



# CHILD PROTECTION POLICY

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## Purpose

The purpose of this policy is to:

- provide the clear commitment of Kororā Club to always keep the child or young person at the centre of all Kororā Club's decision making.
- create provision for the development and review of Child Protection procedures.
- ensure that all staff, through the procedures, are guided in identifying and responding to vulnerability, child abuse and neglect.
- ensure that all Kororā Club staff consistently apply the Child Protection procedures

## Scope

This policy applies to all staff paid or unpaid, and volunteers of the Kororā Club and all children under the age of 18yrs that Kororā Club staff come into contact with during the course of their work.

This policy should be used wherever actual or suspected vulnerability, abuse or neglect of a child or young person (being a person under the age of 18yrs), that a Kororā Club staff member comes into contact with during the course of their work.

This policy also acknowledges that the Kororā Club has partnership responsibilities and as such Kororā Club will ensure that:

- Any partners (and contractors) who provide services, supervision or care to any children will abide by the same principles and expectations as set out in this policy and procedures for the care and protection of children and young people.
- Kororā Club also recognises the Vulnerable Children's Act places a responsibility on the Trust to ensure any services "purchased" for Children are from reputable organisations who must have in place a Child Protection Policy and workforce safety checks.

## Commitment

Kororā Club is committed to the prevention and early detection of vulnerability, abuse and neglect and:

- will manage vulnerability, abuse, suspected abuse or disclosure of abuse and neglect in an effective and timely fashion.
- will ensure that the interest and welfare of children will always be the prime consideration in any decision making
- will have safely recruited staff to work with children
- will have all staff working with children trained in Child Protection and skilled at identifying and responding to vulnerability, child abuse and neglect
- will have robust Child Protection Policies and Procedures
- believe all children and young people have a right to enjoy sport free from forms of abuse and exploitation
- commit to provide all children with equal rights and encouragement to fulfil their full potential and aspirations
- believe that everybody has a responsibility to support the care and protection of children

## Prevention

Kororā Club will:

- have Child Protection literature at the venue.
- ensure staff receive training in Child Protection
- promote positive child experiences, i.e. side-line behaviour, anti-bullying messaging
- have implement and update procedures that attribute to Child Protection.

## Responsibilities of Program Director

- Organising suitable training for the implementation of this Policy and procedures and any subsequent updates.
- Being available for advice and support for staff that may have child protection concerns.
- Responding to information about concerns for a child as soon as practicable
- Ensuring this child protection policy and procedures are consistently applied by all staff in all situations of actual, disclosed or suspected vulnerability, child abuse and neglect.
- Overseeing the recording, monitoring, review and actioning of child protection concerns and documentation.
- Making Reports of Concern to Oranga Tamariki where required
- Following up all Reports of Concern made to Oranga Tamariki within 5 working days if there has been no response
- Re-reporting to Oranga Tamariki if concerns are still held for a child or young person
- Advocating to senior levels of Oranga Tamariki if required in relation to concerns for a child
- Maintaining good working relationships with Oranga Tamariki, local Police, and other local external agencies involved in child protection
- Ensuring that the list of agency support contacts for child protection advice and support are kept up to date.

## Training

- All staff will complete the OSCAR Network Child Protection Course within two months of commencing employment thereafter.
- Staff that are working directly with children will attend a least one external training to ensure that they have the confidence to:
  - Understanding child abuse and indicators of child abuse
  - How to reduce the risk of child abuse.
  - Understanding and complying with legal obligations regarding child abuse.
  - Planning of environment and supervision to minimise risk.
  - Dealing with child/parents/family/whanau Working with outside agencies on child abuse issues.
  - Policy review and updates.
  - New staff will receive information about Kororā Club's culture of Child Protection, Policy and Procedures on induction.

## **Relevant Legislation**

Vulnerable Children Act 2014  
Oranga Tamariki Act 1989  
Privacy Act 1993  
Human Rights Act 1993  
Domestic Violence Act 1995  
Care of Children Act 2004  
Employment Relations Act 2000  
Treaty of Waitangi  
Health and Disability Commissioner Act 1994  
Code of Health and Disability Services Consumers' Rights  
Health and Safety at Work Act 2015  
Children, Young Persons, and Their Families (Advocacy, Workforce, and Age Settings) Act 2017  
United Nations Convention on the Rights of a Child 1989

## **Related Documents**

Emergency Action Plans  
OSCAR Policy  
Kororā Club Policies and Procedures Manual

## **Review**

This policy and procedures will be reviewed annually.  
The policy and procedures will also be reviewed if there is a significant child protection episode and upon any change in legislation.

## Definitions of Child Abuse and Neglect

The Oranga Tamariki Act, 1989, defines child abuse as;

*"...the harming (whether physically, emotionally, sexually), ill-treatment, abuse, neglect, or deprivation of any child or young person".*

Below are some definitions of abuse, these are not an exhaustive list. Further information about the signs of abuse and neglect can be found in Appendix C.

### Vulnerability

A vulnerable child is one who is unable to keep themselves safe from harm or who is at risk of not reaching their full potential and achieving their outcomes without services or additional support. Vulnerable children are at risk of significant harm to their well-being now and into the future as a consequence of the environment in which they are being raised, and in some cases, due to their own complex needs.

### 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 terrorizing 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 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.

### 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.

### 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.

### Intimate Partner Violence

A child is vulnerable to abuse through being a witness of "Intimate partner violence"; this refers to any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship. Such behaviour includes:

Acts of physical aggression - such as slapping, hitting, kicking and beating.

Psychological abuse - such as intimidation, constant belittling and humiliating.

Forced intercourse and other forms of sexual coercion.

Various controlling behaviours - such as isolating a person from their family and friends, monitoring their movements, and restricting their access to information or assistance.

## Bullying

Bullying relates to inappropriate use of a real or perceived power by one or more persons over another person or a group regarded as less powerful. Acts of bullying are generally repeated or have the potential to be repeated, over time.

## Cyber Bullying

This is usually perpetrated using social media networks, games and mobile phones. This can include spreading rumours, posting nasty or embarrassing messages, images and/or videos. Those suffering from Cyberbullying may know who is bullying them or they may be targeted by someone using a fake or anonymous account, with anonymity often increasing the likelihood of others engaging in bullying behaviour. Often due to being challenging to stop, remove and by being constant (wherever they are, any time of day or night) children/young people can feel like there's no escape

## Child Sexual Exploitation

The sexual exploitation of children and young people under 18 is a type of sexual abuse. It involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. accommodation, drugs/alcohol, affection, gifts, money) as a result of performing sexual activities or others performing sexual activities on them.

## Cumulative harm

Cumulative harm refers to the effects of patterns of circumstances and events in a child or young person's life which diminishes their sense of safety, stability and wellbeing.

Cumulative harm is compounded experiences of multiple episodes of abuse or layers of neglect. Constant daily impact on the child or young person can be profound and exponential, covering multiple dimensions of their life.

## Responding to a child when the child discloses

Listen to the child	Disclosures by children are often subtle and need to be handled with particular care, including an awareness of the child's cultural identity and how that affects interpretation of their behaviour and language.
Reassure the child	Let the child know that they: Are not in trouble. Have done the right thing.
Ask open- ended prompts - e.g., "What happened next?"	Do not interview the child (in other words, do not ask questions beyond open prompts). Do not make promises that can't be kept, e.g., "I will keep you safe now".
If the child is visibly distressed	Provide appropriate reassurance and re-engage in appropriate under supervision until they are able to participate in ordinary activities

## **Protecting of information**

The Program Director will ensure the protection of the data collected and ensure any printed material is stored securely and all documentation destroyed securely when no longer required.

## **Sharing Personal Information of Families and Vulnerable Children**

The Privacy Act 1993 allows for information to be shared to keep children safe when abuse or suspected abuse is reported or investigated as such anyone can share information about a child with Police or Oranga Tamariki at any time.

Kororā Club will always share information about a child if it is in the child's best interest to do so and does not cause any additional risk to the child. Kororā Club will share information with appropriate agencies (such as health and education providers or other agencies involved with a child's life) if sharing that information will protect or improve the safety, health or well-being of a child.

All request for information about a child will be directed to a Designated Person for Child protection who will assess and release the information if appropriate. All requests for, or release of information relating to a child will be recorded by the Program Director.

For our staff to do that job effectively, they often have to consult with each other to ensure that the right kind of intervention is made and at the right time. To do this, they need to share information while remaining on the right side of laws around personal, health and other information.

## **The Escalation Ladder**

Sharing information involves both the collection and disclosure of personal information. Deciding which laws apply and what information to share can be complicated, but there are some guiding rules. Remember that the proportionality principle always applies - you should only provide as much information as is reasonably necessary to achieve your objectives. (*See Appendix D*).

## **Child Safe Practicing Guidelines**

To avoid situations where staff may be alone with children, all staff should examine the opportunities or possible situations where staff may be alone with children. Wherever possible an open-door policy for all spaces should be used (excludes toilets). Staff should be aware of where all children are at all times.

The Rule-of-3 is a way to handle scenarios where you may always be alone with children – always have at least 1 other adult with you.

Visitors should be monitored at all times by staff and volunteers and outside instructors should be monitored by staff and at no times be permitted to be in a situation where they are unsupervised with any child within the care of Kororā Club.

If activities require one to one physical contact (i.e., classes in swimming, gymnastics etc.) parents and caregivers should be advised.

Where a child or young person who requires assistance with toileting or personal care, e.g., if they are intellectually or physically disabled a full plan involving the child's caregivers will be developed and any such care agreed between staff, child and family. Seeking advice and support from family and support agencies will also assist in program managers approving or declining Kororā Club's capability of providing the required level of care.

Staff should avoid being alone when transporting a child or young person, unless an emergency requires it. Except in an emergency, children and young people are not to be taken from the premises, or from the program we provide, without written parental consent. Full risk assessment and is required for all excursions.

## **Staff Recruitment**

Safety checks will be carried out for all service delivery staff in accordance with the Vulnerable Children Act and are reflected in current recruitment policy.

## Code of Conduct

### Code of Conduct

*For staff working with children and the prevention of child abuse*

Kororā Club expects all staff to be supportive, non-abusive and to present themselves as a positive role model. Kororā Club is committed to the prevention of child abuse and the protection of children, with the well-being and safety of the children being our primary goal, followed by our objective of providing fun and stimulating programs.

The interests and welfare of the child will be the prime consideration when any decision is made about a child suspected of being abused. This organisation supports the roles of statutory agencies, Police and Oranga Tamariki and in the investigation of abuse and will report all cases of suspicion of abuse to these agencies.

Many children have affectionate natures and express themselves freely, regardless of the situation and the child's culture and nature, staff must avoid inappropriate physical contact. In making physical contact with children, adults should be guided by the principle that they will do so solely in order to meet the child's physical or emotional needs. Touching should not be initiated to gratify the adult needs. Children should not be asked to take care of adult physical or emotional needs. If any child initiates physical contact in the seeking of affection, reassurance or comfort it is appropriate to respond in a manner suitable for that child's development stage and needs. It is not appropriate to force any form of unwanted affection or touching on a child.

The physical contact of children during changing or personal cleaning must be for the purpose of that task only and not to be more than is necessary for that job. Children should be encouraged to take care of themselves to the limits of their ability.

- Staff should avoid being alone with a child.
- Staff must be aware of where all children are at all times.
- Staff must ensure volunteers and visitors are supervised when working with a child or group of children.
- Staff may not smoke in front of the children, in the building or program areas.
- Clothing should facilitate job performance (i.e. be appropriate for participating in activities, be safe, be appropriate for role modelling to children).
- Personal visitors and telephone calls shall not interfere with responsibilities of supervision.
- Staff must acknowledge their emotional and physical limitations and request support and/or relief when necessary.
- Confidentiality must be maintained at all times.
- Children should not be present when staff use the toilet and bathroom facilities.
- "Adult" topics of conversation should not take place within hearing of the children
- Staff should maintain a professional relationship with families with respect to confidentiality, objectivity, and conflict of interest.

We encourage staff to keep their personal and professional lives separate and we do not encourage the fostering of close personal relationships and/or caretaking activities with children and families outside the work environment. However, we understand that this may not always be the case in a small town like Kaikoura. We will ask that the staff are always remaining professional during Kororā Club programs. We will, on a regular basis, collectively review our child abuse policies and evaluate our performance in meeting the standards outlined by them.

Children will not be taken on outings without parental approval in writing or by phone and will be accompanied by more than one adult. In the case of an emergency every attempt will be made for a child to be accompanied by two adults, where this is not possible an attempt will be made to have a second child accompany.



Our organisation has established a set of rules about acceptable touching of children. All adults working in our organisation will be made aware of these rules. Apart from toilets and bathrooms the program will have an open door policy and staff must be aware where all children are at all times.

Our organisation will act on recommendations and respond to any requests made by relevant agencies in particular Oranga Tamariki concerning the official reporting of any suspected abuse.

If we individually or collectively suspect that a staff member or other person within our organisation has perpetuated child abuse, we will not collude with or protect that person or our organisation but promptly report the matter to the management and statutory authorities. The suspected member of staff will be prevented from having further access to children during any investigation and will be informed fully of their rights. Children, families and staff involved in the investigation of allegations of child abuse will have support and we will refer them to appropriate support agencies in the community for support.

Employment procedures include a thorough examination and checking of each applicant's previous work history and we make contact personally with both referees and some past employers. This will be done with the applicant's consent. Our prime consideration in choosing staff will be ensuring that they have skills and attributes which contribute to the children's safety and health, physical, emotional, intellectual and social development and will not put children at risk of abuse. All staff will sign a declaration of criminal records and will be required to undergo a Police Check through the Police Licensing and Vetting Service Centre.

Our child abuse prevention policies will be made available to all parents. If parents have any concerns about the treatment of a child by any of our staff they are encouraged to make these known. We will ensure that the matter is fully investigated and acted on if necessary. We will use an advisor and mediator from outside our organisation if an independent investigation or arbitration is required.

#### **Duty of care**

Staff and volunteers understand they have a duty of care in respect to the children enrolled in our programs. This means they have a duty to use due care towards others in order to protect them from unnecessary risk of harm. All possible care will be taken to ensure children's wellbeing and safety and to act without negligence.

#### **Declaration**

I (Employee), \_\_\_\_\_ have read and understood the Kororā Club Child Protection policy and agree to adhere to the policy.

Signed:

Date:

## Appendix B: Dealing with Disclosures of Abuse

Children can disclose abuse in many ways- verbally, indirectly, directly, third party, storytelling, play or drawing are just some of the ways a child can let you know. When a child does disclose abuse, this needs to be taken very seriously. **DO NOT PUT THE MOMENT OFF.**

It is important that any disclosure is dealt with appropriately, both for the wellbeing of the child and also to ensure that your actions do not jeopardise and legal action against the abuser. There are a number of basic 'rules' that should be followed to ensure the safe handling of any disclosures of abuse from a child:

- Don't panic.
- Remember that the safety and well-being of the child come before the interests of any other person.
- Listen to the child and accept what the child says.
- Look at the child directly, but do not appear shocked.
- Don't seek help while the child is talking to you.
- Reassure them that they did the right thing by telling someone.
- Assure them that it is not their fault and you will do your best to help.
- Let them know that you need to tell someone else.
- Let them know what you are going to do next and that you will let them know what happens.
- Be aware that the child may have been threatened.
- Write down what the child says in their own words - record what you have seen and heard also.
- Make certain you distinguish between what the child has actually said and the inferences you may have made. Accuracy is paramount in this stage of the procedure
- Tell your Program Manager as soon as possible.
- Refer to Oranga Tamariki or the Police.
- After making the referral to Oranga Tamariki or the Police, look after yourself. Discuss the matter with your manager, supervisor or relevant person.

### *Important Notes*

The same action should be taken if the allegation is about abuse that has taken place in the past, as it will be important to find out if the person is still working with or has access to the children  
Dealing with an allegation that a professional, staff member, foster carer or volunteer has abused a child is difficult but must be taken seriously and dealt with carefully and fairly.

### *Things TO SAY when a child discloses*

Repeat the last few words in a questioning manner

'I believe you'

'I am going to try to help you'

'I will help you'

'I am glad that you told me'

'You are not to blame'

### *Things NOT TO SAY when a child discloses*

'You should have told someone before'

'I can't believe it! I am shocked!'

'Oh that explains a lot'

'No not...he's a friend of mine'

'I won't tell anyone else'

'Why? How? When? Where? Who?'

### *Things TO DO*

Reassure the child that it was right to tell you.  
Let them know what you are going to do next.  
Immediately seek help, in the first place from the designated person for child protection.  
Write down accurately what the child has told you. Sign and date your notes. Keep all notes in a secure place for an indefinite period.  
Seek help for yourself if you feel you need support.

### *Things NOT TO DO*

Do not attempt to deal with the situation yourself  
Do NOT formally interview the child  
Never ask leading questions.  
Never push for information or make assumptions.  
Only necessary relevant facts should be obtained, when clarification is needed.  
Do not make assumptions, offer alternative explanations or diminish the seriousness of the behaviour or alleged incidents.  
Do not keep the information to yourself or promise confidentiality.  
Do not take any action that might undermine any future investigation or disciplinary procedure, such as interviewing the alleged victim or potential witnesses, or informing the alleged perpetrator or parents or carers.  
Do not permit personal doubt to prevent you from reporting the allegation to the Designated Child Protection Person

### *Record*

Word for word, what the child said.  
The date, time, location and the names of any staff that may be relevant  
The factual concerns or observations that have led to the suspicion of abuse or neglect (e.g., any physical, behavioural or developmental concerns).  
Any other information that may be relevant.

## Appendix C: Indicators of Abuse

### Emotional Abuse

#### *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:*

Overly compliant and apologetic including an excessive fear of making mistakes.  
 Difficulty developing normal relationships including poor peer relationships.  
 Lacks trust in other people.  
 Demonstrating fear, of parent, caregiver or other adult.  
 Reluctance to attend an activity at a particular club or organisation.  
 Inability to cope with praise.  
 Slow development or regression with no obvious cause  
 Aggressive behaviour (active or passive).  
 Attention or risk taking behaviour.  
 Depression, habitually frightened, anxious and/or nervous.  
 Tired, lethargic, falling asleep at inappropriate times.  
 Habit disorders - hair twisting, sucking, biting, rocking, etc.  
 Very 'clingy', possessive and attention seeking.  
 Indiscriminate with affection.  
 Stealing (particularly food) or destroying property.  
 Unable to express views when asked.  
 Staying at school or other activities outside hours and not wanting to go home.  
 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  
 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  
 Inappropriately involves child in adult issues such as separation or disputes over child's care  
 Exposes child to witnessing, either seeing or hearing, situations of arguing and violence in the home

### Neglect

**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:*

Stealing/hoarding particularly food or clothing.  
Inappropriately dressed i.e. extremely dirty, not the right clothes to keep dry or warm.  
Out and about unsupervised.  
Spending time at school or other external activities beyond the usual hours.  
Falling behind in educational work and/or attendance.  
Reluctance to attend an activity at a particular club or organisation.  
Indiscriminate attachment to adults - strong attention, affection seeking or a severe lack of attachment to their own parent/carer.  
Tired or falling asleep at inappropriate times.  
Abuse of alcohol or drugs.  
Aggressive behaviour and/or destructive tendencies.  
Poor peer relationships, having few friends.  
Indiscriminate with affection and/or desire for adult affection.  
Poor emotional response/ lack of expression or enthusiasm.  
Low self-esteem, dull, unsmiling.  
Anxiety about being left.  
Frequent rocking and sucking behaviour.  
Running away.  
Developmental lags with no obvious cause

*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 misuse  
Depressed

## Physical Abuse

*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, especially those not yet mobile

*Behavioural Indicators:*

Inconsistent or vague explanations regarding injuries  
Wary of adults or a particular person  
Vacant stare or frozen watchfulness  
Cringing or flinching if touched 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  
Is violent to other children or animal

*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

*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, place, sound or smell  
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**

*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  
 Bullying, aggressive behaviour including yelling, hitting, biting, kicking and pulling other children's hair.  
 Disclosures of and/or describes violent or emotionally abusive acts.  
 Threats and/or harming of animals.  
 Substance misuse.  
 Very distressed when witnessing violence.  
 Severely shy, low self-esteem.  
 Argumentative.  
 Difficulty concentrating.  
 Become rebellious/anxious.

*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

**Child Sexual Exploitation**

Physical indicators may include:

Physical indicators such as bruising, bite marks including injuries to areas such as breasts, buttocks, thighs and genitalia.  
 Unusual or excessive itching, bruising, lacerations, redness, swelling or bleeding in the genital area.  
 Inappropriate clothing e.g. keeping body covered in hot weather.  
 Pain experienced or blood in urine or stools.  
 Frequent complaints of headaches and/or stomach pains.  
 Discomfort when walking or sitting down.  
 Pregnancy.  
 Anxiety related illnesses e.g. eating disorders and/or sudden changes in eating habits;  
 Loses or drastically increases appetite.  
 Has trouble swallowing.  
 Anorexia, bulimia, significant weight gain.  
 Nightmares/other sleep problems without explanation.

*Behavioural indicators may include:*

Sexually explicit or age-inappropriate drawings, stories and/or play.  
 Persistent and/or age-inappropriate sexual activity.  
 Significant difficulty in relating to adults and/or peers, including:  
 Sexual aggression towards younger or more naive children.  
 Sexual invitations or gestures to older people.  
 Sexual interaction involving animals or toys.  
 Sexual promiscuity or exploitation.  
 Significant change in status or quality of relationships with friends and/or parents.  
 Fear of people, of a particular person, gender, attending a particular activity, club/ organisations, location, etc. including running away.  
 Distracted or distant at odd times.  
 Signs of depression e.g. persistent crying, lack of motivation to engage in activities, lack of expression or enthusiasm.  
 Problems with schoolwork or unexplained changes in behaviour or school results.  
 Sudden mood swings: rage, fear, insecurity or withdrawal.  
 Frequent rocking sucking and biting behaviour.  
 Challenging and aggressive behaviour.  
 Suicidal and self-harm behaviour including self-mutilation, drug or alcohol abuse.  
 Risk taking behaviour such as lighting fires.  
 Cruelty to animals.

*Some physical indicators of sexual abuse are only identifiable via a medical examination. For example:*

Sexually Transmitted Infections (STIs).  
 Semen in genitalia areas.  
 Vaginal, penis, scrotum or anal injury or scarring.  
 Abrasions tears and bruises to the vagina or anus.  
 Chronic urinary tract infections or difficulty urinating.  
 Bleeding from the anus or vagina.  
 Regression e.g. bed-wetting or thumb sucking.  
 New words for body parts.  
 Resists removing clothes when appropriate times e.g. bath, bed, toileting, nappy changes.  
 Asks other children to behave sexually or play sexual games.  
 Mimics adult-like sexual behaviours including with toys or draws in artwork More typical in adolescents  
 Self-injury (cutting, burning).  
 Suicide attempts.  
 Inadequate personal hygiene.  
 Drug and alcohol.  
 Sexual promiscuity.  
 Running away from home.  
 Depression, anxiety.  
 Fear of intimacy or closeness.  
 Compulsive eating or dieting.

## **Bullying**

*Physical indicators may include:*

Physical injuries such as unexplained bruises.  
 Problems with eating or sleeping e.g. nightmares, wetting the bed, etc.  
 Self-harm.

*Behavioural indicators may include:*

Belongings getting "lost" or damaged.  
 Loses interest in school.  
 Not doing as well at school (drops in grades) or getting into trouble at school.  
 Problems adjusting to school, being afraid to go to school, being mysteriously 'ill' each morning, or skipping school.  
 Have fewer friendships, not being accepted by their peers.  
 No longer wants to participate in activities once enjoyed.

Asking for, or stealing, money (to give to a bully)

Suddenly changes in behaviour E.g. • Being nervous, losing confidence, or becoming distressed and withdrawn. • Anxious, clingy, depressed, obsessive behaviour, wary and suspicious of others.

Being aggressive, taking risks; or • Bullying others.

Thoughts about suicide

Substance Misuse

## **Cyber Bullying**

*Specific indicators:*

Spends a large amount of time on the computer yet doesn't seem willing to talk about what they are doing or gives dubious explanations about how the time was spent.

Seems upset, highly irritable or emotional after being on the computer, or after reading their text messages or email, etc.

Avoids conversations about the computer or Internet, or seems defensive and upset when you ask about it.

There is a sudden drop-off in computer use, and the child seems to avoid it or doesn't use sites they used to spend time on.

A withdrawal from technology or a sudden change in computer or phone usage including suddenly stops using the computer (biggest red flag).

Suddenly changes friends

## Appendix D: The Escalation Ladder

# Sharing personal information of families and vulnerable children



### The Escalation Ladder

Sharing information involves both the collection and disclosure of personal information. Deciding which laws apply and what information to share can be complicated, but there are some guiding rules.

### How to use the Escalation Ladder

Work through from question 1 to question 5 and stop when you can answer 'yes'. If the answer to all of the five questions is 'no', then disclosure should be unnecessary, and should be avoided, at least for now.

*Remember that the proportionality principle always applies – you should only provide as much information as is reasonably necessary to achieve your objectives.*

