



SAFEGUARDING POLICY



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International Federation of
Muaythai Associations



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INTRODUCTION

This Policy defines commitments of the International Federation of Muaythai Associations (IFMA) to support a safe and enjoyable environment throughout IFMA events and daily operation of the international federation, that safeguard welfare of athletes and IFMA family members from any kind of discrimination, harassment and abuse.

The IFMA Safeguarding Policy reflects the commitment of IFMA Constitution Article II that all members of the IFMA family do not face discrimination of any kind such as race, ethnicity, skin-tone, gender, sexual orientation, language, religion, political or other opinion, national or social origin, property, birth or other status.

For IFMA safeguarding refers to all of the actions IFMA takes to keep all children and vulnerable at risk groups they come into contact with safe – and includes the proactive measures put in place to ensure they do not come to harm as a result of any direct or indirect contact with the federation. Child safeguarding encompasses the prevention of physical, verbal, sexual and emotional abuse, neglect and maltreatment of children by employees and other persons whom the federation is responsible for, including contractors, business partners, visitors to premises and volunteers. As abuse occurs in many different forms, IFMA has a zero-tolerance policy stating that no abuse or cause of harm towards children and vulnerable groups is tolerated in any form. IFMA states that all children have an equal right to protection regardless of any personal characteristic, including their age, gender, ability, culture, racial origin, religious belief and sexual identity. It is also important to note that certain forms of abuse disproportionately affect girls, and there is additional vulnerability and increased risk for children who have a physical or mental disability, lesbian, gay, bisexual, transgender, intersex or other identified young people, children from minority ethnic groups, displaced or refugee children, and those who are under institutional care.

GOAL OF THE POLICY

This Policy states the commitment of IFMA:

- to improve health and wellbeing by supporting people to get active;
- to protect athletes, supporters of Muaythai and entourage;
- to provide parents, staff and volunteers with the overarching principles that guide our approach to vulnerable group protection;

Whilst working towards this vision and achieving these aims, IFMA recognises the importance of establishing and maintaining an environment in which children, young people and adults are protected from harm of any kind.

IFMA operates within a broad partnership of organisations, groups and individuals, working jointly to achieve our aims for sport and physical activity, therefore expecting all members and partners who work with and for us to address safeguarding as a mandatory requirement of their working agreement with us.

IFMA recommends that its partners:

- Commit to a similar policy and procedures for their own use;
- Develop their understanding of the importance of safeguarding in providing a safe, enjoyable and beneficial experience in sport;
- Take their own actions to promote safeguarding through the services they deliver;
- Work with IFMA and its other partners to develop a powerful unified voice for safeguarding in sport across the world of sports.

OBJECTIVES OF THE POLICY

IFMA Safeguarding Policy, which will take effect on July 25th of 2019 and be reviewed in two years' time, is designed to:

- Ensure there is a child/young person approach;
- Consult and listen to children/young people;
- Promote information for children and young people, staff and parents;
- Ensure that all individuals working within IFMA with children and young people are screened and are suitable/fit for this purpose;
- Ensure there is an appropriate induction process in place for new staff and volunteers;
- Ensure that all staff and volunteers comply with the IFMA Code of Conduct;
- Ensure all staff and volunteers have access to appropriate and relevant education and training;
- Appoint and publicise the name of the IFMA Safeguarding Officer, who will be able to support and guide coaches, parents and young people on the issues and implementation of safeguarding, welfare and good practice;
- Adopt good practice policies and processes.

IFMA COMMITMENTS

IFMA has undertaken the following commitments in support of its objectives to encourage and mainstream protection of vulnerable groups:

IFMA believes that:

- No one should ever experience abuse of any kind;
- We have a responsibility to promote the welfare of all children and young people, to keep them safe and to practise with an approach that protects them;

IFMA recognises that:

- The welfare of the child is paramount;
- All children, regardless of age, disability, gender reassignment, race, religion or belief, sex, or sexual orientation have a right to equal protection from all types of harm or abuse;
- Some children are additionally vulnerable because of the impact of previous experiences, their level of dependency, communication needs or other issues;
- Working in partnership with children, young people, their parents, care-givers and other agencies is essential in promoting young people's welfare.

IFMA will seek to keep children and young people safe by:

- Valuing, listening to and respecting them;
- Appointing a nominated IFMA Safeguarding Officer for safeguarding;
- Manage and respond to concerns and disclosures following the guidance of the Policy;
- Creating and maintaining an anti-bullying environment and ensuring that we have a policy and procedure to help us deal effectively with any bullying that does arise and this includes cyber-bullying;

- Sharing information about child protection and safeguarding best practice with children, their families, staff and volunteers via informative leaflets, posters, group work and one-to-one discussions;
- Recruiting staff and volunteers safely, ensuring all necessary checks are made;
- Implementing a Code of Conduct for staff and volunteers using our procedures to manage any allegations against staff and volunteers appropriately;
- Ensuring that we have effective complaints and whistleblowing mechanisms in place;
- Ensuring that we provide a safe physical environment for our children, young people, staff and volunteers, by applying health and safety measures in accordance with the law and regulatory guidance;
- Recording and storing information professionally and securely pertaining to any matter of child protection.

CORPORATE RESPONSIBILITY

In order to provide strategic approach to safeguarding of all Muaythai participants, IFMA will institutionalize safeguarding mechanisms and ensure that Muaythai at all levels has a zero-tolerance stance to any kind of discrimination, harassment and abuse.

It is the responsibility of the IFMA to ensure that this Policy is implemented and communicated appropriately.

It is the responsibility of National Federations to translate this Policy in to their local language and adopt it.

It is the responsibility of all to whom this Policy applies to report any possible or known abuse. Failure by an individual or organization to report possible abuse will be treated as a violation of this Policy.

This Safeguarding Policy will remain in force until it is amended, replaced or withdrawn.

The IFMA will continue to update this policy to incorporate any changes in related legislation.

A copy of this Policy will be available on the IFMA website.

PRINCIPLES OF GOOD PRACTICE

“Good Practice” is a term used to describe a process or methodology that represents the current most effective way of achieving an objective. Good practice models and thoughts change and adapt as learning and therefore improvements, are developed. It is important to identify and share good practice and learning to build and improve the services we provide.

Principles of Good Practice

- Promote a culture where all youths are listened to and respected as individuals;
- Put the welfare of the person first;
- Ensure that IFMA programmes are fun and that fair play is promoted;

- Challenge unacceptable behavior;
- Report all concerns regarding unacceptable behavior;
- Report all allegations/suspicious of abuse;
- Avoid one-to-one situations where athletes are unsupervised;

Implementing Good Practice

To minimise the risk to children, young people and adults at risk IFMA will:

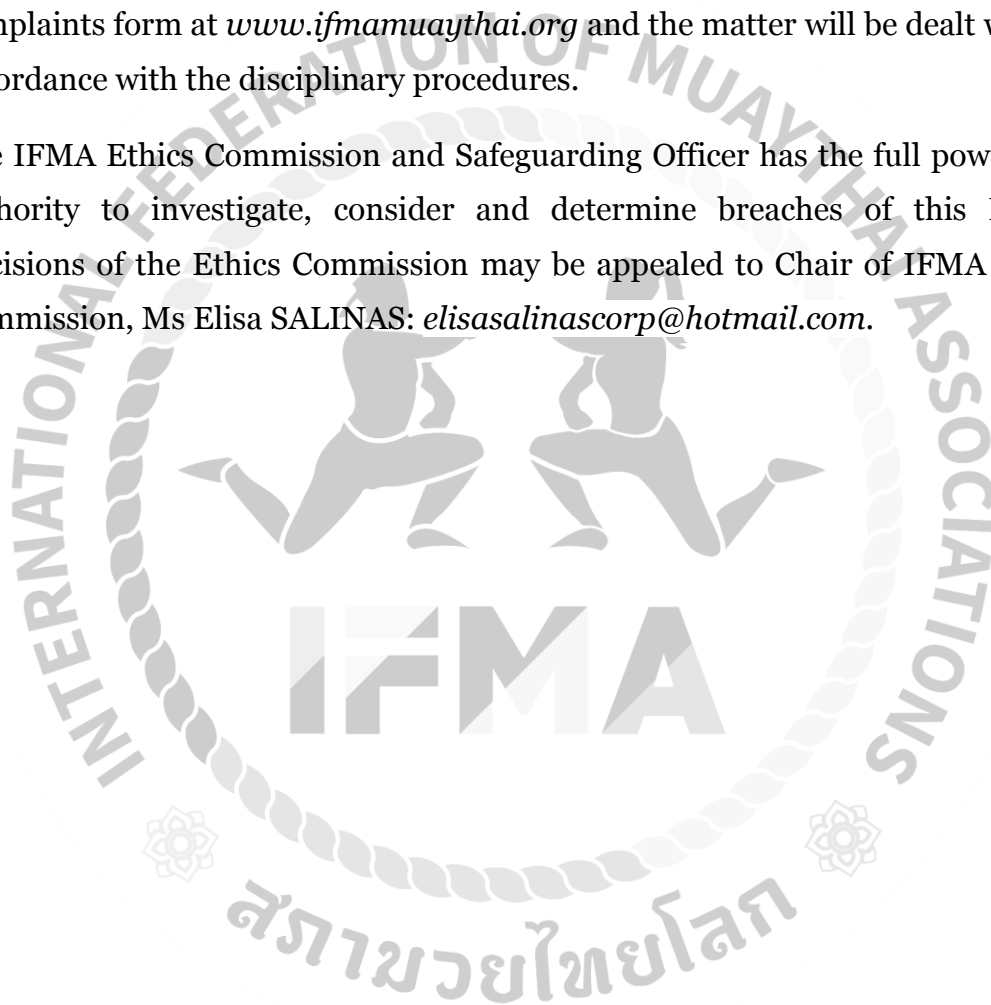
- Ensure there is a person-centred approach;
- Consult and listen to adults at risk;
- Actively circulate and promote information for children, adults at risk, care-givers, families and staff;
- Ensure that all individuals working with children, adults at risk are screened, suitable and fit for purpose.
- Ensure there is an appropriate induction process in place for new staff and volunteers;
- Ensure all staff and volunteers have access to appropriate and relevant education and training;
- Appoint and publicise the name of the IFMA Safeguarding Officer, and for larger international events a Welfare Officer, who will be able to support and guide coaches, parents and young people and adults at risk on the issues and implementation of safeguarding, welfare and good practice;
- Ensure that all staff and volunteers comply with the IFMA Code of Conduct adopting good practice policies and processes.

DISCIPLINARY PROCESS

Any breach of this Policy will result in disciplinary action being taken under the IFMA Constitution and applicable regulations.

For this Policy to have full effect, any individuals participating in an IFMA event, representing IFMA or carrying out duties on behalf of IFMA, who believe that they have suffered maltreatment under the scope of this Policy may raise the matter submitting a confidential complaint through the IFMA whistleblowing complaints form at www.ifmamuaythai.org and the matter will be dealt with in accordance with the disciplinary procedures.

The IFMA Ethics Commission and Safeguarding Officer has the full power and authority to investigate, consider and determine breaches of this Policy. Decisions of the Ethics Commission may be appealed to Chair of IFMA Youth Commission, Ms Elisa SALINAS: elisasalinascorp@hotmail.com.



THE ROLE OF IFMA SAFEGUARDING OFFICER

- Receiving and acting upon any reported Concerns;
- Ensuring all staff are familiar with and adhere to the Safeguarding Policy. This includes inducting new staff;
- Ensuring the Policy is implemented and promoted;
- Acting as a first point of contact for IFMA on issues of Child, Young people and Adult at Risk protection, both internally, and for members of the public and other external contacts;
- Representing the key link to statutory agencies (Social Care or Police) during and following formal investigations;
- Maintaining and updating the Policy.
- Keeping an up-to-date knowledge and understanding of the area of Child protection, including attending appropriate training
- Ensuring all relevant information around this Safeguarding Policy is communicated to the IFMA team;
- Providing guidance on relevant matters to the IFMA team, and to other members of the federation, as appropriate;
- Securely storing records of any concerns;
- Ensuring that when on leave or absent from work for any significant period, that the role of IFMA Safeguarding Officer is suitably covered by the Deputy IFMA Safeguarding Officer.

KEY CONTACT

IFMA Safeguarding Officer

Name: **Ms Elisa SALINAS**

Position within IFMA: Chair of IFMA Youth Commission

Email: elisasalinascorp@hotmail.com

admin@ifmamuaythai.org



RECOGNIZING AND RESPONDING TO ABUSE.

Child or Young person. For the purpose of this Safeguarding Policy any person under the age of 18 years will be considered a Child or Young person.

Adult at Risk. IFMA defines an Adult at Risk as “any person aged 18 years or over who may be in vulnerable circumstances and at risk from a range of abuse or neglect. They are or may be eligible for additional care support and services, and therefore may not be able to take care of themselves or protect themselves from harm or exploitation.

Vulnerable Child. A child under the age of 18 who are at risk of, or who are already experiencing, social and emotional problems. Vulnerability may be linked to disadvantage and poverty. Vulnerable children include those who are exposed to parental drug and alcohol problems, parental mental health problems, family relationship problems, including domestic violence and criminality. Vulnerable children may also include those who are in a single parent family or who were born to mothers aged under 18, with a low educational attainment or who are (or were as children) looked after (that is, they have been in the care system)

Additional Vulnerability. Children with additional needs and disabilities may be especially vulnerable to abuse for a number of reasons:

- They have an increased likelihood of being socially isolated with fewer outside contacts;
- They are likely to be more dependent on parents and carers for practical assistance in daily living, including intimate personal care, which increases their risk of exposure to abusive behavior;
- They have an impaired capacity to resist or avoid abuse;

- They may have speech, language and communication needs, which may make it difficult to tell others what is happening;
- They often do not have access to someone they can trust to disclose that they are being abused;
- They are especially vulnerable to bullying, intimidation and hate crimes.

WHAT IS ABUSE?

Abuse is a description of the ways in which individuals harm children and young people, often by those who they know and trust.

Abuse can occur within or outside of IFMA settings. It is therefore crucial that all allegations and suspicions are treated seriously and appropriate actions taken. An environment that explicitly attempts to identify and report possible abuse or poor practice helps create a safer culture for children and young people.

Within Muaythai Children or Adults at Risk may be abused by:

- A teammate;
- A coach;
- A team doctor;
- An official;
- People working or volunteering in organisational or community settings;

Outside Muaythai Children or Adults at Risk may be abused by:

- Family members;
- Friends;
- People they know;
- Less commonly, by strangers.

MAIN TYPES OF ABUSE & OTHER CATEGORIES OF CONCERN

Main types of abuse

Physical Abuse. This occurs when individuals including other children/young people, deliberately inflict injuries on a child or young person, or knowingly do not prevent such injuries. It includes injuries caused by hitting, shaking, squeezing, biting or using excessive force. It also occurs when children/young people are given alcohol, or inappropriate drugs, or there is a failure to supervise their access to these substances.

Emotional abuse. This occurs when individuals persistently fail to show children and young people due care with regard to their emotional welfare, when a young person may be constantly shouted at, threatened or taunted, or be subjected to sarcasm and unrealistic pressures. There may also be over protection, preventing children and young people from socialising, or bullying to perform to high expectations. The child/young person may lose self-confidence and may become withdrawn and nervous.

Neglect. This occurs when a child/young person's essential needs for food, warmth and care, both physical and emotional are not met.

Sexual Abuse. Girls or boys can be abused by adults, (both male and female), or other young people. This may include encouraging or forcing a child or young person to take part in sexual activity, inappropriate touching of a young person or the taking of inappropriate photographs and includes any physical contact a youth regards as beyond their comfort zone.

Bullying. Bullying is not always easy to define and will not always be adult to adult, or face to face. It is often the case that the bully is a young person. Bullying can be defined as the use of aggression with the intention of hurting another person. Bullying results in pain and distress to the victim. Bullying can include online as well as offline behavior. Bullying can be:

- Emotional - being unfriendly, excluding, tormenting (e.g. hiding kit, threatening gestures), aggressive;
- Physical - pushing, kicking, hitting, punching or any use of violence;

- Racist - racial taunts, graffiti, gestures;
- Sexual - unwanted physical contact or sexually abusive comments;
- Homophobic - because of, or focusing on the issue of sexuality;
- Verbal - name-calling, sarcasm, spreading rumors, teasing;
- Cyber – using online platforms such as social media to follow, taunt, make unwanted contact and comments.

Other categories of concern

Emotional/Psychological Abuse. This includes emotional abuse, threats, deprivation of contact, humiliation, intimidation, coercion, verbal abuse, isolation or withdrawal of services.

Financial Abuse. The use of a person's property, assets, income, funds or other resources, without their informed consent and authorisation. It can include theft, fraud, exploitation, pressure to use resources in connection with wills, property, inheritance or other financial transactions, misuse of an enduring or lasting power of attorney.

Institutional Abuse. The mistreatment, abuse or neglect of an adult at risk by a regime or individuals within which/by whom the person is living or using services. The environment, operations or routines of the institution violate the person's dignity and potentially their Human Rights.

Discrimination. This form of abuse may occur alone or with any other form and is characterised by a focus on any protected characteristic. It is important to remember that the perpetrators of abuse are often those closest to the person (eg. carers or family members). For those Adults at Risk who depend on others for their personal care, this can increase their vulnerability to abuse.

Female genital mutilation. Female genital mutilation (FGM) is the partial or total removal of external female genitalia for non-medical reasons. It's also known as female circumcision or cutting. Religious, social or cultural reasons are sometimes given for FGM. However, FGM is child abuse. It's dangerous and a criminal offence. There are no medical reasons to carry out FGM.

Radicalisation. Radicalisation is the way a person comes to support or be involved in extremism and terrorism. It's a gradual process so young people who are affected may not realise what's happening.

Grooming. Grooming is "a process by which a person prepares a child, significant adults and the environment for the abuse of the child" Grooming can happen anywhere, including online, in organisations, in public spaces (also known as street grooming).

Hazing. Hazing is any ritual, initiation activity, action or situation, with or without consent, which recklessly, intentionally or unintentionally endangers the physical or emotional well-being of Vulnerable Groups.

Poor practice. Poor practice is behaviour that falls short of abuse but is nevertheless unacceptable. It is essential that poor practice is challenged and reported even where there is a belief that the motives of an individual are well meaning. Failure to challenge poor practice can lead to an environment where abuse is more likely to remain unnoticed. Incidents of poor practice occur when the needs of Vulnerable Groups are not afforded the necessary priority compromising their welfare, for example, allowing abusive or concerning practices to go unreported, placing Vulnerable Groups in potentially compromising and uncomfortable situations, failing to ensure the safety of Vulnerable Groups, ignoring health and safety guidelines, giving continued and unnecessary preferential treatment to individuals.

There are other areas of abuse: child sexual exploitation, honour based violence, forced marriage. We should also be aware that of abuse linked to domestic violence and parental substance misuse (alcohol and drugs) and mental health.

DEALING WITH DISCLOSURE

Disclosure is the process by which Children or Adults at Risk start to share their experiences of abuse with others. This can take place over a long period of time, not as one act or action.

How disclosure happens?

Children or Adults at Risk may disclose abuse in a variety of ways, including:

- directly– making specific verbal statements about what’s happened to them;
- indirectly – making ambiguous verbal statements which suggest something is wrong
- behaviourally – displaying behaviour that signals something is wrong (this may or may not be deliberate)
- non-verbally – writing letters, drawing pictures or trying to communicate in other ways.

Sometimes Children or Adults at Risk make partial disclosures of abuse. This means they give some details about what they’ve experienced, but not the whole picture. They may withhold some information because of:

- fear that they will get in trouble with or upset their family;
- wanting to deflect blame in case of family difficulties as a result of the disclosure;
- feelings of shame and guilt.

Barriers to disclosure

Some Children or Adults at Risk are reluctant to seek help because they feel they don’t have anyone to turn to for support.

They may have sought help in the past and had a negative experience, which makes them unlikely to do so again. They may also:

- feel that they will not be taken seriously;
- feel too embarrassed to talk to an adult about a private or personal problem;
- worry about confidentiality;

- lack trust in the people around them (including parents) and in the services provided to help them;
- fear the consequences of asking for help;
- worry they will be causing trouble and making the situation worse;
- find formal procedures overwhelming.

Responding to disclosure

Three key interpersonal skills that help a child or Adult at Risk feel they are being listened to and taken seriously:

- **show you care, help them disclose information:** Give your full attention to the child or young person and keep your body language open and encouraging. Be compassionate, be understanding and reassure them their feelings are important. Phrases such as “you’ve shown such courage today”.
- **take your time, slow down:** Respect pauses and don’t interrupt the child – let them go at their own pace. Recognise and respond to their body language. And remember that it may take several conversations for them to share what’s happened to them.
- **show you understand, reflect back:** Make it clear you’re interested in what the child is telling you. Reflect back what they’ve said to check your understanding – and use their language to show it’s their experience.

Tips to remember when disclosure happens

When disclosure happens:

- Try to remember the words victim used in describing the abuse.
- Take notes if possible and if comfortable for the person. Keep these notes. They may be useful in case police starts the investigation.

REPORTING A CONCERN OR POSSIBLE ABUSE

All behavior that contravenes the obligations of this policy must be reported immediately to the IFMA Safeguarding Officer. For certain types of harm, the relevant state authorities shall also be notified. Follow the Concern reporting action plan presented below.

Where there is a Concern related to the welfare of a Child or Adult at Risk.

- If the person is in immediate danger or has been physically injured ensure they are safe and contact Police or adult social care (social services);
- If the person is not in immediate danger but you have concerns, discuss your concerns with them and determine the person's capacity and support required in reporting the abuse, or separately raise an anonymous report of concern through IFMA Whistle-Blowing mechanism.

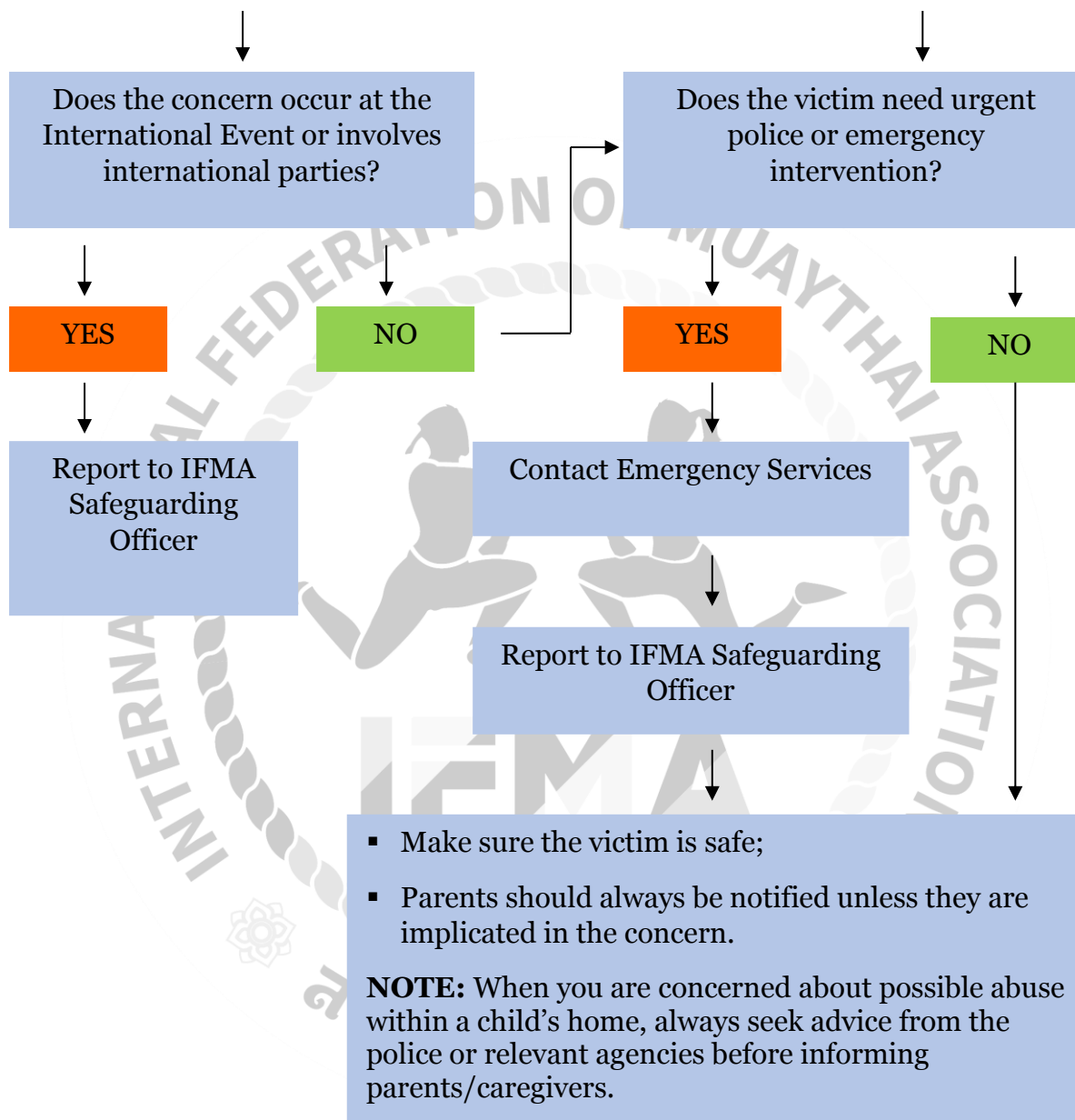
Under no circumstances should you conduct your own investigation process.

It is not your responsibility to decide if a situation is abusive or poor practice.

But it is your responsibility to report your concerns to the Safeguarding Officer.

Concern Reporting Action Plan.

**A concern has been raised about well-being of a child or Adult at Risk
(You become aware of Abuse or suspect Abuse is taking place)**



IFMA SAFEGUARDING OFFICER

Name: **Ms Elisa SALINAS**

Email: elisasalinascorp@hotmail.com

ADDITIONALLY COPY TO: admin@ifmamuaythai.org

CONFIDENTIALITY

Every effort must be made to ensure that confidentiality is maintained when an allegation has been made and is being investigated. Only individuals who need to know and can help to manage the concern must be involved or informed about the Concern.

Confidentiality is essential and if maintained will ensure:

- the safety of the child or adult at risk involved;
- that action is taken to protect the child or adult at risk;
- that individuals involved in any complaint are protected from gossip and assumptions;
- individuals who have a complaint against them receive fair treatment, without prejudice or pre-judgment;
- all policies, procedures and systems can work to manage any situation quickly, professionally and effectively.

IF YOU HAVE AN ALLEGATION MADE AGAINST YOU

- Any concerns involving the inappropriate behaviour of an adult towards a child or young person will be taken seriously and investigated;
- If you are the person who is the center of an allegation the situation will be explained to you and you may be asked to stop working with children or young people in IFMA;
- This may result in suspension from activity within IFMA whilst a full investigation is carried out. This is to protect all parties involved until such time a verdict is reached.

Annex 1. DEFINITIONS AND SIGNS OF ABUSE.

General signs of abuse

Children or Adults at Risk who suffer abuse may be afraid to tell anybody about the abuse. They may struggle with feelings of guilt, shame or confusion – particularly if the abuser is a parent, caregiver or other close family member or friend.

- Regular flinching in response to sudden but harmless actions, for example someone raising a hand quickly;
- Showing an inexplicable fear of particular places or making excuses to avoid particular people;
- Knowledge of “adult issues” for example alcohol, drugs and/or sexual behaviour which is inappropriate for their age or stage of development;
- Angry outbursts or behaving aggressively towards other children, adults, animals;
- Becoming withdrawn or appearing anxious, clingy or depressed;
- Self-harming or thoughts about suicide;
- In older children, risky behaviour such as substance misuse or criminal activity;
- Running away or regularly going missing from home or care;

Physical abuse. Physical abuse happens when a child or Adult at Risk is deliberately hurt, causing injuries such as cuts, bruises, burns and broken bones. It can involve hitting, kicking, shaking, throwing, poisoning, burning or suffocating. It’s also physical abuse if a parent or carer makes up or causes the symptoms of illness in children. For example, they may give them medicine they don’t need, making them unwell. This is known as **fabricated or induced illness (FII)**.

Spotting the signs of physical abuse.

Injuries that are more likely to indicate physical abuse include:

- bruises on the cheeks, ears, palms, arms and feet;
- bruises on the back, buttocks, tummy, hips and backs of legs;
- multiple bruises in clusters, usually on the upper arms or outer thighs;
- bruising which looks like it has been caused by fingers, a hand or an object, like a belt or shoe;

- large oval-shaped bite marks. Burns or scalds;
- any burns which have a clear shape of an object, for example cigarette burns;
- burns to the backs of hands, feet, legs, genitals or buttocks.

Other signs of physical abuse include multiple injuries (such as bruising, fractures) inflicted at different times. If a child is frequently injured, and if the bruises or injuries are unexplained or the explanation doesn't match the injury, this should be investigated. It's also concerning if there is a delay in seeking medical help for a child who has been injured.

Emotional abuse. Emotional abuse is any act or other treatment that may cause emotional damage and undermine a person's well-being.

It involves:

- humiliating, putting down or constantly criticising a child
- shouting at or threatening a child
- mocking a child or making them perform degrading acts
- constantly blaming or scapegoating a child for things which are not their fault
- trying to control a child's life and not recognising their individuality
- not allowing them to have friends or develop socially
- pushing a child too hard or not recognising their limitations
- manipulating a child
- exposing a child to distressing events or interactions such as drug taking, heavy drinking or domestic abuse
- persistently ignoring them
- being cold and emotionally unavailable during interactions with a child
- never saying anything kind, positive or encouraging to a child and failing to praise their achievements and successes.

Spotting the signs of emotional abuse

There aren't usually any obvious physical signs of emotional abuse, but you may spot signs in a child's actions or emotions. It's important to remember that some children are naturally quiet and self-contained whilst others are more open and affectionate. Mood

swings and challenging behaviour are also a normal part of growing up for teenagers and children going through puberty. Be alert to behaviours which appear to be out of character for the individual child or are particularly unusual for their stage of development.

Older children may:

- use language, act in a way or know about things that you wouldn't expect for their age
- struggle to control strong emotions or have extreme outbursts
- seem isolated from their parents
- lack social skills or have few, if any, friends
- fear making mistakes
- fear their parent being approached regarding their behaviour
- self-harm.

Domestic abuse. Domestic abuse is any type of controlling, bullying, threatening or violent behaviour between people who are or were in an intimate relationship.

Domestic abuse can happen in any relationship regardless of age, sexuality, gender identity, race or religious identity. Children's exposure to domestic abuse between parents and carers is child abuse. Children can be directly involved in incidents of domestic abuse or they may be harmed by seeing or hearing abuse happening. The developmental and behavioural impact of witnessing domestic abuse is similar to experiencing direct abuse. Children in homes where there is domestic abuse are also at risk of other types of abuse or neglect.

Spotting the signs of domestic abuse

It can be difficult to tell if domestic abuse is happening, because it usually takes place in the family home and abusers can act very differently when other people are around. Children who witness domestic abuse may:

- become aggressive;
- display anti-social behavior;
- suffer from depression or anxiety;

- not do as well at school - due to difficulties at home or disruption of moving to and from refuges.

Sexual abuse. Sexual abuse is forcing or enticing a child to take part in sexual activities. It doesn't necessarily involve violence and the child may not be aware that what is happening is abuse. Child sexual abuse can involve contact abuse and/or non-contact abuse. Contact abuse happens when the abuser makes physical contact with the child.

It includes:

- sexual touching of any part of the body whether the child is wearing clothes or not rape or penetration by putting an object or body part inside a child's private parts of the body;
- forcing or encouraging a child to take part in sexual activity;
- making a child take their clothes off, touch someone else's private parts;

Non-contact abuse involves non-touching activities and includes:

- encouraging a child to watch or hear sexual acts;
- not taking proper measures to prevent a child being exposed to sexual activities by others;
- showing explicit content video or pictures a child;
- making, viewing or distributing child abuse images;
- allowing someone else to make, view or distribute child abuse images;

Cyber sexual abuse includes:

- persuading or forcing a child to send or post sexually explicit images of themselves;
- persuading or forcing a child to take part in sexual activities via a webcam or smartphone;
- having sexual conversations with a child by text or online;
- meeting a child following online sexual grooming with the intent of abusing them.

Abusers will often try to build an emotional connection with a child in order to gain their trust for the purposes of sexual abuse. This is known as **grooming**.

Spotting the signs of sexual abuse

There may be physical signs that a child has suffered sexual abuse. These include:

- bruising or bleeding near the genital area;
- discomfort when walking or sitting down;

- an unusual discharge;
- sexually transmitted infections (STI);
- pregnancy.

Changes in the child's mood or behaviour may also cause concern. They may want to avoid spending time with specific people. In particular, the child may show sexual behaviour that is inappropriate for their age.

Harmful sexual behaviour (HSB)

HSB can include:

- using sexually explicit words and phrases;
- inappropriate touching;
- using sexual violence or threats;
- Sexual behaviour between children is also considered harmful if 1 of the children is much older – particularly if there is more than 2 years' difference in age or if 1 of the children is pre-pubescent and the other isn't.

However, a younger child can abuse an older child, particularly if they have power over them – for example, if the older child is disabled.

Neglect. Neglect is persistently failing to meet a child's basic physical and/or psychological needs usually resulting in serious damage to their health and development. Neglect is the most common type of child abuse. It often happens at the same time as other types of abuse.

Neglect may involve a parent's or carer's failure to:

- provide adequate food, clothing or shelter;
- supervise a child (including leaving them with unsuitable carers) or keep them safe from harm or danger;
- make sure the child receives appropriate health and/or dental care;
- make sure the child receives a suitable education.

Spotting the signs of neglect

Neglect can be difficult to identify. Isolated signs may not mean that a child is suffering neglect, but multiple and persistent signs over time could indicate a serious problem.

Some of these signs include:

- Children who appear hungry;
- Children who appear dirty or smelly and whose clothes are unwashed or inadequate for the weather conditions;
- Children who fail to thrive or who have untreated injuries, health or dental problems;
- Children with poor language, communication or social skills for their stage of development;
- Children who live in an unsuitable home environment;
- Children who have taken on the role of carer for other family members.

Bullying and cyberbullying. Bullying is behaviour that hurts someone else. It usually happens over a lengthy period of time and can harm a child both physically and emotionally. Bullying includes:

- verbal abuse, such as name calling;
- non-verbal abuse, such as hand signs or glaring;
- emotional abuse, such as threatening, intimidating or humiliating someone;
- exclusion, such as ignoring or isolating someone;
- undermining, by constant criticism or spreading rumors;
- controlling or manipulating someone;
- racial, sexual or homophobic bullying;
- physical assaults, such as hitting and pushing;
- making silent, hoax or abusive calls.

When bullying happens online it can involve social networks, games and mobile devices. Online bullying can also be known as cyberbullying. Cyberbullying includes:

- sending threatening or abusive text messages;
- creating and sharing embarrassing images or videos;

- 'trolling' - sending menacing or upsetting messages on social networks, chat rooms or online games;
- excluding children from online games, activities or friendship groups;
- setting up hate sites or groups about a particular child;
- encouraging young people to self-harm;
- voting for or against someone in an abusive poll;
- creating fake accounts, hijacking or stealing online identities to embarrass a young person or cause trouble using their name.

Spotting the signs of bullying and cyberbullying

It can be hard to know whether or not a child is being bullied. The general signs of bullying may be the following:

- belongings getting 'lost' or damaged;
- physical injuries such as unexplained bruises;
- being afraid to go to school/training or skipping it;
- not doing as well at school/training;
- asking for, or stealing, money (to give to a bully);
- being nervous, losing confidence or becoming distressed and withdrawn;
- problems with eating or sleeping;
- bullying others.

Female genital mutilation. Female genital mutilation (FGM) is the partial or total removal of external female genitalia for non-medical reasons. It's also known as female circumcision or cutting. Religious, social or cultural reasons are sometimes given for FGM. However, FGM is child abuse. It's dangerous and a criminal offence. There are no medical reasons to carry out FGM.

Spotting the signs of female genital mutilation

A girl at immediate risk of FGM may not know what's going to happen. But she might talk about or you may become aware of:

- a long holiday abroad or going 'home' to visit family;

- relative or cutter visiting from abroad;
- a special occasion or ceremony to 'become a woman' or get ready for marriage;
- a female relative being cut – a sister, cousin or an older female relative such as a mother or aunt;
- missing school/training repeatedly or running away from home.

A girl who has had FGM may:

- have difficulty walking, standing or sitting;
- spend longer in the bathroom or toilet;
- appear withdrawn, anxious or depressed;
- have unusual behaviour after an absence from school/training;
- be particularly reluctant to undergo normal medical examinations;

Radicalisation is the way a person comes to support or be involved in extremism and terrorism. It's a gradual process so young people who are affected may not realise what's happening. The process may involve:

- being groomed online or in person;
- exploitation, including sexual exploitation;
- psychological manipulation;
- exposure to violent material and other inappropriate information;
- the risk of physical harm or death through extremist acts.

Recognising radicalisation

Indicators that a child is being radicalised include:

- becoming disrespectful and intolerant of others;
- becoming more angry;
- avoiding discussions about their views;
- using words and phrases that sound scripted;
- becoming isolated and secretive;
- not wanting to anyone else to know what they are looking at online.

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Approved at Executive Board Meeting

Bangkok, Thailand

25/7/2019

