

Concordia International School



Child Protection Policy

First version developed by Mr. Du on July 16, 2015 (last revised on 8 July 2016)

Child Protection Policy

A. PURPOSE

Child abuse and neglect are violations of a child's human rights and are obstacles to the child's education. Concordia believes every student is entitled to a safe and secure learning environment where they can develop themselves physically, intellectually, morally and spiritually. Therefore, every staff member has a responsibility to ensure that students are supported and protected in order to achieve these developments. The purpose of this policy is to ensure all staff members understand the proper procedures, frameworks and guidelines set by the Education Bureau (EDB) and Social Welfare Department (SWD) of HKSAR in dealing with different forms of child abuse: physical, sexual, psychological abuse, and neglect.

B. ROLES AND RESPONSIBILITIES

School

In order for this policy to be effective, there must be good communication among staff members within the school so they are aware of what constitutes abuse and be familiar with procedures and guidelines. The school also needs to develop the practice where all monitoring records must be kept centrally by the principal. Access to these records within the school must be restricted. On no account must these records be kept with the child's general records. Records, letters or information supplied by other agencies should be shared with parents/guardians by the school without unless such action undermines the development of the child.

As a preventive measure, all newly employed CISHK staff members are required to go through the Sexual Conviction Record Check Scheme operated by the Hong Kong Police Force at appointment.

To educate all CISHK staff and students how to protect themselves and one another from abuse and potential abuse, the school uses the resources from Ministry Safe (www.ministrysafe.com) to provide online training for its staff and presentation talks to its students.

Principal

The principal's role is to ensure all procedures outlined in this policy are clearly understood among staff members and are followed fairly in the interests of each involved student with regard to the Hong Kong legal framework and SWD guidelines. In addition, the principal and the School Improvement Committee are to review this policy annually to ensure that it continues to be effective and conform to the ongoing development of Hong Kong social environment.

Teachers

All teaching and support staff must be aware and implement this policy. Each member also has the responsibility to pass on information in cases of abuse or suspicions of abuse.

Child Protection Officer (CPO) and the Counseling Committee

The Coordinator of the Counseling Committee of Concordia International School is the CPO of the school by default. The CPO should brief and familiarize staff members on the guidelines that are currently set by EDB and SWD on child protection. The CPO and member(s) of the Counseling Committee will conduct interviews to confirm any case of suspected or reported abuse. If an actual case of abuse is established, the CPO will refer the case to the Family and Child Protective Services Unit (FCPSU) of SWD after consulting with the Principal and the person who raised the concern. The CPO will also report to the school principal regarding the ongoing

progress of any established cases and liaise with statutory agent and legal guardian or parent of the involved student(s).

Note: For child abuse allegations made against a staff member, the case will be investigated and handled by the Principal together with the Executive Director, not by the CPO.

C. UNDERSTANDING CHILD ABUSE

Child abuse is generally defined as any act of commission or omission that endangers or impairs the physical / psychological health and development of an individual under the age of 18. Such act is judged on the basis of a combination of community standards and professional expertise. It is committed by individuals, singly or collectively, who by their characteristics (e.g. age, status, knowledge, organizational form) are in a position of differential power that renders a child vulnerable. Child abuse is not limited to a child-parent / guardian situation, but includes anyone who is entrusted with the care and control of a child, e.g. child-minders, relatives, teacher, etc. For child sexual abuse, the acts may also be committed by strangers to the child.

1. Recognizing Child Abuse

a. Neglect is where parents/guardians, through a severe or a repeated pattern of lacking of attention, fail to meet the basic and essential needs of their children, such as food, clothing, and medical care. Leaving children alone and unsupervised is another example of neglect.

Parents refusing or failing to give love and affection to their child(ren) is a case of emotional neglect.

b. Physical Abuse is a physical injury or physical suffering to a child (including non-accidental use of force, deliberate poisoning, suffocation, burning, hitting, shaking, squeezing, and biting), where there is a definite knowledge, or a reasonable suspicion that the injury has been inflicted non-accidentally

c. Sexual Abuse is the involvement of a child in sexual activity (e.g. rape, oral sex) which is unlawful, or to which a child is unable to give informed consent. This includes direct or indirect

sexual exploitation and abuse of a child (e.g. production of pornographic material). It may be committed by individuals whether inside the home or outside. It may be committed by parents, or carers or other adults singly or acting in an organized way, or children. It includes acts which may be rewarded or apparently attractive to the child. It may be committed by individuals either known or strangers to the child; (Child sexual abuse differentiates from casual sexual relationship that does not include any sexual exploitation e.g. between a boy and a girl, though the boy can be liable for offences like indecent assault or unlawful sexual intercourse with an under aged girl.)

d. Psychological Abuse is the repeated pattern of behavior and attitudes towards a child or extreme incident that endangers or impairs the child's emotional or intellectual development. Examples include acts of spurning, terrorizing, isolating, exploiting / corrupting, denying emotional responsiveness, conveying to a child that he/she is worthless, flawed, unwanted or unloved. Such act damages immediately or ultimately the behavioral, cognitive, affective, or physical functioning of the child. It can also include harassment or indifference on the basis of race, culture, gender or disability.

D. INDICATORS OF POSSIBLE CHILD ABUSE

In conducting investigation into any suspected child abuse case, the responsible professionals should make reference to indicators manifested by the child, the parents and the family. Physical indicators are indicators which are usually readily observable and may be mild or severe. The child's behavior can sometimes be a clue to the presence of child abuse. Behavioral indicators may exist alone, or in combination with physical indicators. They may be subtle or they may be graphic statements by the child.

The behavior and attitudes of the parents, their own life histories, or even the conditions of their home, can also offer valuable clues to the presence of child abuse.

The following checklist aims to help concerned professionals and parties for identifying possible child abuse and is listed for reference only. It is not exhaustive and due consideration should be taken according to the age appropriateness of the child and his/her ability.

1. Indicators for Neglect:

• **Physical Indicators**

- Malnutrition, under-weight, or lacking sufficient quantity and/or quality of food
- Delayed development
- Severe rash or skin disorder
- Left in care of inappropriate carer (e.g. young child)
- Inadequately supervised for long periods or when engaged in dangerous activities
- Unattended physical problems or unmet medical / dental needs
- Chronically dirty / unkempt
- Habitual absence from school or deprivation of schooling
- Spoiled food found at home -Insanitary living conditions (garbage, excretion, dirt, etc)
- Young child unattended for long periods
- Abandoned: totally or for long periods of time
- Child confined at home

• **Behavioral Indicator**

- Persistent complaints of hunger or rummaging for food, overtly aggressive eating habit or begs for / steals food
- Assumes responsibilities inappropriate to age
- Addiction -Delinquency
- Complaints of inadequate care, supervision or nurturing
- Being made to work excessive hours / beyond physical ability
- Poor peer relationship
- Responds to questions in monosyllables
- Extreme apprehension
- Sexual activity caused by inadequate supervision
- Reluctant to return home
- Runs away from home

2. Indicators for Physical Abuse:

If there is doubt about the nature or severity of the physical signs of injury, the child concerned should be brought to medical attention as soon as possible.

• **Bruises and Welts**

- Should be interpreted with reference to the developmental age (e.g. whether the child is able to walk), number, size and distribution of the bruises, and whether they form a specific pattern that suggests direct impact with an object, punching, grasping, and/or bites.
- Bruises that are unlikely to be accidental, e.g. large bruises, bruises at unusual locations, multiple bruises of different ages, or injuries around the genitalia are suspicious.
- Bite marks are specific signs of injuries. If identified early, the injury itself may contain sufficient information to help identify the perpetrator.

• **Lacerations and Abrasions**

- Lacerations over the hands, arms or feet that damage the underlying tendons may be potentially crippling.
- Laceration to the frenulum, the piece of tissue that connects the upper lip to the upper gum in the middle, may be indicative of forced feeding.

- **Burns and Scalds**

- Burns / scalds from unintentional and intentional origin may be difficult to differentiate.
- Some inflicted burns may assume the shape or pattern of the burning objects, e.g. heated plate, cigarette.
- “Glove and/or stocking” distribution is indicative of dunking (immersion) scald of a limb or buttock.

- **Fractures**

- These should be interpreted / handled individually.

- **Internal Injuries**

- Brain / head injuries
 - May be due to direct impact, shaking or penetrating injuries.
 - The “Shaken Baby Syndrome” is the most common cause of death in physical child abuse.
- Abdominal injuries
 - Perforation of internal organs may lead to abdominal pain and vomiting.
 - Serious injuries or even death may occur without any external signs of injuries. Hence, a high degree of suspicion is required if abdominal injury is not to be missed.

- **Others**

- Fabricated or induced illnesses, including Munchausen’s Syndrome by Proxy
- Poisoning
- Hair loss by pulling or burning
- Drowning
- Cot death
 - Conclusion should not be made until a formal Coroner’s examination has been completed.

3. Indicators for Sexual Abuse (Both sexes):

- **Physical Indicators**

- Torn, stained or bloody underclothing -Complaints of pain, swelling or itching in the genital area
- Complaints of pain on urination
- Bruises, bleeding, or lacerations in external genitalia, vaginal or anal area, mouth or throat
- Vaginal / penile discharge
- Sexually transmitted disease
- Early adolescent pregnancy

- **Behavioral Indicators**

- Appetite disturbance
- Sexual exploitation of young children
- Poor peer relationship
- Unwilling to participate in physical activities
- Behavior disturbance (anorexia nervosa, obesity, self-mutilation, run away, suicide, promiscuity, drug abuse)
- Sexual knowledge or behavior that is abnormally advanced for the respective age of the child
- Marked change in academic performance
- Sleep disturbance
- Excessive masturbation

- Excessive reaction to being touched
- Intensive dislike for being left somewhere or with someone

4. Indicators for Psychological Abuse:

- **Physical Indicators**

- Failure to thrive
- Developmental delay e.g. speech disorder
- Anorexia nervosa

- **Behavioral Indicators**

- Indicators in Child

- Alienation
- Habit disorder
- Wetting / soiling
- Learning disorder e.g. marked deterioration in academic performance
- Lags in mental, emotional, social development
- Self-harm or suicidal thoughts / attempts
- Disruptive behavior or conduct problems
- Sleep disturbance
- Appetite disturbance
- Speech impediment

- Indicators in Family

- Rejection
- Constant scolding
- Humiliating criticism
- Inducing fear
- Encouraging deviant behavior
- Bizarre punishment

E. CHARACTERISTICS COMMONLY ASSOCIATED WITH CHILD ABUSE

Child abuse may occur in any family and the background of families with problem of child abuse may be different. The following characteristics which are often found in child abuse cases are listed for reference only and should not be taken as evidence of child abuse. On the other hand, child abuse may occur in families without any of the following identifiable features.

1. The Family

- (a) Chaotic or obsessively organized home
- (b) Social isolation
- (c) Crisis or tension in family e.g. pregnancy, eviction, divorce / desertion / separation, in-law conflict
- (d) Cultural / superstitious beliefs
- (e) Domestic violence e.g. spouse battering

2. The Parents

(a) Biography

- History of childhood abuse
- History of unhappy or being rejected in childhood; serious physical / emotional deprivation
- History / Experience of domestic or other violence
- History of serious recurrent illness and/or psychiatric disorder
- Alcoholism / Drug abuse / Gambling

(b) Attitude and Behavior

- Rigid or unreasonable expectation on the child
- Strong belief in harsh discipline / corporal punishment
- Overtly critical of or aloof to the child -Immaturity of parents
- Low self-esteem
- Passiveness
- Low intelligence of one or both parents
- Low tolerance to stress
- Deficiency in anger control -Diffusion and confusion in family roles
- Sexual problems
- Unconvincing or inconsistent explanations of the child's injury
- Failure or delay in seeking medical advice
- Inadequate parenting

3. The Child

- (a) Premature birth
- (b) Unwanted child
- (c) Illegitimate child
- (d) Baby with feeding or sleeping problem
- (e) Non-thriving baby
- (f) Early separation from parents
- (g) Complicated birth delivery
- (h) Child exposed to conflicting child care rearing practices e.g. child reared away from home
- (i) Child with physical or mental disability
- (j) Child associated with family misfortune
- (k) The female gender

F. PROCEDURAL GUIDE FOR HANDLING CHILD ABUSE CASES

Where there is cause to suspect an incident of **child abuse** or **neglect**, it is the responsibility of the staff members to report their suspicions to the CPO or if the CPO is not available, to the Principal. In all cases, the Principal will be notified and then to the Executive Director.

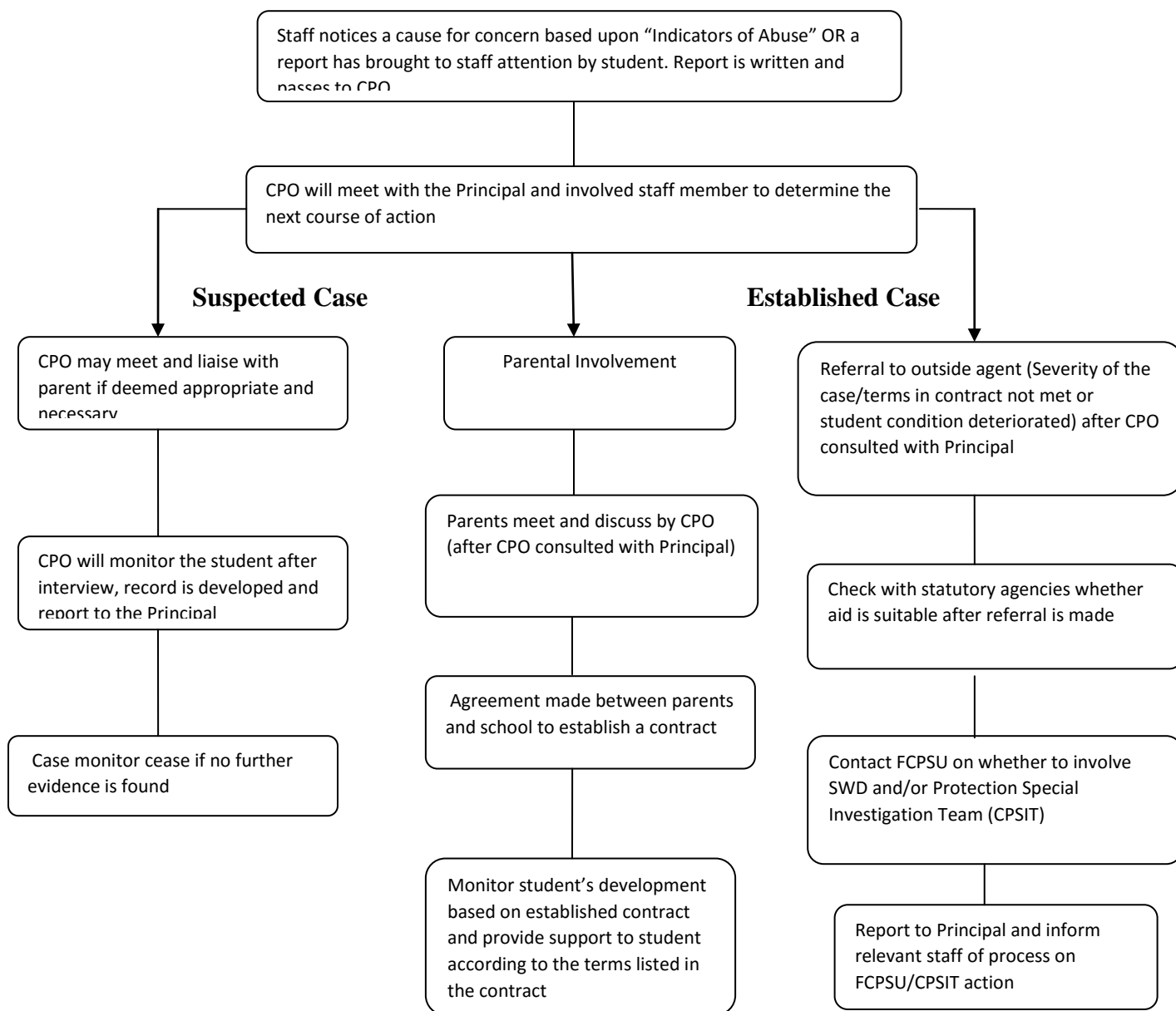
For child abuse allegations made against a staff member, the case will be investigated and handled by the Principal together with the Executive Director, not by the CPO.

Guidelines for Staff Handling Reports of Abuse

When a child is telling you about a case of abuse, it is important that you should remember to:

- (1) Response calmly and make note of the report.
- (2) Reassure the child with reinforcement of praise by telling them that they have done the right thing to come forward.
- (3) Reassure the child that all information they have provided will be looked into by school seriously and outside agencies if necessary.
- (4) Explain to the child that it is necessary, in order to help them, that you will have to tell and involve other member(s) of the school. But assure them that this will not be general knowledge within the school community.
- (5) Explain to the child whom you will be confiding to next and why. In case the abuse is by a parent, assure them that their parents will not be informed until there has been discussion.
- (6) Tell the child that it is not their fault and show that you believe what they had told you.
- (7) Be patient and encourage the child to speak slowly and provide as much information as possible (listen to them rather than ask leading questions).
- (8) Check that you have a full understanding of what the child has told you before the end of the discussion.
- (9) Be aware that the child may retract all that they have told you either in the initial interview or later - it is important that you still report it.
- (10) Find out if the child has told anyone else, either in or outside of school, this information.
- (11) Complete the report form with all the information and pass to the CPO/Principal immediately (**Appendix I**).

Procedural Flowchart



**LIST OF SOCIAL WORK OFFICERS OF
FAMILY AND CHILD PROTECTIVE SERVICES UNITS (SWO/FCPSU)
AND
SWD SENIOR CLINICAL PSYCHOLOGIST (SCP)
(as at April 2009)**

CAIU Region	Service Boundary	Contact Person SWO/FCPSU	*Office Tel No
New Territories (South)	Shatin, Ma On Shan	Intake Worker / SWO/FCPSU(ST)	2158 6680
	Tsuen Wan, Kwai Chung, Tsing Yi	Intake Worker / SWO/FCPSU(TW/KwT)	2940 7350
	Lantau Island (including Tung Chung), Peng Chau Name of Supervising Officer	Intake Worker / SWO/FCPSU(CW/S/I)	2231 5858
Senior Social Work Officers / FCPSUs	SSWO/ FCPSU(CW/S/I)		2835 2722
	SSWO/ (E/W)		2231 5899
	SSWO / FCPSU(KT)		2707 7682
	SSWO / FCPSU(WTS/SK)		3586 3500
	SSWO / FCPSU(SSP)		2247 5438
	SSWO / FCPSU(KC/YTM)		3583 3235
	SSWO / FCPSU(ST)		2158 6660
	SSWO / FCPSU(TP/N)		2158 6695
	SSWO / FCPSU(TM)		2618 5571
	SSWO / FCPSU(TW/KwT)		2940 7351
	SSWO / FCPSU(YL)		2445 3043
SCPs	SCP1		2707 7664
	SCP2		3183 9428
	SCP3		2967 4119
	SCP4		2940 7023
	SCP5		2940 7037

CAIU Region	Service Boundary	Contact Person SWO/FCPSU	*Office Tel No
Hong Kong Island	Central, Western, Southern, Outlying Islands (excluding Lantau Island and Peng Chau)	Intake Worker / SWO/FCPSU(CW/S/I)	2835 2733
	Eastern, Wanchai, Causeway Bay, Quarry Bay, North Point, Siu Sai Wan, Chai Wan	Intake Worker / SWO/FCPSU(E/W)	2231 5859
Kowloon East	Wong Tai Sin, Tsz Wan Shan, Sai Kung, Tseung Kwan O, Lok Fu, San Po Kong, Choi Hung	Intake Worker / SWO/FCPSU(WTS/SK)	3188 3569
	Kwun Tong, Ngau Tau Kok, Sau Mau Ping, Lam Tin, Yau Tong, Lei Yue Mun, Shun Lee	Intake Worker / SWO/FCPSU(KT)	2707 7680
Kowloon West	Kowloon City, Tsim Sha Tsui, Mongkok, Yaumatei	Intake Worker / SWO/FCPSU(KC/YTM)	3583 3254
	Shamshuipo, Shek Kip Mei, Cheung Sha Wan, Mei Foo	Intake Worker / SWO/FCPSU(SSP)	2247 5373
New Territories (North)	Sheung Shui, Fanling, Ta Kwu Ling, Sha Tau Kok, Tai Po, Border	Intake Worker / SWO/FCPSU(TP/N)	2158 6696
	Siu Lam, Tuen Mun	Intake Worker / SWO/FCPSU(TM)	2618 5710
	Yuen Long, Tin Shui Wai, Hung Shui Kiu, Lau Fau Shan	Intake Worker / SWO/FCPSU(YL)	2445 4224

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