

# Child-on-Child Abuse Policy

## 1. Policy Statement

Dresden International School is committed to ensuring the safety of all members of the community to support effective teaching and learning. All members of our school community have the right to be in a secure and caring environment that is free from harmful behaviours. As a community, we should employ strategies that aim to prevent child-on-child abuse and bullying. Our procedures aim to ensure that any incidences of child-on-child abuse are effectively responded to and managed.

## 2. Policy Rationale

Dresden International School seeks to create a safe, inclusive, principled and caring school environment and the Child-on-Child Abuse policy supports this goal. The policy helps to ensure that our beliefs and practices are in alignment with the IB philosophy, expectations set out in CIS accreditation standards, and other relevant school policies and procedures. The purpose of this policy is to explore different forms of child-on-child abuse and outline prevention or risk-minimising strategies as well as the procedures that should be followed when issues arise.

## 3. Scope of Policy

This policy applies to all members of the DIS community. Strategic and operational implementation of the policy is the responsibility of school leadership and academic staff.

## 4. Definitions and Clarifications

**4.1. Child-on-Child Abuse** - Any form of physical, sexual, emotional abuse or coercive control exercised between children/young people either on or offline. Examples include, (but are not limited to) bullying (including cyberbullying), sexual harassment, non-consensual sharing of nude and semi-nude images and/or videos, upskirting and initiation/hazing type violence and rituals. Child-on-child abuse can be motivated by prejudice against particular groups guided by a dislike for a person's: race, religion, gender, sexual orientation, special educational needs or disabilities; or where a child has a health problem, is in care, or has actual or perceived differences (e.g. cultural or physical differences).

**4.2. Bullying** - involves the abuse of power in relationships. It typically involves persistent unwanted or inappropriate behaviour by a group or an individual that aims to dominate and cause hurt, fear, or embarrassment in another person. Bullying is generally deliberate and planned, but can also be as a result of thoughtlessness. Bullying can be manifested in various forms: verbal, cyber, physical, social and psychological.

**4.3. Age of Consent** - In Germany, the age of sexual consent is generally 14 (§ 176 Abs. 1

StGB). Over 14 years of age, consent is impossible in cases of force. Individuals aged 13 or younger in Germany are not legally able to consent to any sexual activity, and such activity may result in prosecution for statutory rape or the equivalent local law. Sexual intercourse for individuals older than 14 without consent is rape.

**4.4. Sharing Nudes/Sexting** - A term used when a person shares sexual, naked or semi-naked images or videos of themselves or others, or sends sexually explicit messages. Although consensually shared nudes are not punishable for youths (14-17), in the case that these videos/images are pornographic in nature, mere possession is punishable by German law (§ 184 b-c StGB).

**4.5. Upskirting** - The act of taking a photograph or video under someone's clothing, typically without their knowledge or consent.

**4.6. Hazing/Initiation** - Hazing is a form of initiation ceremony that is used to induct newcomers into an organisation or group. There are a number of different forms, from relatively mild rituals to severe and sometimes violent ceremonies. Many rituals involve humiliation, embarrassment, abuse, and harassment.

**4.7. Discrimination** - Discrimination is when an individual/group is treated differently or unfairly because of their age, disability, gender, gender identity, sexual orientation, race, nationality, religion/beliefs or social class. Discrimination is against the law and can include exclusion, harassment, bullying, inadequate accessibility, or instructions to others to engage in discriminatory behaviours.

**4.8. Designated Safeguarding Lead (DSL)** - A role held by a staff member in the school to promote and provide support for student safeguarding, including the establishment of systems/procedures for safeguarding and the continued development of a culture of safeguarding within the school.

**4.9. Deputy Designated Safeguarding Leads (DDSL)** - A member of the Child Protection Team, which is a multi-disciplinary group made up of a number of Deputy Designated Safeguarding Leads from across the schools, including the administrative team.

**4.10. Harassment** - Harassment is a pattern of behaviour that makes an individual feel alarmed, distressed or threatened. This can include online abuse (trolling), unwanted phone calls / texts or continuing to approach an individual when they have asked someone not to do so.

**4.11. Sexual Harassment** - Unwanted conduct of a sexual nature that can occur both online and offline and inside and outside of school. Sexual harassment can include:

- Sexual comments, such as: telling sexual stories, making lewd comments, making sexual remarks about clothes and appearance and calling someone sexualised names;
- Sexual “jokes” or taunting;

- Physical behaviour, such as: deliberately brushing against someone, interfering with someone's clothes. Schools and colleges should be considering when any of this crosses a line into sexual violence – it is important to talk to and consider the experience of the victim;
- Displaying pictures, photos or drawings of a sexual nature;
- Upskirting;
- Online sexual harassment. This may be standalone, or part of a wider pattern of sexual harassment and/or sexual violence.

**4.12. Image-based sexual harassment (IBSH)** - Image-based sexual harassment describes two forms of digital sexual violence: (a) unwanted sexual images (e.g. cyberflashing or unsolicited photos of genitalia, and (b) unwanted solicitation for sexual images (McGlynn and Johnson, 2020). This applies to all forms of visual content, such as photographs, videos, live videos, chats, etc.

**4.13. Image-Based Sexual Abuse (IBSA)** - Image-based sexual abuse (IBSA) refers to the non-consensual recording, distribution, and/or threat of distribution of nude or sexual images. Although sometimes referred to as “revenge porn” in popular culture, this term fails to account for the many different contexts in which IBSA can take place.

**4.14. Hate Incident** - A hate incident is any incident that the person affected or anyone else believes is based on a person's identity (StopHateUK).

**4.15. Hate Speech** - Any kind of communication in speech, writing or behaviour, that attacks or uses pejorative or discriminatory language with reference to a person or a group on the basis of who they are, in other words, based on their religion, ethnicity, nationality, race, colour, descent, gender or other identity factor (United Nations).

**4.16. Hate Crime** - When hate incidents become criminal offences, they are known as Hate Crimes (StopHateUK).

**4.17. Relationship Abuse** - Relationship abuse is a pattern of actual or threatened acts of physical, sexual, and/or emotional abuse, perpetrated by an adolescent (between the ages of 13 and 18) against a current or former partner of a relationship. Abuse may include insults, coercion, social sabotage, sexual harassment, threats and/or acts of physical or sexual abuse. The abuser uses this pattern of violent and coercive behaviour in order to gain power and maintain control over the partner. This abuse may be child sexual exploitation.

**4.18. Harmful Sexual Behaviour** - Children's sexual behaviour exists on a wide continuum, from normal and developmentally expected to inappropriate, problematic, abusive and violent. Problematic, abusive and violent sexual behaviour is developmentally inappropriate and may cause developmental damage. The term “harmful sexual behaviour” has been widely adopted in child protection. Harmful sexual behaviour can occur online and/or offline and can also occur simultaneously between the two. Harmful sexual behaviour should be considered in a child protection context.

**4.19. Contextual Safeguarding** - Contextual safeguarding recognises that as young people grow and develop, they are influenced by a whole range of environments and people outside of their families. For example, in school, in the local community, in their peer groups or online. Children may encounter risk in any of these environments and sometimes, the different contexts are inter-related and can mean that children may encounter multiple risks. Contextual safeguarding looks at how we can best understand these risks, engage with children and young people and help to keep them safe (NSPCC).

**4.20. Bystander** - A bystander is someone who witnesses or knows of the harm that is planned, taking place, or that has happened. There are different types of bystander roles, and as a bystander, this can have a powerful impact on encouraging or preventing the harm from occurring depending on how you act or respond to the harm.

**4.21. Upstander** - A person who speaks out or acts in support of an individual, group or cause, particularly someone who intervenes on behalf of a person or group experiencing harm.

**4.22. Justice** - The process of repairing, restoring, and renewing, so all individuals and communities can participate fully and thrive.

**4.23. Restorative Practice** - Rooted in restorative justice, restorative practice is both a model and a set of strategies for repairing harm and rebuilding relationships between people. It can consist of discussion protocols, as well as an organizational emphasis on relationships and positive interactions between community members.

## **5. Protocols and Practices**

**5.1. Strategies to Aid Prevention:** All members of the DIS community should aim to contribute to a culture of care that helps to prevent child-on-child abuse from taking place or reduce the risk of it causing harm. When the leadership team, faculty, students and parents work together to prevent incidents of child-on-child abuse, there is an improved chance of creating a safe and caring school community.

This requires the leadership team to monitor the effectiveness of the school policy on child-on-child abuse and make adjustments where necessary.

Strategies to support prevention and risk-minimisation include:

- Creating a culture in which students feel able to share their concerns openly and know that they will be listened to
- Creating a culture where abuse is not tolerated, passed off as 'banter' or downplayed, as this can lead to an unsafe culture of unacceptable behaviours
- Establishing and sharing channels of communication for children to share harm they experienced and/or to act as upstanders, including anonymous ones (see school's Whistleblowing Policy)
- Raising awareness of child-on-child abuse amongst children, teachers and families,

including explicit discussion of harmful sexual behaviors in the Secondary School

- Child protection and wellbeing lessons within the curriculum including a specific focus on child-on-child abuse, to support students to recognise when they may not be safe and know who they can get help from
- Regular review of network settings and internet filtering
- Promotion of children’s fundamental rights (UN Declaration of the Rights of the Child)
- Mapping of the school campus to identify areas students feel less safe and making adjustments accordingly
- Active supervision of students during morning care, after school care, and during breaks
- Engaging in relationship mapping to locate vulnerable or isolated children
- Signposting and displaying resources that children may choose to access on their own
- Ensuring there is student voice in the development, implementation and review of policies and procedures that affect them
- Ensuring an understanding of the Code of Conduct (Primary) and Behaviour Policy (Secondary)
- Ongoing parent education and sharing of resources, e.g. what to do if a child is displaying particular behaviours

**5.2. Identification of Child-on-Child Abuse:** All members of the DIS community need to be made aware of different types of abuse and possible signs of abuse.

#### Types of Abuse

Physical	Inflicting a pattern of physical injury or an escalated physical aggression on a child by other than accidental means. This may include, but is not limited to physical acts, instances of hitting, kicking, slapping, burning, bruising, causing substantial risk to/the loss of any bodily function.
Emotional	Emotional abuse involves a pattern of verbal aggression, insults, threats, put-downs, coercion, stigmatization, or lies that cause distress and seriously impairs cognitive, emotional, psychological and/or social development of the individual. The child may be made to feel worthless, unwanted or bad. This includes unreasonable academic expectations or demands. This can also include witnessing domestic abuse between adults.
Sexual	This may take the form of sexual harassment, such as sexual comments, remarks or jokes. Sexual abuse may involve forcing, manipulating or enticing a child to take part in sexual activities, whether or not the child is aware of what is happening. An example is upskirting. The activities may involve physical contact, including penetrative (i.e., rape) or non-penetrative acts. They may include non-contact activities, such as involving children in the production or viewing of pornographic material or encouraging children to behave in sexually inappropriate ways. Developmentally appropriate sexual behaviours can be found <a href="#">here via the NSPCC</a> and <a href="#">here via the Hackett Continuum</a> .
Bullying	As described above in 4.2., bullying involves the abuse of power in relationships. It typically involves persistent unwanted or inappropriate behaviour by a group or an individual that aims to dominate and cause hurt, fear, or embarrassment in another person. Bullying is generally deliberate and planned, but can also be as a result of thoughtlessness. Bullying can be

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	manifested in various forms: verbal, cyber, physical, social and psychological.
Child Exploitation	Child exploitation is when someone uses a child for financial gain, sexual gratification, labour or personal advantage. Using cruel and violent treatment to force a child to take part in criminal or sexual activities often leads to physical and emotional harm to the child, to the detriment of their physical and mental health, education, and moral or social development.

Signs that a child may be suffering from child-on-child abuse can overlap with other types of abuse (see the Child Protection Handbook) and may include:

- Low attendance, lower levels of participation during lessons, disengagement - particularly if this is a change from usual behaviour
- Physical injuries
- Difficulties with mental health and/or emotional wellbeing, e.g. anxiety, depression, mood swings, etc.
- Change in personality traits, for example becoming more withdrawn
- Experiencing unexplained physical symptoms such as headaches or stomach aches that may be linked to anxiety
- Suffering from anxiety, depression and/or panic attacks
- Experiencing nightmares, lack of sleep or sleeping too much
- Changes in behaviour including alcohol or substance misuse
- Spending much more or much less time than usual online, texting, gaming or using social media
- Being secretive about who they're talking to and what they're doing online or on their phone
- Having lots of new phone numbers, texts or e-mail addresses on their phone/laptop
- Changes in appearance and/or starting to act in a way that is not appropriate for the child's age
- Persistent checking of mobile phones
- Inappropriate sexualised language and/or behaviour for the developmental stage. Developmentally appropriate sexual behaviours can be found [here via the NSPCC](#) and [here via the Hackett Continuum](#).
- Harmful behaviour towards others

The above list is by no means exhaustive and the presence of one or more of these signs does not necessarily indicate abuse.

Particularly vulnerable groups include: girls and young women, persons of colour, children with special educational needs and/or disabilities, children with intra-familial abuse in their histories or those living with domestic abuse, children in care, children who are socially isolated, children who are exploring their sexuality, children who are experiencing or have experienced bereavement following the loss of a parent, sibling or friend, those who are, or who are, or are perceived to be LGBTQIA+ (safeguarding network) (Farrer and Co).

### 5.3 Responding to child-on-child abuse: procedures

Students, teachers and parents need to be supported to understand what they should do if child-on-child abuse is experienced, suspected or disclosed. As is the case with any child

protection disclosure, these can be brought to any teacher or to the Designated Safeguarding Lead or Deputy Designated Safeguarding Leads in the Child Protection Team.

If a child discloses that they or a peer has/have experienced child-on-child abuse related to one of the abovementioned categories, the following procedures should be followed:

**Parents:** to share details of the disclosure, parents can contact any of the following:

- The child’s homeroom teacher (primary) or advisor (secondary)
- A School Counsellor
- Any member of the Child Protection Team (a Deputy Designated Safeguarding Lead or the Designated Safeguarding Lead)
- Anonymous channel via the Whistleblowing Tool

**Students:** may contact any teacher, their homeroom teacher (primary) or advisor (secondary), the counsellor or someone from the school leadership team, e.g. Assistant Principal or Principal. Disclosures can also be done anonymously via an online tool to enable whistleblowing. These disclosures would come to the Compliance Officer and be brought to the Designated Safeguarding Lead.

**Procedural guide for staff responding to child-on-child abuse:**

Step 1	Step 2	Step 3	Step 4	Step 5
Inform DSL or DDSL	Gather information	Review information/ determine risk level	Inform parents	Document, implement and review action plan

**Step 1: Inform DSL, DDSL or Principal**

*If a student is in immediate danger, or at risk of significant harm, action must be taken immediately. Please contact the Director, Principal or DSL.*

If the disclosure has been shared with a teacher who is not a member of the child protection team, then the first step is to inform either a DDSL or the DSL. Members of the Child Protection Team will determine who is best placed to carry out Step 2.

If the child, parent or staff member has made an anonymous disclosure via the whistleblowing procedures, the compliance officer will directly share the concerns with the DSL, who will in turn work with the appropriate school-based team.

**Step 2: Gather information**

Speak to each child involved, separately. Ask the child to tell you in their own words what happened. Use consistent, neutral language and only interrupt the child to gain clarity with open questions when needed. Do not share opinions or judgements and do not promise

confidentiality.

- What happened?
- When did this happen?
- Who was there/observed the incident?
- Did anyone intervene?
- What was seen?
- What was heard?
- Has this happened before?

When this information has been gathered it should be given to either the DSL, or relevant Principal.

### Step 3: Review of information to determine risk level

Relevant members of the Child Protection Team will meet to review the information. They will determine the level of risk involved and the course of action to be taken (see Appendix 1 - parts of this evaluation tool will be used, as appropriate).

Questions to consider:

- What is the age (or ages) of the children involved?
  - Is there an age difference between those involved?
- What does each child understand about what took place?
  - What did they know and understand about their actions?
  - Does the behaviour seem intentional or accidental?
  - What peer dynamics or power imbalances might have existed in this incident?
  - Do they understand the impact of their behaviour?
  - Is the behaviour linked to something heard or learned elsewhere?
- How do the behaviours relate to the continua of developmentally appropriate behaviours?
- Has this happened more than once? If so, what patterns can be seen across incidents?

Additionally, the response to incidents of child-on-child abuse should keep in mind that children's experiences of abuse and violence are rarely isolated events, and they can often be linked to other things that are happening in their lives and also spaces in which they spend their time. It is important to consider the range of possible types of abuse set out above and consider the full context of children's experiences. This can be done by adopting a "contextual safeguarding" approach and by ensuring that our response to incidents of child-on-child abuse takes into account any potential complexity (Global Safeguarding Collective).

If the child is at risk of significant harm, or a criminal activity has taken place, it may be necessary to consult or inform external organizations. For example, the Jugendamt or the police. These external organizations may then carry out their own investigation.

### Step 4: Inform parents

Parents should be informed at an early stage, unless there is reason to believe that involving parents would put the child at a risk of harm.

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If viewed as appropriate, encourage the child to tell their parents about the situation, with the understanding that there will also be a follow-up conversation between a member of staff and the parents.

If this is not age-appropriate, or if the child is unwilling or unable to do this, then a member of the child protection team, or the homeroom teacher/advisor will contact the parents to inform them. If the parents provide any additional information, this should also be documented.

Parents of the child believed to be causing the harm should also be informed by the Principal or a DSL/DDSL. Keep in mind the confidentiality and privacy of the child being harmed.

In both cases, disclose only information relevant to their own child and consider carefully which details should be shared in order to avoid potential escalation.

#### Step 5: Action plan

The members of the child protection team, as well as the homeroom teacher/advisor (if appropriate) will work with the student and their family to determine what support is needed for the child that has been harmed. For example:

- Counselling
- Safety plan - this may be applicable to the school environment, or to the child's experiences beyond school in a variety of spaces, including online; a [Family Safety Plan](#) may also be developed to help a child manage risks, in particular in online environments, from home
- Risk assessment and risk reduction
- Check-ins with homeroom teacher/advisor or counsellor
- Restorative justice, e.g. restorative conversation, when appropriate

For the child who has displayed harmful behaviour:

- Restorative justice, e.g. restorative conversation
- Counselling
- Referrals to local resources
- Strategies to support behaviour management
- Risk assessment for future behaviour
- If appropriate: disciplinary consequences linked to the Behaviour Policy (secondary)
- If appropriate: referrals to local law enforcement or authorities
- Follow up/ongoing support as needed

**The action plan should be documented, implemented and reviewed.**

All incidences should be discussed and reviewed by the child protection team so that potential patterns of concerning or inappropriate behaviour can be identified and addressed as part of our commitment to strategies that aid prevention of child-on-child abuse.

If an allegation is found to be unsubstantiated, false or malicious, the school will consider next steps and whether the child and/or person who has made the allegation is in need of help, or whether disciplinary action may be appropriate.

## **6. Related Policies and Procedures**

- Secondary School Code of Conduct
- Child Protection Handbook
- Anti-Racism and Anti-Discrimination of Religion Statements
- Diversity, Equity and Inclusion Policy
- Secondary Behaviour Policy
- Technology Acceptable Use
- Whistleblowing Policy

### **Works Cited/Consulted**

Contextual safeguarding: what is it and why does it matter? [NSPCC Learning](#) November 2023

Farrer & Co, Peer-on-peer abuse toolkit, 2019

Firmin, C., Abuse Between Young People: A Contextual Account. 2017. Oxon: Routledge

Global Safeguarding Collaborative - example Child on Child Abuse Policies November 2023

Safeguarding network - <https://safeguarding.network/> November 2023

ShoreSpace - <https://shorespace.org.uk/> November 2023

## Appendix 1: Determining risk level

### Traffic light questionnaire – in case of suspected danger to children/young people from 12 to 17 years of age

The traffic light sheet serves as a supplementary tool in the risk assessment process when there is a suspicion that a child's well-being is at risk. The use of the material is intended to support the perception and case-specific assessment of weighty indications.

The results of the questionnaire can be used to support the assessment of weighty evidence, to assist in team consultation and to facilitate documentation.

The results of the questionnaire do not allow a mathematical assessment of the extent of risk, need for help, etc.

The indicators listed in the sheet can be rated according to a traffic light system (see legend) or marked as "applicable" or "not applicable", depending on the table.

#### 1. Case relevant details

##### Details about person completing this form

Name \_\_\_\_\_

Institution \_\_\_\_\_

Department \_\_\_\_\_

##### Details child concerned

Name \_\_\_\_\_

Date of birth \_\_\_\_\_

Address \_\_\_\_\_

##### Further information

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## 2. Legend for the application of the traffic light system

Note on simplified spelling: The term "parent" is used in the form for custodial persons and mothers and fathers. The term "child" is used in the questionnaire for children and adolescents or boys and girls.

Indicators marked with an exclamation mark and highlighted in red indicate an urgent need for action if they are present (regardless of whether they are marked in the traffic light system).

Colour scale	Selection criteria (one or more can apply)
<b>Red</b>	The risk factor is evident in every contact situation or in most contact situations, The risk factor is particularly noticeable and intense, The risk factor is almost certainly detrimental to the child's well-being.
<b>Yellow</b>	The risk factor is perceived recurrently in contact situations; The risk factor is visible but not to an extreme degree; The risk factor is likely to have an adverse effect on the child's well-being.
<b>Green</b>	The risk factor is not perceived in any contact situation. The risk factor is only very slight or non-existent. The risk factor does not have a detrimental effect on the child's well-being.
<b>No information</b>	Not specified: Indicator cannot be assessed. No information is available.

## 3. Assessment of risk factors

Appearance of the child	Red	Yellow	Green	N.i.
! Injuries that indicate mistreatment or abuse (e.g. haematomas, broken bones, injury marks from welts, hands, cigarettes in various stages of healing, burns, scalds, redness/inflammation in the anal/genital area, etc.)				
! conspicuously/life-threateningly ill without medical care				
supervision by an unsuitable supervisor (e. g. person is intoxicated, under the influence of drugs, appears mental unstable)				
poor hygienic condition (e.g. not washed, bad body odour, untreated and frequent pest infestation)				
decayed teeth without dental care/medical treatment				
significant developmental delays				
unusually high susceptibility to illness, frequent infections				
signs of undernutrition, overnutrition or malnutrition (e.g. standing skin folds on the stomach, sunken cheeks)				



Behaviour and statement of the child	Red	Yellow	Green	n.i.
Child doesn't want to/can't go home and asks for help.				
Child expresses/reveals that it is experiencing violence (for example in the context of domestic violence, parental violence, bullying).				
The child's statements give rise to the suspicion that the child is at risk of → genital mutilation (→ see child protection folder 2019 point 9.1).				
Child shows sexualised behaviour that is not typical for their age (e.g. imitating sexual acts).				
The child appears sad, withdrawn, extremely quiet, apathetic.				
Child is persistently restless.				
Child shows lack of drive, lack of interest in the environment or no response to being spoken to.				
Child shows a lack of self-esteem.				
Child injures themselves (e.g. banging their head against the wall, pulling out hair).				
Child often seems disorientated, inattentive.				
Child shows strong insecurity (for example in dealing with everyday situations).				
Child shows pronounced monotonous/rhythmic rocking, swaying, rocking, tossing back and forth.				
Child has an unusual low frustration tolerance.				
Child is constantly trying to get attention in an unusual way.				
Child is socially isolated, has no friends.				
Child shows unusual contact behaviour with peers (e.g. overly aggressive, anxious, distanceless).				
Child shows excessive contact behaviour with adults (e.g. anxious, distant).				
Child appears overly conformist (e.g. never expresses an opinion, puts their own needs on principle).				
Child displays excessive media consumption (e.g. PC, TV, games console).				
Child shows abnormal eating behaviour (e.g. no, too little or excessive food intake).				
Child wets/poops.				
Child suddenly shows inexplicable change in behaviour.				
Child shows signs of belonging to criminal, extremist groups or sects.				
Child shows signs of alcohol, drug or medication abuse.				
Child shows delinquent behaviour (e.g. theft, possession of weapons).				
Child does not attend school or attends irregularly.				
Child has little or no free time.				

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Behaviour and Statements of parents and caring persons	Red	Yellow	Green	n.i.
Parents show excessive physical and emotional behaviour (e.g. hitting, restraining, sexualised acts) towards the child				
! Parents cannot guarantee the child's protection against violence from third parties.				
! Parents practise parenting violence and/or partner violence/domestic violence.				
! Parents cannot ensure suitable supervision of the child (for example, supervision of the child by person(s) under the influence of alcohol or drugs).				
! Parents cannot guarantee protection of the child from accidents.				
! Statements by the parents give rise to the suspicion that the child is at risk of forced marriage.				
! Statements made by the parents give rise to the suspicion that the child is at risk of → genital mutilation (see child protection folder 2019 point 9.1) is at risk.				
Parents appear recognisably overwhelmed.				
Parents show a harsh, dismissive attitude towards the child.				
Parents have little or no access to the child.				
Parents do not respond appropriately to the child's age-typical needs (e.g. contact with peers, financial support).				
Parents show rejection or no appreciation of the child (e.g. shouting at them, inappropriate criticism, no praise, ignorance).				
Parents do not allow the child any room for development (e.g. through "overprotective behaviour").				
Parents do not provide the child with sufficient time/emotional attention.				
Parents use inappropriate parenting methods/have inappropriate parenting goals.				
Parents allow harmful media consumption.				
Parents do not recognise the need for support or do not react to it.				
Parents allow little or no contact with peers.				
Parents give the child an age-inappropriately high level of responsibility.				
Parents do not provide adequate medical care (e.g. no doctor is consulted in the event of illness, medical doctor is not consulted, medical recommendations are not followed).				
Parents regularly take the child to inappropriate places that are harmful to children (for example environments where drugs are consumed, prostitution takes place).				
Parents are unable to ensure appropriate supervision of the child (for example care of the child care of the child by an alcoholic/drug addict).				

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Risk factors from the family/ environment	Red	Yellow	Green	n.i.
Child or sibling(s) with special care needs (e.g. disability, chronic illnesses, mental health problems).				
Abnormalities/impairments/disorders of the parents in the physical/mental area (for example postpartum depression)				
Substance abuse by parents				
Neglected appearance of the parents				
Parents with problematic and/or <u>traumatising</u> life events (e.g. flight, experiences of violence)				
Single parent with parental responsibility				
Family with many children				
Lack of support systems, social isolation (e.g. family, friends)				
Highly contentious separation/divorce or family constellations				
Unemployment (associated psychological and financial strain)				
Debts, financial hardship, poverty				
Inadequate German language skills of the parents (for example in medical emergencies)				
Indication that the parents belong to extremist, criminal groups or sects				
Risk factors in the domestic environment	Red	Yellow	Green	n.i.
No electricity or water supply available				
Furnishings are <u>noticeably</u> damaged and/or non-functional				
questionable hygienic conditions (e.g. <u>faecals</u> and spoiled food lying around, pest infestation, <u>mould</u> infestation, no ventilation in the rooms)				
Existence and lack of protection of sources of danger (e.g. danger from pets, chemicals lying around, drugs, weapons)				
Flat is not suitable for the number of people living there due to its size				
non-existent or unsuitable sleeping area for the child (e.g. damp, dirty mattresses, bedding, walls)				
Open access to age-inappropriate films, videos and places				
Rooms are permanently darkened.				

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**4. Assessment of resources**

Ability to co-operate / Parents' resources	Mother			Father		
	No	Yes	No info	No	Yes	No info
Mother/Father						
can deal with criticism						
can express their own needs, feelings, interests and opinions and represent them appropriately						
can respect the will and boundaries of others						
can recognise/acknowledge problems						
reliably attends appointments						
implements agreements						
has supportive social contacts (for example grandparents, other relatives, friends, other children)						
is able to look for possible solutions (with others)						
is willing to cooperate in averting the danger						
is in a position/able to contribute to averting the danger						
can recognise the child's needs, feelings and interests						
has the following additional intangible resources (e.g. education, health, social skills)						
has the following material resources (e.g. home ownership, assets, vehicle)						
<b>Child related resources (resilience factors)</b>				No	Yes	No info
Child regularly attends age-appropriate, non-family activities (e.g. leisure activities).						
Child has a supportive social environment and at least one stable career (e.g. parents, grandparents, other relatives, friends, other children).						
Child has self-regulation skills/is able to control him/herself.						
Child is convinced of his/her self-efficacy.						
Child has age-appropriate problem-solving skills.						
Child has intellectual abilities.						
Child has social skills.						
Child has secure attachment behaviour.						
Child is interested and enjoys acquiring skills.						
Child has talents and interests.						
Child has physical health resources.						
Child has a positive self-perception.						
Child has communication skills.						



Assessment of factors not yet listed	Red	Yellow	Green	n.i.

### 5. Evaluation and guidance for further action

The following sample questions may be useful when analysing the questionnaire:

- What was your overall impression when completing the form? Is there a difference to the previous impression/gut feeling present?
- What is the distribution/weighting of the markings on the traffic light colours?
- Are there even red markings in the pink-coloured - table columns? What are other aspects marked in red that should be taken particularly seriously?

	Result and overall assessment	Orientation for action
<b>Red</b>	<p>In the traffic light arc, <b>one or more factors</b> are marked in the marked in the red selection area.</p> <p>The observation and discussion of the factors marked in red shows that the specialist responsible for the case or the counselling team consider <b>the situation to be very worrying, alarming and/or in urgent need of change.</b></p> <p>The risk factors marked in red have an impact due to their <b>particular intensity and prevalence</b>, the risk factors marked in red are very likely to be <b>severely impair</b> the development and well-being of the child.</p> <p>The child's basic needs are almost certainly <b>not being adequately and appropriately met.</b></p> <p>There could be an <b>imminent danger</b> to the life and limb of the child.</p>	<p>The situation requires an immediate response. There is an <b>urgent need for action and help.</b></p> <p>In the event of an extraordinary emergency situation in which the child is in life-threatening danger, immediate measures must be initiated (first aid/emergency medical care, Police, youth welfare office).</p> <p>If there is no emergency situation, the <b>recommendation for action in the event of suspected child endangerment</b> (see Sect. 2 and 3.1 in the Dresden child protection folder) must be applied.</p> <p>The following steps should be implemented:</p> <ul style="list-style-type: none"> <li>■ Risk assessment within the team</li> <li>■ Involvement of an experienced specialist if necessary</li> <li>■ Involvement of the child/legal guardian</li> <li>■ Preparation of a protection plan</li> <li>■ Offer, initiate and arrange help</li> <li>■ Reviewing the measures</li> <li>■ Report to the youth welfare office if necessary</li> </ul> <p>The <b>report to the youth welfare office</b> must be made immediately, if there is a <b>particular urgency to prevent the risk within the framework of the procedure described</b> and/or further uncertainties remain.</p>

<b>yellow</b>	<p>In the traffic light arc, one or more factors are marked in the yellow selection area.</p> <p>The observation and discussion of the factors marked in red shows that the specialist responsible for the case or the counselling team perceives the situation as worrying.</p> <p>The perceived risk factors presumably have a negative impact on the child's development and well-being.</p> <p>There is uncertainty as to whether the child's basic needs are being adequately and appropriately met.</p>	<p>The recommendation for action in the event of suspected child endangerment is to be applied.</p> <ul style="list-style-type: none"> <li>■ Risk assessment in the team</li> <li>■ Consultation of an experienced specialist if necessary</li> <li>■ Involvement of the child/legal guardian</li> <li>■ Preparation of a protection plan</li> <li>■ Offer, initiate and arrange help</li> <li>■ Reviewing the measures</li> <li>■ Report to the youth welfare office if necessary</li> </ul> <p><b>The report to the youth welfare office must be made immediately, if there is a particular urgency to prevent the risk within the framework of the procedure described and/or further uncertainties remain.</b></p>
<b>green</b>	<p>In these areas, the needs of the child are safely met. The assessment gives no cause for concern.</p>	<p>With regard to the areas marked in green, there is no need for action to protect the child or to prevent a risk to the child's welfare.</p>
<b>ni</b>	<p>No information: reference point cannot be assessed</p>	<p>Missing information that appears relevant for the risk assessment can be obtained in discussions in compliance with data protection regulations.</p>

#### 6. Conclusions and further procedure

- There is no need for further action
- There is a need for action. The following measures are initiated:



Measure/action plan	Person responsible	Date of implementation

**Appendix 2: Check List - Child-on-Child Abuse**

Steps	Done? Details/Notes
Step 1 <b>Inform</b> DSL, DDSL or Principal	
Step 2 Gather information	
Step 3 Review of information to determine risk level	
Step 4 Inform parents	

**Step 5: Action Plan**

There is no need for further action	
There is a need for action, see below	

Measures/action plan	Person responsible	Date of implementation

**Child-on-Child Abuse Policy**

**Policy Owner:** Director

**Contributor/s:** Designated Safeguarding Lead; Child Protection Team

**Effective from:** November 2023