**DEFINITIONS**

**CHILDREN AND YOUNG PEOPLE**

**Children and young people:** Any child or young person under the age of 18.

**Abuse and neglect of children and young people definitions:**

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| Child abuse is any action by another person – adult or child – that causes significant harm to a child. It can be physical, sexual or emotional, but can just as often be about a lack of love, care and attention. We know that neglect, whatever form it takes, can be just as damaging to a child as physical abuse.  An abused child will often experience more than one type of abuse, as well as other difficulties in their lives. It often happens over a period of time, rather than being a one-off event. And it can increasingly happen online.  NSPCC, June 2016 |

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| A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults, or another child or children.  Working Together to Safeguard Children, Department for Education, 2018 |

**ADULTS**

**Vulnerable adult:** Any adult aged 18 or over, who has needs for care and support (whether or not the local authority is meeting any of those needs) and is experiencing, or as it risk of, abuse or neglect; and as result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse and neglect (Care and Support Statutory Guidance, issued under the Care Act 2014, Department of Health).

**Adult at Risk:** An adult who is experiencing or is at risk of abuse or neglect, has needs for care and support (whether or not the local authority is meeting any of those needs), and as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

**Abuse of vulnerable adults and safeguarding:** Safeguarding (vulnerable adults) means protecting an adult’s right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse and neglect, while at the same time making sure that the adult’s well-being is promoted including, where appropriate, having regard to their views, wishes, feeling and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

Incidents of abuse may be one-off or multiple and affect one person or more. Patterns of abuse may vary and include:

* serial abusing in which the perpetrator seeks out and ‘grooms’ individuals (sexual abuse sometimes falls into this pattern as do some forms of financial abuse)
* long-term abuse in the context of an ongoing family relationship such as domestic violence between spouses or generations or persistent psychological abuse; or
* opportunistic abuse such as theft occurring because money or jewellery has being left lying around.

Care and Support Statutory Guidance issued under the Care Act 2014, Department of Health

**Other useful definitions include:**

**Adult and child protection** is part of safeguarding and promoting welfare. This refers to the activity which is undertaken to protect children, young people and specific adults who are suffering or who are at risk of suffering significant harm, including neglect. This is essential as part of promoting a safe Church.

**Abuse and neglect** may occur in a family, a community or an institution. It may be perpetrated by a person or persons known to the child, young person or vulnerable adult or by strangers; by an adult or by a child. It may be an infliction of harm or a failure to prevent harm.

**BACKGROUND INFORMATION**

**THE ABUSE OF CHILDREN, YOUNG PEOPLE AND ADULTS**

**The extent and impact of child abuse**

Research by the NSPCC (2011) set out to establish the extent of child abuse. It had previously carried out a survey ten years prior and aimed to see what had changed. Researchers asked 1,761 18-24 year olds about their childhood experiences and compared their replies with those given in the earlier survey. This research is carried out every ten years so this gives the most up to date picture of what we know about the extent and impact of child abuse.

* Around one in four 18-24 year olds reported experiences of severe physical violence, sexual abuse or neglect in childhood.
* The number of young adults experiencing severe violence, forced sex and prolonged verbal abuse during childhood has dropped over the last 30 years.
* Young adults from lower socio-economic groups and those with separated parents reported significantly higher levels of physical violence, coerced sexual acts, regular verbal aggression and parental lack of care and supervision during childhood.
* Almost 20% of 11-17 year-old children have been physically attacked by an adult, raped or sexually assaulted or severely neglected during their lives.
* Severely abused and neglected children were almost nine times more likely to attempt suicide, and almost five times more likely to self-harm, than children not severely abused and neglected.
* Children who suffered several types of maltreatment were significantly more likely to have enduring physical, learning or psychiatric problems.

For more information and more recent research into specific aspects of child abuse the NSPCC

publishes a wide range of research reports. Go to [www.nspcc.org.uk/services-and-resources/research-and-resources/](http://www.nspcc.org.uk/services-and-resources/research-and-resources/)

**Disabled children and abuse**

Disabled children are more vulnerable to all forms of abuse because of: negative attitudes towards disability; a higher chance of their being bullied; isolation; a greater likelihood of being cared for outside the family for at least part of the week, and greater difficulty for disabled children in communicating their experiences.

**Who abuses children and young people?**

The abuse of children can be by:

* parents
* other carers
* other children
* people employed, or volunteering, to work with them
* institutions.

**Adult abuse**

Statistical evidence is less available for adults, but it is essential to acknowledge that adult abuse is widespread. According to [www.elderabuse.org.uk](http://www.elderabuse.org.uk) over 500,000 older people are abused in the UK each year. Both older men and women are at risk of abuse, though the majority of victims are women over the age of 70.

**WHAT CAN MAKE IT HARD FOR PEOPLE IN CHURCHES TO RESPOND TO A CONCERN?**

**Why individuals may fail to respond to a cry for help**

* fear they may be wrong
* doubts about the child’s or vulnerable adult’s truthfulness
* anger and distress
* the child or adult asking them not to tell
* uncertainty about procedures and consequences
* unresolved feelings
* rationalising that there may be other reasons for the child or adult’s behaviour
* not wanting to interfere in a family.

**Why churches may fail to respond to a cry for help**

* they may not want to hear or it may be too hard to hear
* the person/family concerned is too well known and respected
* the limits of confidentiality/confession may not be well understood
* confusion about false allegations
* a desire to keep it within the church
* those with responsibility feeling they need to handle everything themselves
* not knowing who to consult
* failing to recognise what’s going on and/or its significance
* being unaware of or misapplying policies and procedures
* acting hastily or too slowly, and not seeking or taking advice
* this doesn’t happen in church, does it?

**WHY CHILDREN AND ADULTS MAY FIND IT HARD TO TELL**

* not knowing it is wrong
* not being able to communicate
* feeling there is no one to talk to who will listen and can be trusted
* they have tried to tell before but not been heard
* feelings of shame and embarrassment
* being dependent on the person who has harmed or is harming them
* fear of not being listened to, understood, taken seriously or believed
* believing that nothing will change
* not wanting to burden others
* fear of getting themselves or someone else into trouble
* fear it will make things worse
* not knowing what can be done
* stigma of involvement with statutory agencies (eg police, children’s services etc).
* confusion about pastoral authority (principally relates to adult context).

**RESPONDING WELL TO CONCERNS**

**How to respond to concerns that a child has been/is being abused**

Children and young people do not often directly disclose that they have been or are being abused. More often you would become concerned by your observations of changes in the child’s behaviour or physical appearance – or because of something another person has told you.

When responding to a child, young person or parent, who shares with you, remember these guidelines:

* NEVER promise to keep a secret.
* React calmly; be aware of your non-verbal messages.
* Don’t stop a child or parent who is talking freely about what has happened.
* Don’t ask leading questions.
* Reassure the child or parent they have done the right thing by telling you.
* Avoid making comments or judgements.
* Tell the child or parent what will happen next.
* Record using the child or parent’s words.

Remember to follow Church of England Policy and Practice Guidance. Working in isolation is dangerous practice and does not safeguard children. Always share your concerns with a manager or senior colleague, such as a minister, activity leader or your safeguarding officer.

**How to respond to concerns that an adult has been/is being abused**

Adults too may be reticent about direct disclosure of abuse. Generally you would become concerned about signs you observe or something you hear about. The Care Act 2014 speaks about “making safeguarding personal” so this means engaging with them in a conversation about how best to respond to their safeguarding situation in a way that enhances their involvement, choice and control as well as improving quality of life, well-being and safety.

It is important to understand the circumstances of the observed or reported abuse, and to

recognise the adult’s capacity to make decisions for themselves, but the primary focus must still be how to safeguard the adult, and so it is essential that you promptly share any concerns you may have with your local church or circuit safeguarding officer. The following guidelines will also apply:

* never promise to keep a secret
* react calmly to what you see and hear, being aware of your non-verbal messages
* don’t stop an adult who is speaking freely about the safeguarding issue
* don’t ask leading questions
* reassure the adult that they have done the right thing by telling you
* avoid making comments or judgements
* tell the adult what will happen next
* keep good records using the adult’s words.

**GUIDELINES ON TOUCH FOR PEOPLE WHO WORK WITH CHILDREN**

Touch is very important for children and can be appropriate. It can be a non-verbal way of

communicating care, concern and understanding. It might be a natural part of interaction with a child in your care. It could be because of your involvement in play or recreational activities. You might need to touch a child or young person to protect them from danger.

However some children who have been abused may misunderstand the message you intend to convey. In order to ensure the well-being and safety of children, and to promote safer working, it is important that you have a sound appreciation of appropriate boundaries and how to use touch in a safe way.

The following guidelines suggest ways of achieving this:

* Touch should always occur in public. Giving someone a hug in the context of a group is very different from a hug behind closed doors.
* Touch should be related to the child’s needs, not yours. This requires you to be self-aware and sensitive to children’s feelings.
* Care and concern can be expressed by a touch on the arm or shoulder or a sideways hug.
* Be sensitive to the child’s reaction to touch. If a child is not happy with physical contact respect this. You might need to find other ways of conveying your concern for them.
* Touch should be age-appropriate and generally initiated by the child rather than the worker/volunteer.
* Children have the right to decide how much physical contact they have with others, except in exceptional circumstances when they need medical attention.
* Team members can helpfully monitor one another in the area of physical contact. They should feel safe and confident to check out issues, discuss any concerns and to constructively challenge anything which could be misunderstood or misconstrued.
* As far as possible you need to be aware of the child’s culture and the meaning that touch has for them.
* If you have concerns about abuse they should always be reported.

**NOTES AND REFLECTIONS**

**What have I learnt today?**

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**What am I going to do now?**

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