

BSP Safeguarding Children

Training in the Safeguarding of Children

- 1. Definitions of Abuse**
- 2. Child Abuse Signs and Symptoms**
- 3. Accidental and Non-Accidental Injuries**
- 4. French Law**
- 5. Examples of Dangerous Situations for Children**
- 6. Making a Referral**
- 7. Managing a Disclosure**
- 8. Allegations against staff**
- 9. Information Sharing & Confidentiality**
- 10. Record Keeping**
- 11. Supporting Children**
- 12. Child Safeguarding Expression of Concern Form**

1 Definitions of Abuse (© Teachernet)

- **Physical abuse** may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child
- **Sexual abuse** involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape or buggery) or non-penetrative acts. They may include involving children in looking at, or in the production of, pornographic material, or encouraging children to behave in sexually inappropriate ways
- **Emotional abuse** is the persistent emotional ill-treatment of a child causing severe and persistent adverse effects on the child's emotional development, often by making them feel they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person, age or developmentally inappropriate expectations being imposed on children, causing children frequently to feel frightened, or the exploitation or corruption of children.
- **Neglect** is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in serious impairment of the child's health or development, such as failing to provide adequate food, shelter and clothing, or neglect of, or unresponsiveness to, a child's basic emotional needs.

2 Child Abuse Signs and Symptoms (© Kidscape 2004)

Although these signs do not necessarily indicate that a child has been abused, they may help adults recognise that something is wrong. The possibility of abuse should be investigated if a child shows a number of these symptoms, or any of them to a marked degree:

Sexual Abuse

- Being overly affectionate or knowledgeable in a sexual way inappropriate to the child's age
- Medical problems such as chronic itching, pain in the genitals, venereal diseases
- Other extreme reactions, such as depression, self-mutilation, suicide attempts, running away, overdoses, anorexia
- Personality changes such as becoming insecure or clinging
- Regressing to younger behaviour patterns such as thumb sucking or bringing out discarded cuddly toys
- Sudden loss of appetite or compulsive eating
- Being isolated or withdrawn
- Inability to concentrate
- Lack of trust or fear of someone they know well, such as not wanting to be alone with a babysitter or child minder
- Starting to wet again, day or night/nightmares
- Become worried about clothing being removed
- Suddenly drawing sexually explicit pictures
- Trying to be 'ultra-good' or perfect; overreacting to criticism

Neglect

- Constant hunger
- Poor personal hygiene
- Constant tiredness
- Poor state of clothing
- Emaciation
- Untreated medical problems
- No social relationships
- Compulsive scavenging
- Destructive tendencies

Physical Abuse

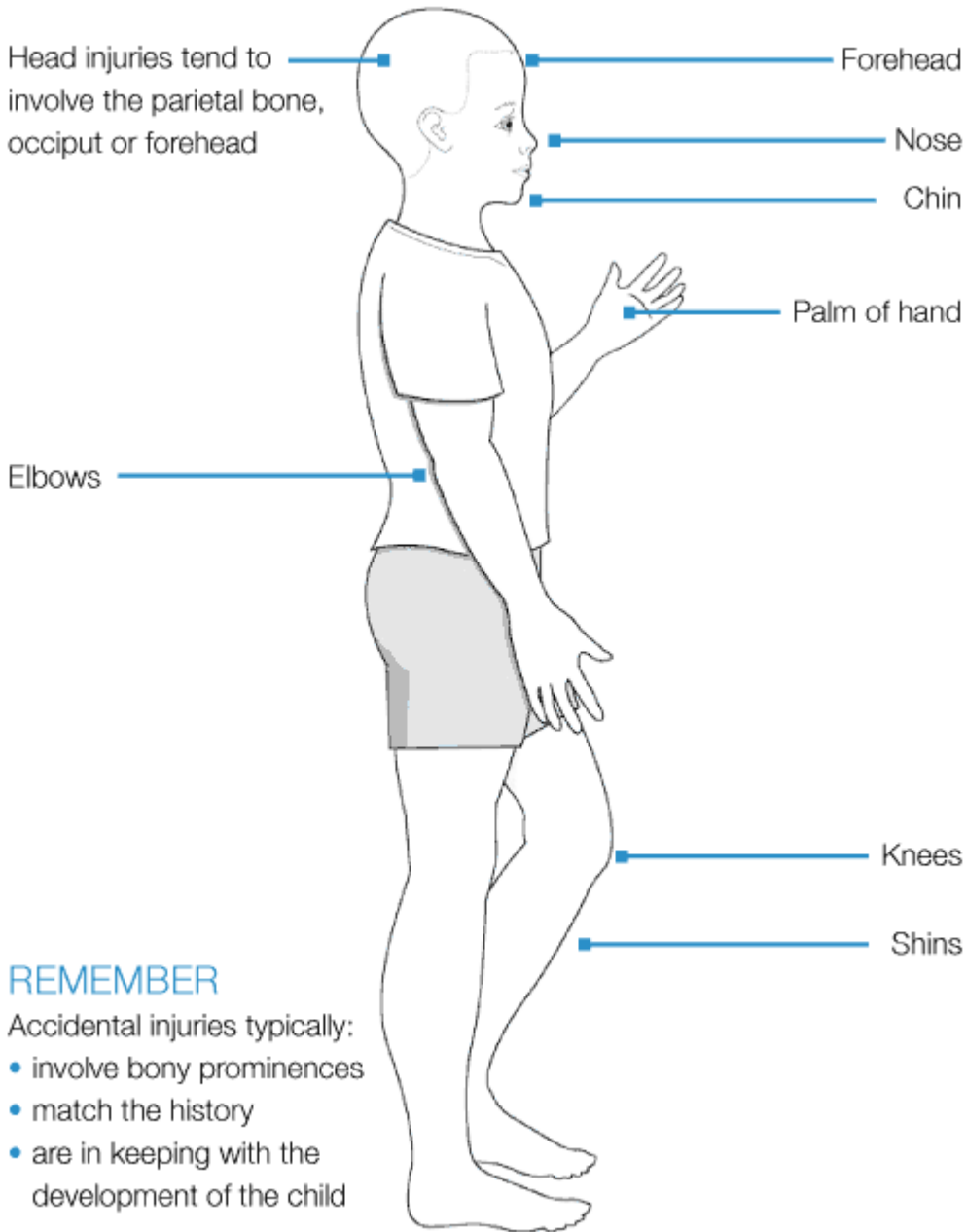
- Unexplained recurrent injuries or burns
- Improbable excuses or refusal to explain injuries
- Wearing clothes to cover injuries, even in hot weather
- Refusal to undress for gym
- Bald patches
- Chronic running away
- Fear of medical help or examination
- Self-destructive tendencies
- Aggression towards others
- Fear of physical contact - shrinking back if touched
- Admitting that they are punished, but the punishment is excessive (such as a child being beaten every night to 'make him study')
- Fear of suspected abuser being contacted

Emotional Abuse

- Physical, mental and emotional development lags
- Sudden speech disorders
- Continual self-deprecation ('I'm stupid, ugly, worthless, etc')
- Overreaction to mistakes
- Extreme fear of any new situation
- Inappropriate response to pain ('I deserve this')
- Neurotic behaviour (rocking, hair twisting, self-mutilation)
- Extremes of passivity or aggression

3 Accidental and Non-Accidental Injuries (© Child Protection and the Dental Team, 2009)

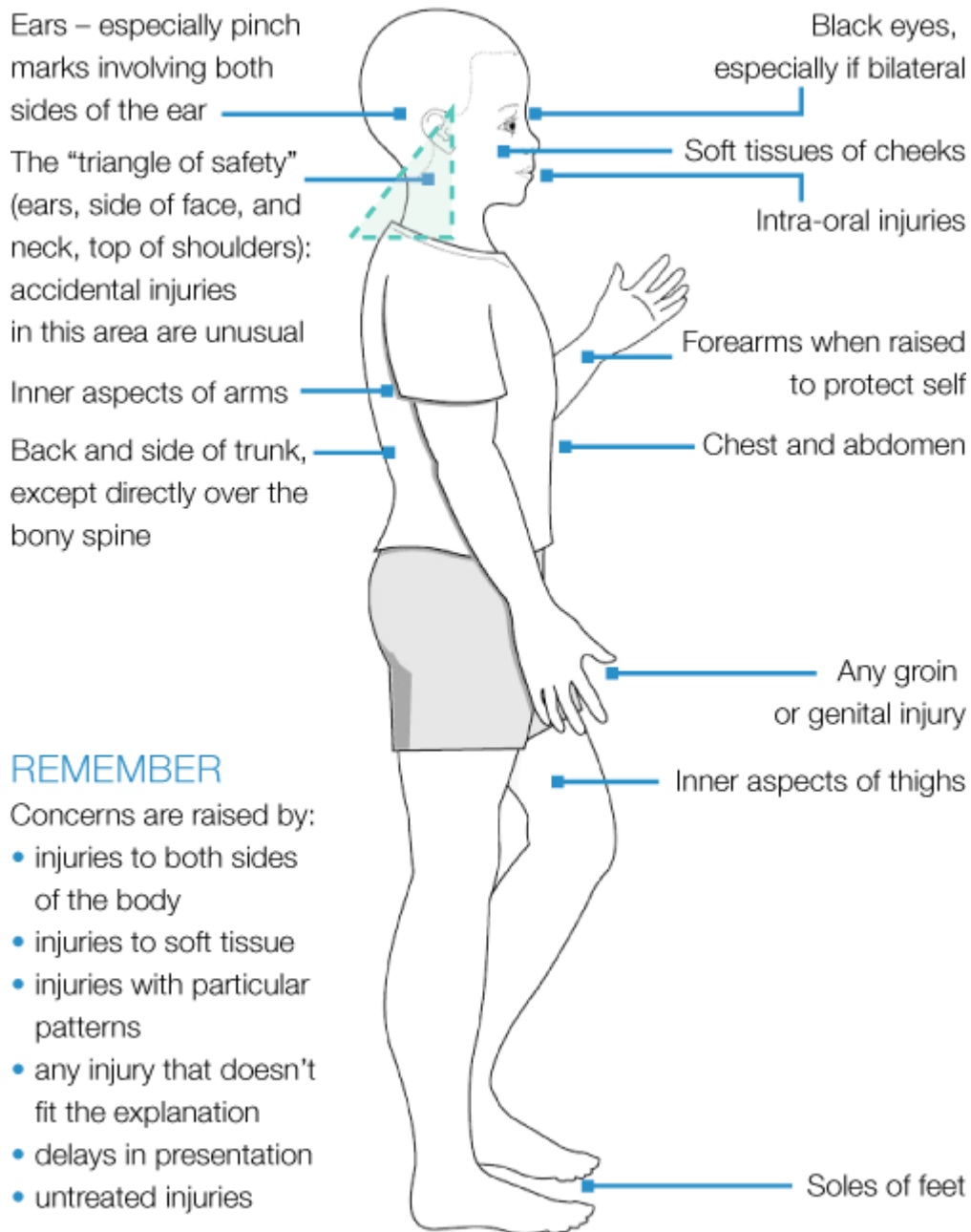
Accidental Injuries



REMEMBER

- Accidental injuries typically:
- involve bony prominences
 - match the history
 - are in keeping with the development of the child

Non-Accidental Injuries



REMEMBER

Concerns are raised by:

- injuries to both sides of the body
- injuries to soft tissue
- injuries with particular patterns
- any injury that doesn't fit the explanation
- delays in presentation
- untreated injuries

4 French Law Number 293 of March 5, 2007

A child in danger is a child exposed to difficulties that are dangerous or potentially dangerous for his/her health, security and morality. A child is also in danger if these difficulties compromise his education (in the sense of child-rearing) or his physical, emotional, intellectual and social development.

(La loi définit l'enfant en danger comme "un enfant confronté à des difficultés mettant en danger sa santé, sa sécurité, sa moralité ou compromettant ou risquant de compromettre son éducation ou son développement physique, affectif, intellectuel et social".)

5 Examples of Dangerous Situations for Children (Anne Belgram 2009)

- ✓ Minor is the victim of physical, psychological or sexual abuse.
- ✓ Conflictual divorce and custody situations (kidnapping, or threats of kidnapping, for example).
- ✓ Minor drawn into severe marital conflict (divided loyalties).
- ✓ Double binds.
- ✓ No limits.
- ✓ Minor witnessing: domestic violence (psychological or physical), drug abuse, alcoholism, inappropriate sexual conduct, delinquent or criminal activity.
- ✓ Minor engaging in delinquent activity; drug, alcohol or other addictions; inappropriate sexual conduct (prostitution).
- ✓ Parental neglect; parents unable to protect their children.
- ✓ Primary care-giver suffering from severe psychiatric illness.
- ✓ In some extreme cases, unrealistic parental expectations in terms of performance at school, respect of household rules, maturity, adapting to new cultures.

6 Making a Referral

- The *Président du Conseil General* oversees child protection in Les Yvelines. Child protection is delegated to the *Aide Sociale à l'Enfance* (the ASE). Within the ASE, a group called the *Cellule de Recueil d'Informations Préoccupantes* (the CRIP) is responsible for receiving, assessing and taking action regarding information about minors in danger or at risk. The procedures they follow are preventative rather than judicial wherever possible.
- The DSMS or Headmaster can phone the CRIP for advice on handling situations where children appear to be in danger. Although the call can be made anonymously, it is expected that the name of the person making the enquiry, the name of the school and the age of the child are disclosed.
- A formal referral (*une information préoccupante*) should be made in writing to the CRIP.
- Parents should be informed when a letter of referral is sent to the CRIP unless it is felt that this would put the child concerned in danger. In this case, the DSMS should carefully record their reasons for not informing the parents.
- If the DSMS deems that the child is in immediate or extreme danger, or if the CRIP is closed, the *Procureur de la République* (Chief Prosecutor) should be informed.

Following a referral, the social services or the judicial services may be involved, as outlined on the following two pages.

Schema of the child protection system in France

Child abuse suspicions brought before the ASE (119 or CRIP).



If immediate danger, crime or misdemeanor, case transferred to the judicial system for simultaneous judicial investigation or immediate placement of a child to protect him/her (*OPP = ordonnance de placement provisoire*).

If the danger is not immediate, the ASE can request an assessment of the situation. This assessment (*évaluation enfant en danger, or EED*) is performed by local social services (*Espaces Territoriaux*).



After the assessment

- ✓ Case closed with no further action.
- ✓ ASE makes recommendations such as *AED (aide éducative à domicile)* = assistance to parents.
- ✓ Transfers to the judiciary system because an immediate danger exists, the family refuses assessment of the situation, the family refuses the *AED*, or the *AED* has failed and the danger persists. The juvenile court (*juge des enfants*) can mandate an *AEMOJ (aide éducative en milieu ouvert judiciaire)* or placement in foster care. Investigations and prosecution of offenders are handled by other courts (see schema next page).

The new law encourages prevention rather than repression, hence the lesser implication of the judiciary system from the onset.

Schema of the judiciary system in child protection cases

Charges filed by private citizen or case brought before the police or
Procureur by the ASE.



Procureur de la République – Parquet (prosecution court).



Decides whether or not to order investigation by the *Brigade des mineurs* (juvenile police squad). If investigation, evaluation to determine if the child can be confronted with the offender.



Case closed (*classement sans suite*) or transferred to *juge d’instruction* (examining judge) for further investigation (optional for misdemeanors and mandatory for crimes).



Case closed (*non-lieu*) or transferred to trial judge in *Cour d’Assises* (for crimes) or *Tribunal Correctionnel* (misdemeanors). Children might have to be present during trial.

Victims can also request civil trials to obtain compensation in abuse cases (*dommages et intérêts*).

7 Managing a Disclosure

Teachers and other staff in schools are in a unique position to observe children's behaviour over time and often develop close and trusting relationships with pupils. If a child discloses directly to you, the following procedures should be followed:

- Listen carefully to what is said
- Find a quiet place to talk
- Remember that it takes considerable courage for the child to make a disclosure because, for example, he/she may
 - have been specifically told not to tell
 - feel that they are themselves to blame
 - be frightened that their disclosure will make things worse
- Remain calm, gentle, sensitive and reassuring; take the child seriously.
- Believe the child.
- Do not
 - appear shocked
 - show disgust
 - deny what is said
 - be judgemental
 - condemn the alleged abuser
 - make assumptions about the child's feelings
- Explain clearly to the child that you will do your best to support and protect them but that you cannot promise confidentiality; you will not be able to keep the disclosure secret but that you will speak to the DSMS in order to find the best course of action.
- Ask only open questions such as:
 - 'How did that happen?'
 - 'What was happening at the time?'
 - 'Can you tell me about what is worrying you?'
- Do not ask leading questions which may be considered to suggest what might have happened, or who has perpetrated the abuse, e.g
 - 'Did your Dad hit you?'
- You can avoid asking questions by repeating back what the child has said, allowing him/her to confirm, correct or add to what he/she has said.
- Do ask if the child has shared their concerns with anyone else.
- Do not attempt to examine a child in any way that would involve the removal of clothing
- Write down carefully what is said and check with the child that what you have written is an accurate reflection of what the pupils wants to disclose.
- Reassure the pupil that he/she did the right thing in telling someone; acknowledge their courage in speaking out.
- Acknowledge any feelings of, for example, anger, sadness or guilt that the child may express, but stress that he/she is not to blame for what has happened.
- Explain that you would like to get some confidential advice yourself; listen sympathetically to any reservations he/she might express, but remember that you must report any concerns that you have.
- Tell the child that he/she will not be forced to repeat what he/she said in front of another person at school.
- Following a disclosure, the member of staff should talk immediately to the DSMS and complete a written record.
- Apart from telling the DSMS, the disclosure must be treated as confidential. Although a disclosure can be extremely upsetting it is important to remain professional.

8 Allegations against staff

A pupil may make an allegation against a member of staff. In this case

- the member of staff receiving the allegation will immediately inform the Headmaster
- the Headmaster on all such occasions will discuss the content of the allegation with the Governor responsible for Safeguarding Children.
- If the allegation made to a member of staff concerns the Headmaster, the DSMS will immediately inform the Chairman of the Board of Governors who will consult with the Governor responsible for Safeguarding Children.

9 Information Sharing & Confidentiality

- All matters relating to Child Protection are confidential.
- The DSMS or Headmaster will disclose any information about a pupil to other members of staff on a need to know basis only.
- The DSMS or Headmaster will decide when it is appropriate to refer to external authorities.
- All staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children.
- All staff must be aware that they cannot promise a child to keep secrets.
- The DSMS or Headmaster must immediately make a referral to the authorities if it is considered that the child's life is in danger.

10 Record Keeping

- Any member of staff who receives a disclosure from a child or third party, or who notices signs or symptoms of possible abuse, will make notes as soon as possible (within the hour, if possible).
- The written record should include exactly what was said, using the child's own words as far as possible.
- All notes should be timed, dated and signed, with names printed alongside the signature.
- Concerns should be recorded using the school's safeguarding children recording system.
- All records of a child protection nature should be passed to the DSMS including case conference minutes and written records of any concerns.

11 Supporting Children

Children who are abused or witness violence may find it difficult to develop a sense of self worth. They may feel helplessness, humiliated and in some way culpable. The school may be the only stable, secure and predictable element in the lives of children at risk. When at school their behaviour may be challenging and defiant or they may be withdrawn. We should endeavour to support pupils

- through the content of the curriculum
- through the school ethos which promotes a positive, supportive and secure environment and gives pupils a sense of being valued
- by setting and modelling of high standards of behaviour; pupils should be aware that some behaviour is unacceptable
- by making it clear that they will not be blamed for any abuse which has occurred to them
- by liaising with external agencies that support the pupil if there is a significant concern e.g. members of ICS and SPRINT and the French Social Services
- by providing continuing support to a pupil who has been involved in a safeguarding issue in any way
- by ensuring that appropriate information is forwarded under confidential cover to the pupil's new school if they should move on

