

## 2 Significant Harm: The Impact of Abuse and Neglect

### 2.1 Introduction

**Working Together to Safeguard Children** defines safeguarding and promoting the welfare of children as:

- protecting children from maltreatment
- preventing impairment of children's health or development
- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
- and undertaking that role so as to enable those children to have optimum life chances and enter adulthood successfully

**Child Protection** is a part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or at risk of suffering significant harm.

Our knowledge and understanding of Child Protection and how to respond to concerns about abuse and neglect develop over time and are informed by research, experience and critical scrutiny of practice. Sound professional practice involves making judgements supported by:

- evidence derived from research and experience about the nature and impact of abuse and neglect, and when and how to intervene to improve outcomes for children; and
- evidence derived from thorough assessment of a specific child's health, development and wellbeing, and his or her family circumstances.

### 2.2 The Concept of Significant Harm

The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children. Children's Social Care are under a duty to make enquiries, or cause enquiries to be made, where they have reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm (Section 47). A Court may only make a Care Order (giving the local authority parental responsibility) or Supervision Order (giving the local authority supervisory responsibility) in respect of a child if it is satisfied that:

- **the child is suffering, or is likely to suffer, significant harm and**
- **that the harm or likelihood of harm is attributable to a child being beyond parental control (Section 31)**

**Under Section 31(9) of the Children Act 1989 as amended by the Adoption and Children Act 2002 <sup>1</sup>**

- 'harm' means ill-treatment or the impairment of health or development including, for example, impairment suffered from seeing or hearing the ill-treatment of another (eg domestic abuse)
- 'development' means physical, intellectual, emotional, social or behavioural development
- 'health' means physical or mental health; and
- 'ill-treatment' includes sexual abuse and forms of ill-treatment which are not physical'

**Under Section 31(10) of the Act**

- where the question of whether harm suffered by a child is significant turns on the child's health and development, his health or development shall be compared with that which could reasonably be expected of a similar child

There are no absolute criteria on which to rely when judging what constitutes significant harm. However, the Children Act 1989 indicates that the child's health or development should be compared with that which could be reasonably expected of a similar child. Consideration of the severity of ill-treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, and the extent of pre-meditation, degree of threat and coercion, sadism, and bizarre or unusual elements in child sexual abuse. Each of these elements has been associated with more severe effects on the child, and/or relatively greater difficulty in helping the child overcome the adverse impact of the ill treatment.

Sometimes, a single traumatic event may constitute significant harm, for example a violent assault, suffocation or poisoning. More often, significant harm is an accumulation of significant events, both acute and longstanding, which interrupt, change or damage the child's physical and psychological development. Some children live in family and social circumstances where their health and development are neglected. For them, it is the corrosiveness of long-term emotional, physical or sexual abuse that causes impairment, to the extent of constituting significant harm. In each case, it is necessary to consider any ill treatment alongside the family's strengths and supports.

---

<sup>1</sup> Working Together to Safeguard Children 2006

**To understand and establish significant harm, it is necessary to consider:**

- the nature of the harm, in terms of ill-treatment or failure to provide adequate care
- risk of future harm
- the family context
- the child's development within the context of their family and wider social and cultural environment
- any special needs, such as a medical condition, communication difficulty or disability that may affect the child's development and care within the family
- the impact on the child's health and development and
- the adequacy of parental care.

Section 53 of the Children Act 2004 amended Section 47 of the Children Act 1989, to require that action is taken to ascertain the wishes and feelings of the child, as far as is reasonable, and give him or her due consideration before determining what action should be taken.

If staff are unsure whether the threshold for significant harm to a child has been met advice can be requested from senior colleagues, the Children and Young People's Service Social Care Access Team on (01709) 823987 or staff in the Safeguarding Children Unit on (01709) 822390.

## **2.3 Abuse and Neglect**

### **2.3.1 Introduction**

Abuse and neglect are forms of maltreatment of a child. An individual may abuse or neglect a child by inflicting harm or failing to act to prevent harm. A child may be abused in a family, institutional or community setting, by those known to them, or more rarely, by a stranger. They may be abused by an adult or adults, or by another child or children. These procedures apply in all such cases.

Neglect or abuse, physically, emotionally or sexually, can have major long-term effects on all aspects of a child's health, development and wellbeing. Sustained abuse is likely to have a deep impact on the child's self-image and self-esteem, and on his or her future life. Difficulties may extend into adulthood. The experience of long-term abuse may lead to difficulties in forming or sustaining close relationships, establishing oneself in the work force, and to extra difficulties in developing the attitudes and skills needed to be an effective parent.

It is not only the stressful events of abuse that have an impact, but also the context in which they take place. Any potentially abusive incident has to be seen in context to assess the extent of harm to a child and appropriate intervention. Often, it is the interaction between a number of factors that serve to increase the likelihood or level of actual significant harm.

For every child and family, there may be factors that aggravate the harm caused to the child, like racial harassment, and those that protect against harm, such as supportive extended family. Relevant factors include the individual child's means of coping and adapting, support from a family and social network, and the impact of any interventions. The effects of harm on a child are also influenced by the quality of the family environment at the time of the abuse, and subsequent life events. An important point, sometimes overlooked, is the manner in which professionals intervene may have a significant influence on subsequent outcomes.

Harm may occur intentionally or unintentionally. The definitions of harm outlined in Working Together 2006 are used to determine whether a child needs a Child Protection Plan.

### **2.3.2 Physical Abuse**

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or caregiver fabricates the symptoms of, or deliberately induces, illness in a child.

#### **2.3.2.1 The Impact of Physical Abuse**

Physical abuse can lead directly to neurological damage, physical injuries, pain and disability or, at the extreme, death. Harm may be caused to a child both by the abuse itself, and by the abuse taking place in a wider family or institutional context, of conflict and aggression. Physical abuse has been linked to aggressive behaviour, emotional and behavioural problems, and educational difficulties. Where a child is disabled, injuries or behavioural symptoms may mistakenly be attributed to his/her disability rather than the abuse. Professionals need to guard against attributing the possible indicators of abuse to racial, cultural or religious stereotypes.

For Indicators of Physical Abuse (Indicators of Abuse) please see Appendix 1.

For the Fabricated or Induced Illness Protocol please see Appendix 11.

### **2.3.3 Emotional Abuse**

Emotional abuse is the persistent emotional maltreatment of a child so as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability or preventing them participating in normal social interaction, as well as over-protection, or limitation of exploration and learning. It may involve seeing or hearing the ill treatment of another (eg domestic abuse). It may involve serious bullying causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Parents/caregivers of children with multiple needs may find it difficult to ensure that the full range of their needs, including their emotional needs, is met. It may be hard to include such children in everyday activities alongside other family members, but not to include them may be harmful.

#### **2.3.3.1 The Impact of Emotional Abuse**

There is increasing evidence of the adverse long-term consequences for children's development where they have been subject to sustained emotional abuse. Emotional abuse has an important impact on a developing child's mental health, behaviour and self-esteem. It can be especially damaging in infancy. Underlying emotional abuse may be as important, if not more so, than other more visible forms of abuse in terms of its impact on the child. In families where the child experiences a low level of emotional warmth and a high level of criticism, negative incidents may have a more damaging impact on the child. Domestic abuse, adult mental ill health problems, substance misuse or racism from a caregiver, may feature in families where children are exposed to emotional abuse, and in extreme cases can lead to suicide.

For Indicators of Emotional Abuse please see Appendix 1.

### **2.3.4 Sexual Abuse**

Sexual abuse involves forcing or enticing a child or young person into sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetration (eg rape, buggery or oral sex) or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of sexual online or printed images, watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

#### **2.3.4.1 The Impact of Sexual Abuse**

Disturbed behaviour including self-harm, inappropriate sexualised behaviour, sadness, depression and loss of self-esteem, have all been linked to sexual abuse. Where children with a disability are concerned these behaviours have sometimes mistakenly been attributed to their disability without any real assessment of their cause. The adverse effects of sexual abuse may endure into adulthood.

A number of features of sexual abuse have been linked with severity of impact, including:

- the extent of premeditation
- the degree of threat and coercion
- sadism, and bizarre or unusual elements

A child's ability to cope with the experience of sexual abuse, once recognised or disclosed, is strengthened by the support of a non-abusive adult caregiver who believes the child, helps the child understand the abuse, and is able to offer help and protection.

It would be misleading to suggest that most children who are abused will go on to become abusers themselves. However, adults who do sexually abuse may themselves have been exposed as children to sexual abuse, domestic abuse and discontinuity of care. Sexual abuse occurs in all communities and is acceptable in none.

For Indicators of Sexual Abuse please see Appendix 1.

### **2.3.5 Neglect**

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or caregiver failing to:

- provide adequate food, clothing or shelter including exclusion from home or abandonment
- protect a child from physical and emotional harm or danger
- ensure adequate supervision including the use of inadequate care-givers
- ensure access to appropriate medical care or treatment

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

#### **2.3.5.1 The Impact of Neglect**

Severe neglect of young children is associated with major impairment of growth and intellectual development. Persistent neglect can lead to serious impairment of health and development, and long-term difficulties with social functioning, relationships and educational progress. Neglect can also result, in extreme cases, in death.

For Indicators of Neglect please see Appendix 1.

### **2.4 Abuse and Children with a Disability**

Disability may be defined as:

- a major physical impairment, severe medical illness, and/or a moderate to severe learning disability and
- there is an ongoing high level of dependency on others of personal care and the meeting of other basic needs

Evidence available in the UK on the extent of abuse among children with a disability suggests that they are at increased risk of abuse, and that the presence of multiple disabilities appears to increase the risk of both abuse and neglect. Parents of children with a disability may well experience multiple stresses. It is essential for professionals to consider the full impact of caring for the child on the parents/caregivers. Children with a disability may be especially vulnerable to abuse for a number of reasons. Some may:

- have fewer social contacts with other children
- receive intimate personal care and other contacts, from a larger number of caregivers
- have an impaired capacity to challenge abuse
- have communication difficulties which may make it difficult to tell others what is happening
- be inhibited about complaining because of a fear of losing services
- be especially vulnerable to bullying and/or intimidation
- be more vulnerable than other children to abuse by their peers

Because of increased vulnerability, it is particularly important for professionals to gain a clear perception of the individual child's experience of life. The assessment should be revisited regularly, as disabled children's needs may change frequently. It is often difficult for professionals and workers who have supported the family for a long time to be objective and implement Child Protection Procedures, because of their detailed knowledge of how parents have struggled hard to care adequately for their child. However, where there is a risk of significant harm it is only by implementing these procedures that the whole family can receive the assistance they need to improve the situation.

Where there are concerns about the welfare of a disabled child, they should be acted upon in accordance with these procedures in the same way as with any other child. The same thresholds for action and the same timescales apply. It would be unacceptable if poor standards of care were tolerated for disabled children that would not be tolerated for non-disabled children.

#### **2.4.1 Racism**

Children from black and minority ethnic groups and their parents are likely to have experienced harassment, racial discrimination and institutional racism. Although racism can cause significant harm it is not, in itself, a category of abuse. The experience of racism is likely to affect the responses of the child and family to assessment and enquiry processes. Failure to consider the effects of racism will undermine efforts to protect children from other forms of significant harm. The effects of racism differ for different communities and individuals, and should not be assumed to be uniform. The specific needs of children of mixed parentage and children from abroad should be given attention. In particular, the need for neutral, high quality, gender appropriate translation or interpretation services should be taken into account when working with children and families whose preferred language is not English.

## **2.5 Factors that may Impact on Parenting Capacity**

Children may suffer directly and indirectly if they live in households where any of the following factors may be present. The risk to children may be heightened where a number of these factors co-exist.

### **2.5.1 Domestic Abuse**

Domestic abuse is likely to have a damaging effect on the health and development of children. Where it is identified, there may need to be an initial assessment. Children living in families where they are exposed to domestic abuse have been shown to be at risk of injury, behavioural, emotional, physical, cognitive functioning, attitude and long-term developmental problems. Everyone working with women and children should be alert to the frequent interrelationship between domestic abuse and the abuse of children (between 45 and 70% of cases, Bowker 1988; Stark and Flitcraft 1988).

**Domestic abuse always presents a potential for significant harm.**

Please see Protocol for Working with Domestic Abuse/Violence on Rotherham Safeguarding Board website.

### **2.5.2 Substance Misuse (Drugs and Alcohol)**

Children in families where there is exposure to the misuse of drugs or alcohol may be children in need, or at risk of continuing significant harm. 'Hidden Harm: Responding to the Needs of Children of Problem Drug Users'<sup>1</sup> stated that 'parental problem substance misuse can and does cause serious harm to children at every age from conception to adulthood'. In order to determine the level of need and risk of harm, a comprehensive, multi-agency assessment should be undertaken by involved professionals.

Please see Protocols on Rotherham Safeguarding Board website for Parental Substance Misuse Including Use During Pregnancy, and Young People's Substance Use.

### **2.5.3 Vulnerable Adults**

A vulnerable adult is a person aged 18 years or over 'who is or may be in need of community care services by reason of mental or other disability, age or illness and is or may be unable to take care of him or herself, or protect him or herself against

---

<sup>1</sup> Advisory Council on the Misuse of Drugs 2003

significant harm or exploitation'.<sup>3</sup> However, a number of adults may be vulnerable in a way in which the above definition does not fully consider. For example, adults whose independence and wellbeing is at risk due to past or present abuse or neglect.<sup>4</sup>

The identification of a parent or caregiver as a vulnerable adult does not necessarily have an adverse impact on a child's developmental needs, but it is essential to assess its implications for each child in the family. Multi-agency working between adult and children's services is essential to ensure the wellbeing of both adults and children involved.

In addition, where a child is alleged to have perpetrated abuse against a vulnerable adult, consideration should be given to the needs of the adult and child. In these circumstances the Safeguarding Manager (Adult) will work closely with Children's Social Care.

Workers should refer to "Safeguarding Adults – Rotherham's Adult Protection Procedures" for further guidance on safeguarding adults.

#### **2.5.4 Mental Ill Health**

Mental ill health in a parent or caregiver does not necessarily have an adverse impact on a child's developmental needs, but it is essential always to assess its implications for each child in the family. Parental ill health may markedly restrict children's social and recreational activities. With both mental and physical ill health in a parent, children may have caring responsibilities placed upon them inappropriate to their years, leading them to be worried and anxious. If parents are depressed, they may neglect their own and their child's physical and emotional needs. In some circumstances, some forms of mental ill health may blunt parents' emotions and feelings, or cause them to behave towards their children in bizarre or violent ways. Unusually, at the extreme, a child may be at risk of severe injury, profound neglect, or even death. A study of 100 reviews of child deaths where abuse and neglect had been a factor in the death, showed clear evidence of parental mental ill health in one third of cases.<sup>6</sup> In addition, maternal post-natal depression can also be linked to both behavioural and physiological problems in the infants of such mothers.

---

<sup>3</sup> 'No Secrets' Dept of Health 2000

<sup>4</sup> 'Safeguarding Adults' ADSS, 2005.

<sup>6</sup> Falkov, A (1996) A Study of Working Together "Part 8" Reports: Fatal child abuse and parental psychiatric disorder, DOH-ACPC Series, 1, London

The adverse effects on children of parental mental ill health are less likely when problems are mild, last only a short time, are not associated with family disharmony, and do not result in family break up. Children may also be protected from harm when the other parent or a family member can help respond to the child's needs. Children most at risk of significant harm are those who feature within parental delusions, and children who become targets for parental aggression or rejection, or who are neglected as a result of parental mental ill health.

### **2.5.5 Parental Learning Disability**

Where a parent has a learning disability it will be important not to generalise or make assumptions about their parental capacity. Learning disabled parents may need support to develop the understanding, resources, skills and experience to meet the needs of their children. Such support is particularly needed where parents experience additional stressors such as having a disabled child, domestic violence, poor physical and mental ill health, substance misuse, social isolation, poor housing, poverty or a history of growing up in care. It is these stressors when combined with a learning disability that are most likely to lead to concerns about the care a child or children may receive.

Children of parents with learning disabilities are at increased risk from:

- inherited learning disability and are more vulnerable to psychiatric disorders and
- behavioural problems.

From an early age children may assume the responsibility of looking after their parent and in many cases other siblings, one or more of who may be learning disabled. Unless parents with learning disabilities are comprehensively supported, for example by a capable non-abusive relative, such as their own parent or partner, their children's health and development is likely to be impaired. A further risk of harm to children arises because parents with learning disabilities may be attractive targets for individuals who wish to gain access to children for the purpose of sexually abusing them.

Some parents with learning disability may require support in order to meet their children's' needs and protect them from harm. However, a small number of parents, regardless of the level of support being offered, may be unable to provide the appropriate level of care, stimulation and protection that their child needs. For these parents, specialist assessments should be considered to inform the way forward.