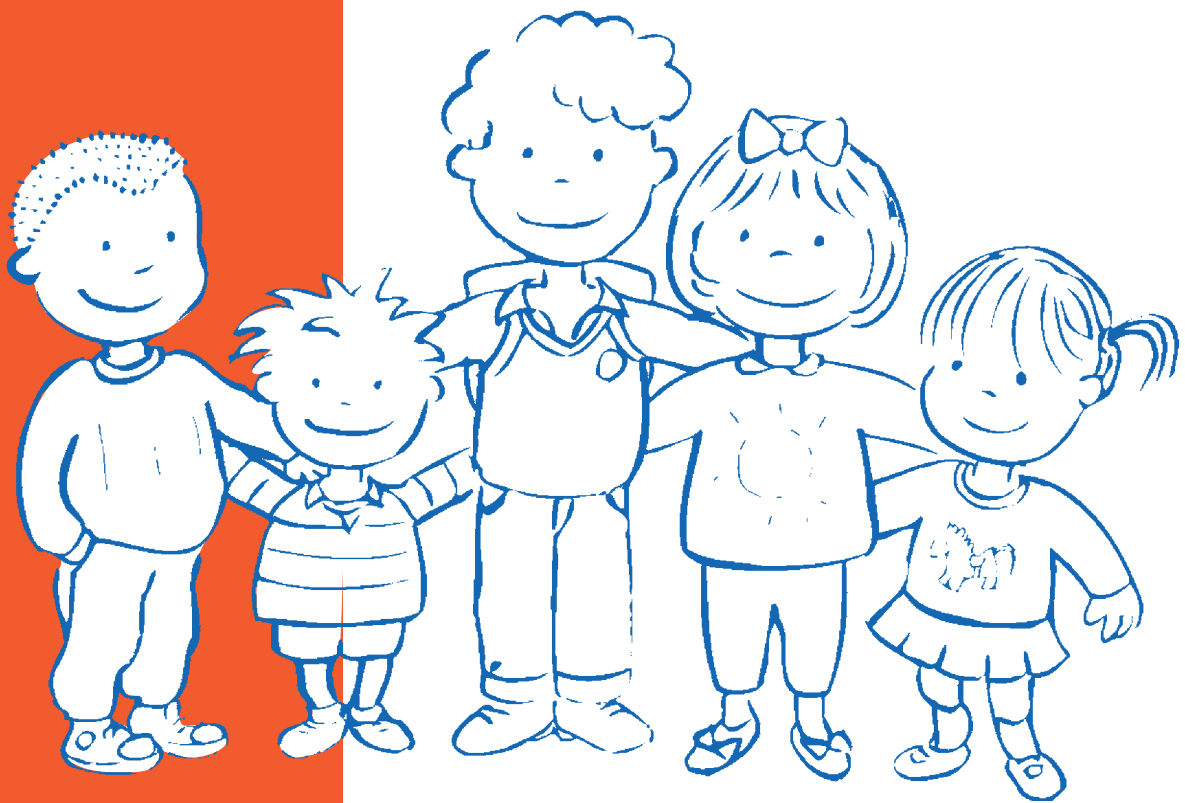
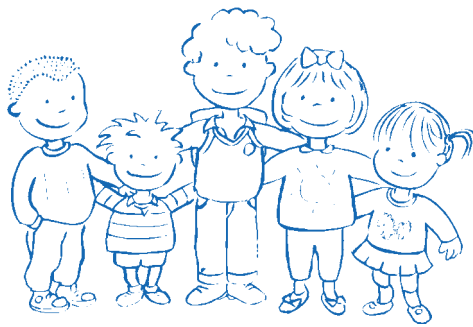


USER'S HANDBOOK



The Stay Safe Programme

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THE STAY SAFE PROGRAMME

Personal Safety Skills for Children

by Rose Cullen, Maria Lawlor & Deirdre MacIntyre

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INTRODUCTION

The Stay Safe programme is a personal safety skills programme for primary schools. Its overall objective is to prevent child abuse and other forms of child victimisation. It should be implemented within the broader context of Social, personal and health education. SPHE fosters the development of the human being both as an individual and as a member of society. "It includes areas of education ranging from self-awareness and self-esteem to issues concerning health, nutrition, substance use and misuse, the prevention of child abuse, relationships, sexuality and citizenship" (N.C.C.A. draft curriculum, 1997). In common with other strands of the SPHE curriculum the implementation of the Stay Safe programme is a collaborative process which involves parents, teachers, Boards of Management, and the wider community, taking a co-ordinated approach to child protection and child abuse prevention through safety skills education.

Child Abuse Prevention Programme

The Child Abuse Prevention Programme (CAPP) was established in 1987 in response to the unprecedented rise in the incidence of reported cases of child abuse. The programme offers a comprehensive approach to the prevention of all forms of child victimisation. It includes teacher training, parent education and personal safety education for children at primary school level. The Stay Safe programme, first published in 1991, was developed by Deirdre MacIntyre, Senior Clinical Child Psychologist, and Dr. Maria Lawlor, Consultant Child Psychiatrist in consultation with all the partners in education. Stay Safe has been revised and updated by Rose Cullen, Teacher and Programme Co-ordinator, in collaboration with the authors.

Research

The Stay Safe programme has been the subject of extensive research including an initial pilot study, a disclosures study and a Department of Education survey.

Pilot Study

The Stay Safe programme was the subject of an extensive two year pilot phase before its introduction. The results of this pilot study clearly demonstrated that children learned and retained the concepts and safety skills taught in the Stay Safe programme. They could identify situations where the use of the safety strategies would be appropriate and knew where and how to find help in the event of victimisation. Children reported that they enjoyed the programme and did not find the material frightening. Results showed that following a three-month follow-up period children had retained the level of knowledge acquired through the programme. Programme participation significantly increased children's general self-esteem on a standardised measure. Parents and teachers had increased knowledge and awareness of child abuse, and confidence regarding their ability to respond to a disclosure of child abuse and to access help from available services. All of the teachers involved reported that the children in their classes had enjoyed the programme. Likewise 100% of the parents who had participated felt that all children should receive personal safety skills education.

Impact on Disclosures

A further study undertaken by Deirdre MacIntyre in 1995 found that the programme facilitated the purposeful disclosure of sexual abuse across age groups for both boys and girls. Children who participated in the Stay Safe programme were more likely to tell if they were victimised and their parents and teachers were also more likely to respond in a protective and supportive manner.

Department of Education Evaluation

The programme was independently evaluated by the Department of Education in 1995. The Department's survey concluded: "It is evident from this report that there is strong support for the Stay Safe programme in schools from parents, teachers, principals and chairpersons. They have indicated clearly that they would like to see schools continue to teach it."

INTRODUCTION

Adaptations

The following adaptations have been made to the programme since its initial development.

1. The introduction of a four-tier programme with lessons plans for:

Senior Infants

1st and 2nd Class

3rd and 4th Class

5th and 6th Class (1994).

2. Development and nationwide circulation of Stay Safe A Parent's Guide (1994).
3. The development of a specific programme for children with learning difficulties: Personal Safety Skills for Children with Learning Difficulties (1996).
4. The development of a new video and revised teaching materials in line with NCCA guidelines on Social, personal and health education (1998).

IMPLEMENTING THE STAY SAFE PROGRAMME IN PRIMARY SCHOOLS

Primary schools have three main areas of responsibility with regard to the prevention of child abuse.

- The school should be a safe, trusting, responsive and caring environment for children. All members of staff have an individual responsibility in this regard. Good working relations with external agencies are important in creating this protective environment for children.
- The school has a key role to play in the provision of personal safety skills education. As educators, teachers can introduce children to the safety skills outlined in the Stay Safe programme and in so far as it is practical they can give their pupils an opportunity to practice the specific skills involved. However, parental reinforcement and follow-up is crucial to the success of the programme.
- All school personnel and in particular, principals, chairpersons and teachers should be familiar with the Department of Education guidelines on responding appropriately to suspicions or disclosures of child abuse.

The Stay Safe programme provides an integrated, developmentally staged and comprehensive approach to teaching children personal safety skills. This task involves:

- In-service training for school personnel
- Parent education
- The Stay Safe Programme for children

Training School Personnel

It is important that all school personnel are involved in comprehensive training before the introduction of the programme. Training provided by the Child Abuse Prevention Programme includes the following:

- Understanding the various categories of child abuse and bullying.

- Identification of preparatory work to be completed with the children prior to teaching the Stay Safe Lessons.
- Familiarisation with the Stay Safe lessons, including a detailed plan of how the lessons could be taught to the particular children in the school or class.
- Consideration of how personal safety skills can be reinforced across the curriculum.
- An overview of the Department of Education guidelines for reporting allegations or suspicions of child abuse. This ensures that all school personnel are clear about the procedure they should follow in the event of a case coming to the attention of a member of staff.
- An overview of Health Board procedures for dealing with referrals about child abuse.
- Review or drawing up of a code of good practice for school personnel to ensure that staff relationships with pupils are appropriate to the age, gender and ability of the pupils. "In special situations, (i.e. special schools, the Early Start Programme), where children require assistance with toileting or showering, there should be a clear school policy which protects adults and children alike. Teachers should endeavour to balance the need for assistance with the child's rights to privacy and should continually strive towards helping the child to acquire independence" (I.N.T.O. 1996).
- Education for ancillary staff on personal safety for children.
- Development of a school plan for the prevention of child abuse and bullying as an integral part of SPHE.

Parent Education

Parental participation is an essential part of the programme. Stay Safe: A Parent's Guide, published by the Child Abuse Prevention Programme, is

IMPLEMENTING THE STAY SAFE PROGRAMME IN PRIMARY SCHOOLS

available to all parents. C.A.P.P. also provides parent education on Stay Safe and related issues. It is essential that a school hosts a Stay Safe parent meeting when the programme is first being introduced to pupils. Some schools may wish to hold a subsequent meeting when pupils are older. Students in senior classes are more likely to be in situations where they will have to make decisions and choices about their own personal safety.

See appendices for information on C.A.P.P. parent meetings.

The objectives of this training are:

- To ensure that parents or guardians have accurate knowledge of all forms of child abuse and bullying.
- To inform parents about their vital role in protecting children from child abuse and bullying.
- To assist parents to help their children in the following areas:
 - Recognising and expressing feelings
 - Self-esteem and assertiveness
 - Social skills and appropriate greetings
 - Personal boundaries and body space.
- To enhance communication and thereby help children to confide in their parents. Children will only tell about serious matters if they have previously experienced a positive response to minor problems which they have encountered.
- To enable parents to help their children to acquire personal safety skills by familiarising them with the Stay Safe lessons.
- To provide a supportive environment in which parents can explore the issue of child abuse and can ask any questions they may have.

The Stay Safe Programme for Children

Most children will already have learned rules which are designed to protect them, such as road safety or water safety. Personal safety should be a natural part of every child's education.

The aim of the Stay Safe programme is to reduce vulnerability to child abuse and bullying. The programme develops children's ability to recognise, resist and report risk situations or abusive encounters.

The Stay Safe programme teaches children prevention, while preserving their sense of the world around them as a basically safe and secure place. This approach allows children to exercise control, to be assertive, and enables them to seek help for any problem they may encounter. The programme teaches simple strategies for dealing with various potentially dangerous situations and children are given the opportunity to practice these strategies in the classroom. Thus, the concepts are translated into skills which become part of the child's repertoire of self-protective behaviour.

The objectives of the programme are:

- To help children to identify and express safe and unsafe feelings
- To teach children safety skills for dealing with common unsafe situations like getting lost.
- To encourage children to value friendship and to teach them skills for making and keeping friends.
- To teach children safety strategies for dealing with bullying.
- To teach children that it is not acceptable to bully others.
- To encourage children to value and enjoy normal affection.
- To teach children how to deal with an unsafe or an inappropriate touch.

IMPLEMENTING THE STAY SAFE PROGRAMME IN PRIMARY SCHOOLS

- To teach the rule – never to keep secrets about touching.
- To help children to recognise the difference between a good secret and a bad secret.
- To help children identify the adults they could tell if they had a bad secret and to give them the opportunity to practice telling.
- To clarify for the children who strangers are.
- To give children safety strategies for dealing appropriately with strangers.

PREPARATORY/PARALLEL WORK

The Stay Safe programme should be taught in the context of Social, personal and health education. It is based on the following core elements, each of which is an integral part of the SPHE curriculum.

1. Nurturing children's self-esteem
2. Building children's confidence
3. Enabling children to be assertive
4. Helping children to identify and express their feelings.

In this broad SPHE context the following preparatory/parallel work is an important component of the programme.

Feelings

Before the Stay Safe lessons are introduced, it is important that children can name and recognise various feelings and that they have ample opportunity to discuss the topic of feelings in general. These discussions can be integrated across the curriculum in such areas as oral and written language development, religious education, drama, poetry and stories. Parents and teachers can help children learn that our feelings help us to understand ourselves better. It is also important that children learn how to express and cope with various feelings in an appropriate manner.

Self-esteem

To ensure the successful introduction of the programme, it is important that teachers, parents and other significant adults in the child's life use every possible opportunity to develop the child's self-esteem and confidence. Ideally, the activities should be integrated across the curriculum. Using similar strategies in school and at home is important.

The family remains the most important learning environment for the child. Research conducted by Coopersmith (I.N.T.O. 1995) pinpointed three basic conditions which are instrumental to the

development of high self-esteem in the home environment:

- Unconditional love and affection.
- Well defined limits, consistently enforced.
- A clear amount of respect shown to children.

The foundation on which children build their self-esteem has already been established before they come to school. However, children's experience in school can have a powerful influence on their level of self-esteem. "Three conditions are essential in order to create an ethos and climate where learning conducive to the enhancement of self-esteem can take place. They are empathy, acceptance and genuineness" (I.N.T.O. 1995).

High self-esteem is essential for a child's personal happiness and contentment. It is important therefore that home and school are conscious of promoting the harmonious development of a real sense of self-worth in children. All children need love, security and care. They also need to know that they are respected at home, in school and in the classroom.

See "Some suggestions to enhancing children's self-esteem", Stay Safe lessons.

Assertiveness

Assertiveness is the ability to stand up for one's own rights without being aggressive. "Self-esteem and assertiveness are inextricably linked. In a sense assertiveness may be regarded as a manifestation of high self-esteem" (I.N.T.O. 1995). The Stay Safe lessons give children permission to say "No" in certain circumstances. In this way they can help to develop children's assertiveness. Co-operation and liaison between parents and teachers is essential to ensure consistency between home and school.

See "Some suggestions to develop children's assertiveness skills", Stay Safe lessons.

Personal Boundaries and Body Space

Children need to develop a sense of their own personal space and that of others. Younger children are taught the meaning of personal and private. They are also asked to list people they would/would'nt hug, shake hands with etc. Older children discuss their need and that of others for space and privacy.

Other Safety Skills

Before introducing personal safety skills to children it is a good idea for children to have learned safety skills relevant to other areas such as road safety; water safety; rules for travelling by car, bus or a bicycle; safety with medicines.

Language and Vocabulary Development

To increase the effectiveness of the Stay Safe lessons it is preferable for children to be familiar with the vocabulary used in the lessons prior to teaching them.

Teaching Stay Safe to children who have experienced abuse

As schools may not be aware of particular children who have been or currently are victims of abuse it is best to err on the side of caution. Where the school knows about a particular case, liaison with the child's family is essential. Children who have been abused may show distress and they may want to disclose again or talk about their abuse. Adequate arrangements need to be made for this eventuality before proceeding with the lessons. Some victims may express a sense of relief after completing the lessons. This may be due to the realisation that other children have also been victimised. It is also helpful and supportive for children who have been abused to hear the message that the abuse was not their fault.

TEACHING MATERIALS

Each Stay Safe teaching pack contains:

User's Handbook

This handbook contains an outline of the Stay Safe programme within the context of SPHE and a description of the teaching methods involved. It also contains information on bullying and child abuse for schools.

Stay Safe Lesson Plans

The programme is developmentally tailored and contains four sets of lessons suitable for Senior Infants, 1st & 2nd classes, 3rd & 4th classes, 5th & 6th classes. This approach is compatible with the structure of the SPHE curriculum. The lessons plans are divided into the five Stay Safe topics:

- Feeling Safe and Unsafe
- Bullying
- Touches
- Secrets and Telling
- Strangers

Age range	Lessons	Teaching time
5-6 yrs approx.	Senior Infants	9 x 20 mins lessons
7-8 yrs approx.	1st/2nd Class	9 x 30 mins lessons
9-10 yrs approx.	3rd/4th Class	9 x 30 mins lessons
11-12 yrs approx.	5th/6th Class	5 x 40 mins lessons

Teachers working in multi-class situations can easily refer to the topics relevant to the combination of age groups they are working with.

Children's Worksheets

Each set of lessons contains a number of templates for children's worksheets. Ideally, these worksheets should be used as homework. Each worksheet contains a space for a parent's or guardian's signature. Parents are asked to use the worksheet to discuss the topic covered with their children. The parent booklet suggests ways in which they might

do this. In this way, parents are aware of what their children are learning and have an opportunity to personalise the lessons for their own children in a way that is not possible within the classroom.

The Stay Safe video

The video is approximately 50 minutes long and is divided into the five Stay Safe topics listed above. It is most suitable for children in 1st to 4th classes. Teachers should use their own discretion as to whether 5th and 6th class students would find the video relevant.

Note: The video is not suitable for children in infant classes.

The Stay Safe audio cassette

Side 1 Stay Safe Song

I Feel Happy When...

Stranger's Song

The words of the songs are provided at the back of each set of lesson plans.

Side 2 contains six musical pieces which have been selected to reinforce the concepts of feeling safe and unsafe.

Safe Skaters Waltz

Cradle Song

Adagio (Spartacus)

Unsafe Menace from the Deep

Deadly Nightshades

The Psycho Suite

It also contains sound effects for use with Senior Infant classes. (See Senior Infant lessons, Topic 3.)

Stay Safe: A Parent's Guide

This booklet contains an overview of the Stay Safe programme for parents. Information on bullying and child abuse is also included as well as some practical tips on keeping children safe and secure.

TEACHING THE STAY SAFE PROGRAMME

The Stay Safe programme utilises a multi-media approach to enhance learning and concept acquisition. Concepts are introduced gradually. Each new lesson builds naturally on the previous one. In common with other strands in the SPHE curriculum, much of the Stay Safe content is based on process and on establishing patterns of behaviour. Thus, the teaching process emphasises active learning and role-play. It is not enough that children remember the personal safety skills they learn, they must also be able to put these skills into practice in their daily lives.

There is an emphasis throughout the lesson content on positive experiences. This provides a secure base for dealing with situations which could threaten children's safety. Many teachers anticipate some level of embarrassment or "giddiness" when they begin to discuss inappropriate touching. This can be dealt with by predicting the children's initial embarrassed reaction and defining it as normal.

Since the underlying message of the Stay Safe programme is that children can and should tell an adult if they have a problem, it is possible that a child in the class may be prompted to confide in the teacher. Teachers should be familiar with Department of Education guidelines on responding appropriately to suspicions or disclosures of child abuse.

Establishing Ground Rules

Before teaching the Stay Safe lessons, teachers may find it useful to spend time establishing some ground rules for the implementation of the programme. Such rules could include: giving everyone an opportunity to speak; no interrupting; respect for one another and the adults in charge; confidentiality; support for one another; fair play.

Role-play

Role-play exercises form an essential part of the programme. Children need to have an opportunity

to translate concepts into behaviour. Therefore, it is important to involve as many children as possible in these exercises. PE/Drama classes can provide opportunities for further practise of the skills.

Allow the children to be in role. At the end of the exercise ensure that they have the opportunity to leave their role behind and return to their true selves. To facilitate this de-briefing process for younger children, teachers may like to let the children wear a scarf, an arm band or a wrist band as a sign that they are pretending. When the role-play is over they take off the particular object and then they are back to themselves again. At the end of the role play exercises, give the children time to reflect on the process and make sense of it.

Note: The role-play exercises in the Stay Safe video can be a useful way to get started.

Circle Time

From time to time during the implementation of the programme, some teachers may like to hold Circle Time with the children. If held regularly, Circle Time can improve children's self-esteem and promote greater co-operation within the school.

Procedure: The children sit in a circle. Each child says her name and one positive thing about herself. The game finishes when every child has had a turn. A different theme can be used every time, e.g. I like/dislike...; I am good at ...; I help...

Some teachers may not feel comfortable about doing Circle Time. However, even sitting in a circle when discussing the Stay Safe topics with the children can be advantageous. The circle creates a sense of togetherness and equality. It can make role-play easier and more participative.

Using Stories and Poems

Throughout the Stay Safe lessons stories and poems are used to introduce children to the various topics. The children can identify with the characters and their various experiences from a safe distance.

Note: Teachers may need to change the first names used in the stories and poems to avoid embarrassment or awkwardness if a child in the class has the same name.

Artwork

Drawing, collage and painting are the main art activities used in the programme. Artwork is particularly relevant when working with infants and children who have literacy problems.

Classroom Discussion

This is an important methodology used in the programme. The teacher needs to ensure that all relevant aspects of the topic under discussion are dealt with at a level appropriate to the age and developmental stage of the pupils.

Games and Group Work

Such activities are used to develop a spirit of co-operation and mutual respect between the children and to help them to work as part of a team towards a common goal.

Assessment

The final section of the Stay Safe lessons is entitled Learning Checks. Relevant activities from this section should be selected for assessment and

revision purposes on a systematic basis. Role-plays of the safety skills provide a good measure of what children have learned. Practice reinforces this learning. Observing the children in the classroom, at play time, during games and on school outings can also provide the teacher with important information on whether the children have learned the personal safety skills. This will allow the teacher to set revision tasks for the children based on areas where they are having difficulties. Themes from the Stay Safe programme can also be incorporated into activities such as art, drama, religious education or relevant areas of the SPHE curriculum. Consistent and planned revision of topics is essential for teaching personal safety skills.

Teachers' Feedback on the Programme

Teachers have reported that the programme enhanced their relationship with their pupils. Children began to see teachers as people they could confide in and teachers, in turn, found they were more aware of children's distress signals. The lessons opened up topics which may not have been discussed in the classroom before and allowed children to express their fears, doubts and insecurities. Many parents have reported a similar experience.

Social, Personal and Health Education and the Stay Safe Programme

The following table outlines how the core Stay Safe concepts can be incorporated into the SPHE curriculum.

	<i>Myself</i>	<i>Myself and others</i>	<i>Myself and the wider world</i>
SENIOR INFANTS	<p>Identifying safe and unsafe feelings.</p> <p>If I am bullied it is not my fault.</p> <p>Touches I like.</p> <p>Touches I don't like.</p>	<p>My friends.</p> <p>I am a good friend when</p> <p>What is bullying.</p> <p>What to do if bullied.</p> <p>I must not bully, it hurts others.</p> <p>If I see it happening to someone else</p> <p>My special helpers.</p>	<p>My 5 senses.</p> <p>Good secrets.</p> <p>Bad secrets.</p> <p>Getting lost – what to do.</p> <p>Knowing my name, address, telephone number.</p>
1ST OR 2ND CLASS	<p>Identifying “yes” and “no” feelings.</p> <p>Touches I like/dislike.</p> <p>Unsafe touches – inappropriate touches.</p> <p>Touches and secrecy.</p> <p>If someone makes me feel unsafe it's not my fault.</p>	<p>Friendship.</p> <p>Bullying - safety rules.</p> <p>The rule is never bully anyone – being considerate.</p> <p>What to do if others are being bullied.</p> <p>My Helpers – adults I can trust – telling</p>	<p>Strangers – who are they?</p> <p>The rules about strangers.</p> <p>Other safety rules.</p> <p>Answering the door and telephone.</p> <p>How to make a telephone call.</p>
3RD OR 4TH CLASS	<p>Feelings and emotions with specific reference to safety.</p> <p>My right to privacy – personal boundaries.</p> <p>Unsafe touches, inappropriate touches.</p> <p>My right to be safe - if someone touches me in a way that makes me feel unsafe it is not my fault.</p>	<p>Treating others with respect – their right to privacy.</p> <p>What to do about bullying.</p> <p>Telling – asking for help – who, when, where, how.</p> <p>Safety strategies to deal with unsafe or inappropriate touches.</p>	<p>At home alone – answering door/telephone.</p> <p>How to contact emergency services.</p> <p>Rules for being out and about.</p> <p>Rules if in a large gathering.</p> <p>Strangers – safety strategies.</p> <p>Threats and bribes and what to do.</p>
5TH OR 6TH CLASS	<p>My feelings.</p> <p>If I don't feel safe I can</p> <p>My right and that of others to personal boundaries and body space.</p> <p>My safety strategies.</p>	<p>Friends and different groups.</p> <p>Making and changing friends – friends confiding in one another.</p> <p>Bullying - understanding and dealing with it as the injured party, the onlooker, the perpetrator.</p> <p>Difficult secrets – it's still OK to ask for help.</p> <p>Choosing the appropriate time to talk, the best person to help.</p> <p>Dilemmas about telling – feel culpable, won't be believed, it's disloyal, adults not listening, telling and nothing happens.</p>	<p>Safety strategies when I'm out and about; alone; in large crowds; travelling.</p> <p>What to do about approaches or requests from strangers, adults I know, friends.</p>

TEACHING THE STAY SAFE PROGRAMME

Integrating Personal Safety Skills into the Curriculum

Cross-curricular activities can provide the most appropriate context for revising and reinforcing the Stay Safe topics.

Religious Education

Myself

My family

My friends

Adults who help me

My five senses

Respect for self

Respect for others

Oral Language

Vocabulary relevant to personal safety skills

Expressing feelings

Stories and poems

Problem solving - What if ...

Making requests, asking for help

Responding to a request

Developing social skills

Written Language

Writing Stories or poems

Completing worksheets

Reading - word recognition

Maths

Bar charts, graphs and pictograms depicting individual differences

Drama

Role-play and puppetry

Physical Education

Body awareness

Posture

Body language

Art

Completing worksheets

Drawing pictures

Making 3D models

Appreciating our sense of sight

Music

Stay Safe songs

Musical pieces which have been selected to reinforce the concept of feeling safe and unsafe.

Safe: Skaters Waltz, Cradle Song, Adagio (Spartacus)

Unsafe: Menace from the Deep, Deadly Nightshade, The Psycho Suite.

Appreciating our sense of hearing - sound effects side 2, audio tape.

BULLYING

Bullying is a behavioural problem which can affect the lives of many children and adults. Bullying behaviour is not confined to pupils and schools alone; it is prevalent throughout society - in the workplace and in the home.

“Bullying can be defined as repeated aggression, verbal, psychological or physical, conducted by an individual or group against others” (Department of Education, 1993). Bullying behaviour can be categorised as follows:

- Physical bullying: constant hitting, jostling, pushing around; it may also take the form of severe physical assault.
- Verbal bullying: persistent derogatory remarks about a child’s appearance, clothing, school work, family, family circumstances, ability at games etc.
- Constant interference with another child’s possessions, books, lunch, money or clothes.
- Deliberate exclusion or isolation of one child by some or all of the class group. It may be accompanied by writing insulting remarks about the victim, or passing around notes about or drawings of the victim.

Where does bullying happen?

“Most bullying in primary schools takes place in the playground or outside school, (usually on the way home)” (Byrne, 1994). Bullying may also take place in toilets, cloak rooms and corridors. It may be carried out by groups or by an individual.

How widespread is the problem?

Bullying is increasingly acknowledged both in Ireland (O’Moore, 1994; Byrne, 1993) and abroad (Olweus, 1992; Besag, 1989) as a significant problem in both primary and post-primary schools. A nation-wide survey on the prevalence of bullying conducted by the Anti Bullying Centre in Trinity College provides the most recent Irish statistics:

“Almost one in three primary pupils experience physical, verbal or psychological abuse” (O’Moore, Kirkham & Smyth, 1997).

Why some children are vulnerable

Any child may be bullied but research indicates that children who have a poor self-image and generally lack confidence are more liable to become victims as well as bullies. Children who attend remedial and special classes are also more vulnerable. Mitchel and O’Moore (1988) found that 16% of children in primary remedial groups bullied others compared with 8% in non-remedial groups. However, O’Moore (1994) also states: “It is now recognised that many of the negative and unsympathetic characteristics that are often ascribed to victims may be the result of long-term bullying rather than the cause of bullying.”

Why some children bully

Many children who become bullies are victims of bullying themselves. The behaviour can be learned from adults or siblings and may be the only way the child knows to assert him/herself. Others will bully because they find it difficult to fit in with their peers. Children who are physically, sexually or emotionally abused themselves may act out similar behaviour with other children. Children who are under severe pressure to succeed at all costs may try to bully their way to success. Bullying may be a reaction to something else in the child’s life, e.g. a new baby, a death in the family, a sudden illness or difficult home problems. A bully’s poor self-image and lack of confidence are deflected by directing attention away from himself and on to the victim. In counteracting bullying it is not enough to concentrate on victims only; building self-esteem with children who bully is just as important.

BULLYING

Possible signs of bullying

- Unexplained bruises, scratches, cuts.
- Fear of going home or out into the yard.
- Deteriorating school performance.
- Unusually anxious, nervous or tense in school.
- Evasiveness when questioned by a teacher about incidents.
- Becoming isolated in the class.
- Regular interference with books or possessions.
- Constantly asking for or stealing money (to pay a bully).

Effects of Bullying

- Reduced ability to concentrate.
- Poor or deteriorating work.
- Fear of going to school.
- Loss of confidence and self-esteem.
- Alcohol, drug or substance abuse.
- Aggressive behaviour.
- Depression.
- Inability to continue with education.
- Attempted suicide.

What can the school do?

The prevention of bullying should be an integral part of a written Code of Behaviour and Discipline in all primary and post-primary schools (Dept. of Education, 1993).

Before the issue of bullying can be confronted in schools there must first be a general acknowledgement that the problem exists. Many of us were brought up with the view that bullying was normal behaviour among children; there was very little one could do about it and therefore children should just put up with it. However, the effects of

bullying can be so severe that there is now general acceptance that the problem must be addressed.

The role of the school in the prevention of bullying is crucial and should include the following measures:

- Creating a school climate which encourages children to report bullying.
- Raising awareness of bullying through programmes like Stay Safe, Sticks and Stones and the Be Safe Garda programme.
- Providing comprehensive supervision of pupils at all school activities.
- Developing clear procedures for reporting and investigating bullying.
- Providing a supportive environment for those affected by bullying behaviour
- Liaising with relevant agencies in the local community.
- Circle Time is commonly used in schools in Norway as a method for dealing with bullying and other inappropriate behaviour. (See Resource List for relevant publications.)

Helping children who have been bullied

- Have children define bullying. What is bullying? How does it make them feel? Children should be given an opportunity to express their feelings about being bullied.
- Examine the victim's behaviour. Is there something in the child's demeanour that attracts the bullying? A child's self-image and body language may send out messages to potential bullies. Teaching children to say "No" in an assertive tone of voice and to carry themselves in a confident way will help them to deal with many situations (see Stay Safe lessons).

- Establish a sense of equality within the group, i.e., the same entitlement to space, opinions, their own possessions, etc.
- Get other children to help by pairing vulnerable children with more confident ones. Try to get the children to understand how the victim feels. Too often children join the bully from fear of victimisation themselves.
- Children who are loners are extremely vulnerable. Parents need to be alerted to this and encouraged to help their children by facilitating friendships.
- Let children know that they did the right thing by telling and that it is not their fault if they are being bullied. Avoid making the victim feel guilty or ashamed for telling. The most 'successful' bullies are those who can keep their victims quiet by threatening or humiliating them.
- Keep an account of incidents to help you assess how serious the problem is.
- It is important to be realistic; it will not be possible for a single child to assert his rights if attacked by a gang. Children should be advised that in these situations the safest option is to get away and tell (see Stay Safe lessons).

Dealing with bullying behaviour

- One of the most frustrating things for teachers can be trying to get to the source of a bullying incident. Bullies regularly re-define their behaviour by saying, "I was only playing with him" or, "It was only a joke." This places the blame on the victim because they appear to have no sense of humour or to be unable to participate in a game. These statements should not go unchallenged. If it was only a joke, do you think the victim found it funny? If it was an accident, did you stop and help the victim? Did you apologise? Getting the bully to write an account of the incident can offer a good

opportunity to the teacher to help the bully to reflect on his behaviour and gain some understanding of how the victim feels.

- Parents often find it difficult to accept that their child is a bully. Keeping a record of incidents or accounts written by the child will help. It is easier for parents to accept their child's behaviour if they are approached in a helpful way.
- In dealing with the bully separate the incident from the child. Give the message that you disapprove of the behaviour and not of the child. Sometimes the behaviour can be a reaction to some stressful event or change in the child's life, e.g. a new baby, a death in the family, a difficult home problem. Bullies often suffer from poor self-esteem. Use every opportunity you can to praise good, considerate, helpful behaviour. Don't only look for negatives. Praise helpful, kind behaviour at every opportunity.
- Do not punish bullying by being a bully yourself. This will only make the situation worse.

Bullying Gangs

Children should understand that there are no innocent bystanders where bullying is concerned. They have a right to tell whether or not they themselves are the victims. Children can become involved in gang activity without feeling they are in fact "the bully". Dealing with bullying groups can be very difficult as children tend to shift the blame around from one to the other. The following suggestions may help:

- Discuss the incident with each of the children separately. Get each child to write an account of what happened.
- Point out to the bullies how they have broken the school rules and how you expect them to behave. Get them to describe how the victim

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might have felt. If they were the victim, what would they expect you to do?

- Bring the group together and get each one to describe to the others what happened at their individual meetings with you. This ensures that they all take responsibility for the bullying.
- Emphasise that they are all equally responsible for what happened. Discuss how they can repair the damage. You may get them to apologise to the victim or victims.
- Discuss what they will do after the meeting - what they will tell their classmates, etc.
- Talk to the parents of all children involved. Show them the written reports and enlist their support.
- Remember to reinforce, at every opportunity, caring, helpful behaviour between the children, particularly those who may have bullied in the past. This will help to ensure that the change will be lasting.

Note: Specific bullying incidents are best investigated outside the classroom situation.

Building self-esteem and confidence is equally important for both victims and perpetrators of bullying. This work can be achieved in a structured way particularly through Social personal and health education in the primary school curriculum. The Stay Safe lessons on bullying offer clear objectives through which teachers can begin to confront the problem of bullying. However, it is a problem which requires the co-operation and support of schools, parents and the wider community.

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Child abuse is an emotive issue which evokes strong feelings. This fact must always be kept in mind when the topic is being discussed, e.g. at a parents meeting, in the staffroom. There may be someone present who has had direct experience of child abuse which continues to have an impact on his or her life.

Public awareness and concern about child abuse is a relatively recent phenomenon, although the problem itself has always existed. The notion of childhood as a time of carefree innocence is far from reality for many children. Child labour and child prostitution are still common in some parts of the world. Historically, children were seen as the property of their guardians rather than individuals in their own right. Definitions of child abuse are not static; they reflect the attitudes of society at a given time. For example, there was a time when child labour was not uncommon in this country.

In the current literature child abuse is categorised into four distinct forms:

- Physical abuse
- Neglect
- Emotional abuse
- Sexual abuse.

While these categories are useful in helping us to understand the issues involved, it is important to note that most abused children will experience more than one type of abuse. For example, a child who is sexually abused may also experience physical abuse and injury.

Physical abuse and neglect were the first categories of abuse to be recognised. Neglect is probably the most common form of abuse. In the 1960's the "Battered Baby" syndrome (Kempe et al. 1962) received much attention. The prevalence of sexual abuse only began to come to light in the 1970's. Emotional abuse is the category most recently recognised. It is often a component of the other forms of abuse.

Although a child is more likely to experience abuse at the hands of parents or guardians, abuse may also be carried out by other adults or by older children or adolescents.

The Extent of the Problem

Due to the secrecy surrounding most incidents of child abuse, the true extent of the problem is difficult to estimate. The adult who is abusing or neglecting a child will usually not want this to be known by others. The child may be too frightened to tell, or may not know how to talk about the abuse (see *Why Children Don't Tell About Child Abuse*, page 24). Child abuse is complex and therefore is difficult for others to identify. The *Kilkenny Incest Investigation* (1993) states: "The true prevalence and current incidence of child abuse is not known and despite prevention programmes, some children are likely to remain in situations of abuse out of fear, family pressures, guilt or shame." The *Law Reform Commission Report* (1989) also states that there is a firm and broad consensus that the number of officially reported cases of child sexual abuse does not accurately reflect its true occurrence.

Department of Health statistics on Child Abuse

The number of cases of child abuse reported to Health Boards continues to increase annually. Health Boards have a statutory duty to investigate all reports of child abuse. Sometimes it can be difficult to proceed, particularly if the referrer does not want to give his or her identity. Referrers are normally required to give their identity before action can be taken.

DEPT. OF HEALTH STATISTICS			
	1991	1994	1995
Total no. of child abuse reports	3856	5152	6415
Physical abuse	641	990	1409
Neglect	1414	1959*	2181
Emotional abuse	294	387*	384*
Sexual abuse	1507	1816	2441

* Statistics incomplete

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Child Abuse and Schools

School personnel are increasingly becoming aware of concerns about all forms of child abuse. It is important for all school personnel - chairpersons, principals, teachers and ancillary staff - to have some awareness and knowledge of the different types of abuse and their common indicators and effects. Also it is the responsibility of all school personnel to be familiar with the Department of Education's guidelines for reporting allegations or suspicions of child abuse.

Physical Abuse/Non Accidental Injury

Physical abuse may be defined as injury where there is definite knowledge or a reasonable suspicion that the injury was deliberately inflicted, or knowingly not prevented.

It may be indicated by:

- Burns and scalds
- Bites
- Unexplained bruising in soft tissue areas
- Fractures
- Cigarette marks
- Signs of shaking
- Marks from implements
- Torn frenulum (where the mouth is bruised as a result of forced bottle feeding)
- Genital/anal injuries
- Repeated injury
- Excessive force when handling a child.

Physical abuse is sometimes detected when the parents' explanation for bruising or injury does not concur with the child's. Parents may refuse or be reluctant to give information about what happened. There may be visits to different hospitals or GP's to avoid detection. This was particularly highlighted in the Kilkenny Incest Investigation (1993). The

presence of suspicious injury is generally a mandate for immediate intervention in order to ensure the protection of a child.

However, state intervention to protect children is regarded with ambivalence. There is a constant tension between the perceived rights of guardians and those of children. The debate about the legitimacy of physical punishment of children is a case in point.

Research has indicated that on average every year two children die from physical abuse in Ireland (Irish Medical Times, 1994). Some cases of physical abuse involve deliberate intent on the part of the adult inflicting the injury. Others occur in situations where parents are using physical sanctions as punishment and excessive force results in injury to the child. Information regarding the circumstances of the injury and the motivation of the person who inflicts the injury is crucial in determining how to minimise risk to the child involved. It is important that when non-medical professionals, including teachers, are reporting physical indicators of abuse, they focus on observable indicators (e.g. describing the size, colour and location of a bruise) and do not try to diagnose how the injury could have occurred. When there are concerns regarding physical abuse, a child will usually be referred to his GP or to hospital medical personnel for assessment and diagnosis.

Neglect

Some families suffer traumas (e.g. bereavement, illness, unemployment) which may result in less than adequate care of the children in the short term. However, following the initial shock and disruption of the trauma, they and/or others become aware of the impact on the children and find ways to improve the care of their children through other means of financial and social support (e.g. through the involvement of relatives and extended family or charitable agencies such as, St. Vincent de Paul). Neglect, however, is regarded as child abuse when it

is persistent and severe, and results in serious impairment of the child's health or development. It includes:

- Inadequate provision of food
- Inadequate clothing and shelter
- Inadequate medical care
- Abandonment
- Inadequate supervision
- Persistent failure to ensure attendance at school
- Lack of protection from or exposure to danger.

When school personnel are making a referral to the local Health Board regarding concerns about neglect of children, it is important that as much specific information as possible is provided (e.g., how frequently the children are hungry and/or without lunch; what clothing they are wearing which is inadequate for cold weather).

Neglect rarely comes to the attention of social workers through a precipitating incident, apart from a report of children being left alone. Social workers often have lengthy involvement with chronically neglecting families. It is sometimes difficult to motivate parents to avail of the help or support offered. Many parents who neglect their children may have experienced neglect themselves in childhood and do not have an awareness of the impact of childhood experiences upon them. Nor have they developed the personal and parenting skills that would allow them to adequately care for their children. Such parents may benefit from direct advice, guidance and support in their own home. The modelling of good parenting practice is a crucial part of the therapeutic progress here. Parents may gain much benefit from working directly with experienced parents and/or professionals in a non-threatening and family-like environment, such as a local Family Resource Centre.

For some families intensive and long-term professional support is not sufficient to substantially

reduce the level of neglect. It then becomes necessary for decisions to be made regarding removing the children into care. This is usually a difficult decision to make as in some families where neglect is a key concern there may also be a positive relationship between parents and children. The removal into care will fundamentally change and disrupt these relationships.

It is important to identify poverty issues when working with families where neglect is apparent. There is a key difference between parents who deliberately do not provide adequate food, clothing and shelter, and parents who are unable financially to do so.

Emotional Abuse

Judgement as to what constitutes emotional abuse is a matter of degree, opinion and values. One definition of emotional abuse is that "Emotional abuse and neglect refers to hostile indifferent parental behaviour which damages a child's self-esteem, degrades a sense of achievement, diminishes a way of healthy vigorous and happy development" (Iwaniec, 1995).

Emotional abuse broadly includes:

- Severe rejection
- Verbal abuse/constant criticism
- Severe lack of comfort and/or love
- Severe lack of stimulation
- Severe lack of appropriate handling, e.g., age-inappropriate expectations
- Severe lack of continuity of care, i.e., frequent changes of carer
- Serious over-protectiveness
- Inappropriate non-physical punishment, e.g. frequent locking in a bedroom for long hours
- Witnessing domestic violence.

A child who is emotionally abused may also

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experience physical neglect, but this is not always so. A child can be clean and physically cared for but still be emotionally abused.

The literature suggests that a distinction should be made between emotional abuse, which is overt and deliberate, and emotional neglect which is passive and unintended. The distinction is critical in determining intervention and treatment. A parent who deliberately inflicts emotional abuse on a child requires a different type of intervention and treatment than a parent who is unaware of the impact of how he relates to his child, and perhaps initially needs education regarding this. For example, a parent who overprotects a child may perceive this as a way of showing how much he cares for the child and may not realise the negative effect it can have on a child's development. The individual personality of the child is also crucial in determining the impact of emotional abuse and neglect.

Emotional abuse is difficult to identify, as its dynamic is often in the interaction between parent and child, and does not produce clear indicators and symptoms. The abuse may be overt or may sometimes be quite subtle. Also, the interaction between parent and child may take on a different dynamic when others are present.

Emotional abuse is receiving increased attention in the media and professional literature. Adults are describing the long-term impact of such abuse in their lives and especially on their relationships with partners and children. Given that all types of abuse involve some level of emotional abuse, it is crucial that the long-term effects of such abuse are known and acknowledged.

Sexual Abuse

Sexual abuse is defined as the "involvement of dependent, developmentally immature children and adolescents in sexual activities which they cannot fully understand and to which they are unable to give informed consent" (Kempe, 1978). Sexual abuse

violates social taboos and is a criminal offence.

Sexual abuse includes:

- Indecent exposure
- Inappropriate fondling or kissing
- Masturbation (of child or of abuser)
- Digital penetration
- Oral/genital contact
- Anal/vaginal intercourse
- Exposure to pornography
- Use of children in the making of pornographic material, photographs, videos
- Child prostitution.

The Abuser

As with other forms of child abuse, the abuser may be male or female, of any age, and of any social background. In some cases the offender may have been abused as a child. The majority of known abusers are male. There may be a higher percentage of female abusers than that suggested by current statistics (approx. 2%) (McKeown, Gilligan, 1988; Gillham, 1991). A high percentage of the cases reported to the Health Boards involve male abusers in their teens and twenties.

Three categories of sexual abusers of children have been identified:

- The adult whose sexual orientation is exclusively towards children (boys and/or girls).
- The adult who is socialised to adult sexual relations but retains a preference for sexual contact with children, and may be sexually active with either or both.
- The adult who normally engages in sexual relations with adults, but who regresses to a sexual relationship with a child in times of stress.

The sexual abuser will normally try to develop a

special relationship with a child which superficially may have positive aspects (e.g., playing games with the child; special treats and activities). However it is within this relationship that the child is targeted, groomed, tested and finally abused. Sexual abuse is habitual and compulsive. It is not yet understood what triggers the first abusive episode, but once the pattern starts it is extremely difficult for the abuser to stop.

Most sexual abuse occurs within the immediate or extended family situation, by an adult who has close contact with the child and is in a position of trust. A significant number of abusers are neighbours, close family friends and baby-sitters. Thus, the majority of abusers are well known and trusted by the child. A smaller number of abusive situations occur between children and strangers.

The Victim

Any child may become the victim of sexual abuse. However, certain children may be more vulnerable than others. Examples would include the timid child who is afraid to tell, the loner, the child who craves affection. Confidence and assertiveness are protective factors. Research has shown that children with special needs are three to seven times more vulnerable (Briggs, 1995).

Victims of child sexual abuse may be any age from infancy to late adolescence. The majority of known cases involve children between the ages of four and twelve. Boys are as vulnerable as girls. However, it is probably more difficult for boys to disclose abuse, due to societal expectations.

How does the Child feel?

Children have many different feelings about sexual abuse. They may spend a lot of time being afraid and worrying about the next occurrence or what will happen if someone finds out. They may be confused because they cannot understand what is happening or why. A child may be fearful that should he tell he would not be believed. A child may also be threatened or coerced into not telling.

Children who have been sexually abused often feel guilty. They may feel responsible for the abuse and think they should be able to stop it. The child may feel that she is keeping the family together by going along with the abusive relationship. Children who have been sexually abused from an early age may regard it as 'normal' and assume that it happens to everyone.

Children who are being sexually abused experience many conflicting emotions. They may both love and hate the person; they may feel terrified of the abuse happening again, yet enjoy parts of it. Such strong emotions are natural reactions and children find it hard to make sense of them.

Effects

The effects of child sexual abuse vary, depending on the victim's age and personality, the nature of the incident and the relationship to the perpetrator. A single minor incident may cause temporary emotional disturbance such as embarrassment, confusion, fear or distrust of strangers. Prolonged or serious abuse, however, is nearly always a profoundly disruptive and destructive experience for the child.

The effects of child sexual abuse may include depression, withdrawal, truancy, school failure, running away from home, physical injuries and even suicidal behaviour. Children may experience disturbances in eating habits, insomnia, nightmares and psychosomatic symptoms such as headaches.

Emotional reactions may include guilt, anxiety, shame, anger and a sense of rejection. Although some children who have been severely sexually abused may display much pseudomaturity, they frequently possess very poor social skills and have poor peer relationships.

Perhaps the greatest injury to children comes from their sense of betrayal by the person who abused them. The more important the relationship, the greater the betrayal and loss. This is especially true when the abuser is a parent.

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Long Term Effects: One of the long term effects of child sexual abuse is lowered self-esteem in both men and women who have been sexually abused as children. Adults who have been sexually victimised in childhood often experience relationship problems, parenting difficulties, sexual problems, difficulties in developing trust in other people and other general psychological problems such as anxiety and depression.

Women who are victims of sexual abuse frequently become victims later in life. There is an unusually high incidence of childhood sexual victimisation in the history of rape victims, including victims of marital rape, and also in the histories of women who become victims of marital violence (Law Reform Commission, 1989).

Treatment

The child: Sexual abuse can have very serious consequences for the child. Difficulties may persist into adulthood, making relationships with partners and children problematic. However, with treatment and counselling, most children can come to terms with the abuse and go on to lead a normal life. The earlier the abuse is detected, the less traumatic it is likely to be. An initial supportive response to the child who discloses is very therapeutic and is strongly linked to a positive outcome. Should a child disclose to a teacher, his or her response to the child will be significant in determining a positive outcome.

The abuser: To protect children from abuse, it is very important to develop effective deterrents and treatment programmes for offenders, preferably at an early stage. Sexual abuse is not an illness; there is no cure, only management and control. A vital part of the treatment programme involves the abuser accepting total responsibility for the abuse and acknowledging its unacceptable nature. Improved knowledge of the dynamics of sexual abuse will assist in the effective design of prevention programmes.

Why children don't tell about child abuse

Many children do not tell about abuse. However, they may refer to it in an oblique fashion. Children do not tell because they may:

- Have been threatened or intimidated by the abuser
- Lack the language to describe what has happened
- Be unaware that the abusive behaviour is unacceptable
- Be afraid that they will not be believed or will not receive support from adults
- Fear the consequences of disclosure
- Feel that they are in some way to blame for the abuse.

Sometimes children do tell and steps are taken to end the abuse. Unfortunately, in some instances, the adult's response is inappropriate. The child may be ignored or not believed, or may even be urged, perhaps implicitly, to co-operate with the abuser.

The Determinants of Abusive and Neglectful Parenting

There is no predictive profile of an abusing parent or guardian. The ability to parent children in a caring and effective way is passed from one generation to the next. Similarly, cycles of abusive behaviour are also passed from one generation to the next.

The determinants of abusive behaviour are complex. The parent's own developmental history, personality and level of maturity may promote or disrupt the process. The individual child's temperament and other characteristics such as their developmental level, play a role in determining parenting behaviour. Sources of stress and social support also impact on the parent/child relationship and affect a parent's ability to respond appropriately to the child.

There are a number of risk factors and stressors which have been found to be associated with difficulties in parenting, and which can be predictive of abusive behaviour.

Risk Factors

- Low parental self-esteem
- A history of abuse in the parent's own childhood. If one's needs were not met to a minimum degree in childhood, one may not have the current emotional capacity to parent.
- Very immature or young parents
- Lack of material and/or emotional support
- Drug or alcohol addiction
- Psychiatric illness
- Unrealistic expectation of child's ability
- Difficulty in seeking help appropriately; may be suspicious and feel victimised
- Cut off from community, often while maintaining a facade of self-sufficiency
- Inability to deal constructively with tension or frustration.

Adults who have experienced childhood abuse

Some users of the Stay Safe Programme may themselves have had direct personal or familial experience of child abuse. Many will have coped well, with a supportive network of family and friends. However, discussions of child abuse may evoke in them painful memories and emotions. Anyone experiencing such reactions to the programme should be aware that adults who have experienced childhood abuse often find it necessary and helpful to talk to a supportive person in a non-threatening and confidential environment, e.g. a professional counsellor. To facilitate the healing process it is important that time and space is given to this. Various organisations provide support and advice regarding such counselling. Please see the list of relevant organisations at the back of this handbook. Your local health board social worker can also advise you. Teachers may contact the Department of Education's Employee Assistance Service through their local Education Centre.

INDICATORS AND EFFECTS OF PHYSICAL ABUSE, NEGLECT, EMOTIONAL ABUSE AND SEXUAL ABUSE.

There is no single indicator which offers conclusive confirmation of child abuse. All indicators should be seen in the context of a constellation of factors and consideration of the particular family and/or situation (Department of Health Child Abuse Guidelines, 1987).

Children display their distress and concerns in many different ways and some children show no overt signs of abuse at all. However, checklists of indicators of abuse are useful in highlighting common signs and symptoms which we should be aware of as possible indicators of abuse.

	Physical Indicators	Behavioural Indicators
Physical Abuse	<ul style="list-style-type: none"> • unexplained burns or scalds • human bite marks • unexplained bruising, especially in soft tissue areas • fractures • cigarette marks • signs of shaking • marks from implements • torn frenulum (where the mouth is bruised as a result of forced bottle feeding) • genital/anal injuries • recurrent and/or untreated injuries 	<ul style="list-style-type: none"> • behavioural extremes, acting-out, aggressive behaviour, overly compliant behaviour • self-destructive behaviour • 'frozen gaze', i.e., wide-eyed immobilised expression of child who has learned not to cry because he will be subject to physical abuse
Neglect	<ul style="list-style-type: none"> • constantly dirty and/or inappropriately dressed • constantly hungry • constant tiredness or listlessness • unattended medical problems 	<ul style="list-style-type: none"> • frequently begging or stealing food • poor or no social relationships • frequently absent or late for school • destructive tendencies
Emotional abuse	<ul style="list-style-type: none"> • physical developmental lag • sudden speech disorders • self-injury • sudden onset of eating problems particularly related to the start of puberty 	<ul style="list-style-type: none"> • delayed mental and emotional development • behavioural extremes; aggression or passivity • neurotic traits (rocking, thumb sucking in older children) • self-deprecation • frequently stealing or begging for food • running away (esp. adolescents) • delinquent behaviour (esp. adolescents)
Sexual Abuse	<ul style="list-style-type: none"> • stained, torn or blooded underclothing • pain or itching in genital areas • bruises or bleeding in external genitalia • difficulty walking or sitting • sexually transmitted diseases • pregnancy 	<ul style="list-style-type: none"> • detailed or age-inappropriate understanding of sexual behaviour (esp. young children) • age-inappropriate sexual behaviour • excessive fear of physical contact with adults • behavioural extremes, aggression or withdrawal • self-destructive behaviour • unusual reluctance to participate in normal activities involving the removal of clothing, e.g. changing for swimming, PE, etc.

NO ONE SINGLE INDICATOR IS CONCLUSIVE EVIDENCE OF CHILD ABUSE

The School's Response To Disclosures And Suspicions Of Child Abuse

Note. It is the responsibility of chairpersons, principals, teachers and ancillary staff to be familiar with current procedures on reporting allegations or suspicions of child abuse.

Disclosures

An issue that arises for teachers is the possibility of a child disclosing abuse to them. While this may be a rare event in most teachers' careers, a changing school ethos and the introduction of personal safety skills education may increase its likelihood.

Child abuse can come to the attention of teachers in a number of ways. A child may disclose directly to a teacher. Concerns about abuse may arise from third party information, by observation of an injury, or from aspects of the child's behaviour.

The initial response to a disclosure is crucial. It is important for teachers to acknowledge their own emotional reaction in order to facilitate an appropriate response. Hearing a disclosure is likely to be distressing, and some of the common feelings experienced may include shock, anger, disbelief or disgust.

The handling of a disclosure from a child is an extremely delicate and sensitive issue. It must be acknowledged that the child is likely to be under severe emotional stress and is depending on an adult for help. Great care must be taken not to damage that trust. It has also been shown that the manner in which the adult responds to the disclosure is very important in terms of minimising or shortening the long-term effect of abuse on the child.

In the event of a disclosure the teacher should:

Listen

Allow the child to tell you what happened in his own words without too much prompting. Give the child time and space. Let the child know that you are not afraid to hear what happened.

Tell the child that you believe her

It is rare for children to lie about abuse; the vast majority of children who report an incident of abuse are telling the truth. Primary school children should not have the knowledge to make up coherent, consistent stories of sexual abuse.

Stress that the child was right to tell

This cannot be done too many times. It is very important to counterbalance the messages the child has been receiving from the abuser.

Emphasise that the child is not at fault

It is important that the adult stress that it is not the child's fault that the abuse took place. It is common for children to blame themselves when they are abused.

Stay in Control

Keep control of your emotions and stay calm. This approach helps to reassure the child that the adult is strong enough to handle the information that he is given. The initial response is crucial, as the child may not continue to tell if he or she senses anger, embarrassment or other strong emotion in the adult.

Be honest about what will happen next.

Do not make unrealistic promises. The child should be told that there are adults who can help. Explain that you will have to talk to another person in order to get help.

Record

Make notes of dates and details as soon as possible after the child has disclosed.

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Suspicious

Direct disclosure of abuse to a teacher is unusual. It is more likely that teachers will occasionally have suspicions that a child is being abused or neglected. It is important to document the grounds for suspicion. Over a period of time, these may build into a more definite picture.

General Advice for Teachers regarding Disclosures and Suspicions of Child Abuse

It is important for teachers to remember that in making referrals in relation to child abuse, they are merely forwarding information to the relevant authority, i.e., the local Health Board. By referring concerns about a child to the Health Board, the teacher is acting in the child's best interests and is not making personal allegations.

A teacher may seek an informal consultation with a social worker in order to help to decide whether a referral is warranted. If the teacher feels that there are sufficient grounds for concern, the next step is to implement the Department of Education guidelines.

When making a written referral to the Health Board, what is needed is clear, concise and factual information about:

- What was seen - if a physical injury is involved, a simple sketch would be helpful.
- When - record the date and time.
- What was said - record exact words if possible.

In the interests of confidentiality, teachers may wish to use a code or roll number rather than the child's name in these records. It is useful to retain any relevant written material or drawings.

Dealing with a case of child abuse can be a traumatic experience for the teacher. Personal and professional support may be warranted.

Normally, a teacher will consult with parents about any concern he or she may have in relation to a

child's progress or behaviour. The parents may be able to provide an explanation for a child's distressed behaviour. Concerns about a child's welfare may also be discussed with relevant school staff, (e.g. last year's class teacher). However, when a child has disclosed or there is serious suspicion of child abuse and a referral is being made to the local Health Board, it is not the responsibility of school personnel to make enquiries of parents or guardians. Such enquiries are in breach of Department of Education Guidelines. It is the responsibility of Health Board personnel to investigate suspected abuse and determine what action to take, including notifying parents and Gardai (Department of Education, 1991).

Confidentiality

The need to maintain absolute confidentiality is crucial. The communication of information must be confined to those who have an obligation to receive it. It is vitally important that teachers do not step out of their professional role and be seen to investigate or accuse anyone of abuse. It is for this reason that confidentiality must be the watchword of all these proceedings, with information given strictly on a "need to know" basis. It must be recognised that assessing the validity of allegations and suspicions of child abuse is a highly complex and specialised task.

Health Board Response to Child Abuse

The responsibility for the management, monitoring and co-ordination of child abuse cases rests with the 'designated officer' in each Health Board Community Care Area. While previously this role was undertaken by the Director of Community Care/Medical Officer of Health, the management structure in community care areas is being developed and the 'designated officer' may be the Child Care Manager or the Head Social Worker.

However, the task of investigating each referral is usually carried out by a community care social

worker. Often the social worker is the first point of contact that the person making the referral (referral agent) will have with the community care programme. The social worker attempts to establish whether there are grounds for concern about the welfare or safety of the child. This will involve gathering information from some or all of the following: the referral agent; the parents and the child; other community care personnel; the school; other agencies involved with the family. It may be necessary to refer the child for medical examination or for sexual abuse assessment. It is necessary to have parental consent for these procedures.

It is usually necessary to inform parents of the source of referral. This is particularly true when the concerns being expressed regarding a disclosure or the child's behaviour or physical condition are specific to a particular environment, such as the classroom. If the Health Board personnel decide that a care order is necessary to remove the child from his parents' care, a court hearing will usually require disclosure of the source of referral.

The child remains in the family during the assessment as long as the health board is satisfied that the child is not at immediate risk and is receiving adequate care and protection. If the alleged abuser is a family member he or she may be asked to leave the home until the assessment has been carried out. If necessary the child will be taken into care and placed in either foster care or a residential unit. This may happen on a voluntary basis or by court order.

When the assessment is completed a plan is developed as to the most appropriate way of dealing with the case. This plan may include recommendations for counselling, therapy or support services for the child or the family. These services may be delivered by the health board or other agencies. In some cases the plan may involve the child being received into care by the health board. This may be voluntary (i.e. with parental consent) or by way of a court hearing and the

granting of a care order. The social worker will continue to work with the child and family while the child remains in the care of the health board. It is open to the parents or health board to have the care order revoked.

Where a Health Board suspects that a child has been physically or sexually abused or wilfully neglected, the Gardai will be notified.

Social Workers' Investigative Powers

Referrals are received from a variety of sources, including family, neighbours, and professionals working with children. On receipt of a referral, the social worker will check with other professionals in an effort to acquire information about family circumstances. He or she will then approach the parents or guardians to discuss the allegations of abuse. The social worker has no automatic right of entry to a house. If the parents or guardians refuse to co-operate, the investigation may be unable to proceed unless further evidence comes to light.

Parents or guardians must also give consent for a child to be interviewed or medically examined. Accordingly, the social worker may not call to the school to interview a child without their knowledge.

Case Conferences

A case conference is an information and decision making forum. The case conference has a central position in the multi-disciplinary management of child abuse cases. It is usually attended by the Director of Community Care or his or her delegate; a Senior Social Worker; the Case Social Worker; and others who may have some contribution to make - Gardai Juvenile Liaison Officer, Public Health Nurse, etc. It is also becoming increasingly common for parents to be invited for part or all of the care conference. The teacher may be asked to participate in order to discuss a child in his class and/or may be asked to provide a written report. Should a teacher be requested to attend a case conference permission

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must be obtained from the Board of Management. At present the Department of Education does not provide substitute cover for such absences. On the basis of discussion by the professionals involved at a case conference, an agreed programme of intervention is planned. Tasks are allocated and key workers assigned to carry them out. A date is set to review progress.

Children in Care

Social work intervention is focused on maintaining children in their families whenever possible. Children are only taken into care by court order when considered essential for their protection. Children may come into care as part of an agreed plan with the guardians (voluntary care). If it is necessary to remove a child without consent, the Health Board applies to the district court for an

Emergency Care Order allowing for the transfer of the child to the Health Board's care until an application for a Care Order can be heard. Many children in the Health Board's care on a Care Order will remain in care until the age of 18. However, some children will return to their own families if and when the level of risk has reduced and their care and protection can be ensured.

While the child is in care a social worker will be assigned to work with the child and his or her family. Usually the child maintains contact with his family while in care. The child's teacher may be asked to produce a report at intervals which will be discussed at a review of the child's progress. Teachers sometimes attend these reviews if educational issues are a key concern. (Please see Children in Care - What Schools Need to Know, Eastern Health Board/Western Health Board, 1998).

APPENDIX A

C.A.P.P. Training for Parents

Parental participation is an integral part of the Stay Safe programme. Parents need to consider how they can help to protect their children from victimisation. They also need to individualise the material covered in the Stay Safe lessons for their own children.

Format for C.A.P.P. Parent Education

Purpose: To encourage parents to play an active part in protecting their children from victimisation. To achieve this -

- Parents are given factual information on bullying and child abuse.
- Parents are given the opportunity to familiarise themselves with the Stay Safe programme.

Opening statement: Principal/teacher outlines school's plan for implementing Stay Safe.

A. Work you can do with you child before they are taught Stay Safe (see Preparatory/Parallel work in Stay Safe Lessons)

- Expressing feelings
- Self Esteem
- Assertiveness
- Personal Boundaries and Body Space
- Safety Vocabulary

Note: Some schools may like to run a separate meeting on these issues.

B. The Stay Safe Lessons (see relevant lesson plans)

Brief background to its development. The programme is a joint initiative involving the Department of Education and the Department of Health.

Five Core Topics of Stay Safe

1. Feeling Safe and Unsafe

- Helping children to recognise when they feel safe and unsafe.

- “Yes” feelings are safe feelings, “No” feelings are unsafe feelings.

- Giving children skills to cope with common emergencies like getting lost.

2. Friendship and bullying

- The importance of friends in children's lives.
- What to do about bullying. It is not your fault if you are bullied.
- Stay Safe rules: Say “no”, Get Away and Tell.
- Importance of not bullying others.
- Onlookers and bullying.

3. Touches

- Appreciating normal appropriate affection.
- Touches children like.
- Touches children dislike.
- Touches and secrecy.
- The Stay Safe safety rules.

4. Secrets and Telling

- Recognising good and bad secrets.
- Telling a trusted adult about any problem a child may have.
- When, where and how to tell.
- Telling about a “no” feeling even if it involves someone you know.

5. Strangers

- Misconceptions children may have about strangers.
- Stay Safe safety rules.
- Dealing assertively with approaches from strangers.

C. Display Teaching materials.

- 4 sets of lessons: senior infants; 1st/2nd class; 3rd/4th class; 5th/6th class.

APPENDIX A

- Worksheets: Each set of lessons contains a number of templates for children’s worksheets. Ideally, these worksheets should be used as homework. Each worksheet contains a space for a parent’s or guardian’s signature. Parents are asked to use the worksheet to discuss the topic covered with their children. The parent booklet suggests ways in which they might do this. In this way, parents are aware of what their children are learning and have an opportunity to personalise the lessons for their own children in a way that is not possible within the classroom.
- Music Tape
- Video 1st - 4th classes.

D. Factual information on bullying and child abuse (see Stay Safe - A Parents Guide)

- Bullying and child abuse defined
- Prevalence
- Signs and symptoms. Refer parents to “Stay Safe - A Parents Guide”

Closing remarks: Recap on when the school will be starting the programme and emphasise the importance of parents playing their part.

Questions and Answers.

APPENDIX B

PARENT-TEACHER MEETING

Commonly asked questions and suggested answers

Won't children be at some risk no matter what you teach them?

Yes. Unfortunately, this is true. It is not possible to safeguard children all the time. However, research has shown that children who have been taught safety skills are less likely to be abused. Abusers like to pick on easy targets – those who are not likely to resist or to tell.

Will children lose trust in adults if they are taught to say “No” to people they know?

No, children are taught that they can trust most adults and that adults can help and protect them. They are taught to tell an adult if they are upset, worried or afraid.

Will the programme make children afraid of all kinds of affection, even normal affection from their parents?

Children are naturally affectionate and they need affection in return. During the Stay Safe lessons children are reminded, time and time again, that touches and hugs and kisses are part of the normal affection that parents show to their children. Children are simply taught that if a touch is confusing or upsetting or if someone asks them to keep a touch a secret they should tell someone about it. When parents hug their children or kiss them goodnight they do not ask them to keep it secret.

Would it not be sufficient to warn children about strangers?

No. Unfortunately, in the majority of cases the abuser is known and trusted by the child.

Will this programme frighten children?

The Stay Safe programme approaches the subject of prevention in a very gentle and non frightening way. We have found that children enjoyed and looked forward to the lessons. If children know that

there is something they can do to keep safe, they will feel safer and more confident. There are no explicit details about abuse in the lessons or video. Children are simply taught that if a touch is confusing or upsetting they should tell someone about it.

Might a child be in danger of violence if they try to resist?

The programme does not encourage violent, physical resistance as this might place children at risk. The emphasis is on teaching children that they can get help by telling an adult they trust.

Is there a danger that teaching children to say ‘No’ will make them disobedient?

No, the difference between saying “No” to unwanted touches or saying “No” to strangers, and saying “no” to the normal requests of their parents and teachers is made very clear during the lessons. It is in no one’s interest to teach them to be disobedient.

Might children wrongly accuse an adult of sexual abuse just to get even with them, if they were scolded or slapped?

Children very rarely lie about being sexually abused. When it does occur it is relatively easy for an expert to discover it. Usually children do not have the right language or experience to describe sexual abuse. Children are much more likely to retract a disclosure in order to protect an abusing adult. When a child does fabricate a story about abuse it is an indicator of serious problems.

Why is it only recently that sexual abuse is being discussed? Is it just a recent phenomenon?

Child sexual abuse has been going on since the earliest times. However it is only in recent years that it has been openly discussed. In a recent Irish study one in seven women and one in ten men reported that they had been victims of child sexual abuse (IMS/ISPCC 1993). The incidents ranged from very minor ones to serious prolonged abuse. So it is not true to say that it is only a recent phenomenon.

APPENDIX B

PARENT-TEACHER MEETING

However, since it is now being discussed more openly, it is easier for people who have been abused to tell about it.

What if there is a child in the class who has already been abused? How will they feel during the programme?

They will know that there is something they can do to make the abuse stop. They will also know that they are not the only one that this has happened to. They will most likely tell about the abuse - although not necessarily straight away.

Do all children who are abused become abusers themselves?

No, indeed. Children are survivors. Most children who have been victims of abuse grow up to be loving, caring parents.

Sometimes children experiment sexually with other children. Is this normal? Do children sexually abuse other children?

It is important to differentiate between normal sexual play between peers and sexual abuse. Girls and boys of 4 to 6 years of age do engage in exploratory play, e.g. playing doctors and nurses. Sexual abuse should be considered if the incident involves an age gap of three or more years between the perpetrator and the victim and if coercion or threats are involved. The extent of sexual activity involved also gives an indication of whether sexual play or sexual abuse is at issue.

APPENDIX C

Dear Parent,

We are planning to introduce a personal safety education programme called Stay Safe to selected classes in our school. (Alternatively, it is the policy of this school to teach the Stay Safe programme to selected classes each year.) The aim of the Stay Safe programme is to teach children personal safety skills so they can look after themselves in situations which could be upsetting or dangerous. It deals initially with common situations which most children will experience at some stage or other, e.g. getting lost or being bullied. The programme also teaches children the safety skills necessary to protect themselves from physical or sexual abuse. Essentially the programme teaches children to tell a trusted adult about any problems they may have.

The Stay Safe programme is a joint initiative between Departments of Health and Education and has been endorsed by all the partners in Education. Co-operation between parents and teachers is essential to the success of this programme.

It is important that parents are aware of the content of the Stay Safe lessons and are able to discuss the lessons with their children. To make this possible, a meeting has been arranged at which the programme will be explained in detail.

The meeting will take place on

at

We look forward to seeing you.

Yours Sincerely,

APPENDIX D

PARENTAL CONSENT FORM

- I DO want my children to take part in the STAY SAFE programme.
- I do NOT want my children to take part in the STAY SAFE programme.

NAME(S) OF CHILD(REN)

PARENT'S SIGNATURE _____

Please write any comments you may have –

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RESOURCES

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Turn your School Round. J. Mosley. (1993) Cambridge, LDA.

ORGANISATIONS

Anti-Bullying Centre

Resource and Research Unit, Room 3125,
Department of Teacher Education, Arts Building,
Trinity College, Dublin 2

Barnardos

Christchurch Square, Dublin 8, Tel (01) 4530355

Barnardo's is an organisation working to improve the quality of children's lives by providing a range of services to children and their families.

Vivette O'Donnell. Campaign Against Bullying

72 Lakelands Ave, Stillorgan, Co. Dublin.

Tel (01) 288 7976

C.A.B. is a voluntary organisation which provides information and offers support and advice on bullying to victims and their families.

C.A.R.I. Foundation

110 Lower Drumcondra Rd. Dublin. Tel: 830 8529

2 Garryowen Rd. Limerick. Tel: 061 413331/310708

The CARI Foundation provides services for victims of abuse and non abusing members of their families.

Child Abuse Prevention Programme

C/o The Lodge, Cherry Orchard Hospital,
Ballyfermot, Dublin 10. Tel: 6232358.

Childline

Freefone: 1-800 666 666

This is a service run by the ISPCC for any child in trouble or danger.

Disability Federation of Ireland

2 Sandyford Office Park, Dublin 18.

Tel: (01) 295 9344

Employee Assistants - Welfare Service for Teachers.

See Local Education Centres.

Garda - Domestic Violence & Sexual Assault Investigation Unit

Harcourt Square, Dublin 2. Tel: (01) 4755555 Ext 3435

This unit provides a service to the public by way of information and advice. It monitors and oversees all sexual abuse and domestic violence investigations countrywide.

Irish Society for The Prevention of Cruelty to Children

Tel: (01) 679 4944

The I.S.P.C.C. is a child protecting, child centred society which has as its primary aim the protection of every child's right to a safe passage through childhood.

Local Health Board

The local Health Board should be contacted if you have concerns about the welfare of a child or if you have concerns that a child is at risk of abuse. There are 8 local Health Boards and you will find the phone numbers in the green pages of the telephone directory.

Parentline

Carmichael House, Nth Brunswich Street, Dublin 7.

Tel: (01) 873 3500

Provides a phonenumber which offers support and advice to parents particularly in times of stress.

Rape Crisis Centre

The Rape Crisis Centres offer counselling and advice to victims of rape and sexual assault. See local telephone directory for local numbers.

Sticks and Stones Theatre Company,

19 Watkins Square, The Coombe, Dublin 8.

Tel: (01) 2807065

Team Educational Theatre Company.

4 Marlborough Place, Dublin 1.

Tel: (01) 8786108

Victim Support

29/30 Dame Street, Dublin 2. Tel: (01) 679 8673

Victim Support helps people come to terms with the experience of being a victim of crime. It offers advice, help and support to anyone affected by a crime.