

Safeguarding Children from Abuse: Training for Children and Staff

A programme for Civil Service Organisations
to improve the safety of children in their
care and reduce the risk of abuse



National Early
Childhood
Intervention Council



National Family Support Group
for Children & People with Special Needs



We Care Journey
#thinkSMALLactBIG



Childline
foundation



TOY
LIBRARIES
malaysia



Home of Peace
KUALA LUMPUR



PERSATUAN KESIHATAN REPRODUKTIF
KELANTAN



humankind



Persatuan Pengasuh
Berdaftar Malaysia



PERSATUAN PEKERJA SOSIAL MALAYSIA
MALAYSIAN ASSOCIATION OF SOCIAL WORKERS



PERSATUAN KESIHATAN REPRODUKTIF
MALAYSIA



VANGUARDS 4 CHANGI



CTI
COMMUNITY
TRANSFORMATION
INITIATIVE BHD

Pertubuhan Kebajikan
Vivekananda
Rembau NS



MALAYSIA KEBANGSAAN KANAK-KANAK MALAYSIA (1178)
MKKM



mahfaa
think
differently



GLOBAL
Shepherds



YAYASAN CHOW KIT
Every child matters



NGOhub
we serve changemakers



gops
GABUNGAN ANAK-ANAK PALSI SEREMBUM



crib
FOUNDATION



THE
TALISMAN
PROJECT



WCC
Women's Centre for Change



RCEP
ENRICH.EDUCATE.EMPOWER



SARAWAK WOMEN
FOR WOMEN SOCIETY



VOICE
OF THE CHILDREN



Protect and Save
the Children



SOROPTIMIST
INTERNATIONAL
PETALING JAYA



spot
The SPOT Community Project
by SIRJ



SPEAKS

Endorsed by:

1. National Early Childhood Intervention Council (NECIC)
2. National Family Support Group for Children and People with Special Needs
3. Persatuan WeCareJourney
4. Childline Foundation
5. Association of Toy Libraries Malaysia
6. Pertubuhan Rumah Kebajikan Kanak-kanak Home of Peace Kuala Lumpur
7. ReHAK - Reproductive Health Association of Kelantan
8. Humankind
9. Persatuan Pengasuh Berdaftar Malaysia (PPBM)
10. Malaysian Association of Social Workers (MASW)
11. Federation of Reproductive Health Associations Malaysia (FRHAM)
12. Vanguard4Change
13. Community Transformation Initiative Berhad (CTI)
14. Pertubuhan Kebajikan Vivekananda Rembau NS
15. Majlis Kebajikan Kanak-Kanak Malaysia (MKKM) - Malaysian Council For Child Welfare
16. Malaysia High Functioning Autism Association (MAHFAA)
17. Global Shepherds
18. Yayasan Chow Kit
19. NGOhub
20. Gabungan Anak-Anak Palsi Serebrum (GAPS)
21. CRIB Foundation
22. The Talisman Project
23. Women's Centre for Change (WCC)
24. Reproductive Cadre on Sexuality Education and Queries (RCSEQ)
25. Sarawak Women for Women Society (SWWS)
26. Voice of the Children
27. Protect and Save the Children
28. Soroptimist International Club of Petaling Jaya (SIPJ)
29. SPOT Community Project
30. Safety Programme Emboldening Adolescents, Kids and Society (SPEAKS)

Note:

Endorsement means that civil service organisations listed here support the need to improve the safety of children and reduce the risk of abuse, and are committed to training their staff. This manual is a work in progress and it is expected that some areas will require strengthening and improvement.

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Copyright:

This manual and programme were written and prepared by Dato' Dr Amar-Singh HSS, Consultant Paediatrician, Advisor for the National Early Childhood Intervention Council and National Family Support Group for Children and People with Special Needs. Much of this material had been written and used over many decades in training workshops for children with and without disabilities. It was compiled and expanded for the 'Child Safe Programme' of the National Evangelical Christian Fellowship (NECF) in 2019. It has now been revised and made available to Civil Service Organisations to assist in the training of children and staff.

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1. Introduction

There is increasing awareness that child abuse is an issue in all countries including Malaysia. While we work to strengthen our country's social services and rights for children, it is important that all Civil Service Organisations (CSOs) that work with children take steps to empower children, train staff and strengthen its services to provide safe environments for children.

This document is intended as a guide to CSOs to put in place procedures to best ensure that their services and premises will be safe for the children under their care and to minimise the risk of child abuse happening.

This document is focused at making staff aware about child protection and training all children in sexual protective behaviours. The manual also covers children with disabilities. Suggestions and training materials are provided on how to deal with and minimise the risk of children becoming victims of sexual abuse. It is hoped that the manual creates awareness with CSOs that support children on the need to adopt a stringent screening process for all staff and volunteers. It also aims to offer advice on what CSOs can do when confronted by reports of child abuse occurring on their premises.

In making these suggestions, it is important to note that prevention is critical. Eradicating sexual abuse is not easy, but together we can adopt and put in place operating policies to better protect our children from predatory individuals and abuse. This document is a work in progress and is subject to revision and updates in the future.

In supporting children, we need to keep at heart the principles of the United Nations Convention on the Rights of the Child (UNCRC) which include:

1. Best Interest (Article 3): **"In all actions concerning children the best interest of the child shall be a primary consideration."**
2. Non-Discrimination (Article 2): "States parties shall respect and ensure the rights set forth in the present convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child's parents or legal guardian, race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, poverty, disability, birth or other status."
3. Right To Be heard (Article 12): "States parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child."
4. Protection From Abuse and Neglect (Article 19): "States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child."

Dato' Dr Amar-Singh HSS
Consultant Paediatrician

Important Note

No manual or guidance can meet all needs, or be appropriate for all cultures/outlooks or be fully comprehensive. It is expected that those supporting children will adapt the material in this guide to suit the situation of the child/family they are caring for. Special consideration needs to be taken by CSOs working with marginalised and migrant communities. Resources, materials and training needs to be age, gender, culturally, and linguistically appropriate.

2. Steps Required for a Civil Service Organisation Working with Children to Become 'Child Safe'

The following steps and actions are necessary for Civil Service Organisations (CSOs) to improve the safety of children within their premises:

Step 1: Have a Written Child Protection Policy

All CSOs working with children should have a written child protection policy that is read and agreed to (signed) by all staff and management at the centre. The policy should be updated in line with evolving evidence on child protection.

Step 2: Staff Training

Training of all staff (including volunteers) on child abuse and general prevention measures that need to be adopted for the safety of children on their premises.

Step 3: Training of Children

Training of all children in the service or centre on protective behaviours. It can be conducted in a single one-day training programme (5 hours) or be done in modular fashion over 3-4 sessions (preferred).

Step 4: Safe Disclosure of Abuse

There must be clear guidelines and a system in place for children to safely disclose any abuse.

Step 5: Reporting all Abuse

There should be a clear mechanism in place and a plan of action of what to do when a child is suspected of being abused.

Step 6: Safety Rules with Children

Implement and maintain safety rules in working with children.

Step 7: Vetting all Staff

Routine vetting of all new staff (volunteers included) and existing staff to ensure staff working with children are safe individuals.

Step 8: Audits and Credentialing

Be open to future improvements including self and external audits of child safety procedures to ensure the service or centre has met the appropriate standards for child safety.

3. Legal Requirements Under Existing Malaysian Laws

Legal Requirements under the Child Act 2001 (Act 611, revised 2016)

(A summary of the Child Act is provided in Appendix 3 on Page 27)

1. Overview

The Child Act is based on the United Nations Convention on the Rights of the Child (UNCRC). The central guiding principle on Child's Rights is "In all actions concerning children ... the best interest of the child shall be a primary consideration" Article 12, Convention on the Rights of the Child 1989; i.e., the child's rights are paramount. Under the Child Act 2001 "child means a person under the age of 18 years" Part I Section 2(1).

2. Duty of a Child Care Provider under Child Act 2001

Section 2: Definitions and Interpretations

- a. **"Child care provider"** means a person who looks after one or more children for valuable consideration for any period of time;
- b. **"guardian"**, in relation to a child, includes any person who, in the opinion of the Court for Children having cognizance of any case in relation to the child or in which the child is concerned, has for the time being the charge of or control over the child;
- c. **"place"** includes any building, house, office, shop, flat, room or cubicle or part thereof, any open or enclosed space, and any conveyance;

Section 17(2): Definitions of Abuse

- a. Child Abuse: Any act of omission or commission that endangers or impairs a child's physical, psychological, emotional or social health and development.
- b. Physical abuse is when there is "substantial and observable injury" to any part of the child's body.
- c. Emotional abuse is "substantial and observable impairment of the child's mental or emotional functioning".
- d. Sexual abuse is "sexual exploitation by any person for that person's or another person's sexual gratification" and "taken part, whether as a participant or an observer, in any activity which is sexual in nature" (including watching pornography).

Section 17(1)(a)-(k) and (2): Situations under which a Child Care Provider has a duty to inform a Protector (Welfare Officer) that a child is in need of care and protection. A child is in need of care and protection if:

- a. The child has been abused (physical, sexual, emotional)
- b. At risk of being abused
- c. Parent or guardian of the child is unfit to care for the child
- d. Child is neglected by the parent or guardian
- e. The child has no parent or guardian or abandoned by the parent or guardian and no other suitable person is willing and able to care for the child
- f. Child requires examination, investigation or treatment
- g. The child is likely to be harmful to self or to any other person
- h. Serious child-parent conflict
- i. Child is part of a household of the person convicted of committing an offence
- j. Child is allowed to beg or be involved in illegal activities
- k. Child is left without reasonable supervision (section 33)

Section 29 (1) (2): Implications for the Child Care Provider if they do not report a child in the situation above:

- a. If a child care provider believes on reasonable grounds that a child is physically or emotionally injured as a result of being ill-treated, neglected, abandoned or exposed, or is sexually abused, he shall immediately inform a Protector.
- b. Any child care provider who fails to comply with subsection (1) commits an offence and shall on conviction be liable to a fine not exceeding five thousand Ringgit (RM5000) or to imprisonment for a term not exceeding two years or to both.

Section 116: Protection for informers including Child Care Providers

“Any person who gives any information that a child is in need of protection shall not incur any liability for defamation or otherwise in respect of the giving of such information.”

Section 15: Restrictions on media reporting of child’s identity

Serious restriction and punishment placed in Child Act on anyone who identifies an abused child (or their family) in the media and on disseminating any images of the child.

Legal Requirements under the Sexual Offences against Children Act 2017 (Act 972)

Enlarged definitions on the meaning of sexual abuse of children to include non-physical assault.

Section 15: “Physical sexual assault on children” is defined as:

Any person who, for sexual purposes

- a. touches any part of the body of a child
- b. makes a child touch any part of the body of such person or of any other person
- c. makes a child touch any part of the child's own body
- d. or does any other acts that involve physical contact with a child without sexual intercourse.

Section 16: “Non-physical assault on children” is defined as:

- a. Any person for sexual purposes utters any word or exhibits any object or his body with the intention that it will be heard or seen by the child;
- b. makes a child exhibit his or her body so that it can be seen by the person or others;
- c. stalks a child by any means;
- d. threatens to use any representation be it visual, audio or written or the combination of all on the child
- e. engages in an activity sexual in nature in presence of a child;
- f. causes a child to watch or hear or by any other means (witness) another person engaging in sexual activity
- g. makes a child engage in an activity that is sexual in nature.

Section 12: Sexual communication with a child and Child grooming

Any form of sexual communication with a child and child grooming are clearly criminalised behaviours. As is child pornography (section 4).

Section 17: Additional punishments for a person in a relationship of trust

A ‘person in a relationship of trust’ includes Child Care Providers – “a person who looks after one or more children for valuable consideration for any period of time”. Additional punishments if such a person commits an offence under this act – extra 5 years imprisonment and whipping.

Section 20: Failure to give information

The act places the burden of responsibility on any person to report if they have information of a crime. Witnessing a crime and not reporting it is an offence under the law, punishable with a fine up to RM5,000.

4. Overview of Child Abuse in Malaysia

In Malaysia we still are grappling to improve our awareness of child abuse and develop services to support children and prevent child abuse. One reason for our failure is the many false perceptions we have regarding child abuse. These include:

Myth	Fact
Child abuse is a new phenomenon, uncommon and due to influence from industrialised countries (i.e. it is an 'imported' western social disease)	There is no evidence of this. Child abuse is very common in Malaysia and has been for a long time. The increase in reported/identified cases locally is due to better public awareness. Community data suggest no change in the rate of cases over time, although types/forms of child abuse may have changed.
Child abuse is usually carried out by strangers	We like to believe this untruth because we are reluctant to face the fact that the vast majority of perpetrators are parents, family members and carers (90% in community studies, Amar-Singh HSS 1996).
Child abuse is perpetrated by 'evil, monstrous individuals'	This is not true. The act is horrendous but the individuals who commit it usually look just like anyone else in society and can be our office colleague, family member or friend. Most sex abuser are male but a minority are female.
Only girls and older children (teenagers) are sexually abused	Both girls and boys are sexually abused. Sexual abuse can happen at any age to children, from birth to 17 years. Some victims are young babies under 6 months of age.
Children are the 'property' of parents, for them to do with as they please	This continued feudal mentality in our society hampers the rights of children. The lack of rights for children to express themselves, make choices, be heard is an extended spectrum of abuse in Malaysia.

1. Size of the problem of physical and sexual abuse

The issue of child sexual and physical abuse is not new to Malaysia. Three local published community prevalence studies on child sexual abuse shows rates between 8-26% of all children (Amar HSS 1996, Kamaruddin 2000, Choo 2011). Community studies on child physical abuse give rates between 20-50%. As a conservative estimate in Malaysia 1:4 children (25%) are physically abused and at least 1:10 children (10%) are sexually abused. Reported data of abused children currently amounts to 6-7,000 per year but this is a tiny fraction of all true cases. Sexual abuse also occurs frequently within the context of looked after children, residential care, the disabled or vulnerable children (orphans, single parent families, poverty, street children, immigrants, etc).

2. Types of abuse

- i. Physical Abuse
- ii. Sexual abuse
- iii. Emotional Abuse
- iv. Neglect

See definitions under Child Act section above (Page 6)

3. Signs and symptoms

As child abuse is common, it is important to have a high index of suspicion, especially for those working with children. The tables below provide clues to the detection of abuse and suggest situations when we should suspect child abuse.

Table 1: Clues suggesting sexual abuse in children

Strong suspicion of sexual abuse	<ul style="list-style-type: none"> • Child makes a verbal allegation of sexual abuse • Pregnancy • Sexually transmitted disease (venereal disease) • Genital/perianal pain or trauma - significant findings
Some suspicion of sexual abuse	<ul style="list-style-type: none"> • Preoccupation with sexual matters • Precocious knowledge of adult sexual behaviour • Precocious sexual behaviour (including promiscuity) • Unexplained emotional disturbance or psychosomatic symptoms
Situations where the possibility of sexual abuse should be explored	<ul style="list-style-type: none"> • Recent onset of poor achievement/discipline problems in school • Enuresis or Encopresis (previously dry at night, now wets or soils self) • Recurrent abdominal pain • Running away from home • Social isolation • Depression and withdrawn • Suicide, attempted suicide, self-mutilation • Substance abuse • Eating disorders • Hysteria • Sexting

Table 2: History or signs suggesting physical abuse in children

Strong suspicion of physical abuse	<ul style="list-style-type: none"> • Child makes a verbal allegation of physical abuse • Specific injuries e.g.: fingertip bruising, bruises on the back, abdomen, back of legs, cigarette burns, scalds, spiral fractures, black eyes, whip marks • Injuries present are at various stages of healing • Physical findings inconsistent with history given • History of injury vague or bizarre • History of repeated, past "accidents" • Delay between accident and seeking medical attention
Situations where the possibility of physical abuse should be explored	<ul style="list-style-type: none"> • Recent onset of poor achievement or discipline problems in school • Child is withdrawn or depressed • Running away from home • Child's physical development is poor • Self-destructive behaviour – substance abuse, suicide attempts • Antisocial behaviour – bullying others

4. Impact on children

The fact that those who are responsible to care for and guard the rights of children actually betray their trust is a painful reality. Children are limited in their ability to adequately voice the crime. Hence the crimes conducted against them are often overlooked or ignored. The consequences of childhood abuse are severe and often crippling. Children are devastated, not merely by the actual abuse, but more importantly by the betrayal of trust. Few recover well and many live with permanent emotional and psychological scars that warp their perception of life. Extensive counselling and healing are required. Appendix 4, on Page 29, offers guidance on how to counsel the sexually abused child.

5. Prevention Strategies to be taken to Improve Child Safety

This section contains practical ideas that can be implemented at any CSO centre providing services for children. This could be day services or residential care. Tools are available for implementing these prevention strategies. Much of the focus of this section will be on preventing sexual abuse.

This safeguarding and child protection programme consists of eight sections or steps:

Step 1: Have a Written Child Protection Policy

Step 2: Staff Training

Step 3: Training of Children on Sexual Protective Behaviours

Step 4: Safe Disclosure of Abuse

Step 5: Reporting All Abuse

Step 6: Safety Rules with Children

Step 7: Vetting All Staff

Step 8: Audits and Credentialing

Step 1: Have a Written Child Protection Policy

It is mandatory that all Civil Service Organisations working with children should have a written child protection policy that is read and agreed to (signed) by all staff and management at the centre. The policy should be updated in line with evolving understanding and evidence on child protection.

Step 2: Staff Training

Civil Service Organisations working with children should train all staff (including volunteers) on child abuse and general prevention measures that need to be adopted for the safety of children on their premises or the services they provide. This can be conducted with the help of trained individuals or using this manual. Training time required is estimated at 6 hours and can be conducted as a single day workshop) or be done in modular fashion over 3-4 sessions (preferred). New staff should be trained within 6 months of confirmation.

The workshop should cover the following areas:

- a. Overview of child abuse in Malaysia (size of the problem and signs/symptoms) and legal issues.
- b. Overview of child protection measures.
- c. Training children on sexual protective behaviours (5 exercise and how to train children).
- d. Safe disclosure of abuse and what to do when a child is suspected of being abused.
- e. Improving child contact/supervision practises and safety of centre premises.
- f. Routine vetting of all new and existing staff.

The format should be interactive and offer time for questions and dialogue.

Step 3: Training of Children on Sexual Protective Behaviours

All children in the service or centre should be trained on protective behaviours. It can be conducted in a single one-day training programme (6 hours) or be done in modular fashion over 3-4 sessions (preferred).

To protect children, one useful initiative is to give children practical training on preventing or limiting sexual abuse. Often this is termed 'sex education' and hence frightens off many. It is better to call it 'protective training to prevent sexual abuse' and this might receive better acceptance. Training needs to be tailored by age. Many parents and carers do not educate children about sex because of a false

fear that a child with sexual knowledge will be tempted to experiment. Most parents are uneasy about discussing sex with their children, especially men. Some are uncomfortable with their own sexuality. However, training children has many benefits.

Reasons why protective training to prevent sexual abuse is beneficial:

- Promotes better understanding of self, increases self-worth and improves communication with parents/carers.
- Reduces the risk of sexual abuse.
- Reduces the risk of teenage pregnancy and reduces the likelihood of sexual intercourse.
- Talking about sex will not encourage them to try it. It will make them more comfortable and better informed on the subject and better able to deal with it.

This should be mandatory for all children in any environment, including those in residential care and the disabled. It should become a standard part of the curriculum of all child care centres, preschools, CSOs and welfare children's homes, day care services, residential care homes, Sunday School, etc.

General guidelines for teaching children protective behaviours to prevent sexual abuse:

- a. Assume that they have not had any education before and start with basics.
- b. Best to start at an early age and build on it.
- c. Do not overload with information. Do it slowly over many sessions.
- d. Give time for the child to process information, ask questions and have discussions.
- e. Use clear, concrete examples.
- f. Encourage them to come to you with questions and any concerns or unpleasant experiences.
- g. Be aware that some children may find some lessons/discussions uncomfortable or triggering. It is OK for them to sit out the activity. Always conduct activities with the aim of keeping children safe physically and emotionally

Please refer to **Appendix 1: Exercises 1-4** written to aid training and allow for dialogue (Page 18). These training exercises are designed for children aged 3-7 years but can be used for primary school children as well. Some CSOs, homes/centres will have children with disabilities. Training children with disabilities poses certain challenges. Appendix 5 and 6 on Pages 31-35 offer guidelines for teaching sexuality (sexual health and relationships) to children with disabilities. The same **Exercises 1-4** can be tailored to train children with disabilities.

Older teens will require more interactive sessions dealing with changes of puberty (biological/emotional changes), sexual identity, masturbation, growing interest in opposite sex, how to develop a respectful relationship, dealing with social media and pornography, etc. These are currently outside the scope of this training manual. A summary of working with teenagers on sexuality issues is listed below:

Areas to Cover with Teenagers	Age	Comments
Changes of puberty	9-12 yrs.	<ul style="list-style-type: none"> • Best to teach before or at the onset of puberty
Menstruation	9-11 yrs.	<ul style="list-style-type: none"> • Teach before the girl menstruates. Useful for boys to know.
Masturbation	12-14 yrs.	<ul style="list-style-type: none"> • Important to discuss this, as it is a common phase in the life of many persons
Contraceptive devices	12-14 yrs.	<ul style="list-style-type: none"> • Discuss common methods, including condoms
Sexual expression and respect in relationships	12-14 yrs.	<ul style="list-style-type: none"> • The Right to Say No • Rights, boundaries and responsibilities in relationships
Dealing with pornography (online)	12-14 yrs.	<ul style="list-style-type: none"> • Discuss sexual imagination, the potential for porn addiction and impact on relationships
Handling social media		<ul style="list-style-type: none"> • Issues related to 'sexting', safe communication online, etc.

Step 4: Safe Disclosure of Abuse

There must be clear guidelines and a system in place to support children to safely disclose any abuse.

- a. Adults need to trust children when they disclose any inappropriate sexual contact or abuse and act on it; commonly children's concerns are dismissed.
- b. All children in care or for whom services are provided should have access and availability to report concerns about possible abuse. Reporting mechanisms and processes must be child-friendly and disability-inclusive.
- c. All children must be encouraged to inform reliable and safe adults about concerns of inappropriate touch or sexual activity and abuse.
- d. This must include the ability to call for help outside the home or centre (a helpline or preferably local safe initiatives).
- e. Develop a system in all environments that involve children for children to be able to call for help outside of the carers.
- f. Make sure children are aware of these mechanisms for disclosure and ensured of their safety and confidentiality when they speak up.
- g. Routine annual or biannual feedback from children (preferably anonymously) should be instituted. This means we ask children for confidential feedback about any possibly abused in the recent past. This could be by means of an electronic or paper checklist.

Children need to be trained in two areas:

1. Keep No Secrets (What to do when Something Happens?)
Teach children to always tell a trusted adult (parent, carer, teacher or doctor) if she/he is uncomfortable about the behaviour of another person towards them. This applies even if the child feels she/he has done something wrong. Examples of secrets: gifts, made to touch certain parts or own or another person's body, show inappropriate images, etc.
2. The Right to Say No.
Every child must understand that she/he has the right to say no to any kind of touching that she/he doesn't like. And that she/he should tell the carer or teacher about any touching done by a child or adult that feels wrong.

Please refer to **Appendix 1: Exercise 5** written to aid training and allow for dialogue. (Page 24)

Step 5: Reporting All Abuse

What to do when a child is suspected of being abused?

There should be a clear mechanism in place and a plan of action when a child is suspected of being abused. A parent, teacher or staff member must never hide or ignore a child's concerns or disclosure about abuse. If a child tells you about it, it is important to listen, take it seriously and report it (or seek help for an evaluation).

Remember that action can be taken against you for NOT notifying such a child:

Section 29(1,2) of the Child Act 2001 states on 'Duty of child care provider' that

"(1) If a child care provider believes on reasonable grounds that a child is physically or emotionally injured as a result of being ill-treated, neglected, abandoned or exposed, or is sexually abused, he shall immediately inform a Protector."

"(2) Any child care provider who fails to comply with subsection (1) commits an offence and shall on conviction be liable to a fine not exceeding five thousand ringgit or to imprisonment for a term not exceeding two years or to both."

Also note that no action can be taken against you for notifying such a child:

Section 116 of the Child Act 2001 on Protection of informers' states that "Any person who gives any information that a child is in need of protection shall not incur any liability for defamation or otherwise in respect to the giving of such notification."

Principles and Guidelines for Disclosure:

- a. Maintain strict confidentiality for the child. Do not gossip about the problem to others. Do not disclose the child's identity in any way to the media.
- b. Take the child to see a government or university hospital medical officer, preferably in the Paediatric Department for an assessment.* They are obliged by law to receive the child into care. Doctors are empowered by law to be temporary child protectors. Most government hospitals have a One Stop Crisis Centre (OSCC) at the Emergency Department (Casualty) that will support abused victims. Many larger government hospitals with Paediatric Departments will have a Suspected Child Abuse and Neglect (SCAN) Team to oversee the process.
- c. The doctors will notify the Welfare Officer/Department (required by law).
- d. You do not have to lodge a police report; the doctors can do so. If you choose to lodge a police report, keep the report as brief as possible to avoid details that may later cause conflict in court.
- e. Inform the child's parents[#] that you suspect abuse. Parents do not have the right to refuse notification or admission of the child.
- f. Continue to support the child or find an appropriate person who can do so. The child might need specialised help for counselling (Appendix 4, on Page 29, offers guidance on how to counsel the sexually abused child).
- g. If the abuser was a parent, it is best not to confront them or ask their permission. Take the child to the relevant authorities (see above) for protection.
- h. If the abuse happened in the CSO centre, take preventive measures to ensure that it cannot happen again to any child. This may mean taking action against an abusive staff and tightening operating policies.

Notes:

*There are many good Paediatricians that you could reach out to for help. It is important to cultivate a relationship with 1-2 in your areas for child abuse emergencies. Often, they can handle the situation without the need for any publicity. Note that private Paediatricians cannot support you adequately under the Child Act.

[#]Generally, parents should be involved when we report a child has been abused. However, when we suspect that the parent is the abuser, we should report the abuse and bring the child to a place of safety (usually a hospital or Welfare Department institution) before we inform parents.

Step 6: Safety Rules with Children¹

Improving child contact/supervision practises and centre premises

It is important to implement and maintain safety rules in working with children. Sex abusers are not individuals unknown to parents or to CSOs or governmental organisations. They are often people who appear 'safe', are extremely helpful and keen to volunteer their time or working in positions that involve children.

Safety rules in working with children in all settings must be made mandatory and maintained at all times.

a. The 'two adult rule'

Adults should not work with children on a one-on-one basis. It does not matter whether it is male to male or female to female, all who work with children must have chaperones. Institute chaperoned contact time with all children in all environments. If this is not possible, due to staff limitations, then one-on-one contact time should be in an open area where others can observe the interaction. There may be limitations to this, for example when helping a physically disabled child in toileting.

b. 'Open door' policy

In addition, all counselling and activities should have an "open door policy". This means that there is a 'window' in the door or a side window through which others can see what is occurring.

c. Restroom guidelines

Always accompany children to public toilets in a group. In schools or centres teachers or carers should allow and suggest that children go to the toilet in pairs. If children need help with toileting or changing, always inform them before you touch them (e.g. I will help you wipe your buttocks).

d. Safety of centre premises

The centre buildings, compound and surroundings should be evaluated by the management for potential locations where abuse can occur. Steps should then be taken to rectify problems (e.g., hole in the fence, poorly lighted areas, etc).

¹ Some ideas adapted from 'Child Protection Policy for Churches' by SafeChurch

Step 7: Vetting All Staff²

Routine vetting (background check) of all new staff

Routine vetting of all new staff and existing staff (volunteers included) is required to ensure all staff working with children are safe individuals.

It is important to have a clear vetting process for all staff that will be working with children either in centres, classroom environments, day services or in any other capacity. This should include management staff, full time or part-time staff, volunteers, persons on attachment, drivers, and support staff. **The vetting process must be routine and any exceptions only provided for with strict guidelines.** The following are the minimum vetting procedures that should be used:

a. Provision of a Written Application

All applicants for full time or volunteer work must provide a written application. This should be similar to a curriculum vitae. It should outline prior education and work experiences, and include training background. At least two referees must be provided as character/work references, not including family members. Certified proof of qualifications should be provided if the applicant has received formal training. One document of identity (copy of identity card or passport), a photograph and a copy of a utility bill, to show the current address, should be submitted.

It would be ideal for a standard form to be designed for use to avoid missing details (a draft is offered in this document - see **Appendix 2 on Page 25**).

b. Conduct a Background Check on References and Character

Before a formal interview is conducted the references provided should be checked with a personal phone call or visit. This is to verify their validity and also to explore the character of the applicant. Calling other persons who know or have worked with the applicant may be necessary if there are any concerns.

c. Criminal Background Check

This is difficult to do comprehensively in the Malaysian context. We now have access to a national sex offender registry and this should be searched – it is accessed via the Welfare Department. For the Police, it currently takes 3 months for requests for such a search and we are unsure of its quality.

d. Formal Interview

All applicants must be formally interviewed in a structured manner. The interview should focus on the candidate's suitability to work with children and also make clear to the applicant that the organisation is alert to child safety. Guidelines for the interview:

1. It should be a face-to-face interview by at least two full time staff or the management.
2. Important to explore why the applicant wants to work with children (motivation).
3. Explore the applicant's prior experience with children and young people.
4. Any gaps in employment history should be identified and explored.
5. Explore specifically what would the applicant do if a child/young person behaves in an inappropriate sexual manner.
6. It would be useful to review the organisation's policies and procedures regarding the care and supervision of children with the applicant and the child protection policy.

² Some ideas adapted from 'Child Protection Policy for Churches' by SafeChurch

e. Probation Period and Reassessment

Consider instituting a 'three or six-month rule'. This is to allow time to get to know the new person and observe their interaction with children. This means that the applicant will be on 'probation' and have a formal reassessment/evaluation at the end of the period.

f. Document all steps of the process and keep clear documentation.**g. Review the status of the staff member if there are any concerns.**

Organisations must not cover up for any individual who is found to have any inappropriate sexual activity with a child. A full investigation is necessary for transparency.

Draft Checklist for all New Staff Applying to Work with Children

	Required Documents or Actions	Date Completed or In-Place	Findings/Comments	Name and Signature of Staff Member(s) Responsible
1	Written Application (with all require documents)			
2	Background Check on References and Character			
3	Criminal Background Check (if possible or necessary)			
4	Formal Interview			
5	Probation Period and Reassessment			

Please refer to **Appendix 2:** for Draft Application and Declaration Form (Page 25).

Step 8: Audits and Credentialing

CSOs should be open to future improvements, including self and external audits of child safety procedures to ensure the service or centre has met the appropriate standards for child safety. This could include certification by umbrella bodies or external organisations and will require a renewal every 2-3 years. A checklist of policies and measures in place and remedial actions taken and signed by the CSO will be necessary.

1. Periodic self-audits of child services

- a. All looked after children, those in residential care, vulnerable children, in CSO or government services should be audited periodically for potential abuse.
- b. The organisation should organise this on a yearly basis as a preventative step to identify hidden concerns and strengthen child safety.

2. Being open to and welcoming periodic external audits

- a. All organisations that care for children should be open to periodic external audits for potential abuse. This should be the role of Welfare department but is not currently possible.
- b. This may include routine anonymous feedback from children and staff on the care and possible abuse in the environment.
- c. Also audit the safety of the services as a whole.

It would be ideal for a standard form/checklist to be designed for use to avoid missing details.

Checklist for Evaluation

	Policies, Measures in Place and Areas Covered	Date Completed or In-Place	Name and Signature of Staff Member Responsible
1	Written Child Protection Policy		
2	Training of all staff (including volunteers) on child abuse and general prevention measure		
3	Training of all children on protective behaviours		
4	System in place for children to safely disclose any abuse		
5	Mechanism in place in case a child is suspected of being abused		
6	Safety rules in working with children implemented		
	a. The 'two adult rule'		
	b. 'Open door' policy		
	c. Restroom guidelines		
	d. Safety of centre premises		
7	Routine vetting of all new and existing staff		
8	Yearly Self-Audits or anonymous feedback from children		

Appendix 1: Training Exercises for Step 3 and 4

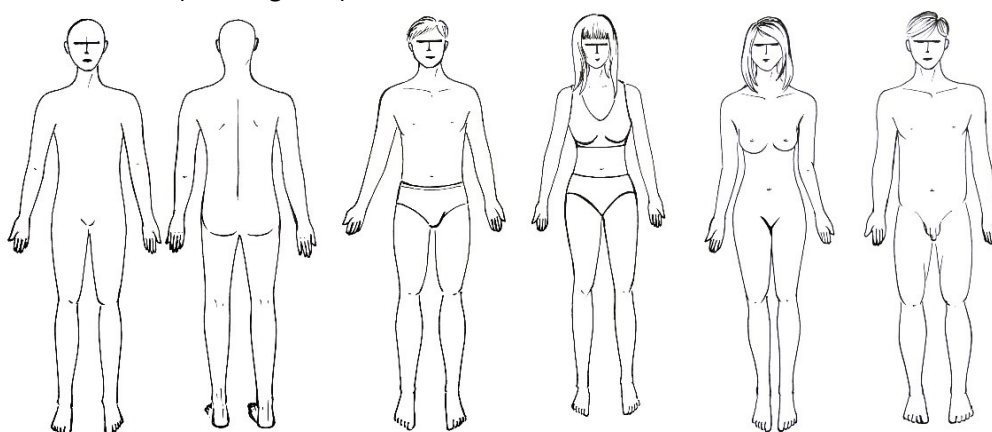
Exercise 1 (Age: 3-5 years)³:

Teaching Young Children about their Body and Limiting Abuse

What are the Physical Differences between Boys and Girls? Who can Touch You Where?

This is a 'visual' way of showing young children the different parts of their body and helping them understand which parts are private as well as who can touch them where. It is best done with a small group of children of similar ages or understanding/cognitive competencies.

1. Use a line drawing of a human body (most prefer using anatomically correct figures – see below).
2. Use correct terminology or identification for body parts, including the sexual organs. Avoid using negative word for sexual parts of the body (e.g. '*tempat kemaluan*'; prefer '*tempat sulit*').
3. Discuss physical similarities and differences between boys and girls.
4. Discuss the ways all people are alike and different (male and female).
5. This can also be taught using dolls (anatomically correct boy/girl) or 'cut up' paper dolls with clothes.
6. Method:
 - a. Using the diagrams (or other options mentioned above) and ask the child to identify what is alike and different on each.
 - b. Ask the child to name the various body parts. The sexual organs can be covered initially and then exposed.
 - c. Have the child identify which is a boy and which one is a girl and why.
 - d. If the child does not know the correct terms for the body parts, then discuss the correct terms using verbal and pictorial reinforcement. Some people like to teach nicknames but this is generally discouraged. It is usually best to use correct terminology. However, many rural and marginalised communities may not be ready for exact names of body parts, due to cultural barriers. Please use your judgment as to what words to use.
 - e. Discuss who is allowed to touch the child, and where they can touch them, based on relationship. Do this for mother, father, close relatives, other carers (teacher, nurse/doctor) and strangers.
 - f. Discuss the location of the private areas which are generally areas covered by your underwear (see diagram⁴).

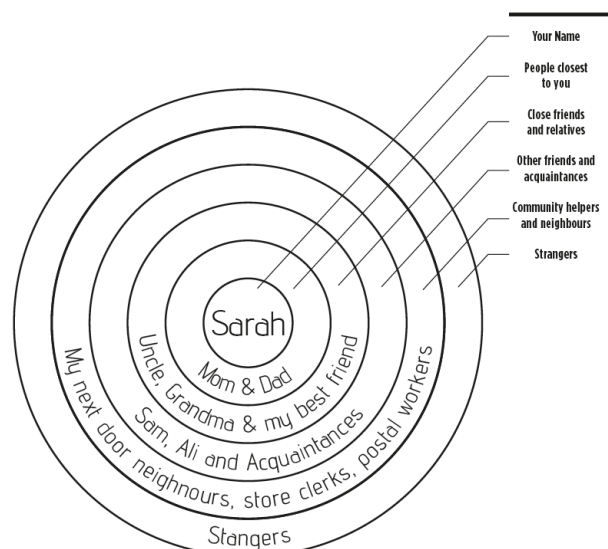


³ Some ideas adapted from 'Sexuality Education for Children and Adolescents with Developmental Disabilities: An Instructional Manual for Parents of and Individuals with Developmental Disabilities'. Florida Developmental Disabilities Council, Inc. <http://www.albany.edu/aging/IDD/docs.htm>

⁴ Drawn by Ellie Ng Yan for this manual.

Exercise 2 (Age: 3-5 years)⁵:**Protective Sexual Behaviour for Young Children to Limit Abuse
Circles Method of Teaching Social Behaviour**

1. Social Circles is a graphic way of showing children the different levels of familiarity we are to have with people we know and don't know.
2. Start by drawing a small circle on a large piece of blank paper. Write the child's name in the circle and/or paste her/his picture there. Tell him this is her/his personal space, her/his body, and that only certain people can get really close to her/him (see diagram⁶).
3. Draw a larger circle around the child's circle and write 'family' in this larger circle. You can write and/or paste pictures of immediate family members (mom, dad, brother, grandparents, close uncles and aunts) in this circle. Explain that these people are family members. They may kiss or hug her/him but this depends on how comfortable the child feels. Be mindful that parents and people in the first circle can also be perpetrators. Explain the sort of behaviour that you feel is appropriate with these people. Often 2 circles for 'inner' and 'outer' family are included to show the difference in relationship with parents and grandparents.
4. Next draw an even larger circle around the child's and the family circle. Label this circle 'friends and neighbours – people you know'. Write the names and/or paste pictures of people who fit into this category (e.g., next door neighbours, close religious members, teachers, etc.). Explain the sort of closeness and behaviour that you feel is appropriate with this category of people (e.g., they wave at you, say 'hello', you may shake their hand, etc.).
5. Lastly, draw an even larger circle around the outside of all three smaller circles. Label this largest of the circles 'strangers – people you don't know'. Explain that it is not okay to hug, kiss, get too close, or touch strangers or to allow them to touch you. Teach them to ignore these people. You should also explain the exceptions to this (e.g., a policeman when you're lost, doctors when Mom or Dad are present, etc.). You want to get across the idea that no one has the right to touch her/him without permission ("Your body belongs to you") and that she/he cannot touch or come near strangers, period.
6. Using different colours for each circle aids in its meaning to the child or young person. Remember that visual cues like this are a great way to back up verbal communication.



⁵ Some ideas adapted from 'Circles I: Intimacy & Relationships Revised Edition 1993, page 77, and 'Physical Boundaries: Lesson Plan, Alberta Health Services, 2011 www.teachingsexualhealth.ca'

⁶ Used with permission from: Child Safe Programme. National Evangelical Christian Fellowship. 2019.

Exercise 3 (Age: 5-7 years)⁷:**Protective Sexual Behaviour for Young Children to Limit Abuse****Role Play: Dealing with Unfamiliar/Difficult Situations**

These are role plays to discuss situations that children may experience and offer protective training to prevent potential sexual abuse.

1. Tell your child/student that you really want to know if anything unpleasant happens to her/him, and reassure her/him that you would be able to help. Children are never to be blamed for having been abused.
2. Advise children to be alert in every situation and listen to the 'Inner Voice' to know if a situation is dangerous. Explore with the child/student what it means to feel safe and unsafe, where she/he feels safe and what makes her/him feel safe.
3. Teach children common sense with respect to strangers: e.g. Do not talk to any stranger; If a stranger asks you for help, tell him to ask an adult; Never go anywhere with a stranger and do not let him take you home; Never accept anything from a stranger. Despite it being our culture to be nice and hospitable to strangers, children should be taught not to place trust in people they do not know. Older children will need social media and internet safety advice – see this link to a training manual⁸.
4. Discuss unfamiliar situations and potential sexual assault with the children.
5. The best resistance to use against an attacker is common sense, preparedness and calmness.
6. Role play the following situations with children repeatedly until they are able to give meaningful responses.

Situation 1: Lost in supermarket

1. Describe a situation where the child has gone to the supermarket or shopping centre with the parent(s) and while shopping cannot find the parent(s) anymore.
2. Ask the child what they would do.
3. Enforce the correct steps to be taken:
 - a. Remain calm.
 - b. Approach the staff at the checkout or payment counter.
 - c. Tell them you have lost your parents.
 - d. Tell them your name and your parents' name (real name, not nick-name like "Umi" or "Mummy").
4. Teach children to learn and remember their parents' hand phone numbers and phone numbers of family members or persons close to them (in the event parents are busy and cannot be connected).
5. For children with limited verbal abilities get them an identity card with family information to carry around their neck that they can show others.

Situation 2: Confronted by a person who wants to take advantage of you sexually

1. Describe a situation where the child has gone to the supermarket or shopping centre with the parent or carer. The child has gone to the toilet alone while the parent/carer is waiting outside. Suddenly a man appears in the toilet and tries to touch the child in their private place/sexual place. This could also be re-done using a visit to the toilet in the child care centre/*pusat jagaan* the child attends.
2. Ask the child what they would do.

⁷ Some ideas adapted from 'Rutgers J. Sexual abuse of children. Radcliffe Medical Press 1991', 'Physical Boundaries: Lesson Plan, Alberta Health Services, 2011 and 'Circles I: Intimacy & Relationships Revised Edition 1993'

⁸ Amar-Singh HSS. Cybersafety: Keeping Children and Teenagers Safe Online Guidebook for Teachers and Parents.

Women's Centre For Change, Penang, 2021. Can download a copy from here: <https://www.wccpenang.org/books/>

3. Enforce the correct steps to be taken:
 - a. Do not panic
 - b. Scream "HELP" or "POLICE" or create a disturbance that will attract attention. You may be able to scare or distract the person enough to make your escape.
 - c. Run out of the toilet or run to the nearest adult or group of people.
 - d. Inform your mother, other reliable person immediately (security personnel or staff at the checkout or payment counter).
4. Generally fighting back will not be safe for the child.
5. It is important to role play this well as the child will have to be prepared and be able to shout loudly.

Situation 3: School transport does not arrive as expected (parent/guardian late or school bus missed)

1. Do not panic. Do not keep on waiting. Do not try to go home on your own.
2. Inform a school teacher or the school security immediately
3. Teachers should ensure that no child is to be left in school after hours. The last to leave the school should be an adult (teacher). Every school/child care centre/*pusat jagaan* should have a clear, written policy for children whose transport home does not arrive as expected.

Situation 4: Dealing with Strangers

1. Ask your child/students how they would know a person is a stranger. (Example: May never have seen the person before. Do not know anything personal about the stranger.)
2. Is a stranger a good or bad person? Encourage your students to think about this question before answering. Many of your students will think that strangers are bad. Remind them that they cannot tell whether a stranger is good or bad by looking at them. A stranger is a person they do not know and thus, cannot tell whether they are good or bad.
3. Reinforce with your students that they need to be cautious of strangers because they cannot tell if they are good or bad, rather than 'all strangers are bad'.
4. Ask your children/students what would they do if:
 - a. A stranger offers them a sweet.
 - b. A stranger offers to drive them home.
 - c. A stranger asks them to go to the movies with her.
 - d. A stranger asks for the time.
 - e. A stranger asks them for money.
 - f. A stranger says 'your mummy asked me to pick you up from school'.

Important note:

These role plays involve stranger and relative abuse. It is important to recognise that abuse to girls and boys often happens within the family. Community data shows that the father is often an abuser. Hence it important to tell children that people they know might also make them uncomfortable and that they should tell a safe person about this.

Exercise 4 (Age: 4-7 years)⁹:**Teaching Social Behaviour to Limit Abuse****Role Play: Safe Touch and Unsafe Touch (Appropriate and Inappropriate Touch)**

When teaching children safe and unsafe touch, they learn about inappropriate touching as something to avoid. Students learn to protect themselves from certain behaviours that may come from any person, even within the family.

1. Ask your children to describe what safe (appropriate) touching means to them.
2. Ask your children to describe what unsafe (inappropriate) touching means to them.
3. Describe Safe Touch and Unsafe Touch (Appropriate and Inappropriate Touch) to the child/children
 - a. Safe (appropriate) touches are respectful, kind and caring, and it feels good.
 - b. Unsafe (inappropriate) touches are disrespectful, confusing, scary, and/or hurtful.
4. Ask your students to explain what 'trusting their instincts' means to them. Talk about the inner voice or uncomfortable feelings they get in their stomach whenever they know that something is wrong or out of place (e.g., if they see a dog shows his teeth and growls, your inner voice tells you don't go near). The 'Inner Voice' is the feeling that tells you something is right (OK), or wrong (not OK).
5. Ask children the different ways in which someone might try to pressure them into inappropriate touching. Example: Bribing, tricking, embarrassing, and forcing.
6. Discuss what you can do when someone inappropriately touches you? Which is: say loudly 'no', get away and tell someone you trust. The basic steps are to Shout ('help' or 'police'), Run and Tell someone. The child should not fight.
7. If you tell an adult about the inappropriate touch and she/he does not believe you, find another adult to tell. Keep telling until you find someone who does believe you.
8. Use pictures (examples below¹⁰) to explain the teaching.
9. Use physical demonstration (volunteer) to demonstrate safe and unsafe places to touch a person by type of relationship.
10. Use the role plays below to amplify (enforce) the teaching.



⁹ Some ideas adapted from 'Challenge Abuse Through Respect Education (c.a.r.e.). The Canadian Red Cross Society, 2002' and 'Physical Boundaries: Lesson Plan, Alberta Health Services, 2011 www.teachingsexualhealth.ca'

¹⁰ Used with permission from: Child Safe Programme. National Evangelical Christian Fellowship. 2019.

Situation 1: Safe Touch by a Relative

Uncle David comes for a visit to Sarah's house. Sarah is excited to see her uncle because he is close to the family. Uncle David gives Sarah a big hug.

1. How can we tell this is safe touch? (The touches are respectful and caring)
2. How do you think Sarah would have felt if it wasn't her uncle? If it was someone she did not know who wanted to hug her? (Uncomfortable, scared, feels creepy etc.)
3. Is it ok for you not to hug someone, even if you know the person very well? (It is ok to not hug someone, even if it's someone you know very well. Your body is your own/Your body belongs to you).

Situation 2: Unsafe Touch by a Relative

Lisa's grandfather likes to give Lisa a kiss and hug whenever he comes by to visit. But Lisa does not like the way he pats her buttocks when he hugs Lisa. It makes Lisa feel uncomfortable. Lisa nicely tells Grandpa, "I don't like you patting my buttocks when you hug me." Lisa's grandfather is hurt and asks, "What's the matter, don't you love me anymore?" Lisa feels guilty and does not want to hurt grandpa's feelings.

1. Why was the touching inappropriate? (It made Lisa feel uncomfortable)
2. What did Lisa do to try to stop the touching? (Lisa told Grandpa)
3. Should Lisa feel guilty about hurting her grandfather? (No one should make you feel guilty if they touch you inappropriately)
4. What else can Lisa do about the touching? (Tell her mother, father, or teacher)

Exercise 5 (Age: 4-5 years and above):**What to Do When Something Bad Happens to You?****Reporting Abuse**

Children need to be trained in these two areas:

Keep No Secrets – What to do when Something Happens?

Teach children to always tell a trusted adult (parent, carer, teacher or doctor) if she/he is uncomfortable about the behaviour of another person towards them. This applies even if the child feels she/he has done something wrong. Children are never to be blamed for having been abused.

- It is best to do this as a dialogue with a small group of children.
- Ask them what they would do if an adult asked them to keep a secret?
- What kinds of secrets should we not keep?
- Explain that some adults might want to take advantage of us sexually. Sometimes they might check or test the child first by asking them to keep a 'small' secret that looks innocent or harmless. Later they will ask the child to keep 'bigger' secrets that may be harmful or unsafe. The best practise is not to keep secrets.

The Right to Say No

Every child must understand that she/he has the right to say no to any kind of touching that she/he doesn't like. "Your body belongs to you" And that she/he should tell the carer or teacher about any touching done by a child or adult that feels wrong. Children are never to be blamed for having been abused.

- It is best to do this as a dialogue with a small group of children.
- Explain that our body is our own and that others have no right to touch it (some exceptions like mommy helping with dressing or when seeing a doctor for a check-up).
- Explain that they have the right to say no when someone tries to touch them in an inappropriate place or way.
- Always tell a trusted adult if you are uncomfortable about any touching or behaviour.

Appendix 2: Application and Declaration Forms for Step 7

Draft: Standard Application Form for all New Staff/Volunteers Applying to Work with Children (Confidential)

Name: _____

Date of Birth: _____

Hand Phone No.: _____ E-mail: _____

Address: _____

Current Employment Status (please circle): Student/Employed/Unemployed/Homemaker/Retired

Previous work experiences (please outline locations and job positions held)

A full curriculum vitae can be submitted for this section:

Any prior involvement in voluntary work (please circle): Yes/No

If yes, please give details:

Provide the names and address of at least two referees as character/work references
(not including family members):

1. Name: _____

Hand Phone No.: _____ E-mail: _____

Address: _____

2. Name: _____

Hand Phone No.: _____ E-mail: _____

Address: _____

Signature of Applicant: _____ Date: _____

Draft: Standard Declaration Form for all New Staff/Volunteers Applying to Work with Children (Confidential)

Name: _____

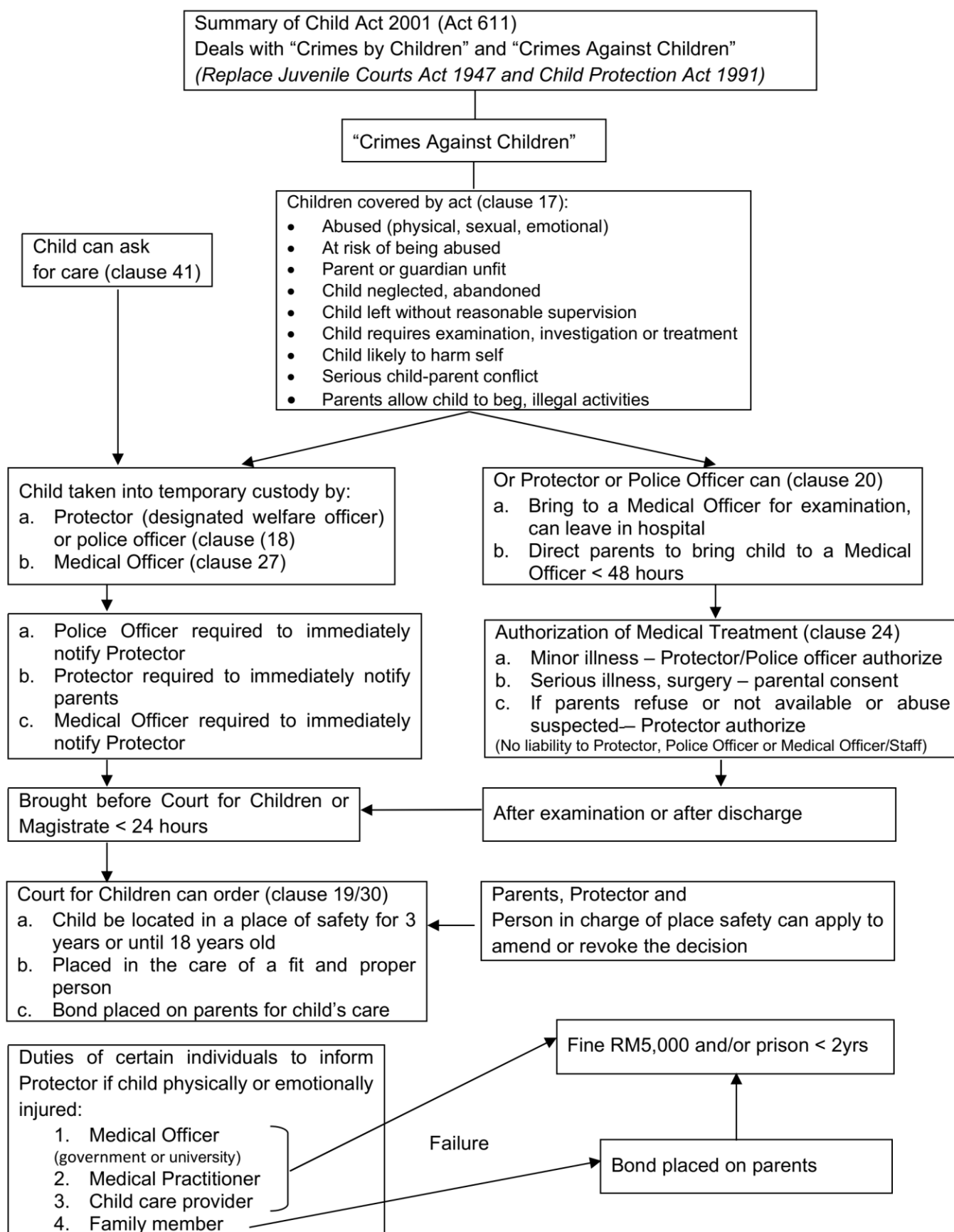
Date of Birth: _____

Have you ever been convicted of any criminal offence or been the subject of an inquiry for unprofessional behaviour? (please circle): Yes/No

If yes, please state below the nature and date(s) of the offence(s) below:

Signature of Applicant: _____ Date: _____

Appendix 3: Summary of Child Act 2001 (Act 611, revised 2016)



Text description for the flow chart of Summary of Child Act 2001 (Act 611, revised 2016)

Child Act 2001

- Deals with “Crimes by Children” and “Crimes Against Children”
- *Replaces Juvenile Courts Act 1947 and Child Protection Act 1991*

Protocol for “Crimes Against Children” under Child Act 2001 (Act 611)

Children covered by the act (clause 17):

- Abused (physical, sexual, emotional)
- At risk of being abused
- Parent or guardian unfit
- Child neglected, abandoned
- Child left without reasonable supervision
- Child requires examination, investigation or treatment
- Child likely to harm self
- Serious child-parent conflict
- Parents allow child to beg, illegal activities

Actions to be taken for children in need of care as above:

Temporary Custody	Medical Examination and Treatment
Child is taken into temporary custody by: a. Protector (designated welfare officer) or police officer (clause 18) b. Medical Officer (clause 27) Note: Child can ask for care and be taken into custody (clause 41)	Or Protector or Police Officer can (clause 20) a. Bring to a Medical Officer for examination, can leave child in hospital b. Direct parents to bring child to a Medical Officer within 48 hours
Notification upon temporary custody: a. Police Officer is required to immediately notify Protector b. Protector is required to immediately notify parents c. Medical Officer is required to immediately notify Protector	Authorization of Medical Treatment (clause 24) a. Minor illness – Protector/Police officer authorize b. Serious illness, surgery – parental consent c. If parents refuse or not available or abuse suspected – Protector authorize (No liability to Protector, Police Officer or Medical Officer/Staff)
Brought before Court for Children or Magistrate within 24 hours	Brought before Court for Children or Magistrate within 24 hours after examination or after discharge

Court for Children can order (clause 19/30)

- Child be located in a place of safety for 3 years or until 18 years old
- Placed in the care of a fit and proper person
- Bond placed on parents for child's care

Parents, Protector and Person in charge of place safety can apply to amend or revoke the decision by the Court for Children.

Duty to inform Protector if child is physically or emotionally injured:

Who	Failure to inform
<ul style="list-style-type: none"> • Medical Officer (government or university) • Medical Practitioner • Child care provider 	Fine RM5,000 and/or prison less than 2yrs
<ul style="list-style-type: none"> • Family member 	Bond placed on parents

Appendix 4: Counselling the Sexually Abused Child

Some Important Issues

- a. These notes are only an introduction to counselling the sexually abused. Training and experience is required to help these children.
- b. Although the common belief is that more 'severe' forms of abuse (penetration) are more damaging, experience has shown that any form is equally damaging to a young child. Touching a child's body is not less severe than vaginal or anal penetration.
- c. At times the experience of sexual abuse is so painful the child represses it and hence the memory of the events is buried. They may surface suddenly later in life.
- d. The damage that occurs to the child is not merely in the physical part of her/his being but also in the emotions and spirit.
- e. The most damaging hurt is the betrayal of trust - someone whom we expect to love and protect us, instead uses us for their own gratification. In addition, the abused child is made to feel responsible and guilty for the abuse.
- f. Often healing takes much effort and work. Time does not heal and wounds that are not attended to tend to grow. Healing may require the abused person to travel their own spiritual journey.
- g. A counsellor can only take the client as far as the counsellor herself/himself has gone. This means that the counsellor has to work on their own sexual, emotional and spiritual healing.

Key Principles in Counselling the Sexually Abused

- a. Know yourself – weaknesses, strengths, limitations. Often easy to do more harm than good. Do not embark on counselling unless you have worked out some of your prejudices and preconceptions. In counselling the sexually abused, often the counsellor will have to face her/his own internal conflict. Conflicting emotions include disgust at the abuse, anger against the abuser, old hurts from own past abuse, disbelief, prejudice, judgment, etc.
- b. Be wary of glib messages e.g. "I understand your pain" – it is not possible to appreciate another person's deep pain. Best not to say this statement or perhaps acknowledge that you have your 'own pain'.
- c. A safe and confidential environment is essential.
 - i. Issue of trust is very important in abused children - ensure all that the child has told you does not go beyond the counselling situation unless required legally.
 - ii. Never pass on information to others (avoid gossip at all costs) and tell the abused person to limit who they tell. Gossip spreads like fire, especially in our communities.
 - iii. Preferably counsel in a professional setting, an "open and safe environment". Example in an office where the door has a "window".

Why Children Keep Silent

- Fear (The child may have been threatened to keep the abuse a secret. The child may be afraid of rejection by parents, peers, society)
- Confusing and Conflicting Feelings (The child may be confused when she/he has been abused by someone she/he loves and trusts)
- Guilt (The child may believe that her or his actions are to blame for the sexual abuse)
- Pain and/or Embarrassment (Often, the child is so emotionally hurt by the abuse, or so embarrassed and/or ashamed of what has happened, that it may seem easier for her/him just to remain silent about the entire incident)

- d. Never do counselling alone. Always do counselling in a team, preferably a male and female team. However, a female child may not initially be comfortable with a man.
- e. Listen attentively to and respect the child. Do not tell the child to forget what has happened, or that it is 'all right; everything will turn out OK'. The child needs to know that what was done is wrong and was not her/his fault. Things will not get better immediately and it will require work.
- f. Do not be judgmental; do not criticize, accuse or blame the child. If she/he senses that you cannot handle (cope with) the information she has given you or senses judgement, she/he may feel it is better not to speak. Be aware that children often disclose in stages and at any point may shut down.
- g. Do not make empty promises that you cannot keep - another betrayal of trust.

- h. Remember that body language (non-verbal communication) is just as important as what you say in words. Your words must commensurate with your non-verbal language. Children are able to detect hypocrisy and deception.

One Approach to Counselling the Sexually Abused

- a. There is no fixed successful method; listening to the abused and your heart is the best way forward.
- b. Be very patient, this is a difficult thing for any child to share. It takes much courage. Respect this courage. Let the child know you are proud of her/his courage to talk about the abuse. Give her/him enough time; do not hurry and pressure her/him. She/he may require a number of sessions or meetings.
- c. Listen to what the child is telling you, and believe her/him. Children seldom lie about sexual abuse. Tell the child you believe her/him and thank her/him for trusting you enough to tell you about the abuse.
- d. Let the child talk about the abuse in her/his own words - never ask directly "Have you been sexually abused?" Do not press her/him for details or give her/him the feeling you are interrogating her/him. No need to go into great depth of the 'full details' of the abuse. Often the child can be abused again by the counsellor asking embarrassing questions. What the child needs is to vent the pain within, the pain of betrayal of trust and defilement.
- e. It is acceptable to show some appropriate emotion. Refrain from expressing any judgement on the child for what has happened. It is never the child's fault in sexual abuse.
- f. Let the child know that you will try to do everything in your power to keep her/him safe and to ensure this never happens to her/him again. But remember your limitations and no empty promises.
- g. The child may need some reassurance and physical comfort. This is best done by the appropriate person of the same sex.
- h. When you have time alone, write down what the child has told you using the child's words whenever possible; avoid interpreting what the child has said.
- i. In the healing of the sexual abuse, much emphasis needs to be given to the healing of memories and inner healing. It is important to allow pain and anger to be expressed. Healing is usually progressive and much support is required to work through the various emotions like pain and grief, anger, guilt, confusion. Ultimately full healing is the responsibility and work of the abused.
- j. Most abused people will go through the phases of shock, denial, anger, depression, etc. However, anger and forgiveness are the important issues to be dealt with. Both of these 'emotions' are expressed towards the abuser (for the betrayal), the parent (for failure to protect), all men, self and God (for not stopping it). Unresolved anger/resentment is a destructive energy that can damage the person physically. Unforgiveness can be a cage that traps the abused.
- k. Forgiveness cannot come too quickly and may happen later in the healing journey. Anger must be adequately dealt with. Forgiveness cannot be demanded by the counsellor. It is a gift the abused can give herself/himself. Forgiveness does not mean the event was right, does not mean forgetting the events or saying the abuser should not be punished. It is important that we respect the child's spirituality and belief system and culture; regardless of whether the child believes in God or not.
- l. It may be necessary to work on a restoration of healthy sexuality and body image.
- m. Often at some stage a man will be useful to help with the healing process and for the abused to know that not all men are abusers.
- n. The abused should be advised to never meet or have contact again with the sexual abuser.

Other Issues

- a. Counselling the sexually abused can be tough. It is important to develop a source of support for the counsellors. This can be done without compromising confidentiality
- b. It is important to remember that the other children in the family, in the class, center, school, etc. may also have been abused as well.
- c. Support Groups: Children who are sexually abused feel all alone; coming to a group can help reduce that isolation. However, there is the danger of confidentiality not being maintained in such a group.
- d. The child should know honestly what is likely to happen next and be provided an opportunity to share their views on this. This helps children both develop trust and gives them some sense of control over their lives even when their wishes cannot be met - they know they have been heard and feel supported.

Prepared by Dato' Dr Amar-Singh HSS and Datin Dr Lim Swee Im from many years of working with abuse victims.

Appendix 5: Training the Child with Disability about Sexuality¹¹

Children with disabilities are more likely to be sexually abused. They need our support to understand their body, learn clear boundaries and know how to protect themselves.

Reasons why Sex Education is Withheld from Children with Disabilities

Some common reasons why sex education is withheld from children with intellectual and other disabilities include:

1. There is a misconception that children with intellectual and other disabilities do not need sex education because they will forever remain in a 'child-like' and therefore a 'non-sexual state'.
2. Some parents fear that a child with sexual knowledge will be tempted to experiment and may become pregnant accidentally, contract a sexually transmitted infection or 'get into trouble' in some way. The underlying hope is that a child who doesn't know about sex will have no desire to express their sexuality.
3. Some parents are uneasy about discussing sex with children, particularly if the child is intellectually disabled and does not grasp concepts easily.
4. The parents may have tried to talk to their child about sex, but weren't able to express the information in a way the child could understand. Failed attempts may cause the parents to give up.

Guidelines for Teaching Sexuality to Children/Students with Disabilities

1. Assume that children have not had any sex education before and start with basics.
2. Appreciate that children with disabilities have a sexuality and this may be expressed in various ways. Talking about sex will not encourage them to try it. It will make them more comfortable and informed on the subject and better able to deal with it.
3. Do not overload with information. Do it slowly over many sessions. Give sufficient time for the children to process the information, ask questions and have discussion.
4. It is important to use repetition when teaching children with intellectual disabilities. Each lesson should begin with a review of the previous lesson(s). Try to teach the same area from a different angle or using a different approach.
5. Use the language or communication method that is preferred by each child. Many children with disabilities use alternative forms of communication, such as communication board, picture-to-words communication app, writing, spelling to communicate and sign language. Use sign language (Bahasa Isyarat Malaysia – BIM) with Deaf students.
6. Use clear, concrete examples and language. Many students with intellectual disabilities, learning disabilities, autism and ADHD find it challenging to understand abstract concepts/language. Using pictures, diagrams and videos is useful. Using story-telling and scenarios is often more effective than teaching abstract concepts. Provide as many as possible, the various contexts and scenarios that sexual abuse may happen, to support their concrete thinking.
7. Some neurodivergent children (i.e. intellectual disabilities, autism, ADHD, learning disabilities, Down Syndrome, Cerebral Palsy, etc.) may also have difficulty identifying, defining and explaining their bodily responses and emotions (interoception). Teaching them how to recognise their body signals and emotions is necessary if they do not already know it. Also, they may use alternative words and ways to identify and define body signals, for example:
 - a. "waves in tummy" or "ball rolling in tummy" for butterflies in tummy,
 - b. "heart is in my ears" for heart beating fast,
 - c. "many tiny bites on skin" or "cold" for goosebumps

¹¹ Some ideas adapted from

'http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Sex_education_for_children_with_intellectual_disabilities', '<http://www.sexualityandu.ca/teachers/teaching-sex-ed-for-youth-with-intellectual-disabilities>', '<http://nichcy.org/schools-administrators/sexed#materials>'

- d. pain for a variety of discomfort (feeling hot, cold, prickly, aversive to loud sounds) because they do not yet have the vocabulary to describe their body signals (common for autistic children).

It would be helpful to ask neurodivergent children what comfortable and uncomfortable means to them, and do this at the beginning of the lesson(s). Then, use their own words to teach the lessons.

- 8. Teach children the right to refuse, even with authority figures and people close to them. Disabled people can sometimes be quite compliant.
- 9. Encourage them to come to you with questions and any concerns or unpleasant experiences.
- 10. Areas you need to cover include:
 - a. General sexuality and understanding of the body
 - b. Inappropriate touch
 - c. Preventing and dealing with sexual abuse, including recognising signs of danger
 - d. Public and private places
 - e. Respect in relationships
 - f. Changes of puberty
 - g. Menstruation
 - h. Masturbation

- 11. **All the principles in this manual and training exercises in Appendix 1 are useful for children with disabilities. In some children they may need to be used at an older age.**

Appendix 6: Real-life Sexuality Scenarios on Children with Disability for Discussion with Parents/Teachers/Trainers

These are common issues that are faced often by families who have children with disabilities. These scenarios comprise examples of real experiences from many years of working with families of children with disabilities. How should we respond and deal with the following situations?

Important Note: When we see any child 'acting out' sexually, it is important to explore whether he or she is being sexually abused elsewhere (e.g. at home or centre or school). They might be seeing or shown pornography or being sexually abused by a carer or classmate.

	Scenarios	Suggestions
1.	17-year-old boy with intellectual disability masturbates at the back of the class (special class or special school). Teacher (female) gets upset. Also worried other children might see and copy the behaviour or that the child might progress to other activities.	<ul style="list-style-type: none"> See note on masturbation below*. Do not bring attention to it while the class is on. Have a discussion with the teenager about appropriate locations to masturbate (e.g. toilet). If he continues masturbating in class, have a discussion with him and the parents. He may need to be told that he will be suspended or removed from the school if he continues.
2.	A 15-year-old boy with autism. His mother is unhappy that he masturbates in his room.	<ul style="list-style-type: none"> See note on masturbation below*. Have a discussion with the teenager about appropriate locations to masturbate (e.g. bathroom). Pay attention to other signals (withdrawal, sadness, anger, aggression, destructive behaviour). Masturbation could be a manifestation of other social-emotional difficulties the child is experiencing, and needs to be addressed.
3.	A 12-year-old boy repeatedly touches his teacher in inappropriate places (e.g. buttocks).	<ul style="list-style-type: none"> Have a discussion with the child about appropriate touch, boundaries and respect for others. If he continues, have a discussion with him and the parents about disciplinary action that will be taken if he continues. It may be necessary to suspend him for a few days or remove him from the school/centre if he continues.
4.	16-year-old girl with Down syndrome who lives in a village. She goes round hugging everyone. Dad is worried someone might sexually abuse her.	<ul style="list-style-type: none"> There is a real risk that this girl might get sexually abused as she is not aware of her boundaries – trying to be friendly but may be misunderstood or taken advantage of. Have ongoing discussions with the teenage girl about personal space (safe physical distance), relationship boundaries, and safe ways to show affection/care. She needs to be taught about boundaries. The key issue is not about confining her to the home but creating a safe environment for her. It may be necessary to work with other parents of children with disabilities or enlist the help of an NGO to set up a safe day-care or vocational training site for her/other children.
5.	19-year-old boy with intellectual disability who hugs women – mother, teacher,	<ul style="list-style-type: none"> He is probably exploring his sexuality and wants physical contact with women.

	relatives, neighbours. He wants to do a 'full body hug' with every woman he meets.	<ul style="list-style-type: none"> Parents should have ongoing discussions with the child about appropriate touch, boundaries and respect for others. Also important to inform all women who are in contact with him to not allow any hugs. If he continues then some disciplinary measure needs to be taken to encourage him to change.
6.	A 10-year-old boy and 11-year-old girl with learning disabilities show interest in each other and are found together partially undressed.	<ul style="list-style-type: none"> Inform the parents of both children. Have a discussion with the children (best with parents) about appropriate touch, boundaries and respect for others. There is no need for any harsh punishment or scolding. Discuss about healthy relationships and its characteristics. Ensure all the children in the centre have training on sexual safety. Improve the safety profile of the centre or school (no blind spots, unattended children, etc).
7.	An 11-year-old autistic boy who repeatedly comes out of the shower naked or walks about the house without any clothes. There are sisters at home.	<ul style="list-style-type: none"> Find out if he has sensory issues and address them. Autistic children may feel uncomfortable or stressed (or feel pain) to wear clothes of certain textures, or feeling of wetness/sweat on clothes. Some autistic children may want to avoid dressing in the bathroom to avoid getting their clothes wet/dirty. Have a discussion with the child about boundaries, respect for others and expected decency. Discuss the house rules regarding dress code with concrete examples (e.g. when answering the door, when another person is in the room). If he continues then some disciplinary measure needs to be taken to encourage him to change.
8.	Mother comes with her 14-year-old daughter with severe intellectual disability. Mother is worried that someone might 'rape' her and she will get pregnant. Wants us to 'tie her tubes' (tubal ligation/sterilisation) to prevent pregnancy.	<ul style="list-style-type: none"> Children with disabilities are commonly sexually abused, so this is a real risk. The key issue is not about making her unable to get pregnant but creating a safe environment for her. (If perpetrators find out she can no longer get pregnant she might be sexually abused even more.) Continuous education and training with the child is necessary on personal safety, recognising warning signs of abuse, saying no and running away from unsafe situations. It may be necessary to work with other parents of children with disabilities or enlist the help of an NGO to set up a safe day-care for her and other children. If we need a contraceptive device, best to use an intrauterine contraceptive device (IUCD). If of an older age we can also consider an injectable contraceptive e.g. depo-Povera/implant.
9.	Mother comes with her 15-year-old daughter with severe physical and intellectual disabilities. Mother cannot cope with her menstrual cycle. Very messy. The child plays with her menstrual blood. Wants us to do an operation to remove her womb (uterus).	<ul style="list-style-type: none"> Doing a surgical procedure is not recommended and drastic. Best to try adult-sized diapers during the menstrual cycle. If this fails consider using a hormonal method to stop periods (contraceptive/depo injection that is usually given every 3 months).

10.	A 16-year-old young woman with intellectual disabilities tells you that her father sleeps in the same bed with her.	<ul style="list-style-type: none"> • All children should not sleep in the same bed with their parents as it is not safe. • By the time a child reaches puberty (age 9-10 years of age) no child should sleep with another person in the same bed. • High risk of sexual abuse in this situation. Have a discussion with the parents of the child to change the sleeping arrangement. • Also teach the teenager about boundaries, that her body belongs to her, and she has the right to refuse to sleep in the same bed with her father. Role-play with her about how she can communicate that to her father.
11.	A 16-year-old young woman with severe physical disabilities has been sexually abused repeatedly by one of the centre staff.	<ul style="list-style-type: none"> • Ensure her safety and that of all other children in the centre. Check if other children have possibly been abused. • Make a Police and Welfare report. • Suspend the staff until investigations are complete. • The teenager may require counselling/psychotherapy.
12.	Parents of a 24-year-old man with Down syndrome plan to marry him off with a girl with Down Syndrome.	<ul style="list-style-type: none"> • Teenagers/young adults with disability and their parents often express ideas about getting married. • It is important to assess the abilities of the individuals to manage a household, hold a reasonable job, be parents, etc. • It is important to discuss their abilities to manage a household, budgeting finances, hold a reasonable job, be parents, etc; taking into consideration availability of support in the community. • In addition, we need to offer genetic counselling regarding offspring.

***Note on masturbation:** Many teenagers masturbate as part of the exploration of their sexuality. Suppressing it will just hide the activity. It is best to discuss safe locations to do it (it is important to help them understand the concepts of what is public and private places and behaviour). Parents/teachers have to understand that masturbation cannot harm the body. The key issue is what you do with your mind and imagination during masturbation.

Useful Resources/Sites

National Society for the Prevention of Cruelty to Children, UK. Resources:

<https://learning.nspcc.org.uk/safeguarding-child-protection>

Centers for Disease Control and prevention (CDC USA). Child Abuse and Neglect Resources:

<https://www.cdc.gov/violenceprevention/childabuseandneglect/resources.html>

Australian Institute of Family Studies. Web resources on Child abuse and neglect:

<https://aifs.gov.au/cfca/topics/child-abuse-and-neglect/resources>

True Relationships and Reproductive Health, Australia.

<https://www.true.org.au/fact-sheets>

(Useful and illustrated factsheets, and not limited to children only. Some may be uncomfortable with some resources.)

Keeping Safe: Child Protection Curriculum information for parents and carers (South Australia)

<https://www.education.sa.gov.au/parents-and-families/curriculum-and-learning/early-years/keeping-safe-child-protection-curriculum-information-parents-and-carers>

Association of International Schools in Africa: Child Protection Handbook

<https://aisa.or.ke/resources/aisa-child-protection-handbook-teacher-resource-guide/>

(Includes a range of lessons, not disability specific.)

UNICEF International. Violence against children resources:

<https://www.unicef.org/protection/violence-against-children>

UNICEF Malaysia. Child protection resources:

<https://www.unicef.org/malaysia/topics/child-protection>

Protect and Save The Children, Malaysia. List of resources:

<https://www.psthechildren.org.my/resources.html>

The Family Planning Association, UK. Talking Together books for parents and teachers working with children with learning disabilities

https://www.fpa.org.uk/?s=talking+together&post_type=product