Child Protection Policy

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1. Policy Statement

St Paul Movement-Charity Mission (STP) stresses to create a child safe environment where children feel empowered and involved in their own protection, and where members are confident, competent and well-supported in meeting protection and responsibilities.

2. Purpose of the Policy

This document provides a rationale for a Child Protection Policy (CPP) and describes the main components of the CPP that will be implemented in all the meetings and missions (= activities) in order to ensure a child friendly environment. The CPP describes guidelines and procedures for:

a. Raising awareness on child wellbeing
b. Communication and behavior with children
c. Detection and referral of child abuse
d. Implementing management procedures and structures for policy implementation
e. Consequences of policy violations
f. Recruitment and training of members.

Essentially, this document is a pledge from the members to reject violence against children in all its forms, and to implement guidelines and procedures within this policy.

3. Policy Scope

All children attending STP meetings and missions are protected by the procedures in the CPP. Any signs of violence detected on a child will be acted upon according to the outlined procedures to safeguard the wellbeing of the child.

4. Introduction

The main aim of a child protection policy is to develop a child safe environment where children can develop in a healthy way and reach their maximum potential. This policy clarifies expected behaviors, outlines legal obligations and encourage safe practices.

Definitions and acronyms of the main terms used in this document can be found in Appendix.

a. **Policy Development**

This policy is in line with a child rights-based approach under the **UN Convention on the Rights of the Child (CRC)** signed and ratified by Lebanon on May 14, 1991. This approach recognizes, without discrimination, that each child is a unique human being deserving of rights, and capable of participating in the process of achieving those rights given a supportive and adequately resourced environment.

This policy has been developed in accordance with Lebanese **Law 422/2002,** 'The Protection of Juveniles in Conflict with the Law and/or At Risk', specifically articles 25, 26 and 27, and the **National Standard Operating Procedures for the Protection of Juveniles in Lebanon (SOP)** adopted by the Ministry of Social Affairs.

b. **Preserving Child Health and Wellbeing**

STP is committed to responding to all forms of harm, violence, abuse, neglect and exploitation against children.

Forms of Harm and Abuse

Any harm directed towards children can result in negative consequences which may include a decrease in self-esteem, health problems (including mental health) and poor academic and social achievements. When a child is facing harm, they may develop persistent feelings of insecurity, fear, and disrespect that can affect their learning and development.

Some forms of harm that children may face include, but are not limited to: child abuse and neglect, exposure to domestic violence, child labor, child sexual exploitation. Children may also experience: self-harm, suicidal ideations, substance use, gang violence and peer-to-peer abuse (bullying, cyberbullying, racism and homophobia).

Violent Discipline

There is a distinction between corporal punishment and physical abuse by law. However, they both have negative short-term and long-term effects on children. Abuse is typically differentiated by the frequency of violence, severity of violence, the age of the child and other factors contributing to their vulnerability. Examples of child abuse can be found in Appendix.

STP is against the use of corporal punishment as a method for discipline. It is the belief of STP to use a positive approach to discipline for the wellbeing

and safety of children. Positive discipline is supported by international research and advocated for by international organizations including the WHO and UNICEF.

Child Abuse and Neglect

This policy pays special attention to Child Abuse and Neglect as defined in Appendix.

All sources of harm mentioned in this section will be responded to via the referral procedure developed in this child protection policy.

5. **Child Protection Values**

STP fully believes in the responsibility of organizations in ensuring child safety and supporting child development in the community. The values outlined here are fundamental to the effective implementation of the CPP and should be considered in all actions taken related to children.

a. **Child-Rights Approach**

The focus of all activities and meetings are meant to benefit children and ensure that they are able to live in dignity with all their rights guaranteed, including the right to a violence-free upbringing. This value is inclusive of the four core principles of the Convention on the Rights of the Child (CRC):

- Non-discrimination in dealing with all children.
- Best interests of the child as the primary consideration.
- Right of children to life, survival and development.
- Right of children to express their views in all matters affecting them.

b. **Participation and Inclusion**

Involving children in their own protection is essential as they have their own perspective, can offer insight into issues they face and are best informed about their own situations.

c. **Confidentiality**

The STP takes measures to ensure that any sensitive information is protected, and sensitive information is only shared when necessary to protect the child.

d. **Transparency**

The STP will follow published, standardized policies and procedures, will openly admit to mistakes or any oversight, and, will respond to situations

appropriately.

e. **Cooperation & Shared Responsibility**

Protecting children from harm is the collective responsibility of all community members including children, parents and members. The community can ensure the implementation of this policy and promote a safer environment via activities and programs implemented throughout the apostolic year. Ultimately, involving children in their own protection and encouraging cooperation among community members encourages the development of essential life skills associated with the reduced likelihood of child abuse and neglect.

6. **CP Structure and Responsibilities**

The term "community member" will be used to refer to members/managers, children, parent/guardian(s). The CPP, detailing all guidelines and procedures, is available to the public on the STP website. In this way, all community members are aware of the CPP, and understand the importance of compliance.

It is a shared responsibility for STP community members to know: STP's policies, values and standard practices, how to react to suspicions and disclosures of abuse, how to safely share concerns or disclosures as per the referral procedure.

a. **Child Protection Responsibles**

The Child Protection Responsibles (CPR) are assigned for handling all witnessed or suspected cases of harm against a child. All sectors managers and all board members are CPR.

Responsibilities

The CPRs' responsibilities are as follows:

- Know about the signs and symptoms of child abuse.
- Review in their meetings all the suspected cases.
- Understand and apply STP's referral procedure which includes taking the necessary reporting and informing procedures for cases assessed as imminent risk.
- Document reported concerns and cases of potential risk in a confidential log. Cases of immediate risk will be recorded in the reporting

form.

- Apply confidentiality and data protection procedures with all documents containing information about children - including password protecting soft copies and storing hard copies in a secure place.
- Ensure that the wishes and feelings of children are respected, especially before any measures are taken, to ensure their protection.
- Consult with child protection experts about reports, cases and potential interventions before acting on allegations assessed as imminent risk.
- Respect, and promote respect of, confidentiality and privacy of children.

Continuous Development:

- Ensure that all terms of the CPP are respected and applied by all community members.
- Develop guidelines and procedures, as required, for the effective implementation of the policy.
- Identify concerns or factors negatively affecting the wellbeing of children at STP.
- Review and revise the policy and its procedures annually.

Frequency of meetings:

The minimum frequency of meetings is once per two weeks, or more as needed by the members, at which minutes of meeting should be taken and shared with members.

Confirmed or potential child abuse cases should be discussed in private, never in the meetings.

b. **Members**

STP members have the following responsibilities:

- Abide by the STP Code of Conduct.
- Read, understand and sign a Declaration of Commitment to the CPP after reading the policy.
- Attend a training to explain this document.
- Respect and apply the CPP and contribute to the promotion of a safe environment to improve outcomes for all children.

- Report all witnessed and suspected cases of harm against a child. Reporting of a case should follow the Referral Procedure.

c. **Managers**

They have the additional responsibilities of:

- Following up on case management whenever a child is deemed to be in immediate danger and requires referral, and/or reporting and informing the relevant authorities.
- Meeting with parents in cases when harm is detected.
- Taking decisions concerning breaches to the CPP by any member of the STP.
- Allocating adequate time to discuss the CPP during meetings and training.
- Allocating resources for child protection activities.

d. **Children**

Children are expected to abide by STP's disciplinary policies and procedures that outline all acceptable practices expected from children. These practices include but are not limited to: STP's values and Child Code of Conduct. Child conduct is important in creating a healthy environment for children. The STP provides specific lessons focused on child protection themes to children. Children are encouraged to participate in further promoting child protection values through child-led activities and initiatives.

If a child is experiencing, or has knowledge of, an incident of violence or abuse they are encouraged to report this information to receive support.

e. **Parents/Guardians**

STP recognizes that families are the foundation of a healthy child and acknowledges that families can face challenges common to all. Accordingly, parent/guardian(s) will be invited to attend awareness sessions to support and engage families in understanding, participating and promoting the CPP. Additionally, parents/guardians can discuss their concerns regarding the wellbeing of children. Parents should also read and understand the CPP. It is encouraged that while reviewing the CPP, parents bring forward their questions and concerns to the CPR.

7. **Managing Referrals and Allegations**

All community members have the obligation to report cases of harm and abuse to the CPR. This is known as mandatory reporting. All community members have the right to report anonymously. All reports will be handled according to the Referral Procedure.

a. Referral Procedure

-If it's a concern: the member will report as soon as possible to the manager

-If it's a sensitive information: the member will report immediately to the sector manager. The latter will assess if it is a potential risk he will handle it internally. If it is an imminent risk, the manager has to inform the Board immediately. The latter will take decisions to protect the child and inform the authorities.

i. **Receiving Information**

A community member receives information that indicates, or confirms, that a child is experiencing abuse through: observing certain signs, receiving information indirectly, witnessing an incident or receiving a direct disclosure from a child. Whenever a community member has a reasonable suspicion that a child is experiencing any form of harm and abuse, it is their responsibility to report.

Suspicions should not be personally verified by the reporter; follow-up is done by a manager with utmost care to protect the child and reporter from harm. As such, a reasonable suspicion is sufficient for any community member to make a report.

ii. **Guidelines when receiving a disclosure:**

Children may approach a trusted adult to share an experience of abuse or harm. In the case that a child discloses an incident of abuse or harm to a community member, the adult should follow the guidelines listed below. The main aim of the conversation is to understand the basic facts (When, Where & Who), determine if the child is currently in danger and explain to the child that a referral is necessary to protect them from harm.

When talking to the child, the community member **should**:

- Find a quiet place to talk to the child.
- Stay calm and listen carefully.

- Respond with empathy and support.
- Take the disclosure seriously.
- Clarify what the children's words/language mean and use their terms.
- Avoid investigative and leading questions.
- Limit questioning to critical information.
- Reassure the child that he has done right by speaking up.
- Reinforce the notion that the child has the right to be safe.
- Be transparent about your obligation to report the information.
- Clarify that the information will only be discussed with the CPR and the few adults that can provide support.
- Take notes as soon as possible following the disclosure.
- Make the referral to the CPR following the referral procedure.

A community member receiving a disclosure **should not**:

- Express shock or disbelief.
- Attempt to determine if the allegation is valid or invalid.
- Ask leading, suggestive or unnecessary questions.
- Ask 'yes/no' questions.
- Make assumptions about the incident.
- Pressure a child to disclose information.
- Ask 'why' in response to the information shared.
- Shame the child.
- Call the child's parents.
- Promise to keep the reported incident a secret.
- Lecture the child or blame them in any way.
- Give the child advice about how to deal with the situation.
- Convey anger or impatience if the child is not ready to discuss the incident.

Situations that place a child in imminent danger must be immediately reported to the CPR.

b. **Reporting**

Before a community member decides who to report to, they should always consider the best interest of the child. This includes considering the child's safety, preserving the confidentiality of information and considering who is in the best position to intervene to support the child.

i. **Type of Information Sensitive information vs Concern**

In order to simplify the pathway for community members and to differentiate between responses, there will be a distinction between sensitive information and a concern. If at any point the community member is unsure who they should tell, they must go directly to the CPR or sector manager.

1. **Sensitive information**

Definition:

This is when a community member obtains information through a disclosure by a child about an incident of harm or abuse that the child experienced within the organization or outside the organization. It could also be an incident that the community member witnessed. This type of information will usually be sufficient to show that the child is **in danger** or was involved in an incident where he/she was **harmed**. It is private information that should be restricted to the least number of people as possible.

Reporting Procedure:

If a community member receives sensitive information through a disclosure by a child, then they should report it directly to a CPR in order to protect confidentiality. For example, if a child discusses harm to themselves or domestic violence, then this information should be passed on to a CPR, as it is private. The CPR will inform a board member with necessary details in order to respect the privacy of the child. Communication is done on a "need-to-know basis" in such cases where the details of an incident are shared only when necessary for intervention and to protect the child's wellbeing.

2. **Concern**

Definition:

This is when a community member has noticed a change in the child's behavior or any indicators that they believe, independently or cumulatively, indicate that the child is being exposed to harm. It is usually general and non-specific information.

Reporting Procedure:
In this case, the member should refer to a sector manager and discuss the sign(s) directly with him. Signs may include, but are not limited to, suspicious bruising or a change in behavior. Standards of confidentiality must be maintained at all times.

3. **Uncertainty:**

If a community member is unsure of the correct response, then the incident should be reported directly to the sector manager in order to preserve confidentiality.

ii. **Reporting Timeline**

As a general rule: report IMMEDIATELY. Imminent risk is when the child is in immediate danger (e.g. a direct disclosure of sexual abuse). When unsure, the community member should report immediately to the CPR.

iii. **Communication with the CPR**

Reports to the CPR must be done in person or over the phone. The community member may choose to write down notes to ensure that he does not miss out any details however these must be destroyed once the information is delivered. Any sensitive information about a child should not be emailed.

iv. **Allegations against CPR:**

In case there are any concerns or suspicions about the conduct of the CPR, then the concerned community member should report directly to the board of STP.

c. **Responding**

i. **Responding to a Concern**

Once a community member reports a concern to a sector manager, the latter can provide support. The sector manager or a board member can contact parents when necessary.

ii. **Responding to Sensitive Information**

a. **Assessment & Documentation**

When the CPR receives information about a disclosure or if a child is referred to the CPR, the CPR must record and assess the available information. At this stage, the main aim is to identify the risk level without

compromising the safety and wellbeing of the child. The incident should be described to the CPR with the necessary details and the CPR should ensure that information about any child remains confidential; sharing on a "need-to-know basis" and storing information securely. The CPR may need to meet with the relevant community member for more information when possible. Once sufficient information is collected, the CPR will assess the severity of the case to determine if the child is facing imminent risk or potential risk. Depending on the risk level, the response will differ as described below and in the section on managing allegations that outlines the organization's possible responses according to the source of harm.

The CPR will have to respond AS SOON AS POSSIBLE to ***potential risk*** and to respond IMMEDIATELY to **imminent risk**.

b. Action Plan

Once all information is collected from the primary source and relevant community members, the CPR inform the Board members to discuss the best course of action.

After consultation, possible responses may include one or more of the following:

i. For Potential Risk

- Developing an internal action plan and monitoring the child. If more concerns are detected or if sensitive information becomes apparent leading to an increased level of risk, the CPR can seek further support.
- A risk may be initially characterized as a 'potential risk' but upon investigation, or monitoring, become an 'imminent risk' which will then require a shift in response.
- Meeting with parent(s) to discuss concerns.
- Referring the child or family to a psychologist, inside or outside the STP.

ii. For Imminent Risk

- In coordination with the board of STP, refer to a CP organization, the 'Union for the Protection of Infants in Lebanon' (UPEL) or the Ministry of Social Affairs (MoSA).
- For allegations against non-community members where the

alleged abuse occurred outside of STP grounds, the CPR will consult and/or refer to a child protection agency and will not attempt to intervene.

d. **Confidentiality**

All information relating to child abuse shared by children should be treated as confidential and, therefore, should not be discussed outside of the context of the reporting procedure. Any conversations between community member(s) and the CPR should not be discussed with anyone else. The CPR should inform the community member that the report was received and is being followed up on. The CPR must not share subsequent details about the child with the community member but rather, generally, reassure them that the child is being followed up on.

e. **After a Report is Made**

The CPR will inform the reporter that the case is being followed-up. Depending on the situation, the CPR may ask for more information from the reporter and may provide recommendations about how to deal with the child.

When a community member is in further contact with a child that has disclosed sensitive information to them, they should:

- Act normally with the child.
- Avoid mentioning sensitive details in any way in front of others.
- Ensure the child's inclusion in the STP community as much as possible.
- Preserve the confidentiality of the child.
- Use positive reinforcement to support positive behaviors and highlight the strengths of the child.
- Listen to the child if he/she wishes to discuss his feelings or the incident.
- Report to the CPR.

8. **Types of Allegations and Responses**

Allegations of abuse will always be taken seriously and will be investigated before any actions or decisions are taken. There are no legal or organizational ramifications for allegations investigated and identified as "false" unless there is evidence that the reporter has deliberately given

misleading information. It is the ethical duty for all those that observe or doubt a case of abuse to report it to the CPR. In this section, the possible internal responses to allegations of potential risk, differentiated by the source of alleged harm, are outlined.

As stated in previous sections, when a child is in imminent risk, the CPR and the board have a legal obligation to report the incident to a judicial authority as expressed in Law 422/2002 and as per the CPR referral procedure. The administration is encouraged to seek support from a CP organization, especially when deciding whether or not to report an incident.

a. **Child - Child**

When inappropriate behavior occurs during STP meetings or missions, it will be reported to one of the board members, and the president of STP shall then determine the possible responses including:

- Counseling.
- Referral to inside or outside psychologist.
- Verbal Warnings.
- Written warnings.
- Suspension or dismissal in some cases.

STP believes that counseling is an integral part of responding to child misconduct.

Bullying and inappropriate behaviors:

Bullying at STP can compromise the wellbeing of a child and negatively affect their development. Therefore, it will be taken with utmost seriousness, as it is a source of harm for children and repetitive cases may be signs of child abuse. The long-term effects of bullying can be extremely harmful. Therefore, early detection and supporting all those involved is essential. When there are cases of bullying or inappropriate behavior by children towards other children, community member should report to the mission manager. The latter should keep note and inform the CPR when necessary.

b. **Child – Members/Managers**

When an allegation is raised against a member/manager, the STP board will be informed and proceed to promptly investigate the evidence available in order to determine the best response. The investigation procedure should ensure a transparent, fair investigation.

Certain infringements will be handled internally. Therefore, in such cases, such incidents will follow the STP's regulations and policy to determine the correct response, in coordination with a child protection agency if needed, which may include:

- Warning
- Return to work conditional on seeking psychological support e.g. anger management
- Suspension
- Dismissal

For more serious incidents a formal investigation should be conducted by the STP board. During the investigation, the STP board will protect the privacy of member/manager until circumstances are clarified and a formal decision is taken. Depending on the circumstances and accusation, the accused may receive a temporary suspension pending the findings of the investigation. The internal investigation should be concluded fairly and promptly. The alleged victim and his/her parents have the right to be told about the findings of the investigation.

c. **Child-Parent**

When the source of alleged harm is a parent, the CPR will assess the level of risk, consult with the board and determine the appropriate courses of action. STP can only work with the family when the defined risk is considered "potential risk" and when there is low risk of harm to the child. Possible responses may include counseling, parental guidance, or referrals to partner organizations. If contacting the parents will put the child at risk of harm, then the CPR should contact a CP organization.

When support is needed, it is recommended to consult with a CP organization before approaching parents in order to guide a safe approach while providing information on possible services.

9. **Supporting our Community Members**

Our aim is to create a culture where support can be requested by all members of STP through connected and organized networks. Children, parent/guardian(s) and members/managers should communicate with the board to identify needs, issues and requests that will be discussed internally and, when possible, liaised to relevant organizations.

Further, STP recognizes that members/managers and/or community members who become involved with a case of child harm may find the situation stressful and upsetting. The members/managers can discuss potential supportive strategies with the board of STP.

10. **Confidentiality**

a. Data Protection and Storing Information

STP is well aware that all matters relating to child protection and safeguarding are confidential. Accordingly, any records that contain sensitive information about a child will be stored using strict confidentiality. This includes information on how to password protect soft copies and clear guidelines on storage of hard copies.

b. Need-to-know basis

Information will be shared with least number of individuals who are able to respond to protect the child. Accordingly, the CPR will only disclose information about a child to other members/managers and/or an authority on a need-to-know basis only.

c. Consent before sharing information

A child will be informed, consulted when possible, before any action is taken to protect their well-being, for instance before contacting their parents. In some situations, information may be shared against the will of a child, in which case, the CPR will explain to the child the necessity of reporting; the priority is always protecting the child and other children from harm.

d. Mandatory Reporting

For cases of harm against children, all members/managers must be aware that the professional secrecy is lifted when informing/reporting (law 422, art. 26 and 23).

e. Protecting Sensitive Information

Spreading rumors about incidents or sharing details about cases constitute a serious break in confidentiality and would be referred to the president of STP for appropriate action. All community members are expected to protect information and limit its spread at all times and in all situations.

11. **CPR Characteristics:**

A CPR, usually a sector manager or a mission manager, should:

- Understand and abide by good behavioral ethics
- Demonstrate good communication skills
- Be a full timer for accessibility whenever needed
- Experience and/or relevant training on child protection and working with children.

12. **Declaration of Commitment to the Child Protection Policy**

Declaration of commitment to the 'Child Protection Policy'

I, the undersigned (Full name) ....., having read and understood the principles and basic standards of the Child Protection Policy for STP, agree to implement the policy throughout the time I am affiliated with STP.

13. **Appendices**

Appendix 1:

Acronyms and Definitions

Acronyms:

CPP- Child Protection Policy

SOP- Standard Operating Procedures for the protection of juveniles in Lebanon

CPR- Child Protection Responsible

CRC- [United Nations] Convention on the Rights of the Child

MoSA- Ministry of Social Affairs

Definitions

Child For the purposes of this document, a "child" is defined as anyone under the age of 18, in line with the **UN Convention on the Rights of the Child and Lebanese Law 422**.

Child Protection

Organized efforts to protect children from violence, abuse, neglect and exploitation.

Child Abuse and Neglect

Refers to all forms of physical and emotional ill treatment, sexual abuse, neglect, and exploitation that results in actual or potential harm to the child's health, development or dignity.

Child Physical Abuse

Non-accidental physical injury to the child often resulting in physical impairment of the child. Examples include striking, kicking, burning, shaking or biting the child.

Child Sexual Abuse

Exposing a child to sexual content or engaging them in sexual acts, usually by an adult or an older child with power or control over the victim. Sexual exploitation is defined as a subtype of sexual abuse.

Child Psychological Abuse

Injury to the psychological capacity or emotional stability of the child as evidenced by an observable change in behavior, emotional response, or cognition.

Child Neglect

The failure of a caregiver – regardless of resources and income - to provide needed food, clothing, shelter, medical care, education, emotional support or supervision to the degree that the child's health, safety, and wellbeing are threatened with harm.

Inappropriate Behavior of Children towards Other Children

This encompasses any inappropriate behaviors or misconduct that negatively affect children and result in disciplinary sanctions. Bullying has been highlighted in the definition below as it is a common form.

Bullying

The recurrent use of intimidation or coercion unto a peer. This behavior is characterized by the existence of a power imbalance, hostile intent and recurrent behavior.

Concern (Reporting Procedure)

This is when a member/manager notices a change in the child's behavior or any indicators that they believe, independently or cumulatively, suggest that the child is being exposed to harm.

Sensitive Information (Reporting Procedure)

This is when a member/manager obtains information through a disclosure about an incident of abuse that the child experienced within the organization or outside of the organization. It could also be an incident that the member/manager witnessed. This type of information will usually be sufficient to show that the child is in danger or was involved in an incident where he/she was harmed.

Imminent Risk

All forms of abuse, threats or other circumstances endangering the safety and development of a child that require immediate judicial measures to prevent serious harm. (Standard Operating Procedures for the protection of juveniles in Lebanon– SOP)

Potential Risk

Threats that can affect the development and safety of a child but do not require immediate judicial measures. (Standard Operating Procedures for the protection of juveniles in Lebanon– SOP)

Appendix 2:

Types, Forms and Indicators of Child Abuse

Identification is a key factor in responding to child abuse and neglect. Due to the time they spend with children, STP members have the opportunity to observe the behaviors of children in a variety settings and circumstances and identify potential indicators of child abuse. A single indicator is usually insufficient to prove that abuse is taking place. However, the repetition of an indicator or a combination of indicators should alert member/manager to the possibility of abuse. Moreover, the same signs may be indicative of more than one type of abuse. This list is not all-inclusive and can be used as a guide only.

Remember: As a STP member, your role is not to investigate suspected abuse. Your role is to convey your suspicions and concerns to the CPR, directly or indirectly, who will assess the suspicions/report to the proper authorities.

Physical Abuse		
Forms	**Physical Indicators**	**Behavioral Indicators**
• Assault: slapping, hitting, scratching, biting, punching, kicking, grabbing by the neck • Violent handling: shoving, pulling & dragging • Choking/smothering • Burning • Shaking a young child (0 to 3 years old) • Severe corporal punishment • Assault with an object or weapon • Causing an injury that results in hospitalization • Holding captive (or hostage)	• Unexplained bruises and welts: on face, lips, mouth, eyes, torso, back, buttocks, thighs • Bruises in various stages of healing clustered, forming regular patterns marks reflecting the shape of the article used to inflict the injury (i.e., electric cord, belt buckle) regularly appear after school absences, weekends, or vacations • Unexplained burns: cigar, cigarette burns, especially on soles, palms, back or buttocks immersion burns (sock-like, glove-like or doughnut-shaped) patterned like electric burner, iron, etc. rope burns on arms, legs, neck, or torso • Unexplained fractures: to skull, nose, facial structure in various states of healing, multiple or spiral fractures • Unexplained lacerations or abrasions: to face, mouth, lips, gums, eyes, torso, arms, back, buttocks, thighs to external genitalia, human bite marks, bald spots • Untreated medical or dental problems	• Apprehensive when other children cry • Behavioral extremes, such as aggressiveness, withdrawal, or being overly compliant • Afraid to go home (or to go to a specific location) • Reports injury by caretaker • Complains of soreness and moves awkwardly • Self-harm and violent behavior towards others • Wears clothing that covers body and is not appropriate for the weather • Chronic runaway (especially adolescents) • Uncomfortable with physical contact or touch • Seems frightened of parents • and caregivers (or of a particular adult) • Apt to seek affection from any adult • Decline in school performance • Fear of making mistakes for fear of being harmed (which could lead to behaviors such as not submitting classwork) • Hyper vigilant • Gives implausible explanations of injuries

Psychological Abuse		
Forms	**Physical Indicators**	**Behavioral Indicators**
• Belittling, degrading and other nonphysical forms of hostile or rejecting treatment of child • Shaming and/or ridiculing the child, including the child's physical, psychological and behavioral characteristics • Consistently singling out one child to criticize and punish, to perform most of the household chores, or to receive fewer rewards • Public humiliation • Restricting, interfering with or directly undermining the child's important relationships (e.g., restricting a child's communication with his/her other parent, making frequent derogatory comments about other parents, placing the child in a loyalty conflict by making the child unnecessarily choose to have a relationship with one parent or the other, blaming the child for family problems etc.) • Manipulation (e.g., inducing guilt, fostering anxiety, threatening withdrawal of love) • Failing to express affection, caring, and love for the child and showing little or no emotion in interactions with the child • Threatening to abandon or abandoning the child • Unrealistic expectations with threat of loss, harm, or danger if they are not met • Demonstrating a pattern of negativity or hostility toward the child (e.g. the caregiver screams at the children that they can never do anything right) • Threatening or perpetrating violence against the child or against a child's loved ones or objects, including domestic/intimate partner violence observable by the child • Using fear or intimidation as a method of disciplining. • Thwarting the child's developing sense of maturity and responsibility (e.g. infantilizing the child). • Allowing little or no opportunity or support for child's views, feelings, and wishes • Exposing the child to extreme, unpredictable, and/or inappropriate behavior (e.g. drug use in front of the child)	• Loss of previously acquired developmental skills such as regression in toilet training • Failure to thrive i.e. low weight for the child's age (especially in infants) • Headaches or stomach aches with no medical cause • Ulcers	• Habit disorders (sucking, biting, rocking, etc.) • Conduct disorders (oppositional, defiant, antisocial, destructive, etc.) • Sleep disorders • Eating disorders • Inhibition of play • Overly adaptive behavior: inappropriately adult-like or inappropriately infantile • Speech disorders • Loss of self-confidence or self-esteem • Depression, anxiety and suicidal thoughts and behaviors • Social withdrawal or a loss of interest or enthusiasm • Desperately seeks affection • Avoidance of certain situations, such as refusing to go to school or ride the bus • A decrease in school • performance or loss of interest in school • Delinquent behavior (especially adolescents) • Drug and/or alcohol abuse • Risky sexual behavior • Self-harm

Sexual Abuse		
Forms	**Physical Indicators**	**Behavioral Indicators**
• Making a child take their clothes off or taking off one's clothes in front of a child • Fondling of child's genitals or breasts • Masturbation in the presence of a child or forcing the child to masturbate • Discussing sex explicitly in front of a child • Exposing a child to sexual acts • Forcing or encouraging a child to take part in sexual activity • Sexual acts of any kind with a child, including vaginal, oral, or anal sex • Vaginal or anal penetration by a penis, finger or any other object • Sexually exploiting a child for money, power or status • Exposing the child to or involving the child in pornography • Producing, owning, or sharing pornographic images or movies of children • Any other sexual conduct that is harmful to a child's mental, emotional, or physical welfare	• Difficulty in walking or sitting • Torn, stained, or bloody underclothing • Pain or itching in genital area • Pain on urination • Bruises or bleeding in external genitalia, vaginal or anal areas • Venereal disease • Odor in genital area • Frequent urinary or yeast infection • Red or swollen genital area • Bedwetting and fecal soiling beyond the usual age • Sexually transmitted infections • Frequent unexplained sore throat • Excessive masturbation • Frequent psychosomatic complaints (e.g. stomach aches) • Regression in toilet training • Extreme weight loss/gain • Pregnancy • Physical maturation beyond the child's age (ex. breast or menstrual cycle at age 7 or 8)	• Difficulties in concentrating • Frequent absences from school, many times justified by parent/caretaker • Abrupt change in child's behavior/moodiness • Depression- excessive crying • Clinging behavior • Low self-esteem • Reluctance to undress for physical education/nurse • Unwillingness to participate in physical/recreational activities • Afraid to be alone with adults • Wary or threatened by physical contact, closeness • Severe drop in school performance • Overly-sexualized behavior toward peers or adults (such as undressing in class or asking classmates to undress, eagerness to expose "private body parts" to adults) • Persistent and inappropriate sexual behavior • Repeated attempts to run away from home • Poor peer relationships • Pseudo-maturity • Self-harm e.g. suicidal threats or attempts • Detailed and age-inappropriate understanding of sexual behavior • Unexplained money or gifts

Neglect		
Forms	**Physical Indicators**	**Behavioral Indicators**
• Not providing the child with enough food • Not providing the child with proper shelter • Not providing the child with adequate clothes • Failing to keep a child safe from danger (for example leaving children on their own unsupervised for long periods of time) • Depriving a child of an education, failing to send child to school • Letting a child's injuries, health issues or dental problems go untreated • Ignoring the advice of a doctor or dentist, refusing to allow a child to be treated and not taking children to routine appointments such as vaccinations. • Not giving the child proper structure, age appropriate rules (bedtime hours, curfews, balance between study and playtime etc.) • Leaving a child with an impaired caregiver.	• Poor growth or weight gain • Consistent hunger • Inappropriate dress, clothing dirty or wrong for the weather • Poor hygiene • Unattended physical problems or medical needs • Emaciated features • Untreated injuries, medical and dental issues • Not being given appropriate medical treatment • Repeated accidental injuries caused by lack of supervision • Poor muscle tone or prominent joints • Skin sores, rashes, flea bites, scabies or ringworm • Thin or swollen stomach • Tiredness • Faltering weight or growth and • not reaching developmental milestones (known as failure to thrive)	• Begging, stealing food • Constant fatigue, listlessness or falling asleep • States there is no caretaker at home • Frequent school absence or tardiness • Self-harm and violent behavior towards others • School dropout (adolescents) • Poor language, communication or social skills • Lack of age appropriate supervision • Alcohol/drug use • Disorderly behavior, juvenile delinquency • Abrupt change in child's behavior/moodiness • Difficulties concentrating

Appendix 3:

STP Code of Conduct: Treatment of Children

STP recognizes its responsibility in providing for the care and protection of children whose health and wellbeing are of primary concern. STP is committed to the concepts of outlining, implementing, and holding to standards of excellence in all endeavors.

STP is committed to:

- Providing a safe, supportive, and protective Christian environment for children
- Taking action to prevent reasonably foreseeable harm to children
- Reporting when an employee reasonably suspects harm or risk of harm to children

Commitments and expectations as member of STP are to:

- Provide a safe and secure place of activities (missions) for all our children
- Form professional and positive relationships with children
- Serve as a positive role model for children by being respectful, kind, enthusiastic, ethical, honest, and fair
- Engage in open, honest, and respectful communication with children
- Create a Christian environment in which children are encouraged to take risks and express their views
- Understand the unique developmental needs of children and use this knowledge to guide professional practice
- Use effective instructional and assessment practices to motivate children and maximize their potential
- Establish clear expectations, with child input, for team rules and procedures and use them consistently and fairly
- Respect both physical and personal boundaries in interactions with children; do not be alone with children unless the door is open and other adult(s) are notified
- Abide by all policies, procedures, and practices related to child protection and electronic communication/social media
- Handle concerns appropriately, directly, honestly, and only with those most directly involved; maintain confidentiality.

Behaviors not aligned with commitments and expectations of STP members are thus prohibited, resulting in disciplinary actions:

- Extending personal contact with children beyond STP and professional responsibilities

- Touching or speaking to a child in a sexual, suggestive, or other inappropriate manner
- Harassing children
- Inflicting physical or emotional abuse on a child, which may include physical contact, humiliation, ridicule, or threats
- Smoking/using tobacco products, or possessing/under the influence of alcohol or illegal substances while on mission
- Providing a child, who is not your own, a ride, without the consent of her/his parent or guardian
- Engaging in private communications with children (digital or other) except for activities ***strictly*** involving STP activities.
- Using profanity/sexual innuendos in the presence of children
- Sharing of privileged information about children (demographic, locational, and photographic) outside of STP missions, without written, expressed consent from STP managers
- Exchanging (to/from) gifts with children without parent/guardian consent
- Providing alcohol, illegal substances, or inappropriate media to children

Disciplinary Actions

Any action inconsistent with this Code of Conduct, or failure to take action as mandated, may result in disciplinary action up to, and including, dismissal from STP.

Appendix 4:

Preferred CPR Characteristics

A CPR should:

- Understand and abide by good behavioral ethics
- Demonstrate good communication skills
- Be available whenever needed
- Be a trusted member
- Experience and/or relevant training on child protection and working with children.