



Document Control

Policy Title	The Reporting of Observed, Alleged or Suspected Abuse
Policy Number	067
Owner	Human Resources Manager
Contributors	Human Resources Manager
Version	1.0
Date of Production	01 September 2014
Review date	01 September 2016
Post holder responsible for review	Human Resources Manager
Primary Circulation List	Shared Drive
Web address	N/A
Restrictions	N/A

Version Control

Version Number	Owner	Description	Circulation
1.0	Human Resources Manager	Review	SMT



1.0 POLICY:

A clear and concise understanding of the term “Abuse” and its various manifestations is central to any policy addressing this issue. In the context of this policy, the term “Abuse” is considered to be any form of behaviour that violates the dignity of the client. It may be physical, sexual, psychological /emotional or neglect. It should be recognised that more than one form of abuse may be present. It may take the form of isolated incidents of poor or unsatisfactory professional practice at one end of the spectrum, through to pervasive ill treatment or gross misconduct at the other end. Repeated instances of poor care may indicate dysfunction in organisational standards and practices and represent institutional /systemic abuse.

1.1 CATEGORIES OF ABUSE:

1.1.1 Physical Abuse – *any form of non-accidental injury or injury which results from wilful or neglectful failure to protect a child or vulnerable adult.*

Examples of physical abuse include:

- a. Hitting, shaking, slapping, burning or biting
- b. Deliberate poisoning
- c. Giving inappropriate medication, alcohol or illegal substances
- d. Suffocation
- e. The use of excessive force in delivering personal care e.g. dressing, bathing, administering medication
- f. Munchausen’s Syndrome by Proxy

These examples are not exhaustive. Please refer to Appendix I and II of the Children’s First guidelines for a more comprehensive list.

1.1.2 Indicators of Physical Abuse – unsatisfactory explanations or varying explanations for the following are highly suspicious:

- A. Bruises
- B. Fractures
- C. Swollen joints
- D. Burns / Scalds
- E. Abrasions / Lacerations
- F. Haemorrhages (retinal, subdural)
- G. Damage to body organs
- H. Poisonings – repeated (prescribed drugs, alcohol)
- I. Failure to thrive
- J. Coma / Unconsciousness

Policy No. 067	Revision: 1.0
Page 2 of 9	Department: 013
Full Policy ID Number : 013.067.1.0	



K. Death

These indicators are not exhaustive. Please refer to Children's First Guidelines for a more comprehensive list.

1.1.3 Sexual Abuse – when a client is used by another person for his/her sexual gratification or sexual arousal or for that of others.

Examples of sexual abuse include:

- a. Intentional touching, fondling or molesting the body of a client whether by a person or object for the purpose of sexual gratification or arousal of the offender
- b. Inappropriate sexual contact involving any touching of the intimate body parts of the client. The offender may fondle or masturbate the client and/or get the client to fondle / masturbate the offender. Fondling can be inside or outside clothes. Also includes "frottage" i.e. where the offender gains sexual gratification from rubbing his / her genitals against the client's body or clothing
- c. Oral-genital sexual contact involving the offender licking, kissing, sucking or biting the clients genitals or inducing the client to do the same to them
- d. Interformal sexual abuse – sometimes referred to as "dry sex" or "vulvar intercourse", involving the offender placing his penis between the client's thighs
- e. Exposure of the sexual organs or any sexual act intentionally performed in the presence of the client
- f. Sexual intercourse with the client whether oral, vaginal or anal
- g. Penetrative sexual abuse of which there are four types:
 - i. "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 victim to penetrate him / her
 - ii. "penetration with objects" involving penetration of the vagina, anus or occasionally mouth with an object
 - iii. "genital penetration" involving the penis entering the vagina, sometimes partially
 - iv. "anal penetration" involving the penis penetrating the anus.
- h. Sexual exploitation of the client including inciting, encouraging, propositioning, requiring or permitting a client to solicit for, or to engage in prostitution or other sexual acts. Sexual exploitation also occurs when a client is involved in the exhibition, modelling or posing of a sexual act for the purpose of sexual arousal, gratification (including its recording on film, video/dvd, camera phone, computer generated images) or the manipulation for those purposes, of the image by computer or other means. This may also include showing sexually explicit material to clients which is often a feature of the "grooming" process by those who perpetrate abuse

Policy No. 067	Revision: 1.0
Page 3 of 9	Department: 013
Full Policy ID Number : 013.067.1.0	



- i. Exposure to pornography or other sexually explicit and inappropriate material; pornography includes still photography, video / dvd, computer generated images, and camera phone images (of the client or others)
- j. “voyeurism” involving instances where the offender, for the purpose of his / her sexual arousal or sexual gratification, observes the victim in a state of undress
- k. Sexual assault
- l. Sexual exploitation of a client including any behaviours, gestures or expressions that may be interpreted as being seductive or sexually demeaning to a client
- m. Consensual sexual activity between a staff member / member of the general public and a vulnerable adult i.e. a client (including a child under 17/18 years of age)
- n. Inappropriate and sexually explicit conversations or remarks; this includes obscene phonecalls.

These examples are not exhaustive. Please refer to the Children First Guidelines for a more comprehensive list.

1.1.4 Indicators of Sexual Abuse – cases of sexual abuse principally come to light through:

- a. Disclosure by the client
- b. The suspicion of an adult
- c. Overly sexualised language and / or age inappropriate understanding of sexual behaviour
- d. Inappropriate seductive behaviour
- e. Noticeable and uncharacteristic changes in behaviour:
 - i. Sudden change in personality
 - ii. Sudden absenteeism, reluctance to avail of an activity previously enjoyed
 - iii. Fear of pregnancy
 - iv. Change of eating patterns
 - v. Self-mutilation
 - vi. Regressive behaviour
 - vii. Exhibiting sexually explicit / implicit behaviour e.g. masturbation
 - viii. Agitated behaviour
 - ix. Sexually aggressive behaviour, promiscuity
 - x. Medical / physical conditions such as genital soreness or injury including bruising or bleeding in the vaginal / anal area, unexplained difficulty in walking or sitting, vaginal infection
 - xi. Psychosomatic disorders such as stomach pains, excessive period pains, frequent headaches, skin disorders, bedwetting, soiling
 - xii. Mood changes including depression, suicidal tendencies and sleep disturbances, nightmares
 - xiii. Separation anxiety



- xiv. Emotional flatness, overly compliant behaviour, inability to concentrate, withdrawal, poor peer relationships and inability to make friends
- xv. Pronounced fear of certain people or situations or physical contact, lack of trust, particularly of significant others.

1.1.5. Neglect - is usually a passive form of abuse involving omission rather than acts of commission where a client suffers significant harm or impairment of development by being routinely deprived of:

- a. Food, clothing and warmth
- b. Hygiene practices and facilities
- c. Intellectual stimulation
- d. Supervision and safety
- e. Attention from staff

These examples are not exhaustive. Please refer to the Children's First Guidelines for a more comprehensive list.

1.1.6. Indicators of Neglect. Neglect generally becomes apparent in different ways **over a period of time** rather than at one specific point. Examples of neglect include:

- a. Inadequate nutritional care
- b. Inadequate safety standards for everyday living e.g. a client who has a series of minor injuries is not having his / her needs met for supervision and safety
- c. Inappropriate or improper dress with little respect for privacy and dignity
- d. Regular isolation (in one room) and denial of access to essential accessories for daily living e.g. glasses, hearing aids, walking frames, call bell
- e. Making it difficult for visitors and professionals to gain access to the client

The **threshold of significant harm** is reached when the client's needs are neglected to the extent that his / her well-being and / or development are severely affected.

1.1.7. Emotional / Psychological Abuse – occurs when a client's needs for approval, consistency and security are not being met. Unless other forms of abuse are present, it is rarely manifested in terms of physical signs or symptoms. Examples of emotional abuse may include:

- a. Persistent criticism, sarcasm, hostility or blaming
- b. Unresponsiveness
- c. Premature / inappropriate imposition of responsibility on the client
- d. Failure to show interest in, or provide opportunities for a client's cognitive and emotional development or need for social interaction
- e. Use of unreasonable disciplinary measures or restraint

Policy No. 067	Revision: 1.0
Page 5 of 9	Department: 013
Full Policy ID Number : 013.067.1.0	



- f. Disrespect for differences based on social class, gender, race, culture, disability, religion, sexual orientation or membership of the Travelling Community.

These examples are not exhaustive please refer to the Children's First Guidelines for a more comprehensive list.

1.1.8. Indicators of Emotional / Psychological Abuse. Emotional / Psychological abuse can be manifested in terms of the client's behavioural, cognitive, affective, or physical functioning. Examples of those include:

- a. "anxious" attachment
- b. Non-organic failure to thrive
- c. Excessive withdrawal
- d. Intimidated or subdued in certain situations
- e. Marked or sudden changes in mood
- f. Complaints of feeling humiliated or depressed
- g. Tearfulness or confusion
- h. Self-injurious behaviour

The **threshold of significant harm** is reached when abusive interactions dominate and become typical of the relationship between the client and the staff member.

1.1.9 Institutional / Systemic Abuse – any system, programme, policy, procedure, or individual interaction with a person in a service that abuses, neglects or is detrimental to their physical and / or psychological well-being. Issues of power / powerlessness are central to institutional abuse. Clients in services may be in a particularly vulnerable position in this regard. Examples of institutional abuse may include:

- a. Intrusiveness or disregard for a client's privacy
- b. Inappropriate isolation
- c. Intimidation
- d. Unauthorised alteration of treatment or diet
- e. Denial of food, basic rights or privileges
- f. Constantly ignoring calls for help
- g. Indifference when providing personal care

These examples are not exhaustive please refer to the Children's First Guidelines for a more comprehensive list.

1.1.10. Indicators of Institutional / Systemic Abuse: Institutional Abuse can be manifested in terms of the client's behavioural, cognitive, affective or physical functioning. Many of the indicators may be similar to those of Neglect. Examples of these include:

Policy No. 067	Revision: 1.0
Page 6 of 9	Department: 013
Full Policy ID Number : 013.067.1.0	



- a. A consistent pattern of neglect that remains unaddressed by organisational structures and procedures
- b. A consistent policy of ignoring or minimising the client's physical and / or emotional needs
- c. A failure to respond constructively to reasonable requests for changes to care practices from relatives, other professionals or professional bodies associated with the caring professions.

1.1.11. Financial Abuse – Wilful or intentional misuse of a person's money, property or possessions can include:

- a. Financial embezzlement
- b. Mismanagement of bank or post office accounts
- c. Intimidation, extortion, misleading information

These examples are not exhaustive please refer to the Children's First Guidelines for a more comprehensive list.

1.1.12. Indicators of Financial Abuse: Financial abuse may happen when:

- a. Clients are dependent on others to look after their finances
- b. Carers become financially dependent on the client
- c. The client had a guaranteed high benefit income

2.0. THE DUTY OF CONCERNED PERSONNEL

2.1. The primary responsibility of the person (staff, volunteer) who first suspects or is told of abuse is to report it to their Supervisor or, in their absence, to the Designated Person. The guiding principles in regard to reporting alleged abuse may be summarised as follows:

- The safety and well-being of the child / vulnerable adult must take priority
- Reports (to the Supervisor / Designated Person) must be made without delay
- The principle of natural justice should apply, which means that a person is innocent until proven otherwise
- The principle of confidentiality should apply, whereby only those that need to know should be told of a suspicion / allegation / disclosure of alleged abuse and the number that need to be kept informed should be kept to a minimum.

2.2. In such circumstances, it is recognised that those reporting a complaint / concern are not regarded as making an accusation but are simply carrying out their duty in good faith.



2.3. THE PROTECTION FOR PERSONS REPORTING CHILD ABUSE ACT 1998

2.3.1. This legislation provides immunity from civil liability to persons who report child abuse “reasonably and in good faith”. This means that, even if a reported suspicion of child abuse proves unfounded, a plaintiff who took an action would have to prove that the reporter had not acted reasonably and in good faith in making the report.

2.3.2. This legislation also creates a new offence of false reporting of child abuse where a person makes a report of child abuse to the appropriate authorities “knowing that statement to be false”. This is a new criminal offence designed to protect innocent persons from malicious reports.

3.0. STAFF RESPONSE TO ALLEGATION / SUSPICION / DISCLOSURE OF SEXUAL OR PHYSICAL ABUSE

Whatever the situation there is likely to be a sense of uncertainty about the course of action to be taken. Staff may find themselves confronted by allegations of abuse in different ways, for example:

- A client may describe an incident which occurred in the past
- A client may tell them about current abuse
- An incident may be reported to staff by another agency, family member or friend
- Staff may witness an incident
- Staff may suspect abuse due to physical or behavioural signs with which they will be familiarised by means of staff training.

1. Listen and be supportive:-

A person who is being abused may find disclosure difficult due to a sense of betrayal or fear of the consequences of disclosure. They are likely to speak to someone they trust. If that person is you, then you will need to respond in a supportive manner – be willing to listen, be willing to take the person seriously and be willing to offer help. Staff training courses aim to teach staff how to respond appropriately to initial disclosure.

2. Confidentiality

The client may ask you not to tell anyone. You will need to explain that in order to help them you will need to tell the people who can help and can make the alleged abuse stop. Do not make promises of confidentiality, which you will not be able to keep. You will, however, need to regard what you have been told as strictly confidential and will only report on a “need to know” basis as outlined below.



Reporting and Recording

1. Record the “Adverse Event” quickly, factually and as accurately as possible using, in the event of a disclosure or report, the language used by the person reporting.
2. Inform your line manager or equivalent person as quickly as reasonably possible.
3. Complete the “Adverse Reporting Procedure” on CID