



EVERY NATION

L O N D O N

Condensed Church Safeguarding Policy

2020

[To read the policy in full please contact
lydia@everynation.london]

1. Church Details

Name of the church: Every Nation Church, London (hereafter, “The Church”)

Location: The Fulham Boys School, 9 Beaumont Ave, Hammersmith, London W14 9LP

2. Church Statement: Commitment to Safeguarding

The Church Leadership (hereafter, “the CL”) takes seriously its responsibility to protect and safeguard the welfare of children, young people and vulnerable adults entrusted to the church’s care.

As part of this mission, the CL is committed to:

- Listening to, relating effectively with and valuing children, young people and vulnerable adults whilst ensuring their protection within church activities
- Respectful pastoral care for all to whom we minister
- Encouraging and supporting parents/carers
- Exercising proper care in the appointment and selection of those who will work with children and people who may be vulnerable
- Ensuring that children’s/youth/vulnerable adult workers are given support and training
- Having a system for dealing with concerns about possible abuse
- Maintaining good links with the statutory authorities
- Promoting safe practice by those in positions of trust

The CL recognises that children, young people and vulnerable adults may be the victims of abuse.

Defining child abuse or abuse against an adult is a difficult and complex issue. A person may abuse by inflicting harm or failing to prevent harm. Children and adults in need of protection may be abused within a family, an institution or a community setting. Very often the abuser is known or in a trusted relationship with the child or adult.

In order to safeguard those in our church we adhere to the UN Convention on the Rights of the Child and have as our starting point as a definition of abuse, Article 19:

1. States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.
2. Such protective measures should, as appropriate, include effective procedures for the establishment of social programmes to provide necessary support for the child

and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment described heretofore, and, as appropriate, for judicial involvement.

Also for adults the UN Universal Declaration of Human Rights with particular reference to Article 5:

No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.

Detailed definitions, and signs and indicators of abuse, as well as how to respond to a disclosure of abuse, are included here in our policy and appendices.

Accordingly, the CL has adopted the policy contained in this document, (hereafter, “the policy”). The policy sets out agreed guidelines relating to the following areas:

- Responding to disclosure of abuse, including allegations that may be made against the leaders or members of the church
- The role of the Safeguarding Coordinators
- Appointing and training workers
- Working with offenders
- Good practice within pastoral care settings
- Helping victims of abuse
- Supervision of activities, boundaries and discipline within children’s work

3. Safeguarding Procedures

3.1. Responding to Allegations or Suspicions of Abuse

3.1.1. General points

- Reassure the child/person
- Show acceptance of what the child/person discloses (however unlikely the story may sound)
- Keep calm
- Do not investigate or push for information. If the child/person decides not to tell you after all, then accept that and let them know that you are always ready to listen
- Tell the child/person you will need to let someone else know – **Do not promise confidentiality**
- Let the child/person know what you are going to do next and that you will let them know what happens. You will need to let the Safeguarding Coordinator know of the allegations unless they are implicated.
- Consider your own feelings and seek pastoral support if needed
- **Make notes as soon as possible** (preferably within one hour of the person talking to you), writing down everything that the child/person said and when he/she said it, what you said in reply and what was happening immediately beforehand (e.g. a description of the activity). Record dates and times of these events and when you made the record. Keep all hand written notes, even if subsequently typed. Such records should be kept for an indefinite period of time.

See Appendix F: Safeguarding Incident Recording Form

Helpful things you may say or show:

- *I believe you*
- *Thank you for telling me*
- *It's not your fault*
- *I will help you*

Unhelpful things to avoid saying:

- *Why didn't you tell anyone before?*
- *I can't believe it*
- *Are you sure this is true?*
- *Why? When? How? Who? Where?*
- Never make false promises
- Never make statements like: *"I am shocked. Don't tell anyone else."*

3.1.2.Procedure

1. You must report concerns as soon as possible to the relevant Safeguarding Coordinator (hereafter “the Coordinator”) who is nominated by the CL to act on their behalf in referring allegations or suspicions of neglect or abuse to the statutory authorities. The Coordinator may also be required by the conditions of the church insurance policy to immediately inform the insurance company. A decision will also be made as to whether the concern warrants a referral to the statutory authorities

Children and Young People Safeguarding Coordinator:

Name: Lydia Anderson
Email: lydia@everynation.london

Vulnerable Adults Safeguarding Coordinator:

Name: Tamsin Daniel
Email : tamsin@everynation.london

3. A confidential record will be made of the conversation and the circumstances surrounding it using the template in **Appendix G**. This record will be kept securely and a copy passed to statutory authorities if a referral is made.

4. If the suspicions in any way implicate both the Coordinator and the Deputy Coordinator, then the report should be made in the first instance to the relevant child or adult social services.

thirtyone:eight

Address: PO Box 133, Swanley, Kent, BR8 7UQ
Telephone Number: 00303 003 1111
Membership No: 3425

Social Services (Children)

Telephone number: 020 8753 6600
After hours: 0208 7488588.

Hammersmith and Fulham Social Services (Adults)

020 8753 4198 - Option 3
020 8748 8588 (out of hours)
h&fadvice.care@lbhf.gov.uk

5. If there is an immediate threat of harm, the Police should be contacted without delay on 999.

Police and Emergency Services

Where the abuse is also a crime - such as assault, racial harassment, rape or theft - call the police on 999. You should always do this if you are worried that you or someone you know is in immediate danger

If you or someone else is or has been injured as the result of abuse or neglect then you should seek medical advice and treatment - if the injury is serious then call 999 and ask for an ambulance

In less urgent cases you can contact the police without using the emergency 999 service. Call the central police reporting line on 0300 123 12 12 or ring 101 (the police non-emergency number) to report a previous incident.

6. In situations of abuse, the worker or Coordinator should decide if it is safe for the child/person to return home to a potentially abusive situation. On rare occasions it may be necessary to take immediate action to contact the social services and/or the police to discuss putting into effect safety measures for the child/person so that they do not return home.

7. Suspicions will not be discussed with any other person than those nominated above.

8. It is, of course, the right of any individual as a citizen to make direct referrals to or seek the advice of the relevant social services, although we hope that members of the church will use this procedure. If, however, you feel that the Coordinator or Deputy has not responded appropriately to your concerns, then it is up to you to contact the appropriate organisation directly.

3.1.3. Specific Procedure for Allegations of Physical Abuse/Neglect (Children)

If a child has a physical injury or symptom of neglect, the Coordinator will:

1. Contact the Social Services (or thirtyone:eight) for advice in cases of deliberate injury or where concerned about the child's safety. The parents should not be informed by the church or organisation in these circumstances.
2. Where emergency medical attention is needed it shall be sought immediately. The Coordinator will inform the doctor about any suspicions of abuse.

3. In other circumstances speak with the parent/carer and suggest that medical attention is sought for the child. The doctor or health visitor will then initiate further action if required.
4. If appropriate the parent/carer will be encouraged to seek help from the social services department.
5. Where the parent/carer is unwilling to seek advice, if appropriate, the Coordinator will offer to go with them. If they still fail to act, in cases of real concern, the Coordinator should contact social services for advice.
6. Where the Coordinator is unsure whether or not to refer a case to social services, then advice from the thirtyone:eight will be sought and followed if appropriate. thirtyone:eight will confirm its advice in writing in case it is needed for future reference purposes.

3.1.4. Specific Procedure for Allegations of Sexual Abuse (Children)

In the event of allegations or suspicions of sexual abuse, the Coordinator will:

1. Contact the Social Services Duty Social Worker for Children and Families or Police Child Protection Team directly. The Coordinator will not speak to the parent or anyone else except the Deputy Coordinator, local authorities or social services.
2. If, for any reason, the Coordinator is unsure whether or not to follow the above, then advice from thirtyone:eight will be sought and followed. thirtyone:eight will confirm this in writing in case these details are needed in the future.
3. Under no circumstances will the Coordinator attempt to carry out any investigation into the allegation or suspicions of sexual abuse. The role of the Coordinator is to collect and clarify the precise details of the allegation or suspicion and to provide this information to the Social Services Department, whose task it is to investigate the allegations under Section 47 of the Children's Act of 1989.
4. Whilst allegations or suspicions of sexual abuse will normally be reported to the Coordinator, the absence of the Coordinator or the Deputy Coordinator should not delay referral to the Social Services Department.
5. Exceptionally, should there be any disagreement between the person in receipt of the allegation or suspicion and the Coordinator or Deputy as to the appropriateness of a referral to the Social Services Department, that person retains a responsibility as a member of the public to report serious matters to the Social Services Department, and should do so without hesitation.

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6. The CL will support the Coordinator and the Deputy in their role, and accept that any information they may have in their possession will be shared in a strictly limited way on a need-to-know basis.

3.2.The Role of the Safeguarding Coordinators

To coordinate safeguarding policy and procedure in the church

- To familiarise themselves with church policies and procedures and good practice guidelines in safeguarding and to keep abreast of any changes and development.
- To ensure that church policies and procedures are reviewed annually, kept up to date, and are fit for purpose.
- To make others in the church aware of the church safeguarding policies and procedures.
- To ensure safer recruitment practices are operated in the recruitment of all workers (both volunteers and paid) including, but not exclusively, ensuring that the relevant workers have up to date Disclosure and Barring Service (DBS) checks / Protecting Vulnerable Groups scheme (PVG) checks.

To be the first point of contact for safeguarding issues

- To be a named person that children, vulnerable adults, church members and outside agencies can talk to regarding any issue to do with safeguarding.
- To be aware of the names and telephone numbers of appropriate contacts within Social Services and the Police in the event of a referral needing to be made.
- To be aware of when to seek advice, and when it is necessary to inform Social Services or the Police of a concern or incident.
- To take appropriate action in relation to any safeguarding concerns which arise within the church.
- To cooperate with Social Services or the Police in safeguarding investigations relating to people within the church.
- To ensure that appropriate records are kept by the church, and that information in relation to safeguarding issues is handled confidentially and stored securely.

To be an advocate for good safeguarding practice in the church

- To promote sensitivity within the church towards all those affected by the impact of abuse.
- To promote positive safeguarding procedures and practice and ensure procedures are adhered to.
- To arrange and/or promote opportunities for training in safeguarding to any relevant members of the leadership team and congregation, including both paid staff and volunteers.
- To update their own safeguarding training regularly.
- To seek appropriate support and advice in carrying out this role.
- To make arrangements for a suitable person to carry out this role when they are on leave, and to publicise who this is and the dates of the alternative arrangements.

(Adapted from The URF's *Safeguarding Policy for Local Churches*, 2015)

4. Good Practice

The church is committed to providing sound and ethical pastoral care to children, young people, vulnerable adults and all members of the church. For more information on what the church outlines as good practice see **Appendix J: Children's/ Young People's Guidelines** and **Appendix K: Guidelines for Pastoral Care**.

4.1. Helping Victims of Abuse

As a church we are committed to supporting victims of abuse, and encouraging them in their faith. The CL is committed to offering pastoral care, working with statutory agencies as appropriate, and support to all those who have been affected by abuse who have contact with or are part of the church.

For more information see **Appendix F: Helping Victims of Abuse**.

Date of next Review __02/12/2020

This Policy will be updated according to developments in the protection of children and vulnerable adults, and will be reviewed annually to ensure that it is up to date, that all those involved in working with vulnerable adults aware of the guidelines in this policy and that everyone is following the rules and guidelines in the policy.

6. Acknowledgements

This document is based on a model Child Protection Policy supplied by thirtyone:eight. This policy must not be copied by other churches/ organisations without the written agreement of thirtyone:eight.

This policy was created with reference to the following documents:

Promoting a Safe Church: Policy for Safeguarding adults in the Church of England, (2006)
Available at: <https://www.churchofengland.org/sites/default/files/2017-11/promotingasafechurch.pdf>

United Reformed Church's Safeguarding Policy for Local Churches (2015)
Available at: <https://urc.org.uk/images/safeguarding/Sample-Safeguarding-Policy-June-2015.pdf>

Office of the Public Guardian safeguarding policy (2017)

Available at:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/595194/SD8-Office_of-the-Public-Guardian-safeguarding-policy.pdf

Pastoral Care UK's *Guidelines for Good Practice in Pastoral Care* (2016)

Available at: https://www.acc-uk.org/public/docs/pastoral-care/PCUK_Guidelines_for_Good_Practice_in_PC_Rev_20.09.pdf

Appendix A: Terminology

This safeguarding policy covers children and adults. A child is defined as someone under the age of 18, this includes children and young people. An adult is generally defined as someone over the age of 18.

A vulnerable adult (or adult at risk) can be defined as:

Any adult aged 18 or over who, by reason of mental or other disability, age, illness or other situation is permanently or for the time being unable to take care of him or herself, or to protect him or herself against significant harm or exploitation.

It is important to note that all adults are susceptible to vulnerability and that nobody can be seen as 'invulnerable'.

Some of the factors that increase vulnerability include:

- a sensory or physical disability or impairment;
- a learning disability;
- a physical illness;
- mental ill health (including dementia), chronic or acute;
- an addiction to alcohol or drugs;
- the failing faculties in old age;
- a permanent or temporary reduction in physical, mental or emotional capacity brought about by life events, for example bereavement or previous abuse or trauma.

Am I working with a vulnerable adult?

The following information relates to the Safeguarding of Adults as defined in the Care Act 2014, Chapter 14. Safeguarding, this replaces the previous guidelines produced in 'No Secrets' (Department of Health 2000)

The legislation is relevant across England and Wales but on occasions applies only to local authorities in England.

The Safeguarding duties apply to an adult who;

- has need for care and support (whether or not the local authority is meeting any of those needs) and;
- is experiencing, or at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

Appendix B: Definitions of Abuse (Children)

Child abuse has many forms. There are four identified categories of abuse as described in Working Together to Safeguard Children 2018: physical, emotional, sexual and neglect.

It is important not to investigate but to seek advice. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger. They may be abused by an adult or adults, or another child or children.

PHYSICAL ABUSE

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child.

EMOTIONAL ABUSE

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development.

SEXUAL ABUSE

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening.

Child sexual exploitation

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

NEGLECT

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development.

DOMESTIC ABUSE

Domestic abuse is any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of their gender or sexuality. Domestic abuse has an impact on children in a number of ways:

- They are at increased of physical injury (either by accident or because they attempt to intervene)
- They are greatly distressed by witnessing the physical and emotional suffering of a parent
- Exposure to parental conflict can lead to serious anxiety and distress
- Children in violent households are more likely to be exposed to other forms of abuse.

SPIRITUAL ABUSE

Within faith communities harm can be caused by the inappropriate use of religious belief or practice. This can include the misuse of the authority of leadership or penitential discipline, oppressive teaching, obtrusive or forced healing and deliverance ministries (including abuse linked to a belief in spirit possession) or rituals, any of which may result in children experiencing physical, emotional or sexual harm.

EXTREMISM

Extremism goes beyond terrorism and includes people who target the vulnerable – including the young – by seeking to sow division between communities on the basis of race, faith or denomination; justify discrimination towards women and girls; persuade others that minorities are inferior; or argue against the primacy of democracy and the rule of law in our society.

Note on FGM (Female Genital Mutilation)

Female Genital Mutilation (FGM) includes all procedures involving the partial or total removal of the external female genitalia or any other injury to the female genital organs for nonmedical reasons.

FGM is illegal in the UK (Female Genital Mutilation Act 2003) and is considered to be child abuse. As a result, it is mandatory to report 'known' cases of FGM in children and young people under 18 years of age to the police.

Some signs and indicators of FGM could be:

- knowing that the family belongs to a community in which FGM is practised and is making preparations for the child to take a holiday.
- arranging vaccinations or planning absence from school.
- the child may also talk about a special procedure/ceremony that is going to take place.
- indicators that FGM may already have occurred include prolonged absence from school, church or other activities with noticeable behaviour change on return.
- bladder or menstrual problems.

- children finding it difficult to sit still and look uncomfortable.
- complaining about pain between their legs.
- talking about something somebody did to them that they are not allowed to talk about.

Leaders should also be aware that other forms of abuse can occur, e.g.:

- stranger abuse
- internet-related abuse sometimes called 'e-abuse'
- bullying (abuse by other children)
- fabricated or induced illness
- abuse of disabled children (who are more frequently abused than non-disabled children)
- deliberate self-harm (overdoses, cutting)
- allegations of possession by evil spirits
- child trafficking
- sexual exploitation
- forced marriage
- peer abuse – can be confused with bullying

Definitions of harm

The following is adapted from Working Together to Safeguard Children 2010, the statutory guidance for Safeguarding and Child Protection

- 'Harm' means ill-treatment or the impairment of health or development, including, for example impairment suffered from seeing or hearing the ill-treatment of another.
- There are no absolute criteria on which to rely when deciding whether something constitutes harm or significant harm. Consideration of the severity of ill-treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, the extent of premeditation, and the presence or degree of threat, coercion etc..
- Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger for example, via the internet. They may be abused by an adult or adults, or another child or children.
- The maltreatment of children, physically, emotionally, sexually or through neglect, can have major long- term effects on all aspects of a child's health, development and wellbeing. The immediate impact and longer-term impact can include anxiety, depression, substance misuse, eating disorders and self-destructive behaviours, offending and anti-social behaviour. Maltreatment is likely to have a deep impact on the

child's self-image and self-esteem, and on his or her future life. Difficulties may extend into adulthood.

- N.B. It is not the position of staff or volunteers to make a judgment on the type of harm, or on the severity and its likely impact, but to simply listen, respond, seek advice and refer on to the authorities as needed. Always seek advice, even if you are unsure;

Appendix C: Definitions of Abuse (Adults)

This section considers the different types and patterns of abuse and neglect and the different circumstances in which they may take place. This is not intended to be an exhaustive list but an illustrative guide as to the sort of behaviour which could give rise to a safeguarding concern.

DEFINITION OF ABUSE

From The URF's *Safeguarding Policy for Local Churches*:

Abuse is a violation of an individual's human and civil rights by any other person or persons. Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it.

PHYSICAL ABUSE

This includes assault, hitting, slapping, pushing, giving the wrong (or no) medication, restraining someone or only letting them do certain things at certain times.

SEXUAL ABUSE

This includes rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, taking sexual photographs, making someone look at pornography or watch sexual acts, sexual assault or sexual acts the adult didn't consent to or was pressured into consenting.

DOMESTIC ABUSE

This includes psychological, physical, sexual, financial or emotional abuse. It also covers so-called 'honour' based violence.

FINANCIAL OR MATERIAL ABUSE

This includes theft, fraud, internet scamming, putting pressure on someone about their financial arrangements (including wills, property, inheritance or financial transactions) or the misuse or stealing of property, possessions or benefits.

PSYCHOLOGICAL/EMOTIONAL ABUSE

This includes emotional abuse, threats of harm or abandonment, depriving someone of contact with someone else, humiliation, blaming, controlling, intimidation, putting pressure on someone to do something, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or support networks.

SPIRITUAL ABUSE

This includes the inappropriate use of religious belief or practice, the misuse of the authority of leadership or penitential discipline, oppressive teaching, obtrusive or forced healing and deliverance ministries (including abuse linked to a belief in spirit possession) or rituals, any of which may result in vulnerable adults experiencing physical, emotional or sexual harm. Vulnerable adults may also need protecting from radicalisation and being exposed to extremist views.

MODERN SLAVERY

Encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

ORGANISATIONAL ABUSE

Including neglect and poor care practice within an Institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

DISCRIMINATORY ABUSE

Including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.

NEGLECT

This includes ignoring medical, emotional or physical care needs, failure to provide access to educational services, or not giving someone what they need to help them live, such as medication, enough nutrition and heating.

SELF- NEGLECT

This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. Incidents of abuse may be one-off or multiple, and affect one person or more.

Appendix D: Signs of Abuse (Children)

The following signs could be indicators that abuse has taken place but should be considered in context of the child's whole life.

PHYSICAL

- Injuries not consistent with the explanation given for them
- Injuries that occur in places not normally exposed to falls, rough games, etc
- Injuries that have not received medical attention
- Reluctance to change for, or participate in, games or swimming
- Repeated urinary infections or unexplained tummy pains
- Bruises on babies, bites, burns, fractures etc which do not have an accidental explanation*
- Cuts/scratches/substance abuse*

SEXUAL

- Any allegations made concerning sexual abuse
- Excessive preoccupation with sexual matters and detailed knowledge of adult sexual behaviour
- Age-inappropriate sexual activity through words, play or drawing
- Child who is sexually provocative or seductive with adults
- Inappropriate bed-sharing arrangements at home
- Severe sleep disturbances with fears, phobias, vivid dreams or nightmares, sometimes with overt or veiled sexual connotations
- Eating disorders - anorexia, bulimia*

EMOTIONAL

- Changes or regression in mood or behaviour, particularly where a child withdraws or becomes clinging.
- Depression, aggression, extreme anxiety.
- Nervousness, frozen watchfulness
- Obsessions or phobias
- Sudden under-achievement or lack of concentration
- Inappropriate relationships with peers and/or adults
- Attention-seeking behaviour
- Persistent tiredness
- Running away/stealing/lying

NEGLECT

- Under nourishment, failure to grow, constant hunger, stealing or gorging food,
- Untreated illnesses,

- Inadequate care, etc

*These indicate the possibility that a child or young person is self-harming.

Approximately 20,000 are treated in accident and emergency departments in the UK each year. Specific details to this in appendix N in the complete policy.

Appendix E: Signs of Abuse (Adults)

It is essential to note that these are only indicators of possible abuse. There may be other, innocent, reasons for these signs and/or behaviour. They will, however, be a guide to assist in assessing whether abuse of one form or another is a possible explanation for an adult's behaviour.

PHYSICAL ABUSE

- A history of unexplained falls, fractures, bruises, burns, minor injuries
- Signs of under or over use of medication and/or medical problems unattended

SEXUAL ABUSE

- Pregnancy in a woman who is unable to consent to sexual intercourse
- Unexplained change in behaviour or sexually implicit/explicit behaviour
- Torn, stained or bloody underwear and/or unusual difficulty in walking or sitting
- Infections or sexually transmitted diseases
- Full or partial disclosure or hints of sexual abuse
- Self-harming

FINANCIAL ABUSE

- Disparity between assets and living conditions
- Unexplained withdrawals from accounts or disappearance of financial documents
- Sudden inability to pay bills
- Carers or professionals fail to account for expenses incurred on a person's behalf
- Recent changes of deeds or title to property

PSYCHOLOGICAL/EMOTIONAL ABUSE

- Alteration in psychological state e.g. withdrawn, agitated, anxious, tearful
- Intimidated or subdued in the presence of the carer
- Fearful, flinching or frightened of making choices or expressing wishes
- Unexplained paranoia

NEGLECT

- Malnutrition, weight loss and /or persistent hunger
- Poor physical condition, poor hygiene, varicose ulcers, pressure sores
- Being left in wet clothing or bedding and/or clothing in a poor condition
- Failure to access appropriate health, educational services or social care
- No callers or visitors

(Adapted from The URF's *Safeguarding Policy for Local Churches*)

Appendix F: Helping Victims of Abuse

In seeking to help victims of abuse the following points may be helpful to consider:

- Victims of abuse often have difficulty trusting others and this loss of trust can have a profound impact on the life of the survivor.
- Many victims of abuse do not speak about their experience until many years after the incident.
- There is no quick fix for healing from abuse and it is crucial that survivors:
 - Are not pushed into forgiving too early. Forgiving their abuser/s is a complex process, and considerable damage can be done by treating forgiveness as something that they must do unreservedly and now.
 - Are not put in a position of feeling even more guilty than they already do. Survivors tend to feel that the abuse was all their fault, particularly when there was more than one abuser.
 - Are accepted as they are, however full of anger they may be. Anger can be seen as one step along the road to forgiveness – at least if they are angry they are starting to accept that the abuse seriously affected them and this can be a good starting point to move towards healing.
 - Are given a sense that those within the church community who know about the abuse are ‘with them’ along the road to recovery. The journey can be very long and supporters are essential.
- Survivors can benefit from professional counselling if that is available, or joining a support group. Survivors helping other survivors can be powerful and effective.
- It is important to recognize the vulnerability and possible ‘childlike’ state of survivors, especially when they are in crisis or the early stages of healing. They can be over-compliant and easily manipulated. Power abuse within pastoral care is a real danger here.

(Adapted from *Promoting a Safe Church: Policy for Safeguarding adults in the Church of England*)