

Harmful practices

Although it's a sensitive topic, practitioners suspecting child abuse linked to faith or belief including witchcraft should raise the alarm around their concerns.



The death of Victoria Adjo Climbié, in February 2000,

sparked a moment of reckoning within the childcare profession. Victoria was an 8-year-old Ivorian girl who had been brought to London only to be tortured and murdered by her carers.

The case was notable not just for its tragic nature, but for the ways it was tangled up with religion. Victoria's great aunt had persuaded two different pastors that the girl was "possessed", and that her injuries were caused by evil spirits. Amid the child protection reforms that followed, such cases became known as "child abuse linked to faith or

belief including witchcraft" (CALFBW).

"There have since been a number of other high-profile child abuse cases in the UK which have involved abuse linked to faith or belief," says a spokesperson for the Victoria Climbié Foundation. "These cases illustrate how CALFBW can arise in families of different faiths and ethnicities: Samira Ullah, Khyra Ishaq, Kristy Bamu and the foster children of Eunice Spry."

How does it manifest?

While it's impossible to know exactly how many children are at risk, hundreds of potential cases are flagged every

year. According to the latest Department for Education Child in Need Census data, 1,960 cases were identified in England in 2021-22, up from 1,460 in 2016-17 (figures for Wales were not available).

Under the Government's definition, these are cases in which a child is vulnerable because of "his or her parents or carers' belief system... [including] belief in witchcraft, spirit possession, demons or the devil, the evil eye or djinns, dakini, kindoki, ritual or muti murders and use of fear of the supernatural."

In common with other forms of abuse, CALFBW can be physical, psychological, sexual or



neglectful in nature. The belief system can even be used to make a child comply with trafficking. In general, though, it involves the mistreatment of a child in a bid to remove an “evil spirit”. He or she might be ritualistically beaten, burnt, cut, tied up, or have substances such as chilli peppers rubbed on the genitals or eyes (see Potential Signs, opposite).

“Abuse of all forms can leave children feeling scared, alone and distrustful of supporting professionals,” says Rohma Ullah, Head of the National Female Genital Mutilation (FGM) Centre. “In cases of abuse linked to spirit possession and witchcraft, the accusation itself can be psychologically damaging, and impact the child’s emotional wellbeing and self-esteem long into adulthood.”

Who is most at risk?

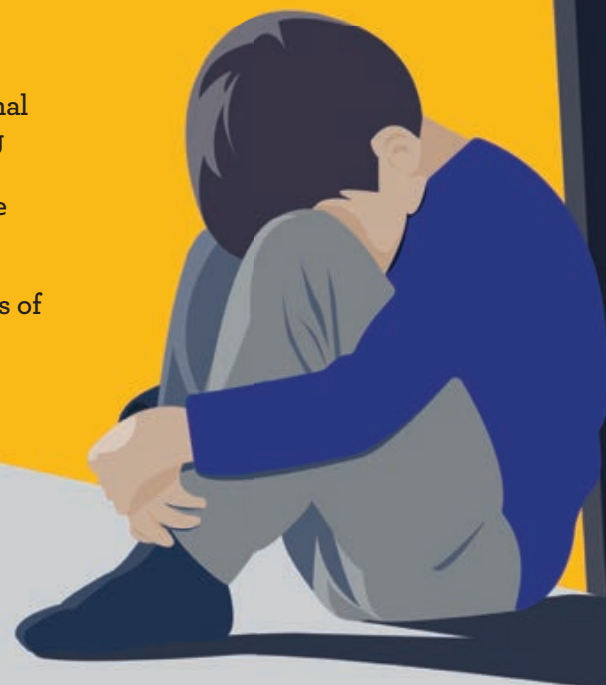
There are many reasons a child might be accused of having an evil spirit or being a witch, not least physical differences or disabilities.

“Research has shown that when a family experiences a misfortune, they may look for anything

POTENTIAL SIGNS

According to the Victoria Climbié Foundation, potential indicators of CALFBW include the following:

- Physical injuries, such as bruises or burns
- The child reporting that they have been accused of being “evil”
- The child or family may use words such as “kindoki”, “djinn”, “juju” or “voodoo” – all of which refer to spiritual beliefs
- The child becoming noticeably confused, withdrawn, disorientated, or the isolated child’s behaviour is explained in terms of witchcraft and spirit possession
- The child’s personal care deteriorating
- Family misfortune and/or a child’s behaviour is explained in terms of witchcraft and spirit possession
- The child’s parent or carer does not appear to have a close bond with the child
- The child’s attendance at school becomes irregular or their performance deteriorates
- The child is taken out of a school altogether without another school place having been arranged
- Wearing unusual jewellery/items or in possession of strange ornaments or scripts



"Belief in witchcraft is commonplace globally and doesn't tell you about someone's propensity to abuse a child"

that is new or 'different' as the cause of the problem," says Rohma. "In turn, this means that any child who is viewed as being 'different' in the eyes of the accuser could be vulnerable to an accusation. A child could be singled out for having autism, a learning need, epilepsy, deafness and more."

Those living with extended family or in foster placements may also be more susceptible, although of course that doesn't mean there's anything automatically suspicious about this kind of living situation.

"It is important to stress that the belief [in witchcraft] is not confined to particular countries, cultures or religions," adds the spokesperson for the Victoria Climbié Foundation.

"There are various social reasons that make a child more vulnerable to an accusation of possession or witchcraft. These include family stress, a change in the family structure, and a weak bond of affection between carer and child."

Cultural sensitivities

Like any form of child abuse, CALFBW is a difficult topic to broach. It's also an

area mired in cultural and religious sensitivities. As academics Dr Kathryn Kinmond and Dr Lisa Oakley have argued, religion in the UK is largely viewed as a private matter, which leads to a lack of training in these topics within social work.

"Currently there is limited awareness of this specific form of child abuse," they wrote in 2017.

Since then, work to raise awareness has been ongoing, mostly driven by third-sector organisations such as the Victoria Climbié Foundation. As the leading independent organisation addressing this problem, the Foundation says that CALFBW cannot be tackled adequately without considering matters of faith and belief.

"Because CALFBW occurs in minority ethnic communities – although not exclusively – the fear of being accused of racism continues to make some professionals hesitant to act," says the spokesperson. "It is important to note that practitioners are not required to question others' beliefs, rather the harmful practice that may



be linked to such beliefs in the context of child safeguarding. And no religion should override the safety and wellbeing of a child.”

The National FGM Centre has been focusing on CALFBW since 2017. Since then, it has delivered training to thousands of childcare professionals.

“It is good practice for professionals to know and understand if a family hold a faith or have a belief system that’s important to them,” says Rohma. “It can also help to understand the family’s view of the world and how they make sense of misfortunes they may encounter. Applying this approach to all families regardless of their background can help to provide a consistent response.”

Above all, it’s important to separate beliefs from maltreatment. Belief in witchcraft or possession is commonplace globally and doesn’t tell you about someone’s propensity to abuse a child.

Are you worried?

So what should you do if you are concerned about a child in your care? As ever, the crucial thing is to take

“THE FEAR OF BEING ACCUSED OF RACISM CONTINUES TO MAKE SOME PROFESSIONALS HESITANT TO ACT”

Further help

- Department of Education guidance: bit.ly/gov-CALFBW (England only)
- Advice from South Wales Police: bit.ly/SWP-CALFBW
- Information from the National FGM Centre: nationalfgmcentre.org.uk/calfb
- Information from the Victoria Climbié Foundation: bit.ly/VCF-CALFB
- Information from the Safeguarding Network: bit.ly/SN-CALFBW

action if you’re concerned. Rather like FGM, this form of abuse cannot simply be passed off as a cultural difference.

“There are many cultural differences that we would support, for example around food choices,” says Claire Protheroe, Head of Contracts and Projects at PACEY. “But there are other cases where the welfare of the child does need to be paramount, and would override any other concerns.”

That means practitioners should always follow their normal safeguarding procedures if they think a child may be at risk of CALFBW. There are also a number of online resources that you can visit (left), while PACEY has practice advisors able to offer general guidance.

“The good practice here is to go on the evidence that’s in front of you, rather than hearsay or your interpretation of what’s going on,” says Claire. “You’re sticking to the facts, recording any trends and patterns that you see, seeking support as needed and making that referral if you believe a child is at risk.” 