakers deserve to be punished • Is afraid of certain people 	<p>The child:</p> <ul style="list-style-type: none"> • Acts withdrawn, over-involved in fantasy, or much younger than age • Displays sophisticated or bizarre sexual knowledge or behavior • Exhibits excessive or unusual touching of genitals • Tells you that he/she has a secret he/she is not allowed to tell anyone • Tries to hurt him/herself

**Many of these indicators also occur with children who have not been abused. Look for clusters of indicators, and do not reach the conclusion that a child has been abused too quickly. Remember, you must report your reasonable suspicion of abuse.*

Produced by the California Childcare Health Program
and the California Consortium to Prevent Child Abuse through a grant from the Pacific Mutual Foundation

California Childcare Health Program • 1333 Broadway, Suite 1010 • Oakland, CA 94612-1926
Telephone 510-839-1195 • Fax 510-839-0339 • Healthline 1-800-333-3212 • www.ucsfchildcarehealth.org