

DELHI PUBLIC SCHOOL ALIGARH
CHILD PROTECTION POLICY

We are a respectful, learning –focused community where each student is inspired to achieve his or her potential and to become an ethical, confident, and cosmopolitan citizen of tomorrow.

Purpose of the Policy-

- Provide Child Protection documentation that is appropriate to school and its context.
- Provide the necessary definitions and assessment tools for clear identification and recognition of abuse/neglect situation.
- Define procedures for staff members and establish clear reporting guidelines and mechanisms.

This document outlines school’s safeguarding and child protection policy. It applies to all adults, including volunteers, working in or on behalf of the school.

Aim of Policy

To ensure that all members of the school community help keep children and young people safe by:

- Contributing to the provision of safe learning environments for children and young people.
- Taking appropriate action with the aim of making sure that they are kept safe at school.
- Identifying children and young people who are suffering or likely to suffer significant harm .
- Communicating to the school and wider community our commitment to safeguard children.

Policy Statement

The School Child Protection Policy is well connected to its Mission, Core Values. 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. SCHOOL endorses the United Nations Convention on the Rights of the Child, of which our host country, India, is a signatory. This policy will help to guide our school towards the most effective practices to safeguard the health and welfare of our students.

Reporting

It is a legal obligation for faculty, staff, and administrators, either as individuals or members of the institution, to report incidents of or concerns about, physical or psychological violence, aggression, harassment, and physical or sexual abuse.

The reporting should be done within the same schoolday, or at most within 48 hours, to the designated authority. Contact may be made at any time, and is not restricted to working hours.

Child Protection

Child Protection is a broad term used to describe philosophies, policies, standards, guidelines and procedures to protect children from both intentional and unintentional harm. In this document, the term “child protection” applies to the protection of children at SCHOOL.

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.”

Most child abuse is inflicted by someone the child knows, respects or trusts. International school communities have unique characteristics of which school personnel must be aware in terms of the individuals who are around our children. School personnel should be knowledgeable of the potential reasons why children may not be able to talk about any victimization they might have experienced. To increase the CIS community awareness, this policy focuses on four main categories of abuse and provides basic information about the physical and behavioral signs associated with each type.

I. **Physical abuse** may involve hitting, punching, shaking, throwing, poisoning, biting, burning or scalding, drowning, suffocating or otherwise causing intentional physical harm to a child. (These symptoms could also indicate harm to self, such as, cutting and suicide ideation).

Possible Signs of physical abuse:

- Bruises, burns, sprains, dislocations, bites, cuts
- Improbable excuses given to explain injuries
- Injuries that have not received medical attention
- Injuries that occur to the body in places that are not normally exposed to falls, rough games, etc.
- Repeated urinary infections or unexplained stomach pains
- Refusal to discuss injuries
- Withdrawal from physical contact
- Arms and legs kept covered in hot weather
- Fear of returning home or of parents being contacted
- Showing wariness or distrust of adults
- Self-destructive tendencies
- Being aggressive towards others
- Being very passive and complacent
- Chronic running away

II. **Emotional abuse** is the persistent emotional ill treatment of a child so as to cause severe and adverse effects on a child's emotional development. It may involve: conveying to children that they are worthless or unloved; that they are inadequate or valued only insofar as they meet the needs of another person; age or developmentally inappropriate expectations being imposed on children; causing children frequently to feel frightened; or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of ill treatment of a child, though it may also occur alone.

Possible Signs of emotional abuse:

- Delay in physical, mental and emotional development
- High anxiety
- Delayed speech or sudden speech disorder
- Fear of new situations
- Low self-esteem
- Inappropriate emotional responses to painful situations
- Extremes of passivity or aggression
- Drug or alcohol abuse
- Chronic running away
- Compulsive stealing
- Obsessions or phobias
- Sudden under-achievement or lack of concentration
- Attention-seeking behavior
- Persistent tiredness
- Lying

III. **Sexual abuse** involves forcing or enticing a child to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (i.e. rape) or non-penetrative acts. They may include non-contact activities, such as involving children in the production or viewing of pornographic material or encouraging children to behave in sexually inappropriate ways. Children involved in commercial sex work are victims of sexual abuse, whether they perceive themselves as victims or not. The age of consent in India is 18; 16 is the age of criminal responsibility depending on the seriousness of the case in India.

IV. **Neglect** is the persistent failure to meet a child's basic physical or physiological needs, likely to result in serious impairment of the child's health or development.

Possible indicators of neglect:

- Medical needs unattended
- Lack of supervision
- Consistent hunger
- Inappropriate dress
- Poor hygiene
- Inadequate nutrition
- Fatigue or listlessness
- Self-destructive
- Extreme loneliness
- Extreme need for affection
- Failure to grow
- Poor personal hygiene
- Frequent lateness or non-attendance at school
- Low self-esteem
- Poor social relationships
- Compulsive stealing
- Drug or alcohol abuse

STANDARD OPERATING PROCEDURES (SOPs)

S. No.	Type of Bullying	Action Recommended		
		Mild (1–3 times)	Moderate (4–6 times)	Severe (7 times or more)
1	Physical / Verbal / Social / Cyber Bullying	<ul style="list-style-type: none"> ● To be addressed by the class teacher and counselor depending upon the concern ● The bully must be asked to apologise 	<ul style="list-style-type: none"> ● Report to In-Charge / VP ● Time Out ● Forfeit extra-curricular activities and privileges ● Individual counseling session ● Group counselling ● Apprise parents and setup a meeting with In-Charge / VP to share home plans and strategies ● Issue Reflection Card ● Take an undertaking from the student 	<ul style="list-style-type: none"> ● Report to the Principal ● Setup a meeting with the Principal ● Parental Counselling ● Take an undertaking from the parents ● Issue Reflection Card ● Student to be suspended depending on the situation
2	Sexual Bullying	<ul style="list-style-type: none"> ● Report to the Principal ● The bully must be asked to apologise. Take an undertaking from the student ● Parents to be informed through the school management 	<ul style="list-style-type: none"> ● Report to the Principal ● Take an undertaking from the student ● Apprise parents and setup a meeting with them for parental counselling 	<ul style="list-style-type: none"> ● Report to the Principal ● Setup a meeting with the Principal ● Parental Counselling ● Take an undertaking from the parents ● Issue Reflection Card ● Student to be suspended depending on the situation

V. Online Abuse and Cyberbullying.

Cyberbullying is an increasingly common form of bullying behaviour, which happens on social networks, games and mobile phones.

Cyberbullying includes:

- Sending threatening or abusive text messages
- Creating and sharing embarrassing images or videos
- Trolling –
the sending of menacing or upsetting messages on social networks, chat rooms or online games
- Setting up hate sites or groups about a particular child
- Encouraging young people to self-harm
- Voting for or against someone in an abusive poll
- Creating fake accounts, hijacking or stealing online identities to embarrass a young person or cause struggle using their name
- Sending explicit messages also known as sexting
- Pressuring children into sending sexual images or engaging in sexual conversation.

Online grooming is when someone builds an emotional connection with a child to gain their trust for the purpose of sexual abuse, sexual exploitation or trafficking

Child Sexual Abuse Online includes:

- Send or post sexually explicit images of themselves
- Take part in sexual activities via a webcam or smartphone
- Have sexual conversations by text or online

Peer-on-Peer abuse

Safeguarding issues can manifest themselves via peer-on-peer abuse. Peer on peer abuse occurs when a young person is exploited, bullied and / or harmed by their peers who are the same or similar age; everyone directly involved in peer on peer abuse is under the age of 18. This is most likely to include, but may not be limited to;

Physical abuse (child in danger)

Physical abuse involves hitting, punching, shaking, throwing, poisoning, biting, burning or scalding, drowning, suffocating or otherwise causing intentional physical harm to a child. (These symptoms could also indicate harm to self, such as cutting and suicidal ideation).

Emotional abuse (child in danger)

Emotional abuse is the persistent emotional ill-treatment of a child so as to cause severe and adverse effects on a child's emotional development. It may involve: conveying to children that they are worthless or unloved; that they are inadequate or valued only insofar as they meet the needs of another person; age or developmentally inappropriate expectations being imposed on children; causing children frequently to feel frightened; or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of ill-treatment of a child, though it may also occur alone.

Sexual abuse and violence (child in danger)

Sexual abuse involves forcing or enticing a child to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (i.e. rape) or non-penetrative acts. They may include non-contact activities, such as involving children in the production or viewing of pornographic material or encouraging children to behave in sexually inappropriate ways. Children involved in commercial sex work are victims of sexual abuse, whether they perceive themselves as victims or not.

Neglect (child at risk)

Neglect is the persistent failure to meet a child's basic physical or physiological needs, likely to result in serious impairment of the child's health or development.

Children may exhibit one or more of these signs. Whilst we must not ignore these potential signs of abuse, we also need to be mindful of the fact that many of them are exhibited in many other contexts.

As educators we have to be vigilant about gradual or sudden changes in the behaviour of the children in our care.

- Changes in moods
- Severe or frequent anxiety
- Unexplained fears
- Attention-seeking behaviours
- Sudden under-achievement or lack of concentration
- Extremes of passivity or aggression
- Withdrawal from physical or emotional contact (towards strangers as well as non-strangers)
- Mutism
- Changes in sleeping patterns
- Unexplained physical injuries (e.g. bruises, broken bones, burns, wounds, bites, scratches), which may have not received medical attention
- Improbable excuses or vagueness given by parents/guardians/students, or refusal to discuss injuries
- Patterns in absence from school
- Arms and legs kept covered in hot weather
- Refusal to go to the swimming pool
- Physical, mental and emotional development is delayed
- Inappropriate emotional responses to painful situations
- Persistent tiredness
- Physical ailments- such as pain or irritation to the genital area - that can't be explained medically
- Sexually transmitted infections
- Regressive behaviours, bedwetting
- Enuresis and encopresis
- Age-inappropriate sexualized behaviours or language
- Drawings with developmentally-inappropriate sexual content
- Stomach pains or discomfort walking or sitting
- Mentioning receiving special attention from an adult or a new "secret" friendship with an adult or young person
- Medical needs unattended
- Lack of supervision
- Consistent hunger
- Inappropriate dress
- Poor hygiene
- Inadequate nutrition
- Self-harm behaviours, and suicidal ideations and/or attempts
- Extreme need for affection
- Frequent lateness or non-attendance at school
- Poor social relationships
- Conduct disorder behaviours- vandalism, stealing, aggressiveness towards others
- Compulsively lying
- Drug or alcohol use

In addition to knowing the signs of victimization, 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
- Socializes with children much younger
- Gives gifts, requires secrecy in relationships

Signs of offenders (adults)

- Has "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 social media/internet

Child Protection at SCHOOL: Additional Guidance for Teachers

These are procedures to protect children from abuse and neglect. Child protection concerns include suspected, alleged, self-disclosed, or witnessed abuse or neglect of a child, and must be followed up with appropriate action.

Types of abuse

Physical abuse, psychological abuse, sexual abuse and neglect.

Students will be taught about child protection within the curriculum in a developmentally-appropriate way. They will learn strategies to recognize inappropriate behaviours, how to respond assertively and to report incidents to school personnel and/or family members.

If a student confides in you:

- Do not let a child swear you to secrecy before telling you something. You may need to report, which the child will view as breaking your trust with them.
- You can reassure the child that the information they give you will be treated sensitively and kept as confidential as necessary.
- You may want to suggest to the student that there are other people they can talk to, and who might be better placed to help them. However, it is important for the child not to feel dismissed.
- If a child asks to speak with you, try to find a neutral setting where you can have quiet and few interruptions.
- Do not lead the child in telling. Just listen, letting him/her explain in his/her own words.
- Don't pressure for a great amount of detail.
- Respond calmly and matter-of-factly. Even if the story that the child tells you is difficult to hear, it is important not to register disgust or alarm.
- Do not make judgmental or disparaging comments about the abuser - it is often someone the child loves or with whom he/she is close.
- Do not make promises to the child that things will get better.
- Do not confront the abuser.
- If the child does not want to go home, this should be considered an emergency. Report and handle immediately by contacting a member of the Wellbeing Team. Do not take the child home with you!
- Explain to the child that you must tell a member of the Wellbeing Team to get help.
- Try to let the child know that someone else also will need to talk with him/her and explain why.
- Empower the student by as much as possible allowing the child a part in the process.

If you have suspicions, yet the child does not confide in you contact the Designated Authority.

Protecting yourself from vulnerability

Interactions between adults and students at SCHOOL should always be appropriate, and

to protect them from false allegations, adults should always ensure that they are seen to be so:

- Avoid situations in which you are alone with a child. This includes not transporting a child alone in your car. When it is necessary to speak privately with a child, find a space out of earshot, but within sight of others for your conference.
- The privacy of children in situations such as toileting, showering and changing clothes should be respected.
- Minimal physical contact should be used only in the following situations: To prevent or treat injury; to ensure safety; as a means of instruction; to meet the requirements of the sport; to comfort a student in distress.
- Do not use corporal punishment in any form.
- Sexual jokes, comments of a personal sexual nature, inappropriate physical contact, sensual massages or sexual gestures are not appropriate behaviour for an adult staff member or volunteer.
- When volunteering to supervise overnight activities, adults should not share sleeping quarters with children other than their own.
- Social media / online: Maintain your own strict privacy settings on personal online profiles and avoid contact with students on social media and in online forums, such as gaming.

It is always the adult's responsibility to set and respect boundaries. When a child attempts to involve an adult in inappropriate behaviour, the adult must reject the overture and inform the Designated Authority of the incident.

Reporting student or other disclosures, or concerns

It is a legal obligation for faculty, staff, and administrators, either as individuals or members of the institution, to report incidents of, or concerns about, physical or psychological violence, aggression, harassment, and physical or sexual abuse.

This should be **done within the next school day, or at most within 48 hours to the school Designated Authority**, namely the Principal for Student Wellbeing in the relevant part of the school. In his or her absence, the concern must be reported to the school counselor, or Head of School.

Contact may be made at any time, and is not restricted to working hours.

SCHOOL Toileting and Intimate Care Guidelines

These Guidelines are for any SCHOOL staff member that finds themselves in an intimate care situation with a student (e.g. Early Years Teachers, School Nurse, PE teachers, Overnight Field Trip Teachers).

Intimate care can be defined as any care that involves washing, touching or carrying out an agreed procedure to intimate personal areas in order to care for another person.

Intimate care tasks are associated with bodily functions, body products and personal hygiene that may involve direct or indirect contact with, or exposure of the genitals. All intimate care is provided in a manner so as to maintain the child or young person's dignity and confidence. The child or young person is cared for in a way that avoids distress, embarrassment or pain.

- For entry into Early Years Grades at SCHOOL, it is an **expectation that all students are toilet trained** and are able to go to the toilet independently. In the case where a student is not toilet trained or has regressed **please inform the parents immediately**. Staff need to work in partnership with the child or young person's parents or caretakers to discuss their needs as to when the student can reintegrate into the regular school routine.
- When a child needs help toileting or has had an accident, alert another staff member that you are with a child.
- Always where possible, keep the **toilet doors open and remain invisible**.
- **Encourage the student to be independent** and to do as much as they can

bythemselves e.g. 'Canyoutaketoiletpaper and wipeyourbottom'.

School Nurse:The school nurses on both campuses have an infirmary where they receive students, staff and parents. For confidentiality reasons they may close the door and curtain.

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.

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 behavior (e.g., suicide attempts)

WHAT TO DO ON DISCLOSURE

Stay calm

(Don't over-react, however shocked you may be)



Listen, hear and believe

(Listen carefully, take it seriously)



Give time for the person to say what they want

(Don't make assumptions and don't offer alternative explanations, ask questions beginning with Tell me about... Explain... Describe... Avoid 'who, what, when, where' questions)



Reassure and explain that they have done the right thing in telling.

(Do not promise confidentiality; explain that only those professionals who need to know will be informed)



Record in writing as near verbatim as possible and as soon as possible on a Disclosure Form

(Use the child's own words, make your record as soon as possible after the event, so that you don't forget anything, and include information about what action was taken afterwards)



Report to the Authority

PROTECTION OF CHILD FROM SEXUAL OFFENCE (POCSO)

As mandated by the Central Board of Secondary Education (CBSE), vide circulars nos. (1) CBSE/AFF//SCHOOL SAFETY/19, dated 12/9/17, and (2) POCSO circular based on the POCSO Act 2012, the Protection of Child from Sexual Offence (POCSO) policy has been framed to ensure a safe learning environment for all its students.

OBJECTIVE

DPS Aligarh is committed to **protect its students from sexual offences** such as, sexual assault, sexual harassment, stalking of a child; showing children pornography; using the child for pornography etc.

SCOPE OF WORK

Child Sexual Abuse occurs when a person involves the child in sexual activities for his/her sexual gratification, commercial gain or both. The aim of this committee is to protect children below the age of 18 years from sexual abuse, such as:

- Uttering any word, making any sound, making any gesture, exhibiting any object or part of body with the intention that such word or sound shall be heard, or such gesture or object or part of body shall be seen by the child
- making a child exhibit his/her body or any part of his/her body so that it is seen by such person or any other person
- showing any object to a child in any form or media for pornographic purposes
- repeatedly or constantly following, watching, contacting a child either directly or through electronic, digital or any other means
- threatening to use, in any form of media, a real or fabricated depiction through electronic, film or digital or any other mode, of any part of the body of the child or the involvement of the child in a sexual act
- enticing a child for pornographic purposes

ROLES AND RESPONSIBILITIES OF THE EMPLOYER

- Bring to the notice of those working in the school, the definition of POCSO as laid down by the POCSO Act, 2012, and its express prohibition.
- Setup a complaint mechanism in the school to deal with complaints of child sexual abuse and to constitute a POCSO Committee for prevention and redressal of such complaints.
- Display prominently the details of the committee along with the contact details of the members on the School Notice Board and conspicuously on the school website.
- Display the Child Helpline No 1098 prominently on the School Notice Board.
- Take all necessary action to modify the Conduct Rules governing the employees to include the express prohibition of child sexual abuse and provide for appropriate penalties against the offender.
- Conduct background check & police verification for all staff including contractual employees

- Define clear boundaries for interaction between staff and child (e.g. No staff to take a child to the bathroom alone without being accompanied by a helper, note a teacher to lock a classroom from inside).
- Organise orientation programmes for all staff
- Conduct regular counseling sessions/awareness programmes for students
- Create a climate which is open; supportive and encourages pupil to disclose any sexual abuse case
- Provide necessary facilities and make available such information to the Committee to deal with the complaint and conduct an inquiry
- Monitor the timely submission of report by the Committee

STANDARD OPERATING PROCEDURES (SOPs)

- The statement of the child must be recorded as follows:
 - Preferably by a female member
 - At a location where the child is comfortable
 - In the language spoken by the child
 - Statement is written/taped as the child speaks
 - Audio/video device is used, if available
- Recorded statements should be read aloud to the child
- Child/family must be given a copy of the statement
- Child must get frequent breaks and should be made comfortable during the recording of statement
- Full support and protection must be provided to the child
- Counseling sessions, as required, must be provided to the child
- Medical care, if required, must be provided promptly to the child
- Medical examination, if required, must be done within 24 hours in the presence of the parents and/or trusted adults
- Help may be taken by calling the Child Helpline No 1098
- The incidents should be reported to the Police, depending on the severity of the matter
- Disciplinary action must be taken as per the School's Child Protection Policy.