

SAFEGUARDING PROCEDURES 2025

Children and Adults at Risk

STATUS: APPROVED

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Definitions:

An **Ri representative** is anyone who works for or with the Ri, including staff, contractors, volunteers, contributors to public and educational programmes, Trustees and committee members, Ri ambassadors, or organisations or individuals who undertake relevant work on behalf of the Ri.

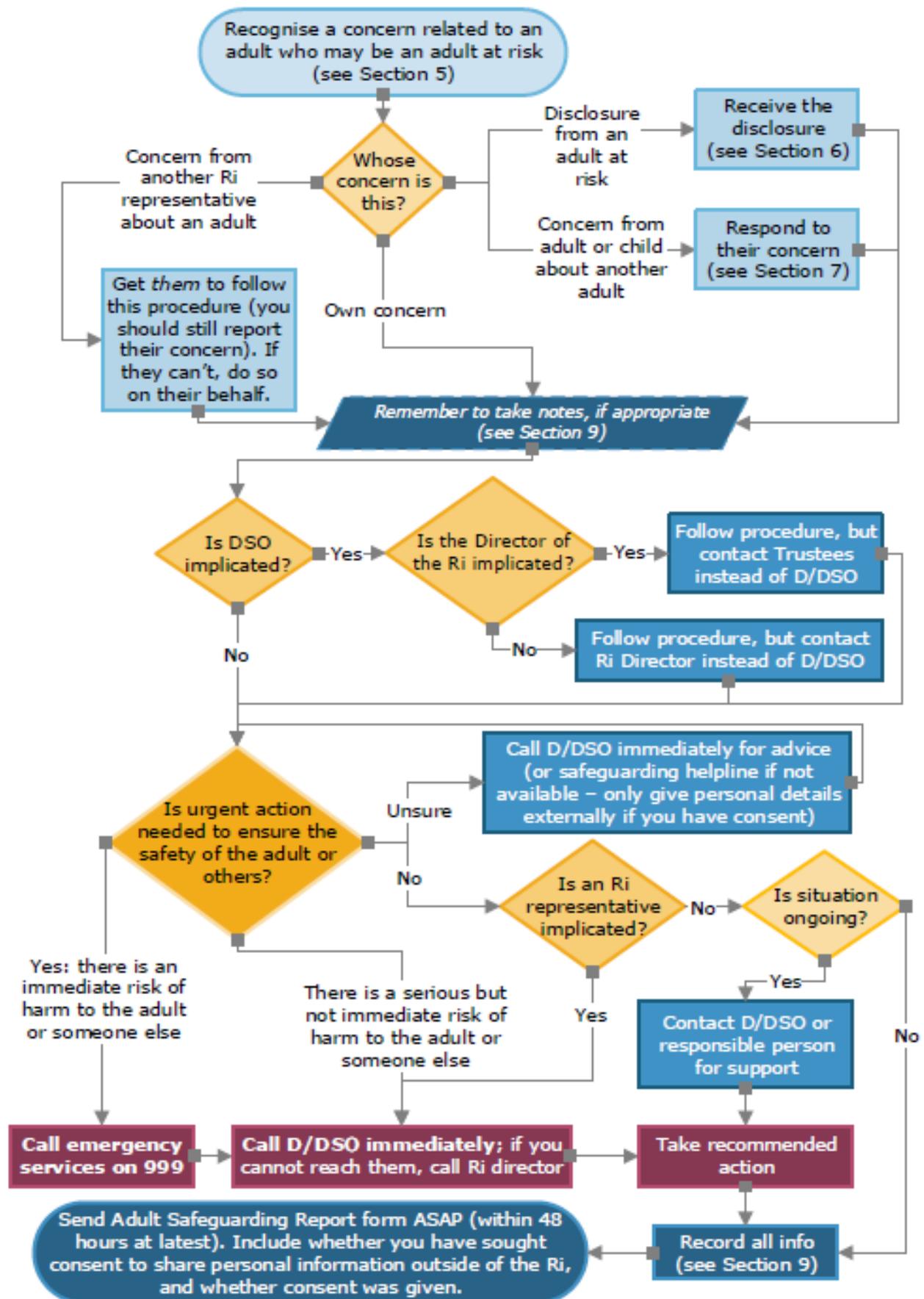
A **child** is anyone under the age of 18, regardless of any other status.

An **adult at risk** is any adult who has care or support needs (whether or not these are being met) and is at risk of or is experiencing abuse or neglect, **and** as a result of their needs is unable to adequately protect themselves against this (risk of) abuse or neglect.

Ri activities are any activities which are organised by or on behalf of the Ri, no matter where they are located or if they are online. Some activities may fall under alternative safeguarding arrangements, as is outlined in Section 2 of the Ri's Safeguarding Policies.

A **disclosure** is when a child or adult reports abuse or concerns to you.

FLOWCHART 2: What to do when you have a concern about an adult



1. Introduction

- 1.1. The measures outlined in these Safeguarding Procedures apply to, and should be followed by, all Ri representatives, unless they are working under alternative safeguarding arrangements and then only if agreed by the Ri.
- 1.2. Our safeguarding procedures are here to:
 - Support and protect you.
 - Support and protect the children and adults at risk that we work with or who come into contact with the Ri.
 - Help create a safe and secure environment for all, where safeguarding is paramount and inaction, silence or poor practice is not acceptable.
 - Give guidance on what you should do if you have any safeguarding questions or concerns, how you should behave to create a safe environment and who to contact for support.
- 1.3. The Ri's approach to safeguarding children and adults at risk is outlined in the Child Safeguarding Policy and Adult Safeguarding Policy, respectively.
- 1.3. **Flowcharts 1 & 2** (see above) show you steps to take when you have a concern or when something is reported to you. Further advice and guidance on who to contact and what actions you should take are referenced within the flowcharts.

EMERGENCIES

If anyone is at immediate risk of harm, you should call the appropriate emergency services - **999** without delay and without having to seek consent.

You should then also immediately call the Designated Safeguarding Officer (DSO) or relevant responsible person at the Ri – see Section 2.

2. Key contacts

- 2.1. The Ri's Designated Safeguarding Officers (DSOs) are the first point of contact for anyone who has a safeguarding question or concern, needs to report a disclosure or who needs advice. If you are unsure, it is much better to ask than to risk not sharing something which may be a genuine safeguarding concern; no question is too small.
- 2.2. All safeguarding concerns or disclosures **MUST** be reported to the Ri's Designated Safeguarding Officers or relevant responsible person (detailed below) **within 24 hours** unless there is no serious/immediate risk of harm and situation is not ongoing. If so, you must report within 48 hours.

| | |
|---|--|
| Designated Safeguarding Officer and Deputy Designated Safeguarding Officer(s) (D/DSOs) | Samantha Durbin – 07741 657 952 Alana Francis – 07301 639 428 Rosie Curran Crawley – 07741 657 952 |
| DSOs' contact email address | safeguarding@ri.ac.uk |

- 2.3. If a concern involves one of the DSOs, or you do not feel your concern has been acted on appropriately, contact the Ri's Director of Planning, Strategy and Commercial or the Ri Director.

| | |
|--|---|
| Director of Planning, Strategy and Commercial | Emma Kelly ekelly@ri.ac.uk |
| The Director of the Ri | Katherine Mathieson kmathieson@ri.ac.uk |

- 2.4. If the concern involves all of the above concerns, you can report to the Lead Trustee for Safeguarding and/or Chair of Trustees (assuming they are also not implicated) and/or the most appropriate non-implicated director.

Trustee responsible for safeguarding

Professor Alison Woollard
alison.woollard@bioch.ox.ac.uk

- 2.5. You can also use the above email contacts to request a phone conversation or online meeting about the concern .
- 2.6. Up-to-date contact details will be maintained on the Ri website, along with the current versions of the safeguarding concerns report form, safeguarding policies and procedures. See rigb.org/about-us/safeguarding.

3. External support

- 3.1. If you cannot reach the DSOs or a relevant responsible person and you have concerns about a child, you can also seek advice from the following external organisations:

- 3.1.1 The NSPCC has a helpline for child safeguarding matters:

NSPCC Helpline (hours vary – check their website): **0808 800 5000**

NSPCC helpline email address (24 hours): help@nspcc.org.uk

<https://www.nspcc.org.uk/keeping-children-safe/our-services/nspcc-helpline/>

- 3.1.2 Please note that the NSPCC is REQUIRED to make a referral to the relevant children’s social care team if a concern meets the threshold for doing so; general queries can be made without personal details.
- 3.1.3 You can also make an enquiry without giving personal details with the Children’s Social Care team. Contact the county/borough where the child lives; you can find this via Postcode search: <https://www.gov.uk/find-local-council>
- 3.1.4 If you do not know where the child lives, you can contact Westminster Children’s Social Care Team: <https://www.westminster.gov.uk/children-and-families/childrens-social-care>
- 3.2. If you cannot reach the DSOs or a relevant responsible person and you have concerns about an adult at risk, you can seek advice from the local Safeguarding Adult’s Team/Social Services. The contact details will be listed on the website for the adult’s local council Safeguarding Adults Board (SAB).
- 3.2.1 Remember not to give an adult’s personal details if you do not have consent.
- 3.2.2 You can ask for advice whether or not you know if someone is an adult at risk.
- 3.2.3 The SAB contacted should be local to where the adult lives, not where the Ri activity is. However, if it is not an emergency or a clearly reportable crime, then you can contact Westminster Council SAB for advice. The legal duty to investigate will rest with the local authority where the person lives.

The Ann Craft Trust has a searchable list of local Adult Safeguarding Board websites: <https://www.anncrafttrust.org/resources/find-your-nearest-safeguarding-adults-board/>

They also have a useful page of resources for [individuals needing support](#)¹, and a fuller [directory of resources](#)²

Westminster and Kensington and Chelsea Councils have [useful webpages](#)³ explaining adult safeguarding and ways to access support, including the local social services contact details.

¹ <https://www.anncrafttrust.org/help-advice/friend-relative/>

² <https://www.anncrafttrust.org/resources/organisations-useful-contacts/>

³ <https://www.peoplefirstinfo.org.uk/staying-safe/abuse-and-neglect-safeguarding-adults/what-is-abuse-and-neglect-and-why-does-it-matter/>

4. Internal resources

- 4.1. Safeguarding support information is available in a variety of formats. These include:
- The Ri's safeguarding webpages: <https://www.rigb.org/about-us/safeguarding>
 - On request: resources for specific activities, for example foldable safeguarding overviews
 - For staff, in the Safeguarding folders of the shared drive: Shared resources, including training resources. Videos of annual training sessions are also available
- 4.2. There are a variety of additional resources available to support you, including:
- Activity and role-specific training
 - Safeguarding handbooks for specific Ri programmes, such as Masterclasses
 - Activity-specific briefings for all Ri representatives involved
- 4.3. Please ask the DSOs for any additional support you require, including training.

5. Establishing a safe environment

- 5.1. In order to help the Ri establish an environment where everyone feels safe and respected, you should:
- Remember that safeguarding is paramount and follow the guidance in the Ri's Safeguarding Policies and these procedures.
 - Listen to and take seriously any concerns or allegations reported to you.
 - Know what to do and who to speak to if you have any safeguarding concerns.
 - Challenge any poor or unsafe practices and report any concerns or if you feel something isn't right.
 - Always behave professionally and maintain high standards of practice.
 - Take responsibility for your own actions and behaviour, avoiding any conduct which would lead any reasonable person to question your motivation and/or intentions.
 - Where possible, involve individuals in any decisions you take about them and their information.
- 5.2. Keep individual's details confidential and on a need-to-know basis.
- 5.3. Avoid being alone with individuals or groups of children or adults at risk.
- If you need to oversee an individual or small group away from a main activity, including for administering first aid, ensure you can be seen by others – e.g., leave the door open if in a separate room. For online activity, avoid being in a one-one situation.
 - When working with children, you should ensure that there is at least one appropriately DBS/PVG/Access NI⁴ checked Ri representative in each physical or online space. You should never be alone with any group of children unless you have had the appropriate level of background check carried out and/or verified by the Ri.
- 5.4. Avoid any form of physical contact.
- 5.5. Never share your personal contact details (including social media handles or gaming codes) with children or adults at risk, and do not accept if they try to share their details with you – this includes not accepting friend requests and not following social media accounts.

⁴ These are the various vetting checks used across the UK, with checks ranging from a basic check of unspent criminal convictions to an enhanced check which can include whether someone is barred from working with children/adults at risk. The level of check which can be requested depends on an individual's role. DBS checks are Disclosure and Barring Service checks, used in England and Wales; PVG is the Protecting Vulnerable Groups Scheme, used in Scotland (individuals are scheme members); and Access NI checks are used in Northern Ireland.

- 5.6. Never be in direct private communication with children or adults at risk via email, social media or otherwise. Ensure another colleague is included in any emails, or use a shared inbox.
- If a child contacts you directly, a parent/carer or other responsible person should be copied in or have oversight of any replies.
 - Some online activities for children will be set up so that students can send private messages to session supervisors within the activity platform; this is so that questions or concerns can be raised without being seen by the rest of the group, for the privacy of the student involved. For these activities, no-one without Ri-verified vetting checks should be in this role, and students should not be able to contact any supervisors outside of the official channels. The supervisors will receive specific guidance which they must follow.
- 5.7. Never share any inappropriate content or links, including swearing or jokes with adult themes. Be mindful that you are representing the Ri and must always behave professionally.
- 5.8. Never encourage children to use platforms, applications or social media for which they do not meet the minimum age requirements or for which they can engage in private communication with others (some applications will have school access or can be used under supervision and with a parent/carer account but must be approved by the Ri before use).
- 5.9. Ensure you are following the Ri's Social Media Policy regarding taking and/or sharing pictures, videos and voice recordings and the consent needed, including parent/carer consent for those which would include children.
- 5.10. Ensure all child-focused activities run on behalf of the Ri have the appropriate parent/carer consents in place (See the Child Safeguarding Policy for more details).
- 5.11. Adopting these behaviours will help you to uphold the principles outlined in the Ri's Safeguarding Policies, as well as minimising the risk of erroneous or malicious allegations being made against you or other Ri representatives.

6. What to do when you have a concern

- 6.1. If you have a concern, no matter how minor, it is always better to ask for support at the time rather than wait to report it afterwards – it is much easier to take any actions which may be required, and to support everyone involved.
- 6.2. The key steps in dealing with any safeguarding concerns are referred to as the 4 Rs:

| | | | |
|---|--|---|--|
| <p>RECOGNISE a concern, disclosure or accusation Take these seriously and do not dismiss them Listen to everything being shared Do not ask leading questions or investigate <i>See Section 7</i></p> | <p>RESPOND appropriately Reassure anyone sharing a concern, disclosure or accusation that they are doing the right thing in speaking up Do not promise confidentiality and do not make judgements <i>See Sections 8 & 9</i></p> | <p>REPORT all concerns to the DSOs or appropriate responsible person ASAP Tell anyone sharing concerns that you will pass them on to the appropriate people to help keep everyone safe For adults at risk: If appropriate, ask if the adult gives consent for their details to be shared outside the Ri <i>See Sections 10 & 11</i></p> | <p>RECORD all the relevant information This will be required so the DSOs can assess what to do, and in case concerns need to be passed on to external organisations <i>See Section 12</i></p> |
|---|--|---|--|

- 6.3. Take any immediate steps which are necessary to protect everyone from harm – there may be occasions which do not warrant an immediate referral to emergency services but do require you to act. Do not put yourself at risk.

- 6.4. Do not attempt to confront any person(s) alleged to have caused harm. The priority is to secure the safety of any persons at risk, without incurring risk to yourself, wherever possible.
- 6.5. Under no circumstances should you investigate the concern or allegation or examine anyone where they are alleging injuries.
- 6.6. Concerns that are anonymous or historic (e.g., relating to previous staff or an incident that happened some time ago) must not be ignored and must be reported.

7. Recognising a concern

- 7.1. A safeguarding concern would include anything which may indicate that there is a concern over the welfare of a child, or that a child or adult at risk is at risk of, or is experiencing, abuse or harm.
- 7.2. When we talk about 'harm' in this context we do not just mean physical abuse – there are many types of abuse or concerning situations experienced by children and adults at risk. For more details, including common signs of abuse, see Appendix 1 and Appendix 2, respectively.
- 7.3. You are not expected to determine if, or what type of, harm or abuse someone may be experiencing or is at risk of – your role is to recognise when there is cause for concern and pass these concerns on to the DSOs or appropriate responsible person.
- 7.4. Suspicions or concerns can be raised in several ways – you must be alert and recognise when you need to act.
- 7.5. The most likely ways for a safeguarding concern to be raised about a child or adult at risk are:
 - disclosing abuse or risk of harm to themselves, or
 - sharing a concern with you about another child or adult at risk.
 - Noticing some physical evidence of abuse or neglect.
 - Overhearing something of concern either online or offline that implies that abuse could be taking place now, in the future or in the past.
 - Noticing distress or unusual or concerning behaviour including behaviour inappropriate for a child's age.
 - Noticing or someone sharing a concern about an Ri representative's behaviour, or making an allegation of abuse (either current, past or potential).
- 7.6. If you are unsure whether something is a safeguarding concern, contact the DSOs for advice and support. You must always take disclosures seriously.
- 7.7. Some types of abuse, for example Domestic Abuse and so-called Honour Based violence (see Appendices 1 & 2), are complex, high risk situations and will also involve risk to other adults and children. Sharing information with anyone who does not have a strict need-to-know in these instances can result in greater risk to others or risk to yourself that others that you may not be aware of. Advice must be sought immediately.

8. Listening and responding to a disclosure

- 8.1. If a child or adult at risk discloses abuse or risk of harm to themselves, or makes an allegation of abuse, you should:
 - Assume what they are saying is true
 - React calmly and supportively and reassure person that the situation is not their fault
 - Reassure them that they are doing the right thing
 - Listen, and take the concern or allegation seriously
 - **Do not investigate.** Keep questions to the absolute minimum necessary to ensure

you understand what is being said and ensure that any question you do ask is open and not leading. For example: a leading question is 'Did X hurt you?'; an open question is 'Describe what happened.'

- Do not judge or criticise either the person making the disclosure or anyone else ; someone experiencing abuse may have very mixed or confusing feelings toward their abuser, and it is imperative that you do not make it more difficult for them to share their story with you
- Do not suggest potential "solutions" to the situation; this could inadvertently cause more harm or put the individual or others at greater risk
- Explain what you will do next and who you will need to tell.

8.2. Do not make promises of secrecy or confidentiality – instead, explain that you have to share this with another staff member, and to keep everyone safe, it may be necessary for that staff member to tell someone else

9. Concerns from an adult or child about another child or adult at risk

- 9.1. If an adult (who is not an Ri representative) or a child shares a concern with you, you should respond following the steps in Section 7, and in particular:
- Reassure them that they have done the right thing in telling you and that you have taken their concern seriously, and will pass it on
 - Ensure you record what are their opinions and what are facts (e.g., "this person has a bruise" is a fact; "this person seems angry" is an opinion)
 - Where appropriate and with their consent, record their details in case any follow-up is required.

10. Concerns or allegations relating to Ri representatives

- 10.1. If you have a concern or receive a disclosure relating to any Ri representative (current, past or future), follow the guidance in Sections 7-9 and report immediately to a DSO or responsible person (see section 2).
- 10.2. We will take appropriate steps to support anyone who reports concerns about any Ri representative in good faith. Confidentiality will be a key aim whilst any allegation is considered.

11. Reporting concerns

- 11.1. Safeguarding concerns should **ALWAYS** be reported to the D/DSOs or relevant responsible person within the Ri, and not-shared with anyone who does not need to know.
- 11.2. Concerns should be reported as soon as possible, and in some cases immediately (also see Flowcharts 1 and 2 for more details):

| Type of concern | Speed of reporting |
|---|---|
| Immediate risk of harm | Call emergency services on 999 immediately, then contact DSO (or equivalent) |
| Serious but not immediate risk of harm; or Ri representative is implicated | Call DSO (or equivalent) immediately, and follow up with other responsible people (see section 2) if you cannot reach the DSO |
| Unsure on level of risk; or No serious/immediate risk of harm, but situation is ongoing | Call DSO (or equivalent) immediately for advice/support |
| No serious/immediate risk of harm and situation is not ongoing | Contact DSO (or equivalent) within 48 hours |

- 11.3. The Ri's safeguarding team will determine whether the concern needs to be passed on to external agencies
- 11.4. Every adult at risk of harm should be asked for their consent to share information with an external agency. It is their right to refuse. We must, however, inform them that if others may be at risk or a crime is being committed, we may not be able to guarantee confidentiality. You must clearly record if consent has been given and should seek advice from the DSO who will decide if there is a duty on the Ri to share the information.
- 11.5. If you are working with partner organisations or in an external venue (for example a school), it may also be necessary to report to that organisation's Safeguarding lead; please ask the DSO for advice if you are unsure and ensure that the DSO is included in any external reports.

12. Recording information

- 12.1. Record what happened and was said, in writing, as soon as possible, using the person's own words as accurately as possible and noting where you are reporting facts or opinions.
- 12.2. When recording a concern, disclosure or allegation, you should aim to include:
 - Any times, dates or other relevant information
 - The nature of the allegation or concern
 - A description of any visible bruising, other injuries or behaviours observed
 - If applicable, the account of the child or adult at risk (using their own words as far as possible)
 - Whether the adult at risk, child and/or parent/carer of the child (as applicable) is aware of a referral having been made and, if so, what has been said
 - A clear distinction between what is fact, opinion and hearsay
 - Records should be signed, timed and dated.
- 12.3. **Do not:**
 - Delay reporting the matter by trying to obtain more information
 - Destroy any handwritten notes made at the time of the incident or at the time of reporting, or any other relevant material (such as photographs).
- 12.4. Information held by the Ri may need to be passed to the relevant local authority and/or other external agencies (e.g., the Police) to assist with any further enquiries and investigation. It is the responsibility of the DSO to ensure that such information is passed on to the relevant authorities as requested, and your responsibility to ensure that you have shared all information and physical copies with the DSO.
- 12.5. You should only share information regarding a safeguarding concern on a need-to-know basis.

13. Additional Information

- 13.1. These procedures should be read alongside the Child Safeguarding Policy, Adult Safeguarding Policy and all other policies, procedures and documents referenced therein.
- 13.2. The Child or Adult Safeguarding Concerns Report Form, can be found here <https://www.rigb.org/about-us/safeguarding>.

14. Appendix 1: Recognising Child Abuse

Child abuse happens when someone harms a child. You are not responsible for identifying the type of abuse a child may have experienced, is experiencing or is at risk of; your duty lies in recognising concerns or indicators of potential abuse or harm and reporting them.

Isolated signs may not mean that a child is experiencing abuse and may have alternative explanations, but it is better to report any concerns just in case. Some concerns will only be evident over time, and multiple and persistent signs over time could indicate a serious concern.

| Some common indicators of abuse are when a child: |
|--|
| Is afraid of particular places or makes excuses to avoid particular people |
| Knows about or is involved in 'adult issues' which are inappropriate for their age or stage of development, for example alcohol, drugs and/or sexual behaviour |
| Struggles to control emotions, has angry outbursts or behaves aggressively towards others |
| Shows changes in their behaviour, for example becoming withdrawn or appearing anxious, clingy or depressed |
| Shows changes in eating habits or develops eating disorders |
| Self-harms or has thoughts about suicide |
| Is overly affectionate with strangers or people they haven't known for very long |
| Has low self-esteem and fears making mistakes |
| Fears their parent or carer being approached about their behaviour |
| Has injuries which are not adequately explained |
| Experiences discomfort when walking or sitting down |
| Does not receive adequate medical attention after injuries or have untreated health or dental problems |
| Repeatedly lacks adequate clothing for the weather/activity, or appears dirty or smelly |
| Suddenly has new, expensive belongings, which are unusual for their situation and can't be easily explained |
| Indicates a relationship with an older individual which does not fit the explanation given |

For more information and further guidance, including fuller descriptions of the types of abuse and more detail on specific indicators, please see the NSPCC's briefing on [definitions and signs of child abuse](https://learning.nspcc.org.uk/media/1188/definitions-signs-child-abuse.pdf)⁵ and their guidance on [recognising and responding to abuse](https://learning.nspcc.org.uk/child-abuse-and-neglect/recognising-and-responding-to-abuse#article-top)⁶.

| Types of child abuse or areas of concern include⁵: |
|---|
| Physical abuse: defined as deliberately hurting a child and causing physical harm. Physical abuse may also happen when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child. |
| Emotional abuse: the ongoing emotional maltreatment of a child, which can have a severe and persistent negative effect on the child's emotional health and development. Exposing a child to aggression, cruelty or abuse between others is also a form of emotional abuse. Children can be emotionally abused by anyone. Most forms of abuse include an emotional element, but emotional abuse can also happen on its own. Emotional Abuse is also known as psychological abuse. |
| Neglect is not meeting a child's basic physical and psychological needs. Neglect can happen at any age, sometimes even before a child is born, and can have serious and long-lasting impacts on a child's life. The four main types of neglect are: <ul style="list-style-type: none"> • physical neglect: not meeting a child's basic needs, such as food, clothing or shelter; not supervising a child adequately or providing for their safety • educational neglect: not making sure a child receives an education |

⁵ <https://learning.nspcc.org.uk/media/1188/definitions-signs-child-abuse.pdf>

⁶ <https://learning.nspcc.org.uk/child-abuse-and-neglect/recognising-and-responding-to-abuse#article-top>

- **emotional neglect:** not meeting a child's needs for nurture and stimulation, for example by ignoring, humiliating, intimidating or isolating them
- **medical neglect:** not providing appropriate health care (including dental care), refusing care or ignoring medical recommendations

Sexual abuse: when a child is forced or persuaded to take part in sexual activities. This may involve physical contact or non-contact activities and can happen online or offline. Children and young people of any age, including very young children and babies, can experience sexual abuse.

Problematic and harmful sexual behaviour: Problematic sexual behaviour (PSB) is developmentally inappropriate or socially unexpected, sexualised behaviour which doesn't have an overt element of victimisation or abuse. Harmful sexual behaviour (HSB) is such behaviour displayed by children and young people which is harmful or abusive. Peer-on-peer sexual abuse is a form of HSB where sexual abuse takes place between children of a similar age or stage of development. Child-on-child sexual abuse is a form of HSB that takes place between children of any age or stage of development.

Child criminal exploitation/County Lines: County lines is a form of criminal exploitation where urban gangs persuade, coerce or force children and young people to store drugs and money and/or transport them to suburban areas, market towns and coastal towns. It can happen in any part of the UK and is against the law and a form of child abuse. Children and young people may be criminally exploited in multiple ways. Other forms of criminal exploitation include child sexual exploitation, trafficking, gang and knife crime.

Child sexual exploitation (CSE) and grooming: CSE is a type 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. It can take place in person, online, or using a combination of both. Some children and young people are trafficked into or within the UK for sexual exploitation. Children and young people in sexually exploitative situations and relationships are typically persuaded or forced to perform sexual activities or have sexual activities performed on them in return for gifts, drugs, money or affection. Children and young people have often been groomed into trusting their abuser and may not understand that they are being sexually abused. They may be tricked into believing they're in a loving, consensual relationship. They may depend on their abuser and be too scared to tell anyone what's happening because they don't want to get them in trouble or risk losing them. Abusers sometimes use the threat of sharing images, videos or copies of conversations to make young people do things they don't want to do. Images or videos may continue to be shared long after the sexual abuse has stopped.

Child trafficking: defined as recruiting, moving, receiving and harbouring children for the purpose of exploitation. It's child abuse and a form of modern slavery. Many children are trafficked into the UK from overseas, but children can also be trafficked from one part of the UK to another. Traffickers may use grooming techniques.

Female genital mutilation (FGM): the partial or total removal of the external female genitalia for non-medical reasons. It's also known as female circumcision or cutting. FGM is child abuse and is illegal in the UK. Sometimes religious, social and cultural reasons are given to justify FGM; however, it can be extremely dangerous and can cause long-lasting health problems throughout a child's life.

Domestic abuse: any type of controlling, coercive, threatening behaviour, violence or abuse between people who are, or who have been in a relationship, regardless of gender or sexuality. It can also happen between adults who are related to one another. Domestic abuse always has an impact on children. Being exposed to domestic abuse in childhood is child abuse. Children and young people may experience domestic abuse both directly and indirectly.

Bullying and cyberbullying: Bullying is when individuals or groups seek to harm, intimidate or coerce someone who is perceived to be vulnerable. It can involve people of any age and can happen anywhere or at any time. It may include physical abuse, verbal abuse, emotional abuse and/or cyberbullying/online bullying. Bullying and cyberbullying can be a form of discrimination, particularly if it is based on a child's disability, race, religion or belief, gender identity or sexuality.

15. Appendix 2: Recognising Adult Abuse

The Care Act 2014 defines ten main types of adult abuse, outlined below. You are not expected to identify what type of abuse someone may be at risk of experiencing or have experienced, nor are you expected to know if an adult is at risk as defined in the Adult Safeguarding Policy. Your responsibility lies in recognising and reporting concerns. Safeguarding is also about defending the rights of adults at risk.

Isolated signs may not mean that an adult at risk is experiencing abuse and many indicators of abuse have alternative explanations, but it is important to be alert. Some concerns will only be evident over time, and multiple and persistent signs over time could indicate a serious concern.

Many types of abuse listed are also criminal offences. For more information, please see the Ann Craft Trust's guidance on [types of harm](https://www.anncrafttrust.org/resources/types-of-harm/)⁷.

| Common indicators of adult abuse can include: |
|--|
| Frequent injuries or injuries inconsistent with explanations given or the person's lifestyle, including difficulty in walking or sitting. |
| Failure to seek medical attention or fear of medical services being called. |
| Verbal abuse or humiliation in the presence of others or in public places. |
| Signs of emotional distress, such as being upset, angry, afraid, anxious, evasive or being uncooperative and aggressive. |
| Changes in behaviour, including uncharacteristic attitude or language use, becoming withdrawn or subdued, or an uncharacteristic failure to engage in social interaction. |
| Signs of self-harm, changes in appetite or sudden weight loss or gain, or low self-esteem. |
| A person appearing to be under the control or influence of others. Apparent isolation from friends/family, community, or support services. Withdrawal from or excessive fear of relationships. |
| Appearing frightened of, reluctant to be alone with, or subdued in the presence of a particular person. Appearing frightened or hesitant to talk to strangers. Fear of outside intervention. |
| Limited access to money or signs of financial hardship inconsistent with the person's usual situation. A person's family or others showing unusual interest in the assets of the person, or family/another person controlling assets without evidence of an appropriate lasting power of attorney. |
| Poor physical condition and/or personal hygiene or appearing to be malnourished (poor hygiene is not always a sign of self-neglect; it can be for a number of reasons). |
| Lack of personal effects or identification documents, appropriate clothing, food or shelter. |

| Types of adult abuse |
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| Physical abuse: usually where a physical injury or harm is caused, including inappropriate restraint or confinement, assault, and physical punishments. |
| Domestic violence and abuse: any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those who are or have been intimate partners or family members, regardless of gender or sexuality. It also includes so called 'honour'-based violence, female genital mutilation and forced marriage. |

⁷ <https://www.anncrafttrust.org/resources/types-of-harm/>

Coercive or controlling behaviour is a core part of domestic violence and can include regulating everyday behaviour, threats, humiliation, degradation, exploitation of resources or money, preventing someone escaping domestic violence or isolating them from sources of support, as well as physical forms of abuse.

Domestic abuse where a child is present automatically counts as child abuse, regardless of whether the child was a direct recipient of any abusive behaviour.⁸

Sexual abuse: any sexual behaviour that the person does not or is not able to consent to. This includes rape or sexual assault (or attempts to do so), sexual harassment, inappropriate sexual innuendo or teasing, inappropriate touching or looking, indecent exposure, non-consensual masturbation or penetration, non-consensual sexual photography or use of pornography, or forced witnessing of sexual acts.

Psychological or emotional abuse: this is anything with the purpose to manipulate, hurt, weaken or frighten a person mentally and emotionally and/or to distort, restrict or influence a person's thoughts and actions within their everyday lives. It is where a person is subjected to something which may result in psychological trauma, including anxiety, depression or post-traumatic stress disorder.

This could include threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation, or withdrawal of services or support.

Financial or material abuse: this includes theft, fraud, internet scamming, and coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions. It can also include the misuse or misappropriation of property, possessions, or benefits.

Discriminatory abuse: This is unequal treatment based on age, disability, gender or gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation (known as 'protected characteristics' under the Equality Act 2010).

This can include verbal abuse, derogatory remarks or inappropriate language, denying access to accessibility aids, harassment or deliberate exclusion, or substandard service provision relating to a protected characteristic.

Organisational or institutional abuse: Usually neglect and poor care practice within an institution or specific setting, or in relation to care provided in the home. It can range from one off incidents to ongoing ill-treatment and can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation. Concerns about organisational abuse may include: public discussion of customers' and partners' personal matters, failure to make reasonable adjustments, or withholding services.

Neglect and Acts of Omission: This includes ignoring medical or physical care needs and failing to provide access to appropriate health, social, care or educational services, cultural or religious needs, or the necessities of life such as food, heat and medication.

Self-neglect: This covers a wide range of behaviour, but it can be broadly defined as neglecting to care for one's personal hygiene, health, or surroundings. Examples can also include the inability to avoid self-harm, failure to seek help or access services to meet health and social care needs, and an inability or unwillingness to manage one's personal affairs.

Modern slavery: This includes human trafficking, forced labour, domestic servitude, sexual exploitation, and debt bondage – being forced to work to pay off debts that are not realistically achievable.

⁸ <https://learning.nspcc.org.uk/child-abuse-and-neglect/domestic-abuse>