

Child Protection Procedure

**Designated Person in the Document is the Club Manager.
If in doubt Report it to the Club Manager**

HARM

Harm can be defined as the ill-treatment or the impairment of the health or development of a child. Whether it is significant is determined by his/her health and the development as compared to that which could reasonably be expected of a child of similar age, (Children First or Children (NI) Order Article 66 3.2.2).

CATEGORIES OF ABUSE

All Sports Leaders should be familiar with signs and behaviours that may be indicative of child abuse. Though a child may be subjected to more than one type of harm, abuse is normally categorised into four different types: neglect, emotional abuse, physical abuse and sexual abuse. For detailed definitions of abuse, refer to Children First: National Guidelines for the Protection and Welfare of Children (R.O.I.) and Co-operating (N.I.) to Safeguard Children. The categories of abuse may be briefly summarised as follows:

1. Child Neglect

Neglect is normally defined in terms of an omission, where a child suffers significant harm or impairment of development by being deprived of food, clothing, warmth, hygiene, intellectual stimulation, supervision and safety, attachment to and affection from adults, or medical care. It may also include neglect of a child's basic emotional needs.

Neglect generally becomes apparent in different ways over a period of time rather than at one specific point. For instance, a child who suffers a series of minor injuries is not having his or her needs for supervision and safety met. The threshold of significant harm is reached when abusive interactions dominate and become typical of the relationship between the child and the parent/guardian.

2. Emotional Abuse

Emotional abuse is normally to be found in the relationship between an adult and a child rather than in a specific event or pattern of events. It occurs when a child's need for affection, approval, consistency and security are not met. It is rarely manifested in terms of physical symptoms. For children with disabilities it may include over-protection or conversely failure to acknowledge or understand a child's disability.

Examples of emotional abuse include:

- (a) Persistent criticism, sarcasm, hostility or blaming;
- (b) Where the level of care is conditional on his or her behavior;
- (c) Unresponsiveness, inconsistent or unrealistic expectations of a child;
- (d) Premature imposition of responsibility on the child;
- (e) Over or under protection of the child;

- (f) Failure to provide opportunities for the child's education and development;
- (g) Use of unrealistic or over-harsh disciplinary measures;
- (h) Exposure to domestic violence.

Some level of emotional abuse is involved in all types of ill treatment of a child, though it may occur alone. The threshold of significant harm is reached when abusive interactions dominate and become typical of the relationship between the child and the parent/guardian.

3. Physical Abuse

Physical abuse is any form of non-accidental injury that causes significant harm to a child, including:

- (a) Shaking, hitting or throwing
- (b) Use of excessive force in handling;
- (c) Deliberate poisoning;
- (d) Suffocation or drowning
- (e) Munchausen's syndrome by proxy (where parents/guardians fabricate stories of illness about their child or cause physical signs of illness);
- (f) Allowing or creating a substantial risk of significant harm to a child;
- (g) For children with disabilities it may include confinement to a room or cot, or incorrectly given drugs to control behavior
- (h) Burning or scalding

4. Sexual Abuse

Sexual abuse occurs when a child is used by another person for his or her gratification or sexual arousal, or for that of others, For example:

- (a) Exposure of the sexual organs or any sexual act intentionally performed in the presence of a child;
- (b) Intentional touching or molesting of the body of a child whether by a person or object for the purpose of sexual arousal or gratification;
- (c) Masturbation in the presence of a child or involvement of the child in the act of masturbation;
- (d) Sexual intercourse with the child, whether oral, vaginal or anal;
- (e) Sexual exploitation of a child;
- (f) It may include non-contact activities, such as involving children in looking at pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

SIGNS OF CHILD ABUSE

Signs of abuse can be physical, behavioral or developmental. A cluster or pattern of signs is the most reliable indicator of abuse. Indicators should be noted. It is important, however, to realise that all of these indicators can occur in other situations where abuse has not been a factor, and that the list is not exhaustive. For further information see Appendix 1, Children First (R.O.I.) or Appendix 2, ACPC Regional Policy & Procedures (NI). Some examples include:

CATEGORY	Indicators
ABUSE	Physical Behavioral
PHYSICAL	Unexplained bruising in soft tissue areas or aggressive Bites, burns and scalds Reluctance to change clothing
EMOTIONAL	Drop in performance Regressive behavior Crying Excessive clinginess
NEGLECT	Weight loss Changes in attendance Untreated fractures Reluctance to go home
SEXUAL	Torn or bloodstained clothing Distrustful of adults Inappropriate sexual awareness, sudden drop in performance Behavior or language

GROUNDS FOR CONCERN

Consider the possibility of child abuse if there are reasonable grounds for concern. Reasonable grounds for concern exist when there is:

- A specific indication from a child that s/he has been abused
- An account by a person who saw the child being abused
- Evidence, *such as an injury or behavior* which is consistent with abuse and unlikely to be caused another way
- An injury or behavior which is consistent both with abuse and with an innocent explanation but where there are corroborative indicators supporting the concern that it may be a case of abuse. An example of this would be a pattern of injuries, an implausible explanation, other indications of abuse, dysfunctional behavior;
- Consistent indication, over a period of time that a child is suffering from emotional or physical neglect

PROTECTIONS FOR PERSONS REPORTING CHILD ABUSE ACT, 1998 (IRL)

The Protections for Persons Reporting Child Abuse Act, 1998 provides immunity from civil liability to persons who report child abuse “reasonably and in good faith” to the Health Board (*now Health Services Executives*) or the Gardai. This means that, even if a reported suspicion of child abuse proves unfounded, a plaintiff who took an action would have to prove that the reporter had not acted reasonably and in good faith in making the report.

This Act came into operation on 23rd January, 1999. The main provisions of the Act are:

- (1) the provision of immunity from civil liability to any person who reports child abuse “reasonably and in good faith” to designated officers of Health Boards (*now HSE*) or any member of An Garda Síochána;
- (2) The provision of significant protections for employees who report child abuse. These protections cover all employees and all forms of discrimination up to and including, dismissal;
- (3) the creation of a new offence of false reporting of child abuse where a person makes a Report of child abuse to the appropriate authorities “knowing that statement to be false”. This is a new criminal offence designed to protect innocent persons from malicious reports.

Reporting Child Abuse

The following steps should be followed in reporting child abuse to the Statutory Authorities:

- (a) Observe and note dates, times, locations and contexts in which the incident occurred or suspicion was aroused, together with any other relevant information;
- (b) Report the matter as soon as possible to the designated person. If there are reasonable grounds for believing that the child has been abused or is at risk of abuse, the designated person will make a report to the statutory authorities who have statutory responsibility to investigate, assess and validate suspected or actual child abuse;
- (c) In cases of emergency, where a child appears to be at immediate and serious risk and the Designated Person is unable to contact a duty social worker the police authorities should be contacted. Under no circumstances should a child be left in a dangerous situation pending intervention by the Statutory Authorities;
- (d) If the Designated Person is unsure whether reasonable grounds for concern exist or not, s/he should Informally consult with the local duty social worker. S/he will be advised whether or not the matter requires a formal report;
- (e) A Designated Person reporting suspected or actual child abuse to the Statutory Authorities should first inform the family of their intention to make such a report, **unless doing so would endanger the child or undermine an investigation;**
- (f) A report should be given by the Designated Person to the Statutory Authorities in person or by phone, and in writing; without delay (see appendix 6)
- (g) It is best to report child abuse concerns by making personal contact with the relevant personnel in the Statutory Authorities and follow up in writing
- (h) In those cases where the sports club/organization finds that it does not have reasonable grounds for reporting a concern to the Statutory Authorities, the member who raised the concern should be given a clear written statement by the designated person of the reasons why the sports Club/organization is not taking action. The member should be advised that, if they remain concerned about the situation, they are free to consult with, or report to, the Statutory Authorities In their area.

Response to a child reporting any form of abuse

The following points should be taken into consideration:

- (a) The child should understand in an age appropriate way that it is not possible that any information will be kept a secret;
- (b) It is important to deal with any allegation of abuse in a sensitive and competent way through listening to and facilitating the child to tell about the problem, rather than interviewing the child about details of what happened;
- (c) It is important to stay calm and not to show any extreme reaction to what the child is saying. Listen compassionately, and take what the child is saying seriously;
- (d) It should be understood that the child has decided to tell about something very important and has taken a risk to do so. The experience of telling should be a positive one so that the child will not mind talking to those involved in the investigation;
- (e) No judgmental statement should be made against the person against whom the allegation is made;
- (f) The child should not be questioned unless the nature of what s/he is saying is unclear. Leading questions should be avoided. Open, non-specific questions can be used if necessary such as "Can you explain to me what you mean by that". Try to let the child tell their story, use their words
- (g) The child should be given some indication of what would happen next, such as informing parents/guardians, health board or social services. It should be kept in mind that the child may have been threatened and may feel vulnerable at this stage.

INFORMAL CONSULTATION

Persons unsure about whether or not certain behaviors are abusive and therefore reportable, should contact the duty social worker in the local health services executive or social services department where they will receive advice.

SOURCES OF CHILD ABUSE

It is important to realize that children may be subjected to abuse by parents/guardians or other family members, persons outside their family, other children, or those who have responsibility for their care for one reason or another for short or long periods of time.

CHILDREN WHO MAY BE ESPECIALLY VULNERABLE TO ABUSE

Children in certain situations may be especially vulnerable to abuse. These include children who, for short or long periods, are separated from parents or other family members and depend on other adults for their care and protection. Children with disabilities may also be more at risk as the nature of their disability sometimes limits communication between themselves and others and they may depend more than most children on a variety of adults to meet their needs, for example, for care and transport. Those from a minority racial background may also be especially vulnerable. This could be due to the difficulty in recognizing that racism is inherent in our society, which impacts on a child's ability to seek help from those in positions of authority.



PEER ABUSE

In some cases of child abuse the alleged perpetrator will also be a child and it is important that behavior of this nature is not ignored. Grounds for concern will exist in cases where there is an age difference and/or difference in power, status or intellect between the children involved. However, it is also important to distinguish between normal sexual behavior and abusive behavior.

DEALING WITH ANONYMOUS COMPLAINTS

Anonymous complaints can be difficult to deal with but should not be ignored. In all cases the safety and welfare of the child/children is paramount. Any such complaints relating to inappropriate behavior should be brought to the attention of the Designated Person. This information should be checked out and handled in a confidential manner.

Any such complaints relating to child protection concerns should be handled in accordance with procedures outlined in this Code.

RUMOURS

Rumors should not be allowed to hang in the air. Any rumors relating to inappropriate behavior circulating in sports organizations should be brought to the attention of the Designated Person and checked out without delay. Any ensuing information should be handled confidentially and with sensitivity. If the designated person has reasonable grounds for concern that a child has been abused s/he should refer the matter to the Statutory Authorities, using the standard reporting procedure. (See 5.12) If there is any doubt about the requirement to report the substance of a rumor, advice should be sought from the duty social worker in the local health board or social services department.

Children should be encouraged to report problems or concerns directly to their Children's Officer and/or to their parents/guardians, or any trusted adult, regardless of how minor or serious the problem might be. Parents/guardians should also encourage children to inform them of any such problems or concerns.

Open trusting relationships between adults and children will help to ensure that all-important issues are dealt with in a constructive manner