**TOOL: Responding to child protection concerns[[1]](#footnote-0)**

Child protection is the prevention of and response to **abuse, neglect, exploitation and violence** against children. [[2]](#footnote-1) 

Use this tool to support facilitators to take appropriate actions to prevent and respond to harm to adolescents.

**Child protection in humanitarian situations**

Adolescents are particularly vulnerable in humanitarian situations, when the people and services that normally protect them in their families, schools and communities may be absent. In times of crisis, adolescent girls and boys may also face increased risks of child protection issues, such as:

* **Dangers and injuries** including road traffic accidents, drowning, fire-related burns, injury, disability, injury caused by explosive remnants of war or landmines, and injury from gunfire;
* **Physical violence and other harmful practices** including domestic violence, physical abuse, corporal punishment, early marriage, female genital mutilation, killing, maiming, torture and abduction;
* **Sexual violence,** including rape by known family or community members, rape by strangers, rape during armed conflict, demanding sex in return for favours, sexual abuse of children with disabilities, exploitation of children in prostitution, and trafficking for the purpose of sexual exploitation;
* **Psychosocial distress** and mental disorders;
* **Association with armed forces or groups,** including boys and girls used as combatants, in support roles as spies, porters or informants, or for sexual purposes;
* **Child labour,** including hazardous work and worst forms of child labour such as commercial sexual exploitation of children, work underground, work with dangerous machinery, equipment and tools, and slavery;
* **Separation from their families** or caregivers.

**1. Train facilitators to recognize signs of abuse, violence and neglect.**

Facilitators can play an important role in protecting adolescents from harm by learning to identify and respond to signs of abuse, violence and neglect.

Facilitators should investigate the possibility of abuse, violence and neglect if an adolescent shows a number of the behaviours or signs listed below. However, **it is very important not to jump to conclusions too quickly,** and to work with facilitators to sensitively look for other evidence of abuse.

| **Physical abuse or violence** |
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| Physical abuse is the most visible form of abuse. It is sometimes revealed when the explanation of an adolescent’s injury does not match what is observed.  **Behaviour that may constitute physical abuse:** Hitting, shaking, kicking, pushing, pinching, pulling hair, burning, forcing adolescents to stay in uncomfortable or undignified positions  **Signs that an adolescent may be experiencing physical abuse:**   * Unexplained injuries or burns, bruises, especially to the face, dislocations, bites consistent with teeth marks, cigarette burns and broken bones (including old, but untreated broken bones) * Unlikely excuses for injuries * Chronic running away * Self-destructive tendencies * Aggression towards others * Distrust of adults * Fear of physical contact - shrinking back if touched * Sudden changes in behaviour, such as becoming introverted or extroverted * Nightmares |
| **Emotional abuse or violence** |
| Emotional abuse is extremely difficult to detect. In some cases adolescents may not show any obvious signsof abuse; however, there may be clues in their behaviour or emotionalstate.  **Behaviour that may constitute emotional abuse:** Public ridicule, sarcasm, threats, name-calling, yelling, and commanding, or other humiliating actions such as denying an adolescent clothing or food, or forcing them to stay in undignified positions for everyone to see and comment on  **Signs that an adolescent may be experiencing emotional abuse:**   * Physical, mental and/or emotional development is slower than their peers * Sudden speech disorders or learning problems * Difficulties in forming relationships * Insecurity, poor self-esteem, lack of self-worth * Overreaction to mistakes * Extreme fear of any new situation * Chronic running away * Attention-seeking behaviour * Inappropriate response to pain * Extremes of passivity or aggression, including withdrawal and disruptive behaviour |
| **Sexual abuse or violence** |
| Sexual abuse is also difficult to detect. Young children have been known to endure sexual abuse for many years without realising that what they experience is abnormal. They may only realise the inappropriateness and significance of what has been happening to them during early adolescence when they learn about sexual behaviour.  **Behaviour that may constitute sexual abuse:** Rape, indecent touching or exposure,  using sexually explicit language toward an adolescent and showing adolescents pornographic material  **Signs that an adolescent may be experiencing sexual abuse:**   * Being overly affectionate or knowledgeable in a sexual way inappropriate to the adolescent’s age * Medical problems such as chronic itching, pain in the genitals, venereal diseases * Other extreme reactions, such as depression, self-mutilation, suicide attempts, running away * Regressing to younger behaviour patterns such as thumb sucking * Sudden loss of appetite or compulsive eating * Being isolated or withdrawn * Inability to concentrate * Lack of trust or fear of someone they know well |
| **Neglect** |
| Neglect happens when parents or caregivers fail to meet adolescents’ basic needs, either intentionally, because they don’t have the skills or support needed, or due to problems such as poverty, mental health issues or drug and alcohol abuse. Often there is no single sign of neglect, so it is important to look for *patterns* of neglect.  **Behaviour that may constitute physical neglect:** Not meeting an adolescent’s need for cleanliness, clothing, emotional support, love and affection, education, nutritious food, adequate shelter or safety; abandonment, leaving an adolescent in an unsafe place or causing an adolescent to be in a dangerous situation or place; not seeking necessary medical or dental attention for an adolescent when it is urgently needed  **Signs that an adolescent may be experiencing neglect:**   * Poor appearance and hygiene - for example, being constantly dirty or having inadequate clothing * Poor health, including untreated injuries, medical and dental issues, recurring illnesses or infections, skin conditions, tiredness, faltering weight, failure to thrive and grow in line with available nutrition, or with siblings * Repeated accidental injuries due to lack of supervision, missing medical appointments or vaccinations * Poor language, social or communication skills * Being isolated, withdrawn, not talkative |

All forms of **abuse, neglect, exploitation and violence** can cause harm to adolescents. They can negatively affect physical, cognitive, emotional, and social development, cause problems that last long into adulthood and even threaten adolescents’ survival.

**2. Train facilitators to respond appropriately to child protection concerns**

If there are serious child protection concerns and the safety of the adolescents is at risk, train facilitators to act immediately:

* Establish clear guidelines so that facilitators know who to report child protection concerns to – this could be the programme coordinator, a child protection focal point or case manager;
* Outline and rehearse steps facilitators should take if adolescents show signs of, or report, abuse, neglect, exploitation or violence;
* Train facilitators to respond in a calm, caring and supportive manner if adolescents report abuse, neglect, exploitation or violence – the adolescent is never to blame in these situations and should be reassured that they have done nothing wrong;.
* Support facilitators to take positive steps to ensure the protection of the adolescent concerned – this may involve connecting them with appropriate services and support - for example, medical, counselling or security services, child protection agencies or child protection committees;
* Ensure that facilitators respect confidentiality and treat protection concerns with sensitivity;
* Ensure that all actions taken are consistent with the principle of the child’s best interest.

**Note! Whatever actions are taken, it is critical to remember that an insensitive or inappropriate intervention can further harm an adolescent. Make sure that facilitators know who to turn to if they suspect abuse, neglect, exploitation or violence, and support them in responding sensitively and appropriately.**

*Link to the* ***Child Protection section of Resources in the Core Guidance***for more information and support in this area.

1. Sources: Global Protection Cluster, Child Protection Working Group, *Minimum Standards for Child Protection in Humanitarian Action*, Global Protection Cluster, Child Protection Working Group 2012; Global Protection Cluster Child Protection Working Group (CPWG), *A Matter of Life and Death: Child protection programming’s essential role in ensuring child wellbeing and survival during and after emergencies,* The Global Protection Cluster, Child Protection, 2015; National Society for the Prevention of Cruelty to Children website, www.nspcc.org.uk; Save the Children UK*, Child Protection Training Manual: Facilitator’s Guide for teacher training,* Save the Children UK, Juba, 2008. [↑](#footnote-ref-0)
2. *Minimum Standards for Child Protection in Humanitarian Action*, Child Protection Working Group (CPWG), 2012 [↑](#footnote-ref-1)