



Relief & Reconciliation International AISBL **GENERAL CHILD PROTECTION POLICY**

as adopted by the Board of Directors on 9 June 2018

1. Purpose

1.1 The most effective way to safeguard children is to have a comprehensive and effective policy, with attached practices and guidelines. This Policy is written under the principle that children and young people attending activities conducted by Relief & Reconciliation International AISBL (R&R International) or its affiliates or associates have a right to feel safe and comfortable in that contact.

1.2 The purpose of this policy is to provide R&R International staff guidelines by which to identify and respond appropriately to concerns of abuse and neglect, and to understand their role in keeping children safe.

2. Scope

2.1 This policy covers all staff of R&R International who have direct or indirect contact with children. This includes those staff, paid or voluntary, employed directly by R&R International, as well as those professionals contracted or invited to provide services to children in the care of R&R International or its affiliates or associates. This includes teaching and non-teaching staff.

2.2 This policy covers the Board of Directors of R&R International and the governing bodies of its National Chapters and their responsibilities in the safety and wellbeing of children.

3. Definitions

3.1 For the purposes of this Policy “Child” means a boy or girl under the age of 14 years, “Young person” means a boy or girl of or over the age of 14 years but under 17 years; but does not include any person who is or has been married or in a civil union (Children, Young Person, and Their Families Act 1989, Section 2).

3.2 For the purpose of this Policy “Staff” means people working with R&R International or its affiliates or associates, and includes employees, contactors, consultants, students, associates and volunteers whether working on a full time, part time, casual, or temporary basis.

3.3 The UN defines violence against children in line with article 19 of the CRC: against “all forms of physical or mental violence, injury and abuse, neglect or children negligent treatment, maltreatment or exploitation, including sexual abuse.” This definition englobes, but it is not limited to, the definitions by the UN Convention on the Rights of the Child and the Consultation on Child Abuse Prevention of 1999 by the World Health Organization.

4. Principles

4.1 This Child Protection Policy confirms the commitment of R&R International to the protection of children and proceeds to:

- outline the standards and principles by which all staff will abide
- define child abuse
- outline the action to be taken by staff where any form of abuse or ill-treatment is known or suspected
- establish what action is required when allegations are made against staff
- explore the implications for staff training

4.2 R&R International will ensure that:

- Staff are carefully selected with the principles of this policy in mind.
- Staff are appropriately trained in issues of child protection.

- Staff are aware of the Child Protection Policy and accompanying procedures and/or guidelines.

4.3 R&R International recognises that all Staff and Board Members have a full and active part to play in protecting students from harm. Overall responsibility, implementation and review of this policy rests with the Board of Directors of R&R International and its authorised agents.

5. Responsibilities

5.1 Any member of Staff, paid or voluntary, may directly witness child abuse or have allegations, made by a child or an adult, relayed to them. There may also be disclosures of abuse that have occurred prior to attending R&R International's activities. Sustained abuse and neglect of children, wherever it occurs, can have major long-term effects on all aspects of children's health, development and well-being and their ability to sustain stable and meaningful relationships in the future. It is the intention of R&R International to ensure that all staff understand their roles and responsibilities in ensuring the safety of children at all times. This is achieved through consistent and agreed protocols regarding child protection, as well as the regular undertaking of awareness raising training.

5.2 Each member of staff must:

- be aware of, and alert to, potential indicators of abuse or neglect
- record a factual account of any concerns they have, or that are brought to their attention
- appropriately seek advice and support from their Designated Person for Child Protection who will then contact external agencies if appropriate
- work in co-operation with the parents and caregivers, unless this compromises the safety of the child.

5.3 **It is the primary responsibility of staff to be vigilant, have knowledge and awareness of the indicators or neglect, potential or actual abuse and to report any concerns, suspicions or allegations of suspected abuse immediately and ensure that the concern is taken seriously and reported.**

5.4 The statutory responsibility to investigate allegations of child abuse rests with national or international agencies for child protection and/or the Police.

Role of the Country Director in a Country of Operations

5.6 The role of the Country Director in a Country of Operations is to:

- Ensure the needs and rights of children come first i.e. the safety and wellbeing of each child is paramount.
- Receive information that suggests potential or actual risk of harm to a child who attends R&R International, irrespective of whether the alleged abuse is current, past or likely to occur. The Country Director will advise and support staff and, on the basis of the initial detail, will make a decision as to whether or not to delegate to the Designated Person(s) for Child Protection for further action.
- Delegate to the Designated Person(s) for Child Protection appropriate action and responsibilities as concerns are raised.
- Make any referrals to national or international agencies for child protection as appropriate.
- Ensure that all allegations are managed appropriately. No investigation will occur without appropriate consultation and a decision whether a response from the Police is required.
- Ensure that one or several Designated Person(s) for Child Protection are appointed in each Centre of Activities (Peace Centres) of R&R International or its affiliates or associates.
- Ensure that allegations or complaints are appropriately referred to the Board of Directors of R&R International and the inter-agency body in charge of child protection in the Country of Operations as well competent national authorities.

- Ensure that the Child Protection Policy is effectively implemented throughout the activities implemented by R&R International or its affiliates or associates.
- Ensure that all staff are aware of, and have access to, full copies of the procedures for reporting child abuse.
- Ensure that all staff are recruited and employed in accordance with the guidelines identified in this policy to identify those people safe to work with children.
- Ensure that all staff receive child protection training.

Role of the Designated Person for Child Protection

5.7 The role of the Designated Person(s) for Child Protection is to:

- Ensure the needs and rights of children come first i.e. the safety and wellbeing of each child is paramount.
- Ensure and safeguard clear, confidential, detailed and dated records on all child protection cases. These must contain all available information relating to the cause for concern and any subsequent action taken, including when it has been decided not to make a notification to the inter-agency body coordinating child protection or the Police. These records will be kept separate from student's records for the purpose of confidentiality.
- Establish a close link with the relevant local or international agencies in the area of operations to ensure clear and effective communication and be a recognised contact within R&R International for agencies to contact regarding concerns.
- Ensure that all staff are supported appropriately when dealing with child protection concerns.
- Maintain a current awareness of the children identified on the Risk Register, and regularly highlight these children to the appropriate staff.
- Consult with the Country Director regarding all child protection concerns.

Role of the Board of Directors

5.6 The role of the Board of Directors, represented by the Secretary General, is to:

- Ensure the needs and rights of children come first i.e. the safety and wellbeing of each child is paramount.
- Support the Country Director in each Country of Operations to ensure that all allegations are managed appropriately. No investigation will occur without appropriate consultation and a decision whether a response from national authorities is required.
- Support the Country Director in each Country of Operations to ensure that allegations or complaints are appropriately referred to national authorities.
- Inform the Country Director in every Country of Operations immediately should any Board Member be aware of a concern for the wellbeing and safety of a child who attends R&R International's activities.
- Ensure the opening of an investigative task force under the responsibility of a Board Member if ever an allegation of child abuse is made against a staff member of R&R International or its affiliates or associates, according to the procedures established in this policy.
- The Chairperson and the Secretary General of the Board of Directors will be directly informed of any allegations of abuse against a Country Director.

6. Child Protection Procedures

6.1 All staff will respond to concerns of child abuse by following the identified procedures, consulting appropriately and collaborating with external agencies.

6.2 The procedures set out below will help staff with:

- the identification of abuse
- handling disclosures, whether verbal or behavioural, from a child
- reporting procedures

Identification of abuse

6.3 If the Designated Person(s) for Child Protection is unavailable for advice and guidance then staff should consult with the Country Director. At any time, staff may consult with the child protection focal point of the competent inter-agency working group in the area of operation.

Further information regarding signs and indicators of abuse is included in the Appendix.

Handling disclosures from a child

6.5 If a child makes a verbal disclosure to a member of staff it is important that staff take what the child says seriously. This applies irrespective of the setting, or the member of staff's own opinion on what the child is saying.

Further information regarding responding to a disclosure is included in the Appendix.

6.6 Under no circumstances should a member of staff attempt to conduct an investigation or deal with concerns regarding child abuse alone. Any incidents, concerns or suspicions must be reported following the procedures set out below.

Child-on-Child Harmful Behaviours

6.7 It is important to be aware that children can harm other children. These behaviours are outside of what may be considered the normal range, and can extend to bullying, violence or sexual assault. Therefore, when a child alleges inappropriate harmful behaviour by another child then the child protection procedures outlined in this policy must be considered for both the children.

Suicidal Concerns or Self-Harming Behaviours

6.8 It is important to be aware that children can harm themselves or attempt suicide. When a child identifies thoughts of suicide, or self-harming behaviour, this must be immediately notified to the Country Director. If immediate action is required phone the focal point of the inter-agency coordination group on child protection issues in the area of the incident and a local hospital.

Reporting procedures

6.9 All concerns of potential, suspected or alleged abuse must be brought to the attention of the Designated Person for Child Protection for an area of operations. If the Designated Person for Child Protection is unavailable then consultation should occur with the Country Director. A decision will be made as to whether to seek further advice or notify the focal point of the inter-agency coordination group on child protection of the area of operations.

When reporting an incident staff should:

- Fill out the individual child concern form handed out to all teaching staff

- Inform the Designated Person for Child Protection as soon as possible
- Don't take any further action without advice from the Designated Person for Child Protection

6.10 The Designated Person for Child Protection, or in absence of such a person, the Country Director or any other representative designated by the Board of Directors shall be the lead person for further investigating and documenting and reporting the case. Effective documentation, including referrals and notifications, must include the following:

- Record of facts, including observations, with time and date
- What was said and by whom, using the person's words
- What action has been taken, by whom and when

Keeping the child's family informed and involved

6.11 Although the parent or caregiver of the child will usually be informed of concerns, there may be times when those with parental responsibility may not be initially informed. This may happen when:

- the parent or caregiver is the alleged perpetrator
- it is possible that the child may be intimidated into silence
- there is a strong likelihood that evidence will be destroyed
- the child does not want their parent or caregiver involved and they are of an age when they are competent to make that decision

Sharing Information and Confidentiality

6.12 The safety of a child is paramount. At times a child is unable to speak for or protect themselves. Therefore, R&R staff has a greater responsibility to know when and how to share appropriate information with external agencies to protect the safety and wellbeing of children.

6.13 Giving information to protect children better is not a breach in confidentiality. Wherever possible the family should be kept informed of what information has been shared and to which agency or authority, and for what purpose.

6.14 Should R&R International be contacted with a requested for information or access to interview a child then the following procedure will be followed:

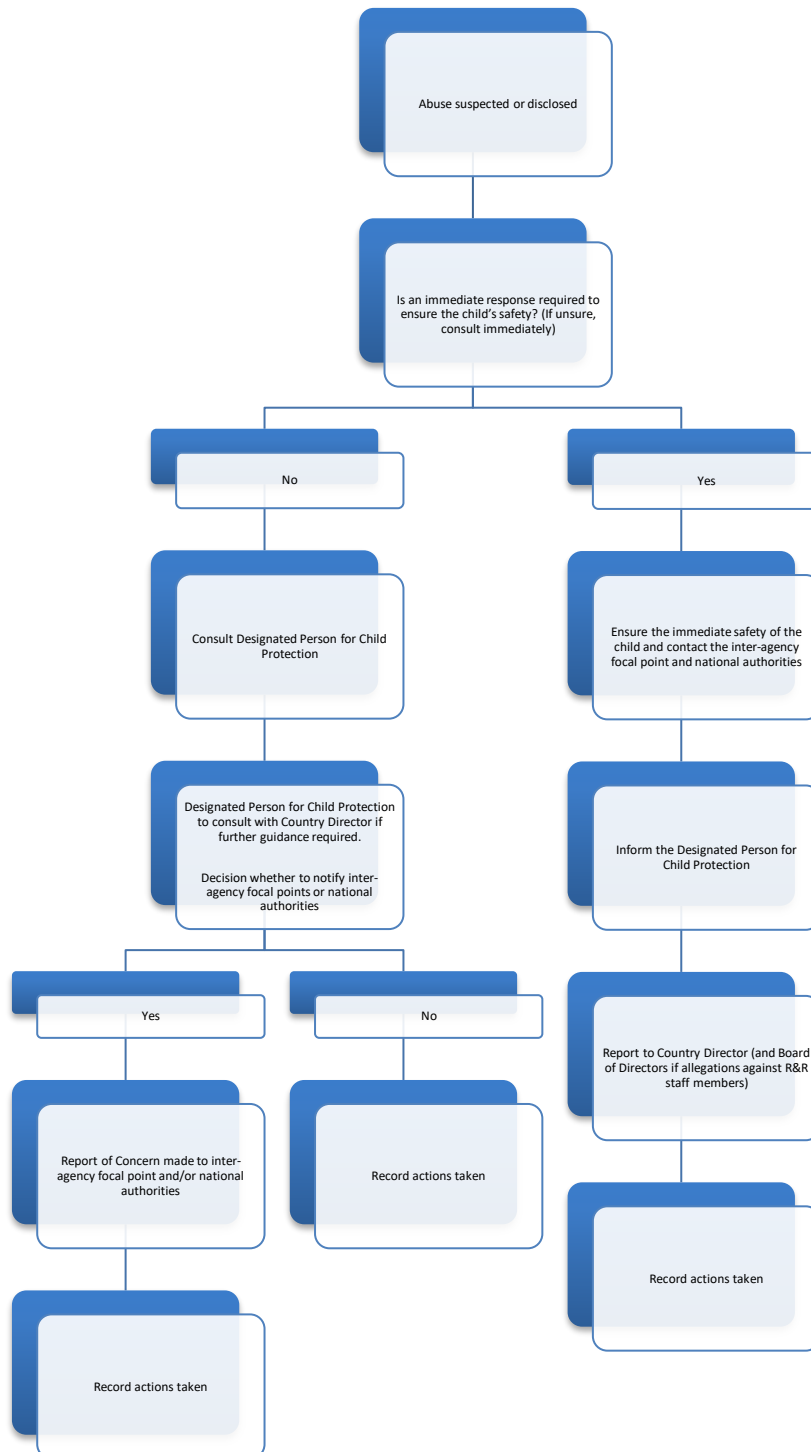
- Confirm identity and credentials of person requesting information
- Notify the Country Director and Designated Person for Child Protection
- Identify specific information required and purpose
- Check information held – does R&R International have the information requested
- Country Director to identify way forward and provide permission
- Depending on the reason for the request, and risk to children as judged case by case, inform the family that information has been requested, by whom and seek permission. If this is a child protection issue, permission from the family is not required.

Action to be taken by the Designated Person for Child Protection

6.15 Concerns regarding alleged or suspected abuse will first be raised to the Designated Person for Child Protection. If further guidance is required, then consultation will occur with the Country Director. A decision will be made whether this information needs to be escalated to the focal point of the inter-agency coordination group or national authorities.

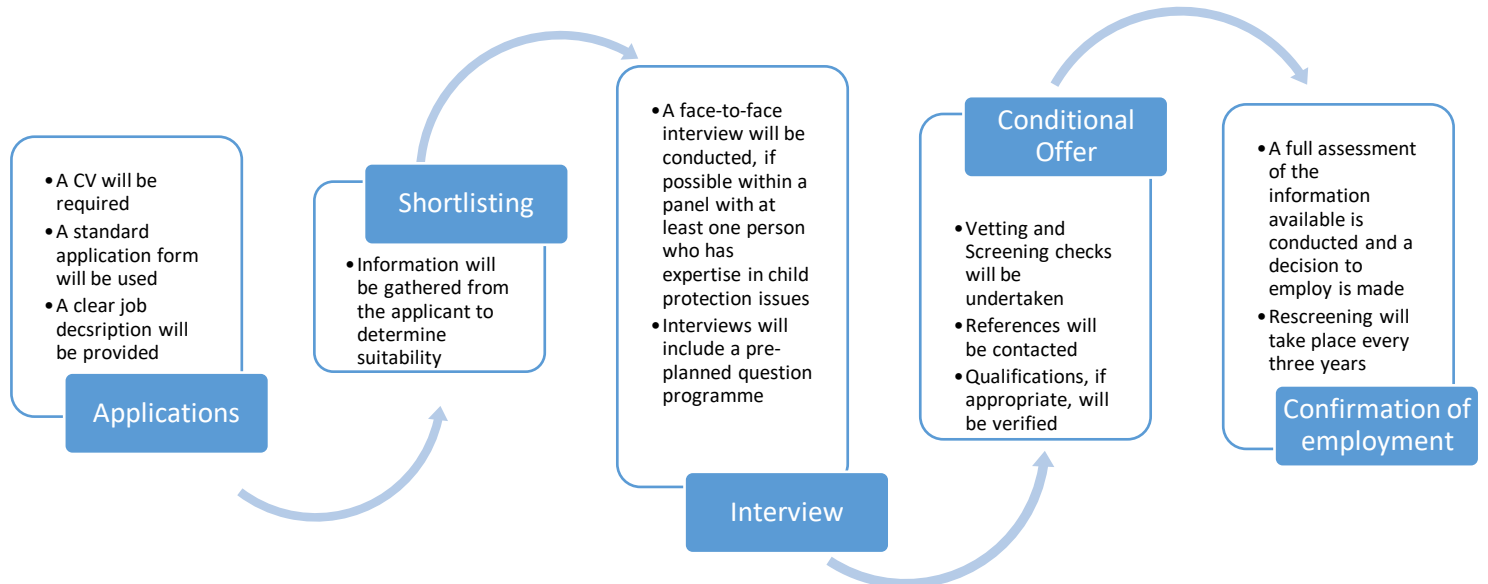
6.16 If the suspected perpetrator of an alleged or suspected abuse is one of R&R staff members, the Country Director and the Secretary General of the Board of Directors must be informed immediately so to open the procedure according to Section 10 of this policy.

6.17 All decisions taken, including if the concern does not require notifying another agency, must be recorded in writing and kept securely in a Child Protection file with the reasons clearly identified and explained.



7. Safe Recruitment of Staff

7.1 All appointments (permanent, fixed term, student, casual or volunteer) to positions that have direct and/or frequent contact with children or young people will be conditional on a safety checks, including a police check.



7.2 Following the original selection procedure, on the basis of a comprehensive CV and a fully filled-out application form, a conditional offer of admission shall be issued to the incumbent candidate of any vacancy. The contract or volunteer agreement shall only be concluded once the selected candidate has submitted an extract of judicial records, not older than six months, and a copy of his/her passport or equivalent ID documents.

7.3 The signature of the contract or the volunteer agreement must be accompanied by a signature of the selected candidate of R&R International's staff Code of Conduct, which must entail clear provisions on the prevention of sexual harassment, exploitation and abuse. The Code of Conduct shall also entail the outline of the most important complaint and alert procedure.

8. Training of Staff

8.1 All staff will receive child protection training at the level appropriate to their role. The Designated Person for Child Protection will undertake more intensive training. These persons will be accessible to staff to provide advice and support.

8.2 All staff will be given appropriate training covering basic awareness of child protection. This will include an overview of signs and indicators of abuse, and also the procedure for responding to actual or suspected abuse. This training will include:

- Roles and responsibility of staff regarding child protection
- Recognising and responding to the signs and indicators of actual or suspected abuse
- Ensuring staff understand and can follow the Child Protection Policy and the procedures for reporting a concern

9. Safe Working Practices

9.2 Each child and young person should be formally registered by R&R International staff before taking part in any form of activity. The information includes an information/consent form which their parent/guardian must complete. These registration forms have vital information about health and emergency contacts and should be kept securely. An attendance registry should be kept for every session of R&R International activities.

Staff behaviour when dealing with children

9.1 A relationship between an adult and a child or young person cannot be a relationship between equals. There is a potential for exploitation and harm of vulnerable young people. Adults have a responsibility to ensure that an unequal balance of power is not used for personal advantage or gratification.

9.3 R&R staff member and other adults involved in R&R International activities should always maintain appropriate professional boundaries and avoid behaviour which might be misinterpreted by others. Adults who work with children must therefore act in a way that is considered to be safe practice. When physical contact is made with a child this should be in response to their needs at the time, of limited duration and appropriate to their age, stage of development, gender, ethnicity and background. Adults should use their professional judgement at all times, observe and take note of the child's reaction or feelings and use a level of contact and/or form of communication which is acceptable to the child for the minimum amount of time necessary.

9.4 Communication between children and adults, by whatever method, should take place within clear and explicit professional boundaries. This includes the wider use of technology such as mobile phone, text messaging, emails, digital cameras, videos, web-cams, websites, social networking and blogs. Adults should not share any personal information with a child or young person. They should not request, or respond to, any personal information from the child or young person other than that which might be appropriate as part of their professional role. Adults should ensure that all communications are transparent and open to scrutiny.

9.4 Any sexual activity between an adult and a child or young person will be regarded as a criminal offence and will always be a matter for immediate dismissal and other disciplinary action.

9.5 No R&R staff member or any other adult person involved in R&R International activities shall be alone in a alone with an individual child or young person. If there is a need to be alone with a child or young person (e.g. first aid or he/she is distressed) make sure that another worker knows where you are and why.

9.6 At no time should a volunteer or worker from any external organisation arrange to meet a young person away from the activity without someone else being there.

Child safety and prevention of accidents

9.7 A group of children or young people under sixteen should not be left unattended at any time. There should be at least one supervising adult for every ten children.

9.8 In the case of outings to swim locations, there should be one supervising adult, who is able to swim, for every five children in the water. At least one of the supervising R&R staff members should have a rescue swimmer license. Children below the age of 14 should never be allowed to go into water where they cannot stand with their head above the water.

9.9 The area used for activities must always be fit for the purpose, e.g. furniture, which could cause injury in energetic games, should be removed.

9.10 All R&R staff members involved in an activity must know

- Where the first aid kits and fire extinguishers can be found;
- What to do in the event of a fire or other emergency

9.11 Under normal circumstances, Staff members should only give a lift home to a young person from group activities if the parents of the young person have specifically asked for them to do so. If private cars are used for an outing, the drivers must be approved by the Country Director, be properly insured, have rested before driving, and should have clean licenses. There should always be at least one other responsible person (16 or over) in each vehicle. All vehicles should be fitted with full seatbelts. Full seatbelts should always be used.

10. Dealing with allegations made against members of staff regarding inappropriate actions with children

10.1 R&R International has a duty of care to the children it provides services to. A failure to report a significant concern about a child is a breach of that child's human rights.

10.2 Anyone who has reason to make a complaint will be made aware of the R&R International complaint process. There is potential that an issue raised as a complaint may also constitute an allegation of abuse. Any such complaint that raises a child protection issue will be referred directly to the Country Director or to the Board of Directors through the Secretary General.

10.3 It must be remembered that making a disclosure or a complaint against someone in a position of power and authority is always difficult. The person making the disclosure may reconsider and express a wish to retract their allegation. At the outset it must be clearly communicated with the child or adult that their concern is being taken seriously and will be responded to in accordance with this policy.

10.4 Allegations, suspicions or complaints of abuse against staff, volunteers or representatives of other agencies must be taken seriously and reported to the Country Director who will deal with them immediately, sensitively and expediently within the procedures outlined in this policy. Concerns may be raised a number of ways e.g.:

- Directly by staff hearing or observing issues of concern or behaviour of concern
- Direct disclosure by the child or young person
- Indirect disclosure e.g. through written or art work or through friends
- Complaint from a parent or caregiver or whanau member
- Reports by other colleagues or agencies
- As an anonymous report

10.5 If the allegation is against the Country Director then this must be reported directly to the Secretary General of the Board of Directors.

10.6 It is **NOT** the responsibility of staff to investigate allegations of child abuse. Allegations against staff will be discussed with the Board of Directors where a decision will be made if a notification to local authorities is appropriate.

10.7 In all child protection cases R&R International will co-operate fully with both local child protection bodies and Police in their investigations and assessments.

10.8 If the Police decide to undertake a criminal investigation then the member of staff must be suspended from any activity related to children, without prejudice, as a precautionary measure and from any other activity if deemed necessary. It is important that no internal investigation is undertaken, and no evidence gathered that might prejudice the criminal investigation.

10.9 If there is insufficient evidence to pursue a criminal prosecution, then a disciplinary investigation may still be undertaken if there is reasonable cause to suspect that abuse or inappropriate behaviour may have occurred. The allegation may represent poor practice by a member of staff which needs to be considered under internal disciplinary procedures.

10.10 All staff have a responsibility to understand what constitutes appropriate behaviour in relation to children and young people. All staff have a responsibility to maintain appropriate standards of behaviour and to report lapses in these standards by others. Any concerns or reasonable suspicions of abuse should be reported to the Country Director.

10.11 A person tendering his or her resignation, or ceasing to provide their services, will not prevent an allegation of abuse against a child being followed up in accordance with these procedures.

Definitions of Abuse

Emotional Abuse

Emotional abuse is the persistent emotional ill treatment of a child such as to cause severe and persistent adverse effect on the child's emotional development. This can include a pattern of rejecting, degrading, ignoring, isolating, corrupting, exploiting or terrorising a child. It may also include age or developmentally inappropriate expectations being imposed on children. It also includes the seeing or hearing the ill treatment of others.

Physical Indicators:

- Bed wetting or bed soiling with no medical cause
- Frequent psychosomatic complaints (e.g. headaches, nausea, abdominal pains)
- Non-organic failure to thrive
- Pale, emaciated
- Prolonged vomiting and/or diarrhoea
- Malnutrition
- Dressed differently to other children in the family

Behavioural Indicators:

- Severe developmental lags with obvious physical cause
- Depression, anxiety, withdrawal or aggression
- Self-destructive behaviour. This can include self-harm, suicide, alcohol and drug abuse
- Overly compliant
- Extreme attention seeking behaviours or extreme inhibition
- Running away from home, avoiding attending at school
- Nightmares, poor sleeping patterns
- Anti-social behaviours
- Lack of self esteem
- Obsessive behaviours
- Eating disorders

Caregiver Indicators:

- Labels the child as inferior or publicly humiliates the child (e.g. name calling)
- Treats the child differently from siblings or peers in ways that suggest dislike for the child
- Actively refuses to help the child
- Constantly threatens the child with physical harm or death
- Locks the child in a closet or room for extended periods of time
- Teaches or reinforces criminal behaviour
- Withholds physical and verbal affection
- Keeps the child at home in role of servant or surrogate parent
- Has unrealistic expectations of child
- involves child in adult issues such as separation or disputed over child's care
- Exposes child to witnessing situations of arguing and violence in the home

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, causing long term serious harm to the child's health or development. It may also include neglect of a child's basic or emotional needs. Neglect is a lack: of action, emotion or basic needs.

Physical Indicators:

- Dressed inappropriately for the season or the weather
- Often extremely dirty and unwashed
- Severe nappy rash or other persistent skin disorders
- Inadequately supervised or left unattended frequently or for long periods
- May be left in the care of an inappropriate adult
- Does not receive adequate medical or dental care
- Malnourished - this can be both underweight and overweight
- Lacks adequate shelter
- Non-organic failure to thrive

Behavioural Indicators:

- Severe developmental lags without an obvious physical cause
- Lack of attachment to parents/caregivers
- Indiscriminate attachment to other adults
- Poor school attendance and performance
- Demanding of affection and attention
- Engages in risk taking behaviour such as drug and alcohol abuse
- May steal food
- Poor social skills
- No understanding of basic hygiene

Caregiver Indicators:

- Puts own need ahead of child's
- Fails to provide child's basic needs
- Demonstrates little or no interest in child's life - does not attend school activities, social events
- Leaves the child alone or inappropriately supervised
- Drug and alcohol use
- Depressed

Physical Abuse

Physical abuse is a non-accidental act on a child that results in physical harm. This includes, but is not limited to, beating, hitting, shaking, burning, drowning, suffocating, biting, poisoning or otherwise causing physical harm to a child. Physical abuse also involves the fabrication or inducing of illness.

Physical Indicators (often unexplained or inconsistent with explanation given):

- Bruises, welts, cuts and abrasions
- Burns - small circular burns, immersion burns, rope burns etc
- Fractures and dislocations - skull, facial bones, spinal fractures etc
- Multiple fractures at different stages of healing
- Fractures in very young children

Behavioural Indicators:

- Inconsistent or vague explanations regarding injuries
- Wary of adults or a particular person
- Vacant stare or frozen watchfulness
- Cringing or flinching if touches unexpectedly
- May be extremely compliant and eager to please
- Dresses inappropriately to hide bruising or injuries
- Runs away from home or is afraid to go home
- May regress (e.g. bedwetting)
- May indicate general sadness
- Could have vision or hearing delay
- Is violent to other children or animals

Caregiver Indicators:

- Inconsistent or vague explanations regarding injuries
- May appear unconcerned about child's wellbeing
- May state the child is prone to injuries or lies about how they occur
- Delays in seeking medical attention
- May take the child to multiple medical appointments and seek medical treatment without an obvious need

Sexual Abuse

Sexual Abuse involves forcing or enticing a child or young person to take part in sexual activities (penetrative and non-penetrative, for example, rape, kissing, touching, masturbation) as well as non-contact acts such as involving children in the looking at or production of sexual images, sexual activities and sexual behaviours.

Physical Indicators:

- Unusual or excessive itching or pain in the genital or anal area
- Torn, stained or bloody underclothing
- Bruises, lacerations, redness, swelling or bleeding in genital, vaginal or anal area
- Blood in urine or stools
- Sexually transmitted infections
- Pregnancy
- Urinary tract infections
- Discomfort in sitting or fidgeting as unable to sit comfortably

Behavioural Indicators:

- Age-inappropriate sexual play or language
- Bizarre, sophisticated or unusual sexual knowledge
- Refuses to go home, or to a specific person's home, for no apparent reason
- Fear of a certain person
- Depression, anxiety, withdrawal or aggression
- Self-destructive behaviour. This can include self-harm, suicide, alcohol and drug abuse
- Overly compliant
- Extreme attention seeking behaviours or extreme inhibition
- Dresses inappropriately to hide bruising or injuries
- Eating disorders
- Compulsive behaviours

Caregiver Indicators:

- May be unusually over-protective of the child
- Accuses the child of being sexually provocative
- Misuses alcohol or drugs
- Invades the child's privacy (e.g. during dressing, in the bathroom)
- May favour the victim over other children

Intimate Partner Violence or Family Violence

Intimate Partner Violence includes threatening to harm people, pets or property, and causes family members to live in fear. Children are always affected either emotionally or physically where there is family violence even if they are not personally injured or physically present.

While some men experience violence from partners and family members, women and children are the most likely victims of family violence.

Indicators in the Child:

- Physical injuries consistent with the indicators of Physical Abuse
- Absenteeism from school
- Bullying or aggressive behaviour
- Complaints of headaches or stomach aches with no apparent medical reason
- Talking or describing violent behaviours

Indicators in the Victim:

- Physical Injuries including: bruising to chest and abdomen, injuries during pregnancy
- Depression and/or anxiety
- Inconsistent explanations for injuries
- Fearful
- Submissive

Indicators in the Perpetrator:

- Isolates and controls partner and children
- Threatens, criticises, intimidates, uses aggressive and physical abuse towards partner and children
- Minimises and denies own behaviour, or blames victim for the perpetrators own behaviour

General Child Protection Policy – Appendix B

Responding to Child Abuse

Guidelines for responding when a child tells of his or her abuse

It is important that you as the adult remain calm and confident when a child tells you what has been happening to him or her. Every child is different in how, when and where they will tell an adult about abusive experiences so it will most likely happen when you are least expecting it! Your facial expressions and your tone of voice are as important as what you actually say to the child.

Stay calm, listen, **reassure** the child and at times you may need to **clarify** what the child has said so that you can take the appropriate action. If a child sees that you are upset or not able to cope with what he or she is telling you he or she may not continue to tell you what has been happening or take back (i.e. retract) the original statements they have made.

DO

- Listen, allow the child to tell as much as they want without interrupting (remember listening is not questioning)
- Respond reassuringly to the child
- If you do ask a question avoid asking leading questions, ask only open questions that seek clarification so that you can decide what action you need to take
- Most importantly “BELIEVE WHAT THEY SAY”
- Document what the child said and the responses that you made and any clarifying questions asked (word for word and remember to put the date, time, place and who was present)

DON'T

- Question in a way that introduces words, phrases, people's names or concepts
- Indicate that you disbelieve the child
- Try to correct, confront, change, challenge or influence what they say
- Respond by saying “You should have told me sooner” or “Why did you let him/her do that?”

Disclosures that indicate an abusive experience

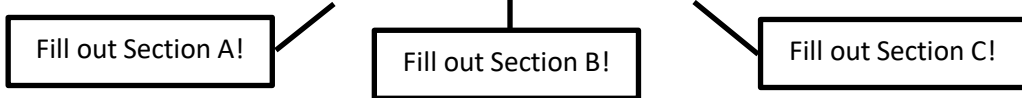
Those working with children know not to “question the child” if a disclosure of abuse is made. This is correct - questions should not be asked if the child makes what could be considered a “clear disclosure” of abuse e.g. “Mum punched me in the head and made my nose bleed”, or “Uncle got into my bed and put his hand in my bum”. These types of disclosures require (1) a reassuring response by an adult and (2) the adult to take immediate action by starting the procedure.

Child Protection Policy – Appendix C

Individual Child Concern Form

Name of Child	
DOB (if known)	
Today's date	
Your name	
Type of class/activity where concern was noticed	

Is your concern about the child **physical / psychological / academic?**



If your concern is not any of the above, please give details here.

.....
.....
.....

Is it the first time which you have noticed the concern? **Yes/No**

Do you feel that the problem needs to be examined by a professional? **Yes/No**

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.....
.....

Do you feel that the problem could in any way be a sign of abuse/neglect? **Yes/No**

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.....
.....

Section A.

Please give details of the physical concern.

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.....

If relevant please detail any first aid you administered to the child.

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.....
.....

Section B.

Please give details of the psychological concern you have about the child.

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.....

Was the psychological concern caused/triggered by an event in the class or session?

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.....

To what extent were other persons involved, e.g. children, parents or other adults?

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Section C.

Please give details as to why you are concerned about the child's academic progress?

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Do you feel that the child would be better suited to an easier level of class if possible?

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Do you feel that the child could potentially have a learning disability?

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Do you feel that the child is aware of their academic difficulties or is becoming upset by the problems they are facing academically?

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