Dance United Yorkshire (DUY)

Our Safeguarding Policy

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Introduction to our Policy

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The work of Dance United Yorkshire (DUY) entails engaging closely and intensively with children and adults at risk. This policy document outlines our commitment to and procedures for protecting the rights and safety of at-risk children and adults during their association with us. For child protection legislation, 'child' refers to any person up to the age of 18 years. Therefore, this is the all-encompassing term used in the policy document for convenience and consistency.

We are committed to providing an environment in which every person has the right and opportunity to enjoy dance and its related activities without fear of bullying, intimidation, harassment or physical, emotional, psychological or sexual harm. We uphold the right for everyone to be classed as individuals and intend to treat all individuals respectfully.

All adults involved with the operations of DUY, including temporary staff, volunteers and Trustees, have a full and active part to play in protecting the children and the adults at risk with whom we work. Each person's welfare is our paramount concern.

We each have a legal responsibility and, importantly, a moral obligation to protect people from abuse regardless of age, disability, gender, faith, racial origin and sexual orientation or identity. The organisation and staff are committed to best practices that protect all people from harm and promote safe environments where dance can be performed, and everyone can thrive.

Implementation and Review of this Policy

The DUY Executive Directors, Helen Linsell and Duncan Bedson, are responsible for implementing this policy and will report the incidence or absence of any child protection case/s to the charity's Board of Trustees at each quarterly Board meeting. The policy will be reviewed with the Trustees at the final meeting each calendar year and in the interim to respond to an incident/s or legislative amendment if necessary.

Policy approved by Ann-Marie Teed, Chair of Trustees: June 2023 **Review date: June 2024**

The Aims of this Policy are to:

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- Support the development of the participants on our dance projects in ways that will foster security, confidence and independence.
- Provide an environment where everyone feels safe, secure, valued and respected.
- Ensure that the children and adults at risk are confident, if they are experiencing difficulties, that they know how to approach adults for help and feel assured they will be listened to effectively.
- Raise and maintain the awareness of all paid staff and volunteers about the need to safeguard those at risk and their responsibilities in identifying and reporting possible cases of abuse (Please see Appendix 1).
- Provide a systematic means of monitoring children and adults known or thought to be at risk of harm and ensure we assess and implement support for them.
- Ensure all staff/freelancers/volunteers/placements have completed the e-learning course "An Introduction to Safeguarding Children."
- Emphasise the need for good communication between all staff and volunteers.
- Maintain a structured procedure within DUY to be followed by all staff/volunteers in cases of suspected abuse.
- Promote and maintain effective working relationships with other agencies, especially the youth offending team, schools, Police and Social Services.
- Ensure that all DUY staff with unsupervised access to our groups have been assessed for suitability for the role. This includes verifying their identity and qualifications and conducting a satisfactory check with the Disclosure and Barring Service (DBS). An office record will be kept for audit.

We will implement this policy by:

- Adopting clear standards and a code of conduct and making them widely available to staff, volunteers and parents
- Inducting and training all staff in best practices relating to safeguarding
- Following stringent recruitment procedures for the selection of staff and volunteers
- Ensuring that the engagement of new staff (whose role will entail unsupervised access to children) is subject to their being cleared by the relevant DBS, and they're not allowed to start work until that clearance is received.
- The Provision of effective management of staff through supervision and support.
- Responding swiftly and seriously to any allegations or questionable poor practices.
- Referring any suspicions of abuse to experts for appropriate action.
- Upholding confidentiality aligns with the Data Protection Act 2018 and the Human Rights Act 1998.
- Reviewing our policy and practice at timely intervals.

Designated Safeguarding Lead(s)

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The Designated Safeguarding Lead for DUY is General Manager, **Duncan Bedson**. The Artistic Director, **Helen Linsell,** fulfils the Deputy Designated Safeguarding Lead role. Together they are responsible for:

- Dealing with any safeguarding concerns.
- Providing advice and support to staff and volunteers with concerns that a child/adult is at risk of or suffering from abuse.
- Ensuring all staff know what to do and to whom they should go if they are concerned that a child/adult may be subject to abuse or neglect.
- Recording and acting immediately on any concerns about a child/adult.
- Making a referral to the Social Care Initial Contact point and completing a referral form when necessary.
- Ensuring the referral is acted upon, and issues are addressed promptly.
- Recording any reported incidents about a child/adult at risk or breach of Safeguarding policies and procedures. This information will be stored in the safeguarding file, and its contents will be kept confidential and secure.
- Referring to the Local Authority Designated Officer (LADO), any safeguarding concerns relating to a staff member of DUY or any other organisation.
- Reporting to the Disclosure and Barring Service any staff member/volunteer who has been dismissed or left due to risk or harm to a child/adult at risk.
- Reporting to the Police any cases where a crime may have been committed.
- Referring concerns about radicalisation to multi-partner agencies, such as The Channel Scheme in Bradford.
- Contributing to the assessment of children/adults at risk by working with all appropriate agencies and the local authority, including attending strategy discussions and multi-agency meetings.
- Ensuring safeguarding policies are known, understood and used appropriately by staff, volunteers and parents/carers where relevant and are available for public scrutiny.
- Reviewing this policy in conjunction with the Board of Trustees, both annually as a matter of course and otherwise as necessary in light of any incident/s or legislative change, to ensure its continuing relevance and appropriateness.

Code of Conduct for Staff

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All staff and volunteers working with DUY ensure that good practice is constantly observed and promoted. This code of conduct is aimed at safeguarding each person's welfare and reducing the risk of abuse while also helping protect staff and volunteers from behaviour that might be deemed unacceptable and possibly give rise to a false accusation.

The code of conduct and appropriate and inappropriate behaviour characteristics should be discussed with participants at the project's outset and monitored and reviewed continuously.

This code of conduct covers the following:

- Best practice behaviour
- Relationships of trust and respect for the individual
- Contact with children/adults at risk
- Necessary physical contact
- Key behaviours to help children/adults at risk who want to disclose and/or discuss their abuse
- Intimate care
- Language
- Designated persons
- Reporting suspicions or allegations of abuse

Best Practice Behaviour

The following are examples of good practice. All staff and adults working with children/adults at risk on behalf of DUY will personally:

- Treat all participants with respect.
- Exemplify the excellent conduct that you would wish others to follow.
- Ensure that, whenever possible, more than one adult is present during activities.
- Respect each person's right to personal privacy.
- Be sensitive to and consider the needs of the person's gender, age, stage of development, religion, culture and race.
- Have only appropriate physical contact with a child/adult at risk and try to ensure that the contact will not be misunderstood or cause offence.
- Encourage participants to feel confident about pointing out attitudes and behaviour with which they feel threatened or uncomfortable.
- Be aware of and take action to combat bullying, taunting and any other form of peer abuse.
- Challenge unacceptable behaviour and report all allegations/suspicions of abuse.
- Operate within the organisation's principles and guidance.

Relationships of Trust

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Our work will only be effective if we earn the trust of the people we engage with. However, gaining that trust gives us power and influence that must be managed sensitively. We must not allow any relationship to become distorted by a sense of fear or favour or be perceived as such. A particular risk arises when the adult role may confer success and failure. In extreme cases, abuse of trust can manifest in an exploitative relationship known as grooming, where a person might be persuaded over a period of time that certain unacceptable behaviours are typical or expected in a sustained and close relationship. Accordingly, DUY requires that our staff:

- Must acknowledge the position of trust that they enjoy and use it respectfully.
- Serve as excellent role models in their dealings with other people.
- Ensure their relationships with the children/adults at risk are balanced and based on mutual trust, which empowers the child to share in the decision-making process.

Contact with Children/Adults at Risk

- Staff must not spend excessive time alone with children/adults at risk, away from others.
- Where possible, workers should not take children/adults at risk alone in a car on journeys, however short.
- Staff must not take children/adults at risk into the toilet or assist them in the changing rooms (unless necessary and in the presence of at least one other adult)
- Staff must not take children/adults at risk to the staff member's home.
- When on group visits, staff must not share a room with children/adults at risk
- Staff must not engage in rough, physical or sexually provocative games or horseplay.
- Staff must challenge unacceptable behaviour and report all suspicions and allegations of abuse to the designated person.

Necessary Physical Contact

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Contact is necessary for our process, as the body's positioning is vital for skills development. Touch can also be employed to encourage, protect or comfort. However, staff must be aware that even the most innocent physical contact could be misinterpreted and, therefore, should explain what they will do and gain consent before any physical contact is introduced.

- Physical contact should only be used when:
    - it is necessary to develop learning skills or technique
    - treating or preventing an injury
- Any manual support should be provided openly.
- It is advisable for staff/volunteers not to hug children/adults at risk but to use other appropriate means for demonstrating consolidation or affection, e.g., shaking the hand or engaging in a 'high five'. However, the situation should be judged on a case-by-case basis as there may be times when a person needs the (non-sexual) reassurance of human contact, e.g. to comfort a child dealing with a very emotional situation. In any event, close physical contact must not be in private.
- During the recruitment process, parents and carers will be informed of the nature of our work, and we will explain/demonstrate the typical types of touch used when working in dance. A session on appropriate touch will also be delivered very early in each project.

Restraint and Disciplinary Measures

Restraint is when a person is being held, moved or prevented from moving against their will because not doing so would injure themselves or others or cause significant property damage. Restraint will be used only as a last resort after other methods of controlling a situation have been tried and failed. Any case where a restraint method has been employed must be reported to the General Manager immediately. Restraint should never be used as a disciplinary measure. We understand that physical intervention that causes injury or distress to a person may result in personal liability under safeguarding or disciplinary procedure. Behaviour management sessions are conducted before each project.

Intimate Care

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Intimate care involves staff undertaking duties of a very personal nature for a child/adult at risk, e.g. showering, bathing, and taking to the toilet. On DUY projects, we would expect participants to be able to fend for themselves. However, in the unlikely event that such a situation should arise, staff must use the following guidelines:

- Staff must not do anything of a personal nature that the participant can do for themselves.
- Staff must not assume that disabled participants cannot perform personal duties for themselves.
- Staff must not attend a changing room without another adult being present, and no male or female staff member will enter the changing rooms of the opposite sex.

Online Safety

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DUY recognises that whilst the online world presents many opportunities, it can also present risks and challenges. We, therefore, apply specific principles to working online with children/adults at risk and commit to:

- Arrange for all staff who deliver online projects involving children to undertake the NSPCC "keeping children safe online" course (which provides clear directions to staff and volunteers on how to behave online). The course details are available from DUY's designated safeguarding lead (currently the General Manager).
- Supporting and encouraging the young people using our service to use the internet, social media and mobile phones in a way that keeps them safe and shows respect for others. For further details, see Appendix 3
- Supporting and encouraging parents and carers to do what they can to keep their children safe online
- Reviewing and updating the security of our information systems regularly
- Ensuring that user names, logins, email accounts and passwords are used effectively
- Ensuring personal information about the adults and children who are involved in our organisation is held securely and shared only as appropriate
- Ensuring that images of children, young people and families are used only after their written permission has been obtained and only for the purpose for which consent has been given
- Providing supervision, support and training for staff and volunteers about online safety
- Examining and risk assessing any social media platforms and new technologies before they are used within the organisation

Child Abuse

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It is generally recognised that there are four primary forms of abuse of which children might be victims, and these are described as:

- **Neglect** - Where an adult fails to meet a child's basic needs, such as providing food or warm clothing, fails to protect adequately or fails/refuses to give children love, affection and attention. Neglect in a dance situation could include a teacher not ensuring the children are safe or exposing them to unnecessary risk of injury.
- **Physical abuse** - Where someone physically hurts or injures a child by hitting, shaking, squeezing, burning, poisoning, throwing, suffocating or otherwise causing physical harm to the child. In a dance situation, physical abuse might occur when the training intensity exceeds the capacity of the child's immature and growing body.
- **Sexual abuse** is when children are abused by adults or other children who use children to meet their sexual needs. This could include sexual intercourse, masturbation, oral sex or showing pornographic material.
- **Emotional abuse** – This is the persistent emotional ill-treatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. The abuse may involve causing children to feel frightened or in danger by constantly being shouted at or taunted, which may make the child nervous or withdrawn. Emotional abuse in dance may occur if children are subjected to constant criticism, sarcasm, bullying, racism or unrealistic pressure/expectation.

A list of potential abuse indicators can be found in Appendix 1.

Adult Abuse

There are ten identified categories of abuse in which an adult may be the victim or offender:

- Physical abuse
- Domestic violence or abuse
- Sexual abuse
- Psychological or emotional abuse
- Financial or material abuse
- Modern slavery
- Discriminatory abuse
- Organisational or institutional abuse
- Neglect or acts of omission
- Self-neglect

For details of the types of each kind of abuse and possible indicators, see the following link: https://www.scie.org.uk/safeguarding/adults/introduction/types-and-indicators-of-abuse.

Recognising and responding to abuse

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It can be very hard for a person to speak out about abuse. They often fear negative consequences if they tell anyone what's happening to them. Some may delay telling someone about abuse for a long time, while others never tell anyone, even if they want to. It's vital that they can speak out and that whoever they tell takes them seriously and acts on what they've been told.

Even if a child/adult at risk doesn't tell someone verbally about what's happened to them, there may be other indicators that something is wrong. People who work with children/adults at risk need to recognise the signs and know how to respond appropriately.

Disclosure

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Disclosure is the process by which people start to share their experiences of abuse with others. This can take place over a long period of time – it is a journey, not one act or action. A person may disclose directly or indirectly, and sometimes they may start sharing details of abuse before they are ready to put their thoughts and feelings in order. Not all disclosures will lead to a formal report of abuse, a case being made, or a case being taken to court, but all disclosures should be taken seriously. It takes extraordinary courage for a child to go through the journey of disclosing abuse. Anyone who works with children and young people undertaking this journey must be able to provide them with the support they need.

A person may disclose abuse in a variety of ways, including:

- **Directly** – making specific verbal statements about what's happened to them
- **Indirectly** – making ambiguous verbal statements which suggest something is wrong
- **Behaviourally** – displaying behaviour that signals something is wrong (this may or may not be deliberate)
- **Non-verbally** – writing letters, drawing pictures or trying to communicate in other ways

Children and Adults at risk may not always be aware that they are disclosing abuse through their actions and behaviour. Sometimes a person may make partial disclosures of abuse. This means they give some details about what they've experienced but not the whole picture. They may withhold some information because they:

- Are afraid they will get in trouble with or upset their family
- Want to deflect blame in case of family difficulties as a result of the disclosure
- feel ashamed and/or guilty
- need to protect themselves from having to relive traumatic events

Some people are reluctant to seek help because they feel they don't have anyone to turn to for support. They may have sought help in the past and had a negative experience, which makes them unlikely to do so again.

They may also:

- Feel that they will not be taken seriously
- Feel too embarrassed to talk to an adult about a private or personal problem
- Worry about confidentiality
- Lack trust in the people around them (including parents) and in the services provided to help them
- Fear the consequences of asking for help
- Worry they will be causing trouble and making the situation worse
- Find formal procedures overwhelming

Not all children/adults at risk realise they have experienced abuse, for example, if they have been groomed.

Key Behaviours to Help People Communicate About Their Abuse

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To encourage an enabling environment and stimulate disclosure, it is vital for staff to behave in the following ways:

- React calmly so as not to frighten the person.
- Listen to rather than directly question.
- Be aware of your non-verbal communication.
- Take the disclosure seriously.
- Do not promise to keep secrets or promote unrealistic outcomes.
- Keep questions to a minimum to ensure a clear and accurate understanding of what has been said.
- Tell the person they are not to blame and have done the right thing by telling you.
- Tell the person what will happen next.
- Make a complete record of what has been said, heard and/or seen as soon as possible.

All comments and reports must be passed on to one or other of the designated persons. There must be no attempt to investigate, substantiate or corroborate any reports. The designated person will report the information to the referral agency, which will decide whether Social Services are informed. It is not the responsibility of DUY staff to determine whether a child is being abused – our role is to act swiftly and seriously on concerns.

A template for reporting suspected abuse is included in Appendix 2.

Reporting Allegations or Suspicions of Abuse

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DUY supports a multi-agency partnership approach in addressing issues of abuse. Whenever possible, and to fully support the individual, we believe the information we receive should be shared with the individual's referral partner and social services at the earliest opportunity. Due to the peripatetic nature of our work, we will ensure that all contact details for the Police, Social Services and the Child Protection Unit are updated before the project start date.

Any allegations or suspicions of abuse must be reported immediately to the Designated Safeguarding Lead (currently General Manager Duncan Bedson) or the Deputy Designated Safeguarding Lead (Artistic Director Helen Linsell). They can be contacted as follows:

- In-person during a project, by phone (07775 334076 / 07775 334098), via email (duncan@duy.org.uk or helen@duy.org.uk)
- Or in writing at Dance United Yorkshire, The Kala Sangam Arts Centre, St Peter's House, Bradford, BD1 4TY.

If both are unavailable for some reason, please get in touch with DUY's Chair (currently Ann-Marie Teed: ann-marie.teed@factoryinternational.org)

Potentially useful referral numbers:

- Bradford Social Service Office: 01274 437500
- Bradford Social Services Emergency Duty Team: 01274 431010
- First Response: 01274 221181
- Children's Social Care Initial Contact Point: 01274 435600
- CAMHS Bradford: 01274 723241
- Police: 999 for emergencies; 101 for non-emergencies
- NSPCC Child Protection Helpline: 0808 800 5000

Social Services

Social Services have a statutory duty under The Children's Act 2004 to ensure the welfare of children. When a child protection referral is made, its staff is legally responsible for investigating. This may involve talking to the child and family and gathering information from others who know the child. Enquiries may be carried out jointly with the Police.

Disclosure and Barring Service Policy

We hold information/evidence of compliance under safeguarding legislation for all DUY employees. We compile and keep a list of all relevant professionals connected with the delivery of our work and maintain the following details for each individual:

- Name of person
- Address
- Position of the named person
- DBS issue ref Number
- Type of DBS
- Date of DBS

Appendix 1: Potential Abuse Indicators

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The factors described in this section are frequently found in child abuse cases. Whilst their presence is not proof in itself that abuse has occurred, the fact of their existence gives rise to the following requirements:

- Must be regarded as indicators of the possibility of significant harm
- Justifies the need for careful assessment and discussion with designated/named/lead person, manager, (or in the absence of all those individuals, an experienced colleague)
- This may necessitate consultation with and/or referral of the child

The absence of such indicators does not necessarily mean that abuse or neglect has **not** occurred. However, neither does their presence necessarily mean that abuse **has** occurred. Therefore, whilst it is essential that any action taken is decisive and in line with our policy, it must also be discreet to ensure that innocent parties are not made the target of unfair presumptions.

The following non-specific signs may indicate something is wrong:

- A significant change in behaviour
- Extreme anger or sadness
- Aggressive and attention-seeking behaviour
- Suspicious bruises with unsatisfactory explanations
- Lack of self-esteem
- Self-injury
- Depression
- Age-inappropriate sexual behaviour
- Child sexual exploitation.

In an abusive relationship, the child may:

- Appear frightened of the parents/carers
- Act in a way that is inappropriate for their age and development

The parent or carer may:

- Persistently avoid child health promotion services and treatment of the child's episodic illnesses
- Have unrealistic expectations of the child
- Frequently complain about/to the child and may fail to provide attention or praise (high criticism/low warmth environment)
- Be absent or misusing substances
- Persistently refuse to allow access on home visits
- Be involved in domestic abuse

Staff should also be aware of the potential risk to children when individuals previously known or suspected to have abused children move into the household.

Recognising Neglect

Evidence of neglect is built up over time and can cover different aspects of parenting. Indicators include:

- Failure by parents or carers to meet basic essential needs, e.g. adequate food, clothes, warmth, hygiene and medical care
- A child is seen to be listless, apathetic and unresponsive, with no apparent medical cause
- Failure of the child to grow within the typical, expected pattern, with accompanying weight loss
- The child thrives away from their home environment
- The child frequently absent from school
- Children left with adults who are intoxicated or violent
- Children abandoned or left alone for excessive periods

Recognising Physical Abuse

The following are often regarded as indicators of concern:

- An explanation which is inconsistent with an injury
- Several different answers were provided for an injury
- Unexplained delay in seeking treatment
- The parents/carers are uninterested or undisturbed by an accident or injury
- Parents are absent without good reason when their child is presented for treatment

- Repeated presentation of minor injuries (which may represent a "cry for help" and, if ignored, could lead to more severe damage)
- Family use of different doctors and A&E departments
- Reluctance to give information or mention previous injuries

Manifestations of physical abuse may include bruising, bite marks, burns and scalds, fractures and scars.

Bruising

Children can have accidental bruising, but the following must be considered as non-accidental unless there is evidence to the contrary or an adequate explanation is provided:

- Any bruising to a pre-crawling or pre-walking baby
- Bruising in or around the mouth, particularly in small babies, may indicate force feeding
- Two simultaneous bruised eyes, without bruising to the forehead (rarely accidental, though a single bruised eye can be accidental or abusive)
- Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally
- Variation in colour possibly indicates injuries caused at different times
- The outline of an object used, e.g. belt marks, hand prints or a hair brush
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting
- Bruising around the face
- Grasp marks on small children
- Bruising on the arms, buttocks, and thighs may indicate sexual abuse.

Bite Marks

Bite marks can leave clear impressions of the teeth. Human bite marks are oval or crescent-shaped. Those over 3 cm in diameter are more likely to have been caused by an adult or older child. A medical opinion should be sought where there is doubt over the bite's origin.

Burns and Scalds

It can be challenging to distinguish between accidental and non-accidental burns and scalds, and will always require a professional medical opinion. Any burn with a clear outline may be suspicious, e.g.:

- Circular burns from cigarettes (but may be friction burns if along the bony protuberance of the spine)
- Linear burns from hot metal rods or electrical fire elements

- Burns of uniform depth over a large area
- Scalds that have a line indicating immersion or poured liquid (a child getting into the hot water of their own accord will struggle to get out and cause splash marks)
- Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation
- Scalds to the buttocks of a small child, particularly in the absence of burns to the feet, indicate dipping into a hot liquid or bath.

Fractures

Fractures may cause pain, swelling and discolouration over a bone or joint. Non-mobile children rarely sustain fractures. There are grounds for concern if:

- The history provided is vague, non-existent or inconsistent with the fracture type
- There are associated old fractures
- Medical attention is sought after a period of delay when symptoms such as swelling, pain or loss of movement occur.
- There is an unexplained fracture in the first year of life.

Scars

Many scars or scars of different sizes or ages or on other body parts may suggest abuse.

Recognising Emotional Abuse

Emotional abuse may be difficult to recognise, as the signs are usually behavioural rather than physical. The manifestations of emotional abuse might also indicate the presence of other kinds of abuse. The indicators of emotional abuse are often also associated with other forms of abuse.

The following may be indicators of emotional abuse:

- Developmental delay
- Abnormal attachment between a child and parent/carer, e.g. anxious, indiscriminate or non-attachment
- Indiscriminate attachment or failure to attach
- Aggressive behaviour towards others
- Scapegoated within the family
- Frozen watchfulness, particularly in preschool children

- Low self-esteem and lack of confidence
- Withdrawn or seen as a "loner" – difficulty relating to others

Recognising Signs of Sexual Abuse

Boys and girls of all ages may be sexually abused and are frequently scared to say anything due to guilt and/or fear. This subject is challenging for a child to talk about, and a complete account of the cultural sensitivities of any individual child/family should be taken. Recognition can be complex unless the child discloses and is believed. There may be no physical signs, and indications are likely emotional/behavioural.

Some behavioural indicators associated with this form of abuse are:

- Inappropriate sexualised conduct
- Sexually explicit behaviour, play or conversation that is inappropriate for the child's age
- Continual and inappropriate or excessive masturbation
- Self-harm (including eating disorders), self-mutilation and suicide attempts
- Involvement in prostitution or indiscriminate choice of sexual partners
- An anxious unwillingness to remove clothes, e.g. for sports events (but this may be related to cultural norms or physical difficulties)

Some physical indicators associated with this form of abuse are:

- Pain or itching of the genital area
- Blood on underclothes
- Pregnancy in a younger girl where the identity of the father is not disclosed
- Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on the vagina, anus, external genitalia or clothing

Sexual Abuse by Children

The boundary between what is abusive and what is part of normal childhood or youthful experimentation can be blurred. Determining whether a behaviour is developmental, inappropriate or abusive will hinge on valid consent, power imbalance and exploitation. This may include children who exhibit a range of sexually problematic behaviour such as indecent exposure, obscene telephone calls, fetishism, bestiality and sexual abuse against adults, peers or children.

Developmental Sexual Activity

Actions to be expected from children as they move from infancy through to an adult understanding of their physical, emotional and behavioural relationships with each other. Such sexual activity is essentially information gathering and experience testing. It is characterised by mutuality and the seeking of consent.

Inappropriate Sexual Behaviour

This can be inappropriate in a social context, inappropriate to development, or both. When considering whether behaviour fits into this category, it is essential to consider its adverse effects on any parties involved and what concerns it raises about a child. It should be recognised that some actions may be motivated by information seeking but still cause significant upset, confusion, worry, physical damage, etc. It may also be that the behaviour is "acting out", which may derive from other sexual situations the child has been exposed to. If an act appears inappropriate, there may still be a need for some form of behaviour management or intervention. For some children, educative inputs may be enough to address the behaviour. Abusive sexual activity includes any behaviour involving coercion, threats, aggression together with secrecy, or where one participant relies on an unequal power base.

Assessment

To more fully determine the nature of the incident, the following factors should be given consideration. The presence of exploitation in terms of:

- Equality – consider differentials of physical, cognitive and emotional development, power and control and authority, passive and assertive tendencies
- Consent – agreement including all the following:
    - Understanding that is proposed based on age, maturity, development level, functioning and experience
    - Knowledge of society's standards for what is being proposed
    - Awareness of potential consequences and alternatives
    - The assumption that agreements or disagreements will be respected equally
    - Voluntary decision
    - Mental competence
- Coercion – the young perpetrator whom abuses may use techniques like bribing, manipulation and emotional threats of secondary gains and losses, such as loss of love, friendship, etc. Some may use physical force, brutality or the danger of these regardless of victim resistance.

Child Sexual Exploitation

The following list of indicators is not exhaustive or definitive, but it does highlight common signs which can assist professionals in identifying children who may be victims of sexual exploitation. Signs include:

- Underage sexual activity, Inappropriate sexual or sexualised behaviour
- Sexually risky behaviour, 'swapping' sex
- Repeat sexually transmitted infections
- In girls, repeat pregnancy, abortions, miscarriage
- Receiving unexplained gifts or gifts from unknown sources
- Having multiple mobile phones and worrying about losing contact via mobile
- Having unaffordable new things (clothes, mobile) or expensive habits (alcohol, drugs)
- Changes in the way they dress
- Going to hotels or other unusual locations to meet friends
- Seen at known places of concern
- Moving around the country, appearing in new towns or cities, not knowing where they are
- Getting in/out of different cars driven by unknown adults
- Involved in gangs, gang fights, gang membership
- Injuries from physical assault, physical restraint, sexual assault
- Having older boyfriends or girlfriends
- Contact with known perpetrators
- Involved in abusive relationships, intimidated and fearful of specific people or situations
- Hanging out with groups of older people, anti-social groups, or other vulnerable peers
- Associating with other children involved in sexual exploitation
- Recruiting other children to exploitative situations
- Truancy, exclusion, disengagement with school, opting out of education altogether
- Unexplained changes in behaviour or personality (chaotic, aggressive, sexual)
- Mood swings, volatile behaviour, emotional distress
- Self-harming, suicidal thoughts, suicide attempts, overdosing, eating disorders
- Drug or alcohol misuse
- Getting involved in crime, police involvement, police records

Appendix 2: Reporting Template for Suspected Abuse (Page 1 of 2)

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Name of Person:	**Parent/Carer Name(s):**	**First Language:**
Age and/or Date of Birth:	**Ethnicity:**	**Disability:**
Home Address (and contact number):		
Any Particular Factors:		
Are you reporting your concern or passing on those of somebody else? (give details):		
Brief description of what has prompted the concerns: include dates, times, etc., of any specific incidents:		
Any physical signs, behavioural signs, or indirect signs:		

Appendix 2: Reporting Template for Suspected Abuse (Page 2 of 2)

Have you spoken to the person? If so, what was said?	
Have you spoken to the parent(s)? If so, what was said?	
Has anybody been alleged to be the abuser? If so, give details.	
Have you consulted anyone else? Please give details	
Your Name:	**Your Position:**
To Whom Reported:	**Date of Reporting:**
Signature:	**Date:**

Appendix 3: Guidelines for Online Artistic Delivery

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- Only use work phones and laptops for contact with young people. If you have to use your laptop, please set up professional accounts with ZOOM, FACEBOOK etc., so young people cannot access your accounts or numbers.
- If using WhatsApp (work phone only), please be aware that other people's numbers are visible.
- Have two workers present at all times – or a parent.
- Plan your session and give it structure.
- Try not to have too much personal information visible. Try to have a clear wall behind you.
- Aim to stick to a precise schedule and inform young people what this is: start of appointment/session, how long it will last, and the purpose. Try to stick to these boundaries.
- Please dress appropriately - if possible, in DUY T-shirts
- Invitations to sessions must be sent via the lead artist, and information must be kept private.
- Please use the waiting room setting to monitor who enters the session. Try to lock the session if possible.
- Please establish some basic ground rules for your sessions, e.g. respect, appropriate behaviour etc. This may include an agreement about taking screenshots. Revisit rules if necessary.
- Online sessions are only for people with whom we already work. Any new members will have to complete a registration form beforehand.
- Please raise any safety or child protection concerns IMMEDIATELY to the Artistic Director or General Manager (standard DUY procedures to be followed)
- Please speak to/offload challenging sessions to Artistic Director and/or General Manager.
- Always end sessions appropriately and sensitively – debrief with fellow artists if necessary.