TOWARDS HEALING

A Catholic Church response to Institutional/Clerical/Religious abuse

Keeping Safe Policy

Introduction

Towards Healing provides a psychological support service. Our client group is adult men and women, and their families over 18 years of age, who have experienced physical, emotional, sexual abuse or neglect in childhood, perpetrated by a priest, brother, religious sister, volunteer or employee of the Catholic Church. (See Appendix for the definitions of abuse, which are covered by the service).

Child Protection Statement

Towards Healing is fully committed to safeguarding the welfare of all children by protecting them from physical, sexual, and emotional harm or neglect and is equally committed to the implementation of the legislation Children First Act (2015) as mandatory reporters and the National Board of Safeguarding Children's document Safeguarding Children: Policy and Standards for the Catholic Church in Ireland (2016).

While we explicitly state our commitment to upholding the client's rights of self-determination and the need for privacy, as well as the staff/psychotherapist's duty of care towards our clients and their professional responsibility towards the prevention of child abuse, we acknowledge also the alleged abusers right to defend themselves.

Towards Healing is committed to supporting all therapists and staff that work with Towards Healing in implementing the Keeping Safe Policy. The Child Protection Officer's role is established to ensure best practice in Child Protection and to support all professions in their role to meet this obligation.

Child Protection Officer

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Criteria for Reporting Abuse

It is the policy of Towards Healing that, at the time of registration for Face-to-Face counselling/psychotherapy the client will be informed that they will be required to name their alleged abuser(s) or to give identifying information about the context of the abuse which they suffered, so that this information can be passed to the appropriate Civil Authorities to comply with our duty of Child Protection. In some cases, it is accepted that there might not be an identified person in relation to the abuse, but that the person was harmed in the context of being raised in a residential setting. In these cases a specifically named individual is not required.

It is acknowledged that reporting can be a difficult decision for many who contact Towards Healing. Towards Healing can refer the client for up to a maximum of twelve sessions or three months of service, whichever is shorter, to a counsellor/psychotherapist, in order to explicitly work through the process and impact of naming their alleged abuser(s) for Child Protection reporting purposes. Towards Healing will make the nature of this referral clear to the psychotherapist at the time of the referral.

At all times, the support and guidance of the Towards Healing Child Protection Officer will be available to the client and psychotherapist to discuss the process of reporting and any other aspects of concern.

All allegations/suspicions of abuse are taken seriously and the decision to make a report to the Civil Authorities is not taken lightly. We are also aware that we are not in a position to make a judgement regarding the validity or credibility of an allegation. Judgement about abuse is to be made by the professionals who assess and investigate; this is a matter for the Civil Authorities. It is Towards Healing's responsibility to pass on all reasonable grounds for concern to the investigating Civil Authorities.

Reasonable grounds for concern are defined as:

- Specific indication that a child was abused currently or historically
- An account by the person who was abused or another who was witness to the abuse
- Evidence, such as an illness, injury or behaviour consistent with abuse
- An injury or behaviour which is consistent both with abuse and corroborative indicators supporting the concern that it may be abuse
- Consistent indication, over a period of time, that a child is suffering from emotional or physical neglect

Although the majority of the reports to Towards Healing are of a historic nature, it is important to reflect on the information shared with our service in a holistic manner, taking into account both historic information and current concerns for children. There are times when a caller/client shares information about a current Child Protection concern - this would include information that the alleged abuser is alive and has access to children. For reasons outlined above, this information will be shared with the relevant Civil Authorities without delay.

If there is a current Child Protection concern that involves a member of the Catholic Church, Towards Healing will inform the Civil Authorities and the Designated Liaison Person (DLP) within the Archdiocese, Diocese or Congregation. Any other disclosure of abuse, Towards Healing will inform the Civil Authorities.

If there is reasonable concern that a caller/client is perpetrating abuse, the client will be informed that this information will be passed on to the assessing and investigating Civil Authorities.

Towards Healing's policy follows Children First National Guidance for the Protection and Welfare of Children (2011) advice that all information, however slight and including the client's name, must be passed on to the Civil Authorities.

- Receiving information on a Helpline is very different to receiving information in Face-to-Face counselling. The information is usually received in the course of one or two phone calls, and obtaining detailed information about the abuse is not the main focus of the Telephone Counsellor. Callers are informed at the beginning of the call, in the most appropriate way possible, that if they share information of reasonable concern of a Child Protection nature, Towards Healing is obliged to pass this information on to the appropriate Authorities.

- If a client chooses to engage with our counselling service an assessment with the client will be carried out over the phone. During this assessment the client will be informed in a clear and appropriate way that Towards Healing works within the "Children First" Guidelines and that information that they share with the Telephone Counsellor and/or their psychotherapist which is of a Child Protection nature will be passed on to the appropriate Authorities. It is part of the Towards Healing registration process to inform the caller that they will be required to name their abuser, or the context of their abuse, within twelve sessions or three months service, whichever is shorter.

- If the alleged abuser is deceased or the abuse has already been reported to the Civil Authorities by the client, Towards Healing will still need to complete the Child Protection reporting to the Authorities.

- It is possible to refer a client for up to a maximum of twelve sessions or three months service, whichever is shorter, to explore the impact of reporting the name of the alleged abuser before the client gives specific names or the context of their abuse. This information can be shared with their psychotherapist, during therapeutic sessions. This allows clients to establish a safe, therapeutic relationship to explore

the impact of reporting and sharing the information within a protected, therapeutic environment.

- When referring a caller for Face-to-Face counselling, the reporting status of the caller should be passed on to the psychotherapist. It should be made clear to the psychotherapist that the client has given Child Protection information to *Towards Healing* and that this will *need to* be reported. Alternatively, the referral might be for a maximum of twelve sessions or three months service, whichever is shorter, for the client to specifically look at the impact and choice around naming the alleged abuser or the context of their abuse. The psychotherapist should be informed that the Towards Healing Child Protection Officer is the contact to discuss all aspects of reporting.

- Contracted psychotherapists are obliged to report cases of abuse to Towards Healing, as laid down in Towards Healing's Keeping Safe Policy. If, during the course of the psychotherapy, the client discloses to the therapist additional information or named alleged abusers, it is <u>mandatory</u> that the psychotherapist shares this information with the Towards Healing Child Protection Officer. It will be the role of the Child Protection Officer, as the Designated Liaison Person of Towards Healing, to make the formal report to the Civil Authorities. Towards Healing states, that adherence to this policy is <u>mandatory, in accepting a contract with Towards Healing</u>.

- If the Child Protection Officer in consultation with the Clinical Director decides not to refer to the Civil Authorities, a reason in writing should be provided to the staff member or psychotherapist who raised the concern. If the staff member or psychotherapist remains concerned, they can report directly to the Civil Authorities without being penalised by their employer under The Protection for the Reporting Child Abuse Act 1998.

- Towards Healing will provide a copy of the reporting letter to the Civil Authorities to the treating therapist. This letter is for the therapist's file to demonstrate their compliance with the Children First Act (2015).

A report should be made when a retrospective disclosure is shared or if there is current or potential risk to a child or children. In addition, if a Telephone Counsellor or therapist picks up on a concern / suspicion / disclosure from a caller/client about the caller/client's own children this is a reporting matter. The Child Protection Officer, as the Designated Liaison Person, should be consulted in all cases that have a Child Protection concern. An allegation may be considered to be of reasonable concern if the caller gives clear information about the abuse experience / concern / suspicion and identifying information about the alleged abuser. If there are reasonable grounds for concern, a report will be made. If it is decided that a case will not be reported due to lack of information, a record of action taken to date, will be maintained by the Child Protection Officer, and will be updated as information becomes available. This evolving information may progress the case to reporting status. It is clear that Towards Healing's role is not to investigate but to pass on information that is of reasonable concern without delay.

Clear Information re Abuse Experience

Would normally include A and some combination of B – F

a. The type of abuse: emotional, physical, sexual abuse or neglect.
b. Approximate age at onset
c. Some details of the abuse
d. When the abuse happened: dates or a timeframe
e. Duration of the abuse: ranges from one incident to multiple incidents over a period of time
f. Location of the abuse

Alleged Abuser Identifying Information

a. The name of the alleged abuser or
b. Identifying information: "the parish priest in X parish in 1987", "the maths teacher in Y School in 1977"
c. Congregation / Archdiocese, Diocese to which alleged abuser belongs (if a priest or religious)
d. Current location of alleged abuser, if known

Reporting Procedures

Clients Who wish to Make a Complaint Themselves

All clients are encouraged to engage in sharing Child Protection information directly with the Civil Authorities and the Church Representatives to ensure prompt Child Protection processes. If the client wishes to make a complaint to Civil Authorities and/or the Designated Liaison Person of the Archdioceses, Dioceses and Congregations, then Towards Healing will support the person in making the complaint, regardless of the level of information provided. Towards Healing staff and/or psychotherapist can assist the client in completing the forms or in writing a letter. Towards Healing will follow up all self-reports by clients with a letter to support and reinforce the information. This information will be passed to the Civil Authorities.

Callers who wish Towards Healing to Make a Report

If the caller/client wishes Towards Healing to report the allegation but does not wish to involve themselves, Towards Healing will formally inform the Civil Authorities in writing. Copies of this correspondence will be shared with the client, if the client requests a copy. Copies of this report will be given to the treating therapist for their file. The client's name and contact details will be passed on to the appropriate Civil Authorities. Towards Healing has the responsibility to ensure that any reasonable ground for concern is shared in full with the assessing and investigating Civil Authorities.

Named versus Anonymous Callers

An allegation of abuse will carry more weight if the caller/client is prepared to give his/her name and contact details to Towards Healing than if the caller is anonymous. However, in the case of anonymous callers who give information, a report will be made by Towards Healing to the Civil Authorities.

Reporting Procedures

The Designated Liaison Person responsible for Child Protection with Towards Healing is the Child Protection Officer. It is imperative that staff/psychotherapists share all information of a Child Protection nature with the Child Protection Officer, in his/her role as Designated Child Protection Person. It is the responsibility of the person in this

role to ensure that all staff/psychotherapists are aware of their responsibility to pass this information on by the end of their working shift. Staff and psychotherapists should inform clients in a supportive and appropriate way about their Child Protection responsibility.

It will be made clear to callers/clients that Towards Healing will pass on all information shared that is of reasonable concern. If a client does disclose information that is of a Child Protection nature, the staff member/psychotherapist should record in writing all the information shared. This information should be factual, accurate, legible, initialled and dated. The Child Protection Officer will ensure that this information is reported to Civil Authorities, in an appropriate fashion without delay, and that appropriate follow up is completed. It is important that all parties are kept informed of the progress of information that is reported to Civil Authorities.

At all times callers/clients should be supported and encouraged in their role of providing information that will enhance the safety of children.

It is Towards Healing's policy to support any client who has been threatened or intimidated against sharing information that will safeguard children. Towards Healing will do all it can to ensure the safety of clients and their families. This may require involving other agencies in providing support and protection.

Reporting Steps

1. Caller/Client/Therapist is informed of Towards Healing's Keeping Safe Policy
2. Information is shared with Towards Healing Staff/Psychotherapists
3. Caller/Client/Therapist is reminded of Keeping Safe Policy
4. All Information is recorded in writing in a factual, accurate, legible manner, dated and initialled
5. By the end of the working shift this information is passed to the Child Protection Officer
6. If a referral is made the status of the case's Child Protection is made clear to the psychotherapist
7. The Child Protection Officer identifies the case as having Child Protection concerns and monitors the case until the concerns are reported

8. The Child Protection Officer confirms whether or not there is a Child Protection concern
9. The Child Protection Officer works with the client and psychotherapist to clarify the information to be reported and to inform all parties of the process
10. The Child Protection Officer informs the client/psychotherapist, if possible, that a report will be made to the Civil Authorities without delay
11. The Child Protection Officer will report the information in writing to the various agencies
12. The Child Protection Officer will provide the treating therapist a copy of the report to the Civil Authorities
13. The Child Protection Officer will keep an accurate and up to date record of all future correspondence and communication regarding the allegation. This information will be kept in a factual, accurate, legible manner, dated and initialled.
14. The Child Protection Officer will keep client/therapist/caller informed and updated as information is shared with Towards Healing office

At any point Towards Healing can have informal consultation with the Civil Authorities to gain guidance on child protection matters. If this advice is sought, Towards Healing will follow the advice.

Record Keeping

All clinical information is of a sensitive nature and information regarding Child Protection is of particular concern. This information will be held in the Towards Healing office under lock and key. The Child Protection Officer, in his/her role as Designated Liaison Person, has responsibility for the safety of this information.

If information is shared, it is on a “need to know” basis in the best interest of children at risk.

Record keeping is of critical importance to this area of work. A file will be held for each case pertaining to Child Protection. Records should be factual, accurate and legible. If actions are taken or new information added this information should be dated and initialled after each entry.

Confidentiality

The sharing of this information is not a breach of confidentiality. This is highlighted to clients/callers on the phone at initial contact and again via an information sheet, which is to be shared with clients upon their first meeting with their psychotherapist. Child Protection information will be passed on when there is a reasonable concern that there is a current or potential risk of abuse or neglect to a child.

Protection for Staff and Psychotherapists

The Protection for Persons Reporting Child Abuse Act 1998 provides protection to the designated person making a report of child abuse "reasonably and in good faith". This legislation provides protection from civil liability and penalization by employers. Towards Healing staff and contracted psychotherapists should share their information with the Child Protection Officer who will take responsibility as the designated person to make the report to the Civil Authorities.

Training and Awareness Raising of Towards Healing Staff and Contracted Psychotherapists

It is the policy of Towards Healing that all Towards Healing staff attend training on the Keeping Safe Policy every two years. New staff will be required to read and discuss any concerns about the implementation of the policy before starting in their role. All staff sign a document to confirm that they have read, understand and will implement the Keeping Safe Policy. This document will be kept on file by Towards Healing.

Contracted Psychotherapists will sign a Terms of Engagement. There is a specific section of this contract that ensures the psychotherapist has read, understands and is willing to implement the Keeping Safe Policy.

Review of Keeping Safe Policy

Towards Healing is committed to reviewing the Keeping Safe Policy every two years.

Complaints Policy

Towards Healing has a Complaints Policy that is available on demand or assessable via the Towards Healing website.

Data Protection Policy

Towards Healing has a Data Protection Policy that is available on demand or assessable via the Towards Healing website.

Appendix I

Live Case

Alleged abuser (see below) who is believed alive and has access to children.

Alleged Abuser

A person(s) who is alleged to have subjected a child (under 18) to behaviour for his/her gratification or sexual arousal or for that of others

Definitions of Abuse

Neglect "An omission, where the child suffers significant harm or impairment of development by being deprived of food, clothing, warmth, hygiene, intellectual stimulation, supervision and safety, attachment to, and affection from adults, or medical care."

Emotional Abuse "When a child's need for affection, approval, consistency and security are not met". "Emotional abuse is normally to be found in the relationship between a care-giver and a child"

Sexual Abuse "When a child is used by another person for his/her gratification or sexual arousal or for that of others"

Physical Abuse "Any form of non-accidental injury or injury which results from wilful or neglectful failure to protect a child"

Appendix II

Signs and symptoms of child abuse

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, and 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.

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 (adapted from Dubowitz, 1999):

- 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.

Appendix III

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.

- 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.

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

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

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

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

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.

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 IV

List of HSE Designated Officers – Protections for Persons Reporting Child Abuse Act 1998

Please see Chapter 3, Paragraph 3.10.1 of the *Children First: National Guidance*

The Protections for Persons Reporting Child Abuse Act 1998 makes provision for the protection from civil liability of persons who have communicated child abuse ‘reasonably and in good faith’ to designated officers of the HSE or to any member of An Garda Síochána. The Chief Executive Officer of the HSE will appoint as designated officers each person falling within the following categories of officer of the HSE (details also available on HSE website, www.hse.ie):

Social Workers Child Care Workers	Designated person within the HSE Family Support Coordinators Family Support Workers Environmental Health Officers
Public Health Nurses Hospital Consultants Psychiatrists	Pre-school Services Inspectors Childminder Coordinators Managers of Disability Services
Non-Consultant Hospital Doctors	Residential Care Managers/Residential Child Care Workers HIV and AIDS Services
All other HSE Medical and Dental Personnel Community Welfare Officers	Counsellors in Services for AVPA
Speech and Language Therapists All HSE Nursing Personnel Psychologists	*Children First* Information and Advice Persons *Children First* Implementation Officers Quality Assurance Officers
Radiographers Physiotherapists Occupational Therapists	Advocacy Officers Access Workers Project Workers
Health Education/Health Promotion Personnel Substance Abuse Counsellors Care Assistants	Training and Development Officers

Appendix V

Reference Documents

The following documents are available for downloading: -

Children First Act 2015

http://www.irishstatutebook.ie/eli/2015/act/36/enacted/en/pdf

Department of Health & Children's National Guidelines for the Protection and Welfare of Children – Children First

http://www.dcya.gov.ie/documents/Publications/ChildrenFirst.pdf

National Board for Safeguarding Children's document Safeguarding Children: Standards and Guidance Document for the Catholic Church in Ireland 2016

www.safeguarding.ie

Criminal Justice Act 2006 – Reckless Endangerment Section 176

http://www.irishstatutebook.ie/eli/2006/act/26/enacted/en/print#sec176

Withholding of Information (Children and Vulnerable Persons Act)

http://www.irishstatutebook.ie/eli/2012/act/24/enacted/en/print

Towards Healing Child Protection

Child Protection Officer

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