Child Protection Policy

Document Number: ***Document 1*** ***Revision:*** ***Revision 05/2015***

Policy

For the purpose of this document, 'child' refers to a person under the age of 18 years, who is not or has not been married.

In all matters involving children, Spraoi agus Spórt Family Centre Limited (Spraoi agus Spórt) is committed to the principle that the welfare of the child is paramount, and upholds the rights of children to be protected, treated with respect, listened to, and have their views taken into account.

This document gives formal expression to that commitment and outlines the practical procedures which are to be followed in the event of it being known or suspected that a person under the age of eighteen years may have been, or is at risk of being abused by any other person or persons.

These procedures are the means by which Spraoi agus Spórt is implementing the *Children First: National Guidance for the Protection and Welfare of Children*; and they enshrine the aims, principles and policies contained therein.

This document also constitutes a formal statement of policy on the part of Spraoi agus Spórt in relation to the care and protection of all children with whom the work of personnel associated with the Centre in the provision of its service brings them into contact. As such, it obliges the following on the part of all persons bound by these procedures:

- Familiarity with the contents of Children First: National Guidance for the Protection and Welfare of Children.
- Familiarity with the Definitions and Recognition of Child Abuse as detailed in Chapter 2 of Children First: National Guidance for the Protection and Welfare of Children, see later.
- Familiarity with the procedures contained in this document
- Strict compliance with these procedures in every situation to which they apply

Persons bound by the Procedures contained in this document are:

- All persons employed or contracted for the provision of services in Spraoi agus Spórt.
- All Community Employment , Tús and Jobbridge Participants involved in providing services which are under the direction of Spraoi agus Spórt.
- All voluntary workers and all students assisting in the provision of services which are under the direction of Spraoi agus Spórt.

Child Protection Procedures

Document Number: ***Document 2*** ***Revision:*** ***Revision 05/2015***

Procedure and Other Documents

1. The Childcare Policy and Procedures contained within this document are to be used in conjunction with the Spraoi agus Spórt's Staff Handbook, (Staff for the purposes of this document refers to all Employees, Facilitators, CE, Tús and Jobbridge Participants, Volunteers and Students), Code of Ethics, Health and Safety Statement, employment contract, hire of service contract and any other relevant documentation, required of all Staff of Spraoi agus Spórt. This includes all general and service-specific documentation.
2. Particular items that should be noted in this regard include the following:

Main Document	Section Title
Spraoi agus Spórt Staff Handbook	Recruitment
Spraoi agus Spórt Staff Handbook	Training
Spraoi agus Spórt Staff Handbook	Code of Behaviour
Spraoi agus Spórt Staff Handbook	Health & Safety
Spraoi agus Spórt Staff Handbook	Garda Vetting
Spraoi agus Spórt Staff Safety Statement	Entire Document
Spraoi agus Spórt Complaints Procedure	Entire Document
Spraoi agus Spórt Childcare Policies and Procedures	Outings
Spraoi agus Spórt Childcare Policies and Procedures	Parental Involvement
Spraoi agus Spórt Childcare Policies and Procedures	Confidentiality
Spraoi agus Spórt Childcare Policies and Procedures	Accident and Fire Safety
Spraoi agus Spórt Childcare Policies and Procedures	Critical Incident
Spraoi agus Spórt Childcare Policies and Procedures	Data Protection

Reporting Procedures

1. Members of the public, who indicate anonymously or otherwise, whether by telephone, by letter, or in person, that they have reasonable grounds for concern regarding possible child abuse will be responded to by the Spraoi agus Spórt Designated Liaison Person, or in his/her absence the Deputy Designated Liaison Person.
2. The organisation's Designated Liaison Person is the Manager, and the Deputy Designated Liaison Person is the Programme Coordinator.
3. They will be advised that it is the Túsla Child & Family Agency and the Gardaí which have the statutory responsibility to respond to such concerns.
4. Every effort will be made to enable such people communicate their concerns to the appropriate authority, including, if necessary, accompanying them to the relevant office.
5. Any person employed by and/or working under the direction of Spraoi agus Spórt who during the course of their work suspects or comes into the possession of information regarding possible child abuse should report these concerns to their immediate line manager who will then report them to the Designated Liaison Person i.e. the Manager or in his/her absence the Deputy Designated Liaison Person, i.e. the Programme Coordinator.
6. The recognition and definition of abuse is detailed later in this Procedure, and staff will be familiar with and vigilant for signs of abuse in all its forms as follows:
   6.1. Neglect: where the child suffers significant harm as a result of being deprived of food, clothing, warmth, hygiene, intellectual, stimulation supervision, attachment to and affection from adults, and medical care
   6.2. Emotional Abuse: where a child's need for affection, approval, consistency and security are not met
   6.3. Physical Abuse: where the child suffers actual or potential physical harm from an interaction or lack of interaction which is reasonably within the control of the parent, guardian or carer
   6.4. Sexual Abuse: where the child is used by another person for his/her gratification or sexual arousal or that of others.
7. In responding to a disclosure of abuse to them, staff will respond in a calm manner, understanding that disclosures can be difficult for a child, and that the child has probably chosen to disclose to them because of the trusting relationship he/she has with them. Staff will assure the child that they believe them. Staff will not ask leading questions or put pressure on the child into telling any more than they are able and wish to. Staff will not promise the child that they will not tell anyone about the disclosure, but will explain that in order to help the child they will have to tell other people about the disclosure.

Role of Designated Liaison Person/Deputy Designated Liaison Person:

1. It is the role and responsibility of the Designated Liaison Person (or his/her Deputy) to see that all aspects of these Procedures are adhered to, and to ensure that staff are supported in this regard. The Designated Liaison Person acts as a liaison with outside agencies and as a resource person to any staff member who has child protection concerns.
2. It is also the role and responsibility of the Designated Liaison Person (or his/her Deputy) to decide whether the information brought to his/her attention constitutes reasonable grounds for concern. Examples of reasonable grounds would include unexplained bruising, explanation given by the parent or carer being inconsistent with the evidence, the child being left alone, or the child being persistently hungry. Where there are reasonable grounds for concern, and taking cognisance of the Definitions of Child Abuse contained in Chapter 2 of 'Children First: National Guidance for the Protection and Welfare of Children', the (Deputy) Designated Liaison Person ensures that a report is made to the Túsla Child & Family Agency. If necessary informal contact may be made with the Child Care Manager in Children & Family Services, when determining whether such a report should be made.
3. Any report made under these procedures must be made using the Standard Reporting Form for reporting child protection and/or welfare concerns to the Túsla Child & Family Agency. The Form can be accessed on the Túsla website, www.tusla.ie.
4. All decisions made within the context of these procedures, will be arrived at in a timely manner. Where informal consultation needs to take place with the HSE West Child Care Manager, this will be done within one working day of the concerns being brought to the attention of the (Deputy) Designated Liaison Person. Where a decision has been made to report concerns to the Túsla Child & Family Agency, this will be done preferably on that day, or on the following working day, at the latest.
5. In an emergency situation, whether within or outside of office hours, and where contact cannot be made with the HSE West, the Gardaí will immediately be informed of the situation.
6. Where a decision is made not to report concerns to the Túsla Child & Family Agency, the detail of the concerns, along with the reasons for not reporting them to the HSE West, will be recorded in the Family's Case File or (in the case of a child attending our Centre) in the Child's file. The person working directly with the Family or the Child will be responsible for entering these details in the file. Where no case file exists, a file will be opened for this purpose.
7. In making a decision to report concerns regarding the welfare of a child to the Túsla Child & Family Agency, the child's parents/ guardians/ carers will be informed that such a report is being made, except where it is considered that to do so would place the child/ children at further risk.

Retrospective Disclosures by Adults

1. When a disclosure is made by an adult of abuse suffered during their childhood and it comes to the attention of either the HSE or An Garda Síochána or other service, it is essential to establish whether

there is any current risk to any child who may be in contact with the alleged abuser revealed in the adult's disclosure.

2. If any risk is deemed to exist this information must be reported to the Túsla Child & Family Agency by the (Deputy) Designated Liaison Person.

Support & Supervision

1. When joining the organisation all staff members will be made aware of the Child Protection Policy and will be required to sign their agreement to the document.
2. Staff are offered support and supervision in relation to all aspects of their work, including the area of child protection and welfare.
3. This support is offered both formally and informally to them by their immediate Supervisor, to whom they must relate any concerns they may have in relation to the protection and welfare of a child under the care of the organisation.
4. In relation to Spraoi agus Spórt, C.E., Tús and Jobbridge Participants/Volunteers or Students on placement, who during the course of their work suspects or comes into the possession of information regarding possible child abuse in relation to a child or children attending the Centre concerned, should report these concerns to the line manager at the Centre. The line manager will then follow the procedures as outlined above.

Procedure for Dealing with Allegations of Child Abuse Alleged to have been perpetrated by a Member of Staff

All actions undertaken in dealing with allegations of child abuse alleged to have been perpetrated by a member of staff must uphold the principle that the welfare of the child is of paramount importance. There are two procedures to be followed here:

1. **The Reporting Procedure in respect of the child, which is the responsibility of the Designated** Liaison Person or his/her Deputy:
   1.1. Where a staff member becomes aware of an allegation of child abuse perpetrated by another employee, he/she must immediately inform the Designated Liaison Person, or in his/her absence, the Deputy Designated Liaison Person.
   1.2. The staff member will provide a comprehensive written account of the allegation to the (Deputy) Designated Liaison Person.
   1.3. The (Deputy) Designated Liaison Person must immediately seek the advice of the Principal Social Worker of the Túsla Child & Family Agency on whether to report the incident. All actions undertaken thereafter in relation to the welfare of the child must be with the knowledge and agreement of the Túsla Child & Family Agency.

2. The Procedure for dealing with the employee, which is outlined in the Staff Handbook:

   2.1. If an allegation of child abuse is made against a staff member, this will be dealt with as a matter of seriousness, but will be handled in a manner which upholds the rights of the child and the staff member.
   2.2. Where a staff member becomes aware of an allegation of child abuse perpetrated by another staff member, he/she must immediately inform the Programme Coordinator of the staff member against whom the allegation is made. The Programme Coordinator should immediately inform the Manager and the Board of the allegation in writing, attaching copies of the written allegation.
   2.3. The Programme Coordinator should invite the staff member against whom the allegation has been made to a meeting in the presence of the Manager. The purpose of the meeting is to inform the staff member of the following:
      2.3.1. The fact that the allegation has been made against him or her.
      2.3.2. The nature of the allegation.
      2.3.3. The staff member should be given a copy of the written allegation.
      2.3.4. The process that Spraoi agus Spórt will follow from that point on.
      2.3.5. Whether an investigation will be taking place and if so what the time frame will be.
      2.3.6. The implications for the staff member whilst the investigation is ongoing and also the manner in which he/she will be supported.
   2.4. To safeguard him/her and also to ensure that no service user is exposed to unnecessary risk the staff member may:
      2.4.1. Be suspended on full pay for the duration of the investigation.

2.4.2. Be relocated to another project.

2.4.3. Be redeployed to a different role within the same project.

2.4.4. Remain working in the same role and project but with no direct contact with children.

2.5. The staff member should be informed that this decision will be made in the best interest of all parties concerned and does not imply wrongdoing on the part of the staff member.

2.6. The investigation team will be appointed by the Board and should consist of the Manager and one or two staff members either from within or outside Spraoi agus Spórt.

2.7. The investigation should be conducted within a one month time frame or less and the relevant staff on the investigation team should be given sufficient time away from their normal day-to-day duties in order to progress the investigation. The investigation team should co-operate with any parallel investigation being conducted by the Garda Síochána/Health Authorities.

2.8. When the findings of the investigation become available they should be presented by the investigation team to the Board, Programme Coordinator and Manager. The decision in regard to the action that should be taken is the responsibility of the Director in consultation with the above. The findings of the HSE and Garda Síochána investigation should be sought and should help to inform the action to be taken against the staff member. The outcome of the investigation should be made available to the staff member, to the complainant (the person making the complaint) and/or his/her representative. Ideally, the investigation team should meet with the parties separately to outline their findings to them.

Definition and Recognition of Child Abuse

Child abuse can be categorised into four different types: neglect, emotional abuse, physical abuse and sexual abuse. A child may be subjected to one or more forms of abuse at any given time.

Neglect

Definition of Child Neglect

1. Neglect can be defined in terms of 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, medical care.
2. Harm can be defined as the ill-treatment or the impairment of the health or development of a child. Whether it is significant is determined by his/her health and development as compared to that which could reasonably be expected of a child of similar age.
3. Neglect generally becomes apparent in different ways over a period of time rather than at one specific point. For instance, a child who suffers a series of minor injuries is not having his or her needs met for supervision and safety. A child whose ongoing failure to gain weight or whose height is significantly below average, may be being deprived of adequate nutrition. A child who consistently misses school may be being deprived of intellectual stimulation. The threshold of significant harm is reached when the child's needs are neglected to the extent that his or her well-being and/or development are severely affected.

Signs and Symptoms of Child Neglect

1. This category of abuse is the most common. A distinction can be made between "wilful" neglect and "circumstantial" neglect. For instance, "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, contact with others, whereas "circumstantial" neglect more often may be due to stress/inability to cope by parents or carers.
2. Neglect is closely correlated with low social-economic factors and corresponding physical deprivations. It is also related to parental incapacity due to learning disability or psychological disturbance.
3. The neglect of children is "usually a passive form of abuse involving omission rather than acts of commission". It comprises "both a lack of physical caretaking and supervision and a failure to fulfil the development needs of the child in terms of cognitive stimulation".
4. Child neglect should be suspected in cases of:
    4.1. Abandonment or desertion
    4.2. Children persistently being left alone without adequate care and supervision
    4.3. Malnourishment, lacking food, inappropriate food or erratic feeding
    4.4. Lack of warmth

4.5. Lack of adequate clothing
4.6. Lack of protection and exposure to danger including moral danger or lack of supervision appropriate to the child's age
4.7. Persistent failure to attend school
4.8. Non-organic failure to thrive i.e. child not gaining weight, not alone due to malnutrition but also due to emotional deprivation
4.9. Failure to provide adequate care for the child's medical problems
4.10. Exploited, overworked

Emotional Abuse

Definition of Emotional Child Abuse

1. Emotional abuse is normally to be found in the relationship between a care-giver and a child rather than in a specific event or pattern of events. It occurs when a child's needs for affection, approval, consistency and security, are not met. Unless other forms of abuse are present, it is rarely manifested in terms of physical signs or symptoms.
2. Examples of emotional abuse of children include:
   2.1. the imposition of negative attributes on children, expressed by persistent criticism, sarcasm, hostility or blaming;
   2.2. conditional parenting in which the level of care shown to a child is made contingent on his or her behaviours or actions;
   2.3. emotional unavailability by the child's parent/carer;
   2.4. unresponsiveness, inconsistent, or inappropriate expectations of the child;
   2.5. premature imposition of responsibility on the child;
   2.6. unrealistic or inappropriate expectations of the child's capacity to understand something or to behave and control himself in a certain way;
   2.7. under or over-protection of the child;
   2.8. failure to show interest in, or provide age-appropriate opportunities for, the child's cognitive and emotional development;
   2.9. use of unreasonable or over harsh disciplinary measures;
   2.10. exposure to domestic violence.
3. Emotional abuse can be manifested in terms of the child's behaviour, cognitive affective or physical functioning.
4. Examples of these include: 'anxious' attachment, non-organic failure to thrive, unhappiness, low self-esteem, educational and developmental underachievement, and oppositional behaviour.
5. The threshold of significant harm is reached when abusive interactions dominate and become typical of the relationship between the child and the parent/carer.

Signs and Symptoms of Emotional Child Abuse

1. Emotional abuse occurs when adults responsible for taking care of children are unable to be aware of and meet their children's emotional and developmental needs. Emotional abuse is not easy to recognise because the effects are not easily observable. 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". Skuse D. (1989) "Emotional abuse and Neglect" on Meadow, R. "ABC of Child Abuse", British Medical Journal Publications, London
2. Emotional abuse can be defined in reference to the following indices. However, it should be noted that no one indicator is conclusive of emotional abuse.
   2.1. Rejection
   2.2. Lack of praise and encouragement
   2.3. Lack of comfort and love
   2.4. Lack of attachment
   2.5. Lack of proper stimulation (e.g. fun and play)
   2.6. Lack of continuity of care (e.g. frequent moves)
   2.7. Serious over-protectiveness
   2.8. Inappropriate non-physical punishment (e.g. locking in bedrooms)
   2.9. Family conflicts and/or violence
   2.10. Every child who is abused sexually, physically or neglected is also emotionally abused
   2.11. Inappropriate expectations of a child's behaviour – relative to his/her age and stage of development

Physical Abuse

Definition of Physical Abuse

1. Physical abuse is any form of non-accidental injury or injury which results from wilful or neglectful failure to protect a child. Examples of physical injury include the following:
   1.1. shaking
   1.2. use of excessive force in handling
   1.3. deliberate poisoning
   1.4. suffocation
   1.5. Munchausen's Syndrome by Proxy.[2]
   1.6. allowing or creating a substantial risk of significant harm to a child.[1]

Signs and Symptoms of Physical Abuse

1. Unsatisfactory explanations or varying explanations for the following events are highly suspicious:
   1.1. Bruises (see below for more detail)
   1.2. Fractures
   1.3. Swollen joints
   1.4. Burns/scalds (see below for more detail)
   1.5. Abrasions/Lacerations
   1.6. Haemorrhages (retinal, subtotal)
   1.7. Damage to body organs
   1.8. Poisonings – repeated (prescribed drugs, alcohol)
   1.9. Failure to thrive
   1.10. Coma/Unconsciousness
   1.11. Death
2. There are many different forms of physical abuse but skin, mouth and bone injuries are the most common.

---

[1] This is a condition 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 by smothering. The symptoms include the following:

I. Symptoms which cannot be explained by any medical tests; symptoms never observed by anyone other than the carer; symptoms reported to occur at home or when a parent visits a child in hospital.
II. High level of demand for investigations of symptoms without any documented physical signs;
III. Unexplained problems with medical treatment such as drips coming out and lines being interfered with;
IV. Presence of unprescribed medication or poisons in the blood or urine.

Bruises – in General

Accidental bruises are common at places on the body where bone is fairly close to the skin. Bruises can 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.

Bruises are more likely to occur on soft tissues e.g. cheek, buttocks, lower back, back or thighs and calves, neck, genitalia and mouth.

Bruises – non-accidental

Marks from slapping or grabbing may form a distinctive pattern. Slap marks occur on buttocks/cheeks and the outlining of fingers may be seen on any part of the body. Bruises may be associated with shaking, which can cause serious hidden bleeding, and bruising inside the skull. Any bruising around the neck is suspicious as it is very unlikely to be accidently acquired. Bruises caused by direct blows with a fist have no definite pattern but may occur in parts of the body which 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 onto a flat surface. Two black eyes require two injuries and must always be suspect. Other injuries may feature - ruptured eardrum/fractured skull. Mouth injury may be a cause of concern – torn mouth (fraenulum) from forced bottle-feeding. 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 back, thighs (areas covered by clothing).

Burns – in general

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.

Burns – 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 an 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 – in general

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.

Bites – non-accidental

It is sometimes hard to differentiate between adults' and children's bites, as measurements can be inaccurate. Any suspected adult bite must be taken very seriously. Consultant Paediatricians may liaise with Dental colleagues in order to correctly identify marks.

Bone injuries – in general

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.

Bone injuries – 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.

Poisoning – in general

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.

Shaking violently

Shaking is a frequent cause of brain damage in very young children.

Definition of Sexual Abuse

1. Sexual abuse occurs when a child is used by another person for his or her gratification or sexual arousal or for that of others. Examples of child sexual abuse include the following:
   1.1. Exposure of the sexual organs or any sexual act intentionally performed in the presence of the child;
   1.2. Intentional touching or molesting of the body of a child whether by a person of object for the purpose of sexual arousal or gratification;
   1.3. Masturbation in the presence of the child or the involvement of the child in an act of masturbation;
   1.4. Sexual intercourse with the child whether oral, vaginal or anal;
   1.5. Sexual exploitation of a child includes inciting, encouraging propositioning, requiring or permitting a child to solicit for, or to engage in, prostitution or other sexual acts. Sexual exploitation also occurs when a child is involved in the exhibition, modelling or posing for the purpose of sexual arousal, gratification or sexual act, including its recording (on film, video tape or other media) or the manipulation, for those purposes, of the image by computer or other means. It may also include showing sexually explicit material to children, which is often a feature of the "grooming" process by perpetrators of abuse.
   1.6. Consensual sexual activity involving an adult and an under-age person. In relation to child sexual abuse, it should be noted that, for the purposes of the criminal law, the age of consent to sexual intercourse is 17 years. This means, for example, that sexual intercourse between a 16 year-old girl and her 17 year-old boyfriend is illegal, although it might not be regarded as constituting child sexual abuse.
2. The decision to initiate child protection action in such cases is a matter for professional judgement and each case should be considered individually. The criminal aspects of the case will be dealt by An Garda Síochána under the relevant legislation.
3. It should be noted that the definition of child sexual abuse presented in this section is not a legal definition and is not intended to be a description of the criminal offences of sexual assault.

Signs and Symptoms of Child Sexual Abuse

1. 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 frequently happens within the family. Intra-familial abuse is particularly complex and difficult to deal with.
2. Cases of sexual abuse principally come to light through:
   2.1. disclosure by the child or its siblings/friends;
   2.2. the suspicions of an adult;
   2.3. due to physical symptoms.

Sexual Exploitation

1. 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.
2. 'Child pornography' includes still photography, videos and movies and, more recently computer generated pornography.
3. 'Child Prostitution' for the most part involves children of latency age or in adolescence. However, children as young as four or five are known to be abused in this way.
4. Sexual abuse in combination with other abuse.
5. 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.
6. 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.
7. Carers and professionals should be alert to the following physical and behavioural signs:
    7.1. Bleeding from the vagina/anus
    7.2. Difficulty/pain in passing urine/faeces
    7.3. An infection may occur secondary to sexual abuse, which 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
    7.4. Noticeable and uncharacteristic change of behaviour
    7.5. Hints about sexual activity
    7.6. Age – inappropriate understanding of sexual behaviour
    7.7. Inappropriate seductive behaviour
    7.8. Sexually aggressive behaviour with others
    7.9. Uncharacteristic sexual play with peers/toys
    7.10. Unusual reluctance to join in normal activities which involve undressing, e.g. games/swimming
8. Particular behavioural signs and emotional problems suggestive of child abuse in young children (0-10 yrs):
    8.1. Mood change, e.g. child becomes withdrawn, fearful, acting out;
    8.2. Lack of concentration (change in school performance)
    8.3. Bed wetting, soiling
    8.4. Psychosomatic complaints; pains, headaches
    8.5. Skin disorders
    8.6. Nightmares, changes in sleep patterns
    8.7. School refusal

8.8. Separation anxiety
8.9. Loss of appetite
8.10. Isolation

9. Particular behavioural signs and emotional problems suggestive of child abuse in older children (10 yrs +):
   9.1. Mood change, e.g. depression, failure to communicate
   9.2. Running away
   9.3. Drug, alcohol, solvent abuse
   9.4. Self-mutilation
   9.5. Suicide attempts
   9.6. Delinquency
   9.7. Truancy
   9.8. Eating disorders
   9.9. Isolation
10. All signs/indicators need careful assessment relative to the child's circumstances.

Children with Special Vulnerabilities

Certain children are more vulnerable to abuse than others. These include children with disabilities and children who, for one reason or another, are separated from parents or other family members and who depend on others for their care and protection. The same categories of abuse – neglect, emotional abuse, physical abuse, sexual abuse – may be applicable, but may take a slightly different form. For example, abuse may take the form of deprivation of basic rights, harsh disciplinary regimes or the inappropriate use of medications or physical restraints.

Fatal Child Abuse

In the tragic circumstances where a child dies as a result of abuse or neglect there are three important facts to be considered: criminal, child protection and bereavement aspects.

1. The criminal aspects: This is the responsibility of an Garda Síochána and they must be notified immediately. The coroner must also be notified and his/her instructions must be complied with in relation to post-mortems and other relevant matters.
2. Child protection aspects: These will be particularly relevant if there are other children in the family and will require immediate health board intervention to assess risk.
3. Bereavement aspects: The bereavement needs of the family must be given priority and all family members, including the alleged abuser, if a family member, should be given an opportunity to grieve and say goodbye to the dead child. Hospital staff are well placed to facilitate this.

Recognising Child Abuse

1. Child abuse can often be difficult to identify and may present in many forms. Early detection is important and professionals working with children should share their concerns about child protection or welfare with colleagues, preferably those in senior line management positions.
2. A list of child abuse indicators is contained in this procedure. It is important to stress that no one indicator should be seen as conclusive in itself of abuse; it may indeed indicate conditions other than child abuse. All signs and symptoms must be examined in the total context of the child's situation and family circumstances.

Guidelines for Recognition

The ability to recognise child abuse depends as much on a person's willingness to accept the possibility of its existence as it does on their knowledge and information. There are commonly three stages in the identification of child abuse. These are:

1. Stage One: Considering the Possibility
   1.1. The possibility of child abuse should be considered if a child appears to have suffered a suspicious injury for which no reasonable explanation can be offered. It should also be considered if the child seems distressed without obvious reason or displays persistent or new behavioural problems. The possibility of child abuse should also be considered if the child displays unusual or fearful responses to parents/carers.
2. Stage Two: Looking out for signs of Abuse
   2.1. Signs of abuse can be physical, behavioural, or developmental. They can exist in the relationships between children and parents/carers or between children and other family members. A cluster or pattern of signs is likely to be more indicative of abuse. Children who are being abused may hint that they are being harmed and sometimes make direct disclosures. Disclosures should always be believed; less obvious signs could be gently explored with the child, without direct questioning. Play situations such as drawing or story telling may reveal information.
   2.2. Some signs are more indicative than others. These include:
      2.2.1. disclosure of abuse and neglect by a child or young person;
      2.2.2. age-appropriate or abnormal sexual play or knowledge;
      2.2.3. specific injuries or patterns of injuries;
      2.2.4. absconding from home or a care situation;
      2.2.5. attempted suicide;
      2.2.6. under-age pregnancy or sexually transmitted disease;
      2.2.7. signs in one or more categories at the same time. For example, signs of developmental delay, physical injury and behavioural signs may together indicate a pattern of abuse.
   2.3. Most signs are non-specific and must be considered in the child's social and family context. It is important to always be open to alternative explanations for physical or behavioural signs of

abuse. Sometimes, a specialist assessment may be required to clarify if particular concerns constitute abuse.

3. Stage Three: Recording of Information

   3.1. If abuse is suspected, it is important to establish the grounds for concern by obtaining as much detailed information as possible. Observations should be accurately recorded and should include dates, times, names, locations, context and any other information which may be relevant.

Points to Remember

1. The severity of a sign does not necessarily equate with the severity of the abuse. Severe and potentially fatal injuries are not always visible. Emotional and/or psychological abuse tends to be cumulative and effects may only be observable in the longer term. Signs or indicators of abuse should be gently explored with the child; explanations, which are inconsistent with the signs, should constitute a cause for concern.
2. Neglect is potentially fatal as a physical abuse. It can cause delayed physical, psychological and emotional development, chronic ill-health and significant long-term damage. It may also precede, or co-exist with other forms of abuse and must be treated seriously.
3. Child abuse is not restricted to any socio-economic group, gender or culture. All signs must be considered in the wider social and family context. However serious deficits in child safety and welfare transcend cultural, social and ethnic norms and must elicit a response.
4. Challenging behaviour by a child or young person should not render them liable to abuse. Children in certain circumstances may present management problems. This should not leave them vulnerable to harsh disciplinary measures or neglect of care.
5. It is sometimes difficult to distinguish between indicators of child abuse and other adversities suffered by children and families. Deprivation, stress or mental health problems should not be used as a justification for omissions of care or commissions of harm by parents/carers. The child's welfare must be the primary consideration.
6. The aim of child protection services is to promote positive and enduring change in the lives of children and families. All action taken with respect to children and young people must reflect the principles and objectives of the child Care Act, 1991. Priority must be given to the safety and well-being of the child.
7. Society has a duty of care towards children. Parents/carers are primarily responsible for the safety and welfare of the children in their care. The health board is the statutory body responsible for child protection and welfare and must intervene when children are harmed or fail to receive adequate care. However, health board professionals are dependent on the co-operation of members of the public and professionals in contact with children to bring childcare and protection concerns to their attention in as comprehensive a fashion as possible.

How to respond if a child discloses abuse to you

1. Be as calm and natural as possible. Remember, you have probably been approached because the child trusts you and likes you. Do not panic
2. Be aware that disclosure can be very difficult for the child
3. Remember that the child may be testing your reactions and may only open up over a period of time
4. Listen to what the child has to say. Give them the time and opportunity to tell as much as they are able and wish to. Do not put pressure on the child. Allow him/her to disclose at their own pace and in their own language
5. Be careful when asking questions. Questions should be supportive and for the purpose of clarification
6. Avoid asking leading questions such as asking whether a specific person carried out the abuse. Also, avoid asking about intimate details or suggesting that something else may have happened other than what you have been told. Such questions and suggestions could complicate the official investigation
7. Give the child assurance that you believe them. False disclosures are very rare in young children
8. It is important to differentiate between the person who carried out the abuse and the act of abuse itself. The child may love or strongly like the alleged abuser whilst also disliking what was done to him/her. It is important therefore to avoid expressing any judgement on, or anger towards the alleged perpetrator, while talking with the child.
9. It may be necessary to reassure the child that your feelings towards him/her have not been affected in a negative way as a result of what he/she has disclosed.
10. Do not promise to keep secrets. At the earliest opportunity tell the child that:
11. You acknowledge that they have come to you because they trust you
12. There are secrets, which are not helpful and should not be kept because they make matters worse.
13. Such secrets hide things that need to be known if people are to be helped and protected from further hurt. By refusing to make a commitment to secrecy, you do run the risk that they will not tell you everything or indeed anything, there and then. However, it is better to do this than to lie to a child and ruin the child's confidence in yet another adult. By being honest, it is more likely that the child will return to you at another time.
14. Do not confront the alleged abuser