

Produced for the Nation

by

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THIS BOOKLET REPRESENTS A POLICY WORKING DOCUMENT,
THAT WILL INFORM LEGISLATIVE REFORM FOR
CHILD PROTECTION IN THE FUTURE

Available Online:

http://www.gov.ai/documents/SafeguardingChildrenInAnguilla.pdf



Safeguarding Children in Anguilla





A Policy Guideline

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Consultation, Sensitization, and Training



Consultation, Sensitization, and Training



ACKNOWLEDGEMENTS

The development of a Child Protection Protocol in Anguilla is indeed a step in the right direction towards encouraging us as a nation to be sensitive to the issue of safeguarding all children in Anguilla.

A hearty thank you is extended to all stakeholders whose contributions are invaluable: the frontline workers, managers, volunteers and interested individuals from government departments/agencies; non-governmental organisations, private institutions and establishments. The combined level of participation was outstanding and the perspectives expressed are captured in this publication.

Many thanks are also extended to the Department for International Development (DFID), the Safeguarding Children in the Overseas Territories (SCOT) Project and The Ministry of Social Development for partnering to conduct the necessary consultations and funding the development of the Child Protection Protocol and this abbreviated policy guideline.

This guideline will be beneficial to all children living in Anguilla, their parents and caregivers, professionals, practitioners, front line workers, volunteers who work with children; the general public and civil society at large.

Let us all as stakeholders in the healthy advancement of Anguilla as a nation continue to work together to shape a positive future for our children.

Useful Numbers

Department of Social Development (DSD): Tel: 497-2317/497-5917

Fax: 497-2326

Department of Social Development (On Call): Cell: 235-2317/476-4528

Royal Anguilla Police Force (RAPF): Tel: 497-2333

Emergency 911

SAFEGUARDING CHILDREN IN ANGUILLA: A POLICY GUIDELINE

1. INTRODUCTION

You should follow these guidelines

These guidelines are an abbreviated form of the Safeguarding and Child Protection Protocols and Procedures agreed by the Government of Anguilla through consultation with all stakeholders (agencies and departments in the public and private sectors) who work with children.

The guidelines are intended for civil society including parents and caregivers, and all staff including front line workers and volunteers in Health, Police, Education, Social Development, Tourism and other organisations/establishments who work with children. This policy guideline booklet works in tandem with the Child Abuse Reporting Form which is available for official use only.

Across the world, inquiries into the deaths, serious injury and harm to children and young people resulting from abuse have repeatedly reached two major findings regarding the failures of professionals which might have prevented these tragedies:

- An ignorance of and /or failure to follow agreed procedures
- Breakdowns and failures in communication between different departments/ agencies

By following these guidelines it should be possible to ensure that these failures do not occur on Anguilla.

2. DEFINITION OF THE CHILD

According to the United Nations Convention on the Rights of the Child (CRC) a child is a person who is under eighteen (18) years, unless national laws recognize the age of majority earlier. In Anguilla the age of majority is 18 years. Therefore, <u>in</u> Anguilla a child is any person who is under the age of 18 years.

3.RECOGNITION OF CHILD ABUSE

Somebody may abuse or neglect a child by inflicting harm or failing to prevent harm. Children may be abused in a family or an institutional setting, by those known to them or, more rarely, by a stranger/s. The possible indicators of abuse given in this booklet are not exhaustive, and obviously many of them will have causes other than abuse, but they are indicators that everyone should know and all parents, caregivers, staff, front line workers, and volunteers working with children should keep in mind.

'NO EXCUSE' CALYPSO

As adults you have been selected To care for the fruit of youth As adults you are expected To deal in honesty and truth As youngsters in your jurisdiction We deserve your full protection From de ills of de society From all negativity

So when our efforts at being loyal Meet with deception and betrayal There must be a consequence For destroying our innocence

REFRAIN

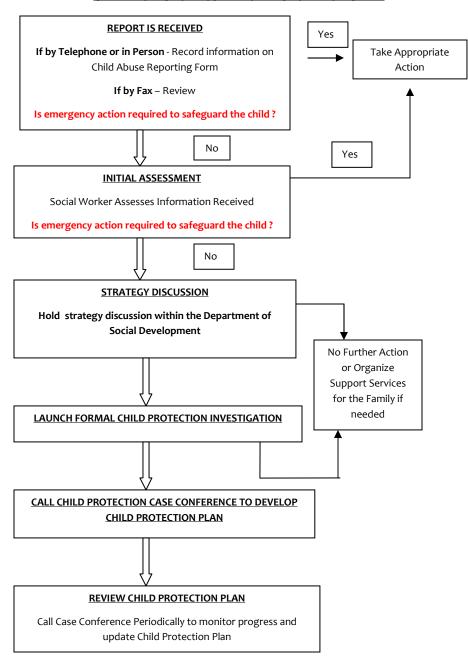
There is NO EXCUSE
For any form of abuse
Be it physical or sexual
There can be NO EXCUSE at all
There is NO EXCUSE
For emotional abuse
And for your negligence
There must be firm recompense
If our land hopes to be free
From this growing iniquity
Then we simply have to refuse
Every EXCUSE for abuse

It could not be anticipated
That you would turn on your
young
It cannot be overstated
Things have gone horribly wrong
For before de flower start blooming
You can't wait so you inspecting
Fondling and manipulating
Conscious of what you're doing
And while you're concerned about
pleasure
You threaten our very future
It's time that you're made to pay
So there'd be no further decay

We cannot keep on protecting
Those who violate our trust
For those who are indulging
Full exposure is a must
Irrespective of their position
Once they engage in this action
There should not be any question
They must face incarceration
We must not be silent any longer
If we're to secure our future
Then we must work together
To eradicate this cancer

Written by Mr. Bernard B. Wattley
Sung by Miss Roxanne L. Webster (Lil Roxxy)

6. WHAT HAPPENS WHEN A REPORT IS MADE TO DSD CHILD PROTECTION POST REPORT ACTION FLOWCHART



Physical Abuse:

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, suffocating or otherwise causing physical harm to a child. A parent or caregiver may sometimes feign or deliberately cause ill health to a child whom they are looking after. This is known as fabricated or induced illness by caregiver.



Possible signs of physical abuse:

- •unexplained injuries, especially if recurrent improbable/inconsistent explanations of injuries
- •refusal to discuss injuries
- •untreated injuries
- •fear of parents being contacted
- withdrawal from physical contact/flinching
- arms and legs kept covered in hot weather (if not part of religious, ethnic, or cultural identity)
- •fear of returning home
- •fear of medical help
- self-damaging behaviour
- chronic running away

On his way to work one day, Social Worker, Mr. Gumbs, saw a primary school child walking in the direction where he was travelling. Mr. Gumbs decided to give the child a lift as far as his workplace which would put the child closer to school. While talking with the child he noticed a fresh scratch on the side of the child's neck and asked him how he got it. The child replied, "Mar do it".

"How come she scratched you?" Gumbs asked.

"I take someting out de barrel". The child explained that his mother grabbed him by his neck, threw him to the floor and put her foot on his chest and told him that she was going to kill him because he would not stop stealing.

Upon investigation, Mr. Gumbs discovered that the mother was frustrated, had recently had a miscarriage and was depressed. The barrel was sent by the father of the baby she lost. She suffered the ordeal and due to financial circumstances did not visit the clinic since the miscarriage.

The children who at times had to do without several meals per week, found it difficult to restrain themselves from taking things from the barrels which came occasionally, while their mother tried to stretch the contents of the barrel as far as possible. They often were caught sneaking things from the barrel.

The punishment was excessive and inappropriate. It was done while she was frustrated and angry.

She said that she was going to kill the child.

'There are many other examples...'

3.2 Sexual Abuse:

Sexual abuse involves forcing or enticing a child or a young person to take part in sexual activities whether or not the child is aware what is happening. The activities may involve physical contact including penetrative or non-penetrative acts, non-contact activities such as involving a child in viewing pornography, watching sexual activities or encouraging children to behave in sexually inappropriate ways.



Possible signs of sexual abuse in younger children (0-12):

- become insecure and clinging to parent(s)
- show extreme fear of a particular person
- become hysterical when clothes, especially underclothes or diaper are removed
- have soreness or bleeding in the throat, anal, or genital areas
- regress to a younger behavioural pattern
- show obsession with sexual matters and behaving in a sexual way inappropriate to their age (e.g. sexual play with dolls, drawings of sex organs etc)
- repeat obscene words said by the abuser
- become withdrawn and fearful
- hint at secrets they cannot tell
- start to wet the bed/themselves
- show discomfort when walking
- show low self-image
- attempt to sexually abuse other children

Possible signs of sexual abuse in older children (12+):

- be depressed/suicidal
- alcohol/drug abuse
- self-harm
- find excuses not to go home or to a particular place
- not be allowed to go out or have friends round
- talk about a 'friend' who has a problem
- show a sudden change in schoolwork/habits
- be fearful of undressing to change clothes for sports/physical education
- have soreness/bleeding in the throat, anal or genital areas
- unexplained pregnancy

5. SUMMARY

- The welfare and safety of the child/children is the paramount consideration.
- All members of the public including parents, caregivers, professionals, and volunteers who interact with or work with children should be aware of the signs and indicators of possible abuse.
- All professionals, should record concerns, and report to the appropriate supervisor, who will in turn report to the Department of Social Development using the Child Abuse Reporting Form. All members of the public should report their concerns by contacting the Department of Social Development.
- Everyone should know how to respond to disclosures of abuse.
- A clear, accurate, and concise record of all concerns should be kept.
- All agencies must co-operate and share information on matters of Safeguarding and Child Protection.



- 7. Report your concerns to your supervisor or if appropriate, the person in your organisation/establishment with the designated responsibility for child protection. Should any of these persons be closely related to the child/alleged perpetrator then make your report to the next in line supervisor who bears no relation to either.
- 8. Ensure that your concerns are immediately reported to the Department of Social Development (during working hours) or the On Call Social Worker (if at a time when the office is closed). Do not delay. Professionals who suspect child abuse should report to the Department of Social Development using the Child Abuse Reporting Form. Other members of the public should contact the DSD to report suspected child abuse.
- 9. Do not confront the alleged perpetrator.
- 10.Do not worry that you may be mistaken. You will always be taken seriously by the Department of Social Development. It is better to have reported it to the agency with the experience and responsibility to make an assessment.

4.6 If the behaviour of an adult (including colleagues and members of the public) towards a child/children causes you concern:

- Do not dismiss your concerns.
- Do not confront the person about whom you have concerns.
- If it is a person with responsibility for children discuss your concerns with that person's supervisor provided that he/she bears no relation to the child or colleague about whom you are concerned. If you feel that this is inappropriate, or you are not satisfied with the response that you get, contact the next in line supervisor in your organisation/ establishment. It is very important that you do not ignore or dismiss suspicions about another professional, colleague, or a member of the public.

Fourteen (14) year old Jane visited the Principal's office. She reported that she and two of her girlfriends were walking home through a back road and an older boy from school (16 years) suddenly jumped out of the bushes. They all ran but he ran behind them; grabbed her and pulled her into the bushes at the side of the road. He then started pulling on her blouse until it ripped. He pressed his body against hers while touching her on her breast and trying to force his hand up between her thighs. She kept screaming - begging him to stop while squeezing her legs together. After some struggle he suddenly jumped up and ran off leaving her on the ground. She got up in time to see her two friends coming towards her. They all decided not to say anything about it.

She hurried home where she took a bath put away her dirty uniform and retired to her room, avoiding any conversations with her parents and siblings when they arrived home later that evening. She just told them that she was feeling tired. However, what happened to her kept playing over and over in her mind and she felt she needed to talk to someone who would listen and not be angry or judge her.

After telling the Principal what happened, the principal explained that the person tried to rape her; that it was against the law; and that she needed to help her to report the matter.

The decision was made to involve the Department of Social Development, to assist the client in explaining to her parents what happened, with referring the matter to the RAPF, and with counselling.

This child was indecently assaulted. She was touched on her breast and her crotch. Her abuser forced his body against hers in a sexually aggressive manner. This was all done against her will. She is 14 years old and cannot give consent to sexual intercourse.

'There are many other examples ...'

3.3 Emotional Abuse:

Emotional Abuse may involve conveying to a child that they are worthless or unloved, inadequate or valued only in as

less or unloved, inadequate or valued only in as far as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed upon children. It may involve causing children to feel frightened or in danger. Some level of emotional abuse is present in all types of ill treatment of a child, though it may occur alone.



Possible signs of emotional abuse:

- delays in physical, mental, and emotional development
- over-reaction to mistakes
- sudden speech disorders
- fear of new situations
- inappropriate emotional responses to painful situations
- neurotic behaviour (rocking, hair-twisting, thumb sucking)
- self-harming
- fear of parents being contacted
- extremes of passivity or aggression
- drug abuse
- chronic running away
- compulsive stealing
- scavenging for food or clothes

John's mother died when he was 7 years old. He was adopted by a lady who volunteered to take care of him. Based on the initial assessment the lady qualified to adopt the child. She was a respectable family and community person who had previously raised at least one child that was not a member of her family. John was very quiet and kept to himself most of the time. He grew up in the community and from all appearances he was being raised well.

One day when John was about 13 he confided in someone. He said no one in his family ever told him that they loved him, or gave him a hug. He said that he was made to do all the chores in the house; he was told that he was ugly. He was called a "good for nothing" many times and was told all he was good for was to eat.

Deprived of love, called ugly, exploited as a worker, accused of only wanting to eat.

'There are many other examples ...'

They **must not** make their own decisions about whether a concern that involves a particular member of their own staff (employees or volunteers) is a disciplinary issue or a child protection matter. Such considerations should only take place with the involvement of the Department of Social Development and the Royal Anguilla Police Force should the latter be part of the particular investigation.

4.4 Confidentiality is of great importance in dealing with child protection matters. Lack of confidence in the confidentiality of the system and the professionals responsible for running it can form a powerful disincentive to referring legitimate concerns, with consequent dangers for children. The need for strict confidentiality



needs to be understood by all those involved, administrative and clerical staff as well as frontline workers. The observance of confidentiality should be a condition of employment.

4.5 If a child tells you that he/she or another child is being abused:

- 1. Show that you have heard what he/she is saying and that you take his/her allegations seriously.
- Encourage the child to talk, but do not prompt or ask leading questions.
 Don't interrupt when the child is recalling significant events. Don't make the child repeat his/her account.
- 3. Explain what actions you must take, in a way which is appropriate to the child's age and understanding.
- Do not promise to keep what you have been told secret, as you have a responsibility to disclose information to those who need to know. <u>Reporting concerns is not a betrayal of trust.</u>
- 5. Write down what you have been told, using the exact words if possible.
- 6. Make a note of the date, time, place and people who were present at the discussion.

4. REPORTING A CONCERN OR A SUSPICION

If any person has knowledge, concerns or a suspicion that a child is suffering, has suffered or is likely to be at risk of harm; they should ensure that their concerns are reported to the Department of Social Development.

4.1 Anyone who has concerns about a child's or children's welfare should make a written record of their concerns and action whether or not further action is taken (see section 6 of these guidelines).

If a professional is raising the concern he/she should report the matter to his/her supervisor/manager or the designated/named professional within their agency or establishment. This step should never delay emergency action to protect the child; the supervisor who receives the report should immediately complete the Child Abuse Reporting Form and forward it to the Department of Social Development.

4.2 'Concerns' and or 'facts' should be shared with the Department of Social Development. While concerns may not trigger an investigation in themselves, they may help to build a picture, along with concerns from other sources, which suggests that a child may be suffering harm.

In many serious child abuse cases, subsequent investigations have shown that a number of different agencies had concerns about a child's welfare which they did not share with other agencies or refer to Social Services. Earlier reporting and sharing of information might have prevented a child's suffering. *Members of the public may choose to report concerns or suspicions anonymously to the Department of Social Development.*

4.3 Every agency, organisation, or establishment that works with children has a responsibility for the protection of children and all staff members/volunteers should report concerns. Professionals who suspect child abuse should report to the Department of Social Development using the Child Abuse Reporting Form.

Other members of the public should contact the DSD to report suspected child abuse. The Department of Social Development will work closely with the Royal Anguilla Police Force. Departments, agencies, organisations, or establishments must not conduct their own internal enquiries, but should make a report as described above.

3.4 Neglect:



The persistent failure to meet a child's basic physical and/or psychological needs likely to result in the serious impairment of a child's health or development. It may involve a parent or caregiver failing to provide adequate food, shelter and clothing; failure to protect a child from physical harm or danger; failure to ensure access education, to appropriate medical care and neglect of, or unresponsiveness to a child's basic emotional needs.

Possible signs of neglect:

- constant hunger
- poor personal hygiene
- poor state of clothing
- constant tiredness
- emaciation
- frequent lateness and non attendance at school
- untreated medical problems
- destructive tendencies
- low self-esteem
- neurotic behaviour (rocking, hair twisting, thumb sucking)
- lack of social relationships
- chronic running away
- compulsive stealing
- scavenging for food or clothes

A five year old child was observed playing in a neighbourhood from around twelve noon, until sunset (5:30 PM). When the other children in the village retired to their homes the child went to his home but was heard crying. After this persisted a neighbour went over to enquire what was wrong. The child was home alone. He said that his mother left earlier in the day and did not return. The neighbour reported the matter to the Department of Social Development. Further investigations resulted in reports that the child's mother left him from around 11:00 am that day and up to 9:00 pm that night his mother did not return. It was discovered that this had happened on more than one occasion before.

This child missed at least 2 meals, and was left without adult supervision for approximately 10 hours that particular day.

There are many other examples

Do's and Don'ts

If you are concerned that a child is suffering significant harm, or may be at risk of significant harm:

Members of the public should report their concerns by contacting the Department of Social Development

What you should do:

or another child is being abused, encourage them to talk, show that you've heard what he/she is saying and that you take his/her allegations seriously

Professionals should:

(DSD)

 Write down what they have noticed or been told, making a note of the date, time, place and people present

What you should not do:

- Do not worry that you may be mistaken. You will always be taken seriously by the DSD. Sometimes a number of minor concerns from different sources can reveal an abusive situation that would have otherwise been missed
- or another child is being abused, don't interrupt, ask leading questions or make the child repeat his/her account

What you should do:

- Report concerns to their supervisor or, if appropriate, the person in their agency/ organisation/ establishment with designated responsibility for child protection. Should any of these persons be closely related to the child/ alleged perpetrator then the report should be made to the next in line supervisor who bears no relation to either
- Ensure that the Child Abuse Reporting Form is completed and faxed to the DSD and that phone contact is made with a DSD Social Worker immediately

What you should not do:

- Do not promise to keep what you have been told secret. You have a responsibility to disclose information to the DSD. Reporting concerns is not a betrayal of trust
- **Do not** confront the alleged or suspected perpetrator
- **Do not** attempt to investigate the allegations yourself
- Do not discuss the situation outside the reporting or case conference process
 (e.g. with family or friends)

