

Spiritual, Cultural and Religious Beliefs

RELATED GUIDANCE AND INFORMATION

- Research Report RR750 by Eleanor Stobart: [Child Abuse Linked to Accusations of “Possession and Witchcraft”](#),
- [Child Abuse Linked To Faith or Belief – Metropolitan Police](#)
- [National action plan for tackling child abuse linked to faith or belief, Department for Education.](#)
- [Child Abuse Linked to Faith or Belief – National FGM Centre](#)
- [Safeguarding in Faith Communities](#)
- [Thirtyone:eight \(formerly CCPAS\)](#)
- [Breast Ironing](#)
- [Male Circumcision](#)
- [Child Abuse Linked with a Belief Factsheet](#)

See also **Safeguarding Children at Risk of Abuse through Female Genital Mutilation (FGM) Procedure**

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1. Introduction

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.

The definition which is commonly accepted across faith-based organisations, non-governmental organisations and the public sector is the term ‘possession by evil spirits’ or ‘witchcraft’.

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

Where the concerns relate to a number of children, consideration should be given to whether the **Complex (Organised and Multiple) Abuse Procedure** should be implemented.

Where parents, families and the child themselves believe that an evil force has entered a child and is controlling them, the belief includes the child being able to use the evil force to harm others. This evil is variously known as black magic, kindoki, ndoki, the evil eye, djinns, voodoo, obeah. Children are called witches or sorcerers.

Parents can be initiated into and / or supported in the belief that their child is possessed by an evil spirit by a privately contacted spiritualist / indigenous healer or by a local community faith leader. The task of exorcism or deliverance is often undertaken by a faith leader, or by the parents or other family members.

A child may suffer emotional abuse if they are labelled and treated as being possessed with an evil spirit. In addition, significant harm to a child may occur when an attempt is made to 'exorcise' or 'deliver' the evil spirit from the child. See **Responding to Abuse and Neglect Procedure**.

Significant harm is defined in **Responding to Abuse and Neglect Procedure**, Concept of Significant Harm as a situation where a child is suffering, or is likely to suffer, a degree of physical, sexual and / or emotional harm (through abuse or neglect) which is so harmful that there needs to be compulsory intervention by child protection agencies into the life of the child and their family.

The forms the abuse can take include:

- Physical abuse: beating, burning, cutting, stabbing, semi-strangulating, tying up the child, or rubbing chilli peppers or other substances on the child's genitals or eyes;
- Emotional abuse: in the form of isolation (e.g. not allowing a child to eat or share a room with family members or threatening to abandon them). The child may also be persuaded that they are possessed;

- Neglect: failure to ensure appropriate medical care, supervision, school attendance, good hygiene, nourishment, clothing or warmth;
- Sexual abuse: within the family or community, children abused in this way may be particularly vulnerable to sexual exploitation.

2. Reasons for the Abuse

A belief in spirit possession is not confined to particular countries, cultures, religions or communities. Common factors that put a child at risk of harm include:

- Belief in evil spirits: this is commonly accompanied by a belief that the child could 'infect' others with such 'evil'. The explanation for how a child becomes possessed varies widely, but includes through food that they have been given or through spirits that have flown around them;
- Scapegoating because of a difference: it may be that the child is being looked after by adults who are not their parents (i.e. privately fostered), and who do not have the same affection for the child as their own children;
- Rationalising misfortune by attributing it to spiritual forces and when a carer views a child as being 'different' because of disobedience, rebelliousness, over-independence, bedwetting, nightmares, illness or because they have a perceived or physical abnormality or a disability;
Disabilities involved in documented cases included learning disabilities, mental ill health, epilepsy, autism, a stammer and deafness;
- Changes and / or complexity in family structure or dynamics: there is research evidence (see Research Report RR750 by Eleanor Stobart: [Child Abuse Linked to Accusations of "Possession and Witchcraft"](#)) that children become more vulnerable to accusations of spirit possession following a change in family structure (e.g. a parent or carer having a new partner or transient or several partners). The family structure also tended to be complex so that exact relationships to the child were not immediately apparent. This may mean the child is living with extended family or in a private fostering arrangement (see Children Living Away from Home (including **Children and Families living in Temporary Accommodation and Private Fostering Procedure**)). In some cases, this may even take on a form of servitude;
- Change of family circumstances for the worse: a spiritual explanation is sought in order to rationalise misfortune and the child is identified as the source of the problem because they have become possessed by evil spirits. Research evidence is

that the family's disillusionment very often had its roots in negative experiences of migration:

- In the vast majority of identified cases in the UK to date, the families were first or second generation migrants suffering from isolation from extended family, a sense of not belonging or feeling threatened or misunderstood. These families can also have significantly unfulfilled expectations of quality of life in the UK;

Parental difficulties: a parent's mental ill health appears to be attributed to a child being possessed in a significant minority of cases. Illnesses typically involved include post-traumatic stress disorder, depression and schizophrenia.

3. Recognising Child Abuse or Neglect Linked to Spirit Possession

Indicators of abuse 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 food money or being unkempt with dirty clothes and even faeces smeared on to them;
- It may also be directly evident that the child's parent does not show concern for or a close bond with them;
- A child's attendance at school becoming irregular, or being taken out of school all together without another school place having been organised;
- 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.

Professionals who are best placed to recognise when a child has been labelled as spirit possessed are those who have regular contact with children - teachers and school nurses, health professionals, community groups and churches, and in some instances LA children's social care professionals. Professionals working with parents may also become aware that a parent has come to believe that an evil spirit has entered their child.

4. Professional Response

Faith based abuse may challenge a professional's own faith and / or belief, or the professional may have little or no knowledge on the issues that may arise. This makes it difficult for the professional to identify what they might be dealing with and affect their judgement. It will often take a number of contacts with the child or pieces of information to recognise the abuse.

Professionals should consider:

- How to build a relationship of trust with the child, and whether there is another professional who already has a trusting relationship with the child;
- Whether to involve the family. A belief that the child is possessed may mean they are stigmatised in their family. If the child has been labelled as possessed, professionals should find out how this affects the child's relationship with others in the extended family and community;
- What the beliefs of the family are;
- Where to obtain expert advice about cultures or beliefs that are not their own;
- What pressures the family are under. These cases of abuse will sometimes relate to blaming the child for something that has gone wrong in the family. Professionals should consider whether there is anything that can or should be done to address relevant pressures on the family;
- That the abuser may have a deeply held belief that they are delivering the child of evil spirits and that they are not harming the child but actually helping them. Holding such a belief is no defence or mitigation should a child be abused.

Professionals should consider:

- Whether these 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;
- Whether there is a faith community and leader which the family and the child adhere to:
- As a minimum, the full details of the faith leader and faith community to which the family and child adhere to should be obtained;
- The exact address of the premises where worship or meetings take place should be obtained;

- Further information should be obtained about the belief 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).

The family structure:

- The roles of the adults in the household should be clarified (e.g. who the child's main carer is, whether the child is being privately fostered);
- Whether the abuse relates to the arrival of a new adult into the household or the arrival of the child, perhaps from abroad;
- If the child has recently arrived, what their care structure in their country of origin was. What the child's immigration status is;
- The identities and relationships of all members of the household. These should be confirmed with documentation; it may be appropriate to consider DNA testing.
- Whether there are reasons for the child to be scapegoated (e.g. the child's behaviour or physical appearance may be different from other children in the family or community, the child may be disabled or their parents labelled as possessed);
- Whether an interpreter is required. If working with a very small community, the professional should assure themselves that the interpreter and the family are not part of the same social network.

Professionals should ensure that all the agencies in the child's network understand the situation so that they are in a position to support the child appropriately. The child can themselves come to hold the belief that they are possessed and this can significantly complicate their rehabilitation.

To dismiss the belief may be harmful to the child involved. With careful and appropriate engagement and adequate support, harm can be reduced or in some cases totally removed.

5. Working with Places of Worship and Faith Organisations

In some circumstances, it may be appropriate to work in partnership with a responsible leader/s from a faith community or to assist a community in terms of safeguarding children through education and training. Such training provides preventative and parenting opportunities.

Before embarking on this course of action, a risk assessment should be conducted to ensure that the child/ren, professionals and others involved in the engagement can do so safely. This strategy is best conducted utilising agencies such as the Police and trusted community

partners. There are charities and statutory bodies who can access faith communities to assist in this training.

Concerns about a place of worship may emerge where:

- A lack of priority is given to the protection of children and there is a reluctance of 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.

Professionals should consult with their agency's designated safeguarding children officer and make a referral to LA children's social care, in line with the **Referrals Procedure**.

6. Children being taken out of the UK

If a professional is concerned that a child who is being abused or neglected is being taken out of the country, it is relevant to consider:

- Why the child is being taken out of the UK;
- Whether the care arrangements for the child in the UK allow the local authority to discharge its safeguarding duties;
- What the child's immigration status is. Professionals should also consider whether the child recently arrived in the UK, and how they arrived;
- What the proposed arrangements are for the child in their country of destination, and whether it is possible to check these arrangements;
- Whether the arrangements appear likely to safeguard and promote the child's welfare;
- That taking a child outside of the UK for exorcism or deliverance type procedures is likely to cause significant harm.

See **Children from Abroad, including Victims of Modern Slavery, Trafficking and Exploitation Procedure**.

Appendix 1 Male Circumcision

What is Male Circumcision?

Male Circumcision is the surgical removal of the foreskin on the penis. The procedure is usually required for social, cultural or religious reasons, or for assumed medical benefits.

Legal Position:

Unlike Female Genital Mutilation, Male Circumcision is not an illegal act in itself and is not normally considered a child protection or safeguarding issue.

Practitioners may assume the procedure is lawful provided that:

- It is performed competently, in a suitable environment, reducing risks of infection, cross infection and contamination;
- It is believed to be in the child's best interest;
- There is valid consent from the family/parent and the child, if Frazer competent.

Consent:

Consent for circumcision is valid only when the person / people giving consent have the authority to do so (i.e. parents) and understand all implications, including that it is a non-reversible procedure.

Recognition of harm / abuse:

Circumcision may constitute significant harm to a child if the procedure is undertaken in such a way that he:

- Sustains physical, functional or cosmetic damage;
- Suffers emotional, physical or sexual harm from the way in which the procedure was carried out;
- Suffers emotional harm from not having been sufficiently informed and consulted, or not having his wishes taken into account;
- Abusive motive on the part of the person/s conducting the procedure.

Appendix 2

Child Abuse Linked with a Belief Factsheet

The term 'belief in spirit possession' is defined for the purposes of this protocol 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. There is also a range of other terms connected to such abuse. These include:

Black magic, Kindoki, Ndoki, the Evil Eye, Djinn (the term 'genie' is a modern derivative of this), Voodoo, Obeah, Demons. Children may also be called witches or child sorcerers.

Genuine beliefs may 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 perceived 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 here as attempting to expel evil spirits from a child. The abuse may be carried out by the child's parents or carers or others in the family network, as well as by faith leaders. 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.

Forms of Abuse

The abuse usually occurs in the household where the child lives but it may also occur in a place of worship where alleged 'diagnosis' and 'exorcism' may take place. The most common forms abuse include:

Physical Abuse: beating, shaking, burning, cutting, stabbing, semi-strangulating, tying up, rubbing chilli peppers or other substances into genitals/eyes or in mouth.

Emotional/Psychological Abuse: enforced isolation, threats of abandonment, convincing the child that they are evil or possessed.

Neglect: failure to ensure or provide appropriate medical care, supervision, regular school attendance, hygiene, nourishment, clothing or warmth.

Sexual Abuse: children may be particularly vulnerable to sexual exploitation, may feel powerless/worthless, that they won't be believed.

Why Children are Abused or Neglected in this Way

There are no stereotypes. This kind of abuse is not confined to particular countries / cultures / religions / communities.

Some people convince themselves that their bad luck or misfortune is linked to spiritual forces - that a child is the source of the problem because they have become possessed by evil spirits.

Children can become a scapegoat because of an obvious or perceived difference. It can stem from a combination of factors including - a weak bond of affection between a child and parent / carer, a belief that the child is violating family norms, a perception that the child is 'different'. It may be that the child is being looked after by adults who are not the parent, and who do not have the same affection for the child as their own children. A child can also be viewed as being different due to disobedience, rebelliousness, over-independence, bedwetting, nightmares, illness, perceived or physical abnormality, mental health, epilepsy, autism, a stammer and deafness. Many of the children in our studies were also described by their families or carers as being naughty. In other cases there were no obvious reasons, but a perceived issue.

Social Factors

- Changing in family structure or dynamics;
- A family's disillusionment with life or negative experience of migration;
- A parent's or carer's mental health.

Identifying Child Abuse or Neglect Linked to a Belief in Spirit Possession

In working to identify such child abuse it is important to remember every child is different. Some children will display a combination of indicators of abuse whilst others will attempt to conceal them. In addition to the social factors above, there is a range of common features across identified cases. These indicators of abuse, which may also be common features in other kinds of abuse, include:

- A. A child's body showing signs or marks, such as bruises or burns, from physical abuse;
- B. A child becoming noticeably confused, withdrawn, disorientated or isolated and appearing alone amongst other children;
- C. 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 and even faeces smeared on to them;
- D. It may be directly evident that the child's parent or carer does not show concern for or have a close bond with the child;
- E. 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;

F. 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'.

Understanding the particular risk of harm to the child, 'Working Together' and local procedures set out how to assess the needs of a child, including the risk of harm. Abuse linked to a belief in spirit possession can be hard for professionals to accept, difficult to understand and it can often take a number of visits to recognise such abuse. In cases of suspected abuse linked to a belief in spirit possession, it may be particularly useful to consider the following:

- A. Building a relationship of trust with the child.
- B. The beliefs of the family.
- C. Seek advice.
- D. The family structure
- E. Reasons the child may be picked on.
- F. Professional Interpreters

Relevant Services in Cases of Abuse

Abuse of a child linked to a belief in possession can take the form of physical, emotional or sexual abuse and neglect. In some cases the abuse can be severe and can even lead to death. There may be a substantial psychological impact on the child, particularly if they are ostracised by the family or community or if they themselves believe they are possessed. The services that a child needs will depend on their individual circumstances, but services that may be particularly relevant to such abuse include: children's social care, Child and Adolescent mental health services (CAMHS), faith groups, the police, schools and wider family support services.