

Body Map Guidance and Recording Proforma

This booklet is designed to accompany your accident, incident and injuries on arrival records.

The guidance will support you in making decisions about how to act on concerns raised by injuries observed on children and young people. Injuries should be considered carefully and appropriate decisions made about how to respond to them.

For further guidance relating to potential action you may need to take, please refer to the CSCP 'Right Help, Right Time' guidance, available online here: <http://www.coventry.gov.uk/righthelprighttime>

Please see guidance below. Injuries to a child could be the result of one or more types of abuse and it is important to be vigilant to all forms of abuse.

	Definition	Signs and Symptoms	
Physical Abuse	Deliberately hurting or harming a child physically, including (but not limited to) kicking, punching, hitting, burning, poisoning, biting strangling, slapping, shaking, drowning, suffocating, throwing objects at them. Fabricating illness/medicating them unnecessarily, drugging is also physical abuse.	<ul style="list-style-type: none"> Injuries at different stages of healing Bite marks Burns Burns in the shape of an object Marks on unusual body parts Defence wounds (forearms, backs of legs, hands and feet) Bruised scalp (hair pulling) Bruises in the shape of an object Broken bones, sometimes at different stages of healing Scarring Effects of poisoning – drowsiness, vomiting, seizures 	<ul style="list-style-type: none"> Effects of suffocation – respiratory problems Flinching when approached Withdrawn Changes in behaviour Behavioural issues Being clingy or tearful Not wanting to go home Truancy Nightmares Drug/alcohol abuse Anxious Unable to explain injuries/inconsistent explanation
Neglect	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, clothing and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate care-givers); ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs. Children who are neglected are likely to be facing other forms of abuse.	<ul style="list-style-type: none"> Smelly Unwashed clothes Inadequate clothing (poor footwear, no winter coat) Seem hungry, overeat at school, don't have money for lunch Frequent nappy rash in infants Untreated injuries, illness or dental problems Recurring illness or infections Lack of appropriate medication Missed medical appointments Poor muscle tone/prominent joints 	<ul style="list-style-type: none"> Skin issues such as sores, rashes, flea bites, scabies, ringworm Swollen tummy or thin Anaemia Tiredness Failure to thrive (e.g. not meeting developmental milestones) Poor language, communication or social skills Unsuitable home – dirty, cold Left alone for long periods of time Taking on carer role for other family members Hoarding food Frequent lateness or absence from school

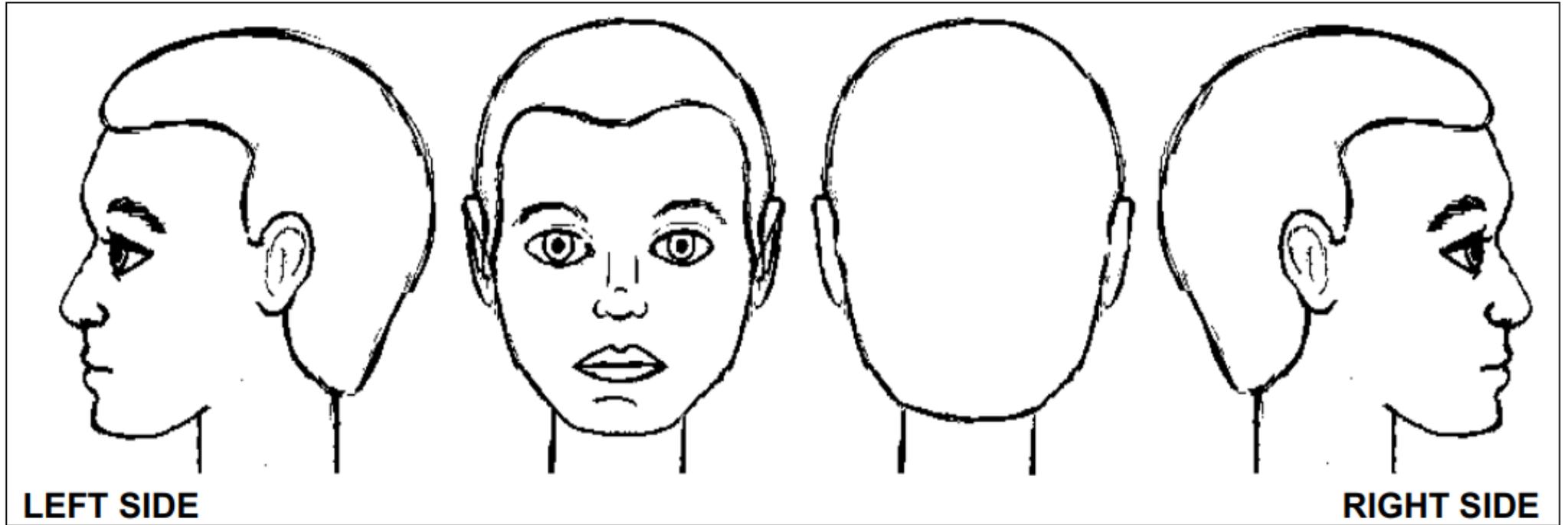
	Definition	Signs and Symptoms	
Emotional Abuse	<p>The persistent emotional maltreatment of a child, such as to cause severe and persistent adverse effects on the child's wellbeing and development. Can include (but isn't limited to) making a child feel unloved, making fun of them, imposing inappropriate expectations on them, preventing them from joining in normal social interaction, deliberately silencing them, bullying, exploitation or corruption of children, valued only insofar as meeting the needs of another person. Abuse can be passive or active.</p> <p>Children who are emotionally abused may also be facing other forms of abuse.</p>	<p>Overly-affectionate towards strangers or people they haven't known for very long Lack confidence or become wary or anxious Not appear to have a close relationship with their parent, e.g. when being taken to or collected from nursery etc. Aggressive or nasty towards other children and animals. Use language, act in a way or know about things that you wouldn't expect them to know for their age</p>	<p>Struggle to control strong emotions or have extreme outbursts Seem isolated from their parents Lack social skills or have few, if any, friends Self-harm Fearfulness Enuresis Behavioural or emotional changes</p>
Sexual Abuse	<p>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.</p> <p>Activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.</p> <p>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).</p> <p>Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.</p>	<p>Unexplained gifts Truancy or lateness to school Avoid being alone with people, such as family members or friends Frightened of a person or reluctant to socialise with them. Show sexual behaviour that's inappropriate for their age Sexually active at a young age/promiscuous Use sexual language or know information that you wouldn't expect them to.</p>	<p>Anal or vaginal soreness Unusual discharge Sexually transmitted infection (STI) Pregnancy Drug/alcohol abuse Self-harm Anxiety Behavioural issues</p>

Key points:

- Do not examine or photograph a child's injuries, or ask them to undress
- Add as much detail to the recording proforma as possible
- Take immediate action if a child requires First Aid or emergency assistance

Recording Proforma: Body Map

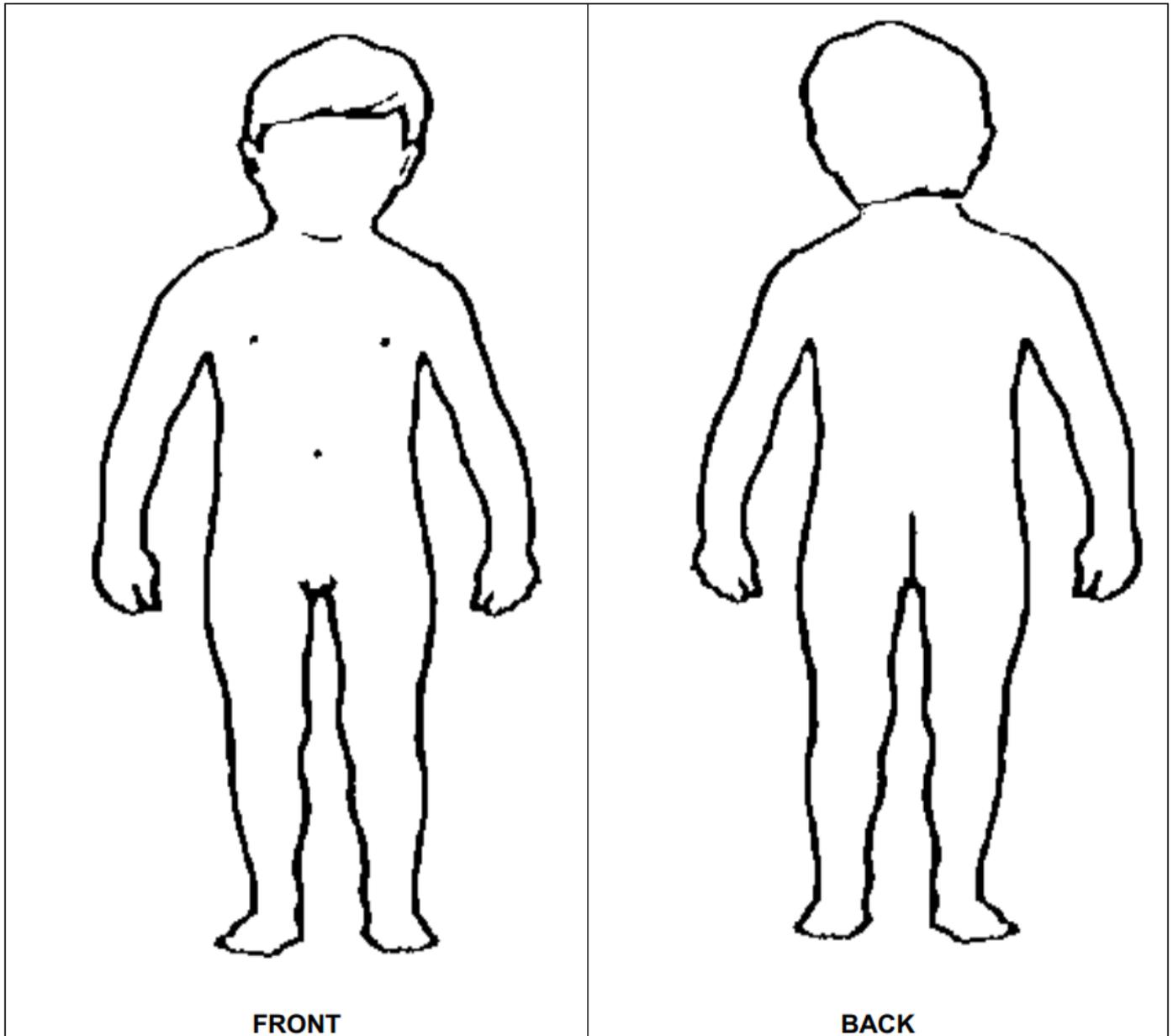
Name of Child:	Recorded by:	Date injury observed:	Date injury recorded:
Date of Birth:	Job role:	Time injury observed:	Time injury recorded:



Description of Injury:

Recording Proforma: Body Map

Name of Child:	Recorded by:	Date injury observed:	Date injury recorded:
Date of Birth:	Job role:	Time injury observed:	Time injury recorded:



Description of Injury:

Recording Proforma: Physical injuries to child

This sheet should be completed every time the body map proforma is completed and filed with the corresponding body map.

Name of Child:	Recorded by:	Date injury observed:	Date injury recorded:
Date of Birth:	Job role:	Time injury observed:	Time injury recorded:

Summary of how injury came to be known to staff:

Child's account of the injury:

Parent/s' account of the injury (if appropriate):

Record of discussions with DSL:

Date: _____ Time: _____

Page ____ of ____

Action taken:

Follow-up required: (Agreed actions and timescales)

Name of Staff:

Name of DSL:

Signed:

Signed:

Date:

Date:

