

# CHILDREN, YOUNG PEOPLE, and ASSOCIATED COMMUNITY MEMBERS PROTECTION POLICY



## ***POLICY STATEMENT***

This policy recognises that children, young people, and vulnerable adults have a right to be safe from abuse and harm. We are committed to the prevention of abuse and to the well-being of staff, volunteers, children, young people, vulnerable adults, associated community members and their families.

## **1. Purpose**

1.1 The most effective way to safeguard children and young people is to have a comprehensive and effective policy, with attached practices and guidelines. This Policy is written under the principle that children and young people attending GBWCT have a right to feel safe and comfortable in that contact.

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

1.3 This policy has been written in accordance with the following legislation:

- Education Act 1989
- Children, Young Persons and Their Families Act, 1989
- Crimes Act, 1961
- Domestic Violence Act, 1995
- Health Act, 1956
- Health and Disability Sector Standards Regulations, 2001
- Privacy Act, 1993
- Health Information Privacy Code, 1994
- Vulnerable Children's Act, 2014
- Care of Children and young people Act, 2004
- Employment Relations Act, 2000
- Human Rights Act

1.4 This Policy will be reviewed triennially, and updated regularly in the light of operational experience and in line with changes in legislation and associated policies.

## **2. Scope**

2.1 This policy applies to all Management and staff of GBWCT who have direct or indirect contact with children and young people. This includes those staff, paid or voluntary, employed directly by GBWCT, as well as those professionals contracted or invited to provide services to children and young people in the care of GBWCT. This includes teaching and non-teaching staff, core and non-core workers.

2.2 This policy covers the Board of Trustees and their responsibilities in the safety and wellbeing of children and young people.

### 3. Definitions

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

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

3.3 The Children, Young Persons and their Families Act, 1989, defines child abuse as "...the harming (whether physically, emotionally, sexually), ill-treatment, abuse, neglect, or deprivation of any child or young person”.

**Abuse** – the harming (whether physically, emotionally or sexually), ill-treatment, neglect or deprivation of any child

**Neglect** – the persistent failure to meet a child’s basic physical or psychological needs, leading to adverse or impaired physical or emotional functioning or development

**Child protection** – activities carried out to ensure that children and young people are safe in cases where there is suspected abuse or neglect or the risk of abuse or neglect

**Delegated Other** – the member of staff who has been given the delegated authority to act in place of the Manager, in cases where the Manager is absent. This delegated authority will be approved and given by the GBWCT Board of Trustees.

**Disclosure** – information given to a staff member by the child/young person, parent or caregiver or third party in relation to abuse or neglect

**Oranga Tamariki** – the agency responsible for investigating and responding to suspected abuse and neglect and for providing a statutory response to children and young people found to be in need of care and protection

**New Zealand Police** – the agency responsible for responding to situations where a child or young person is in immediate danger and for working with Oranga Tamariki in child protection work, including investigating cases of abuse or neglect where an offence may have occurred

**Children’s services** – any organisation that provides services to children and young people or to adults where contact with children and young people may be part of the service. These organisations should have child protection policies. Organisations that provide services to adults who may be caring for or parenting children and young people should also consider developing a policy, e.g., adult mental health and addiction services

**Associated Community Member** – any person who is closely associated with a child or young person in receipt of our services. This could be any of the following (but not limited to) a parent, guardian, close relative or family friend.

**Safer recruitment** – following good practice processes for pre-employment checking which help manage the risk of unsuitable persons entering the children’s workforce

**Standard safety checking** – the process of safer recruitment that will be mandatory for organisations covered by the Vulnerable Children Act 2014

**Workforce restriction** – a restriction on the employment or engagement of people with certain specified convictions under the Vulnerable Children Act 2014

**Children’s workforce/children’s workers** – people who work with children and young people, or who have regular contact with children/young people, as part of their roles

**Physical abuse** – any acts that may result in the physical harm of a child or young person. It can be, but is not limited to: bruising, cutting, hitting, beating, biting, burning, causing abrasions, strangulation, suffocation, drowning, poisoning and fabricated or induced illness.

**Sexual abuse** – any acts that involve forcing or enticing a child or young person to take part in sexual activities, whether or not they are aware of what is happening. Sexual abuse can be, but is not limited to:

- Contact abuse: touching breasts, genital/anal fondling, masturbation, oral sex, penetrative or non-penetrative contact with the anus or genitals, encouraging the child or young person to perform such acts on the perpetrator or another, involvement of the child or young person in activities for the purposes of pornography or prostitution
- Non-contact abuse: exhibitionism, voyeurism, exposure to pornographic or sexual imagery, inappropriate photography or depictions of sexual or suggestive behaviours or comments.

**Emotional abuse** – any act or omission that results in adverse or impaired psychological, social, intellectual and emotional functioning or development. This can include:

- Patterns of isolation, degradation, constant criticism or negative comparison to others. Isolating, corrupting, exploiting or terrorising a child or young person can also be emotional abuse.
- Exposure to family/whānau or intimate partner violence.

**Neglect** – neglect is the most common form of abuse, and although the effects may not be as obvious as physical abuse, it is just as serious. Neglect can be:

- Physical (not providing the necessities of life, like a warm place, food and clothing).
- Emotional (not providing comfort, attention and love).
- Neglectful supervision (leaving children and young people without someone safe looking after them).
- Medical neglect (not taking care of health needs).
- Educational neglect (allowing chronic truancy, failure to enrol in education or inattention to education needs).

*Further information regarding what constitutes abuse is included in the Appendix.*

## 4. Principles

4.1 This Child Protection Policy confirms the commitment of GBWCT to the protection of children and young people and proceeds to:

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

4.2 GBWCT will ensure that:

- Staff are carefully selected with the principles of this policy in mind.
- Staff are appropriately trained in issues of child protection.
- Staff are aware of the Child Protection Policy and accompanying procedures and/or guidelines.
- Allegations or suspicion of abuse of any kind will be handled according to GBWCT policy in a timely manner.
- That no person who has been convicted of an offence listed in Schedule 2 of the VCA 2014 will be employed by GBWCT.
- We will ensure that children and staff have access to appropriate medical, psychological, and legal services and support.

4.3 GBWCT recognises that all staff and Trustees have a full and active part to play in protecting students from harm. Overall responsibility, implementation and review of this policy rests with the Manager of GBWCT.

4.4 GBWCT acknowledges that in cases of suspected child abuse, support for families is important. We recognise that the family's primary role in caring and protecting the child or young person should be valued and maintained, AND the child or young persons safety will be the priority at all times.

4.4 All services provided by GBWCT for the safety and wellbeing of children and young people adhere to the principles of partnership, protection and participation; and the rights and responsibilities accorded by Te Tiriti o Waitangi.

## 5. Responsibilities

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

5.2 Each member of staff must:

- be aware of, and alert to, potential indicators of abuse or neglect
- record a factual account of any concerns they have, or that are brought to their attention

- appropriately seek advice and support from the Manager, or Delegated Other, who will then contact external agencies if appropriate
- work in co-operation with the parents and caregivers, unless this compromises the safety of the child.

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

5.4 The statutory responsibility to investigate allegations of child abuse rests with Oranga Tamariki and the Police.

### **Role of the Manager**

5.6 The role of the Manager (or Delegated Other) is to:

- Ensure the needs and rights of children and young people come first i.e. the safety and wellbeing of each child is paramount.
- Receive information that suggests potential or actual risk of harm to a child or young person who attends GBWCT, irrespective of whether the alleged abuse is current, past or likely to occur. The Manager will advise and support staff and ensure that appropriate action is taken.
- Ensure that the Child Protection Policy is effectively implemented throughout GBWCT.
- Ensure that all staff are aware of, and have access to, full copies of the procedures for reporting child abuse.
- Ensure that all staff are recruited and employed in accordance with the guidelines identified in the Employment Policy to identify those people safe to work with children.
- Ensure that all staff receive child protection training.
- Ensure and safeguard clear, confidential, detailed and dated records on all child protection cases. These must contain all available information relating to the cause for concern and any subsequent action taken, including when it has been decided not to make a notification to Oranga Tamariki or the police. These records will be kept separate from student's records for the purpose of confidentiality.
- Establish a close link with the relevant local agencies to ensure clear and effective communication and be a recognised contact within GBWCT for agencies to contact regarding concerns.
- Ensure that all staff are supported appropriately when dealing with child protection concerns.
- Maintain a current awareness of the children and young people identified on the Risk Register, and regularly highlight these children and young people to the appropriate staff.
- In cases where the Manager is not available, the Delegated Other will act on their behalf.

### **Role of the Board of Trustees**

5.6 The role of the Board of Trustees is to:

- Ensure the needs and rights of children and young people come first i.e. the safety and wellbeing of each child or young person is paramount.

- Support the Manager to ensure that all allegations are managed appropriately. No investigation will occur without appropriate consultation and a decision whether a response from Oranga Tamariki or the Police is required.
- Inform the Manager immediately should any member of the Board of Trustees be aware of a concern for the wellbeing and safety of a child or young person who attends GBWCT.
- The Chair of the Board of Trustees will be directly informed of any allegations of abuse against the Manager.

## **6. Child Protection Procedures**

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

6.2 The procedures set out below will help staff with:

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

### **Identification of abuse**

6.3 If the Manager, or Delegated Other, is unavailable for advice and guidance then staff may seek advice from Oranga Tamariki (0508 FAMILY) regarding child protection concerns.

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

### **Handling disclosures from a child**

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

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

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

### **Child-on-Child Harmful Behaviours**

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

### **Suicidal Concerns or Self-Harming Behaviours**

6.8 It is important to be aware that children and young people can harm themselves or attempt suicide. When a child or young person identifies thoughts of suicide, or self-harming behaviour, this must be immediately notified to the Manager, or Delegated Other. If immediate action is required phone TWM Community Mental Health Service.

### **Reporting procedures**

6.9 All concerns of potential, suspected or alleged abuse must be brought to the attention of the Manager. A decision will be made as to whether to seek further advice or notify Oranga Tamariki.

When reporting an incident staff should:

- Inform the Manager as soon as possible
- Record in writing all conversations and actions taken

6.10 Effective documentation, including referrals and notifications, must include the following:

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

### **Keeping the child's family informed and involved**

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

This may happen when:

- the parent or caregiver is the alleged perpetrator
- it is possible that the child or young person may be intimidated into silence
- there is a strong likelihood that evidence will be destroyed

### **Sharing Information and Confidentiality**

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

6.13 Giving information to protect children and young people better is not a breach in confidentiality. Wherever possible the family/whanau should be kept informed of what information has been shared and to which agency, and for what purpose. Principle 11 of the Privacy Act, 1993, states "disclosure of the information is necessary to prevent or lessen a serious threat".

6.14 Should GBWCT be contacted with a requested for information or access to interview a child or young person then the following procedure will be followed:

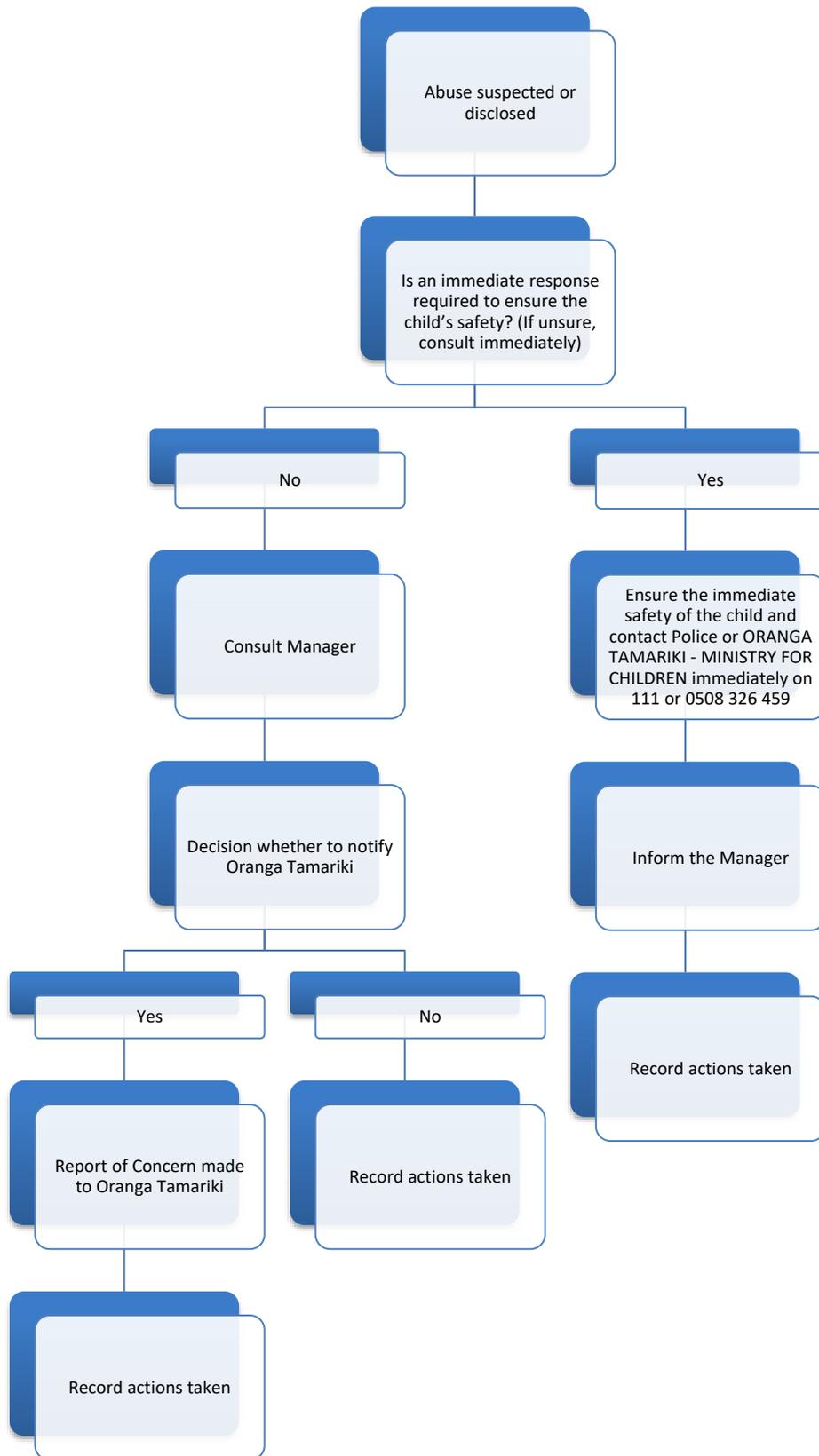
- Confirm identity and credentials of person requesting information
- Notify the Manager
- Identify specific information required and purpose
- Check information held – does GBWCT have the information requested
- Manager to identify way forward and provide permission
- Depending on the reason for the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

Document all steps in process. Ensure that all documentation is placed on the child/young persons child protection file.

### **Action to be taken by the Manager**

6.15 Concerns regarding alleged or suspected abuse will first be raised to the Manager. A decision will be made whether this information needs to be escalated to Oranga Tamariki.

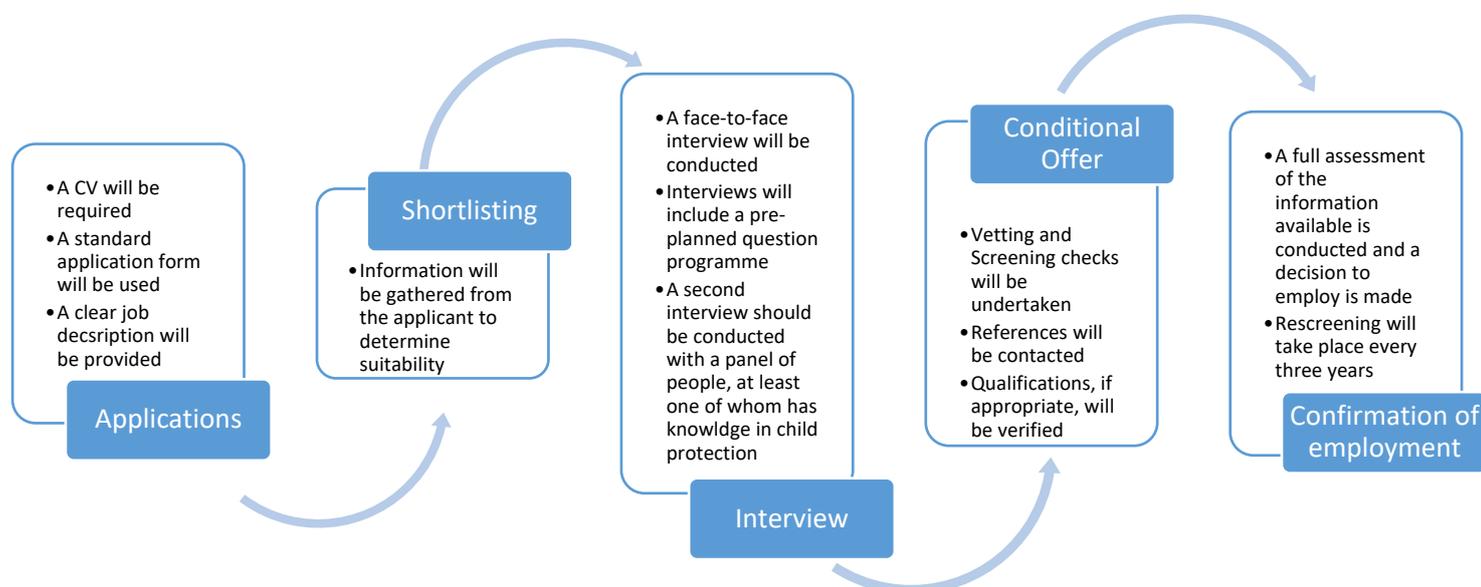
6.16 All decisions taken, including if the concern does not require notifying Oranga Tamariki, must be recorded in writing and kept securely in the Child Protection file with the reasons clearly identified and explained.



## 7. Safe Recruitment of Staff

The GBWCT is committed to employing people who will do no harm.

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



7.2 No person who has a criminal record of offences listed in Schedule 2 of the VCA 2014 will be employed by GBWCT.

*Further information regarding Safety Checking, including vetting and screening procedures, is found in the Staff Recruitment and Induction Policy.*

## 8. Training of Staff

8.1 All staff will receive child protection training at the level appropriate to their role. Staff working in direct contact with children and young people will undertake more intensive training.

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

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

8.3 All staff will receive updated training every year as a minimum.

### Induction

8.4 All new staff will receive child protection training as part of their induction.

8.5 All new staff will be given a copy of this policy as part of the induction process.

## **9. Safe Working Practices**

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

9.2 Adults should always maintain appropriate professional boundaries and avoid behaviour which might be misinterpreted by others. Adults who work with children and young people must therefore act in a way that is considered to be safe practice.

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

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

9.5 When physical contact is made with a child or young person this should be in response to their needs at the time, of limited duration and appropriate to their age, stage of development, gender, ethnicity and background. Adults should use their professional judgement at all times, observe and take note of the child's reaction or feelings and use a level of contact and/or form of communication which is acceptable to the child or young person for the minimum amount of time necessary.

9.6 All staff are expected to behave in manners consistent with the GBWCT Code of Conduct (which is within employment agreement).

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

10.1 GBWCT has a duty of care to the children and young people it provides services to. A failure to report a significant concern about a child or young person is a breach of that child/young persons human rights.

10.2 Anyone who has reason to make a complaint will be made aware of the GBWCT complaint process. There is potential that an issue raised as a complaint may also constitute an allegation of abuse. Any such complaint that raises a child protection issue will be referred directly to the Manager.

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

10.4 Allegations, suspicions or complaints of abuse against staff, volunteers or representatives of other agencies must be taken seriously and reported to the Manager who will deal with them

immediately, sensitively and expediently within the procedures outlined in this policy. Concerns may be raised a number of ways e.g.:

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

10.5 If the allegation is against the Manager then this must be reported directly to the Chair of the Board of Trustees.

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

10.7 In all child protection cases GBWCT will co-operate fully with both Oranga Tamariki and the Police in their investigations and assessments.

10.8 If the Police decide to undertake a criminal investigation then the member of staff may be suspended, without prejudice, as a precautionary measure. It is important that no internal investigation is undertaken, and no evidence gathered that might prejudice the criminal investigation.

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

10.10 A complaint or allegation against a member of staff, who is also a registered member of staff, may require a report to Education Council of Aotearoa New Zealand (EDUCANZ). Further information regarding the thresholds for reports to EDUCANZ is in the Appendix.

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

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

## **11. Protection of Associated Community Members**

At times GBWCT staff may become concerned about an Associated Community Member (in relation to the child/young person). This concern may not directly affect the child/young person to whom they are associated. The guidelines and procedures for reporting these concerns is the same as it is for children/young people, however there may be the need to report these concerns to additional and/or other agencies, such as 'Age Concern' or Community MH services.

11.0 All concerns of potential, suspected or alleged abuse must be brought to the attention of the Manager. A decision will be made as to whether to seek further advice or to make notification/s to the relevant agency/s.

When reporting an incident staff should:

- Inform the Manager as soon as possible
- Record in writing all conversations and actions taken

11.1 Effective documentation, including referrals and notifications, must include the following:

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

## Child Protection Policy – Appendix

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### Definitions of Abuse

#### Emotional Abuse

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

#### Physical Indicators:

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

#### Behavioural Indicators:

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

#### Caregiver Indicators:

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

- Exposes child or young person to witnessing situations of arguing and violence in the home

### **Neglect**

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

#### Physical Indicators:

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

#### Behavioural Indicators:

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

#### Caregiver Indicators:

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

## **Physical Abuse**

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

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

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

Behavioural Indicators:

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

Caregiver Indicators:

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

## **Sexual Abuse**

Sexual Abuse involves forcing or enticing a child or young person 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 and young people in the looking at or production of sexual images, sexual activities and sexual behaviours.

### Physical Indicators:

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

### Behavioural Indicators:

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

### Caregiver Indicators:

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

### **Intimate Partner Violence or Family Violence**

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

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

Indicators in the Child:

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

Indicators in the Victim:

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

Indicators in the Perpetrator:

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

## Child Protection Policy – Appendix

### Responding to Child Abuse

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

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

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

#### DO

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

#### DON'T

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

#### Disclosures that indicate an abusive experience

Those working with children and young people know not to “question the child” if a disclosure of abuse is made. This is correct - questions should not be asked if the child or young person makes what could be considered a “clear disclosure” of abuse e.g. “Mum punched me in the head and made my nose bleed”, or “Uncle got into my bed and put his hand in my bum”. These types of

disclosures require (1) a reassuring response by an adult and (2) the adult to take immediate action by contacting ORANGA TAMARIKI - MINISTRY FOR CHILDREN AND YOUNG PEOPLE and/or Police.

## **Child Protection Policy – Appendix**

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### **Serious Misconduct**

The criterion for reporting serious misconduct is that an employer suspects on reasonable grounds that a member of staff has engaged in any of the following:

- the physical abuse of a child or young person (which includes physical abuse carried out under the direction, or with the connivance, of the member of staff)
- the sexual abuse of a child or young person (which includes sexual abuse carried out under the direction, or with the connivance, of the member of staff)
- the psychological abuse of a child or young person, which may include (but is not limited to) physical abuse of another person, or damage to property, inflicted in front of a child or young person, threats of physical or sexual abuse, and harassment
- being involved in an inappropriate relationship with any person under the age of 16 years
- being involved in an inappropriate relationship with a student with whom the member of staff is, or was when the relationship commenced, in contact with as a result of his or her position as a member of staff
- the neglect or ill-treatment of any child or young person in the member of staff's care
- the neglect or ill-treatment of any animal in the member of staff's care
- theft, or fraud
- involvement in the manufacture, cultivation, supply, dealing, or use of controlled drugs
- permitting, or acquiescing in, the manufacture, cultivation, supply, dealing, or use of controlled drugs by any child or young person
- viewing, accessing, or possessing pornographic material while on GBWCT premises or engaged on GBWCT business
- viewing, accessing, or possessing pornographic material that depicts children and young people or young persons or that depicts animals engaged in sexual acts with humans
- breaching the GBWCT's standards or rules concerning the use of alcohol at the GBWCT or while on GBWCT business
- any other act or omission that could be the subject of a prosecution for an offence punishable by imprisonment for a term of 3 months or more
- any act or omission that brings, or is likely to bring, discredit to the profession.

Physical, sexual, or psychological abuse is reportable whether it occurs as:

- a single act; or

- a number of acts forming part of a pattern of behaviour, even if some or all of those acts, viewed in isolation, would be minor or trivial.