



# CPD4dentalnurses

YOUR FUTURE IN YOUR HANDS

## **Safeguarding Children and Adults at Risk of Harm, Level 2** **Part 2 of 3**

### **Aims:**

To outline the different types of abuse and to make the dental professional aware of the possible indicators of such abuse, especially in relation to dental neglect. To outline the impact of abuse on child development and the effects of historical abuse. Safeguarding level 2, part 1 and part 3 also need to be completed to meet the full learning outcomes required at level 2.

### **Learning outcomes:**

On completion of this verifiable CPD article the participant will be able to demonstrate, through completion of a questionnaire, the ability to:

- Demonstrate knowledge on how child maltreatment can impact on child development.
- Identify some statistics relating to the safeguarding of children and vulnerable adults.
- Identify the different forms of abuse, to include emotional abuse; physical abuse; (including fabricated and induced illness); sexual abuse; neglect; forced marriage; modern slavery and grooming; county lines; radicalisation; cyber bullying; discriminatory abuse; financial abuse; and, domestic abuse.
- Identify some of the signs and symptoms of the different forms of abuse.
- Demonstrate knowledge of the Prevent Duty.
- Know the risks associated with the internet and online social networking.
- Identify the signs of dental neglect and recognise this as a safeguarding concern.
- Identify the importance between someone not attending a dental appointment and someone not being brought to a dental appointment and how to record this.
- Recognise that adults who suffered abuse during childhood may face particular vulnerabilities and risks in later life due to the impact of adverse childhood experiences.

### **Introduction**

The dental team has a statutory duty of care to all patients, and this includes ensuring that safeguarding arrangements are in place.<sup>1</sup>

Part one of this CPD covered the key definitions relating to safeguarding of children and vulnerable adults as well as the training competency framework and the standards, laws and regulations surrounding safeguarding.

This article will describe the main categories and signs and symptoms of abuse.

The 2019 Safeguarding in General Dental Practice Toolkit states that, “the concept of ‘professional curiosity’ should lie at the heart of the relationship between the dental team and patients/families/carers. It does not require anyone to be interrogated, but it does involve the critical evaluation of information and the maintenance of an open mind.”<sup>1</sup>

### **Child Abuse Statistics**

The NSPCC acknowledge that the exact number of children in the UK who experience abuse is unknown, but various sources of information can help estimate the scale of the issue. However, abuse often goes unnoticed. Adults might fail to recognise the signs, while children may not realise, they are being abused or feel unable to speak out due to fear, shame, or being too young to understand.<sup>2</sup>

However, research published in April 2024 and January 2025 explored the experiences of 2,275 young people aged 11-17 regarding various types of child abuse and suggests the following:

- 1 in 20 children in the UK have been sexually abused.
- 1 in 10 children in the UK have been neglected.
- 1 in 15 children in the UK have experienced emotional abuse.
- 1 in 14 children in the UK have been physically abused.<sup>2</sup>

### **Safeguarding Adults Statistics**

Some of the key findings from the Safeguarding Adults Collection from 1<sup>st</sup> April 2023-March 2024 were as follows:

In England, findings from the Safeguarding Adults Collection found that 615,530 concerns of abuse were raised during 2023-2024, which was an increase of 5% on the previous year.<sup>7</sup>

The most common type of risk in Section 42 enquiries was Neglect and Acts of Omission, which accounted for 32% of risks, and the most common location of risk was the person’s own home at 46%.<sup>3</sup>

### **Categories of Abuse**

The main categories of abuse are: Psychological abuse (including emotional abuse), physical, sexual and neglect.<sup>4</sup> Adults at risk of harm may also be subjected to financial or material abuse or institutional abuse. Other types of abuse described in the Care and Support Statutory Guidance include discriminatory abuse, modern slavery, radicalisation, cyber bullying, and domestic abuse.

Abuse is a violation of an individual’s human and civil rights by any other person or persons.



- Developmental delay
- Being withdrawn
- Education failure
- Not able to do the things they used to
- Showing compulsive behaviour
- Low self esteem
- Social immaturity
- Lack of social responsiveness, aggression or indiscriminate friendliness
- Challenging behaviours
- Excessively good behaviour (trying to please parent or carer)
- Attention difficulties
- Concerning parent-child interaction<sup>6,7</sup>

### **Physical Abuse**

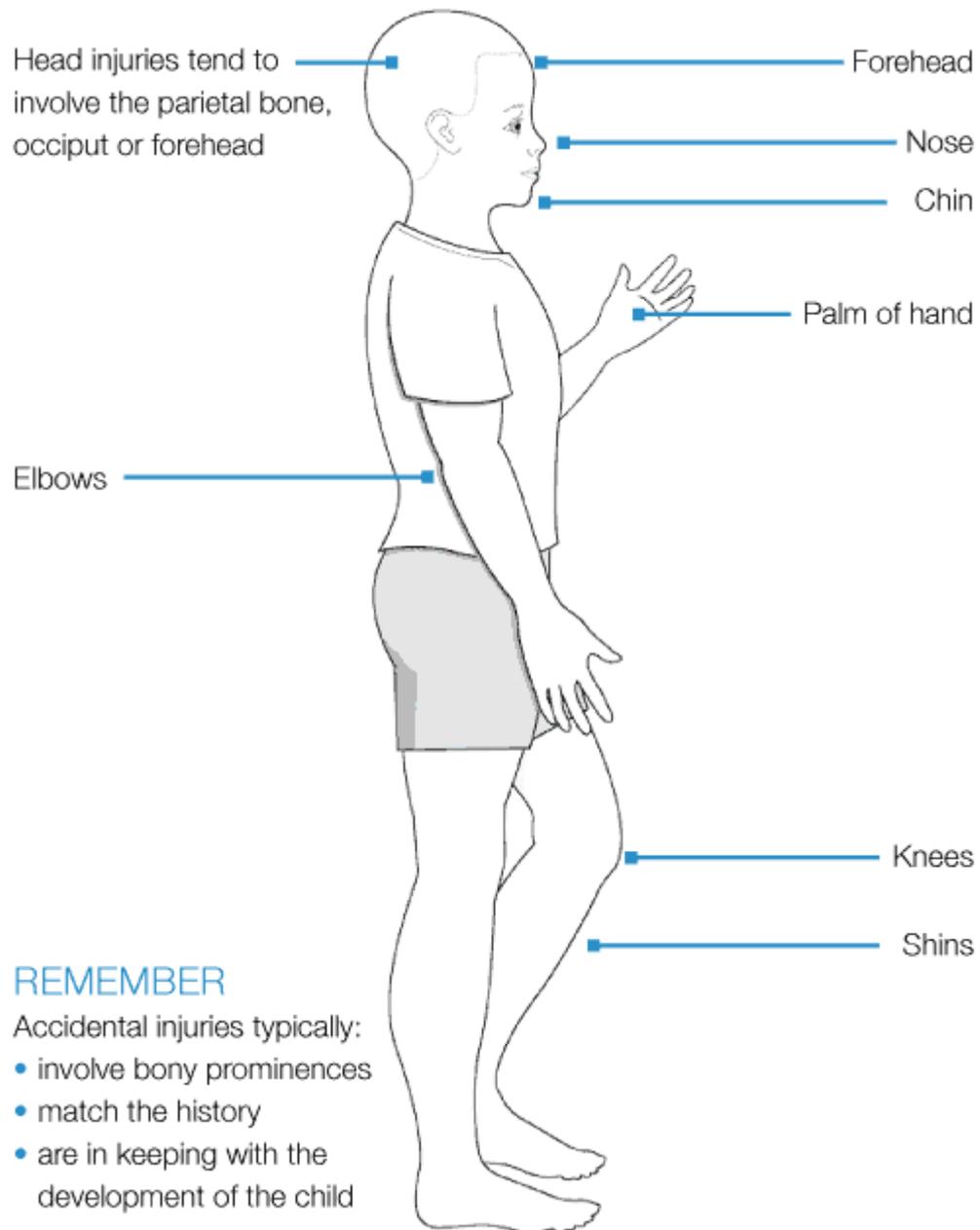
Physical abuse is deliberately hurting a child or adult and may involve hitting, making someone deliberately uncomfortable (for example removing blankets), shaking, throwing, poisoning, burning or scalding, drowning, forcible feeding or withholding food, suffocation, misuse of medication, inappropriate restraint or inappropriate physical sanctions. It also includes fabricated and induced illness.<sup>6,7</sup>

### **Possible Indicators of Physical Abuse**

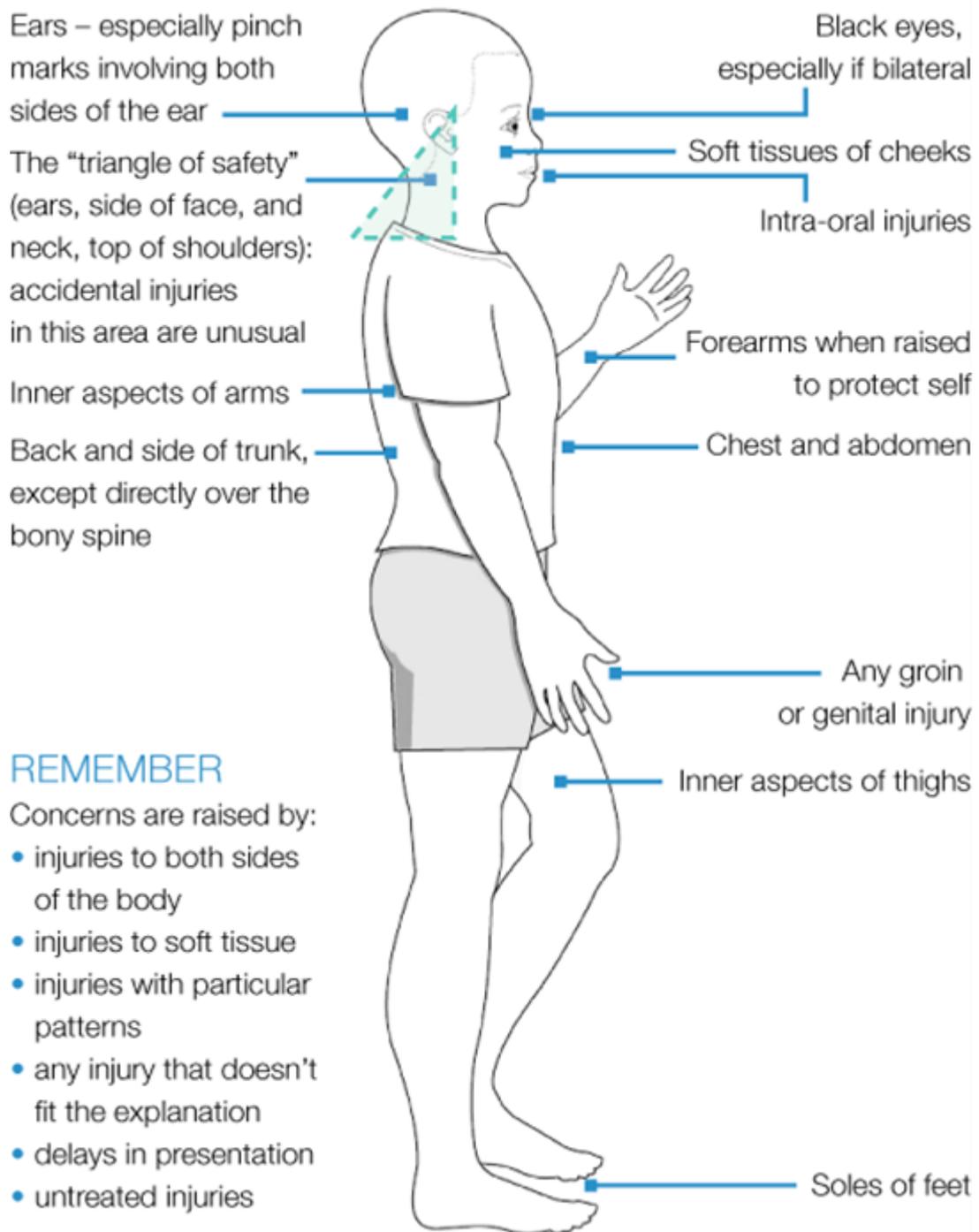
- Bruising, abrasions, lacerations, burns, bite marks, eye injuries, bone fractures, intra-oral injuries
- Frequent injuries
- Unexplained falls
- Signs of malnutrition
- Subdued behaviour in front of a particular person
- Failure to seek medical attention or frequent changes of GP
- Site, size, patterns
- Delay in presentation
- Does not fit the explanation given <sup>7,8</sup>

Dental professionals are in a position to notice injuries to the head, eyes, ears, neck, face, mouth and teeth.<sup>2</sup> The Department of Health produced the following chart which shows typical features of accidental and non-accidental injuries in children.<sup>6</sup> As a vulnerable adult or child attending a dental practice is fully clothed, only some of the injuries may be apparent.

## Typical features of accidental injuries



**Typical features of non-accidental injuries** (injuries that should raise concerns)



**REMEMBER**

Concerns are raised by:

- injuries to both sides of the body
- injuries to soft tissue
- injuries with particular patterns
- any injury that doesn't fit the explanation
- delays in presentation
- untreated injuries

## Sexual Abuse

Sexual abuse involves forcing or enticing an adult, child, or young person to take part in sexual activities, including prostitution, whether or not the individual is aware of what is happening. It can involve:

- Rape, attempted rape, or sexual assault.
- Inappropriate touch anywhere.
- Any sexual activity that the person lacks the capacity to consent to.
- Inappropriate looking, sexual teasing or innuendo or sexual harassment.
- Sexual photography or forced use of pornography or witnessing of sexual acts
- Indecent exposure.<sup>7,8</sup>

Child sexual exploitation (CSE) is a type of sexual abuse. Children in exploitative situations and relationships receive something such as gifts, money or affection as a result of performing sexual activities or others performing sexual activities on them.

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.

Some children and young people are trafficked into or within the UK for the purpose of sexual exploitation. Sexual exploitation can also happen to young people in gangs.<sup>8</sup>

### Possible Indicators of Sexual Abuse

- Direct allegation (disclosure).
- Sexually transmitted infection.
- The uncharacteristic use of explicit sexual language or significant changes in sexual behaviour or attitude.
- Unusual difficulty in walking or sitting.
- Pregnancy in someone who is unable to consent to sexual intercourse.
- Excessive fear/apprehension of, or withdrawal from, relationships.
- Fear of receiving help with personal care.
- Reluctance to be alone with a particular person.
- Trauma such as bruising to thighs, buttocks and upper arms and marks on neck.
- Emotional and behavioural signs e.g., delayed development, anxiety and depression, self-harm, drug, solvent, or alcohol abuse.<sup>8</sup>

Unless there are intraoral signs of sexual abuse or the individual discloses abuse, a dental professional is most likely to detect the problem through emotional or behavioural signs.

The intraoral signs associated with sexual abuse include erythema, ulceration and vesicle formation arising from gonorrhoea or other sexually transmitted diseases, and erythema and petechiae at the junction of the hard and soft palate which may indicate oral sex.

## Neglect

Neglect is the persistent failure to meet a child or vulnerable adult's basic physical, educational, emotional and/or medical need. It is likely to result in the serious impairment of the child or vulnerable adult's health or development and includes failing to ensure access to appropriate medical care or treatment. This includes dental treatment.

### Types of Neglect and Acts of Omission

- Failure to provide or allow access to food, shelter, clothing, heating, stimulation, and activity, personal or medical care.
- Substance abuse during pregnancy (for example drugs, alcohol, smoking).
- Providing care in a way that the person dislikes.
- Failure to administer medication as prescribed.
- Refusal of access to visitors.
- Not taking account of individuals' cultural, religious, or ethnic needs.
- Not taking account of educational, social, and recreational needs.
- Ignoring or isolating the person.
- Preventing the person from making their own decisions.
- Preventing access to glasses, hearing aids, dentures, etc.
- Failure to ensure privacy and dignity.<sup>7</sup>

### Possible Indicators of Neglect and Acts of Omission

- Failure to thrive.
- Short stature.
- Inappropriate clothing.
- Poor physical condition and/or personal hygiene.
- Pressure sores or ulcers.
- Malnutrition or unexplained weight loss.
- Frequent injuries.
- Ingrained dirt.
- Developmental delay in children.
- Withdrawn or attention seeking behaviour.
- Untreated injuries, medical and dental issues.
- Missed medical appointments (including dental appointments).
- Recurring illness or infections.<sup>7,8</sup>

Signs of self-neglect may also be evident if an adult at risk does not have appropriate access to services.

### Types of self-neglect:

- 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.<sup>7</sup>

## Dental Neglect

**Dental neglect** is defined by the British Society of Paediatric Dentistry as: '...the persistent failure to meet a child's basic oral health needs, likely to result in the serious impairment of a child's oral or general health or development.'



Untreated Rampant Caries, Indicative of Dental Neglect.

Dental neglect may occur in isolation or may be an indicator of a wider picture of child maltreatment.

To maintain optimal oral health, children need:

- Fluoride- usually supplied by using a fluoride toothpaste twice daily.
- A good diet- limited frequency of sugary foods and drinks.
- Facilities, supervision and assistance to practice good oral hygiene.
- Regular dental visits.

Chapter 14 of the Care Act provides guidance of adult safeguarding cites neglect and acts of omission as behaviour which could indicate a safeguarding concern. This includes:

- Ignoring medical, medical emotional or physical care needs.
- Failure to provide access to appropriate health, care and support or educational services.
- Withholding the necessities of life such as medication, adequate nutrition and heating.<sup>1</sup>

Therefore, when examining the mouth of an adult at risk of harm, the above needs to be taken into consideration when questioning the possibility of dental neglect.

**Impact:** When assessing a child or adult with dental disease, it is important to assess the impact of the disease on the individual. Severe untreated dental disease can cause:

- Toothache.
- Disturbed sleep.
- Difficulty eating or change in food preferences.
- Absence from school and interference with play and socialisation.

## Dental Neglect: cause for concern

Dental problems should be explained to parents or carers and appropriate and treatment offered. There are factors that should be considered that give cause for particular concern. These are:

- Severe untreated dental disease, particularly that which is obvious to a layperson or other non-dental health professional.
- Dental disease resulting in a significant impact on the child or vulnerable adult.
- Parents or carers have access to but persistently fail to obtain treatment for the child or vulnerable adult, as may be indicated by:
  - Irregular attendance and repeated missed appointments.
  - Failure to complete planned treatment.
  - Returning in pain at repeated intervals.
  - Requiring repeated general anaesthesia for dental extractions.<sup>6</sup>

## Was Not Brought

The dental team need to be vigilant in order to recognise the signs of dental neglect. Where a patient needs to have a parent or caregiver to bring them to an appointment, a person not attending for an appointment should have their failure to attend marked as **Was Not Brought**, rather than Failed to Attend or Did Not attend. Both reception and clinical staff need to be aware of this since repeated missed or cancelled appointments could indicate neglect. There are links to videos at the end of part 3 of level 2, which describe the process of rethinking 'Did Not Attend'.

## Financial Abuse

Social Care for Clinical excellence describes the many types of financial abuse:

- "Theft of money or possessions.
- Fraud, scamming.
- Preventing a person from accessing their own money, benefits or assets.
- Employees taking a loan from a person using the service.
- Undue pressure, duress, threat, or undue influence put on the person in connection with loans, wills, property, inheritance or financial transactions.
- Arranging less care than is needed to save money to maximise inheritance.
- Denying assistance to manage/monitor financial affairs.
- Denying assistance to access benefits.
- Misuse of personal allowance in a care home.
- Misuse of benefits or direct payments in a family home.
- Someone moving into a person's home and living rent free without agreement or under duress.
- False representation, using another person's bank account, cards or documents.
- Exploitation of a person's money or assets, e.g., unauthorised use of a car.
- Misuse of a power of attorney, deputy, appointeeship or other legal authority.
- Rogue trading – e.g., unnecessary or overpriced property repairs and failure to carry out agreed repairs or poor workmanship."<sup>7</sup>

## Possible indicators of Financial or Material Abuse:

- “Missing personal possessions.
- Unexplained lack of money or inability to maintain lifestyle.
- Unexplained withdrawal of funds from accounts.
- Power of attorney or lasting power of attorney (LPA) being obtained after the person has ceased to have mental capacity.
- Failure to register an LPA after the person has ceased to have mental capacity to manage their finances, so that it appears that they are continuing to do so.
- The person allocated to manage financial affairs is evasive or uncooperative.
- The family or others show unusual interest in the assets of the person.
- Signs of financial hardship in cases where the person’s financial affairs are being managed by a court appointed deputy, attorney or LPA.
- Recent changes in deeds or title to property.
- Rent arrears and eviction notices.
- A lack of clear financial accounts held by a care home or service.
- Failure to provide receipts for shopping or other financial transactions carried out on behalf of the person.
- Disparity between the person’s living conditions and their financial resources, e.g. insufficient food in the house.
- Unnecessary property repairs.”<sup>7</sup>

In the dental surgery, a lack of dental care or a care giver questioning the need for treatment (for example, “at his age”), may be an indication of financial abuse.

## Other Types of Abuse

### Cyber bullying and Grooming



Cyberbullying takes place online and can take place in many forms, including:

- Abusive text messages.
- Sharing videos or images online that are embarrassing to the victim.
- Exclusion of online games or friendships.
- Encouraging self-harming.
- Setting up hate sites or groups about an individual.
- Sending explicit messages (sexting).
- Pressuring individuals in sending explicit images.
- Shaming online.

The NSPCC statistics briefing on online harm and abuse was published in October 2024 and the data identified the following:

- 10% of children aged 10-15 years, exchanged messages with someone online who they never met offline in the last year.
- Over 9,000 child sexual abuse offences involved an online element in 2022/2023.
- Around a sixth of people that experienced online harassment offences were under 18-years-olds.
- Under 18-year-olds were the subject of around 1 quarter of reported offences of online blackmail in e England, Wales and Northern Ireland.<sup>9</sup>

Although cyberbullying is often attributed to the young, the incidence of cyberbullying between adults is increasing.<sup>10</sup>

Whilst grooming is most associated with child sexual abuse, it is also possible for adults, especially vulnerable adults, to be groomed for abuse. An individual can be groomed in person or online. Grooming is when someone “builds a relationship, trust and emotional connection with a person so they can manipulate, exploit and abuse them.”<sup>10</sup>

### **County Lines**

Criminal exploitation is also known as ‘county lines’. Gangs and organised crime networks groom and exploit children to sell drugs and are often made to travel across countries, and they use dedicated mobile phone ‘lines’ to supply drugs. The Children’s Clinical Commissioner estimates there are at least 46,000 in England who are involved in gang activity. Vulnerable children, who may be homeless, living in care homes, experiencing learning difficulties or trapped in poverty are more likely to be targeted.<sup>11</sup>

### **Forced Marriage**

A forced marriage is against the law in the UK and the minimum age of marriage in the UK is 16. It can happen in many religions and nationalities and can affect boys, girls and adults too.<sup>12</sup>

A forced marriage is different to an arranged marriage:

| <b>Arranged Marriage</b> | <b>Forced Marriage</b>      |
|--------------------------|-----------------------------|
| Is a cultural tradition  | Is an abuse of human rights |
| You have a choice        | You don’t have a choice     |

### **Modern Slavery**

Modern Slavery includes:

- Human trafficking.
- Forced labour.
- Forced marriage.

- Domestic servitude.
- Sexual exploitation (including escort work, prostitution and pornography).
- Debt bondage (working to pay off debts that they may never be able to).

The traffickers usually make a false promise to the children's families for a better future. The Home Office predicts that there may be as many as 10,000 victims in the UK. Victims can be men, women and children of all ages; however, it is more prevalent in the most vulnerable, minority or socially excluded groups.<sup>13</sup>

## **Radicalisation and the Prevent Duty**



Radicalisation is a process by which an individual or group adopts increasingly extreme political, social, or religious ideals and aspirations that reject or undermine the status quo or undermine contemporary ideas and expressions of freedom of choice.

Some organisations in England, Scotland and Wales have a duty, as a specified authority under section 26 of the Counterterrorism and Security Act 2015, to identify vulnerable children and young people and prevent them from being drawn into terrorism. This is known as the Prevent duty. The Prevent Duty is part of the UK Government's counter terrorism strategy, known as CONTEST. Prevent focuses on all forms of terrorism and is focused on providing support and re-direction to individuals at risk of, or in the process of being groomed /radicalised into terrorist activity before any crime is committed.

The Prevent Duty 2015 requires that all specified authorities ensure that there are mechanisms in place to understand the risk of radicalisation. Therefore, healthcare workers need to be trained to recognise the signs of radicalisation.

The Prevent Duty Guidance (2023) is a government document that outlines how specified authorities, such as schools, universities, local councils, healthcare providers, and the police, must comply with their statutory duties under the Counterterrorism and Security Act 2015. There are two versions of the Prevent Duty Guidance:

1. England and Wales - tailored to these regions' specific needs and legal frameworks.
2. Scotland- adapted to reflect Scotland's unique legal and cultural context.<sup>14</sup>

Possible indicators of radicalisation:

- Isolating themselves from family and friends
- Talking as if from a scripted speech
- Unwillingness or inability to discuss their views
- A sudden disrespectful attitude towards others
- Increased levels of anger
- Increased secretiveness, especially around internet use<sup>15</sup>

Gov.UK Prevent Duty Training is available to all healthcare professionals and can be accessed by clicking on the link at the end of this article.

### **Discriminatory Abuse**



Discriminatory abuse is unequal treatment based on one of the protected characteristics (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation)<sup>16</sup> (A full verifiable article on Equality and Diversity is available for you to complete on the website).

### **Organisational or Institutional Abuse**

Organisational abuse includes neglect and poor practice within an institution or specific care setting such as a hospital or care home. It can be caused through poor neglect or poor professional practice which results from poor structure, policies and practices within an organisation.

Possible indicators of organisational or Institutional abuse:

- Lack of flexibility and choice for people using the service.
- Inadequate staffing levels.
- People being hungry or dehydrated.
- Poor standards of care.
- Lack of personal clothing and possessions and communal use of personal items.
- Lack of adequate procedures.
- Poor record-keeping and missing documents.

- Absence of visitors.
- Few social, recreational, and educational activities.
- Public discussion of personal matters.
- Unnecessary exposure during bathing or using the toilet.
- Absence of individual care plans.
- Lack of management overview and support.<sup>7</sup>

## **Domestic Abuse**

The Domestic Abuse Act 2021 defines domestic abuse in England and Wales as behaviour that is abusive and takes place between two people aged 16 or over who are personally connected to each other. The behaviour is considered abusive if it involves any of the following:

1. Physical or sexual abuse.
2. Violent or threatening behaviour.
3. Controlling or coercive behaviour.
4. Economic abuse – behaviour that has a substantial adverse effect on someone's ability to acquire, use, or maintain money or other property, or to obtain goods or services.
5. Psychological, emotional, or other abuse.

### **Personally connected**

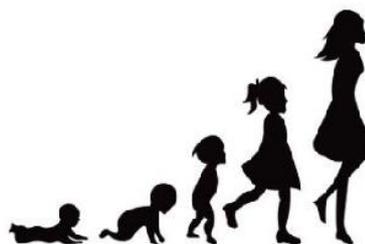
People are considered personally connected if they:

- Are (or have been) married or civil partners.
- Are (or have been) in an intimate personal relationship.
- Live (or have lived) together and are family members.
- Share parental responsibility for a child.

Importantly, the Act recognises that domestic abuse is not limited to physical violence; it includes non-physical forms of abuse such as coercive control, economic control, and emotional harm. This broader definition aims to better protect victims and support enforcement efforts.<sup>17</sup>

Long term, children who have witnessed violence and abuse are more likely to become involved in a violent and abusive relationship themselves.<sup>18</sup>

## **Impact of Child Abuse and Neglect on Child Development**



Child maltreatment during infancy has been shown to negatively affect child development, including brain and cognitive development, attachment, and academic achievement.

**Brain/cognitive Development** - Child abuse and neglect during the early years has been shown to negatively affect early brain development and can lead to repercussions into adolescence and adulthood. As a result of abuse, children may develop emotional, behavioural and learning problems that can persist throughout a lifetime.

**Attachment** - Attachment issues that may occur during infancy and early childhood as a result of abuse and neglect, can affect a child's physical, behavioural, cognitive and social functioning.

**Academic Achievement** - Research has shown that child abuse and neglect increases the risk of lower academic achievement.<sup>19</sup>

### **Effects of Historical Abuse**

Non recent abuse, otherwise known as historical abuse, is when an adult was abused as a child or young person under the age of 18.

The effects of historical abuse can be short term but can also last into adulthood. If someone has suffered abuse as a child, it is more likely that they will suffer abuse again. The long-term effects of abuse and neglect can include:

- Emotional difficulties like anger, anxiety, sadness or low self-esteem.
- Mental health problems like depression, eating disorders, self-harm or suicidal thoughts.
- Problems with drugs or alcohol.
- Disturbing thoughts, emotions and memories.
- Poor physical health.
- Struggling with parenting or relationships.<sup>20</sup>

### **Conclusion**

The dental team has a statutory duty of care to all patients, and this includes ensuring that safeguarding arrangements are in place. This article has discussed the different forms of abuse that may be suffered by children and adults at risk of harm. It has also touched on the effects of early childhood abuse and historical abuse.

## Personal Development Plan and Reflective Learning

This CPD is linked to the following GDC Enhanced CPD Development Outcomes:

**A. Effective communication with patients, the dental team, and others across dentistry, including when obtaining consent, dealing with complaints, and raising concerns when patients are at risk.**

**D. Maintenance of skills, behaviours and attitudes which maintain patient confidence in you and the dental profession and put patients' interests first.**

Reflective learning is now a requirement of the GDC Enhanced Professional Development Scheme. As such, you will now have the option to answer some reflective learning questions for the CPD you complete. Please remember that you can complete and update this at any time. If you take a few moments to write your reflection on completion, you will have fulfilled the Enhanced CPD requirements.

Further reading

This will be provided at the end of part 3 of Safeguarding level 2

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