

Children's Safeguarding Policy

(To be read in conjunction with the church's Safeguarding Policy)

Safeguarding policy aims

As a church, we desire to bring glory to God by knowing Jesus and making him known.

To that end, the aims of our safeguarding policy are:

- To uphold the honour of God's name
- To keep the gospel from disrepute
- Designed to be read together with the Church of England's House of Bishops Parish Safeguarding Handbook – [Promoting a Safer Church](#)

We do this by:

- Protecting the children in our care
- Protecting those who serve in this ministry

Safeguarding is an important part of our service in the gospel and one which we take seriously, aiming for a standard of excellence as we implement this policy.

The full St Andrew the Great Safeguarding Policy can be found on our [website](#).

This policy will deal with safeguarding children. It also includes a code of conduct when working with children.

Key Safeguarding Roles

1. **The PCC** has overall responsibility for safeguarding within St Andrew The Great. This policy is maintained, reviewed, and sanctioned by the PCC.

2. **The Parish Safeguarding Officer (PSO)** is the PCC member given responsibility for safeguarding within the church family and all its various ministries.

Given the size of our church, it is necessary for the Parish Safeguarding Officer (PSO) to delegate some of their responsibilities to Staff Ministry Area Leaders who oversee various ministries. However, the Parish Safeguarding Officer (or in her absence the Deputy Safeguarding officer) will retain the sole right to receive and manage disclosures.

The Parish Safeguarding Officer will be responsible in decisions about whether to permit someone to be involved in ministry with children and vulnerable adults where their Disclosure and Barring Service (DBS) check is blemished or information is provided about them under the DBS scheme. Similarly, the Safeguarding Team are responsible for undertaking a risk assessment if there is information disclosed on a Confidential Declaration.

The Parish Safeguarding Officer chairs the Safeguarding Committee which is tasked to oversee the church's safeguarding policies, compliance and audits.

3. **The Church Safeguarding Committee** is a source of advice and guidance on safeguarding issues. The committee is made up of members who have some understanding of safeguarding and are aware of its importance. They will advise the PCC on any matters relating to safeguarding, making recommendations for changes in policy and procedure, and hold ministry area leaders accountable for policy implementation.

4. Staff Ministry Area Leaders

Ministry area leaders have the responsibility to ensure that Leaders within their ministry area are recruited, assessed, and trained according to the safeguarding policy of the church (see [Safer Recruitment Policy](#)). In this process they will be assisted by the Leaders Review Team and the administrative team. Their role will be supervised by the Parish Safeguarding Committee, chaired by the Parish Safeguarding Officer.

Ministry Area Leaders will escalate any concerns or disclosures to the Parish Safeguarding Officer as soon as possible and no later than 24 hours. The Parish Safeguarding Officer retains the sole right to receive and manage disclosures.

5. **Leaders** refers to anyone serving in any role within church which involves any oversight of children, young people or vulnerable adults. In the Safer Recruitment Policy, Leaders are further categorised into two groups, 'Pastoral Leaders' and 'Practical Servers'. All leaders (Pastoral and Practical) who have oversight of children and vulnerable adults are subject to the same DBS checks and safeguarding training (see Recruitment Policy)

All Leaders share a particular responsibility for:

- loving the person as Christ loves them
- setting an example of proper Christian conduct
- praying for those in their care

Every applicant who wishes to serve in any ministry area involving children or young people must complete an application and screening process prior to serving. Further information on the screening process can be found in the church's Safer Recruitment Policy as well as the Parish Safeguarding Handbook.

A Leader can begin their role in Children's ministry **only when** the [Induction Checklist 2](#) (Children and Vulnerable Adults) has been satisfactorily completed.

If an existing Leader moves to serve in a different ministry area, they must read the relevant information for the new area before commencing their role.

All volunteers are required to complete the online Ely Diocesan safeguarding training courses (C0 and C1). Additional training is provided on induction into the role.

- A list of key **contact details** can be found on the last two pages of this policy.

GUIDELINES FOR RECOGNISING AND RESPONDING TO POTENTIAL CHILD ABUSE

Child abuse is serious. All Leaders need to know how to respond to signs of abuse or allegations of abuse. The following guidelines are in place to meet that need.

1. Definitions

Who is a child?

Any person under the age of 18 years.

What is abuse?

Working Together to Safeguard Children¹ states that, *'As well as threats to the welfare of children from within their families, children may be vulnerable to abuse or exploitation from outside their families. These extra-familial threats might arise at school and other educational establishments, from within peer groups, or more widely from within the wider community and/or online'*¹.

It recognises that, *'These threats can take a variety of different forms, including sexual, physical and emotional abuse; neglect; exploitation by criminal gangs and organised crime groups; trafficking; online abuse; sexual exploitation and the influences of extremism leading to radicalisation'*¹. Abuse can be carried out by an adult or another child.

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

Emotional abuse: including conveying to a child that they are inadequate, humiliation, blaming, controlling, intimidation, verbal abuse, isolation, seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying).

Sexual abuse: involvement of children or adolescents, in sexual activity that they do not fully comprehend, or to which they are unable to give informed consent, or which violate the social taboos of family roles.

Neglect: including failure to meet the basic essential needs of a child, to protect a child from physical and emotional harm or danger, to provide adequate supervision and / or access to appropriate medical care or treatment.

Spiritual abuse: is the inappropriate use of religious belief or practices to attempt to 'force' religious values or behaviours onto vulnerable people. It applies to occasions when any of the above types of abuse are purportedly done in God's name.

Domestic Abuse: Witnessing domestic abuse is child abuse, and teenagers can suffer domestic abuse in their relationships.

Sexual Exploitation: Child Sexual Exploitation (CSE) is a type of sexual abuse. Children or young people may be tricked into believing they are in a loving, consensual relationship. They might be invited to parties and given drugs and alcohol. They may also be groomed and exploited online.

Bullying and Cyberbullying: Bullying is behaviour that hurts someone else – such as name calling, hitting, pushing, spreading rumours, threatening or undermining someone. It can happen anywhere – at school, at home or online. It is usually repeated over a long period of time and can hurt a child both physically and emotionally. Bullying that happens online, using social networks, games and mobile phones, is often called cyberbullying. A child can feel like there is no escape because it can happen wherever they are, at any time of day or night.

Online abuse: With the ever-growing use of the internet, mobile telephones and online gaming (e.g. Xbox/ PlayStation), there has been a corresponding rise in the use of the internet and other electronic communication to target, groom and abuse children. Adults may target chat rooms, social networking sites, messaging services, mobile phones, online gaming sites and the internet generally. Children are particularly vulnerable to abuse by adults who pretend to be children of similar ages when online and who try to obtain images or engineer meetings.

Electronic images: The downloading, keeping or distributing of indecent images of children are all classified as sexual offences¹⁸. Such offences are sometimes referred to as non-contact sexual offences. However, it must be remembered that children will have been abused in the making of the images. The texting of sexual messages and photographs (sometimes referred to as 'sexting') can be particularly problematic and abusive amongst children and young people.

2. Recognising signs of abuse (see appendix for more detail)

Warning signs: these are not necessarily proof of abuse or comprehensive, but they should signal a warning.

| Abuse type | Physical signs | Behavioural signs |
|----------------|--|---|
| Physical abuse | <p>Bruises, black eyes, broken bones</p> <p>Injuries that the child cannot explain or explains unconvincingly</p> <p>Untreated or inadequately treated injuries</p> <p>Injuries to parts of the body where accidents are unlikely, such as thighs, back, abdomen</p> <p>Bruising which looks like hand or finger marks</p> <p>Cigarette burns, human bites, scalds and burns</p> | <p>Becoming sad, withdrawn or depressed</p> <p>Having trouble sleeping</p> <p>Behaving aggressively or being disruptive</p> <p>Showing fear of certain adults</p> <p>Showing lack of confidence and low self-esteem</p> <p>Using drugs or alcohol</p> |
| Sexual abuse | <p>Pain, itching, bruising or bleeding in the genital or anal areas</p> <p>Genital discharge or urinary tract infections</p> <p>Stomach pains or discomfort walking or sitting</p> <p>Sexually transmitted infections</p> | <p>A marked change in the child's general behaviour. For example, they may become unusually quiet and withdrawn, or unusually aggressive. Or they may start suffering from what may seem to be physical ailments, but which can't be explained medically</p> <p>A young person may refuse to attend school or starts to have difficulty concentrating so their schoolwork is affected</p> <p>They may show unexpected fear or distrust of a particular adult or refuse to continue with their usual social activities</p> <p>They may start using sexually explicit behaviour or language, particularly if the behaviour or language is not appropriate for their age</p> <p>The child may describe receiving special attention from a particular adult, or refer to a new, "secret" friendship with an adult or young person</p> |
| Neglect | <p>Abandonment</p> <p>Unattended medical needs</p> <p>Consistent lack of supervision</p> | <p>Regularly displays fatigue or listlessness, falls asleep during activities</p> <p>Steals food, begs from other children</p> <p>Reports that there is no carer at home</p> <p>Frequently absent or late</p> |

| | | |
|-----------------|---|---|
| | <p>Consistent hunger, inappropriate dress, poor hygiene</p> <p>Lice, distended stomach, emaciated</p> <p>Inadequate nutrition</p> | <p>Self-destructive</p> <p>School drop out(adolescents)</p> <p>Extreme loneliness and need for affection</p> |
| Emotional abuse | <p>Delayed physical development</p> <p>Substance abuse</p> <p>Ulcers,</p> <p>Severe allergies</p> <p>Speech disorders</p> | <p>Habit disorder (sucking, rocking, biting), antisocial, disruptive</p> <p>Neurotic traits (sleep disorders, inhibition of play)</p> <p>Passive and aggressive behavioural extremes</p> <p>Delinquent behaviour (especially adolescents) Developmentally delayed</p> |

Many symptoms of distress in a child can point to abuse, but there are other explanations too. This has sometimes been the reason for falsely accusing parents of abuse.

It is important that the above signs are not taken as indicating that abuse has taken place, but that the possibility should be seriously considered. They should make us stop and think—not jump to conclusions inappropriately.

3. Guidelines for when a child tells us they have been abused

It is not easy to give precise guidance, but the following general points may be of help:

Above all else, listen, listen, and listen!

- Keep calm, and show acceptance of what the child says, however unlikely it seems.
- Let them know you will need to tell someone else - don't promise confidentiality.
- Be aware the child may have been threatened.
- Never push for information. If the child decides not to tell you after all, then accept that and let the child know that you are always ready to listen.
- Avoid asking leading questions and ask only what is necessary to ensure a clear understanding of what has been said- you might put something into their mind that was not there. If the case were to end up in court, the case could be thrown out if it is thought that the child had been led.

Helpful things you might say or convey:

- I am glad you have told me
- It's not your fault
- I will help you

In conclusion:

- Reassure the child that they were right to tell you and that you believe them.
- Let the child know what you are going to do next and that you will let them know what happens. You might have to consider referring to social services or the police to prevent the child returning home if you consider them to be seriously at risk of further abuse.
- Make notes as soon as possible using the **Logging a Concern** form (always within 24 hours), writing down exactly what the child said and when they said it, what you said in reply and what was happening immediately beforehand (e.g. a description of the activity). Record dates and times, including when you made the record. Keep all hand-written notes even if subsequently typed. Such records should be kept for an indefinite period in a secure place. A copy of these notes must be passed onto the Parish Safeguarding Officer as soon as possible and always within 24 hours.

4. Responding to concerns of abuse

If you suspect or witness abuse, or someone discloses information about a safeguarding concern or allegation:

- If a child is in immediate danger or emergency medical attention is necessary then this should, of course, be sought immediately, informing the doctors of any suspicions you may have.
- You must contact the Parish Safeguarding Officer (PSO) immediately. Please refer to the end of this policy for contact details. If the allegation is against your ministry area leader, please contact the PSO.
- At all stages in the reporting process, you retain the right to report serious matters directly to Children's Social Care or the police. Even so, as soon as possible (and within 24 hours), you must also contact the Parish Safeguarding Officer. Serious matters must be reported as soon as possible and within one working day to Children's Social Care. (For contact numbers see the section at the end of this policy).
- Under no circumstances should a church volunteer or employee investigate concerns of abuse themselves. Our responsibility is, in consultation with the Diocesan Safeguarding Adviser, to refer concerns to statutory authorities who will do the investigating required.
- Apart from telling the PSO, this information must be treated as confidential. Do not inform or confront any alleged perpetrator under any circumstances.
- You should also consider your own feelings and ask your ministry area leader for pastoral support if needed.

Even if you may feel the child's story is unlikely, this must not prevent appropriate action being taken. For example, a child may say that they have been abused by a younger person. In reality, the perpetrator could be a parent or a close relative, but naming another person may be the only way in which this child can seek help.

5. Procedures for responding to abuse—outcomes

When a safeguarding concern is reported to the Diocesan Safeguarding Adviser (DSA) by a ministry area leader or PSO:

If the DSA advises **further action**, the ministry area leader/PSO must act upon all directions given by the Diocese in the timescale given.

If the DSA advises **no further action** required, this is not the end of the process. The PSO or the relevant ministry area leader must arrange a further meeting in the parish to discuss whether alternative action should be taken or whether support is required.

This meeting should include the PSO and the Vicar, and they can involve others as necessary, including church wardens, pastoral counsellors, and the relevant ministry area leader.

Guidelines for responding to a disclosure of historic abuse

In the course of their work ministers and those offering pastoral support may hear disclosure from adults regarding abuse that happened to them when they were children, or from children regarding abuse that happened to them when they were younger. Historical abuse must be treated as seriously as recent abuse, and each individual must be treated with great pastoral sensitivity.

The church is required to take advice from the diocese and may need to report allegations or disclosures of criminal acts to the Police.

Concern/allegation
You suspect or witness abuse, or someone discloses information about safeguarding concern or allegation

Emergency - immediate
If the child or adult is in danger or requires urgent medical attention, call the police on 999

Non emergency- within 24 hrs
Record and report to incumbent/PSO or activity leader. PSO will inform the DSA

Record and report all information to the incumbent and PSO

Record and discuss with DSA within 24 hrs
DSA will provide Guidance

No longer have concerns

Still have concerns about a child or adult

Still have concerns about a church officer

Offer support

Refer to child/adult social care or police within 24 hrs

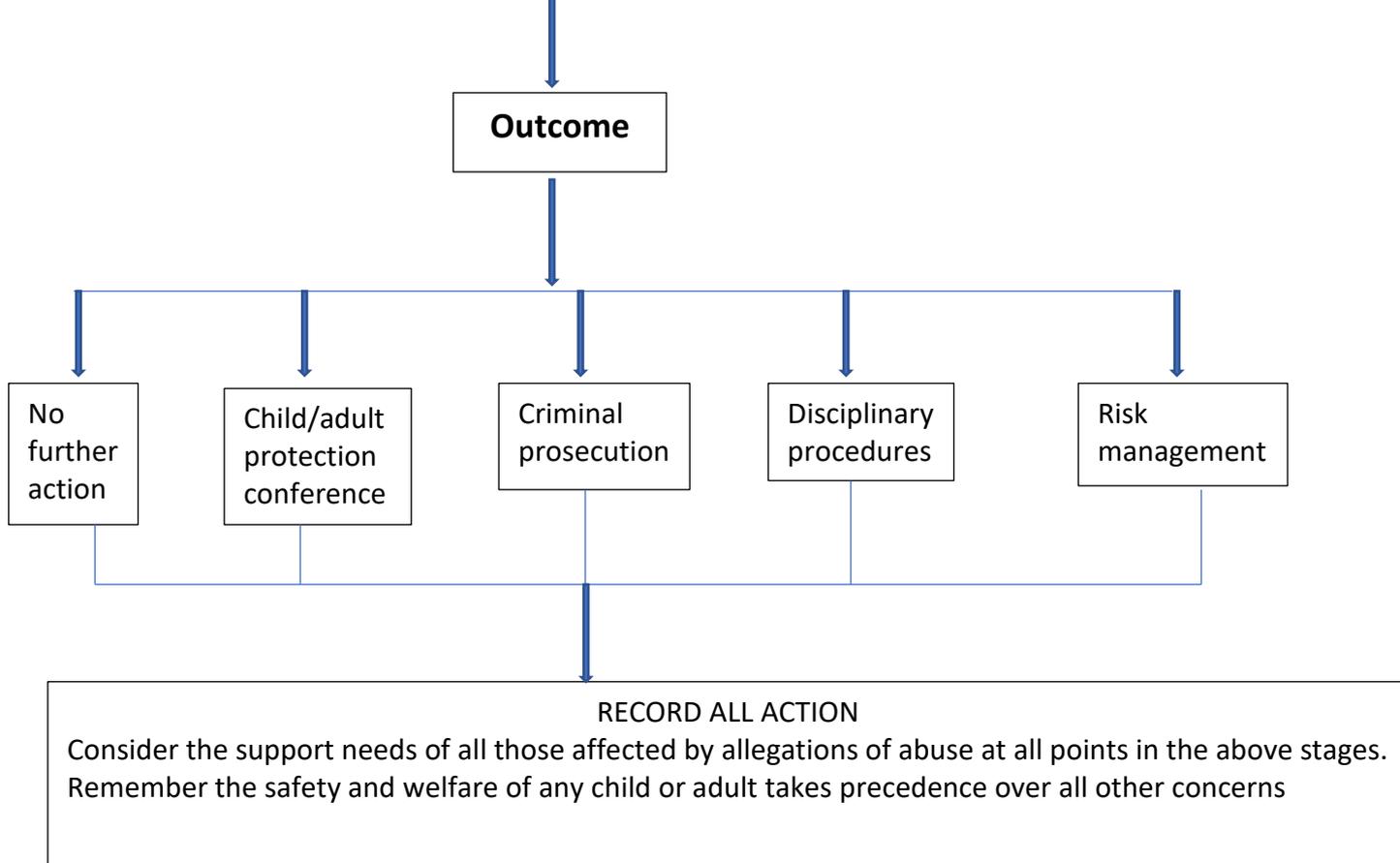
DSA refers to Local Authority Designated Officer and/or Police

Share information and follow advice of social services or police

Ongoing liaison with statutory body

DSA convenes core group within 48

Outcome



SUMMARY

When someone tells you they have been abused, or have committed abuse, whether recently or many years ago:

General points:

- Above all else, listen.
- Keep calm, and show understanding/acceptance of what is said, however unlikely it seems. Reassure the individual that they were right to tell you.
- Never push for information. Avoid leading questions and ask only what is necessary to ensure a clear understanding of what has been said.
- Let the individual know what you are going to do next and that you will keep them informed. Let them know that you will need to tell someone else—don't promise confidentiality.
- Tell the PSO as soon as possible and always within 24 hours
- Record clearly, if possible, within an hour of the disclosure.
- Do not tell anyone else!

Action you must then take:

You must contact the Parish Safeguarding officer and tell them what you know (you do not need to disclose any names at this stage unless told otherwise). If the allegation is against your ministry area leader, contact the Parish Safeguarding Officer.

- You retain the right to report serious matters directly to social services or the police. Even so, as soon as possible (and within 24 hours), you must also contact the Parish Safeguarding Officer.
- Apart from telling the PSO, the information must be treated as confidential and not shared with co-leaders, Bible study leaders or other church members.
- Under no circumstances should you investigate concerns of abuse yourself.
- The contact details for the PSO can be found at the end of this document.
- Make notes as soon as possible (preferably within one hour, but always within 24 hours), writing down exactly what was said and when, what you said in reply and what was happening immediately beforehand (e.g. a description of the activity/situation). Record dates and times of these events and when you made the record. Keep all hand-written notes, even if subsequently typed. Such records should be kept for an indefinite period in a secure place. A copy of these notes must be passed onto the Parish Safeguarding Officer as soon as possible and always within 24 hours.
- Consider your own feelings and ask your ministry area leader for pastoral support if needed and consider with your ministry area leader what pastoral support is needed for the individual involved.

Principles for 1-to-1 Meetings

Reading the Bible, encouraging and praying one-to-one is a key way in which we fulfil the biblical “one another” commands. Indeed, how we speak to one another is an identifying mark of God’s people (e.g. Malachi 3:16). We will meet with people 1-to-1 in the course of our encouragement and training of other staff and leaders as well as in our pastoral care. 1-to-1s with non-Christians will also be a normal part of our personal evangelism.

It is important, however, that we are above reproach in all of our ministry. Personal work can become “over-intense” and is potentially open to being misunderstood. “Spiritual abuse” is a form of psychological and emotional abuse which can occur within churches and is characterised by coercive and controlling behaviour – 1-to-1 meetings and misuse of the Bible can be features of this form of abuse. So, knowing our own weakness and out of love for others, especially the most vulnerable, we are committed to the following basic principles in our personal work. If in exceptional circumstances we set aside one of the following principles, it is appropriate to keep a written record and to inform our line manager or, if relevant, the Parish Safeguarding Officer.

- Basic records (which we could produce on request) should be kept of who we met, when and where (e.g. a diary entry) and why we met (e.g. “counselling” or “to read 2 Timothy”).
- It is usually not appropriate to meet 1-to-1 with someone of the opposite sex. One exception to this general principle is when we “line manage” a staff member of the opposite sex. In that case, it will be appropriate to meet 1-to-1, though we will work to be “above reproach”, e.g. by meeting in public/visible place and considering carefully what we discuss. This carefulness should be balanced by a willingness, in particular, to train and support female members of staff – maintaining reasonable, godly standards is not to become an excuse for neglecting to properly manage female colleagues (e.g. a male line manager refusing to meet with a woman regularly when he would with a man doing the same job).
- 1-to-1s should not be secret. We should discuss with our line manager/others in our team on a regular basis who we are meeting with and how things are going (not least so we can be praying). See also the staff handbook section on “Confidentiality”.
- We recognize that personal work can lead to the development of an unhealthy dependence or a controlling relationship, especially where one person has a position of “spiritual authority”. As such, we will carefully consider both the topics we address (e.g. not developing an unhealthy focus on sexuality or a “pushy” attitude to financial giving) and the character of any advice we give (carefully distinguishing God’s commands from our opinions by ensuring that the Bible is visibly the authority and not us). We will work hard to get the Bible right and will not misinterpret it or selectively quote from it to get our own way. We will consider carefully how our actions may be understood by others (e.g. as controlling or “favouritism”) and will take all reasonable steps to avoid misunderstanding. We will be aware that others may perceive us as having “authority” (“putting us on a pedestal”), even if we don’t feel authoritative.
- We must show people that what we are teaching comes from the Bible, this avoids a misuse of our power.
- Where we have a concern about a particular relationship, whether with us or between two other people, we will report that immediately to our line manager or Sarah Robinson, Safeguarding Officer. We will train leaders who conduct 1-to-1s as part of their ministry to be aware of these principles and the danger of manipulative or coercive patterns forming. We will provide oversight and accountability to leaders and work hard to prevent unhealthy relationships from forming (and will respond to that and report it if they do).
- In ordinary circumstances, regular (e.g. weekly) meetings with a person 1-to-1 will be for a limited period (if possible, defined in advance) – the longer we meet for, the more likely the relationship is to become “over-intense” spiritually or emotionally. If someone needs ongoing 1-to-1 support, it may be appropriate that someone else or a Christian counsellor “take over” from us. Ultimately, we are not indispensable to anyone. Clarity about expectations when we start meeting greatly helps, not least because we do not want people to feel “dropped” by us (relatedly, continuing to meet more occasionally may well be a good idea – people are not just

short-term projects!). In some cases, e.g. with members of a small group we lead, we will plan to meet with people occasionally over a longer period.

- We are aware that some people need or would benefit from specialist help that we cannot provide (e.g. with addiction, mental illness or an eating disorder), perhaps alongside continued pastoral care by us. In these cases, it is appropriate to recommend that someone see a GP or counsellor. We are, however, aware that adults have a right to confidentiality and to make their own decisions and will not discuss them with others without their permission unless there is an overriding reason to do so.
- If someone expresses suicidal thoughts and we have an immediate concern for their safety (e.g. they have stated definite plans or sound particularly set), we will ring 999. In all cases, we will endeavor to get anyone expressing suicidal thoughts the help they need, putting them in touch with their GP or Samaritans (116 123). If we have any concerns or are uncertain how to respond, Sarah Robinson can offer advice. Confidentiality is not an absolute bar on seeking advice and it is good practice to speak to someone, e.g. a line manager or Sarah Robinson, whenever someone expresses suicidal thinking to you.
- We will take steps to maintain our own safety. Where we are concerned that someone's behavior is or may become aggressive, it is not appropriate to meet them 1-to-1. If you feel threatened, leave the situation sooner rather than later. It is good practice for someone to know where you are and who you are meeting with. We will also consider carefully where and at what time we meet with people.
- We will abide by our safeguarding policies on the website. If we are concerned that someone may harm themselves or someone else in any way or be harmed by someone else, we may have a duty to disclose this to the relevant authorities (e.g. if someone discloses or we suspect domestic violence or controlling behavior). If the danger is immediate, ring 999; otherwise, Sarah Robinson can advise on the next steps.

Under-18s (i.e. Children)

- It is not appropriate to meet 1-to-1 with someone under 16 except in the most exceptional circumstances.
- With anyone 16-18 (i.e. in secondary education), inform Tom Hutchings, Children's Team Leader and Sarah Robinson, the Parish Safeguarding Officer **before** meeting. Any meeting with a child should take place in a public place (e.g. a café) or in a very visible place (e.g. a room with the door open or the Ringing Room) and with parental consent. Keep a written record of who you met with, when, where and why – ideally, this should be passed to Tom Hutchings, Children's Team Leader, immediately.

Last Reviewed by Safeguarding Team August 2020

The Code of Safer Working Practice

The Code of Safer Working Practice expresses our commitment to demonstrating God's love by placing the highest priority on the safety of those to whom we minister. It sets out what we expect from anyone who ministers in our church, in both paid or voluntary roles, and is one of the ways we ensure high standards of safeguarding in all we do.

Upholding the Code

All members of staff and volunteers are expected to report any breaches of this code to the Parish Safeguarding Officer. Staff and volunteers who breach this code may be subject to disciplinary procedures or asked to leave their role. Serious breaches may also result in a referral made to the relevant statutory agency.

All those working on behalf of the parish with children, young people:

- Treat all individuals with respect and dignity;
- Respect people's rights to personal privacy;
- Ensure that their own language, tone of voice and body language are respectful;
- Ensure that children, young people and adults know who they can talk to about a personal concern;
- Record and report any concerns about a child, young person and/or the behaviour of another worker with their activity leader and/or the Parish Safeguarding Officer. All written records should be signed and dated;
- Obtain written consent for any photographs or videos to be taken, shown, displayed or stored.

In addition, those working with children and young people must:

- Always aim to work with or within sight of another adult;
- Ensure another adult is informed if a child needs to be taken to the toilet;
- Respond warmly to a child who needs comforting but make sure there are other adults around;
- Ensure that the child and parents are aware of any activity that requires physical contact and of its nature before the activity takes place.

All those working on behalf of the parish with children and young people must not:

- Use any form of physical punishment;
- Be sexually suggestive about or to an individual;
- Scapegoat, ridicule or reject an individual or group;
- Permit abusive peer activities e.g. initiation ceremonies, ridiculing or bullying;
- Show favouritism to any one individual or group;
- Allow an individual to involve them in excessive attention seeking;
- Allow unknown adults access to children, young people and adults who may be vulnerable. Visitors should always be accompanied by an approved person;
- Allow strangers to give lifts to children, young people and adults who may be vulnerable in the group;
- Befriend children, young people and adults who may be vulnerable on social media;
- Take photographs on personal phones or cameras as this means that images are stored on personal devices.

In addition, for children and young people, must not:

- Give lifts to children you are supervising, on their own or your own (unless there are exceptional circumstances e.g. in an emergency for medical reasons or where parents fail to collect a child and no other arrangements can be made to take a child home. In such situations, the circumstances and your decision must be recorded and shared with an appropriate person at the earliest opportunity);

- Smoke or drink alcohol in the presence of children and young people;
- Arrange social occasions with children and young people (other than events which also include family members/carers) outside organised group occasions.

Acceptable Touch

Sympathetic attention, encouragement and appropriate physical contact are needed by children and adults. Some physical contact with children, particularly younger children, can be wholly appropriate. However, abusers can use touch that appears safe to ‘normalise’ physical contact which then becomes abusive. As a general rule, the use of touch between adults in positions of responsibility and those with whom they are working or volunteering should be initiated by the person themselves, and kept to the minimum. In addition to this, always follow the guidelines below:

- Ask permission before you touch someone;
- Allow the other person to determine the degree of touch except in exceptional circumstances (e.g. when they need medical attention);
- Avoid any physical contact that is or could be construed as sexual, abusive or offensive;
- Keep everything public. A hug in the context of a group is very different from a hug behind closed doors;
- Touch should be in response to a person’s needs and not related to the worker’s needs. Touch should be age appropriate, welcome and generally initiated by the child, not the worker.

Ministry Areas where care for Children is provided:

| | |
|--------------------------------|---------------------|
| Sunday Morning Service 10.00am | Rev Tom Hutchings |
| Sunday Morning Service 11.30am | Rev Robbie Strachan |
| Sunday Evening Service 5.00pm | Rev Tom Hutchings |
| Children’s Activities | Rev Tom Hutchings |
| Youth Group | James Townsend |
| Bounce A Round | Ruth Oakley |

Contact Numbers

If you have any concerns about the welfare of a child, or the care that is being provided

OR

You need to talk to someone about something in our church that isn't right or has upset you

Please get in touch with:

Children's Advocates

Mary Burdett 01223 756435

Gail Featherstone 07940 756435

Safeguarding Officer

Sarah Robinson 01223 756436

safeguarding@stag.org

Deputy Safeguarding Officer

Piyush Jani 01223 756436

safeguarding@stag.org

If you would rather speak to someone outside of the church, please see the contacts below or visit the Diocese of Ely Safeguarding website

<https://www.elydiocese.org/safeguarding.php>

Diocese of Ely Safeguarding Team

Duty Telephone: 01353 652747

Diocesan Safeguarding Adviser

Rebecca Boswell

T: 01353 652731

rebecca.boswell@elydiocese.org

Assistant Diocesan Safeguarding Adviser (Part-time)

Sharon Gage

T: 01353 652706

sharon.gage@elydiocese.org

Assistant Diocesan Safeguarding Adviser (Part Time)

Lisa Pearson

T: 01353 652738

lisa.pearson@elydiocese.org

Where immediate danger is likely: **Call 999**

To contact the Local Authority:

| | |
|---|----------------------|
| Children's Social Care | 0345 045 5203 |
| Adults Social Care | 0345 045 5202 |
| Out of hours Emergency Duty Team Children and Adults | 01733 234724 |

SAFEGUARDING CHILDREN AS THEY ARRIVE AND DEPART

The following advice is based on the Church of England 'Safer Environment and Activities' booklet.

Transition of children from parents/guardians to caregivers

The St Andrew The Great Church safeguarding policy is applied during the time period a child is in the care of the leaders of the advertised activity. This time period is clearly marked at the beginning and end by a formal system of hand-over between parents/guardians and the leaders. Parents/guardians are responsible for their children once they have been collected from their groups or returned to them by leaders.

Registering

All children and leaders present in each group must be registered. Completed registers will be filed and kept secure for an indefinite period. If any allegation of abuse is made in years to come, then the church can immediately find who was present on any given date.

A child registration form must be filed for each child in crèche/Sunday school. These forms should be filled out by a parent/guardian and available in registration folders for the leaders to consult. Leaders should familiarise themselves with any health issues of the children in their specific group.

SAFEGUARDING CHILDREN WHILST THEY ARE IN OUR CARE

Caregiver ratios

Two leader rule: two leaders must be present in each room at all times.

It is not necessary for the two leaders to be of opposite genders. In an emergency setting the emergency takes priority over the ratios. However, children should not be left unattended in a room. At other times with some planning this scenario need not occur.

In addition to always having two leaders present, we have adopted the Church of England's **minimum** requirements which are:

Each group should have at least two workers, even for smaller groups, and if possible one male and one female. Staff ratios for all groups should always be based on a risk assessment. For example, staffing numbers would need to be increased for outdoor activities and more so if that activity is considered higher risk, potentially dangerous or when children with disabilities or special needs are involved. Where more than one group meet in the same venue, and the groups can be seen by others, the total number of adults to children within the room should be within the ratio suggested but the individual group may have fewer adults.

| Age of children | Number of adults | Number of children |
|-----------------|------------------|--------------------|
| 0-2 years old | 1 | 3 |
| 2-3 | 1 | 4 |
| 4-8 | 1 | 8 |
| 9-12 | 1 | 8 |
| 13-18 | 1 | 10 |

If there are not enough leaders turning up on the day, the leaders must either:

- recruit another DBS-screened individual to help or;
- meet in the same venue as other screened leaders, in full view of those assisting.

For all groups and activities:

- Undertake a health and safety risk assessment.
- A registration form must be completed for every child or young person who attends groups or activities which should include up to- date information on parents' contact numbers, medical information (e.g. allergies) and any special needs.
- An attendance register must be kept and be available at all group meetings.
- A first aid kit must be available on any premises that are used by children.
- An accident and incident logbook must be available, and all accidents recorded. The logbook should be stored in a secure place. Any significant incidents must be recorded (e.g. a fight between children). There should be access to a telephone, if possible.
- In premises where children's groups meet, the Childline and Family Lives telephone numbers should be displayed.
- Parents must sign a consent form before children are transported in a private car and before any photography or images are taken.

In addition, when taking children offsite:

- The church leadership must be informed and agree to the activity.
- Details of the activity and any itinerary must be given in advance to parent/s and consent forms received in advance of the activity taking place.
- Details of the activity and a list of contacts must be left with someone in the church.
- Details of the activity and arrangements must be given to the incumbent and/or PSO.
- A risk assessment must be undertaken, and confirmation obtained that the activity is covered by PCC insurance.
- A leader must be designated to take responsibility for first aid.

Discipline

All caregivers are responsible for providing a loving, respectful, and orderly atmosphere in which children can learn, play and interact with others. This atmosphere should be maintained by preparing beforehand, proactively directing children towards acceptable activities, verbally encouraging positive behaviour and, when necessary, correcting or redirecting inappropriate behaviour.

Acceptable means of redirecting inappropriate behaviour include correcting the child verbally, withholding a certain privilege or activity for a brief time, or separating them from the group for a brief time (particularly if his behaviour is endangering or upsetting other children).

Leaders should never use any form of physical punishment. If behaviour is uncontrollable or the child does not respond to the discipline measures above, the parents/guardians will be contacted. Leaders should never yell at a young person except in circumstances where the young person is in danger or is at risk of causing danger to others.

Acceptable touch

Sympathetic attention, humour, encouragement and appropriate physical contact are needed by children and adults. Some physical contact with children, particularly younger children, is wholly appropriate. The following guidelines regarding touching are suggested:

- Always ask permission.
- Be mindful of your body position.
- Keep everything public. A hug in the context of a group is very different from a hug behind closed doors.
- Touch should be in response to a child's needs and not related to the worker's needs. It should be age appropriate, welcome and generally initiated by the child, not the church helper. Avoid any physical contact that is or could be construed as sexual and/or abusive/offensive.
- Allow the child to determine the degree of physical contact with others except in exceptional circumstances (e.g when they need medical attention).

In addition:

You can allow people you support to give you brief hugs if you feel comfortable with this.

- You can allow people you support to hold hands or link arms with you to help with travel and stability
- You should discourage people you support from touching your face. You can offer your hand instead.
- You should discourage people you support from sitting on your lap. You can offer to sit side by side.
- You should avoid using touch if the person you support is very distressed and is unlikely to tolerate it.

Can I have a child sit on my lap when we're all sitting on the floor?

You should discourage people you support from sitting on your lap. You can offer to sit side by side.

Can I play rough and tumble games with children?

No! This makes staff and volunteers very vulnerable and would always be open to misinterpretation by any reasonable person.

Can I hold hands with a child?

Yes, you may if there is a clear reason to do so—as long as you are in public and there is no way your actions could be misconstrued by a third party. Reason could include walking a child across a road, or to the bathroom, playing a game requiring hands held. For younger children this might happen frequently. For older children there will be very few occasions when this is ever appropriate.

Can I ever hug a child?

Yes, you may if a child is clearly distressed—as long as you are in public and there is no way your actions could be misconstrued by a third party. There may be other occasions when this might be appropriate, like congratulating them. Bear in mind your normal character—if you rarely hug anyone you should probably not ever hug a child in your care. If hugging is one way you interact with all kinds of people you might need to rein yourself in a bit but not necessarily completely. Touch should be related to the child's needs, not the worker's, and should be age- appropriate and generally initiated by the child rather than the worker. Avoid any physical activity that is, or may be thought to be, sexually stimulating to the adult or the child.

Can I ever tickle a child?

This is to be avoided as it is open to misinterpretation by any reasonable person. It makes staff and volunteers vulnerable.

Can I ever physically restrain a child?

Yes. If a child is being a danger to themselves or to another person restraint, used in proportion to the situation, may be necessary. Outside these scenarios physical restraint should be required rarely.

Can I take a picture of a child in my care?

No. Leaders must never take any pictures of children they are caring for unless they have received explicit permission from the child's parents / guardians. For the avoidance of doubt, leaders must also never post any pictures of the children in their care on social media platforms including but not limited to Instagram, Facebook, WhatsApp and or Snapchat.

Toileting

A caregiver must not change the nappy for any baby. If a nappy change is required, child's parent should be called. If a preschool or school-aged child requires assistance in going to the toilet, it is best for assistance to be given by a caregiver of the same gender where possible. The caregiver should wait outside the closed cubicle door unless the child requires assistance. The cubical door must not be closed with the caregiver and child inside. The child and caregiver must wash their hands with soap before returning to the class group. School-aged children should be able to take themselves to the toilet without assistance.

Food

(requires completion - will vary in different groups)

Food for a specific child must not be shared with any other child. Some children in our care have severe allergies to certain foods and giving them the wrong food could be serious.

Risk management/illness/accidents

Leaders should consider the health and safety of all children and helpers when organising activities or planning games.

Children with infectious illnesses must be kept at home and not join the children's groups. If a young person appears ill whilst in the church's care, leaders will use their discretion to determine whether the young person should be isolated from other young people by a leader (who will remain with them), and whether parents/guardians should be contacted to collect their child.

A basic first aid kit must be readily available at all times. All leaders should be familiar with its location. There will usually be trained first aiders in the church. In the event of a life-threatening illness or injury, emergency medical services will be called first and the parents will be located and informed immediately. Leaders will report all injuries, whether major or minor to Tom Hutchings (tom.hutchings@stag.org).

Leaders should be familiar with evacuation procedures, including where the fire exits are located and where the meeting point is, should the fire alarm sound.



THE CHURCH
OF ENGLAND

Appendix

FACT SHEET: Types of Abuse

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1. Introduction

This document is a best practice reference document for use by those in the Church who have a role with children, young people and adults.

It contains information about the types of abuse which can occur and how to recognise them, including physical signs and symptoms as well as behavioural changes that you might observe. Bear in mind that children, young people and adults may be subject to one type of abuse or a combination of types of abuse. It is informed by the definitions available in Working Together 2018¹ and the Care Act 2014².

The lists of signs and symptoms below are not exhaustive – there may be other signs or symptoms which are not listed below which could be indicators of abuse. Similarly, some of these signs and symptoms will not always be indicators of abuse. The following lists under each category of abuse contain examples of possible indicators. The presence of one or more of these signs or symptoms does not necessarily confirm abuse.

Please note that many types of abuse are also criminal offences and should be treated as such.

¹ [Working Together to Safeguard Children 2018](#)

² [Care Act 2014](#)

1. Children

Working Together to Safeguard Children 2018 defines abuse as:

A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults or another child or children.

Abuse is defined as four categories:

- Physical
- Sexual
- Neglect
- Emotional

1.1. Physical Abuse

Physical abuse may or may not cause injury and includes physical ill treatment, causing unjustifiable physical discomfort, for example injury, pain or impairment.

| Abusive Actions | Signs and Symptoms |
|---|---|
| <ul style="list-style-type: none">• Hitting• Slapping• Pushing• Kicking• Shaking• Inappropriate restraint• Withholding or misuse of medication• Squeezing• Biting• Suffocating• Poisoning• Drowning• Killing• Physical abuse may also be caused when a parent or carer fabricates symptoms of, or deliberately induces, illness in a child. This is called Fabricated or Induced Illness.• Involuntary isolation or confinement,• Inappropriate application of techniques or treatments. | <ul style="list-style-type: none">• Cuts, lacerations, puncture wounds, open wounds, bruising, welts, black eyes, burns, bite marks, broken bones and skull fractures• Untreated injuries in various stages of healing or not properly treated• Poor skin condition or poor skin hygiene• Dehydration and/or malnourishment without an illness-related cause• Loss of weight• Soiled clothing or bedding• Broken eyeglasses or frames• Physical signs of being subjected to punishment or signs of being restrained• Inappropriate use of medication, overdosing or under dosing• Cowering and flinching• Emotional distress, low self-esteem, untypical self-harm• Telling you they have been hit, slapped or mistreated• Aggressive behaviour or severe temper outbursts• Reluctance to get changed, for example in hot weather• Depression |

- Withdrawn behaviour

Remember: Most children will collect cuts and bruises as part of the rough-and-tumble of daily life. However, important indicators of physical abuse are bruises or injuries that are either unexplained or inconsistent with the explanation given, or visible on the 'soft' parts of the body where accidental injuries are unlikely, e.g. cheeks, abdomen, back and buttocks.

A delay in seeking medical treatment when it is obviously necessary is also a cause for concern.

Children may also display:

- Fear of parents being approached for an explanation
- Running away from home

1.2. Sexual Abuse

A sexual act carried out without the informed consent (see below) of the other individual is abuse. Such behaviour includes contact and non-contact abuse.

Contact abuse may include rape, indecent assault, being forced to touch another person, sexual intercourse or being pressurised into consenting to sexual acts.

It is also important to remember that it is not just adult men who sexually abuse children – there are increasing numbers of allegations of sexual abuse of children against women and sexual abuse can also be perpetrated by other children or young people.

| Abusive Actions | Signs and Symptoms |
|---|---|
| <ul style="list-style-type: none"> • Rape • Sexual assault • Kissing • Fondling/caressing • Involving children in looking at, or in the production of, sexual images, watching sexual activities, • Downloading child abuse images • Encouraging children to behave in sexually inappropriate ways • Sending sexualised texts and emails and transmitting sexually explicit images through social media • Grooming | <ul style="list-style-type: none"> • Bruises around the breasts or genital areas • Unexplained STI or genital infections • Unexplained vaginal or anal bleeding • Vaginal discharge or infection • Torn, stained or bloody underclothing • The child telling you they have been sexually assaulted or raped • Pain or itching in the genital area • Sexually transmitted disease • Stomach pains or discomfort when walking or sitting down • Pregnancy |
| | <p>Changes in behaviour which can also indicate sexual abuse include:</p> <ul style="list-style-type: none"> • Sudden or unexplained changes in behaviour e.g. becoming aggressive or |

withdrawn

- Fear of being left with a specific person or group of people
- Having nightmares
- Running away from home
- Sexual knowledge which is beyond their age, or developmental level
- Sexual drawings or language
- Bedwetting
- Eating problems such as overeating or anorexia
- Self-harm, suicidal thoughts, suicide attempts;
- Substance abuse
- Suddenly having unexplained sources of money
- Not allowed to have friends (particularly in adolescence)
- Acting in a sexually explicit way, specifically children towards adults

Age of consent

The age of consent (the legal age to have sex) in England is 16 years old. This applies to both heterosexual and homosexual sex.

The laws are there to protect children from abuse or exploitation, rather than to prosecute under-16s who participate in mutually consenting sexual activity. Underage sexual activity may be a possible indicator of child sexual exploitation.

Statutory agencies have agreed that if 13 - 16-year-old sexual activity is discovered then an assessment of risk should be carried out.

Risks to be considered include:

- Whether the child is competent to understand, and consent to, the sexual activity they are involved in
- Whether the sexual activity is with someone of a similar age, ability and aptitude
- Whether there is a power imbalance
- Whether there any coercion or bribery, overt aggression, misuse of alcohol or other substances acting as a disinhibitor
- Whether the sexual partner is known by one of the statutory agencies

To help protect younger children the law says anyone under the age of 13 can never legally give consent. This means that anyone who engages in any sexual activity with a child who is 12 or younger is breaking the law. Sexual activity with a child who is under 13 should always result in a child protection referral. The law gives extra protection to young people who are over the age of consent but under 18. It is illegal:

- To take, show or distribute indecent photographs of a child (this is often called sexting).
- To pay for or arrange sexual services of a child.

- For a person in a position of trust (for example teachers or care workers) to engage in sexual activity with anyone under the age of 18 who is in the care of their organization.

The Sexual Offences Act 2003 applies in England and Wales. It gives more information about specific offences and the related penalties.

Age of criminal responsibility for children

The age of criminal responsibility in England is 10 years old.

This means a child is considered capable of committing a crime and old enough to stand trial for a criminal offence. Their case will be dealt with by a youth court and if they are convicted, their sentence will take their age into account.

1.2.1. Grooming

Grooming is a form of sexual abuse. It is when someone builds an emotional connection with a child to gain their trust for the purposes of sexual abuse, sexual exploitation or trafficking. Grooming may also include threats or bribes, which persuade the person that it would be impossible to ask for help. It may appear as an unhealthy close friendship which stretches or breaks approved boundaries. Children and young people can be groomed online or face-to-face, by a stranger or by someone they know - for example a family member, friend or professional.

Methods of making contact online via social networking and chat-based applications (often used on mobile phones) are often used for this, although grooming can take place face-to-face. When grooming takes place online it is easy for potential abusers to disguise their identity, including their gender, location and age.

Signs of grooming

The signs of grooming aren't always obvious, and groomers will often go to great lengths not to be identified. If a child is being groomed they may:

- Be very secretive, including about what they are doing online
- Have older boyfriends or girlfriends
- Go to unusual places to meet friends
- Have new things such as clothes or mobile phones that they can't or won't explain
- Have access to drugs and alcohol

In older children, signs of grooming can easily be mistaken for 'normal' teenage behaviour, but you may notice unexplained changes in behaviour or personality, or inappropriate sexual behaviour for their age.

How grooming happens

Grooming happens both online and in person. Groomers will hide their true intentions and may spend a long time gaining a child's trust. Groomers may try to gain the trust of a whole family to allow them to be left alone with a child and if they work with children they may use similar tactics with their colleagues.

Groomers do this by:

- Pretending to be someone they are not, for example saying they are the same age online
- Offering advice or understanding
- Buying gifts
- Giving the child attention
- Using their professional position or reputation
- Taking them on trips, outings or holidays

1.2.2. Child Sexual Exploitation³

Child sexual exploitation is a form of child sexual abuse. Sexual abuse may involve physical contact, including assault by penetration (for example, rape or oral sex) or nonpenetrative acts such as masturbation, kissing, rubbing and touching outside clothing. It may include non-contact activities, such as involving children in the production of sexual images, forcing children to look at sexual images or watch sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse (including via the internet).

The definition of child sexual exploitation is as follows:

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

Like all forms of child sexual abuse, child sexual exploitation:

- Can affect any child or young person (male or female) under the age of 18 years, including 16 and 17-year olds who can legally consent to have sex
- Can still be abuse even if the sexual activity appears consensual
- Can include both contact (penetrative and non-penetrative acts) and non-contact sexual activity
- Can take place in person or via technology, or a combination of both
- Can involve force and/or enticement-based methods of compliance and may, or may not, be accompanied by violence or threats of violence
- May occur without the child or young person's immediate knowledge (through others copying videos or images they have created and posting on social media, for example)
- Can be perpetrated by individuals or groups, males or females, and children or

³ [Child sexual exploitation: definition and a guide for practitioners, local leaders and decision makers working to protect children from child sexual exploitation February 2017](#)

adults. The abuse can be a one-off occurrence or a series of incidents over time and range from opportunistic to complex organised abuse

- Is typified by some form of power imbalance in favour of those perpetrating the abuse. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, sexual identity, cognitive ability, physical strength, status, and access to economic or other resources

Possible indicators of CSE

The following list of indicators is not exhaustive or definitive, but it does highlight signs which can assist in identifying possible CSE:

- Keeping secrets
- Inappropriate sexual or sexualised behaviour
- Sexually risky behaviour
- Repeat sexually transmitted infections
- Repeat pregnancy, abortions, miscarriage
- Receiving unexplained gifts or gifts from unknown sources
- Having multiple mobile phones and worrying about losing contact via mobile.
- Having unaffordable new things (clothes, mobile) or expensive habits (alcohol, drugs)
- Changes in the way the person dresses
- Going to hotels or other unusual locations to meet friends
- Contact with known perpetrators
- Involved in abusive relationships, intimidated and fearful of certain people or situations
- Unexplained changes in behaviour or personality – e.g. mood swings, volatile behaviour, emotional distress
- Self-harming, suicidal thoughts, suicide attempts, overdosing, eating disorders
- Drug or alcohol misuse
- Getting involved in crime
- Injuries from physical assault, physical restraint, sexual assault
- The adult may create special relationships with a particular person or have difficulties in keeping to boundaries. They may try to have secrets from others in the group.

1.3. Neglect

Neglectful behaviour is any pattern of activity by another person, which seriously impairs an individual.

Abusive Actions

- Neglect involves persistently failing to provide necessities, for example:
- Adequate food
- Clothing
- Shelter (including exclusion from

Signs and Symptoms

- Dirt, faecal or urine smell, or other health and safety hazards in the vulnerable person's living environment
- Rashes, sores, lice on the vulnerable person;
- Inadequate clothing
- Untreated medical condition

- home or abandonment)
- Personal care
- Failure to protect a child or vulnerable adult from physical or emotional harm or danger
- Failure to ensure adequate supervision including the use of inadequate care-givers
- Failure to ensure access to appropriate medical care or treatment
- Deliberately withholding essential aids – for example visual or hearing aids
- Denying social, religious or cultural contacts
- Denying contact with family
- Lack of appropriate supervision
- Poor personal hygiene
- Over or under medication
- Lack of assistance with eating or drinking
- Unsanitary and unclean conditions
- Constant hunger, this may sometimes lead to the person stealing food
- Loss of weight, or being constantly underweight or obesity
- Changes in behaviour which can also indicate neglect may include:
- Complaining of being tired all the time
- Not requesting medical assistance and/or failing to attend appointments
- Having few friends
- Mentioning being left alone or unsupervised

1.4. Emotional Abuse

Emotional abuse is the persistent emotional ill treatment of an individual causing severe and persistent effects on the person's emotional and psychological wellbeing and for children impacting negatively on emotional development.

Some level of emotional abuse is involved in most types of abuse although emotional abuse may occur alone.

| Abusive Actions | Signs and Symptoms |
|--|---|
| <ul style="list-style-type: none"> • Threats and verbal abuse • Humiliation • Blaming • Controlling • Pressurising and coercion • Intimidation and causing fear • Ignoring the person • Not giving the person a chance to express their views • Lack of love or affection | <ul style="list-style-type: none"> • Feelings of helplessness • Hesitation in talking openly • Implausible stories • Confusion or disorientation • Anger without an apparent cause • Sudden changes in behaviour • The person becoming emotionally upset or agitated • Unusual behaviour (sucking, biting or rocking) |

- Making someone feel worthless
 - Lack of privacy or choice
 - Causing/forcing isolation/ withdrawal from family/friends and support networks.
 - Imposing developmentally inappropriate expectations e.g. interactions beyond the child's developmental capability, overprotection, limitation of exploration and learning, preventing the child from participation in normal social interaction
 - Causing children to feel frightened or in danger e.g. witnessing domestic abuse, seeing or hearing the ill treatment of another
 - Unexplained fear
 - Denial of a situation
 - The person becoming extremely withdrawn and non-communicative or nonresponsive
 - Telling you they are being verbally or emotionally abused
- Changes in a child's behaviour which can indicate emotional abuse include:
- Being unable to play
 - Fear of making mistakes
 - Sudden speech disorders
 - Self-harm
 - Fear of parent being approached regarding their behaviour
 - Developmental delay in terms of emotional progress

1.5. Domestic abuse

Included in the four categories of child abuse and neglect above, are a number of factors relating to the behaviour of the parents and carers which have significant impact on children such as domestic violence. Research analysing Serious Case Reviews has demonstrated a significant prevalence of domestic abuse in the history of families with children who are subject of Child Protection Plans. Children can be affected by seeing, hearing and living with domestic violence and abuse as well as being caught up in any incidents directly, whether to protect someone or as a target. It should also be noted that the age group of 16 and 17-year olds have been found in recent studies to be increasingly affected by domestic violence in their peer relationships. See [adult domestic abuse](#).

1.6. Bullying and Cyberbullying

Bullying is behaviour that hurts someone else – such as name calling, hitting, pushing, spreading rumours, threatening or undermining someone. It can happen anywhere – at school, at home or online. It's usually repeated over a long period of time and can hurt a child both physically and emotionally. Bullying that happens online, using social networks, games and mobile phones, is often called cyberbullying. A child can feel like there's no escape because it can happen wherever they are, at any time of day or night.

2. Adults

There are many different types of abuse and they all result in behaviour towards a person that deliberately or intentionally cause harm. It is a violation of an individual's human and civil rights and in the worst cases can result in death.

The types of abuse are:

- Physical abuse
- Sexual abuse
- Psychological or emotional abuse
- Financial or material abuse
- Modern slavery
- Discriminatory abuse
- Domestic violence or abuse
- Organisational or institutional abuse
- Neglect or acts of omission
- Self-neglect

2.1. Physical abuse

| Abusive Actions | Signs and Symptoms |
|--|--|
| <ul style="list-style-type: none">• Hitting• Slapping• Pushing• Kicking• Pinching• Hair pulling• Physical sanction• Incorrect moving or handling technique which causes distress• Misuse of medication• Inappropriate restraint• Isolation• Confinement | <ul style="list-style-type: none">• Cuts, lacerations, puncture wounds, open wounds, bruising, welts, black eyes, burns, bite marks, broken bones and skull fractures• Untreated injuries in various stages of healing or not properly treated• Poor skin condition or poor skin hygiene• Dehydration and/or malnourishment without an illness-related cause• Loss of weight• Soiled clothing or bedding• Broken eyeglasses or frames• Physical signs of being subjected to punishment or signs of being restrained• Inappropriate use of medication, overdosing or under dosing• Cowering and flinching• Emotional distress, low self-esteem, untypical self-harm• Telling you they have been hit, slapped or mistreated |

- Aggressive behaviour or severe temper outbursts
- Reluctance to get changed, for example in hot weather
- Depression
- Withdrawn behaviour

2.2. Sexual abuse

| Abusive Actions | Signs and Symptoms |
|--|---|
| <ul style="list-style-type: none"> • Rape • Sexual harassment • Kissing • Fondling/caressing • Looking at/production of sexual images • Sexual photography • Sexual acts to which the adult has not consented or consent was forced • Inappropriate or offensive language • Inappropriate touching • Indecent exposure | <ul style="list-style-type: none"> • Bruises around the breasts or genital areas • Unexplained STI or genital infections • The vulnerable adult telling you they have been sexually assaulted or raped • Pain or itching in the genital area • Sexually transmitted disease • Stomach pains or discomfort when walking or sitting down • Pregnancy |

2.3. Psychological abuse

| Abusive Actions | Signs and Symptoms |
|--|---|
| <ul style="list-style-type: none"> • Threats and verbal abuse • Humiliation • Blaming • Controlling • Pressurising and coercion • Intimidation and causing fear • Ignoring the person • Not giving the person a chance to express their views • Lack of love or affection • Making someone feel worthless • Lack of privacy or choice • Causing/forcing isolation / withdrawal from family/friends and support networks. | <ul style="list-style-type: none"> • Feelings of helplessness • Hesitation in talking openly • Implausible stories • Confusion or disorientation • Anger without an apparent cause • Sudden changes in behaviour • The person becoming emotionally upset or agitated • Unusual behaviour (sucking, biting or rocking) • Unexplained fear • Denial of a situation • The person becoming extremely withdrawn and non-communicative or nonresponsive • Telling you they are being verbally or emotionally abused |

2.4. Financial/material abuse

The willful extortion or manipulation of the vulnerable person's legal or civil rights must be construed as abuse. Such activity may include misappropriation of monies or goods, the misuse of finances, property or possessions, or withholding money, the exploitation of a person's resources or embezzlement. Such abuse may involve the use of a position of authority or friendship to persuade a person to make gifts, to leave legacies or change a will.

| Abusive Actions | Signs and Symptoms |
|---|---|
| <ul style="list-style-type: none">• Theft• Fraud• Financial exploitation• Pressure to change financial arrangements• Pressure to sell/change arrangements around the ownership of property• Pressure in connection with wills, inheritance or other financial transactions• Misuse of possessions• Refusing/restricting the vulnerable adults access to cash, bank accounts or financial documentation | <ul style="list-style-type: none">• Signatures on cheques or other important documents that do not resemble the adult's signature or which are signed when the adult cannot write• Any sudden changes in bank accounts including unexplained withdrawals of large sums of money• The inclusion of additional names on an adult's bank account• Abrupt changes to or creation of wills• The sudden appearance of previously uninvolved relatives claiming their rights to a vulnerable person's affairs or possessions• The unexplained sudden transfer of assets to a family member or someone outside the family• Numerous unpaid bills, overdue rent, when someone is supposed to be paying the bills for the vulnerable person• Unusual concern from someone that an excessive amount of money is being expended on the care of the vulnerable person• Lack of amenities, such as TV, personal grooming items, appropriate clothing, that the vulnerable person should be able to afford• The unexplained disappearance of funds or valuable possessions such as art, silverware or jewellery• Deliberate isolation of a vulnerable person from friends and family resulting in the caregiver alone having total control |

2.5. Modern slavery

Modern slavery encompasses:

- Human trafficking
- Forced labour
- Domestic servitude
- Sexual exploitation, such as escort work, prostitution and pornography
- Debt bondage – being forced to work to pay off debts that realistically they never will be able to

2.5.1 Possible indicators of modern slavery

- Signs of physical or emotional abuse
- Appearing to be malnourished, unkempt or withdrawn
- Isolation from the community, seeming under the control or influence of others
- Living in dirty, cramped or overcrowded accommodation and or living and working at the same address
- Lack of personal effects or identification documents
- Always wearing the same clothes
- Avoidance of eye contact, appearing frightened or hesitant to talk to strangers
- Fear of law enforcers

[Further Home Office information on identifying and reporting modern slavery](#)

2.6. Discriminatory abuse

Discriminatory abuse is Unequal treatment based on age, disability, 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**). It may be persistent conduct or an isolated incident.

| Abusive Actions | Signs and Symptoms |
|---|---|
| <ul style="list-style-type: none">• Racism• Sexism• Harassment or deliberate exclusion on the grounds of a protected characteristic | <ul style="list-style-type: none">• Lack of choice• Lack of privacy and dignity• Lack of personal belongings• Tendency for withdrawal and isolation• Use of punishments – for example withholding food and drink• Lack of disabled access• Expression of anger/frustration/ fear/anxiety• Being refused access to services or being excluded inappropriately• Lack of access to communication aids, not allowing access to an interpreter, signer or lip-reader |

- Lack of access to healthcare, education, employment and criminal justice relating to a protected characteristic
- Substandard service provision relating to a protected characteristic

The indicators of discriminatory abuse may take the form of any of the other types of abuse already mentioned. The difference lies in that the abuse is motivated by discriminatory attitudes, feelings or behaviour towards an individual

2.7. Domestic abuse

The cross-government definition of domestic violence and abuse is: any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse perpetrated by those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

- Psychological/emotional

For example, shouting; swearing; frightening; blaming; ignoring or humiliating someone; blackmailing them; threatening harm to children or pets if they misbehave; ridiculing every aspect of their appearance and skills; keeping them deliberately short of sleep; being obsessively and irrationally jealous; keeping them isolated from friends and family; threatening suicide or self-harm.

- Physical

For example, hitting; slapping; burning; pushing; restraining; giving too much medication or the wrong medication; assault with everyday implements such as kitchen knives; kicking; biting; punching; shoving; smashing someone's possessions; imprisoning them; or forcing them to use illegal drugs as a way of blackmailing and controlling them.

- Sexual

For example, forcing someone to take part in any sexual activity without consent, e.g. rape or sexual assault; forcing them or blackmailing them into sexual acts with other people; forcing children to watch sexual acts; sexual name calling; imposition of dress codes upon a partner; involvement in the sex trade or pornography; knowingly passing on Sexually Transmitted infections; controlling access to contraception.

- Neglect

For example, a failure to provide necessary care, assistance, guidance or attention that causes, or is reasonably likely to cause a person physical, mental or emotional harm or substantial damage to or loss of assets.

- Financial

For example, the illegal or unauthorized use of someone's property, money, pension book or other valuables; forcing them to take out loans; keeping them in poverty; demanding to know every penny they spend; refusing to let them use transport or have money to pay for it.

- Spiritual

For example, telling someone that God hates them; refusing to let them worship (e.g. not allowing a partner to go to church) or compelling them to worship; using faith as a weapon to control and terrorize them for the abuser's personal pleasure or gain; using religious teaching to justify abuse (e.g. 'submit to your husband'), or to compel forgiveness.

- Digital

For example, the use of technology (e.g. texting and social networking) to bully, harass, stalk or intimidate a partner. Though it is perpetuated online, this type of abuse has a strong impact on a victim's real life. For example, the 'revenge porn' offence i.e. disclosing private sexual photographs via digital media with an intended to cause distress⁴.

Controlling behaviour

Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour

Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim⁵

2.8. Organisational or Institutional Abuse

Organisational or Institutional Abuse can be defined as abuse or mistreatment by a regime as well as by individuals within any setting where care is provided. 'The Care Act 2015 states:

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

Abusive Actions

Signs and Symptoms

⁴ Section 33 Criminal Justice and Courts Act 2015

⁵ Section 76 Serious Crime Act 2015 created a new offence of "controlling or coercive behaviour in an intimate family relationship". The offence came into force in December 2015. It closes a gap in the law around psychological and emotional abuse that stops short of physical abuse. The offence carries a maximum sentence of 5 years' imprisonment, a fine or both.

- Poor care standards
- Lack of response to specific needs
- Rigid routines
- Inadequate staffing
- Poorly trained staff
- Lack of flexibility/choice/options
- Lack of opportunity for drinks or snacks
- Lack of choice or consultation over meals
- Lack of dignity
- Pressure sores; skin tears; dehydration
- Person is unkempt and smells
- Inappropriate use of communal items e.g. clothing or toiletries
- Inappropriate restraint
- Lack of satisfactory procedures for financial management
- Staff member has a history of moving job
- High staff turnover
- Lack of privacy, including intercepting mail, restricting visits, control of phone
- Derogatory remarks overheard
- Public discussion of personal matters
- Inadequate or delayed response to medical requests or requests for assistance or support
- missing documentation
- Entering rooms without knocking/seeking permission
- Staff have an overly controlling relationship with service users and service users' activities
- Staff not available
- Service users are abusive to staff and other service users

2.9. Neglect and acts of omission

| Abusive Actions | Signs and Symptoms |
|--|---|
| <ul style="list-style-type: none"> • Ignoring medical needs • Failing to seek medical help • Failing to ensure basic needs are met • Denying social, religious or cultural contacts • Denying contact with family • Lack of appropriate supervision • Deliberately withholding essential aids • Excluding person from their home | <ul style="list-style-type: none"> • Weight loss • Hunger • Thirst/dehydration • Poor personal hygiene • Rashes/pressure sores/lice • Unsanitary conditions • Inadequate clothing • Poor environment – dirty or unhygienic • Pressure sores or ulcers • Untreated injuries and medical problems • Inconsistent or reluctant contact with medical and social care organisations • Accumulation of untaken medication • Uncharacteristic failure to engage in social interaction |

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2.10. Self-neglect

| Types of self-neglect | Indicators of self-neglect |
|---|--|
| <ul style="list-style-type: none">• Lack of self-care to an extent that it threatens personal health and safety• Neglecting to care for one's personal hygiene, health or surroundings• Inability to avoid self-harm• Failure to seek help or access services to meet health and social care needs• Inability or unwillingness to manage one's personal affairs | <ul style="list-style-type: none">• Very poor personal hygiene• Unkempt appearance• Lack of essential food, clothing or shelter• Malnutrition and/or dehydration• Living in squalid or unsanitary conditions• Neglecting household maintenance• Hoarding• Collecting a large number of animals in inappropriate conditions• Non-compliance with health or care services• Inability or unwillingness to take medication or treat illness or injury |

3. Additional Vulnerabilities

There are certain risk factors that may place individuals at particular risk of being abused. The presence of one or more of these factors does not automatically imply that abuse will result but increases the likelihood:

- Where there exists an imbalance of power and control
- Where there is a dependency on other(s)
- The need for help with intimate personal care e.g. managing incontinence, washing and dressing
- Strain of prolonged caring at the expense of care-giver's own needs/high stress levels
- Difficult carer/service-user relationship
- Role reversal and the need for intimate personal assistance, e.g. daughter or son providing personal assistance for a parent
- Living in the same household as a known abuser
- Where there is a history of family abuse
- People with a history of alcohol, drug or other substance abuse
- Unsuitable or dangerous environment, e.g. lack of personal space
- People who have independent support (i.e. no-one/no outside body monitoring this)
- Absence of support
- Lack of awareness of the rights of a service user or of what constitutes abuse or dignity
- Staff shortages, lack of staff awareness, training and supervision
- Lack of privacy
- Financial problems
- Where there is a change in the lifestyle of a member of the household, e.g. employment, unemployment, illness
- Cultural differences and language barriers
- Emotional or social isolation
- Communication difficulties
- Where the individual's behaviour is challenging or unpredictable or difficult to manage
- Revenge and/or anger
- A reduction in physical, mental or emotional capacity caused by external events, such as bereavement or previous abuse or other traumatic incidents

3.1. Additional Signs and Symptoms of Abuse

Other indications that abuse may be occurring:

- The vulnerable adult or child may not be allowed to speak for themselves, or see others, without the parents or caregivers being present
- Attitudes of indifference or anger towards the child or vulnerable adult
- Family member or caregiver blames the child or vulnerable adult (e.g. accusation that incontinence is a deliberate act)
- Aggressive behaviour (threats, insults, harassment) by the parent or caregiver towards the child or vulnerable adult
- Previous history of abuse of others on the part of the caregiver
- Inappropriate display of affection by the caregiver
- Flirtations, coyness, etc. which might be possible indicators of an inappropriate sexual relationship
- Social isolation of the family or restriction of activity of the child or vulnerable adult by the

caregiver

- Conflicting accounts of incidents by the family, caregivers or the child or vulnerable adult
- Inappropriate or unwarranted defensiveness by the caregiver
- Indications of unusual confinement (closed off in a room, tied to furniture, change in routine or activity)
- Obvious absence of assistance or attendance

4. Additional Specialist Guidance

4.1. Complex abuse

Complex abuse, sometimes also known as ‘organised’ or ‘multiple’ abuse, is abuse involving one or more abusers and a number of related or non-related children or vulnerable adults. The abusers may be acting in networks to abuse or may operate in isolation. They may use an institutional framework or position of authority or trust to children or vulnerable adults for abuse. They may use children or vulnerable adults themselves to recruit others.

Such abuse occurs both as part of a network of abuse across a family or community and within institutions such as residential settings, in day care and in other provisions such as voluntary groups. There may also be cases of people being abused via the use of the Internet.

4.2. Honour based violence or abuse⁶

The Forced Marriage Unit at the Home Office defines this as:

‘So-called honour based violence is a crime or incident, which has or may have been committed to protect or defend the honour of the family and/or community’

Honour Based Violence can manifest in many different ways and often presents with accompanying criminal offences, domestic abuse or the civil offence of forced marriage. If incidents include domestic abuse, child abuse or other serious crime then it should be read in conjunction with the relevant policies and procedures on these subjects.

Honour Based Violence can include:

- Physical Abuse
- Sexual Abuse
- Emotional and Psychological Abuse
- Financial Abuse
- Forced Marriage
- Female Genital Mutilation

‘Honour’ is normally associated with cultures and communities from Asia, the Middle East and Africa as well as the Travelling Community. However, it is important to note that in reality it cuts across all cultures, nationalities, faith groups and communities and transcends national and international boundaries.

The ‘honour code’ means that females generally, but sometimes males, must follow rules that are set at the discretion of the male relations and which are interpreted according to what each male family or community member considers acceptable.

Any suspicion or disclosure of violence or abuse against a vulnerable adult in the name of honour should be treated as seriously as any other suspicion or disclosure of significant harm against a vulnerable adult, however there are differences in the immediate response. A child at risk of abuse in the name of honour is at significant risk of physical harm (including being murdered) and/or neglect and may also suffer significant emotional harm through the threat of violence.

⁶ Please see [the Halo Project](#) for more information

It must be noted that in most cases, the Police will take the lead for any Honour Based Abuse incidents. It is important that you do not 'turn the individual away'. Try to ensure their immediate safety and support them to make urgent and safe contact with the Police. It is important to remember the 'one chance' rule. That is, that there may only be one chance to speak to the potential victim and thus only one chance to intervene.

4.3. Forced marriage

The Home Office definition of forced marriage is:

'A marriage without the consent of one or both parties and where duress is a factor'.

The Court of Appeal clarified that duress is:

'[When] the mind of the applicant has been overborne, howsoever that was caused'

An arranged marriage is very different from a forced marriage. An arranged marriage is entered into freely by both people, although their families take a leading role in the choice of partner.

A forced marriage is where one or both people do not (or in some cases of people with learning or physical disabilities, cannot) consent to the marriage and pressure or abuse is used.

Marriage without consent is not valid in UK law and a child under 16 years old is not considered to be competent to consent to marriage.

The pressure put on people to marry against their will can be physical (including threats, actual physical violence and sexual violence) or emotional and psychological (for example, when someone is made to feel like they're bringing shame on their family). Financial abuse (taking your wages or not giving you any money) can also be a factor.

Marriage within communities that believe protecting the 'honour' of their family is a significant event. Marriage contracts will often be drawn up when children are young and are seen as a binding arrangement between the two families. If one or both parties then seek to disengage from the contract it is seen as bringing great shame on the family and very contentious.

Involving family members in cases of forced marriage is dangerous as it may increase the risk of serious harm to the victim as the victim may also then be punished for seeking help.

Forced marriages can occur in this country or abroad, often in their country of origin. There is further information available regarding Forced Marriage on the [government webpages](#).

4.4. Female genital mutilation

Female genital mutilation⁷ (FGM) is a collective term for illegal procedures which include the removal of part or all external female genitalia for cultural or other non-therapeutic reasons. The practice is not required by any religion and is medically unnecessary, painful and has serious health consequences at the time it is carried out and in later life.

⁷ www.fco.gov.uk/fgm
Reviewed in November 2020

The procedure is typically performed on girls of any age but is also performed on new born infants and on young women before marriage/ pregnancy. A number of girls die as a direct result of the procedure, from blood loss or infection.

FGM may be practised illegally by doctors or traditional health workers in the UK, or girls may be sent abroad for the operation.

FGM is illegal in this country by the Female Genital Mutilation Act 2003, except on specific physical and mental health grounds⁸.

The victim may be seriously at risk if any knowledge of the disclosure is mishandled.

Further information is available on the [government webpages](#)

4.5. Spiritual abuse⁹

Spiritual abuse is not covered by the standard statutory definitions of abuse but is of concern both within and outside faith communities including the Church of England.

Churches need to be sensitive so that they do not, in their pastoral care, attempt to 'force' religious values or ideas onto people, particularly those who may be vulnerable to such practices. Within faith communities harm can be caused by the inappropriate use of religious belief or practice; this can include the misuse of the authority of leadership or penitential discipline, oppressive teaching, or intrusive healing and deliverance ministries, which may result in vulnerable people experiencing physical, emotional or sexual harm. If such inappropriate behaviour becomes harmful it should be referred for investigation in the usual way. Careful supervision and mentoring of those entrusted with the pastoral care of adults should help to prevent harm occurring in this way. Other forms of spiritual abuse include the denial to vulnerable people of the right to faith or the opportunity to grow in the knowledge and love of God.'

A particular aspect of Spiritual Abuse relating to children has been addressed in the Department of Health Safeguarding Children from Abuse Linked to a Belief in Spirit Possession (2007).

The term 'belief in spirit possession' is defined as the belief that an evil force has entered a child and is controlling him or her. Sometimes the term 'witch' is used and is defined as the belief that a child is able to use an evil force to harm others. There is also a range of other languages that is connected to such abuse. This includes black magic, kindoki, ndoki, the evil eye, djinns, voodoo, obeah, demons, and child sorcerers. In all these cases, genuine beliefs can be held by families, carers, religious leaders, congregations, and the children themselves that evil forces are at work. Families and children can be deeply worried by the evil that they believe is threatening them, and abuse often occurs when an attempt is made to 'exorcise', or 'deliver' the child. Exorcism is defined as attempting to expel evil spirits from a child. Whilst the number of identified cases is small, the nature of the child abuse can be particularly disturbing and the impact on the child is substantial and serious. (DoH Safeguarding Children from Abuse Linked to a Belief in Spirit Possession, 2007).

Abusive Actions

Signs and Symptoms

⁸ Section 74 of the Serious Crime Act 2015 introduces a mandatory reporting duty which requires regulated health and social care professionals and teachers in England and Wales to report 'known' cases of FGM in under 18s which they identify in the course of their professional work to the police. 'Known' cases are those where either a girl informs the person that an act of FGM has been carried out on her, or where the person observes physical signs on a girl appearing to show that an act of FGM has been carried out and the person has no reason to believe that the act was, or was part of, a surgical operation.

⁹ Please note the Church is currently working on additional guidance in relation to spiritual abuse.

Mistreating a person in the name of God, faith or religion – the exact nature of the mistreatment may fall within the definition of one of the other abuse types.

- Special relationships, especially where there is an imbalance of power
- Inappropriate or untrained exercise of exorcism and/or deliverance ministry
- Misuse of authority e.g. by dictating exactly what a person should believe
- Extreme pastoral interference in personal issues including how someone should express their faith
- Telling someone that if they pray harder/believe more they will be healed
- Making someone feel inferior in their faith