

## PART 29

### PRACTICE GUIDANCE FOR PRACTITIONERS AND THEIR MANAGERS: SAFEGUARDING CHILDREN FROM ABUSE LINKED TO A BELIEF IN SPIRIT POSSESSION

#### OVERVIEW

1. This practice guidance is based upon the non-statutory good practice guidance. 'Safeguarding Children from Abuse Linked to a Belief in Spirit Possession', HM Government (2007). It is particularly aimed at practitioners within local authorities, education, health and social care settings but may be useful to other organisations too.

#### SCOPE

2. This practice guidance supports practitioners to address the particular needs of children abused or neglected because of a belief in spirit possession. **It does not replace the need to follow the statutory guidance (represented in Part 4 of these procedures) where concerns exist that a child may have been abused.**

#### OVERRIDING PRINCIPLE

3. Child abuse is never acceptable in any community, in any culture, in any religion under any circumstances. This includes abuse that might arise through a belief in spirit possession or other spiritual or religious beliefs.

#### INCIDENCE

4. The number of identified cases of such abuse is small but where it occurs the impact on the child is great. It is possible that larger numbers of cases remain undetected.

#### DEFINITIONS

5. The term 'belief in spirit possession' is defined for the purposes of this guidance as the belief that an evil force has entered a child and is controlling him or her. Sometimes the term 'witch' is used and is defined here as the belief that a child is able to use an evil force to harm others.
6. A range of other language is connected to this sort of abuse - black magic, kindoki, ndoki, the evil eye, djinns, voodoo, obeah, demons and child sorcerers.
7. Exorcism is defined here as attempting to expel evil spirits from the child.

## WHO PERPETRATES THE ABUSE?

8. The abuse may be carried out by the child's parents/carers or others in the family network, as well as by faith leaders. There have been reported cases of individuals who present themselves as faith leaders/healers, being paid by parents to 'exorcise' children.

## WHY ARE CHILDREN ABUSED IN THIS WAY?

9. It is not helpful to apply stereotypes. A belief in 'spirits' and 'possession' is relatively widespread, whilst abuse linked to such belief is rare. This type of abuse is not confined to particular countries, cultures, religions or communities.
10. Genuine beliefs can be held by families, carers, religious leaders, congregations and the children themselves that evil forces are at work. In all identified cases every child had an accusation of 'evil' made against them which was commonly accompanied by a belief they could 'infect' others with such 'evil'. The explanation for how a child becomes possessed varies widely.
11. Families and children can be deeply worried by the evil that they believe is threatening them, and abuse often occurs when an attempt is made to 'exorcise' or 'deliver' the child.
12. The belief that a child is possessed can be supported by faith leaders and the child, and in some cases the family may be ostracised by community members.
13. Scapegoating of a child - whilst this type of abuse may be driven by certain beliefs and practices the underlying reasons for the abuse are often similar to other contexts in which children become at risk of poor outcomes; (eg family stress, deprivation, domestic violence, substance abuse, mental health problems). A quarter of identified cases have identified mental health concerns in the children who are different in some way perhaps because they have an illness, disability, or are particularly bright might also be targeted. A range of behaviours may result in a child being viewed as different.
14. Scapegoating often results from a combination of a weak bond of affection between a child and a parent or carer, a belief that the child is violating family norms and above all a perception that the child is different.
15. Rationalising misfortune by attributing it to spiritual forces.
16. Changes in family structure or dynamics has been identified in cases of this type of abuse. Carers often had new, transient or several partners. Family structures also tended to be complex so that exact relationships with the child, who may be privately fostered or living with extended family, were not immediately apparent.
17. A family's disillusionment with life or negative experience of migration is a further social factor identified in cases of this type of abuse.

18. The impact upon the child is substantial and serious.
19. The child can themselves come to hold the belief that they are possessed and this may be harmful in itself and can significantly complicate their rehabilitation.
20. The child may also accept the abuse if they are coerced into believing they are possessed.

### FORMS OF ABUSE

21. Physical abuse: beating, shaking, burning, cutting, stabbing, semi-strangulating, tying up the child, rubbing chilli peppers or other substance on the child's genitals or eyes, placing chilli peppers or other substances in the child's mouth.
22. Emotional/psychological abuse: in the form of isolation, for example, not allowing a child to eat or share a room with family members or threatening to abandon them, or telling a child they are evil or possessed. The child may also accept the abuse if they are coerced into believing they are possessed.
23. Neglect: in the form of failure to ensure appropriate medical care, supervision, regular school attendance, good hygiene, nourishment, clothing or keeping the child warm.
24. Sexual abuse: children abused in this way may be particularly vulnerable to sexual exploitation, perhaps because they feel powerless and worthless and feel they will not be believed if they tell someone about the abuse.

### IDENTIFYING CHILD ABUSE OR NEGLECT LINKED TO A BELIEF IN SPIRIT POSSESSION

25. Also cross reference to factors considered at paragraphs 10-20.
26. A range of common features have been observed in identified cases of this type of abuse, which may also be common features in other kinds of abuse and include:
  - a child's body showing signs or marks, such as bruises or burns, from physical abuse;
  - a child becoming noticeably confused, withdrawn, disorientated or isolated and appearing alone amongst other children;
  - a child's personal care deteriorating, for example through a loss of weight, being hungry, turning up to school without food or lunch money, or being unkempt with dirty clothes or even faeces smeared onto them;
  - it may be directly evident that the child's parent/carer does not show concern for the child or have a close bond with them;

- a child's attendance at school becoming irregular or the child being taken out of school altogether without another school place having been organised, or a deterioration in a child's performance at school;
- a child reporting that they are or have been accused of being 'evil', and/or that they are having the 'devil beaten out of them'.

#### WHAT TO DO IF YOU SUSPECT CHILD ABUSE OR NEGLECT LINKED TO A BELIEF IN SPIRIT POSSESSION - PROCESS

27. Procedures for making referrals to children's social care where concerns exist that an identified child is in need, or is suffering or at risk of suffering, significant harm, are explicated in Chapter 4 of these procedures and should be followed in all cases. What follows constitutes additional practice guidance.
28. Any practitioner who has concerns about a child's welfare should discuss them with their Manager, a designated member of staff for safeguarding or a designated health professional. All such discussions should be recorded, including the reasons for decisions made and agreements regarding further action.
29. Where a child is in acute immediate risk swift referral should be made to the Police and/or the First Response Team (Children's Social Care).
30. Consultation/advice can also be sought from the Team Manager/Senior Practitioners located within the First Response Team without necessarily identifying the child in question.
31. Following referral to the First Response Team cases appearing to meet the threshold of significant harm/likelihood of significant harm will be referred to the local area safeguarding team. Where a child in need is identified referral will be made to the local area Family Assessment and Support Service Team (FASS).
32. In cases where it is suspected that the case is one of child abuse linked to a belief in spirit possession the First Response Worker completing the referral should direct the receiving team in writing to refer to this procedure at [www.staffsscb.org.uk](http://www.staffsscb.org.uk).
33. Upon receiving the referral the procedures explicated in Part 4 should be followed.
34. In undertaking the initial/core assessment under S47 of the Children Act 1989 the practitioner leading the assessment should consider the following five additional factors as part of their assessment.

**The full guidance produced by HM Government can be accessed at [www.everychildmatters.gov.uk](http://www.everychildmatters.gov.uk) 'Safeguarding Children from Abuse Linked to a Belief in Spirit Possession' (2007) HM Government, paragraphs 16-17.**

**35. How do I understand the particular risk of harm to the child?**

- How do I build a relationship with the child?
- What are the beliefs of the family?
- Seek advice if you are dealing with a set of cultures or beliefs you don't understand.  
(Resource on faith and religion available at [www.nspcc.org.uk/inform](http://www.nspcc.org.uk/inform))
- What is the family structure?
- Are there reasons why the child might be picked on?
- Do I need a professional interpreter?

**36. How do I best safeguard and promote the welfare of the child?**

- What pressures are the family under?
- Is the perpetrator of the abuse isolated?
- Involving the family.
- Ask questions and seek advice about a culture, religion or belief you are not familiar with.
- A multi-agency response - engage agencies in the community involved with the child.

**37. Which services are relevant in these cases of abuse?**

- Placements - foster care, residential care, adoption.
- CAMHS/adult mental health services re: parent/carer.
- Health services, especially for victims of severe physical abuse.
- Faith groups - the family's faith community may need advice from Children's Social Care. They may be able to help a family understand how to treat their child and offer support to the child/family to help promote the welfare of the child. However, care should be taken to establish whether the faith group that the victims parents or carers are affiliated to supports the practice of abusive exorcism. Where this is identified a multi-agency meeting, to include the Police should be convened, to detail actions to be taken with the faith group.
- Wider family support services (statutory and voluntary sector).
- The police - possible crimes should be reported at the first possible opportunity.
- Schools.

**38. Concerns about children being taken out of the UK (THIS WILL REQUIRE AN IMMEDIATE RESPONSE UNDER CHILD PROTECTION PROCEDURES AND LEGAL ADVICE REGARDING IMMIGRATION FROM AN ACCREDITED LAWYER)**

- Immediate referral to Children's Social Care.
- Involve the Police immediately.
- Consider the need for legal advice about immigration.
- Liaison with the Borders and Immigration Agency, about the child and abusers and anyone seeking to smuggle a child out of the county.
- Why is the child being taken out of the UK?

- Will care arrangements in the UK allow the LA to discharge its safeguarding duties?
- What is the child's immigration status - when and how did they arrive in the UK?
- What are the proposed arrangements for the child in their country of destination? Is it possible to check these arrangements?
- Are you satisfied that those arrangements will safeguard and promote the welfare of the child?

#### WHAT TO DO IF YOU HAVE CONCERNS ABOUT A PLACE OF WORSHIP - NO PARTICULAR CHILD IDENTIFIED

39. Concerns about a place of worship may emerge where;
  - a lack of priority is given to the protection of children
  - leaders are reluctant to implement safeguarding policies/practices
  - the belief exists that display of repentance for an act of abuse is seen to mean that an adult no longer poses a risk of harm
  - children's rights are minimised/denied
  - individuals are demonised.
  - there is a promotion of mistrust of secular authorities
  - there are specific unacceptable practices that amount to abuse
  - there is an assumption that members of the place of worship cannot be abusers.
40. Referral should be made to the First Response Service/Police where concerns exist about a place of worship, even if a particular child is not identified.
41. First Response should pass the concerns on, in writing, to the Team Manager of the local Safeguarding Team and copy to the relevant Head of Service for Safeguarding.
42. The Team Manager should convene a multi-agency meeting of relevant personnel to formally plan how to tackle the concerns. The Police (CAIU) and Designated Nurse for Child Protection should always be in attendance.
43. The multi-agency meeting will consider:
  - whether intervention is needed to safeguard children.
  - whether concerns can be addressed through influence and engagement.
44. Where identified concerns persist, despite attempts to address them, the Chair of the SSCB should be informed.