



Staffordshire and Stoke-on-Trent Safeguarding Children Boards

Section 4F (Staffordshire) Section F05 (Stoke-on-Trent)

CHILD ABUSE LINKED TO FAITH OR RELIGIOUS BELIEFS

1. Definition

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 to signify the belief that a child is able to use an evil force to harm others. There is also a range of other language that is connected to such abuse. This includes black magic, kindoki, ndoki, the evil eye, djinns, voodoo, obeah, demons, and child sorcerers.

In all these cases, genuine beliefs can be held by families, carers, religious leaders, congregations, and the children themselves that evil forces are at work. 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. Exorcism is defined as attempting to expel evil spirits from a child (Safeguarding Children from Abuse Linked to a Belief in Spirit Possession DfES 2012).

The belief in 'possession' or 'witchcraft' is widespread. It is not confined to particular countries, cultures or religions, nor is it confined to new immigrant communities in this country.

Any concerns about a child which arise in this context must be taken seriously.

2. Risks

The number of known cases of child abuse linked to accusations of 'possession' or 'witchcraft' is small, but children involved can suffer damage to their physical and mental health, their capacity to learn, their ability to form relationships and to their self-esteem. It is likely that a proportion of this type of abuse remains unreported. Such abuse generally occurs when a carer views a child as being 'different', attributes this difference to the child being 'possessed' or involved in 'witchcraft' and attempts to exorcise him or her.

A child could be viewed as 'different' for a variety of reasons such as disobedience; independence; bed-wetting; nightmares; illness; or disability. There is often a weak bond of attachment between the carer and the child.

There are various social reasons that make a child more vulnerable to an accusation of 'possession' or 'witchcraft'. These include family stress and/or a change in the family structure.

The attempt to 'exorcise' may involve severe beating, burning, starvation, cutting or stabbing and isolation, and usually occurs in the household where the child lives. Any siblings or other children in the household may be well cared for with all their needs met by the parents and carers. The other children may have been drawn in by the adults to view the child as 'different' and may have been encouraged to participate in the adult activities

Whilst specific beliefs, practices, terms or forms of abuse may exist, the underlying reasons for the abuse are often similar to other contexts in which children become at risk. These reasons can include family stress, deprivation, domestic violence and abuse, substance abuse and mental health problems. Children who are different in some way, perhaps because they have a disability or learning difficulty, an illness or are exceptionally bright, can also be targeted in this kind of abuse.

Any suggestions that the parent or carers will take the child out of the country must be taken seriously and legal advice sought regarding possible prevention. The child must be seen and spoken to on his or her own. The child's sleeping and living arrangements must be inspected.

In assessing the risks to the child, the siblings or any other children in the household must also be considered as they may have witnessed or been forced to participate in abusive or frightening activities.

Concerns about a place of worship may emerge where:

- A lack of priority is given to the protection of children and there is reluctance by some leaders to get to grips with the challenges of implementing sound safeguarding policies or practices;
- Assumptions exist that 'people in our community' would not abuse children or that a display of repentance for an act of abuse is seen to mean that an adult no longer poses a risk of harm;
- There is a denial or minimisation of the rights of the child or the demonisation of individuals;
- There is a promotion of mistrust of secular authorities and agencies;
- There are specific unacceptable practices that amount to abuse.

3. Protection and Action to be Taken

Where the concerns about abuse linked to witchcraft and spirit possession for the welfare and safety of the child or young person are such that a referral to Children's Social Care should be made and the **Referrals Procedure** must be followed. The same applies where the concerns relate to beliefs about the use of medical interventions or health treatment.

An assessment should aim to fully understand the background and context to the beliefs i.e. what is happening to the child. Independent advisors should be considered to act as advisors where possible.

The assessment may include key people in the community especially when working with new immigrant communities and different faith groups.

Practitioners should consider whether the beliefs are supported by others in the family or in the community, and whether this is an isolated case or if other children from the same community are being treated in a similar manner.

Practitioners need to establish if there is a faith community and leader which the family and the child adhere to and find out:

- The details of the faith leader and faith community which the family and child adhere to;
- The exact address of the premises where worship or meetings take place;
- Further information about the beliefs of the adherents and whether they are aligned to a larger organisation in the UK or abroad (websites are particularly revealing in terms of statements of faith and organisational structures).

In view of the nature of the risks, a full health assessment of the child should take place to establish the overall health of the child, the medical history and current circumstances.

4. Indicators

Concerns reported in the cases known from research have involved children aged 2 to 14, both boys and girls, and have generally been reported through schools or non-governmental organisations. The referrals usually take place at a point when the situation has escalated and become visible outside the family.

Note: This means that the child may have been subjected to serious harm for a period of time already.

The initial concerns may include the following issues:

- Issues of neglect, such as not being fed properly or being 'fasted', not being clothed, washed properly etc, but left to fend for themselves especially compared to the other children in the household.
- Often the carer is not the natural parent and the family structure can be complex.
- Children often appear distressed and withdrawn.
- The child is seen as the scapegoat for a change in family circumstances for the worse.
- In a group of children it may be the child who is relatively powerless vis-a-vis the parents/carers, maybe a child with no essential role in the family.
- The child is seen as someone who violates the family norms by being physically different perhaps because of illness, disability or, in some cases, a suspicion by the father of adultery by the mother.

Child abuse linked to faith or belief may occur where a child is treated as a scapegoat for perceived failure.

All agencies should be alert to the indicators above and should be able to identify children at risk of this type of abuse and intervene to prevent it.

5. Protection and action to be taken

In any situation in which there are concerns for the safety and welfare of a child the referral process must be followed.

Please refer to the following documents:

Staffordshire: [Section 3A Making a Referral](#)

Stoke-on-Trent: [CO1 Making a Referral](#)

Where a referral is accepted the assessment should aim to fully understand the background and context to the beliefs and must involve the particular faith group or person performing or advising the family about the child in order to establish the facts i.e. what is happening to the child. Consideration should be given to asking an independent person to act as an adviser and mediator.

Where necessary, the assessment may include key people in the community especially when working with new immigrant communities and different faith groups. In view of the nature of the risks, a full health assessment of the child should take place to establish the overall health of the child, the medical history and current circumstances.

Consideration should also be given to whether the potential perpetrator(s) of suspected abuse may be perceived to be in a 'position of trust', or operating from within an environment which is otherwise not regulated. Appropriate advice can be obtained from the Local Authority Designated Officer (LADO).

6. Further Information

Further contacts for advice can be found from the local representatives for some faiths, from organisations such as the Churches' Child Protection Advisory Service (CCPAS) who provide information about exorcism; the African Caribbean Evangelical Alliance (ACEA); Churches Together in England and the Muslim Parliament, all of whom are consulting about and developing guidance.

- [An Exploration of Knowledge About Child Abuse Linked to Faith or Belief \(2016\)](#)
- [National Action Plan to Tackle Child Abuse Linked to Faith or Belief \(2012\)](#)
- [Safeguarding Children from Abuse Linked to a Belief in Spirit Possession \(2007\)](#)