

Recognising and Reporting

The ability to recognise the abuse of children, young people and adults at risk depends as much on a person's willingness to accept the possibility of its existence as it does on knowledge and information. It is important to note that abuse is not always readily visible, and may not be as clearly observable as the "text book" scenarios might suggest. If a sports leader, coach, parent / carer is uneasy or suspicious about an athlete's safety or welfare the following response should be made:

GROUNDS FOR CONCERN

Consider the possibility of the abuse of children, young people or adults at risk if there are reasonable grounds for concern. Examples of reasonable grounds are:

- a specific indication from a child, young person or adult at risk that (s)he has been abused
- a statement from a person who witnessed abuse
- an illness, injury or behaviour consistent with abuse
- a symptom which may not itself be totally consistent with abuse, but which is supported by corroborative evidence of deliberate harm or negligence
- · consistent signs of neglect over a period of time

In some cases of abuse the alleged perpetrator will also be a child, young person or adult at risk and it is important that behaviour of this nature is not ignored. Grounds for concern will exist in cases where there is an age difference and / or difference in power, status or intellect between the people involved. However, it is also important to distinguish between normal sexual behaviour and abusive behaviour. Persons unsure about whether or not certain behaviours are abusive and therefore reportable should contact their local Social Services or Police, or SDS, for advice.

REPORTING THE ABUSE OF CHILDREN, YOUNG PEOPLE OR VULNERABLE ADULTS

The following procedure should be followed in reporting the abuse of children or vulnerable adults to the relevant Authorities (i.e. Social Work, Police, SDS Lead Officer or CEO):

- observe and note dates, times, locations and contexts in which the incident occurred or suspicion was aroused, together with any other relevant information, (use Incident Record Form if in doubt)
- report the matter as soon as possible to the person designated for reporting abuse (the SDS Lead Officer for the Protection of Children, Young People and Vulnerable Adults or the Chief Executive Officer). If the Lead Officer has reasonable grounds (see above) for believing that the child, young person or vulnerable adult has been abused or is at risk of abuse, (s)he will make a report to the Authorities who have statutory responsibility to investigate and assess suspected or actual abuse
- in cases of emergency, where a child, young person or vulnerable adult appears to be at immediate and serious risk and the Branch Coordinator is unable to contact a duty social worker, the police should be contacted. Under no circumstances should a child or adult at risk be left in a dangerous situation pending intervention by the Authorities
- if the Branch Coordinator is unsure whether reasonable grounds for concern exist or not, (s)he should informally consult with the Authorities. (S)he will be advised whether or not the matter requires a formal report



- a Branch Coordinator reporting suspected or actual abuse to the Authorities should first
 inform the family of their intention to make such a report, unless doing so would endanger
 the child or adult at risk, or undermine an investigation,
- a report should be given by the Branch Coordinator to the Authorities in person or by phone, and in writing
- it is best to report abuse concerns by making personal contact with the relevant personnel in the Authorities.

TYPES OF ABUSE

National Policy and Guidance for statutory agencies in the UK generally refer to five categories of abuse. These are:

- Physical Abuse
- Neglect
- Sexual Abuse
- Emotional Abuse
- Non-Organic Failure to Thrive

The last of these relies on medical diagnosis to rule out any organic reasons for a child failing to thrive and is normally referred to in cases involving very young children. It is not discussed in detail in the Appendix, but should be borne in mind by SDS members should they see a child whom they believe might, for example, be malnourished. The other categories are described in more detail below.

In addition to the categories as listed above, SDS also recognises that discrimination and bullying can have severe and adverse effects on children, young people or vulnerable adults. In its commitment to protect children, young people or vulnerable adults from all potentially harmful behaviour, SDS will deal with any discrimination and bullying under these procedures.

Recognising child abuse is not easy and it is not a SDS member's responsibility to decide whether a child or young person has been abused. It is their responsibility to pass on any concerns and for the Police and Social Work Services to investigate the concerns.

The descriptions and lists below are not definitive or exhaustive. They are designed to help members of SDS to be more alert to the signs of possible abuse.

SDS members should remember that in relation to abuse, an assessment of reasonableness should always be applied. This refers to any possible allegations against members as well as members considering what action to take when they have concerns. For example: if, to a reasonable person, a child requires medical attention and no-one secures it within a reasonable time, then an allegation of neglect may be valid.

PHYSICAL ABUSE

Physical abuse may involve the actual or attempted physical injury to a child or young person including hitting, shaking, throwing, poisoning, burning, scalding, drowning, suffocating or otherwise harming them. Physical Abuse can result from unintended actions. For example, a child who is injured in a dispute between adults.



Physical abuse may also be caused when a parent or carer feigns the symptoms of, or deliberately causes, ill health to child they are looking after. This has various names, all meaning the same thing: Munchausen Syndrome by Proxy, Factitious Injury, etc. A person may do this because they need or enjoy the attention they receive through having a sick child.

Physical abuse may be a deliberate act. Alternatively, it may result from a failure of somebody to do something. Or it may result from a failure by someone to fulfil his or her duty to protect a child.

PHYSICAL INJURY IN SPORT

This may include bodily harm caused by a lack of care, attention or knowledge that may be caused by:

- Over training or dangerous training of athletes
- Over playing an athlete
- Failure to do a risk assessment of physical conditions, physical limits, or pre-existing medical conditions
- Administering, condoning or failure to intervene in drug use

SIGNS OF POSSIBLE PHYSICAL ABUSE

Most children will sustain cuts and bruises throughout childhood. These are likely to occur in boney parts of the body like elbows, shins, and knees. In most cases, injuries or bruising will be genuinely accidental. An important indicator of physical abuse is where the bruises or injuries are unexplained or the explanation does not fit the injury or the injury appears on a part of the body where accidental injuries are unlikely; e.g. on the cheeks, buttocks or thighs. The age/maturity of the individual must also be considered. Signs of possible physical abuse include:

- Unexplained injuries or burns, particularly if they are recurrent
- Improbable explanations or excuses given to explain injuries
- Refusal to discuss injuries
- Fear of parents being approached for an explanation
- Fear of returning home
- Untreated injuries, or delays in reporting them or in seeking medical attention
- Excessive physical punishment to themselves
- Arms and legs kept covered in hot weather
- Avoidance of activity where legs, arms etc. will be visible; e.g. swimming, wearing shorts, changing
- Aggression towards others / acceptance of physical aggression as a normal way of life
- Running away

When considering the possibility of non-accidental injury, it is important to remember that injuries may have occurred for other reasons, e.g. skin disorders, rare bone diseases.

NEGLECT

Neglect is the persistent failure to meet the basic needs of an individual. It may involve a parent or carer failing to provide adequate food, shelter, warmth, clothing or cleanliness. It may also include leaving a child or vulnerable adult at home unattended, exposure to conditions where they may be caused unnecessary suffering or injury, or the failure to ensure that appropriate medical care or treatment is received.



NEGLECT IN SPORT

This could include the lack of care, guidance, supervision or protection that may be caused by:

- Exposure to unnecessary cold or heat
- Exposure to unhygienic conditions, lack of food, water or medical care
- Non-intervention in bullying or taunting
- Training for too long without sufficient re-hydration and rest breaks
- Leaving children or young people unsupervised for any period of time
- Inability to implement sufficient warm-up before strenuous activity increasing risk of injury

Neglect, as well as being the result of a deliberate act can also be caused through the omission or the failure to act or protect. In other words, neglect may be caused by the failure to do something, as well as by doing something, whether deliberately or not.

Signs of possible Physical Neglect:

- Constant hunger
- Poor personal hygiene
- Constant tiredness
- Poor state of clothing
- Frequent lateness (that sometimes includes explanations of the individual having to get him/herself up in the morning, fed and out to school/training)
- Untreated medical problems
- Low self esteem
- Poor peer relationships
- Stealing

SEXUAL ABUSE

Sexual abuse involves forcing or enticing a child, young person or vulnerable adult to take part in sexual activities whether or not they are aware of, or consent to, what is happening. The activities may involve physical contact, including penetrative or non-penetrative sexual acts. The activities may also involve non-contact activities such as forcing children or young people to look at pornographic material or be involved in the production of pornographic material, to watch sexual activities, or encouraging them to behave in sexually inappropriate ways.

Child prostitution is sexual abuse. Many young people believe that they have chosen to prostitute and that they are in control of what they do. The reality is that many are in great danger and are being exploited by adults.

Boys and girls can be sexually abused by males and/or females, including persons to whom they are not related and by other young people. This includes people from all walks of life. Many adults who sexually abuse children do have ongoing 'normal' adult sexual relationships.

SEXUAL ABUSE IN SPORT

This could include contact and non-contact activities and may be caused by:

- Exposure to sexually explicit inappropriate language, jokes or pornographic material
- Inappropriate touching
- Engaging in any sexual activity or relationship



Creating opportunities to inappropriately observe the bodies of children and young people

Not all children, young people or vulnerable adults are able to tell that they have been sexually abused. Either they may not be able to tell or they may not know that they have been victims of abuse. Abusive adults who are very skilled in grooming children for abuse will behave in such a way that the child is unaware that they are being set-up for abuse or, in some cases, are being abused. Changes in an individual's behaviour may be the signal that something has happened. It is important to note however, that there may be no physical or behavioural signs to suggest that a child, young person or vulnerable adult has been sexually abused.

SIGNS OF POSSIBLE SEXUAL ABUSE

- Behavioural signs
- Lack of trust in adults
- Over familiarity with adults
- Fear of a particular adult, or adults
- Developmental regression (begins to behave like a much younger child)
- Social isolation withdrawn or introverted (especially if this is a change from normal)
- Running away from home
- Sudden school problems; e.g. falling standards, truancy
- Reluctance or refusal to participate in normal coaching/training/games, or to change clothes in the company of others
- Low self-esteem
- Drug, alcohol or solvent misuse
- Fear of bathrooms, showers, closed doors, etc.
- Fear of medical examinations
- Poor peer relationships
- Stealing
- Irrational fears
- Eating disorders
- Psychosomatic factors; e.g. recurrent abdominal or headache pain
- Sexual promiscuity
- Over sexualised behaviour
- Display of sexual knowledge beyond the child's age (language, actions)
- Unusual interest in the genitals of adults, children or animals
- Sexually explicit drawings
- Compulsive masturbation
- Physical or Medical signs
- Bruises, scratches, bite marks to the thighs or genital areas
- Anxiety, depression
- Eating disorder; e.g. anorexia nervosa or bulimia
- Discomfort/difficulty in walking or sitting
- Pregnancy particularly when reluctant to name the father
- Pain on passing urine, recurring urinary tract problem, vaginal infections or genital damage
- Venereal disease/sexually transmitted diseases
- Soiling or wetting in children who have been trained
- Itchiness, soreness, discharge, unexplained bleeding from the rectum, vagina or penis
- Stained underwear
- Unusual genital odour



Self-mutilation, suicide attempts

EMOTIONAL ABUSE

Emotional abuse is the persistent emotional ill treatment of a child, young person or vulnerable adult such as to cause severe and adverse effects on their emotional development. It may involve conveying that they are worthless, unloved, useless, inadequate or not valued.

It may feature age or developmentally inappropriate expectations being imposed. It may also involve causing the individual to feel frequently frightened or in danger, such as when they have to live in a home where there is domestic violence or aggression. It may involve the corruption or exploitation.

EMOTIONAL ABUSE IN SPORT

This may include the persistent failure to show respect, build self-esteem and confidence that may be caused by:

- Exposure to humiliating or aggressive behaviour or tone
- Demeaning efforts by continuous negative feedback
- Failure to intervene where self-confidence and worth are being challenged or undermined

SIGNS OF POSSIBLE EMOTIONAL ABUSE

- Low self-esteem
- Continual self-deprecation/criticism ("I'm hopeless", "I'm useless", etc.)
- Sudden speech disorder
- Significant decline in concentration
- 'Neurotic' behaviour; e.g. rocking
- Self-mutilation, suicide attempts
- Compulsive stealing
- Extremes of passivity or aggression
- Running away
- Indiscriminate friendliness

NEGATIVE DISCRIMINATION (INCLUDING RACISM)

Children, young people or vulnerable adults may experience harassment or negative discrimination because of their race, ethnic origin, socio-economic status, culture, age, disability, gender, sexuality or religious beliefs. Although not in itself a category of abuse, SDS will treat such behaviour as potentially emotionally abusive. These procedures therefore apply.