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SPECIAL RECOGNITION

Children, because of their dependency and immaturity, are vulnerable to abuse and neglect. While parents and guardians have primary responsibility for the care and protection of their children, personnel working with children at our school also have clear responsibilities in this area.

This guide and reporting document, *Protecting the Abused and Neglected Child*, is the result of the recognition of our responsibilities for children entrusted to our care. We know that teachers and staff are particularly well placed to observe and monitor children for abuse or neglect. They are the main givers to children outside the family context and have regular contact with children in the school setting and related outside curriculum activities. For these reasons, it is imperative that in all dealings with the children in our care a balance is struck between the rights of the child and family and the need for intervention.

This recognition and professional commitment has become official because of the efforts and countless hours of work by several individuals who identified a significant organizational gap that needed to be addressed to ensure our children and staff are protected, safe, and valued.

Their subsequent actions have enabled the ISK community, parents, and staff to have a valuable instrument that guides as well as informs and educates us on how to address concerns about the safety and welfare of children. Their achievement, found within the pages of this guide, is not taken lightly, nor is their dedication to doing the right thing in the right way.

Members serving on the Child Protection Task Force were:

John Roberts	Patricia Salleh Matta
Priya Shah	Gloria Bissmeyer
Jim Mahaffey	Amanda Fine
Marilyn Wilson	Oddny Bakke
Rehema Juma	Chitra Mohan
Karen Gakuya-Leteipan	Marie Duong

As individuals they each brought their unique expertise, skill set, and contributions. As a group, they represented a collective body of knowledge, wisdom, and resources that are reflected in this guide. They have my sincere gratitude for all that they have done and accomplished.

Dennis Bissmeyer, Chair



Dear Parents and ISK Staff,

The International School of Kenya, in keeping with the ISK core values and vision statement, has adopted a Child Protection Policy to guide our staff, volunteers, students, and families in matters related to the safety and care of children attending our school.

We believe that children have a fundamental right to be safe at ISK and that, the educators, parents, and care-givers, must act in the best interest of your child and our students. The ISK Child Protection Policy is based on the belief that all children should be protected from any form of abuse and neglect.

All staff and volunteers at the International School of Kenya must report suspected incidents of child abuse or neglect whenever that individual has reasonable cause to believe that a child has suffered or is at significant risk of suffering abuse or neglect. Reporting and follow-up of all suspected incidents of child abuse or neglect will proceed in accordance with administrative procedures flowing from this policy.

The ISK Child Protection Policy:

Under Section 3: STUDENT POLICIES
 3.8 Child Protection

Child abuse is a violation of a child's human rights and is an obstacle to every aspect of a child's development. The International School of Kenya, its staff and volunteers, have a responsibility to ensure the safety of the students and protect them from abuse. ISK's procedures for protecting and ensuring the safety of children shall be documented clearly and followed consistently. In response to suspected abuse, the school shall take all reasonable, responsible and legal steps to protect the child and act as his/her advocate. Additionally, ISK shall have a proactive communication plan for training staff and volunteers and making the ISK community aware of various aspects of abuse.

Adoption November 2012

Purpose of the Child Protection Guide

The purpose of this Child Protection Guide is to protect children, who have been non-accidentally injured, sexually exploited, or deprived of the right to minimal nurture, health, and safety by their parents, guardian, or other adults. Education and intervention will be done, as needed, in partnership with the Government of Kenya, various Embassies, local authorities, and the private sector. Furthermore, cases of suspected child abuse or neglect might be reported to the appropriate employer, to the respective consulate in Kenya, to the appropriate child protection agency in the home country, and other local authorities.

What we will do

The International School of Kenya seeks to be a safe haven for students who may be experiencing abuse or neglect in any aspect of their lives. As such:

1. ISK will distribute this policy annually to all parents, staff, volunteers, and applicants.
2. We will provide age-appropriate lessons for all grade levels to help students understand personal safety, needs, and rights.
3. Provide appropriate training for all staff, and make every effort to implement hiring practices to ensure the safety of children.
4. Provide parents with materials and information sessions to help better understand our program policy and abuse-recognition strategies.
5. Develop and implement protocols for practices and guidelines with students.

I thank you for your support of our efforts and invite you to contact your school counselor or principal regarding any specific questions you may have.

John Roberts,
Director

RECOGNIZING CHILD ABUSE AND NEGLECT

How are abuse and neglect defined?

With a wide array of nationalities in our school, it's recognized we may have different cultural values, reactions, and influences that shape our beliefs about acceptable child behavior and discipline. While we acknowledge and are sensitive to the inherited challenge of the different child rearing practices and traditions that may be defined in our international community, our most important responsibility is for the safety of the child. Therefore, the primary determination of warning signs of abuse and neglect in the eyes of ISK are:

A violation of a child's human rights and is an obstacle to every aspect of a child's development. Abuse or neglect means sexual abuse, sexual exploitation, or injury of a child by any person, under circumstances, which cause harm to the child's health, welfare, safety, or emotional well-being.

ABUSE

Is a non-accidental injury to a child, which, regardless of motive, is inflicted or allowed to be inflicted by the person responsible for the child's care. **This includes:**

- Any injury which is at variance with the history given
- Maltreatment such as, but not limited to, malnutrition, sexual molestation
- Deprivation of necessities, emotional maltreatment or cruel punishment

TYPES OF ABUSE

Physical Abuse

Physical abuse is any physical injury inflicted other than by accidental means, that has a discrepancy with the history given of them, or a child's condition which is the result of maltreatment such as malnutrition, deprivation of necessities or cruel punishment.

CONSIDER THE POSSIBILITY OF PHYSICAL ABUSE WHEN THE CHILD:

- Has head injuries
- Shows bruises, cuts, or lacerations
- Has internal injuries
- Has unexplained burns, scalds, bites, broken bones, or black eyes
- Offers conflicting explanations as to how injury occurred
- Has fading bruises or other marks noticeable after an absence from school
- Is frightened of the parent and protests or cries when it is time to go to home
- Shrinks at the approach of adults
- Shows reddening or blistering of the tissue through application of heat by fire chemical substances, cigarettes, matches, electricity, scalding water, friction etc.
- Has an injury to bone, muscle, cartilage, ligaments fractures, dislocations sprains, strains, displacements, hematomas
- Suffers death
- Other suspicious signs that cannot be easily explained.

THE PARENT OR OTHER ADULT CAREGIVER:

- Offers conflicting, unconvincing, or no explanation for the child's injury
- Describes the child as "bad" or in some other very negative way
- Use harsh physical discipline with the child
- Has a history of abuse as a child.



Sexual Abuse

Sexual Abuse is any incident of sexual contact involving a child that is inflicted, or allowed to be inflicted, by the person responsible for the child's care. It becomes more suspicious when a child displays several signs, especially a combination of sexual and nonsexual signs.

The single most important indicator of sexual abuse is disclosure by the child. However, the nature of sexual abuse, the guilt and shame of the child victim, and the possible involvement of parents, friends, or others in a caretaker role, make it extremely difficult for children to report sexual abuse. It's not unusual for children to delay weeks, months, or even years before disclosing it to others.

CONSIDER THE POSSIBILITY OF SEXUAL ABUSE WHEN THE CHILD:

- Has sexual knowledge, behavior, or use of language and vocabulary not appropriate to their age level
- Complains of itchy crotch or irritation in their buttocks
- Has difficult walking or sitting
- Inappropriate sexual behavior with animals or toys
- Anticipates a sexual outcome to seeing something
- Masturbates to the point of soreness or injury
- Suddenly refuses to change for gym or to participate in physical activities
- Reports nightmares or bedwetting
- Makes a strong effort to avoid a specific person, without obvious reason.
- Has venereal disease or becomes pregnant, especially under the age of 14
- There is blood in the child's underwear
- Reports sexual abuse by a parent or another caregiver. These could include:
 - ✓ Intercourse
 - ✓ Sodomy
 - ✓ Fondling
 - ✓ Oral sex
 - ✓ Incest
 - ✓ Sexual penetration: digital, penile, or foreign objects.

THE PARENT OR OTHER ADULT CAREGIVER:

- Appears to be indifferent to the child
- Seems apathetic or depressed
- Behaves irrationally or in a bizarre manner
- Is abusing alcohol or other drugs
- Is an unduly and extremely protective parent or severely limits the child's contact with other children, especially of the opposite sex
- Is secretive and isolated
- Is jealous or controlling with family members
- Is permitting, allowing, coercing or forcing a child to participate in pornography, engage in sexual behavior, or allows inappropriate touching.

Sexual Exploitation

Sexual exploitation includes, but is not limited to, such actions as allowing, permitting, compelling, encouraging, aiding, or otherwise cause a child to engage in sexual behaviors that are not appropriate.

CONSIDER THE POSSIBILITY OF SEXUAL EXPLOITATION WHEN THE CHILD:

- Demonstrates bizarre, sophisticated, or unusual sexual knowledge or behavior
- Invites sexual invitations to older persons
- Talks about sexual activities involving photography, film, or magazines.

THE PARENT OR OTHER ADULT CAREGIVER:

- Promotes or allows prostitution within the family
- Allows sexually explicit, obscene, or pornographic activity to be photographed, filmed, or electronically reproduced or transmitted
- Allows obscene or pornographic activity as part of a live performance, for the benefit or sexual gratification of another person.

Domestic Violence

Witnessing domestic violence can have a traumatic impact on children. Domestic violence and abuse can happen to anyone, yet the problem is often overlooked, excused, or denied. This is especially true when the abuse is psychological, rather than physical. There is a high co-occurrence of domestic violence in cases of child abuse and neglect. Domestic Violence is considered abuse and neglect, and should be factored in, when it causes harm or creates a clear and present danger of harm to the child's health, welfare, and safety.

CONSIDER THE POSSIBILITY OF DOMESTIC VIOLENCE WHEN THE CHILD:

- Is acting out or withdrawing
- Is aggressive or passive.
- Demonstrates care taking; acting as a parent substitute
- Is in isolation from friends and relatives
- Displays anger issues
- Is inappropriately nervous, anxious
- Is frequently ill, has stomachaches, nausea or vomiting, eating disorders, insomnia
- Shows regression in development
- Displays high-risk play
- Is self abusive
- Displays sessions of unexplained crying
- Has physical signs of injury, bed wetting, nervous ticks
- Manifests some symptoms associated with Post Traumatic Stress Disorder: stuttering, anxiety and fears, sleep disruption, excessive crying and problems.

The PARENT OR OTHER ADULT CAREGIVER:

- Shows signs of extreme jealousy
- Is overly controlling
- Unrealistic expectations
- Shifts blame
- Is cruel to animals
- Is insensitive to others needs
- Displays verbal abuse
- Shows a different personality profile under different circumstances
- Excessive drinking or substance abuse
- Has a personal history of abuse and battering
- Negative attitude toward women
- Threatening violence
- Uses force during an argument.

Emotional Abuse or Maltreatment

Emotional abuse or maltreatment is the result of cruel or unconscionable acts or statements made, threatened to be made, or allowed to be made by the person responsible for the child's care that have a direct effect on the child. It's the observable and substantial impairment of the child's mental health or social development, leaving lifelong psychological scars. Emotional maltreatment may occur at the same time with other forms of maltreatment, and it may include domestic violence in the home.

CONSIDER THE POSSIBILITY OF EMOTIONAL ABUSE OR MALTREATMENT WHEN THE CHILD:

- Shows extremes in behavior, such as overly compliant or demanding behavior, extreme passivity, or aggression
- Is inappropriately acting like an adult (parenting other children, for example) or inappropriately acting as an infantile. Doesn't seem to be attached to parents
- Has attempted or talks about suicide
- Is excessively withdrawn, fearful, or anxious about doing something wrong
- Has headaches or stomachaches with no medical cause
- Is untypically socially withdrawn, feels unsafe, uncared for, and alone
- Talks about their parents fighting all the time, expresses fear or apprehension.

THE PARENT OR OTHER ADULT CAREGIVER:

- Constantly blames, belittles, calls names, or humiliates the child
- Displays repeated negative acts, yelling, threatening, or bullying directed at the child
- Exposes the child to repeated violent, brutal, or intimidating acts or statements among members of the household
- Uses cruel or unusual actions used in the attempt to gain submission, enforce maximum control, or to modify the child's behavior
- Exposes the child to violence or the abuse of others, whether it's the abuse of a parent, a sibling, or even a pet
- Is unconcerned about the child and refuses to consider offers of help for the child's problems
- Overtly rejects the child by withdrawing attention, affection, physical contact, and other signs of nurturing.

NEGLECT

Neglect is the failure, whether intentional or not, of the person responsible for the child's care to provide and maintain adequate food, hygiene, clothing, medical care, supervision, emotional support, or education. It is a failure to provide for a child's basic needs within their own environment.

TYPES OF NEGLECT

Physical

Physical neglect is the failure to provide necessary food or shelter, or lack of appropriate supervision. This could include failure to provide adult guardianship such as leaving a young child unattended at home for any extended period of time.

CONSIDER THE POSSIBILITY OF PHYSICAL NEGLECT WHEN THE CHILD:

- Begs or steals food or money
- The child is unwashed or hungry
- Lacks sufficient clothing for the weather
- Is frequently absent from school
- Abuses alcohol or other drugs
- Is left alone unsupervised for an excessive period of time given the child's age and cognitive abilities
- States that there is no one at home to provide care
- Parents are uninterested in their child's academic performance
- The child does not want to go home
- Is being denied proper care and attention physically, educationally, emotionally, or morally
- Lives under conditions, circumstances or associations injurious to their well-being.

PARENT OR OTHER ADULT CAREGIVER:

- Appears to be indifferent to the child
- Seems apathetic or depressed
- Is abusing alcohol or other drugs
- Cannot be reached for an emergency
- Do not respond to repeated communications from the school
- Is uninterested in their child's academic, behavioral, or social performances
- Displays erratic or impaired behavior
- Is unable to consistently perform the minimum of child-caring tasks
- Holds the child responsible for the care of siblings or others beyond the child's ability
- Fails to provide adequate food, shelter, and clothing appropriate to the climatic and environmental conditions
- Fails to provide, whether intentional or otherwise, supervision or a reliable person(s) to provide child care.

Medical Neglect

Medical neglect is the failure to provide necessary medical or mental treatment for the child in a timely fashion for a condition that, if left untreated, could result in illness, developmental delays, or endangerment.

CONSIDER THE POSSIBILITY OF MEDICAL NEGLECT WHEN THE CHILD:

- Has an injury or illness that is on-going
- Complains consistently of dental or other sorts of pain
- Talks about their ill health, inability to eat, or inability to function
- Appears to be low in energy compared to previous stages
- Sickness needs go untreated.

PARENT OR OTHER ADULT CAREGIVER:

- Has failed to provide or to allow needed competent health care
- Has delayed timely and appropriate medical care for a serious health problem that any reasonable person would have recognized as needing professional medical attention
- Does not follow medical recommendations
- Does not have the financial means to pay for medical expenditures
- Refuses or fails seek, obtain, and/or maintain those services for necessary medical, dental, or mental health care
- Withholds medically indicated treatment from disabled infants with life-threatening conditions
- Fails to fill a prescribed prescription
- Treatment of chronic illness is not followed
- Does not use emergency services at all, even with severe injury or illness.

Emotional and Moral Neglect

Emotional and moral neglect is the denial of proper care and attention to the child, emotionally, psychologically, socially and morally, by the person responsible for the child's care that may result in the child's maladaptive functioning. It can have severe and long-lasting consequences on a child's life.

CONSIDER THE POSSIBILITY OF EMOTIONAL AND MORAL NEGLECT WHEN THE CHILD:

- Is encouraged or permitted to steal or engage in other illegal activities
- Is encouraged or permitted to use drugs and/or alcohol
- Suffers from inadequate nurturing and attention, has poor self-image
- Has inappropriate expectations of them given their developmental level
- Is exposed to extreme emotional abuse and blame
- Is isolated to the extent adequate care, communication, and protection is not provide
- Is encouraged or allowed to display other maladaptive behavior that is inappropriate
- Feels there is no one in their family they can talk to.

PARENT OR OTHER ADULT CAREGIVER:

- Constantly belittles or blames the child
- Withholds affection or negates the child's abilities
- Allows destructive behaviors such as drug and alcohol abuse use and abuse
- Permits inappropriate use and viewing of internet websites, movies and TV programs.



Educational Neglect

Educational neglect occurs when a parent interferes with the ability of their child to receive proper care and attention educationally. Educational neglect can have a detrimental impact on the child's academic and social development and growth.

CONSIDER THE POSSIBILITY OF EDUCATIONAL NEGLECT WHEN THE CHILD:

- Consistently complains of lack of sleep
- Attendance is significantly below expectations
- Is consistently late to school without due cause
- Doesn't have proper school materials or is underachieving
- Spends an inordinate amount of time on the internet that negatively impacts school.

PARENT OR OTHER ADULT CAREGIVER:

- Allows a child to be continuously absent or tardy from school through intent or neglect
- Fails to engage school personnel on student's needs
- Is inattentive to special education needs or fails to cooperate with remedial instruction for the child when recommended and provided by the school and the child is not succeeding in current class placement
- Does not provide adequate support at home
- Holds the child responsible for the care of other children during the school day while the parent works
- Is unable or unwilling to get the child fed and dressed in time to attend school.
- Has highly stressful family situations
- May have difficulty in coping in their personal life.



SPECIAL CONSIDERATION FOR EARLY CHILDHOOD

How can we tell if sexual behavior in a young child is concerning or simply age appropriate? Understanding the difference between age appropriate sexual behaviors in young children and those that reflect concern is crucial in how we respond to children. Not only is children's sexuality different than adults and adolescents, their emotional, social, and cognitive awareness and relationship to the world is different. The more informed we are in this area the better we are able to make insightful judgments and decisions as they come up. This is the challenge we face in our schools and home today. The intent of this section is to introduce knowledgeable information and guidance that may help determine whether behaviors of young children represent a genuine concern or simply manifestations of age appropriate sexual behaviors.

Sexual behaviors during these young years can be broken down into three categories:

- ✓ Age appropriate
- ✓ Concerning
- ✓ Very concerning

While not inclusive, an over-view of the three areas are reflected in the following:

Age-appropriate sexual behaviors

Do not require intervention by professionals or parents. Children readily take redirection of these behaviors and their accompanying emotions and expressions of age-appropriate sexual play include laughter, spontaneity, curiosity and experimentation.

Concerning sexual behaviors

Signals the need to notice the frequency and persistence of these behaviors and intervene. If a child exhibits these types of behaviors, or these behaviors continue, despite clear requests to stop, there is a need to seek out expertise. They should not be ignored and a proactive response is required.

Very concerning sexual behaviors

The very concerning behaviors are indicative of very problematic sexual behaviors and they require immediate specialist advice and a proactive, purposeful response. If the sexual behavior is accompanied by secrecy, anxiety, tension, coercion, force, compulsion or threats this is particularly concerning and the details and context should be accurately recorded. These coercive behaviors require immediate intervention by teachers, parents, and care-givers.

Sexual behaviors in children aged 0-4 years: infant, toddler and preschool

Age appropriate sexual behaviors:

- ✓ Touching or rubbing their own genitals
- ✓ Enjoying being nude or showing others their genitals
- ✓ Playing doctors and nurses
- ✓ Playing mummies and daddies
- ✓ Touching or looking at the private parts of other children or familiar adults
- ✓ Using slang words/dirty language for bathroom and sexual functions, talking about sex

Concerning sexual behaviors:

- ✓ Persistent masturbation that does not cease when told to stop
- ✓ Forcing another child to engage in sexual play
- ✓ Playing with dolls such as 'humping' a teddy bear
- ✓ Touching the private parts of adults not known to the child
- ✓ Chronic peeping behaviors

Very concerning sexual behaviors:

- ✓ Persistently touching or rubbing themselves to the exclusion of normal childhood activities; hurting their own genitals by rubbing or touching
- ✓ Simulating sex with other children, with or without clothes on
- ✓ Oral sex. Sexual play involving forceful anal or vaginal penetration with objects

Sexual behaviors in children aged 5-7 years: early school years

Age appropriate sexual behaviors:

- ✓ Self-touching including masturbating
- ✓ 'Show me yours/I'll show you mine' with same-age children
- ✓ Hearing and telling age-appropriate dirty jokes
- ✓ Playing mummies and daddies
- ✓ Kissing/holding hands
- ✓ Mimicking or practicing observed behaviors such as pinching a bottom

Concerning sexual behaviors:

- ✓ Continually rubbing/touching their own genitals in public
- ✓ Persistent use of dirty words
- ✓ Wanting to play sex games with much older or younger children
- ✓ Continually wanting to touch the private parts of other children
- ✓ Chronic peeping behaviors

Very concerning sexual behaviors:

- ✓ Touching or rubbing themselves persistently in private or public to the exclusion of normal childhood activities
- ✓ Rubbing their genitals on other people
- ✓ Forcing other children to play sexual games
- ✓ Sexual knowledge too advanced for their age
- ✓ Talking about sex and sexual acts habitually

Sexual behaviors in children aged 8-12 years: pre-adolescent

Age appropriate sexual behaviors:

- ✓ Occasional masturbation
- ✓ 'Show me yours/I'll show you mine' with peers
- ✓ Kissing and flirting
- ✓ Genital or reproduction conversations with peers
- ✓ Dirty words or jokes with their peer group

Concerning sexual behaviors:

- ✓ Attempting to expose others' genitals
- ✓ Sexual knowledge too advanced for their age once context is considered
- ✓ Preoccupation with masturbation
- ✓ Mutual masturbation/group masturbation
- ✓ Single occurrence of peeping, exposing, obscenities, pornographic interest (sources include the internet, pay TV, videos, DVDs and magazines)
- ✓ Stimulating foreplay or intercourse with peers with their clothes on

Very concerning sexual behaviors:

- ✓ Compulsive masturbation, including task interruption to masturbate
- ✓ Repeated or chronic peeping, exposing or using obscenities
- ✓ Chronic pornographic interest including child pornography (sources include the internet, pay TV, videos, DVDs and magazines)
- ✓ Degradation or humiliation of themselves using sexual themes
- ✓ Degradation or humiliation of others using sexual themes
- ✓ Touching the genitals of others without permission
- ✓ Sexually explicit threats – written or verbal
- ✓ Forced exposure of others' genitals
- ✓ Simulating intercourse with peers with clothes off
- ✓ Penetration of dolls, children or animals

DETERMINING WHEN THE SEXUAL BEHAVIORS OF YOUNG CHILDREN ARE OF CONCERN

Case Examples

Reflect on the examples below. These cases could be reflective of real life situations that often occurred in early childhood programs. As you read each scenario, give yourself the opportunity to speculate whether the behavior would come under the category of appropriate, concerning, or very concerning.

Example 1

Aaron, aged four, had shown some problem behaviors at kindergarten. Hiding in the cubby or behind the play pen, he had pulled other little boys' pants down as well as his own. He had told them to lick his penis and 'not to tell'. Several attempts at redirection had not seemed to slow down the occurrence of these behaviors. He seemed angry and defensive whenever the issue was raised.

This type of scenario is **very concerning** because:

- ✓ The level of sexual knowledge exhibited by Aaron is a gross mismatch to his age
- ✓ Aaron's behaviors are highly intrusive upon other small children
- ✓ Aaron is not responding to redirection
- ✓ He shows problematic emotions when spoken to, indicating feelings of disturbance around this issue

Example 2

Libby, Flora, and Terence were on a Grade 5 school camp. Teachers soon discovered that they had removed some of their clothing and were engaged in 'show and tell'. They were running around laughing and splashing each other with water. When taken aside and spoken to, they were rather embarrassed but laughed. They were effectively redirected and did not persist in the behaviors. This type of scenario **appears to be more normative** and most likely does not require therapeutic involvement because:

- ✓ The behavior is not a mismatch with their age or development level (developmentally appropriate)
- ✓ Nobody was hurt or upset (equality)
- ✓ Nobody was coerced (forced, fearful, tricked or mistreated)
- ✓ They were easily redirected
- ✓ They did not show negative emotions, indicating a lower likelihood that they felt disturbed (healthy emotions)

Example 3

Rollo (aged nine) was very angry when his father discovered that he had shut his cousin Mike (aged five) in a cupboard for half an hour. This was after taking Mike's pants down and handling his genitals roughly. He had warned Nicos not to tell anyone, or his older brother would 'get them both'. Mike said that he had been afraid of Rollo for some time.

This type of scenario is **very concerning** and would require intervention. Consider the following:

- ✓ There is a significant age gap between the two children (inequality of power)
- ✓ Mike was threatened and restrained (threat/force)
- ✓ Mike could not have been consenting in a situation like this (non-consensual)



RESPONDING TO THE CHILD

How should I respond to a child who reports being abused or neglected?

While it's normal to feel a little overwhelmed and confused in this situation, listening to a child who shares possible abuse or neglected information to you is one of the most important roles you can perform. Just remember, you can make a tremendous difference in the life of an abuse or neglected child. While not inclusive, here are a few **DO's** and **DO NOT's** that may help ease your mind if a child shares information with you about their situation.

DO:

- ✓ Remain calm and reassuring. A child may retract information or stop talking if they sense a strong reaction
- ✓ Find a private place to talk without interruptions
- ✓ Put the child at ease by sitting near them, not behind a desk
- ✓ Ask permission before touching the child. Touch may be associated with physical or emotional pain in children who have been physically or sexually abused
- ✓ Reassure the child that they are not in trouble and have done nothing wrong
- ✓ Use the child's vocabulary when reporting, not yours
- ✓ If possible, write down exactly what the child says to you
- ✓ Let the child know what you will do: *"We need to tell the counselor. He/she knows how to help you and your family"*
- ✓ Support the child: *"I'm sorry that happened to you"*
- ✓ Do what you can to make certain the child is safe from further abuse

DO NOT:

- ✓ Press for details. You do not need to prove abuse or neglect. Simply report the case to the counselor of your school
- ✓ Ask "why" questions or interrogate. These questions require children to explain actions that they may or may not understand, or unable to interpret properly, and this may confuse or fluster the child making it harder for them to continue
- ✓ Promise that you will not tell anyone about the child's disclosure of possible abuse or neglect
- ✓ Ask leading or suggestive questions: *"It must have hurt you a lot, didn't it?"* or *"Did your father do that to you?"*
- ✓ Make angry or critical comments about the alleged perpetrator. The child often knows, loves, or likes this person
- ✓ Disclose information indiscriminately. Keep in mind the child's right to privacy and your obligation to confidentiality.
- ✓ Make the child feel different or singled out
- ✓ Investigate the case yourself
- ✓ Make judgment on whether the child is being truthful. Accept their disclosure and report it
- ✓ Put your personal feelings into your conversations: *"I am not surprised, you know how much I've been worried about your behaviors"*

Culturally and Linguistically Diverse Considerations

It's important to keep in mind cultural influences when assessing information or behavior, and to avoid allowing personal beliefs or biases to influence decision-making. Culture shapes attitudes and ideas about acceptable child behavior and discipline. For example, a family might have a different attitude toward nudity that is more relaxed than is typical. The same can be said for family sleeping, which is common in some cultures. Some families consider spanking an acceptable disciplinary measure, while other families find it unacceptable under any circumstances. These values can vary widely and cultural issues need to be understood. In order to work with people with various cultural identities in a way that promotes respect and dignity, it is important that you:

- ✓ Recognize any of your own preexisting beliefs and biases and remain neutral
- ✓ Become educated about our culture(s) and understand information within the context
- ✓ Resist the temptation to classify or label persons based on cultural preconceptions

QUESTIONS AND ANSWERS

Why should I report?

The primary intent of reporting is to identify suspected abused and neglected children as soon as possible so they can be protected from further harm.

Reporting should be regarded as a request for an investigation into a suspected incident of abuse or neglect; a report does not necessarily constitute a proven fact – it is the raising of a question about the condition or state of a child. Without detection, reporting, and intervention a child may suffer irreparable emotional and physical harm, or remain a victim for the rest of their life. Furthermore, it is correspondingly important to provide help for the suspected abuser.

Who must report?

Anyone who works for or volunteers at the International School of Kenya, and has reasonable cause to believe that a child has suffered abuse or neglect must, in good faith, report suspected abuse or neglect. The staff of the school includes all personnel (paid and voluntary) working within the school environment e.g. teachers, special needs assistants, visiting speakers/teachers, bus escorts/drivers, ancillary staff, parents helping out etc.

What if I'm not sure I should make a report?

You don't need concrete proof. You should discuss the situation with your school counselor or principal. If you are in doubt about what should be reported, it is better to make your concerns known than to remain silent and possibly allow a child to remain unprotected.

When should I report?

If there is reasonable cause to believe that a child has suffered abuse or neglect the report must be made at the first opportunity, but no longer than 48 hours. The report must include the identity of the accused if known.

What if the abuse occurred in the past?

The reporting requirement does not apply to abuse or neglect that occurred during childhood if it's discovered after the child has become an adult. However, if there is reason to believe other children are or may be at risk of abuse and neglect by the accused, the reporting requirement does apply.

How do I make a report and whom do I make a report to?

The counselors at your school should receive your report. They can receive reports either by phone, verbally, in person, or on a written form and will assess the report to determine if it meets the required definition of abuse and neglect. Contact numbers of our counselors are in the appendix.

What information will I be asked to provide?

You will be asked to submit the following information:

- ✓ Your name and the name of the child
- ✓ The nature and extent of the child abuse or neglect
- ✓ Any information about previous incidences of abuse or neglect to your knowledge
- ✓ If known, the nationality of the mother or father

Should children with disabilities be handled differently?

Research has shown that children with special education needs are more vulnerable and consequently more at risk of becoming victims of abuse for reasons such as:

- ✓ They may be used to having their bodies touched by several adults, without permission
- ✓ They may be less likely to recognize dangerous situations or signs and assume it's ok
- ✓ They may be unable to distinguish abusive from non-abusive acts
- ✓ They may have impaired communication, making it difficult to disclose abuse
- ✓ Their intellectual and developmental capacity may inhibit their judgment of right and wrong

Can I get in trouble or sued for making a report?

Any person, who in good faith makes a report or gives testimony in regard to possible child abuse or neglect will not get into any trouble, will not be sued, nor have repercussions. Counselors, who are authorized to receive child abuse and neglected reports, fall under the same protection.

What happens if someone knowingly makes a false report?

A person who, intentionally and in bad faith, knowingly makes a false report with reckless disregard of the truth or facts, would be responsible under ISK personnel policy for such behavior.

What if another person tells me of possible abuse or neglect?

One myth about reporting child abuse and neglect is that we are required to have first hand knowledge. Regardless of how you receive the information, it's critical to get that information to the school counselor.

Should I tell the parents I made the report?

ISK policy does not require you to inform the parents or guardian about the suspected abuse or neglect report. This is the decision and job of the counselor. Furthermore, there may be instances in which informing parents of your report could be detrimental to the child or make matters worse. These instances may include

- ✓ a situation when the child's safety would be jeopardized
- ✓ when a child is in imminent danger and the parent might take the student out of school
- ✓ the child's situation becomes even more precarious after the investigation is finished
- ✓ the parent is able to hide or cover up pertinent information prior to the investigation
- ✓ abused children are often protective of their parents and guardians and can be easily coached into what to say or not to say

What is my responsibility after reporting child abuse or neglect?

Most often the school counselor will investigate the report independently and may not require any further assistance from you. Occasionally, and in some instances, you may be asked to provide further information or clarification regarding any pertinent and personal knowledge of the case.

Will I receive feedback from the counselor?

As the person who made the report, you may request information about the findings or decision to investigate and receive a brief confidential summary of the status of the case. However, the counselor may not divulge further information about the child or family unless there is a continuing plan and your help is requested. It's important that all parties maintain strict confidentiality in all parts of the reported abuse or neglect.

What happens if I suspect other children abusing children?

Children who may have been abused may abuse other children. While children can be children in their play, if you suspect other than normal interaction you should report it to the counselor. Review the section on Special Considerations for Early Childhood.

What if the person I suspect is the teacher, counselor, principal, director, or another administrator?

In the event that the abuse or neglect allegation involves an ISK teacher or counselor make your report directly to their principal. If you suspect possible wrong doing by a principal or other administrator make your report to their school counselor. In the event that the Director is suspected make your report to your school counselor. They will report it to the chair of the ISK school board.

Will my report be confidential?

Reporters are required to give their name when they make a report, however, reporters may request anonymity to protect their privacy. Unless a reporter gives written consent, his or her name will not be disclosed except to a legal representative such as a lawyer, Embassy personnel and the like.

Is parental consent required to take photographs of suspicious injuries?

No. The school nurse may take photographs, usually, without consent from parents or caregivers. However, any other use of these photographs is prohibited and strictly confidential.

Do I need parent permission before I interview the child in school or outside the presence of the parents?

No. Parent permission is not necessary for you to conduct an interview with the child. The interviews may be conducted at school premises, outside of the presence of parents. However, parental notification of the interview should occur at the earliest possible point in the investigation that, in your judgment, will not jeopardize the safety or protection of the child or the course of the investigation.

Can I videotape or make an audio recording between the child and myself during the investigative interview?

Yes. However, in an international school setting videotaping would be most unlikely given the logistical challenges of having the necessary equipment and environment readily available. The most likely scenario would be for the counselor to have a digital audio recorder so that they can record the response from the child exactly as it was said. This is especially important when you want to capture a young child's statement without interrupting their conversation or have them ask what you're doing when writing down their responses. The digital audio recorder can possibly be the most comprehensive and accurate method of documentation in the interview process for any age.

How can I tell if a child is not telling the truth?

This is difficult to tell and only well trained professionals should make the effort to determine whether a child is lying or not. Keep in mind that there is purpose in what children say and do, especially young children. Children typically "lie" for two reasons:

- ✓ The first is to get out of trouble they believe they are in
- ✓ The second motive is to prevent trouble

In their eyes, if they believe they are in trouble they may not want the information going back to their parents, which may be a negative experience for them. In addition, children may want to protect those closest to them and often feel they will cause trouble by telling the truth. A good concept to keep in mind is that children are pretty astute at observing behaviors but not necessarily very good at interpreting them accurately like an adult could.

Do I need to sign a confidentiality agreement?

Yes. Students and their families enrolled in the International School of Kenya have the right to expect that all those who are employed and volunteer at ISK will keep information about them deemed sensitive and private confidential. Confidentiality is privileged information that should be accessible only to those authorized to have access, typically identified by their school principal. This is especially important when dealing with child abuse or neglect cases. One way we do this is to have a confidentiality agreement in place.





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SAMPLE

Confidentiality Agreement

Students and their families enrolled in the International School of Kenya have the right to expect that information about them deemed sensitive and private will be kept confidential by all those employed by ISK and those who volunteer at ISK.

Confidentiality is privileged information and is defined as ensuring that privileged information is accessible only to those authorized to have access and it is protected throughout its lifecycle.

In the course of your work, you may have access to confidential information not otherwise available to the public at large that the student and family have the right for privacy and confidentiality.

Due to the sensitive nature of information accessible to employees, students, and families in the International School of Kenya it is necessary to require your agreement to the following confidentiality statement:

- I understand I may be exposed to information of a confidential nature regarding students and families of the International School of Kenya. I further understand this information is to be kept confidential and that I will not discuss or share any of this information with anyone unless directed to do so by my principal or a legally identified representative. This information includes, but is not limited to, students and families, but also to the status of students and families.
- I further understand that I may not share or disclose information about a student or family even with others who may be genuinely interested in their welfare unless authorized by my school principal, and will refer all such inquiries to the school principal or their designee.

By signing this Confidentiality Agreement, I acknowledge that I have read and understand it.

Employees / Volunteers Name (Print)

Position

Signature

Date

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RESPONDING TO THE CHILD PROTECTION PROCESS

All staff employed and volunteering at ISK must report suspected incidents of child abuse or neglect whenever the individual has reasonable cause to believe that a child has suffered, or is at significant risk of suffering, abuse or neglect. Upon receipt of a suspected abuse or neglect case a series of sequential steps occur. These steps are also found in our flowchart in the next section.

Step 1

INTAKE:

When an adult reports abuse or neglect or there is reasonable cause to believe that abuse or neglect is occurring, they will fill out a report and personally give it to the divisional counselor as soon as possible, but within 48 hours. These forms are found in the office of each division. The counselor will take initial steps to gather information from the reporter and determine whether there is probable cause or risk.

When a child reports abuse or neglect to an adult, that individual will seek out the advice of the counselor and they will determine whether there is probable cause or risk.

Step 2

INVESTIGATION:

Upon receipt of the child abuse or neglect report, the counselor will conduct an investigation within 48 hours to ensure that information is documented factually and that strict confidentiality is maintained. At the discretion of the counselor, various other personnel may be requested to participate in the investigation. Some of these may be:

- ✓ Parents
- ✓ Embassy/Consulate
- ✓ Police
- ✓ Nurse
- ✓ Caregiver
- ✓ Teacher
- ✓ Director
- ✓ Principal
- ✓ School Board Chair
- ✓ Embassy Regional Medical Officer
- ✓ District Child Protection Officer
- ✓ Others

The investigation may discover varied findings that will be taken into consideration:

- ✓ The report is not substantiated
- ✓ The alleged abuse is unsubstantiated but there is reason to suspect it either occurred or could happen.
- ✓ The report reveals probable cause and the parents work for the Embassy.
- ✓ The report reveals probable cause and the parents don't work for any Embassy.
- ✓ The report is substantiated and there is real risk of the safety and possible further harm of the child.



Step 3**PROTECTIVE INTERVENTION:**

Based upon acquired information and findings of the investigation, a protective plan and range of interventions will be developed by the counselor in collaboration with school personnel to assist the child and family. While not inclusive, actions that may take place are:

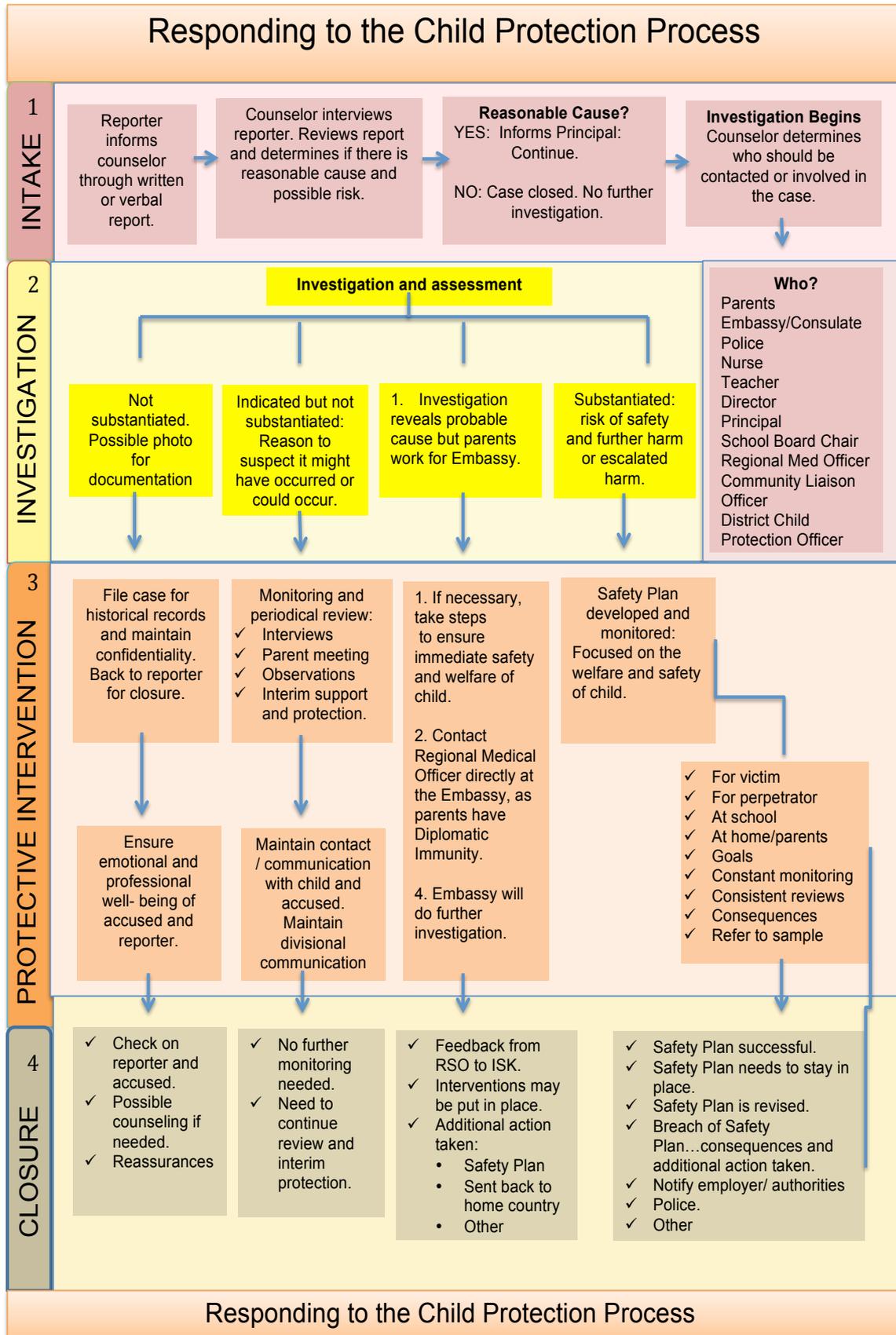
- ✓ Documentation
- ✓ Emotional and professional support
- ✓ Monitoring and periodical review
- ✓ Interviews
- ✓ Parent meetings
- ✓ Observations
- ✓ Interim support and protection
- ✓ Contact of Embassy personnel
- ✓ Development of a Safety Plan
- ✓ Notification of police
- ✓ Notification of employer and local authorities
- ✓ Termination

Step 4**CLOSURE**

Putting closure on the investigation and intervention of a reported child abuse or neglect case is important for all parties involved, as well as the institutional memory of ISK. While some cases may have a natural and logical ending, other cases may warrant on-going monitoring or interventions. In all cases, the primary focus is to ensure that children are safe and necessary steps are in place for the protection of the child. Although not exhaustive, closure for the findings of investigation may involve and include:

- ✓ Check on reporter and accused to provide support, possible counseling, and reassurances.
- ✓ Continue to review the situation and monitor any interim protection that may have been put in place.
- ✓ Maintain on-going feedback and coordinated efforts with the RSO and Embassy of any additional findings, actions, interventions, or decisions that may have taken place.
- ✓ Evaluate and modify, as needed protective interventions that are in place.
- ✓ Take additional protective measures including other resources and authorities.





Procedure for ISK in Reporting Child Abuse and Neglect where Diplomats and their Families are Involved

For Diplomats

After initial investigation by ISK our main job is to inform the Regional Medical Officer (RMO) or Regional Clinical Psychologist (RCP) of the case and any details we have discovered or action taken to that point. (See flowchart). The most up-to-date contact and personnel for the RMO and RCP and their counterparts can be obtained from the secretary for the ISK Director.

STEPS

1. First point of contact for ISK is:
 - ✓ The Regional Medical Officer. In case they are not available,
 - ✓ The second point of contact will be the Regional Clinical Psychologist. If they are not available,
 - ✓ The Medical Unit will be our third (and most reliable contact), (020-363-6633 business hours and 0722-513-323 after business hours). It is manned 24 hours a day and if for some reason they are not available,
 - ✓ The Community Liaison Officer (CLO can point us in the right direction.

PROCESS:

Ask Embassy personnel to come to ISK to meet with the counselor or principal in person. ISK provides them with our child protection report form that describes the case, names, involvement of the family, and any immediate action the school had to take to ensure the safety of the child. It is important that our counselors maintain credibility with students at all times and not seen in a negative light by them.

2. Embassy may ask our personnel to give their statement at the Embassy. This should be done the same day. The Human Resource department at ISK may be asked to turn over personnel records of the family and child, which they are required to do, but have the Embassy sign them out for documentation.
3. The RMO or RCP writes a report, deals with the issue, and talks to the Deputy Chief of Mission (DCM) right away. The Deputy Chief of Mission is the family advocate and deals with all child protection issues. He or she coordinates an entire team of specialists who are given specific responsibilities for the case.
4. The Embassy does all the investigation, counseling, and works with the family.
5. The Deputy Chief of Mission gathers the case findings and makes final recommendations to the Ambassador for any action to be taken. ISK may or may not be privy or participants to decisions at this point.
6. The Diplomatic Mission or the Regional Clinical Psychologist has their own internal mechanisms for handling further investigation and procedures as appropriate. They decide whether to contact and involve the Diplomatic Police
7. After a reasonable period of time the ISK counselor or principal should contact the RMO or RCP so we are kept in the loop regarding the report and subsequent actions that may have been taken. Based on the information we receive the counselor or principal informs others as appropriate what information needs to be shared or whether the school will have further participation in the case.



Child Protection Report International School of Kenya

Pursuant to Section 3 Student Policy 3.8 Child Protection

A	Reporting Party	Initial Report <input checked="" type="checkbox"/>		Amended Report					
		Name of person taking report Randy Rathmann	Position and Division Teacher Aide	Phone 0880880088	Date of Report 4/25/2013				
B	Incident Information	Date of suspected Incident 4/22/2013		SUSPECT?					
		Name of person reporting incident Sally Nosy		Name of alleged suspect(s) Cathy Housekeeper		What is their position? Housekeeper			
		Who was informed? ES Counselor		Contact Phone 0098674111					
B	Incident Information	How did reporter learn of incident? The child told the reporter while they were on the playground.	Location of incident Child's home.	Brief Description of Incident Child said she was locked in the closet by their housekeeper for over two hours because she did not make her bed. Hasn't told parents because she's afraid of getting in trouble.					
		Type of Suspected Abuse or Neglect Emotional Maltreatment							
C	Victim and Family	Last Name Normal		First Vicki	Age 8	Grade 2nd	Gender Female		
		Parents Name Joan and Bill Normal		Ethnicity American (US)		Contact Phone 090909090			
		Address 12455 Gay Rio Dr. House #12 Nairobi							
		Primary language of child English				Primary language spoken at home English			
		Do parents work for an Embassy? No If yes, which Embassy?							
D	Involved Parties	Are others involved in this situation? Yes If yes, who? Housekeeper had a friend who was visiting at the time. Don't know name.							
		If so, under what circumstances? The housekeeper is often asked to take care of Vicki while parents are gone away from home on business or short trips. She is main caregiver during this time and often has her friend stay with her until parents get back home.							
		Findings of the investigation Substantiated Was Safety Plan Developed? Yes							
E	Disposition of Case	If Safety Plan, who did it? Patricia Salleh Matta		What's their position? ES Principal					
		Were photos taken? Yes		If yes, by who? School Nurse		When? 4/24/2013			
		Case status Monitoring							
Comments and any further action taken Safety Plan will be in effect for six months, monitored by parents and counselor. Talks with student on treatment at home by counselor									

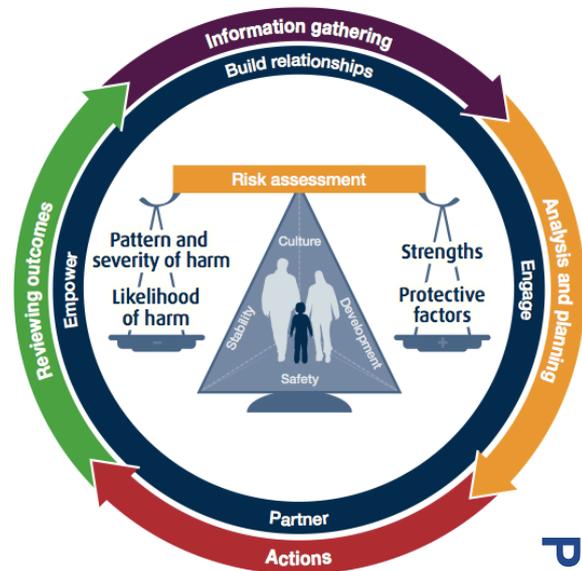
SAFETY PLANS

The safety plan is developed and implemented when there is reasonable cause to believe immediate or extended protection is needed for the child either at home or in the school. It is a well thought out written agreement between the school and the alleged party that establishes how impending danger or threats to the child's safety will be managed. There are seven components of an effective safety plan that should be considered:

CRITERIA

The safety plan must consider the following criteria:

- ✓ Actions and services contained in the written safety plan are designated specifically for the purpose of controlling or managing impending danger now and in the foreseeable future.
- ✓ The safety plan must have an immediate effect and implemented at the point of the impending danger and do what it is suppose to do the very day it is set up.
- ✓ It identifies the most suitable people taking the necessary action frequently enough to control threats or dangerous situations so that the child is protected at all times.
- ✓ People involved in the safety plan must be immediately accessible and available in accordance with the provisions of the plan.
- ✓ It must be based in a developmental context. The plan should meet the child's needs at the time and be modified as the needs or circumstances of the child changes.
- ✓ The plan has a monitoring and review schedule that is strictly adhered to.
- ✓ All parties pertinent to the successful implementation of the safety plan must agree to their roles by written signatures of agreement and dated.



Protecting the Abused and Neglected Child

RANGE

The safety plan must be an intervention, which is dynamic and fluid. It can range from monitoring to intensive intervention. Multiple factors need to be addressed when considering the needs of the child. The most effective safety plan will involve some or most of the following:

- ✓ A strategy that combines the use of in-home or out of home actions as well as in school and out of school actions.
- ✓ The descriptive role of others who participate in the safety plan. For example, the roles of friends, relatives, teachers, administration, counselors, and others who may have an active responsibility in assuring the safety or support of the child need to be effective.
- ✓ Delineate the circumstances in which the access to the child is allowed and under what conditions.

INFORMATION GATHERING

Information gathering is ongoing throughout the life of a case. Bringing to light pertinent knowledge that can increase the awareness of the child's needs is critical in knowing what elements and to what degree specific components should be in the safety plan. Information, which at first does not make sense, is often clarified in the process of information gathering. Seek multiple sources of information while cultivating trust so that full disclosure is more likely to happen.

RISK ASSESSMENT

Immediate or foreseeable risks to the child must be well thought out and looked at. To formulate a viable risk assessment, it is important to be a critical thinker and to consider multiple competing needs, prioritizing the child's safety and personal needs. All sources of information such as observation, previous history of suspicions, acceptable levels of involvement, or where there has been previous concerns or offending behaviors within the circle of the child needs to be assessed.

ANALYSIS AND PLANNING

When planning the safety plan it is paramount to determine whether there is a present and immediate danger to the child. If it is determined that the child needs immediate safeguards a short-term plan should be developed and implemented. The short term plan is very specific, tied to particular present danger threats and must control those threats from the present until sufficient information can be gathered and analyzed to determine the need for a formal continuing safety plan. Analysis and planning for short and long term safety plans includes but is not limited to:

- ✓ What are the threats that you are concerned with? What danger must be controlled?
- ✓ Do resources and supports seem sufficient and available to address the threats to safety during the next few hours and days?
- ✓ Does everyone know how the plan is suppose to work? "Maybe or probably" are not good standards when it comes to making sure children are safe.
- ✓ Does a crisis exist? Is the family not letting their child go to school due to the threat?
- ✓ Does the family or child have immediate needs that must be addressed? (e.g.housing, food, some sort of care).
- ✓ Evaluate the need for the alleged perpetrator by considering the nature of the alleged perpetrator's involvement with the family and his or her relationship to the threats of danger.
- ✓ Can an in home immediate protection plan be established? What roles and responsibilities will parents have? What roles and responsibilities will be given to others?
- ✓ Identify the caregiver protective capacities for the child. Are they sufficient or insufficient?

ACTIONS

Actions are services that are active and focused with respect to the safety factors; they are not change or treatment related. These are services that are located in acceptable proximity and can be called for immediate response. Safety plans should never ask nor have caregivers promise to change behavior. Everything is in writing. Make sure everyone understands exactly what is expected in a safety plan and who is to do it. Maintain the supervision and accountability.

REVIEWING OUTCOMES

Safety plans are developed in response to unsafe decisions and behaviors that have put the child in danger or at risk. When reviewing the outcomes identified in the safety plan consideration much be given to whether outcomes have met the criteria of keeping the child safe in a way that abates further harm or risk. Reviewing outcomes may include:

- ✓ Determination on whether the interventions were sufficient in controlling the threat or danger.
- ✓ Whether modification is needed as a result of circumstances that are uncovered after the initial safety plan was developed and implemented.
- ✓ Determining whether there is a need for multiple safety assessments for multiple settings:
 - If child spends time with another member of family, is there a threat of danger in the new household environment that needs to be controlled?
 - Whether the child falls in the hands of multiple caregivers who display unsafe decisions.
 - The child feels safe in one school environment but not another.
 - Extra curriculum trips create separation anxiety from zones of emotional comfort.
- ✓ Whether the need exists for a second safety plan or a modification of the primary safety plan.
- ✓ Consideration if there is more than one-way to address the child's safety.



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Date: Today's date

SAMPLE

To: Name of teacher

Re: **SAFETY PLAN**

In light of comments that have been made regarding your interaction with children, there is a need to develop a safety plan to reduce the risk of further concerns and allegations while this case is under investigation. The purpose of this safety plan is to provide specific steps to abide by so that they protect and remove you from any perception of transgression, and in a way that enhances the protection of our children.

Goal 1: Avoid inappropriate interactions with students at all times.

Action: Ensure that your language and behaviors are in line with expected adult-student interactions. This means language, touching, insinuations, and related behaviors. Further, there are to be no private written, verbal, or physical contact with students enrolled at ISK outside of the normal school day unless authorized by myself.

Goal 2: Terminate any private tutoring or meetings you may be conducting with ISK students outside of class or within the ISK structure

Action: Within two days from today, provide written copies to me of your correspondence to any parent who may have you employed as a private tutor informing them that your services are no longer available for their son or daughter. Cease any future contact with them in this matter.

Goal 3: You are not to be left alone with or isolate yourself with students on field trips. Leave your classroom door open at all times.

Action: Take steps to ensure that you are not isolated with another student on field trips. This includes giving the appearance and impression of being alone with a student for any unreasonable duration of time. Always ensure the presence of other teachers or staff when in the company of students and immediately remove yourself from any physical environment that may occur by chance.

Goal 4: Maintain Confidentiality

Action: You are not to discuss this case with anyone, nor mentioned the names of any children, parents, or co-workers in relation to the case.

This safety plan shall be activated immediately and remain in force until such time that I terminate it. Your adherence to the safety plan will be reviewed every two weeks. In May of 2013 we will jointly review whether the continuation of this safety plan is warranted, needs revision, or is acted on. Failure to adhere to its condition may result in administrative discipline, including the possibility of termination.

You are encouraged and expected to seek out clarification or further guidance by our school counselor or myself if you have any doubts about appropriate behaviors.

Your signature indicates a willingness to enter into these agreements voluntarily and with full understanding of their intent and purpose. It's also an acknowledgment that you have been provided a copy of the Child Protection Policy (Section 3. Student Policies, Child Protection

Staff signature

School Principal signature

Empowering students to create solutions for tomorrow's challenges

Myths and Facts about Child Abuse and Neglect

By understanding some of the myths regarding child abuse and neglect, you can play a huge role in protecting children. While not inclusive, the discovery and knowledge of the myths and facts regarding child abuse and neglect, child molesters, and abusive persons can help us add another layer of information and education that may help keep children safe.

Myth #1: It's only abuse if it's violent or meant to physically hurt the child.

Fact: Physical abuse is just one type of child abuse. Neglect and emotional abuse can be just as damaging, and since they are more subtle, others are less likely to intervene.

Myth #2: Only bad people abuse their children.

Fact: While it's easy to say that only "bad people" abuse their children, it's not always so black and white. Many have been abused and neglected themselves, and don't know any other way to parent. Others may be struggling with mental health issues, martial stress, or a substances abuse problem, etc.

Myth #3: Child abuse doesn't happen in "good" families.

Fact: Child abuse and neglect doesn't only happen in poor or dysfunctional families, or bad environments. It crosses all racial, economic, educational, and cultural lines. Sometimes, families who seem to have it all from the outside are hiding a different story behind closed doors.

Myth #4: Most child abusers are strangers.

Fact: While abuse by strangers does happen, many abusers are family members or others close to the family such as parent, guardian, baby sitter, relatives, and trusted others.

Myth #5: Abused children always grow up to be abusers.

Fact: It's true that abused children are more likely to repeat the cycle as adults, unconsciously repeating what they experienced as children. On the other hand, many adult survivors of child abuse have a strong motivation to protect their children against what they went through and become excellent parents.

Myth #6: It's not my role to interfere in someone else's family.

Fact: The effects of child abuse and neglect are lifelong, affecting future relationships, self-esteem, and sadly putting even more children at risk as the cycle continues. Breaking the cycle of abuse is a responsibility we all have legally and morally.

Myth #7: It won't make a difference what I have to say.

Fact: If you have a gut feeling that something is wrong, it is better to be safe than sorry. Even if you don't see the whole picture, others may have noticed as well, and your input might help break a cycle of abuse, that otherwise slipped through the cracks.

Myth #8: Children make up stories or lie about sexual abuse.

Fact: While children do make up stories, they seldom lie about sexual abuse. Also children who have not been abused do not usually have the explicit knowledge of intimate sexual behavior.

Myth #9: Most children who are abused do something to cause the abuse to occur.

Fact: The child is always the victim. The responsibility for the abuse lies solely with the adult. In the case of sexual abuse, many offenders try to shift the blame for their actions by accusing the child of being seductive or that they were simply helping the child.

Myth #10: Abused or neglected children almost always come from poor, minority, or uneducated families.

Fact: There is no evidence that links social economic status, race, culture, or educational levels to abuse or neglect. Child abuse and neglect occurs within every aspect of family profiles.

Myth #11: Married men don't molest children; after all, they have their wives.

Fact: Marital status doesn't correlate to whether a person is a sexual predator or not. Molesting children is about power position, control, and vulnerability. The taste for sex with children is separate from a normal human adult sex drive oriented to adults.

Myth #12: Child molesters are unsociable and isolated.

Fact: Most child molesters are known and liked by others. They often have great personalities and demonstrate a concern and care for others. Plus, they cultivate certain relationships in order to gain access to children, and many are genial and personable individuals with whom others enjoy socializing.

Myth #13: People who have high status and respected positions of responsibility can't be abusers.

Fact: Child molesters and abusers can be anyone at all. Positions of status, fame, or wealth are no guarantee that children are safe from them.

Myth #14: Anyone who would molest a child is seedy-looking or looks suspicious.

Fact: Handsome, rich men molest children. Beautiful, talented women molest children. Ordinary people you laugh with every day molest children; millionaires and highly educated people can be child molesters. Gone are the days of describing molesters as dirty old men, flashers in raincoats. You simply cannot tell a child sexual predator by their physical appearance, status, or personality.

Myth #15: Hugs and additional forms of affection and kindness with children in front of their parents and others prove they are not child molesters.

Fact: Molesters begin "grooming" and desensitizing children and adults so that the child thinks their parents and other trusted caregivers approves of the way they are touched. They lavish the child with special attention, kindness or other gifts for no reason. When it is done in private, the child assumes it is all right and that the person truly has their best interest and welfare at heart. These are the vulnerable conditions that the molester wants.

Myth #16: A real child molester would never talk about the subject.

Fact: A child molester may say contemptuous things like "*Child molesters are the sickest people on the planet*" or "*Child molesters deserve the death penalty.*" While others might say the same things, and this is not an indicator by itself, it is a warning that predators know the right line to take.

Myth #17: Most child molesters eventually get caught and put in jail.

Fact: Contrary to belief, it is rare that a person who molests a child ever gets caught and when they do over 90% of the cases never find their way into a courtroom or are convicted. If accused they grossly distort the truth to justify their behavior. They blame the child, minimize the situation and make up a myriad of lame excuses.

- ✓ "It was a loving gesture."
- ✓ "I was checking a rash."
- ✓ "I didn't know better."
- ✓ "We were just playing around."
- ✓ "I was simply trying to mentor them."

Friends, co-workers, and others may see a pattern but very little is witnessed. The hard truth is that each pedophile molests on average 260 victims in their lifetime.

