

Awareness raising - Safeguarding St Helena 2016

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Introduction

Aim

The aim of this handbook is to support the St Helena awareness training course and to provide people who come into contact with children and young people with the information they need to identify and respond to signs of abuse and to raise awareness of safeguarding duties and responsibilities.

Resources

Materials in the awareness course will be adapted to the learning styles and needs of the audience including the use of videos, participant handout material, case study and power point presentation. Group activities will be a key component of multi-agency groups to share learning.

Pre-requisites

Participants would benefit from completion of online level 2 child protection training following this awareness raising.

Relevant policies and procedures

This course will include policy and procedures from St Helena and related laws and policies which underpin local laws and policies.

Subject matter

The content of the training event may surface issues which are unexpected or participants are unprepared for. Participants are asked to consider about someone they can talk to if they feel they need to following the course. This could be a friend or work colleague or a course facilitator.

Confidentiality

During the training participants may realise a particular professional or personal situation is of concern. Generally confidentiality can be protected; however if a situation arises where a person is identified at risk then;

- The situation will be discussed with participant outside of the training room
- It will be agreed on how the concern will be taken forward

Disclaimer

This course is intended to promote good practice in working with children and young people. However, attendance on this course is not a guarantee that abuse or neglect will be identified or prevented. Participant engagement and structural support are essential, as is refresher training to ensure participants are up to date in their knowledge and safeguarding abilities. Complete removal of risk is never possible. For this reason the trainers cannot accept liability in respect of any claims for personal and property damage, or any financial losses sustained by local, statutory, voluntary or independent services.

RESPECT

Respect

Everyone has a right to be listened to and the opportunity to express their views

Embrace Diversity

No one should be discriminated against on the grounds of ethnicity, culture, class, age, gender, sexual orientation or disability. E is also for 'Enjoy' the training

Sharing information and confidentiality

Respect confidentiality and do not repeat confidential information gained in the workshop elsewhere. Trainers have a duty of care to pass on concerns about people who may be at risk.

Participation

Everyone is encouraged to take an active part in exercises and discussion and to express their opinions – if they feel comfortable in doing so.

Express your views and opinions

Participants are encouraged to express their views and opinions; however, permission is given for the trainer and group members to challenge views that are felt to be discriminatory, unacceptable

Challenge appropriately

Where participants do challenge it is expected that this will be done in an appropriate and sensitive manner

Treat yourself kindly

Recognise that the material may trigger feelings or memories for participants. Reassure that if anyone feels personally upset by the material they can speak to one of the trainers and, if necessary, take time out of the workshop.



1.0 **Safeguarding for St Helena Island**

1.1 Safeguarding and early help is everybody's business. Making sure children and families are given extra help and support at the earliest opportunity when they need it is vital. Improvements are required to drive services forward towards better outcomes for children and families on St Helena, this is everyone's responsibility.

1.2 It is important to recognise that St Helena is a unique situation and these policies and procedures are designed to reflect the context in which they will be applied. The key features of St Helena in relation to safeguarding children are;

- a. Being such a small and remote community, it is inevitable that the children and families dealt with by professional on the Island as patients, pupils and members of the public are also frequently acquaintances/friends/family. This present particular problems for professionals and makes it crucial that safeguarding issues and child protection concerns are managed with scrupulous professionalism and confidentiality.
- b. On St Helena functions and services which in a larger society would be delivered by a department of government are frequently vested in an individual. Policies and procedures need to ensure that key decisions are made on the basis of discussion and joint working rather than the subjective view of one person.
- c. There is an established history of St Helenians migrating to Britain, the Falkland Islands and Ascension for employment purposes. Many of these people leave their children on the Island whilst they complete their contracts, and although the figures are unclear at the present time, it is estimated that many of St Helena's young people have been at times cared for by people other than their parents.
- d. It is a time of great change for St Helena and this creates both opportunities and anxieties which need to be acknowledged and discussed.

1.3 Working Together 2015 is clear that children are best protected when professionals are clear about what is required of them individually, and how they need to work together. Feedback from services on this document is essential to help shape

services and this framework. Practitioners across services will be asked to provide feedback to contribute towards an agreed final Safeguarding Policy and Procedure.

1.4 The welfare of the child is paramount and the Government has a statutory duty under the Welfare of Children Ordinance 2008 to promote and safeguard the welfare of Children in Need and their families. Children in Need are defined as children:

- Who are unlikely to achieve or maintain a reasonable standard of health or development; or
- Whose health or development is likely to be significantly impaired without the provision of services.

1.5 It is important to point out that not all families with Children in Need require or request statutory involvement through a Government Social Worker or Social Care Officer. Promoting the welfare of children and provision of additional services within the community can be co-ordinated through other agencies and services including multi agency meetings which can be brought together by other service practitioners such as CAMHS (Child and Adolescent Mental Health) or Education in partnership and consent of the child and family

1.6 Safeguarding children (as defined within Working Together 2015 p.5) is the action we take to promote the welfare of children and protect them from harm It is everyone's responsibility. Everyone who comes into contact with children and families has a role to play. Safeguarding and promoting the welfare of children is defined for the purposes of this guidance 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; and taking action to enable all children to have the best outcomes.
- Taking action to enable all children to have the best outcomes.

1.7 For the purposes of clarity it is important to point out that the term child refers to any child or young person under the age of 18, irrespective of whether they live independently or are in the armed forces.

Different types of abuse

Physical abuse	
Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child.	
Types of behaviour / actions	Indicators
<p>The use of hands or feet to kick, slap, punch, spit. Push, pinch, scratch or pull hair</p> <p>Use of an implement or throwing things at some one</p> <p>Inappropriate or rough handling,</p> <p>Including when administering first aid – such as removing a plaster forcefully and tearing skin</p> <p>Assaults</p> <p>Choking</p> <p>Burning</p> <p>Using weapons to inflict pain</p> <p>Force feeding</p> <p>Inappropriate restraint</p> <p>Over medicating</p> <p>Withdrawing medication</p> <p>Malnutrition / dehydration</p> <p>Bullying</p>	<p>Multiple bruising not consistent with a fall</p> <p>Bruised eyes</p> <p>Unexplained marks</p> <p>Cuts / lacerations</p> <p>Burns</p> <p>Fractures not consistent with falls</p> <p>Stench of urine / faeces</p> <p>Drowsiness / excessive sleep</p> <p>Loss of weight</p> <p>Hunger / thirst</p> <p>Lack of personal care</p> <p>Changes in behaviour / communication</p> <p>Apparent fearfulness / not wanting to be with a particular person</p>

Possible misinterpretation
<p>Mongolian blue spot</p> <p>Leukemia</p> <p>Brittle bone</p>

Emotional or Psychological abuse	
<p>Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views and deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children.</p> <p>These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill treatment of another. It may involve serious bullying (including cyber bullying). Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone</p>	
Types of behaviour / actions	Indicators
Humiliation, intimidation, ridicule, threats Causing fear, anxiety, mental anguish Emotional blackmail Verbal abuse – shouting, swearing, misuse of names. Name calling, using inappropriate nicknames, Harassment, bullying Denial of human rights Denying access to services Being over protective Withholding social contact Isolation, imprisonment, ignoring, excluding Abandoning, Threatening pets Mocking them and their beliefs	Insomnia/deprivation of sleep or need for excessive sleep Change in appetite Unusual weight gain / loss Weeping/unusual bouts of sobbing/crying Unexplained paranoia Low self esteem Excessive fear or anxiety Flinching in the presence of someone Changes in mood and behaviour
Possible misinterpretation	
Death in family, Death of family pet, Parents separate, Medical condition, A particular family stress	

Neglect	
<p>Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to provide adequate food and clothing, shelter including exclusion from home or abandonment, failing to protect a child from physical and emotional harm or danger, failure to ensure adequate supervision including the use of inadequate care-givers, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.</p>	
Types of behaviour / actions	Indicators
<p>An act of omission</p> <p>Not meeting someone's needs who you have responsibility for – be it emotional, financial, physical needs</p> <p>Poor physical care</p> <p>A lack of food or drink</p> <p>Not providing an adequate / appropriate diet</p> <p>Leaving child to /lie in faeces/urine</p> <p>Not aiding communication</p> <p>Not meeting cultural, spiritual or religious needs</p> <p>A lack of stimulation, isolation, imprisonment</p> <p>Ignoring, exclusion</p> <p>Not accessing medical care, medication</p> <p>Abandoning a child</p>	<p>Inadequate heating, lighting</p> <p>Accommodation, environment in general is poor</p> <p>Smell of urine, faeces</p> <p>Weight loss</p> <p>Malnutrition</p> <p>Dehydration</p> <p>Unkempt, for example clothing in poor condition; wears same clothes; soiled clothing</p> <p>Objects used to restrict movement</p> <p>Changes in presentation, mood, behaviour</p>
Possible misinterpretation	
<p>Medical condition, Poverty, A particular family stress such as mental ill health</p>	

Sexual Abuse	
<p>Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (e.g. rape, or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing, and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Adult males do not solely perpetrate sexual abuse. Women can also commit acts of sexual abuse, as can other children.</p>	
Types of behaviour / actions	Indicators
<p>Forcing someone into sexual activity without his or her consent</p> <p>Sexualised language / conversation</p> <p>Inappropriate touching</p> <p>Inappropriate kissing, Fondling</p> <p>Indecent exposure, Voyeurism</p> <p>Masturbation of a child</p> <p>Masturbation knowing a child can see what is happening</p> <p>Inflicting pornography on someone, or forcing them to watch it</p> <p>Indecent assault, Rape</p> <p>Penetrating someone's mouth, anus, vagina (with finger, penis or other object)</p> <p>Exploitation</p> <p>Causing someone to enter into prostitution</p> <p>Bestiality</p> <p>Coerced into sex or threat of physical force</p>	<p>Genital or urinary irritation</p> <p>Frequent infections, pain/itching in genital/anal area</p> <p>Bleeding from vagina or anus</p> <p>Sexually transmitted infections</p> <p>Stains on underwear / nightwear</p> <p>Wetting / soiling</p> <p>Bruising on inner thighs / upper arms</p> <p>Difficulty in walking / sitting</p> <p>Wearing extra layers of clothes</p> <p>Depression</p> <p>Nightmares / flashbacks</p> <p>Severe upset or agitation when there is personal contact</p> <p>Inappropriate sexual knowledge or conversation / behaviour becomes of a sexual nature</p> <p>Changes to behaviour</p>
Possible misinterpretation	
<p>Urinary infection, Thrush, Excessive masturbation, Appropriate play</p>	

Information sheet – impact and consequences of sexual abuse

Each individual's experience of sexual abuse is different, and many victims of sexual abuse can go on to lead happy, constructive lives. However, the following factors are aggravating features:

- *If the victim was very frightened by the abuse*
- *If the victim felt/feels unprotected from further abuse, and living in a state of fear*
- *If the abuse was carried out by a trusted family member the victim relied upon for security (i.e. a parent figure)*
- *If the abuse was particularly invasive i.e. oral sex, intercourse*
- *If the victim was not believed by family members, and blamed for causing trouble*
- *If the victim was made to feel responsible for the abuse*
- *If the victim was particularly vulnerable, with existing emotional and welfare problems*

There can also be the following long-term consequences of sexual abuse

- *Mental health/psychological problems*
- *Drug/alcohol problems*
- *Low educational and occupational achievement*
- *Feeling different from others*
- *Low self-esteem*
- *Relationship problems*
- *Social isolation*
- *Problems with authority figures*
- *Unstable relationships*
- *Promiscuity (having been groomed to see self as sexual commodity)*
- *Caught in cycle of abusive relationships*

Parents who have experienced or witnessed abuse can also have their sense of what should be tolerated distorted, developing low expectations of how they and their children should be treated. They also find it difficult to face up to the possibility that a partner may be abusing children, because it is too painful to think that history is repeating itself.

Child Development

All children are vulnerable to abuse

All children are at risk of sexual molestation regardless of their age, gender, race, and ethnicity. There are many reasons for children's vulnerability.

All Children are powerless

They depend on adults to meet their basic needs. Sexual abuse involves the strong or better-informed controlling the weak and uninformed - for their own sexual gratification. Children are especially powerless when they are deprived of personal safety and sex education.

Uninformed children trust all adults

Five year olds are noted for their fearlessness while six and seven year olds worry about monsters, ghosts, witches, night time shadows and being home alone. Children under eight trust all adults who look or act in a kindly way. They view their parents as their sole protectors, even when their fathers are in prison for incest and domestic violence/abuse (Briggs 1991).

Young children are incapable of assessing adult's motives

Child molesters use coercion, tricks, bribes, threats, and blackmail to persuade children to do what they otherwise might not do. Piaget's theory of moral development tells us that younger children, certainly under seven years are less capable of judging the motives of others. They assess people as good or bad not by their intentions but by their appearance, demeanour and the outcomes of their actions. Child molesters are often perceived by their child victim as kind and trustworthy people because they show an interest and provide treats.

Children are taught that goodness equates with obedience to adults

Children believe that they have to obey all adults; this rule applies even when they know what the adult is doing or requesting is wrong. This enables adult offenders to offend with little risk of rejection. Children are especially vulnerable when they have been trained to suppress their own needs to please others.

Children are curious about their bodies

Boys are particularly interested in genital matters because their sexuality is more public than girls. They start masturbating and acquire sexual language at an early age. Their 'private parts' are anything but private; they handle them in public toilets several times a day and have the facility to compare size and shape. They are sexually aroused by looking at other boys' erections and sexual interactions result. Because of cultural taboos, sexualised peer groups have the attractive qualities of secret societies which boys enjoy. Membership of such groups substantially increases vulnerability to abuse by adolescent and adult predators. Paedophiles commonly stimulate boy's curiosity by introducing sex talk and pornography in the guise of providing sex education, which their parents neglected.

Children are deprived of basic information about their sexuality

Children are sexual beings. In Western society four letter words are now common place, pornography is widely available, sexual offences such as rape are discussed in news reports and TV consistently brings naked strangers simulating sexual intercourse into children's homes. Parents often ignore all of this and pretend that children hear nothing, see nothing and learn nothing about sexual matters. Traditional parenting styles create a taboo on sexual matters, denying children's sexuality in the hope denial will keep children ignorant (often referred to as innocent) and asexual. There is widespread (mistaken) assumption that knowledge will result in experimentation although international research shows that it is ignorance and lack of information that leads to unsafe sex and unwanted pregnancies.

Children are unlikely to recognise that abusive behaviour is wrong

If young and developmentally disabled children have not been taught the limits of acceptable behaviour they may not realise it is wrong but instead see it as normal, particularly if the offences older children, siblings or caregivers. Children's definition is likely to involve a male and female making a baby, which has nothing at all to do with them in maybe the male environment of a changing room or camping trip. Young children are least likely to recognise genital fondling as wrong if they find it pleasurable.

Sexual abuse is often presented as evidence of affection

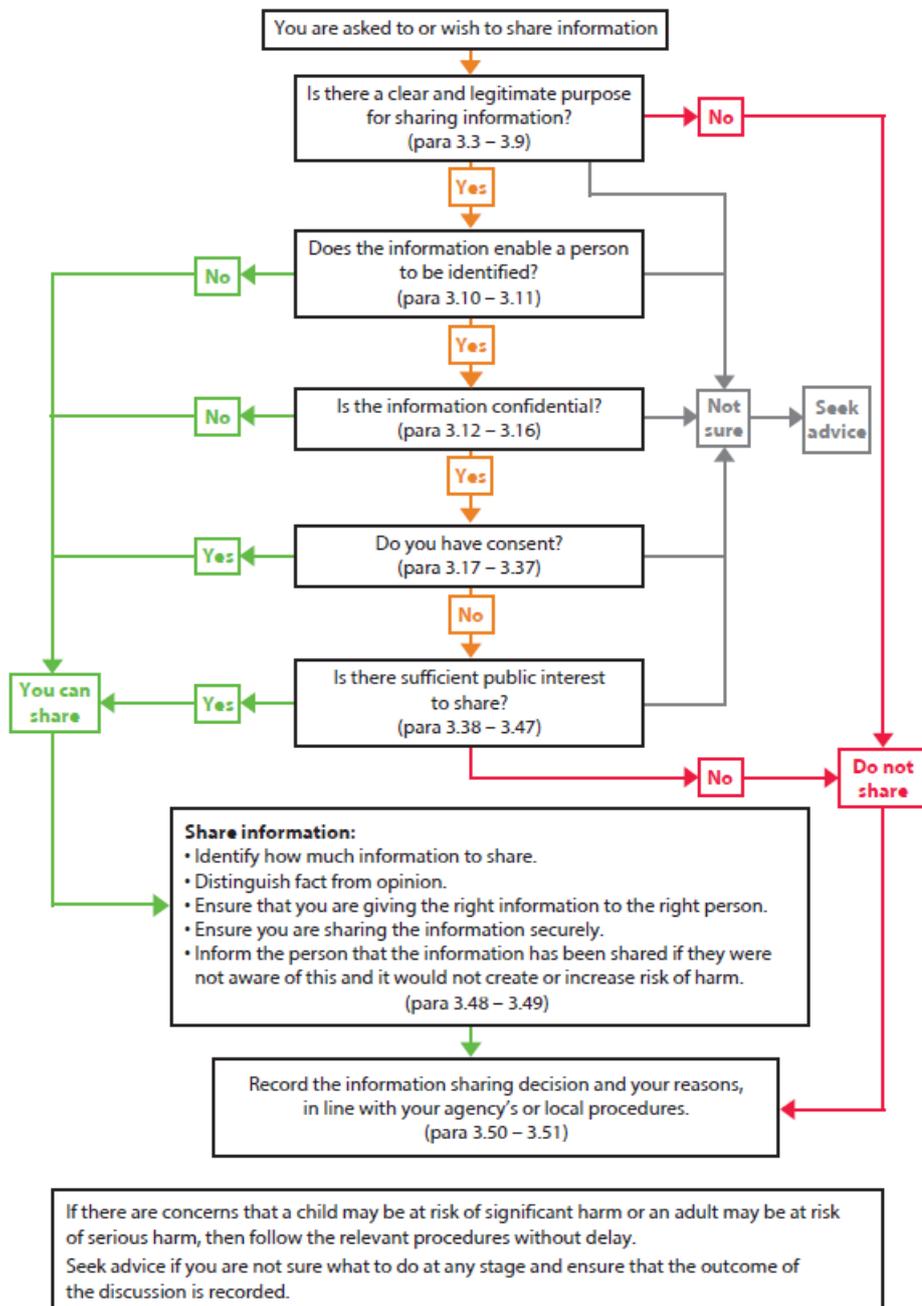
Perpetrators may explain their behaviour as what people do when they love each other. They are noted for their capacity to tap into children's emotional needs, often working in trusted positions with children. Many derive a great deal of satisfaction from every stage of the seduction process, devoting time to potential victims, listening to them, inviting their confidence, boosting their egos and developing their trust and the trust of their parents.

Offenders use their knowledge of child develop to establish the child's compliance

Offenders understand children's social, psychological and emotional needs. They tap into boy's fears of being perceived as different, they understand the importance of rules to the 7 year old, or the need for the 15 year old to be different to their parents.

(From developing personal safety skills – F Briggs)

Information Sharing Flowchart



HM Gov (2008) *Information Sharing guide for Practitioners and Managers*

Available from www.teachernet.gov.uk/publications

What to do ifyou are concerned a child is in need of help or are worried a child might be abused or neglected.

Guiding principles

No matter where you work, you are likely to encounter children during the course of your normal working activities. You are in a unique position to be able to observe signs of abuse or neglect, or changes in behaviour which may indicate a child may be being abused or neglected.

You should make sure that you are alert to the signs of abuse and neglect, that you question the behaviour of children and parents/carers and don't necessarily take what you are told at face value. You should make sure you know where to turn to if you need to ask for help, and that you refer to the children's Social Worker or to the police, if you suspect that a child is at risk of harm or is in immediate danger (see the section on Taking action for further information).

You should make sure that you understand and work within the local multi-agency safeguarding arrangements that are in place in your area. In doing so, you should be guided by the following key principles:

- children have a right to be safe and should be protected from all forms of abuse and neglect;
- safeguarding children is everyone's responsibility;
- it is better to help children as early as possible, before issues escalate and become more damaging; and
- children and families are best supported and protected when there is a coordinated response from all relevant agencies.

You should not let other considerations, like the fear of damaging relationships with adults, get in the way of protecting children from abuse and neglect. If you think that referral to children's social care is necessary, you should view it as the beginning of a process of inquiry, not as an accusation.

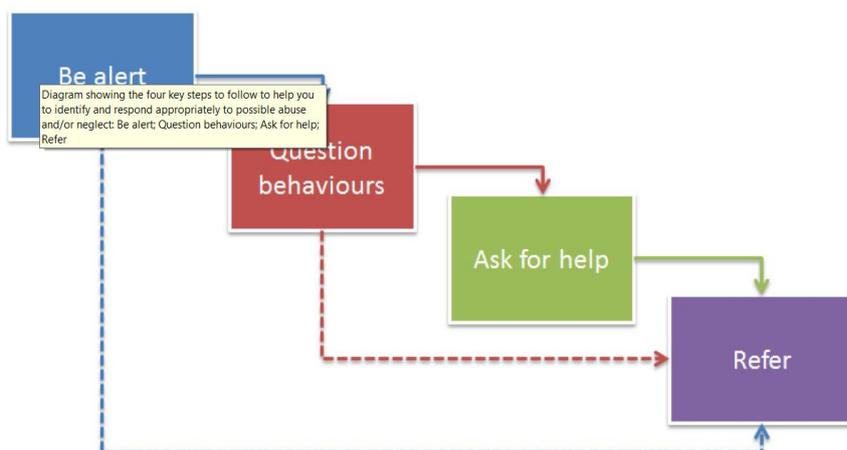
Taking action

As well as the responsibility of all practitioners to consider the welfare of children, a number of local agencies have specific duties to safeguard and promote the welfare of children. If you work in an organisation with such responsibilities, you should ensure that you take account of them in your day to day work. Even if you work in an organisation without such responsibilities you should be aware of and understand the local multiagency safeguarding arrangements.

Even if your primary responsibility does not relate to children, many professionals will have the opportunity to observe and identify behaviour which could indicate a child is being abused or neglected. If you work with children on a regular basis, for example, as a practitioner working in a school or early years setting, you are well positioned to be able to identify abuse or neglect, including peer on peer abuse. Even if you are in a profession where you may not encounter the same children as frequently, for example, as a doctor or a police officer, you will nevertheless be in a position to observe signs of abuse and neglect. A police officer attending domestic abuse incidents, for example, should be aware of the effect of such behaviour on any children in the household.

Even if you only encounter children infrequently in your job, for example, if you are a conservation officer, you may observe possible abuse and neglect (e.g. when dealing with reports of anti-social behaviour by young people or seeing children alone).

There are four key steps to follow to help you to identify and respond appropriately to possible abuse and/or neglect.



It may not always be appropriate to go through all four stages sequentially. If a child is in immediate danger or is at risk of harm, you should refer to the police. Before doing so, you should try to establish the basic facts. However, it will be the role of social workers and the police to investigate cases and make a judgement on whether there should be a statutory intervention and/or a criminal investigation.

You should record, in writing, all concerns and discussions about a child's welfare, the decisions made and the reasons for those decisions.

Being alert to signs of abuse and neglect

The first step is to be alert to the signs of abuse and neglect, to have read this document and to understand the procedures set out in your local multi-agency safeguarding arrangements. You should also consider what training would support you in your role and what is available in your area.

Questioning behaviours

The signs of child abuse might not always be obvious and a child might not tell anyone what is happening to them. You should therefore question behaviours if something seems unusual and try to speak to the child, alone, if appropriate, to seek further information.

If a child reports, following a conversation you have initiated or otherwise, that they are being abused and neglected, you should listen to them, take their allegation seriously, and reassure them that you will take action to keep them safe. You will need to decide the most appropriate action to take, depending on the circumstances of the case, the seriousness of the child's allegation and the local multi-agency safeguarding arrangements in place. You might refer directly to the children's social worker and/or the police, or discuss your concerns with others and ask for help. At all times, you should explain to the child the action that you are taking. It is important to maintain confidentiality, but you should not promise that you won't tell anyone, as you may need to do so in order to protect the child.

Asking for help

Concerns about a child's welfare can vary greatly in terms of their nature and seriousness, how they have been identified and over what duration they have arisen. If you have concerns about a child, you should ask for help.

You should discuss your concerns with your manager, a named or designated professional or a designated member of staff.

For example:

For schools' staff (both teaching and non-teaching), concerns should be reported via the schools' or colleges' designated safeguarding lead. The safeguarding lead will usually decide whether to make a referral to the social worker

Childminders should take that responsibility themselves and should notify the Children's Services team (and, in emergencies, the police) if they have concerns about the safety or welfare of a child;

For health practitioners, The head doctor or SMO should be the named practitioner. Named practitioners should promote good practice within their organisation, provide advice and expertise for fellow practitioners, and ensure safeguarding training is in place; and For the Police contact with Children's Services is normally made through police notifications known as J1's or telephone.

Referring to Children's Services

If, at any time, you believe that a child may be a child in need, or that a child is being harmed or is likely to be, you should refer to Children's Services or if deemed urgent, the Police. This referral can be made by any practitioner. If you see further signs of potential abuse and neglect, report and refer again. When referring a child to Children's Services or Police, you should consider and include any information you have on the child's development needs and their parents'/carers' ability to respond to these needs within the context of their wider family and environment. Information sharing is important for the social worker to build a picture of what life is like for the child. Information must be shared in line with processes as detailed in the pages

before. A multi-agency referral form must be completed as soon as possible. All referrals from professionals over the telephone must be followed up in writing.

What happens after a referral has been made?

Once you have made a referral, a social worker should respond within one working day telling you what further action they have decided to take. Only those who have something to add are contacted and confidentiality is wherever possible upheld unless it will put someone at risk of harm.

You might be asked to participate in further assessment of the child, either through a child in need assessment or a child protection enquiry, which will be led by a social worker.

If a social worker suspects that a child is suffering, or is likely to suffer, significant harm (i.e. their health and/or development has been or would be impaired compared with that which could reasonably be expected of a similar child), a meeting called a strategy discussion or strategy meeting will be held to determine the child's welfare and plan rapid future action. A child protection investigation may start (known as a section 57 investigation).

A strategy discussion can take place following a referral or at any other time, including during the assessment process. You should be prepared to contribute to these discussions by providing information and agreeing what action is required.

If concerns are substantiated and the child is judged to be at continuing risk of significant harm an initial child protection conference is convened to make decisions about the child's future safety, health and development. If you are involved with the child and family, for example if you are a teacher, a police officer or a health worker, you will be invited. You may also be involved if you have expertise in the particular type of harm suffered by the child or in a child's particular condition, for example, a disability or long term illness.

The conference will decide the membership of the core group of practitioners and family members who will develop and implement the child protection plan. The core

group will meet within 10 working days of the conference. If you are a member of the core group you will help to develop and implement the child protection plan.

The above information has been based on HM Government (2015) **What to do if you believe a child is being abused**

Available from

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419604/What_to_do_if_you_re_worried_a_child_is_being_abused.pdf

Other relevant departmental advice and statutory guidance

- Working Together to Safeguard Children (2015)

<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

- Keeping Children Safe in Education (2015)

<https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>

- Information Sharing – Advice for practitioners providing safeguarding services to vulnerable children, young people, parents and carers (2015) Available from www.teachernet.gov.uk/publications

- Statutory framework for the early years foundation stage (2014)

<https://www.gov.uk/early-years-foundation-stage>

Further reading

Briggs, F. (2000) *Developing Personal Safety Skills in Children with Disabilities*. London, Jessica Kingsley

Finkelhor, D. (1984) *Child Sexual Abuse. New Theory and Research*. New York, Free Press.

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