ACORNS INTERNATIONAL SCHOOL

INSPIRING AND EMPOWERING

CHILD PROTECTION AND SAFEGUARDING POLICY

September 2023

We believe that all children have the right to be safe and protected in our society. At AIS, we recognise that it is our responsibility to not only ensure the welfare of our students while on campus, but also when they are with caretakers, parents, and guardians. This policy outlines the measures we take to ensure our students' emotional, mental, and physical well-being.

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Child Protection and Safeguarding Policy

Child abuse and neglect are concerns throughout the world. Child abuse and neglect are violations of a child's human rights and are obstacles to the child's education as well as to their physical, emotional, and spiritual development. Acorns International School Uganda (henceforth referred to as AIS, we, us, our) endorses the UN Convention on the Rights of the Child (Article 19; to ensure children are protected from abuse and neglect), of which our host country, Uganda, is a signatory.

The wellbeing of our students is our guiding principle in making any decision concerning the child (Children's Act, Uganda. 2016). Any matter concerning a child must be handled as quickly as possible and without delay (Children's Act, Uganda. 2016).

If you see, or suspect something, say something to a DSO or fill out the 'Child Protection Concern Report'.

Scope

This Policy applies to the entire AIS Community.

Purpose

The purpose of the policy is:

- To safeguard the welfare of AIS students, involved with our programmes and activities during all school days and school functions.
- To ensure/guide Professional Development for training for all staff including teachers and volunteers regarding the Child Protection Programme.

This policy aims to provide the AIS community with the overarching principles that guide our approach to safeguarding.

Through ensuring clear adherence to this policy, we endeavour to ensure our vision is enabled and thus our students can flourish in a setting that respects their individual contributions, and the diversity of perspectives they bring to attaining goals.

Our goal is to build and maintain a proactive environment that protects children by either preventing child abuse before it occurs or by ensuring its earliest possible detection, intervention and reporting. Our strategy is to ensure that the AIS community understands the issues of child abuse and neglect; knows how to recognize its signs and symptoms; is familiar with national, international and in-school reporting procedures; and knows the responsibilities of mandated reporters, including how, when, and to whom to make a report.

Relevant AIS Policies

AIS has several existing policies in place for the AIS community members that promote the protection of our students while on campus.

Staff Induction Policy: This Policy ensures all staff members are made aware of policies and guidelines set forward by AIS.

Code of Conduct Policy: This Policy clearly outlines the expected behaviours of AIS staff, LSAs, volunteers, interns and temporary/part-time employees entering our campus. This includes the signed recognition of this policy at the start of their employment.

Health and Safety Policy: This Policy clearly outlines our security practices, including our use of "Exit ID Cards". The "Exit ID Card" is mandatory for all our families, as it ensures our students are leaving school with authorised people only. Parents/guardians will be required to show their Exit Card to enter the AIS campus. They must inform their respective HOD directly, via phone or email, if a new/unknown adult is due to collect their child from school with their full name. This person has to present a valid photo identification. Unidentified adults will be declined from escorting students off the premises and parents will be called. This also applies during an ongoing out-of-campus trip or excursion. No child is allowed to leave the premises without scanning the exit card.

E-Safety Policy: As stated in the *E-Safety Policy*, the internet and online resources are important for our students to know how to use and be proficient in the 21st century. AIS takes appropriate measures to ensure the safety of our students online.

Behaviour and Motivation Policy: As stated in the Behaviour and Motivation Policy, the school ensures that bullying at AIS is prevented in so far as reasonably practicable, by the drawing up and implementation of an effective anti-bullying strategy. All AIS staff and students are made aware of the reporting procedure in case of a bullying incident.

Student Counselling Policy: Our student's mental and emotional well-being is just as important as their physical well-being. For this reason, we have programme-based full-time counsellors on campus to work with students and families.

Electronic Device Policy: This Policy emphasizes the necessity of staff using personal devices, wearables, phones, and cameras safely and appropriately. It also mandates supervised internet use during E-Learning for children during class. The Code of Conduct Policy encompasses guidelines on staff behaviour, including social media communication, aligning with professional boundaries. This comprehensive approach ensures a secure and suitable environment for all.

Field Trip and Excursion Policy: All trips and outings are planned in advance and a risk assessment is carried out with regard to the following issues: safety regarding method of transport, facilities, activities, safeguard from the public, and accessibility for children with additional needs and emergencies.

Relevant AIS Practices

AIS has several existing practices in place that promote the protection of our students while on campus.

Police Clearance: All members of AIS staff, Learning Support Assistants (LSAs), volunteers, interns and temporary/part-time employees must present a Police Clearance and LC1 letter before the end of their probation period. This practice is in place for both Ugandan

nationals and expatriates. Any red flags raised in this process will result in AIS revoking the employment contract.

Communication of Policies to Stakeholders: AIS policies are made available online and in the Admissions Office. Links to the parent and student handbooks are intentionally sent out at the beginning of every academic year and to the new enrollments. Policy manuals are also given to LSAs, volunteers, interns and temporary/part-time employees. This is to ensure all those spending time with our students are aware of our expectations regarding the safety of our students.

PSPE Lessons: As stated in the *Student Counselling Policy*, part of the curriculum is teaching students age-appropriate lessons on their safety. The goal of these lessons is to equip the children with the necessary skills and awareness to stay safe from abuse and know where to go for help and support.

Permission to Publish: AIS publishes photos of students on our social media, the AIS website, our newsletters and marketing materials. While parents/guardians may enjoy seeing their children in publications, they should also be aware that AIS is not responsible for containing the distribution of these photos. For this reason, AIS includes publishing permission in our admission paperwork. It is the responsibility of the Admissions Office to provide updated lists of students who cannot be published to the HODs to be shared with all AIS staff to ensure photos are not taken or shared. AIS is not responsible for unsolicited photographs taken and shared by non-staff community members.

No Touch Practice: AIS has a no-touch practice as a general rule across the school for the whole AIS community. In managing policies regarding touch and physical contact with children, in line with the AIS Code of Conduct, no adult should initiate physical touch with a student.

Maintaining Safety Through Identity: All staff are required to wear an identity badge when entering and during their time spent on the AIS campus. This is to ensure clear identification of staff and non-staff members. AIS staff and LSAs are required to use the biometric login system. Contractors, volunteers and all visitors to AIS are required to use the sign-in book to log their presence on the premises of AIS and wear a visitor pass for the duration of their visit.

Privacy: Staff will refrain from discussing students, and/or colleagues, and/or parents/families in a public space within the premises. Due sensitivity and concern will be used in any conversation of this type, and staff will ensure the discussions are held in a suitably private/confidential forum.

Designated Safeguarding Officers: The primary goal of the Designated Safeguarding Officers is to ensure that there is a comprehensive Child Protection Policy (CPP) in place at the school and to annually monitor the effectiveness of the programme. The Designated Safeguarding Officers (herein referred to as DSO) are:

- Secondary Counsellor
- Primary Counsellor
- Head of Primary
- Head of Secondary
- Head of EC
- Head of School

- Deputy Head of School
- Other HODs may be called upon when relevant.

Staff Professional Development: Child Protection training of school personnel will be established emphasising prevention programmes and being connected to the concept of "ready to learn" – safe and secure children lead to better learning and better outcomes. Staff will be trained to recognise and respond to the categories and potential indicators of abuse. They will also be trained in considering the particular presentation of the child/young person and spotting changes on an individual basis.

AIS staff should be aware of these specific safeguarding issues and where such risks may be more likely, they should be guided on how to understand and act accordingly where there is concern including but not limited to:

- Child sexual exploitation (CSE) [see appendix]
- Harassment
- Bullying including cyber-bullying
- Online safety
- Drugs
- Female genital mutilation (FGM) [see appendix]
- Mental health
- Trafficking
- Self-harm
- Grooming
- Physical and emotional abuse
- Understanding of specific policies and procedures of the school
- Train for awareness of
    - Signs and symptoms of abuse: knowledge of grooming behaviours
    - Statistics and prevalence
    - Vulnerabilities and risk factors
    - Developmental levels of children, with a focus on sexual development – what to expect at different age levels
- Training to focus on the handling of disclosure and reporting
- Review of the child safety training lessons.

Terms and Definitions

Child

- A child is a person below the age of eighteen years (Children's Act, Uganda. 2016).
- International Child Protection Laws state that a 'child' is any person under the age of 18 years. As AIS is located and operates in Uganda, we are bound by UNESCO as a member state to adhere to the International Rights of the Child. As the majority of our students are under the age of 18 years, we will accord all students these rights, and follow them.
- On the AIS campus every enrolled student is regarded as a child and falls under all policies.

Child Protection Policy

- Is a statement of intent that demonstrates a commitment to protecting students from harm (to self and from others) and makes clear to all what is required in relation to the protection of students. It serves to create a safe and positive environment for children and to demonstrate that the school is taking its duty and responsibility seriously.

Child Abuse

- According to the World Health Organization, child abuse constitutes "all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power."
- A person may abuse a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or an institutional (e.g. school) or community setting; children may be abused by individuals known to them, or more rarely, by a stranger. Often children may experience multiple forms of abuse simultaneously, further complicating the problem.

Confidentiality

- Confidentiality means to keep information, which may or may not be sensitive, private and secret.
- Confidential information is 'information of some sensitivity, which is not already lawfully in the public domain or readily available from another public source, and which has been shared in a relationship where the person giving the information understood it would not be shared with others' (from Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers, United Kingdom (March 2015).

Safeguarding

- Is the action that is taken to promote the welfare of children, and protect them from harm. It means:
    - Protecting children from abuse and maltreatment;
    - Preventing harm to children's health or development;
    - Ensuring children grow up with the provision of safe and effective care;
    - Taking action to enable all children and young people to have the best outcomes. (NSPCC 2016)

Staff

- Staff refers to all persons who work at AIS in any capacity. This includes part-time and contractual work. All staff have an identity card with their photograph, and identity number assigned to them.
- *Teaching Staff* are persons who are employed in a teaching position at AIS. This includes staff with additional roles related to teaching, including HOD, CC and Head of School.
- *Non-teaching staff* are persons who are employed in roles and positions other than teaching at AIS or contracted by any member of the AIS community to carry out services on the AIS campus. This includes, but is not restricted to administration positions, cleaning and grounds-keeping positions, kitchen positions, security

positions, and any other contractual roles that do not relate to working with students directly.

Student(s)

- Refers to all registered students at AIS and students from visiting schools.

Categories of Abuse

Physical Abuse: Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Emotional Abuse: Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.

It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.

It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child from participating in normal social interaction.

It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber-bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.

Neglect: Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse.

Neglect may involve a parent or carer failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- Protect a child from physical and emotional harm or danger;
- Ensure adequate supervision (including the use of adequate caregivers); or
- Ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Sexual Abuse: Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening.

The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.

They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the Internet).

Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

See the appendix document for further information on indicators of the abuse mentioned.

Responsibilities

AIS Community Responiblities

Everyone within the AIS Community has a responsibility to ensure that the well-being of the students is ensured to the best of their ability.

If you see, or suspect something, say something to a DSO or fill out the 'Child Projection Concern Report'.

Designated Safeguarding Officers' (DSOs') Responsibilities

In accordance with best practice, AIS has assigned appropriately trained DSO(s) to:

- Provide training to the staff body;
- Monitor and track all concerns;
- Provide support and follow-up for any students of concern.

The responsibilities of the designated parties are as follows. They are to:

- Employ a clear and cohesive system of monitoring and tracking child protection concerns;
- Maintain cultural awareness, sensitivity and understanding, including attending training events and ensuring up-to-date knowledge in line with Ugandan laws and that of International Schools' best practices;
- Ensure/guide parent education programmes at AIS to support understanding of the objectives and goals of the Child Protection Programme (CPP) policy and curriculum
- Maintain and support open communication channels with staff, parents, families and multi-agency workers;
- Ensure that child protection curriculum is taught and assessed annually
- Recognise that some children are additionally vulnerable because of the impact of previous experiences, their level of dependency, communication needs or other issues
- Work in line with the guidelines of interlinked policies
- Review the protection policies from time to time in line with both the National and International child protection policies and guidelines.

DSOs will maintain the 'Child Projection Concern Report.

- If the reporter has come to a DSO in person, the DSO needs to provide the resources necessary for the form to be completed.

- Reporters may fill out the form directly through the form link. For this reason, the DOSs must turn on email notifications for new responses.

All Staff Responsibilities

All members of staff are responsible for learning and adhering to the policy and must be part of all training concerning child protection.

As part of the recruitment process, all staff are required to provide AIS with an appropriate police clearance and/or Local Council 1 letter and reference check, including information regarding the behaviour and conduct of the applicant.

Staff will actively supervise students, most notably in areas of greater hazard risk (e.g. swimming pool, outside areas, science laboratories), taking all reasonable steps to ensure safety and freedom from harm.

Any issues of concern raised by and/or to a staff member will follow an appropriate line of duty of care, as set out in the procedures of this policy. Staff will ensure sensitivity and make no judgement or personal opinion with relation to any issue, and will provide objective and factual information.

Staff will refrain from asking children leading questions or from making any accusations, allegations or judgements.

Staff cannot assure students of confidentiality when a student confides in them.

<u>Reporting A Concern</u>

In the case of a concern being raised, the AIS community must adhere to the procedures of this policy.

Where there is cause to suspect child abuse or neglect, it is the responsibility of the AIS community member to report their suspicions to any of the DSOs.

Procedure To Report A Concern

1. A staff member or any AIS community member notices an indication that there may be a child protection concern or that the student discloses this information. Children and young people who are suffering abuse may choose a trusted adult to tell: this is a disclosure. If the concern is raised through a disclosure:
    - The person hearing the disclosure should:
        - Listen, allowing the child to recall freely;
        - Reassure the child that they are believed;
        - Make notes as soon as possible recording as accurately as possible, using only the words used by the child;
        - Be clear with the child that the information will have to be passed on, and that there are people who will be able to help;
    - As a child discloses to you, it is not your responsibility to investigate or find out more details.
    - Report immediately to a DSO.

- As you report, the report should include exactly what the child said, using their own words. DO NOT interject any personal thoughts, feelings, biases, or opinions.
- This concern is raised immediately to any of the DSOs or reported through the online Google Form 'Child Projection Concern Report'.

2. The DSO must alert at least one other DSO immediately of the concern raised.
    - In all cases, the Deputy Head of School and Head of School (DHOS and HOS) will be notified by the DSOs.
    - A 'Child Projection Concern Report' form will be completed within 24 hours if the issue was raised in person to the DSO. The form is available through this link (available when the policy is digital) and from the DSOs.
    - Supplementary forms such as a body map and contact form where applicable (a witness will be required if a body map is needed) will be completed.
    - Forms will be submitted to the DSOs, in accordance with confidentiality matters; such that the concern is not discussed with any other member of staff unless directed to do so.
    - If a report needs to be raised in another language besides English, the DSO will accommodate this.
3. DSO and/or DHOS and HOS will interview staff members, or students where deemed appropriate, to clarify the accuracy of details. Likewise contact with families will be made as appropriate and a case file will open. This will be done with the use of the Child Protection Investigation Form.
    - Decisions will be made regarding required actions between the DSO team and the DHOS and HOS. This may include: Decisions will be made regarding required actions between the DSO team and the DHOS and HOS. This may include:
        - Follow-up conversations may be had with the student(s)
        - In-class observations of the student and/or monitoring forms to be completed by staff members, including tracking any behavioural patterns observed. For example: the child is always aggressive after the weekend.
        - Meetings with families to present the concerns.
        - Referral of the student and family to outside agencies.
    - Cases will be discussed within the DSO team once a month and with the DHOS and HOS as a matter of routine monitoring and tracking when needed.
    - All documents will be stored in a lockable cabinet in the HOS/DHOS's office with only singular copies being made.

Guidelines for DSO's Conversations with Children

Note the school will act in the best interest of the child. Therefore, if the allegation involves the parents or family living in the home, parents may not be informed of a student interview before or during the investigation.

Once the information is reported to a DSO the DSO should meet with the student and report the following:

- The DSOs present (has to be more than one)
- The child's name and age

- Exactly what the child said, using their own words. Exactly what the child said, using their own words. DO NOT interject any personal thoughts, feelings, biases, or opinions.
- Any information that has been given about the alleged abuser
- Details of the disclosed incident
- Information should be signed and dated and always written in pen so that none of it can be amended or removed at a later date.

Other forms of information that can be taken and recorded by the DSO:

- **Use of Props:** In some cases, a doll or teddy bear can be given to the child in order to play or act out a scenario.
- **Drawings:** Children might find it difficult to verbalise the abuse they have experienced and drawing may be the only medium they can use to report the abuse.
- **Body Maps:** Using a body map will help to record/identify any injuries seen by the DSOs or enable the student to show/communicate what part of a body something happened to.
- **Photography:** When recording injuries DSOs can take a photograph of the injury. The photographs should include the student's face. The photograph should be printed and put in the file and then deleted from any phone, camera, or computer.
- **Recording:** Recordings of the student interview may be taken in order to ensure effective documentation. If this is needed, the recording should be stored offline.

In all cases when dealing with child protection, children cannot be promised confidentiality. This is in line with the ethical framework that this information can be breached in order to carry out further investigations regarding the case.

Staff Suspected of Misconduct

In the event of a staff member facing an accusation of child abuse the DSO must immediately report the incident to the HOD of Human Resources.

Staff have daily access to children and the emotional and physical safety of a child is determined by the access of the offender to the child, thus disclosure of teacher offences must be handled immediately and with seriousness. The staff member will be suspended from duties whilst an investigation takes place.

This does not serve as an assumption of guilt but as a protective measure for all concerned parties, whilst the investigation can be enabled free from bias and discrimination.

If evidence has been found that a staff member is abusing a child, necessary actions will be initiated as per the Code of Conduct and when appropriate, they will be reported to the concerned authorities for further investigation.

If the staff member is found not to be at fault, they will be able to return to their job.

Protection from Retaliation

It is crucial to create a safe and supportive environment to report such issues without fear of retaliation, ensuring the welfare and safety of children remain the utmost priority.

DSOs are to maintain strict confidentiality regarding the identity of anyone who reports concerns related to child misconduct or abuse, to the extent allowed by law. AIS will disclose information only on a need-to-know basis and when required by legal authorities during investigations or in compliance with applicable laws and regulations.

Any form of retaliation against individuals who report in good faith, regardless of their position within the organization, is not permitted.

Staff Members: Retaliation includes but is not limited to:

- Reprisals, threats, or intimidation against the reporting staff member
- Unjustified changes in work assignments, responsibilities, or conditions
- Unwarranted disciplinary actions or negative performance evaluations
- Adverse effects on employment status, promotions, or career advancement
- Any other form of adverse treatment resulting from the reporting

Community Members: Retaliation includes but is not limited to:

- Reprisals, threats, or intimidation against the family by staff or community members
- Unbalanced treatment of the student in school
- Bullying of the family or student by either adults or fellow students
- Any other form of adverse treatment resulting from the reporting

If retaliation after reporting is experienced, it should be reported to any DSO who will further investigate the claim and may result in disciplinary action for any party in violation.

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Appendix

Keeping Children Safe in Education, United Kingdom (2015)

Further information on Child Sexual Exploitation and Female Genital Mutilation

Child Sexual Exploitation (CSE) involves exploitative situations, contexts and relationships where young people receive something (for example food, accommodation, drugs, alcohol, gifts, money or in some cases simply affection) as a result of engaging in sexual activities.

Sexual exploitation can take many forms ranging from the seemingly 'consensual' relationship where sex is exchanged for affection or gifts, to serious organised crime by gangs and groups.

What marks out exploitation is an imbalance of power in the relationship. The perpetrator always holds some kind of power over the victim, which increases as the exploitative relationship develops.

Sexual exploitation involves varying degrees of coercion, intimidation or enticement, including unwanted pressure from peers to have sex, sexual bullying including cyber-bullying and grooming.

However, it is also important to recognise that some young people who are being sexually exploited do not exhibit any external signs of this abuse.

Female Genital Mutilation (FGM): Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a girl being at risk of FGM, or already having suffered FGM.

There is a range of potential indicators that a child or young person may be at risk of FGM, which individually may not indicate risk but if there are two or more indicators present this could signal a risk to the child or young person.

Victims of FGM are likely to come from a community that is known to practise FGM. Professionals should note that girls at risk of FGM may not yet be aware of the practice or that it may be conducted on them, so sensitivity should always be shown when approaching the subject.

Warning signs that FGM may be about to take place, or may have already taken place, can be found on pages 11-12 of the Multi-Agency Practice Guidelines available on the Keeping Children Safe in Education website.

Staff should activate local safeguarding procedures, using existing national and local protocols for multi-agency liaison with police and children's social care.

Categories of Abuse

Physical Abuse Indicators In The Child

Bruising

It is often possible to differentiate between accidental and inflicted bruises. The following must be considered as non-accidental unless there is evidence or an adequate explanation provided:

- Bruising in or around the mouth;

- Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive);
- accidentally, for example, the back, mouth, cheek, ear, stomach, chest, under the arm, neck, genital and rectal areas;
- Variation in colour, possibly indicating injuries caused at different times;
- The outline of an object used e.g. belt marks, hand prints or a hair brush;
- Linear bruising at any site, particularly on the buttocks, back or face;
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting;
- Bruising around the face;
- Grasp marks to the upper arms, forearms or leg;
- Petechial haemorrhages (pinpoint blood spots under the skin). Commonly associated with slapping, smothering/suffocation, strangling and squeezing.

Fractures

Fractures may cause pain, swelling and discolouration over a bone or joint. It is unlikely that a child will have had a fracture without the carers being aware of the child's distress.

If the child is not using a limb, has pain on movement and/or swelling of the limb, there may be a fracture.

There are grounds for concern if:

- The history provided is vague, non-existent or inconsistent;
- There are associated old fractures;
- Medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement.

Rib fractures are only caused by major trauma such as in a road traffic accident, a severe shaking injury or a direct injury such as a kick.

Skull fractures are uncommon in ordinary falls, i.e. from three feet or less. The injury is usually witnessed, the child will cry and if there is a fracture, there is likely to be swelling on the skull developing over 2 to 3 hours. All injuries to the head must be taken seriously, and preferably be referred to the School Nurse.

Mouth Injuries

Tears to the frenulum (tissue attaching upper lip to gum), often indicate force-feeding of a baby or a child with a disability. There is often finger bruising to the cheeks and around the mouth. Rarely, there may also be grazing on the palate.

Poisoning

Ingestion of tablets or domestic poisoning in children under 5 is usually due to the carelessness of a parent or carer, but it may be self-harming even in young children.

Fabricated Or Induced Illness

Professionals may be concerned at the possibility of a child suffering significant harm as a result of having an illness fabricated or induced by their carer.

Possible concerns are:

- Discrepancies between reported and observed medical conditions, such as the incidence of fits;
- Attendance at various hospitals, in different geographical areas;
- Development of feeding/eating disorders, as a result of unpleasant feeding interactions;
- The child developing abnormal attitudes to their own health;
- Non-organic failure to thrive - a child does not put on weight and grow and there is no underlying medical cause;
- Speech, language or motor developmental delays;
- Dislike of close physical contact;
- Attachment disorders;
- Low self-esteem;
- Poor quality or no relationships with peers because social interactions are restricted;
- Poor attendance at school and under-achievement.

Bite Marks

Bite marks can leave clear impressions of the teeth when seen shortly after the injury has been inflicted. The shape then becomes a more diffuse ring bruise or oval or crescent-shaped. Those over 3 cm in diameter are more likely to have been caused by an adult or older child. A medical/dental opinion, preferably within the first 24 hours, should be sought where there is any doubt over the origin of the bite.

Burns And Scalds

It can be difficult to distinguish between accidental and non-accidental burns and scalds. Scalds are the most common intentional burn injury recorded.

Any burn with a clear outline may be suspicious e.g. circular burns from cigarettes, linear burns from hot metal rods or electrical fire elements, burns of uniform depth over a large area, scalds that have a line indicating immersion or poured liquid.

Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation. Scalds to the buttocks of a child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

Scars

A large number of scars or scars of different sizes or ages, or on different parts of the body, or unusually shaped, may suggest abuse.

<u>Emotional/Behavioural Presentation</u>

Children may not have the capacity to communicate abuse and it is down to AIS staff and parents/caretakers to pay attention to changes in children that could be a cause for concern. When in doubt, stay on the side of caution when noticing these behaviours:

- Refusal to discuss injuries;
- Admission of punishment which appears excessive;
- Fear of parents being contacted and fear of returning home;
- Withdrawal from physical contact;
- Arms and legs kept covered in hot weather;
- Fear of medical help;
- Aggression towards others;

- Frequently absent from school;
- An explanation which is inconsistent with an injury;
- Several different explanations provided for an injury

Emotional Abuse Indicators in the Child

- Developmental Delay
- Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment;
- Aggressive behaviour towards others;
- Child scapegoated within the family;
- Frozen watchfulness, particularly in preschool children;
- Low self-esteem and lack of confidence;
- Withdrawn or seen as a 'loner', a difficulty relating to others;
- Over-reaction to mistakes;
- Fear of new situations;
- Inappropriate emotional responses to painful situations;
- Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking);
- Self-harm;
- Fear of parents being contacted;
- Extremes of passivity or aggression;
- Drug/solvent abuse;
- Chronic running away;
- Compulsive stealing;
- Low self-esteem;
- Air of detachment – 'don't care' attitude;
- Social isolation – does not join in and has few friends;
- Depression, withdrawal
- Behavioural problems e.g. aggression, attention seeking, hyperactivity, poor attention;
- Low self-esteem, lack of confidence, fear, distress, anxiety;
- Poor peer relationships including withdrawn or isolated behaviour;

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse.

Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- Protect a child from physical and emotional harm or danger;
- Ensure adequate supervision (including the use of inadequate caregivers); or
- Ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Neglect Indicators In The Child

Physical Presentation

- Failure to thrive or, in older children, short stature;

- Underweight;
- Frequent hunger;
- Dirty, unkempt condition;
- Inadequately clothed, clothing in a poor state of repair;
- Red/purple mottled skin, particularly on the hands and feet, seen in the winter due to cold;
- Swollen limbs with sores that are slow to heal, usually associated with cold injury;
- Abnormal voracious appetite;
- Frequent accidents or injuries.

Development

- General delay, especially speech and language delay;
- Inadequate social skills and poor socialisation.

Emotional/Behavioural Presentation

- Attachment disorders;
- Absence of normal social responsiveness;
- Indiscriminate behaviour in relationships with adults;
- Emotionally needy;
- Compulsive stealing;
- Constant tiredness;
- Poor self esteem;
- Destructive tendencies;
- Thrives away from home environment;
- Aggressive and impulsive behaviour;
- Disturbed peer relationships;
- Self-harming behaviour.

Sexual Abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening.

The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.

They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the Internet).

Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Sexual Abuse Indicators in the Child

Physical Presentation

- Urinary infections, bleeding or soreness in the genital or anal areas;
- Recurrent pain on passing urine or faeces;
- Blood on underclothes;

- Sexually transmitted infections;
- Vaginal/Anal soreness or bleeding;
- Pregnancy in a younger girl where the identity of the father is not disclosed and/or there is secrecy or vagueness about the identity of the father;
- Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on the vagina, anus, external genitalia or clothing.

Emotional/Behavioural Presentation

- Makes a disclosure;
- Demonstrates sexual knowledge or behaviour inappropriate to age/stage of development, or that is unusually explicit;
- Inexplicable changes in behaviour, such as becoming aggressive or withdrawn;
- Self-harm - eating disorders, self-mutilation and suicide attempts;
- Poor self-image, self-harm, self-hatred;
- Reluctant to undress for PE;
- Running away from home;
- Poor attention/concentration (world of their own);
- Sudden changes in school work habits, become truant;
- Withdrawal, isolation or excessive worrying;
- Inappropriate sexualised conduct;
- Sexually exploited or indiscriminate choice of sexual partners;
- Wetting or other regressive behaviours e.g. thumb sucking;
- Draws sexually explicit pictures;
- Depression.

Long-term impact of unmitigated child abuse

The impact of child abuse can persist for a lifetime after the abuse has been committed. Some victims of abuse are resilient and thus manage to function and survive. Much research has established the relationship between long-term child abuse and lifetime health and well-being, especially if the children do not get appropriate support to help them cope with the trauma.

The most important point to consider is that children often are exposed to multiple forms of abuse and suffer a myriad of symptoms. Furthermore, all forms of abuse have the potential for long-term impact on the victims and can affect the victim's ability to function as a human being. Abuse challenges the self-value, self-esteem, and sense of worth of its victims, rendering them hopeless, helpless and unable to live a complete life.

Long-term impact of child abuse

- Poor educational achievement
- Inability to complete responsibilities
- Inability to live according to plan/ability
- Inability to care for self
- Inability to coexist, cooperate or work with others
- Lack of self-confidence, prone to addiction
- Inability to express love / or accept love
- Inability to lead family, constant health problem
- Prone to mental health problems

- Low self-esteem, depression and anxiety
- Post-traumatic stress disorder (PTSD)
- Attachment difficulties
- Eating disorders
- Poor peer relations, self-injurious behaviour (e.g., suicide attempts)

In addition to knowing the signs of victimisation, below are some early warning signs to look out for in potential offenders:

Signs of offenders (students)

- Unusual interest in sex, sexualizing inanimate objects and activities
- Does not stop sexual misbehaviour when told to stop
- Uses force and coercion in social situations
- Unusual intensity when discussing sex and sexuality
- Socialises with children much younger
- Gives gifts, requires secrecy in relationships

Signs of offenders (adults)

- Has a "favourite" student or child
- Attempts to find ways to be alone with children
- Inappropriate language, jokes and discussions about students/children
- Sexualized talk in the presence of students/children
- Gives private gifts or has private chats on Facebook/internet

Related Information

For further guidance on the laws on children in Uganda, please refer to http://www.unicef.org/uganda/collection_of_children_laws_finale_110711.pdf.

Conventions of Children's Rights (CRC 1990, Uganda)

UN Conventions of the Right of the Child (n.d.)

Children's Act, Uganda (2016)

Collection of Children's Laws (UNICEF, n.d.)

The Constitution of the Republic of Uganda (1995), namely Article 34 Protection of Freedoms Act 2012

National Society for the Prevention of Cruelty to Children UK (NSPCC)

Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers, United Kingdom (March 2015).

Keeping Children Safe in Education: https://www.gov.uk/government/publications/keeping-children-safe-in-education

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