

National University of Ireland Galway

Child Protection Policy

01/07/2011

NUI Galway

Child Protection Policy

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1 Introduction

Whilst the NUI Galway owes a duty of care to all its students, it also has a particular responsibility to safeguard the welfare of any individual under the age of eighteen (defined by the Child Care Act 1991 as a “child”)¹, provide them with the highest possible standard of care in order to promote their well-being and safeguard them from harm. This responsibility applies whether that child is a student of the University or is otherwise under the care or supervision of University Members (as defined under [Section 5](#) of this Policy).

Children may be present on the University premises or under the supervision or direction of University Members in a wide number of circumstances including for example:

- University students under the age of eighteen
- Attending crèches
- Attending summer schools
- Using sports facilities
- Work experience placements or temporary employees
- Brought on site by parents during school holidays
- Living in student accommodation over the holiday period (e.g. as part of school party)
- Attending open days as potential student applicants
- Attending interviews for admission to the University
- As subjects of academic research
- As visitors for any other reason
- Where Students are actively involved in volunteering activities involving children through or in association with the NUI Galway ALIVE programme

Children may be accompanied by a responsible adult, e.g. a teacher or parent, but in other circumstances they may be unaccompanied.

2 Legal Background

The main legislation governing the care and protection of children is the Child Care Act 1991. The Domestic Violence Act, 1996, Protections for Persons Reporting Child Abuse Act, 1998, Commission to Inquire into Child Abuse Act 2000 and the Sex Offenders Act 2001 are also relevant to child protection and welfare. Copies for these Acts can be found in Appendix A.

¹ "child" means a person under the age of 18 years other than a person who is or has been married;

Pre-employment checking for statutory organisations in Ireland is carried out through the Garda Central Vetting Unit (GCVU). When the GCVU receives a vetting request, a check is conducted and within current disclosure policy, details of all convictions and/or prosecutions, successful or not, pending or completed, in the State or elsewhere as the case may be are disclosed to the authorised liaison person in the registered organisation.

3 Statement of Policy

NUI Galway is fully committed to safeguarding the well-being of all the children and young people with whom we work. Our Policy on Child Protection is in accordance with "[Children First](#) – National Guidelines for the Protection and Welfare of Children – 1999" which was published by the Dept. of Health and Children. NUI Galway is committed to promoting the rights of the child including the participation of children and young people in matters that affect them.

4 Aim of Policy

The aim of this Policy is to promote best practice in Child Protection within the University, and to set out a procedural framework to ensure that:

- the University protects children under its care or supervision
- University Members are equipped to make informed and confident responses to specific child protection issues
- University management are equipped to make appropriate decisions in the event of specific child protection concerns arising
- the University takes proactive steps in recruitment and in other areas to minimise risk with regard to child protection.
- the University has adopted a Student Anti-bullying Policy (Appendix B).

The University must ensure:

- allegations made or concerns reported by children or others to University Members are dealt with appropriately by the institution. Such allegations will be reported to the HSE and An Garda Síochána.
- all University Members who work with children have sufficient clearance following Garda Vetting

University Members have a responsibility at all times to:

- refrain from any inappropriate behaviour towards children
- avoid situations which could give rise to allegations of abuse
- report bullying of children
- report disclosures of abuse or concerns they may have that a child may have been subject to abuse
- Maintain appropriate confidentiality

Any University Member found to have committed any act of abuse towards a child will be subject to disciplinary proceedings and that person may also be the subject of criminal proceedings as determined by An Garda Síochána /DPP.

In addition any University Member found by the University to have inappropriate images of children (or inappropriate verbal or electronic communications with children) will be subject to disciplinary proceedings and the University will inform the An Garda Síochána and other statutory agencies as appropriate. Anyone with concerns in this regard about a member of staff, student or volunteer must report the matter to the Designated Child Protection Officer (or his/her Deputy) immediately.

The Child Protection Code of Behaviour is attached at Appendix C.

5 Scope of Policy

This Policy addresses all aspects of child protection within the work of the University. For the purposes of this Policy, the term “University Member” is used to describe anyone at the University who is engaged in working with children, whether as an employee, agent, student or volunteer. The policy applies to any University Member who is engaged in working with children. Where other policies exist within units of the University they are applicable only in addition to this policy and do not reduce any of the safe guards which exist in this policy. Garda vetting is an integral requirement for some courses at NUI Galway. Where such a requirement exists it will be managed from within the appropriate School or College.

5.1 Children as Research Subjects

Occasionally, children may attend University premises and/or be supervised by University Members for research purposes. Where children are to be engaged as research subjects full ethical approval must first be obtained from the Ethics Committee. Any research activity will respect the child’s right to confidentiality, and comply with any relevant code of ethics applicable to the type of research being conducted. Research Posts will be subject to the same evaluation process as outlined in section 9. Researchers must undergo checks against criminal records where the researcher may be working with children.

The Ethics Committee will be guided by this Policy when approving research projects which relate to children.

5.2 Sporting Activities

In addition to this Policy and related Procedures, specific considerations will apply to sporting activities conducted on University premises or directed by University Members. The Irish Sports Council has produced a detailed document

entitled 'Code of Ethics and Good Practice for Children's Sport' which will be applied as appropriate within the University (Appendix D).

5.3 Photographs and Images

There is evidence that people have used events attended by children and vulnerable young persons, particularly sporting events, to take inappropriate images of them in vulnerable positions. University Members must be vigilant in such circumstances and should immediately report any concerns to the Designated Child Protection Officer.

There will be occasions where photographs, film or video is required for legitimate purposes such as for teaching purposes, for research or sports coaching. In all such circumstances the children or vulnerable young persons and their parents/guardians/carers must be made aware of this and all such media must be stored safely.

5.4 Crèche facilities

The University will ensure that child protection procedures in respect of crèche staff and children attending the crèche are thoroughly implemented. All staff and volunteers who work in the crèche facilities must have undergone all the appropriate Garda Vetting and statutory child protection checks.

6 Recognising Abuse

Child abuse can often be difficult to identify and may present in many forms. It can be categorised into four different types: neglect, emotional abuse, physical abuse and sexual abuse. Early detection is important and professionals working with children should share their concerns about child protection or welfare with the Designated Child Protection Officer. 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 knowledge and information. It is important to note that child abuse is not always readily visible, and may not be clearly observable. A list of child abuse indicators is contained in Appendix E. 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.

There are a number of ways in which abuse becomes apparent:

- A child discloses abuse
- Someone else discloses that a child has told him/her or that he/she strongly believes a child has been or is being abused
- A child may show signs of physical injury for which there appears to be no satisfactory explanation
- A child's behaviour may indicate that it is likely that he/she is being abused

- A University Member's behaviour or in the way in which he/she relates to a child causes concern

7 Definition of Abuse

Both the terms "abuse" and "harm" are used regularly in the context of child protection. The Commission to Inquire into Child Abuse Act, 2000 (Appendix A) defines "abuse" in relation to a child as:

- the wilful, reckless or negligent infliction of physical injury on, or failure to prevent such injury to, the child,
- the use of the child by a person for sexual arousal or sexual gratification of that person or another person,
- failure to care for the child which results in serious impairment of the physical or mental health or development of the child or serious adverse effects on his or her behaviour or welfare, or
- any other act or omission towards the child which results in serious impairment of the physical or mental health or development of the child or serious adverse effects on his or her behaviour or welfare,

Definition and Recognition of Child Abuse as determined by 'Children First: National Guidelines for the Protection and Welfare of Children' can be found in Appendix F.

Concerns that a child has been harmed (or is at risk of being harmed) must be reported to the Designated Child Protection Officer even where the child is aged 16 years or older, and irrespective of whether the child has been said to have given consent.

8 Procedures for Dealing with Allegations of Abuse

Where the University becomes aware of an allegation of abuse the Designated Child Protection Officer will report the allegations to the HSE and An Garda Síochána without delay.

University Members may be subjected to erroneous or malicious allegations. Therefore any allegation of abuse will be dealt with sensitively and support will be provided for staff including counselling where necessary. The University acknowledges the assumption of innocent until proven guilty. However, the

primary goal is to protect the child while taking care to treat the University Member fairly.

8.1 Reporting of a Disclosure

When abuse is disclosed to a University Member, he or she **must**:

- Inform whoever has made the disclosure that the information cannot be kept completely confidential as it will have to be passed on to the appropriate authorities.
- Listen carefully to what is being said and record the details in writing as soon as possible ensuring that the record is kept safe and secure
- Inform the Designated Child Protection Officer about the disclosure immediately (not more than 24 hours afterwards). The matter will be treated as an urgent priority.
- Not take any further action or discuss the matter further with anyone else unless advised otherwise.

The person who made the original disclosure will be kept informed about the post-disclosure process, so that they can be reassured about what to expect.

Where an adult makes a disclosure of abuse that occurred during his or her childhood, that disclosure must also be reported to the Designated Child Protection Officer, as the alleged abuser may still pose a risk to children.

8.2 Reporting of a Concern

Where abuse is not necessarily disclosed but a University Member is otherwise concerned that a child is being abused, he or she must:

- (i) Inform the Designated Child Protection Officer about their concern immediately. The matter will be treated as an urgent priority
- (ii) Not take any further action or discuss the matter further with anyone else unless advised otherwise.

If the University becomes aware of an allegation of abuse of a child or children by a University Member during the execution of their duties, the accused will be privately informed of the following:

- the fact that an allegation has been made against him/her
- the nature of the allegation
- the fact that the HSE and An Garda Síochána has been informed about the allegation

The University Member remains amenable to the relevant University Disciplinary

Procedure.

The following steps will also be taken:

- The University Member will be removed from unsupervised contact with children with immediate effect and will remain so until the HSE and An Garda Síochána inform the University that it is in order to allow normal work to resume.

The *Protection for Persons Reporting Child Abuse Act, 1998* makes provision for the protection from civil liability of persons who have reported child abuse 'reasonably and in good faith'. This protection applies to organisations as well as individuals. It is considered therefore that, in the first instance, it is organisations that employ staff or use volunteers that should assume responsibility for reporting child abuse to the appropriate authorities.

9 Recruitment

Recruitment of Staff or Volunteers dealing directly with children

Before recruiting a new member of staff or volunteer, the University will satisfy itself as to:

- Whether the duties of the post include 'relevant work' as defined in the Section 26 Sex Offenders Act 2001, Appendix A.
- Whether all appropriate checks relating to criminal records, qualifications, employment history and employer references have been undertaken.
- If, having made such checks, information comes to light which reveals applicants may have a criminal record, all information from Garda vetting should be considered to assess whether there is a risk to children. If it is considered the applicant will pose a risk to children that person's application must be rejected.
- Where a post is being filled through external recruitment or internal transfer of an existing employee and the duties of the post are deemed to include 'relevant work' appropriate checks against criminal records will be carried out.
- If an existing member of staff or volunteer is to undertake responsibilities in respect of working with children, then appropriate checks of criminal records will be carried out.

A Post Evaluation Group will evaluate new posts/vacancies to determine whether or not duties would include 'relevant work'. This Group will be constituted as follows: relevant UMT member, Head of School/Unit, HR representative. Posts deemed to include 'relevant work' will require Garda Vetting going forward. If a Garda vetting report includes information regarding criminal records relating to

child abuse issues these reports would be forwarded to the Post Evaluation Group for a decision. The process will be handled in an expeditious manner and as quickly as possible.

Posts which are assigned new responsibilities will be reviewed as above.

Staff in posts which require Garda vetting will be required to sign an annual declaration stating that they have not been subject to proceedings/convictions/allegations of abuse (as defined in Section 7 above) in the previous 12 months.

The law in Ireland makes it a criminal offence for some people who fail to notify their employers they are guilty of certain criminal offences before taking a job or performing a service. This duty to notify an employer relates primarily to sex offenders guilty of offences committed in Ireland and abroad. [Section 26 of the Sex Offenders Act 2001](#) makes it an offence for a sex offender to "apply for work or to perform a service (including State work or service) which involves having unsupervised access to, or contact with children or mentally impaired people without telling the prospective employer or contractor that you are a sex offender".

The terms *State work* or *State service* includes work done by civil servants, An Garda Síochána, Defence Forces, local authority and Health Service Executive (HSE) staff. The term *mentally impaired* is used in the 2001 Act and is defined in [Section 5 of the Criminal Law \(Sexual Offences\) Act 1993](#) as "suffering from a disorder of the mind, whether through mental handicap or mental illness, which is of such a nature or degree as to render a person incapable of living an independent life or of guarding against serious exploitation".

9.1 Contractors

Persons undertaking 'relevant work' who are not directly employed by the University but are employed by contractors (or sub-contractors), will also undergo Garda Vetting. However, these checks will have to be carried out by their employer and the University will ensure that these obligations are reflected where possible in any contract between the University and the contractor. Contract staff without such clearance will not be permitted unsupervised access to children under any circumstances.

10 Record Keeping

The Designated Child Protection Officer will ensure that all records pertaining to Child Protection matters will be kept secure, up to date and compliant with Data Protection and other legal requirements (Appendix G).

11 Implementation and Review

11.1 Policy Implementation

The University will ensure that this Policy and appropriate procedures are implemented, disseminated and kept under review.

11.2 Policy and Procedure Review

The Governing Authority or its delegated authority will from time to time review this Policy and related Procedures, in addition to examining the work of the Designated Child Protection Officer and his/her Deputy. The Governing Authority or its delegated authority must satisfy itself that this Policy and the Procedures are fit for purpose and that the Designated Child Protection Officer duties are being discharged satisfactorily. The Policy, Procedures and related arrangements shall be revised where necessary to facilitate the effective implementation of this Child Protection Policy and to reflect changes in Child Protection law when they occur.

11.3 Training

University Members will be trained appropriately in child protection procedures. The Designated Child Protection Officer will work with line management to identify specific groups of staff, students and volunteers who may require training.

11.4 Appointment and Role of Designated Child Protection Officer

The University will appoint a Designated Child Protection Officer who will have the primary responsibility for implementing this policy, advising staff on child protection procedure and liaising with other agencies where appropriate. The Deputy will assume his/her responsibilities when the Designated Child Protection Officer is absent. Particular duties of the Designated Child Protection Officer will include:

- implementing and promoting this policy and advocating best child protection practice throughout the campus and liaising with Colleges, Schools and Units, raising compliance issues where appropriate.
- bringing this policy to Governing Authority for review and providing them with a report it's application . This will ensure that the policy is monitored and reviewed in accordance with changes in legislation and guidance on the protection of children
- facilitating staff and volunteer training on Child Protection procedures and ensuring that the Policy is kept up to date with developments in respect of the welfare of children.
- ensuring necessary risk assessments are carried out and appropriate safety measures taken where necessary
- ensuring the University is sufficiently insured for activities involving

- children
- ensuring appropriate checks are made on University Members who are considered to be carrying out 'relevant work' with children
- ensuring records pertaining to Child Protection matters are kept secure, in the strictest confidence, up to date and compliant with Data Protection and other legal requirements (Appendix G).
- receiving in the first instance reports from staff or students of incidents, allegations or concerns that a child may be at risk or may have been harmed.
- assuring any person making a report that appropriate action will be taken and advising them what steps to take (or not take) until notified further by the University or the appropriate authorities
- notifying the HSE and An Garda Síochána of reported allegations of child abuse

12 Safety

University management have a responsibility to ensure that University premises are safe for staff, students and visitors. All staff share a responsibility to take reasonable care of the safety of those around them, and will be familiar with the University's Health and Safety Policy (Appendix H). Failure to follow health and safety procedure may affect the University's legal liability and any insurance claim by the University in the event of personal injury caused to or by children.

It must be always borne in mind that children will tend to be less careful than adults, and that when staff or volunteers direct children outside of University premises there will be additional matters to be taken into consideration (such as if children are in large groups). Staff bringing their own children onto premises must remain responsible for their children at all times, and must bear in mind that parts of the premises may pose hazards. Staff and students are advised not to bring young children onto University premises unless absolutely necessary.

Where any accident occurs, a detailed record of the incident must be logged or recorded as soon as possible after the event. All incidents must be reported to the University's Health and Safety Office, who will liaise with the Designated Officer accordingly.

12.1 Risk Assessment and Insurance

The Designated Child Protection Officer will:

- work with the University's Health and Safety officers to ensure relevant risk assessments have been conducted for University premises where children may be present, and for specific situations (e.g. Summer Schools or field trips) where University Members may be directing or supervising children on or off-site.

Appendix A - Links to Relevant Legislation

[Child Care Act 1991](#)

[Domestic Violence Act 1996](#)

[Protection for Persons Reporting Child Abuse Act 1998](#)

[Commission to Inquire into Child Abuse Act 2000](#)

[Sex Offenders Act 2001](#)

Appendix B - Student Anti-Bullying Policy

[NUI Galway Student Anti-bullying Policy](#)

Appendix C – Child Protection Code of Behaviour

Avoid being alone with a child where this is practicable

University Members should avoid being alone with a child or student under 18 where this is practicable. In circumstances where this is unavoidable obtain permission from/inform a parent, guardian or carer; or inform another colleague. Endeavour to conduct any such meetings in a room/area where you are clearly visible, and where the door can be left open do so.

University Members must avoid taking children or students under the age of 18 alone in their cars or meeting them alone outside the normal working environment. In situations where any such arrangements are unavoidable, inform from a parent, guardian or carer, or another staff member explaining why, when and where it is happening.

Listen to what children have to say

In situations where children or young students say something to you that you perceive to be of a particularly sensitive nature listen carefully to what they have to say but do not probe for details which could be construed as unjustified intrusion.

Physical Contact

University Members are advised not to make physical contact with a child except where this is unavoidable due to the nature of the authorised activity, in which case the child must consent to this.

Hitting, punching or fighting is unacceptable behaviour, as is any form of harm to a child.

Do not do things of a personal nature for children that they can do for themselves

Unnecessary physical contact with young people/children should be avoided. Although these gestures may be well intentioned they could easily be misinterpreted.

Do not use language of a sexual, suggestive or inappropriate nature in front of children.

If it is necessary to administer first aid (normally this should be done by a trained first aider) if you think that physical contact may be necessary and may be misunderstood take steps to ensure, wherever possible, that another responsible person is present.

Reporting

Always report any concerns that a child has been harmed (or is at risk of being harmed) to the Designated Child Protection Officer or his/her Deputy as soon as possible even where the child is aged 16 years or older, and irrespective of whether the child has been said to have given consent.

Appendix D - Code of Ethics and Good Practice for Children's Sport

[Code of Ethics and Good Practice for Children's Sport \(Irish Sports Council\)](#)

Appendix E - Child Abuse Indicators

(as listed in [Children First](#) report page 125)

Signs and Symptoms of Abuse

1. Signs and Symptoms of Child Neglect

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. Neglect is closely correlated with low socio-economic factors and corresponding physical deprivations. It is also related to parental incapacity due to learning disability or psychological deprivations. It is also related to parental incapacity due to learning disability or psychological disturbance.

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 developmental needs of the child in terms of cognitive stimulation"**. *

Child neglect should be suspected in cases of:

- Abandonment or desertion
- Children persistently being left alone without adequate care and supervision
- Malnourishment, lacking food, inappropriate food or erratic feeding
- Lack of warmth
- Lack of adequate clothing
- Lack of protection and exposure to danger including moral danger or lack of supervision appropriate to the child's age
- Persistent failure to attend school
- Non-organic failure to thrive i.e. child not gaining weight not alone due to malnutrition but also due to emotional deprivation
- Failure to provide adequate care for the child's medical problems
- Exploited, overworked.

2. Signs and Symptoms of Emotional Child Abuse

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

* Skuse, D. and Bentovim, A. (1994) "Physical and Emotional Maltreatment". In Rutter, M. Taylor, E. and Hersov, L. (Editors), *Child and Adolescent Psychiatry (Third Edition)*, Oxford: Blackwell Scientific Publications

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."** **

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.

- Rejection
- Lack of praise and encouragement
- Lack of comfort and love
- Lack of attachment
- Lack of proper stimulation (e.g. fun and play)
- Lack of continuity of care (e.g. frequent moves)
- Serious over-protectiveness
- Inappropriate non-physical punishment (e.g. locking in bedrooms)
- Family conflicts and/or violence
- Every child who is abused sexually, physically or neglected is also emotionally abused
- Inappropriate expectations of a child's behaviour - relative to his/her age and stage of development.

3. Signs and Symptoms of Physical Abuse

Unsatisfactory explanations or varying explanations for the following events are highly suspicious:

- Bruises (see below for more detail)
- Fractures
- Swollen joints
- Burns/Scalds(see below for more detail)
- Abrasions/Lacerations
- Haemorrhages (retinal, subdural)
- Damage to body organs
- Poisonings - repeated (prescribed drugs, alcohol)
- Failure to thrive
- Coma/Unconsciousness
- Death.

There are many different forms of physical abuse but skin, mouth and bone injuries are the most common.

Bruises - in general

** Skuse D. (1989) "Emotional Abuse and Neglect" in Meadow, R. "ABC of Child Abuse", British Medical Journal Publications, London.

Accidental bruises are common at places on the body where bone is fairly close to the skin. Bruises can also be found towards the front of the body, as the child usually will fall forwards.

Accidental bruises are common on the chin, nose, forehead, elbow, knees and shins. An accident-prone child can have frequent bruises in these areas. Such bruises will be diffuse with no definite edges. Any bruising on a child before the age of mobility must be treated with concern.

Suspicion

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 might 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 accidentally 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 (frenulum) 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 in accidental splashing. The child may also have been held against a hot object like a radiator or a ring of a cooker leaving distinctive marks. Cigarette burns may result in multiple small lesions in places on the skin that would not generally be exposed to danger. There may be other skin conditions that can cause similar patterns and expert paediatric advice should be sought.

Bites - 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 childrens' bites as measurements can be inaccurate. Any suspected adult bite mark 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.

Poisoning - non-accidental

Non-accidental poisoning can occur and may be difficult to identify but should be suspected in bizarre or recurrent episodes and when more than one child is involved. Drowsiness or hyperventilation may be a symptom.

Shaking violently

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

4. Signs and Symptoms of Child Sexual Abuse

Child sexual abuse often covers a wide spectrum of abusive activities. It rarely involves just a single incident and usually occurs over a number of years. Child sexual abuse frequently happens within the family. Intra-familial abuse is particularly complex and difficult to deal with.

Cases of sexual abuse principally come to light through:-

- (a) disclosure by the child or its siblings/friends;
- (b) the suspicions of an adult;
- (c) due to physical symptoms.

Colburn Faller^{***} provides a description of the wide spectrum of activities by adults which can constitute child sexual abuse. These include:

Non contact sexual abuse

- "Offensive Sexual Remarks" including statements the offender makes to the child regarding the child's sexual attributes, what he or she would like to do to the child and other sexual comments.
- Obscene Phone-calls.
- Independent "exposure" involving the offender showing the victim his/her private parts and/or masturbating in front of the victim.
- "Voyeurism" involving instances when the offender observes the victim in a state of undress or in activities that provide the offender with sexual gratification. These may include activities that others do not regard as even remotely sexually stimulating.

Sexual contact

- involving any touching of the intimate body parts. The offender may fondle or masturbate the victim and/or get the victim to fondle and/or masturbate them. Fondling can be either outside or inside clothes. Also includes "frottage", i.e. where offender gains sexual gratification from rubbing his/her genitals against the victim's body or clothing.

Oral-genital sexual abuse

- involving the offender licking, kissing, sucking or biting the child's genitals or inducing the child to do the same to them.

Interfemoral sexual abuse

- sometimes referred to as "dry sex" or "vulvar intercourse", involving the offender placing his penis between the child's thighs.

Penetrative sexual abuse of which there are five types

- "digital penetration" involving putting fingers in the vagina, or anus or both. Usually the victim is penetrated by the offender, but sometimes the offender gets the child to penetrate them.
- "penetration with objects" involving penetration of the vagina, anus or occasionally mouth with an object.
- "genital penetration" involving the penis entering the vagina, sometimes partially.
- "oral penetration" involving the penis penetrating the mouth^{****}.
- "anal penetration" involving the penis penetrating the anus.

Sexual exploitation

^{***} Colbourn Faller, K. (1989) "Child Sexual Abuse". An Interdisciplinary Manual for Diagnosis Case Management and Treatment. Basingstoke: Macmillian.

^{****} additional indicator which is not taken from the Children First document.

- Involves situations of sexual victimisation where the person who is responsible for the exploitation may not have direct sexual contact with the child. Two types of this abuse are child pornography and child prostitution.
- 'Child pornography' includes still photography, videos and movies and, more recently computer generated pornography.
- 'Child Prostitution' for the most part involves children of latency age or in adolescence. However, children as young as four and five are known to be abused in this way.
- Sexual abuse in combination with other abuse.
- The sexual abuses described above may be found in combination with other abuses, such as physical abuse and urination and defecation on the victim. In some cases physical abuse is an integral part of the sexual abuse; in others drugs and alcohol may be given to the victim.

It is important to note that physical signs may not be evident in cases of sexual abuse due to the nature of the abuse and/or the fact that the disclosure was made some time after the abuse took place.

Carers and professionals should be alert to the following physical and behavioural signs:-

- Bleeding from the vagina/anus
- Difficulty/pain in passing urine/faeces
- An infection may occur secondary to sexual abuse, which may or may not be a definitive sexually transmitted disease. Professionals should be informed if a child has a persistent vaginal discharge or has warts/rash in genital area.
- Noticeable and uncharacteristic change of behaviour
- Hints about sexual activity
- Age - inappropriate understanding of sexual behaviour
- Inappropriate seductive behaviour
- Sexually aggressive behaviour with others
- Uncharacteristic sexual play with peers/toys
- Unusual reluctance to join in normal activities which involve undressing, e.g. games/swimming.

Particular behavioural signs and emotional problems suggestive of child abuse in young children (0-10 yrs):

- Mood change, e.g. child becomes withdrawn, fearful, acting out
- Lack of concentration (change in school performance)
- Bed wetting, soiling
- Psychosomatic complaints; pains, headaches
- Skin disorders
- Nightmares, changes in sleep patterns
- School refusal
- Separation anxiety

- Loss of appetite
- Isolation.

Particular behavioural signs and emotional problems suggestive of child abuse in older children (10 yrs +):

- Mood change, e.g. depression, failure to communicate
- Running away
- Drug, alcohol, solvent abuse
- Self mutilation
- Suicide attempts
- Delinquency
- Truancy
- Eating disorders
- Isolation.

All signs/indicators need careful assessment relative to the child's circumstances.

Appendix F - Definition and Recognition of Child Abuse

Introduction

Child abuse can be categorised into four different types: neglect, emotional abuse, physical abuse and sexual abuse. A child² may be subjected to more than one form of abuse at any given time. The National Guidelines have adopted the following definitions of child abuse:

Neglect

Neglect is normally defined in terms of an *omission*, where a child suffers significant harm or impairment of development by being deprived of food, clothing, warmth, hygiene, intellectual stimulation, supervision and safety, attachment to and affection from adults, or medical care.

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 similar child.

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.

Emotional Abuse

Emotional abuse is normally to be found in the *relationship* between a caregiver 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. It is rarely manifested in terms of physical symptoms. Examples of emotional abuse include:

- (i) persistent criticism, sarcasm, hostility or blaming;
- (ii) conditional parenting in which the level of care shown to a child is made contingent on his or her behaviours or actions;
- (iii) emotional unavailability by the child's parent/carer;
- (iv) unresponsiveness, inconsistent, or inappropriate expectations of a child;
- (v) premature imposition of responsibility on a child;
- (vi) unrealistic or inappropriate expectations of a child's capacity to understand something or to behave and control himself in a certain way;
- (vii) under or over-protection of a child;
- (viii) failure to show interest in, or provide age-appropriate opportunities for, a child's cognitive and emotional development;
- (ix) use of unreasonable or over-harsh disciplinary measures;

(x) exposure to domestic violence.

Children show signs of emotional abuse by their behaviour (for example, excessive clinginess to or avoidance of the parent/carer), their emotional state (low self-esteem, unhappiness), or their development (non-organic failure to thrive). The *threshold of significant harm* is reached when abusive interactions become *typical* of the relationship between the child and parent/carer.

Physical Abuse

Physical abuse is any form of non-accidental injury that causes significant harm to a child, including:

- (i) shaking;
- (ii) use of excessive force in handling;
- (iii) deliberate poisoning;
- (iv) suffocation;
- (v) Munchausen's syndrome by proxy (where parents fabricate stories of illness about their child or cause physical signs of illness);
- (vi) allowing or creating a substantial risk of significant harm to a child.

Sexual Abuse³

Sexual abuse occurs when a child is used by another person for his or her gratification or sexual arousal, or for that of others. For example:

- (i) exposure of the sexual organs or any sexual act intentionally performed in the presence of the child;
- (ii) intentional touching or molesting of the body of a child whether by a person or object for the purpose of sexual arousal or gratification;
- (iii) masturbation in the presence of a child or involvement of the child in the act of masturbation;
- (iv) sexual intercourse with the child, whether oral, vaginal, or anal;
- (v) sexual exploitation of a child;
- (vi) consensual sexual activity between an adult and a child under 17 years. 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 For the purposes of these guidelines, a 'child' means an unmarried person under the age of 18 years.

3 The definition of child sexual abuse presented here is not a legal definition, and is not intended to be a description of the criminal offence of sexual assault.

Recognising Child Abuse

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 knowledge and information. It is important to note that child abuse is not always readily visible, and may not be as clearly observable as the 'text book' scenarios outlined in these guidelines suggest. The recognition of abuse normally runs along three stages:

- (i) considering the possibility -if a child appears to have suffered an inexplicable and suspicious looking injury, seems distressed without obvious reason, displays unusual behavioural problems or appears fearful in the company of parents/carers;
- (ii) observing signs of abuse -a cluster or pattern of signs is the most reliable indicator of abuse. Children may make direct or indirect disclosures, which should always be taken seriously. Less obvious disclosures may be gently explored with a child, without direct questioning (which may be more usefully carried out by the health board or An Garda Síochána). Play situations such as drawing or story telling may reveal significant information. Indications of harm must always be considered in relation to the child's social and family context, and it is important to always be open to alternative explanations;
 - (ii) recording of information - it is important to establish the grounds for concern by obtaining as much detailed information as possible. Observations should be recorded and should include dates, times, names, locations, context and any other information which could be considered relevant or which might facilitate further assessment/investigation.

Appendix G - Storage of Garda Vetting Reports

Garda Vetting reports will be stored electronically, they will be linked to a persons staff number but will not form part of their general personnel file. In order to comply with data protection legislation this information will only be used for the purpose for which it was collected. A security system will be put in place to ensure that this information can only be accessed by staff with clearance to do so.

Appendix H - Health & Safety Policy

[NUI Galway Health & Safety Policy](#)