



Child Protection and Safeguarding Policy

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Next Review due : September 2024

Review Cycle : Annual

AFASIC was established as a charity in 1968, to offer support, advice and information, for families, children and young people, to understand Speech, Language and Communication Needs, (SLCN), and also now Developmental Language Disorder, (DLD).

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Additional Forms available

Child Protection and Safeguarding Policy Declaration Form	
Child Protection and Safeguarding Policy Review Form	
Self-disclosure Form for non-regulated activity	
Recording Form - Safeguarding Concerns	

The purpose and scope of this Policy Statement

AFASIC recognises its moral responsibility to safeguard and promote the welfare of all children. AFASIC aims to create a culture of vigilance within the organisation. We are alert to the signs of abuse and neglect. We understand our duty to share information and to understand our legal responsibilities and duties, if involved in activities with children and young people.

The purpose of this Policy Statement is :

- to protect children and young people from harm, who receive AFASIC services
- to provide staff and volunteers, as well as children and young people and their families, with the overarching principles that guide our approach to Child Protection
- To safeguard and promote the wellbeing of the children and young people with whom AFASIC comes into contact.
- To provide all employees and others on guidance on how they should behave if they suspect that a child or young person may be experiencing, or be at risk from abuse or harm
- To guide employees on how to respect and report child protection concerns.
- To ensure compatibility with other AFASIC Policies.
- To encourage staff and volunteers to talk about concerns

Who is affected by this Policy ?

This Policy applies to anyone working on behalf of AFASIC, in any capacity and in any setting, or in collaboration with AFASIC, including Senior Managers and the Board of Trustees, paid staff, seconded staff, volunteers, sessional workers, agency staff, mentors, fundraisers, consultants and students.

Those with specific communication needs because of their language or disability should have access to information in appropriate forms to ensure their understanding.

Policy Aims

AFASIC recognises that :

- Everyone has a right to be safeguarded from abuse or neglect.
- All children should be listened to and their views taken seriously. Interventions must be child centered.
- Professionals need to be aware of how issues of race, gender, disability, culture, sexuality and age impact on an individual's experiences of life.
- It is important to safeguard and protect children with speech, language and communication difficulties, because this can create additional challenges and risks. Professionals addressing safeguarding issues with this group may require a trained facilitator to aid communication and disclosures.
- Children with disabilities or additional needs are at higher risk of experiencing abuse.
- Some children may communicate concerns through behaviours rather than words.
- Treat children and young people with care, respect and dignity.
- Maintain an organisation that is safe for staff and an environment where practice is challenged.

In project proposals and tenders, AFASIC's Safeguarding Policies should be provided and attached where appropriate. Project information leaflets should all have a statement on safeguarding, with relevant contact details. They should include references about the Safeguarding Policies of the provider of any intervention.

Reference to key statutory and non-statutory guidance

This policy has been drawn up on the basis of legislation, policy and guidance that seeks to protect children in England. Relevant statutory guidance includes: The Children Act 1989, The Children Act 2004, The Education Act 2002, Working Together to Safeguard Children (2018), Keeping Children Safe in Education (2020). A summary of the key legislation and guidance is available from [nspcc.org.uk/childprotection](https://www.nspcc.org.uk/childprotection) .

Guidance on Safeguarding and protecting people for charities and trustees. Gov.UK

Keeping children safe during community activities, after-school clubs and tuition: non-statutory guidance for providers running out-of-school settings (webpage) Gov.UK

Keeping children safe in out-of-school settings: code of practice (Non-Statutory) pdf Gov.UK

All matters relating to Child Protection will be treated as confidential and only shared as per the “Information Sharing Advice for Practitioners’ Guidance, (DfE 2018)“

Terms and abbreviations used in this document

Children and/or Young People: includes the children and young people of all ages. Within this document the abbreviation **CYP** is used.

Worker: For the purposes of this policy this means any employee, contractor, agency staff, seconded staff, sessional workers, volunteer or trainees in contact with CYP through AFASIC.

Parents refers to birth parents and other adults who are in a parenting role, for example step-parents, foster carers and adoptive parents.

MASH refers to the Multi-Agency Safeguarding Hub for the area.

Social Care refers to Children’s Services in the area in which the child is resident, unless a child is a Child Looked After then this will be the Children’s Services in their home authority.

Safeguarding Children Board (SCB) includes all organisations who work in partnership to safeguard children and young people in an area.

DSL - Designated Safeguarding Lead. **DSO** - Designated Safeguarding Officer

Definition of Safeguarding

Safeguarding and promoting the welfare of children is defined as

- protecting children from maltreatment
- preventing impairment of children’s health or development
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- taking action to enable all children to have the best outcomes

Child Protection is a part of safeguarding and promoting welfare. It refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

Key Personnel

Trustees

Chair of Trustees

Jon Emin

Staff

Appointed Designated Safeguarding Officer for AFASIC

Linda Lascelles

Appointed Designated Safeguarding Officer for AFASIC for Transition Courses

Hannah Aboukhshem

Review of Policy

The Policy should be reviewed annually and a record made on the Review Form. This Form should be signed by the Chief Executive Officer

Useful Contacts

NSPCC Child Protection helpline, (24 hours)

To report or discuss concerns about a child's welfare. Tel : 0808 800 5000 or Textphone : 0800 056 0566 or email : help@nspcc.org.uk

Child Exploitation and Online Protection Command, (CEOP)

To report a concern that a child is being sexually abused or groomed online at www.ceop.police.uk

Childline **Tel : 0800 1111**

Anti-Bullying Alliance <http://anti-bullyingalliance.org.uk>

Safer Internet Centre <http://saferinternet.org.uk>

Statement of Commitment

We will seek to keep children and young people safe by

- valuing, listening to them and respecting them
- appointing a nominated person for child protection/ safeguarding support within AFASIC.
- identifying the person and organisation responsible for safeguarding within the school / college/ location of work, NHS Trust, with which we may be associated
- developing child protection and safeguarding policies and procedures which reflect best practice

- using our safeguarding procedures to share concerns and relevant information with agencies who need to know, and involving CYP, schools, parents, families and carers appropriately
- being aware of an individual's school/ college, workplace anti-bullying environment and ensuring we work with the relevant staff to deal effectively with any bullying that does arise
- supporting online safety policies and related procedures, where this is relevant in our work
- recruiting employees, contractors, Trustees and volunteers safely, ensuring all necessary checks are made, and expecting Workers to have up to date and valid safeguarding training
- referring AFASIC Workers to individual school / college / NHS / workplace Code of Conduct policies for staff and volunteers for guidance, and providing additional guidance
- informing relevant people that we have safeguarding processes and procedures and will work closely with them
- following the individual school / college / NHS / workplace procedures to manage any allegations against staff and volunteers appropriately
- ensuring a safe physical environment for our CYP, workers and volunteers by responding to the health and safety requests/ advice and by keeping an accident record log
- recording and storing information professionally and securely
- maintaining a Central Electronic Record in relation to AFASIC staff, contractors, Trustees and volunteers. This will include a record of reading of Policies, Safeguarding training, DBS checks, self disclosure form and employment checks where relevant.
- to read and be aware of the Safeguarding Policy and Procedures when visiting establishments
- Across AFASIC, staff are expected to conduct themselves in a manner that shows them to be professional representatives of the organisation. Staff to follow the Code of Conduct Policy.
- AFASIC staff who visit settings run by third parties, should request an identification badge to wear during visits. AFASIC will confirm appropriate levels of DBS checks to the setting if they expect adults to be unsupervised with children
- AFASIC representatives should report all concerns to the Designated Safeguarding Lead in an educational establishment

When to be concerned

Working Together to Safeguard Children HM Government (2018) describes four categories of abuse:

- Physical abuse
- Emotional abuse
- Sexual abuse
- Neglect

Signs and indicators for the above are located in Appendix B.

Procedures for responding to concerns about a child or young person's wellbeing

Outline of steps and What to do (See Appendix A)

- Workers follow the procedures from the Safeguarding policy for an external establishment and record concerns immediately in the recognised format for the establishment
- All information and records are confidential
- The Worker will be aware of who the DSL is for the individual school/ college and know how to contact them. They will be informed about contact details of relevant personnel who are delivering the provision.
- Where the Worker has any concerns about whether information has been recorded or appropriate actions have been taken, they will follow up with the school/college DSL to gain reassurance that any information has been recorded and followed up. The AFASIC organisation will also need reassurance that any issues have been investigated fully and appropriate actions taken.
- A form for recording concerns has been produced and is available to Workers.

Who should be contacted if DSL or DSO is not available or if no relevant member of staff

- If risk of immediate harm - Social care (needs protection)
- If serious injury – emergency health services
- If crime committed – Police
- If DSL or DSO unavailable- call NSPCC

Allegations against staff

The Worker will follow the Safeguarding Policy in relation to reporting and acting on concerns about a colleague's behaviour or allegations against staff, if relating to Safeguarding.

Any suspicion, allegation or actual abuse of a child or adult by an employee, Trustee, volunteer, student, contract or unpaid staff must be reported immediately to the Designated Safeguarding Officer. All concerns relating to workers must be addressed with stringent procedures.

Parent/ carer communication

Parents or carers should usually communicate directly with the school / college DSL should they wish to raise concerns.

Safer Recruitment Processes and Training of Staff, Trustees and Volunteers

AFASIC ensures that there is safe recruitment and appropriate training of adults, who may come into contact with children, and follows recognised employment procedures. As part of the process of engaging staff and volunteers, references will be gained, and a DBS check and further safer recruitment processes will be carried out. Any worker coming into contact with children will need to sign a written declaration form of no past convictions, restrictions on behaviour or pending cases affecting their ability to work with children. A self-disclosure form, using the NSPCC model, has been produced for use. (See Appendix.) This information will be stored on the Central Record.

The level of knowledge and skills will be appropriate to the nature and level of their direct involvement with children and young adults.

Roles and Responsibilities

AFASIC Trustees

- Trustee appointments are subject to an enhanced Disclosure and Barring Service (DBS) certificate
- At recruitment, a check of identity is made against an official document
- All Trustees will undertake training in Child Protection and Safeguarding Procedures, and record on the appropriate form that they have read the Policy
- Trustees should react responsibly to reports of safeguarding risks
- Trustees should report any serious incidents to the Charity Commission if there are any allegations of abuse or mistreatment
- Nominated Trustee conducts annual review of Safeguarding Policies, Procedures and Practice, and checks that all processes have been completed and recorded.

All Line Managers and Staff

- Report all concerns to the Designated Safeguarding Officer
- Ensure that all employees and volunteers have had a DBS check where applicable
- Provide advice and support to employees reporting disclosures or concerns
- Staff do not have powers to investigate abuse
- Sign to confirm that they have read the Safeguarding and Child Protection Policy on the appropriate form

Staff and Trustees will receive annual Safeguarding training with agreed updates and this will be recorded in a training log on the Central Record. Any Workers associated with AFASIC activities should provide evidence of relevant Safeguarding training. Volunteers should receive a briefing on AFASIC Safeguarding Procedures.

Designated Safeguarding Officer

The Designated Safeguarding Officer will agree next steps, with regard to Safeguarding concerns, making any necessary referrals and will manage referrals reported, including contacting the MASH for the relevant area.

- The DSO will develop AFASIC's approach to Safeguarding and will review and audit Policies and Procedures
- Report Child Protection issues to Board of Trustees

Record Keeping

All concerns and any discussions about a child's welfare should be recorded in writing, and a form is available from AFASIC, (see Appendix, Recording Form for Safeguarding Concerns). It is paramount that a written record is produced of what has been disclosed and your actions. Ensure that all those involved in completion of the form, sign and date it and store copies of it confidentially. The name of the person making the notes should be written alongside each entry.

All records should be kept securely in a locked place and electronic records must be held in a secure format. Workers should be aware of, and follow, Data Protection legislation and guidance.

Support for Workers

Adults receiving a disclosure, or reporting a concern, may require support and reassurance. The NSPCC provides a 24 hour number for anyone concerned about a child and for workers to receive advice.

Confidentiality

It is important to be clear about confidentiality. Any member of staff should be aware that only those who need to know will be given any information.

Additional Policies

Media and Publications

Permission from parents and carers should be gained before any still or filmed footage of their children is recorded. Specific permission in writing needs to be obtained if images are to be used for publicity or fundraising purposes. If images are to be retained for record keeping, the storage needs to meet the requirements of the Data Protection Act. Employees must not capture images on their personal devices.

Online safety and websites

Online safety concerns the safe use of technology, most notably the internet and social media. E-safety within the context of Safeguarding covers two aspects, Child safety when using technology, and the obligation of AFASIC to keep children safe.

AFASIC staff authorised to use the internet must not download unsuitable material onto AFASIC machines, distribute such material to others or place such material on the internet.

Staff are prohibited from using email to engage in activities or transmit material that is harassing, discriminatory or in any way objectionable or offensive.

A separate Child Protection and Safeguarding Policy Addendum has been produced, dated September 2020, detailing guidance on remote working with CYP.

Working with partners

It is essential that when AFASIC works in a partnership with another organisation, in whatever capacity, the organisation which directly delivers the Service, will be responsible for child protection issues, and it is this organisation to whom staff and parents should report any concerns.

Legal and comprehensive Safeguarding Policies are a minimum requirement for organisations who wish to work in partnership with AFASIC. Parents should be given details of where to report any Safeguarding concerns. Those running any intervention should record and sign to say that they agree to put all

appropriate security and safeguarding measures in place. They should read the AFASIC Child Protection and Safeguarding Policy. However, they will follow the regulations of their employer's own Child Protection and Safeguarding Policy.

AFASIC Workers should be aware of, and follow the Safeguarding Rules and Regulations of the partnership provider.

Additional Safeguarding Issues

Staff should make themselves aware of additional Safeguarding areas of concern. These include the Duty to Prevent Terrorism, Contextual Safeguarding and Female Genital Mutilation (FGM). Information is available at www.nspcc.org.

Peer on Peer abuse

Peer on peer abuse may include :

- bullying, including cyber bullying
- physical abuse
- sexual violence and sexual harassment
- sexual exploitation
- sexting, imagery produced
- 'initiation ceremonies' and other rituals
- emotional abuse
- financial abuse

It is important to recognise peer on peer abuse, what the procedures are, how to report it and how such concerns are investigated. Children with SEND are also more frequently abused by peers.

Code of Conduct and Risk Assessment Policies

All staff, volunteers and contractors will follow the AFASIC Code of Conduct and Risk Assessment Policies (see separate Policies).

Expectations of Employees

All Workers should work to a high standard of professional conduct and act with integrity at all times. Staff should have read this Policy and signed the policy declaration

Appendix A: What you should/ should not do

What you should do:

1. Listen to the child/young person
2. Look at them directly and do not promise to keep any secrets before you know what they are, but always let the child/young person know if, and why, you are going to tell anyone
3. Take whatever is said to you seriously and help the child/young person to trust his/her own feelings. Take notes of exactly what is said to you avoiding assumptions and conjecture.
4. It is not the role of the worker to investigate any allegations (this would contaminate evidence if a situation went to court). Any disclosure by a child/young person must be reported to the named child protection officer.
5. Speak immediately to the Local Authority or NSPCC for further advice and guidance.

What you should not do:

1. Project workers/volunteers should not begin investigating the matter themselves.
2. Do not discuss the matter with anyone except the correct people in authority.
3. Do not form your own opinions and decide to do nothing.

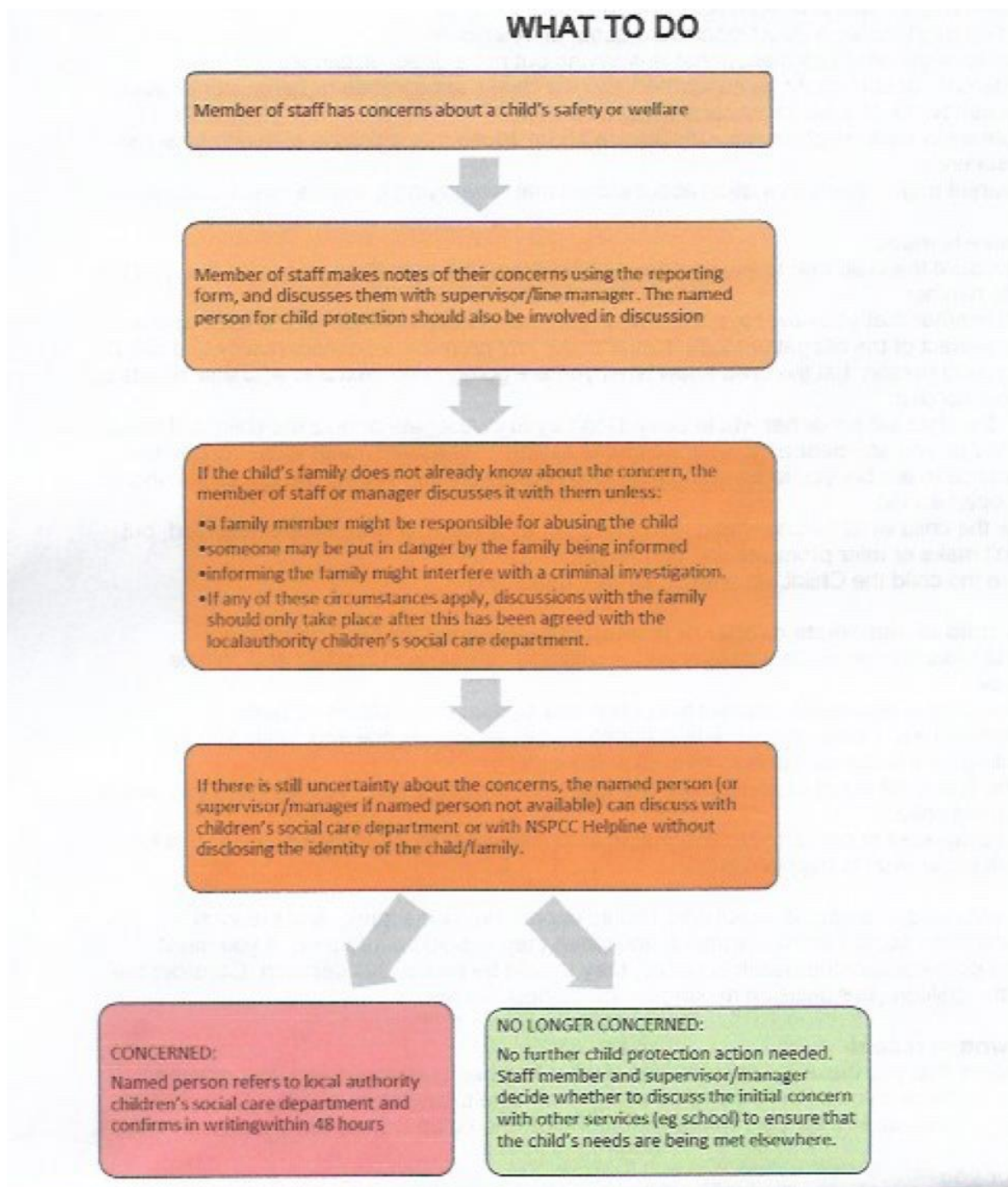
Things to say or do:

- 'What you are telling me is very important' ' You were right to tell someone'
- 'This is not your fault'
- 'I am sorry that this has happened/is happening'
- 'What you are telling me should not be happening to you and I will find the best way to help you'
- Make notes soon after the event. Try to write down exactly what the young person or child said. Avoid assumptions or conjecture.

Things not to say or do:

- Do not ask leading questions – Why? How? What?
- Do not say 'Are you sure?'
- Do not show your own emotions e.g. shock/disbelief

- Do not make false promises



Reference : NSPCC

Appendix B: Signs and indicators of abuse and neglect

Neglect

Neglect is a lack of parental care but poverty and lack of information or adequate services can be contributory factors.

Far more children are registered to the category of neglect on Child in Need and Child Protection plans than to the other categories. As with abuse, the number of children experiencing neglect is likely to be much higher than the numbers on the plans.

Neglect can include parents or carers failing to:

- provide adequate food, clothing and shelter
- protect a child from physical and emotional harm or danger
- ensure adequate supervision or stimulation
- ensure access to appropriate medical care or treatment

NSPCC research has highlighted the following examples of the neglect of children under 12 years old:

- frequently going hungry
- frequently having to go to school in dirty clothes
- regularly having to look after themselves because of parents being away or having problems such as drug or alcohol misuse
- being abandoned or deserted
- living at home in dangerous physical conditions
- not being taken to the doctor when ill
- not receiving dental care.

Neglect is a difficult form of abuse to recognise and is often seen as less serious than other categories. It is, however, very damaging: children who are neglected often develop more slowly than others and may find it hard to make friends and fit in with their peer group.

Neglect is often noticed at a stage when it does not pose a risk to the child. The duty to safeguard and promote the welfare of children (*What to do if You're Worried a Child is Being Abused, DfE 2015*) would suggest that an appropriate intervention or conversation at this early stage can address the issue and prevent a child continuing to suffer until it reaches a point when they are at risk of harm or in significant need.

Neglect is often linked to other forms of abuse, so any concerns school staff should be discussed with the DSL.

Indicators of Neglect

The following is a summary of some of the indicators that may suggest a child is being abused or is at risk of harm.

It is important to recognise that indicators alone cannot confirm whether a child is being abused. Each child should be seen in the context of their family and wider community and a proper assessment carried out by appropriate persons. What is important to keep in mind is that if you feel unsure or concerned, do something about it. Don't keep it to yourself. The [Neglect Risk Assessment Tool](#) provides staff with a resource to identify and act on concerns regarding neglect.

Physical indicators of neglect:

- Constant hunger and stealing food
- Poor personal hygiene - unkempt, dirty or smelly
- Underweight
- Dress unsuitable for weather
- Poor state of clothing
- Illness or injury untreated

Behavioural indicators of neglect:

- Constant tiredness
- Frequent absence from school or lateness
- Missing medical appointments
- Isolated among peers
- Frequently unsupervised
- Stealing or scavenging, especially food
- Destructive tendencies

Physical Abuse

Most children collect cuts and bruises quite routinely as part of the rough and tumble of daily life. Clearly, it is not necessary to be concerned about most of these minor injuries. But accidental injuries normally occur on the bony prominences e.g. knees, shins.

Injuries on the soft areas of the body are more likely to be inflicted intentionally and should therefore make us more alert to other concerning factors that may be present.

A body map can assist in the clear recording and reporting of physical abuse. The body map should only be used to record observed injuries and no child should be asked to remove clothing by a member of staff of the school.

Indicators of physical abuse/factors that should increase concern

- Multiple bruising or bruises and scratches (especially on the head and face)
- Clusters of bruises e.g. fingertip bruising (caused by being grasped)
- Bruises around the neck and behind the ears – the most common abusive injuries are to the head
- Bruises on the back, chest, buttocks, or on the inside of the thighs
- Marks indicating injury by an instrument e.g. linear bruising (stick), parallel bruising (belt), marks of a buckle
- Bite marks
- Deliberate burning may also be indicated by the pattern of an instrument or object e.g. electric fire, cooker, cigarette
- Scalds with upward splash marks or tide marks
- Untreated injuries
- Recurrent injuries or burns
- Bald patches.

Emotional Abuse

- Most harm is produced in low warmth, high criticism homes, not from single incidents.
- Emotional abuse is difficult to define, identify/recognise and/or prove.
- Emotional abuse is chronic and cumulative and has a long-term impact.
- All kinds of abuse and neglect have emotional effects although emotional abuse can occur by itself.
- Children can be harmed by witnessing someone harming another person such as in domestic abuse.
- It is sometimes possible to spot emotionally abusive behaviour from parents and carers to their children, by the way that the adults are speaking to, or behaving towards children. An appropriate challenge or intervention could affect positive change and prevent more intensive work being carried out later on.

Indicators of Emotional Abuse

Developmental issues:

- Delays in physical, mental and emotional development
- Poor school performance
- Speech disorders, particularly sudden disorders or changes

Behaviour issues:

- Acceptance of punishment which appears excessive
- Over-reaction to mistakes
- Continual self-deprecation ("I'm stupid... ugly... worthless" etc.)
- Neurotic behaviour (such as rocking, hair-twisting, thumb-sucking)
- Self-mutilation

- Suicide attempts
- Drug/solvent abuse
- Running away
- Compulsive stealing, scavenging
- Acting out
- Poor trust in significant adults
- Regressive behaviour e.g. wetting
- Eating disorders
- Destructive tendencies
- Neurotic behaviour
- Arriving early at school, leaving late

Social issues:

- Withdrawal from physical contact
- Withdrawal from social interaction
- Over-compliant behaviour
- Insecure, clinging behaviour
- Poor social relationships
- Emotional responses
- Extreme fear of new situations
- Inappropriate emotional responses to painful situations ("I deserve this")
- Fear of parents being contacted
- Self-disgust
- Low self-esteem
- Unusually fearful with adults
- Lack of concentration, restlessness, aimlessness
- Extremes of passivity or aggression

In the context of the school, it is normal to ask about a noticeable injury. The response to such an enquiry is generally light-hearted and detailed. So, most of all, concern should be increased when:

- the explanation given does not match the injury
- the explanation uses words or phrases that do not match the vocabulary of the child (adults words)
- no explanation is forthcoming
- the child (or the parent/carer) is secretive or evasive
- the injury is accompanied by allegations of abuse or assault

You should be concerned if a child:

- is reluctant to have parents/carers contacted
- runs away or shows fear of going home
- is aggressive towards themselves or others
- flinches when approached or touched
- is reluctant to undress to change clothing for sport
- wears long sleeves during hot weather
- is unnaturally compliant in the presence of parents/carers.
- has a fear of medical help or attention
- admits to a punishment that appears excessive.

Sexual Abuse

Sexual abuse is often perpetrated by people who are known and trusted by the child e.g. relatives, family friends, neighbours, babysitters, and people working with the child in school, faith settings, clubs or activities. Children can also be subject to child sexual exploitation.

Sexual exploitation is seen as a separate category of sexual abuse. The [SSCB Screening Tool and guidance](#) provides school staff with information regarding indicators of CSE.

Characteristics of child sexual abuse

- it is often planned and systematic – people do not sexually abuse children by accident, though sexual abuse can be opportunistic
- grooming the child – people who abuse children take care to choose a vulnerable child and often spend time making them dependent (this may occur online)
- grooming the child's environment – abusers try to ensure that potential adult protectors (parents and other carers especially) are not suspicious of their motives.

Most people who sexually abuse children are men, but some women sexually abuse too.

Indicators of Sexual Abuse

Physical observations:

- Damage to genitalia, anus or mouth
- Sexually transmitted diseases
- Unexpected pregnancy, especially in very young girls
- Soreness in genital area, anus or mouth and other medical problems such as chronic itching
- Unexplained recurrent urinary tract infections and discharges or abdominal pain

Behavioural observations:

- Sexual knowledge inappropriate for age
- Sexualised behaviour or affection inappropriate for age
- Sexually inappropriate behaviour
- Hinting at sexual activity
- Inexplicable decline in educational progress
- Depression or other sudden apparent changes in personality as becoming insecure
- Lack of concentration, restlessness, aimlessness

- Socially isolated or withdrawn
- Overly-compliant behaviour
- Acting out, aggressive behaviour
- Poor trust or fear concerning significant adults
- Regressive behaviour
- Onset of wetting, by day or night
- Nightmares
- Arriving early at school, leaving late, running away from home
- Suicide attempts, self-mutilation
- Suddenly drawing sexually explicit pictures
- Eating disorders or sudden loss of appetite or compulsive eating
- Regressing to younger behaviour patterns such as thumb sucking or bringing out discarded cuddly toys
- Become worried about clothing being removed
- Trying to be 'ultra-good' or perfect; overreacting to criticism.