



Safeguarding children in education: types and indicators of abuse

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Teachers and school staff are well positioned to spot signs of abuse and neglect. Children may experience abuse and neglect at any age and it may have a profound impact not only on their immediate safety and health but on their long-term development and wellbeing.

The signs of abuse and neglect can be difficult to detect. Children may be seen as easy targets for abuse. Their developing communication and understanding of what constitutes mistreatment means that they may have difficulty alerting others to it. A child's reliance on their parents and family may also mean that it is easier to conceal harm or coerce a child into not disclosing it to others.

Teachers and school staff may be the only adults outside the child's family that have significant contact with them and so it is especially important that all those working with children have a good understanding of abuse and neglect and how to recognise the possible indicators. Teachers and school staff must also have a good working understanding of [Keeping children safe in education](#) (Department for Education, 2019), in particular [Part 1 and Annex A](#).

This briefing aims to equip teaching professionals with an understanding of:

- Physical abuse
- Sexual abuse
- Emotional abuse

- Neglect
- Disguised compliance
- How SCIE can support you and your setting

Evidence of any one indicator from the following lists should not be taken on its own as proof that abuse is occurring. However, it should alert practitioners to make further assessments and to consider other associated factors. The lists of possible indicators and examples of behaviour are not exhaustive and people may be subject to a number of abuse types at the same time.

Physical abuse

Types of physical abuse

- Hitting, slapping, punching, kicking, hair-pulling, biting, pushing
- Rough handling
- Scalding and burning
- Physical punishments
- Inappropriate or unlawful use of restraint
- Physical harm caused by a parent or carer fabricating the symptoms of, or inducing, illness

Possible indicators of physical abuse
Injuries caused by accidents are not uncommon in children, becoming less common as the child develops and grows. This means that recognising the signs of physical abuse in children can be especially difficult and leave practitioners unsure of what may be abusive.

The following is a guide to injuries that are more likely to be accidental or abusive. However, it is not absolute and it is important that those working with children consider the child's stage of development, any pattern of injuries and the account given by the child, parents, carers or others of how the injury was sustained.

Typically accidental injuries

Accidental injuries typically involve bony prominences – the bones that are close to the surface and so more likely to become injured through falls, slips and trips.

This can include:

- forehead
- knees
- elbows
- palms of hands
- nose
- shins.

The injuries will match the account given by the child and parent/carer and be in-keeping with the child's level of development and activity.

Typically abusive injuries

Abusive injuries, however, tend to involve softer tissue and be in areas that are harder to damage through slips, trips, falls and other accidents.

This may include:

- upper arm
- forearm (defensive injuries)
- chest and abdomen
- thighs or genitals
- facial injuries (cheeks, black eyes, mouth)
- ears, side of face or neck and top of shoulders ('triangle of safety')
- back and side of trunk.

Abusive injuries may be seen on both sides of the body and match other patterns of activity. They may not match the explanation given by the child or parent/carer and there may

also be signs that injuries are being untreated, or at least a delay in seeking treatment.

Sexual abuse

Types of sexual abuse

Sexual abuse may take place either in person or online or offline. It may be perpetrated by family or non-family members, males or females, older adults or by other young people.

- Forcing or enticing a child or young person to take part in sexual activities, which may or may not involve violence
- Penetrative acts
- Non-penetrative acts (kissing, masturbation, rubbing or inappropriate touching)
- Sexual photography or forced use of pornography or witnessing of sexual acts
- Non-contact (looking at or producing pornography or sexual images, watching sexual activities, grooming in preparation for abuse)

Possible indicators of sexual abuse

- Bruising, particularly to the thighs, buttocks and upper arms and marks on the neck
- Bleeding, pain or itching in the genital area
- Difficulty in walking or sitting
- Sudden change in behaviour or school performance
- Displays of affection that are sexual or not age-appropriate
- Use of sexually explicit language that is not age-appropriate
- Alluding to having a secret that cannot be revealed
- Bedwetting or incontinence
- Reluctance to undress around others (e.g. for PE lessons)
- Infections, unexplained genital discharge, or sexually transmitted diseases

- Unexplained gifts or money
- Self-harming
- Poor concentration, withdrawal, sleep disturbance
- Reluctance to be alone with a particular person

Psychological or emotional abuse

Types of emotional abuse

Some level of emotional abuse is present in all types of abuse or neglect, though it may also appear alone. It is the persistent mistreatment of a child that has a severe and negative impact on their emotional development. Emotional abuse may also be perpetrated by other young people through serious bullying and cyber-bullying.

- Overprotection – preventing someone accessing educational and social opportunities and seeing friends
- Intimidation, coercion, harassment, use of threats, humiliation, bullying, swearing or verbal abuse
- Conveying feeling of worthlessness, inadequacy or that a child is unloved
- Threats of harm or abandonment
- Placing inappropriate expectations on children
- Witnessing or hearing the abuse or ill-treatment of others (including domestic violence)

Possible indicators of emotional abuse

- Concerning interactions between parents or carers and the child (e.g. overly critical or lack of affection)
- Lack of self-confidence or self-esteem
- Sudden speech disorders
- Self-harm or eating disorders

- Lack of empathy shown to others (including cruelty to animals)
- Drug, alcohol or other substance misuse
- Change of appetite, weight loss/gain
- Signs of distress: tearfulness, anger

Neglect

Types of neglect

Neglect is found to be a factor in 60 per cent of child deaths that are investigated through Serious Case Reviews. However, even though it is often suspected by those who work with children, it is under-reported. Neglect is a persistent failure to meet basic needs (physical or emotional) and it leads to serious harm to the health or development of a child.

- Failing to provide adequate shelter, clothing or food
- Failing to protect a child from harm or danger
- Failing to ensure that a child is supervised appropriately
- Failing to access medical care or treatment for a child when it is needed.

Possible indicators of neglect

- Excessive hunger
- Inadequate or insufficient clothing
- Poor personal or dental hygiene
- Untreated medical issues
- Changes in weight or being excessively under or overweight
- Low self-esteem, attachment issues, depression or self-harm
- Poor relationships with peers
- Self-soothing behaviours that may not be age-appropriate (e.g. rocking, hair-twisting, thumb-sucking)
- Changes to school performance or attendance

Think: Disguised compliance

For schools working with children and families, staff will likely have established relationships with parents or carers and experience of working with them. A parent's or carer's behaviour can make it difficult for school staff to recognise abuse or neglect at an early enough stage or delay reporting it.

Disguised compliance involves caregivers presenting an appearance of being co-operative and supportive in order to avoid scrutiny, suspicion or concern. Figure 1 shows what these behaviours may include.

A parent or carer can disguise or hide signs of abuse or neglect for pre-arranged home visits by school staff.

Figure 1: Disguised compliance



Improving practice

- Keep records of discussions and meetings and build a chronology that can help to identify parenting capacity over time
- Don't accept presenting behaviour as fact: seek evidence to make sure that you get a balanced view of what is happening
- Challenge the views of staff: being overly optimistic of what parents can achieve means that support is offered too late
- Be child-focused: keep the child at the centre of planning and information gathering and always seek and record their perspectives

Support from SCIE

SCIE's knowledge and experience of safeguarding means that we are well placed to support your organisation on your safeguarding journey.

Our collaborative approach provides organisations with the tools to learn from safeguarding incidents and put in place the right measures to improve safeguarding in the future.

Drawing on extensive experience of using our [Learning Together](#) approach, we conduct audit and consultancy with multi-academy trusts and schools to improve safeguarding provision and governance.

Work with SCIE

- SCIE has worked with a range of schools, trusts and education organisations and has developed a deep understanding of the context, sensitivities, issues and concerns relating to safeguarding
 - SCIE knows that safeguarding applies to both children and adults, but also to the site and health and safety provisions in place
 - Co-production is fundamental to what we do and we understand the importance of involving children, families, staff and others that use services in that safeguarding journey
- SCIE works with education organisations to support them through tailored programmes of learning and development and audit and review. We can work with your organisation to embed good safeguarding practice through:
 - developing and updating policies and procedures that reflect latest legislation, learning, good practice and your context
 - Learning Together, a systems-based approach to support with audit, review and consultancy
 - CPD-accredited, tailored classroom and e-learning courses for staff and designated safeguarding leads
 - free online resources for safeguarding children and adults.

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