**Safeguarding and Child Protection Policies**

**Meshi Children's Rehabilitation Center**

**I.D. 580326239**

**August 2018**

**Table of Contents**

Message from the CEO………………………………………………………………4

Preface…………………………………………………………………………………….5

 Introduction……………………………………………………………………………..5

 Vulnerabilities of the disabled………………………………………6

 Possible types of abuse……………………………………………………………..7

 Physical abuse……………………………………………………………………..7

 Emotional and psychological abuse of the disabled………………….8

Sexual abuse of the disabled……………………………………………….. 9

Policies from disclosure to reporting……………………………………………9

 Step One…………………………………………………………………………….9

 Step Two…………………………………………………………………………….9

 Step Three…………………………………………………………………………10

 Step Four…………………………………………………………………………..10

 Auxiliary pages for documentation of signs………………………………..11

 To whom to report…………………………………………………………………..12

 Sources…………………………………………………………………………………..13

 Regulations and Policies……………………………………………………………13

Message from the CEO

Meshi – Children's Rehabilitation Center – is a registered non-profit organization (580326239) established in 1998 to help children suffering from developmental handicap or delay, resulting from congenital or acquired medical issues. These children, as a result of neurological or neuro-muscular injury, with occasional problems of cognition, face difficulties in many areas, including: motoric, sensory, perception and planning.

At this time, Meshi operates a school, kindergartens and day care centers for some 230 children from age six months until age 21. We provide a rehabilitative framework that includes special education teachers, paramedical treatments, a psychologist, social worker and music, animal and gardening therapy. As part of the paramedical therapies, the children enjoy individual and group treatments in physical therapy, occupational therapy, communications and computers, a gym, biofeedback, hydrotherapy and cooking in an adapted therapeutic kitchen. Meshi provides each child with various rehabilitative accessories that are adapted to his needs and capable of enhancing his rehabilitation. These accessories include: standing frames, walkers, canes, seats, motorized seats and bicycles. Together, we find the way in which each child can progress and fulfill his potential in the most enjoyable and experiential manner, despite his handicaps.

From our experience at Meshi in recent years, we have learned that while awareness of special needs children who are at risk continues to increase, they still require specialized attention, similar to the attention given children at risk who are not disabled. Meshi develops programs for intervention, services, knowledge and training for special needs populations. Together with our partners in various governmental agencies and other organizations, we have undertaken to develop an array of responses and interventions in the areas of disclosure, prevention, investigation and treatment, in order to limit risk situations and treat the injured population. A review of the existing literature reveals that the number of children injured and affected in this population exceeds the numbers in the formal reports. There are various reasons for this, including the gap between perceptions and attitudes of professionals and parents. The policy strives to foster an understanding of perceptions and debunking existing myths concerning harm inflicted upon disabled individuals. We indeed hope that with our great efforts we will succeed in limiting high-risk situations among disabled children who are forced to cope with their daily challenges, without added risks.

# Preface

The prevalence of abusive incidents aimed at individuals with special needs engenders great frustration among professionals, yet we see minimal reporting and few indictments against perpetrators. These facts, together with a dearth of updated professional materials on the subject of revelation of abuse of special needs individuals, serve as the primary incentive for drafting this policy. The policy focuses upon children, teens and adults with disabilities. What they all have in common is their exposure to ongoing neglect and abuse – physical, sexual, emotional and psychological. This policy presents professionals and parents with professional knowledge and tools in all aspects of disclosure and reporting of abuse. The focus on issues of disclosure and reporting is a result of the importance of the process preventing the repetition of incidents of abuse, on the one hand, and the need to guarantee the success of treatment and rehabilitation, on the other.

Introduction

Thousands of disabled children, teens and adults in Israel suffer abuse each year, from neglect and physical, emotional, psychological and sexual abuse. The exact numbers are not known, and may never be known. The incidents reported each year to the different authorities are only the tip of the iceberg of a widespread, daunting problem. Hidden behind the dry numbers are children, teens and adults, trapped in a cycle of violence and disability. They are exposed to abuse as a result of violence, and become more vulnerable to violence due to their disabilities. Extracting them from the cycle of violence is very difficult because handicapped people are exposed to abuse, unrelated to race, culture or social standing, at a frequency of four to ten times in comparison to the general population. Parents and many professionals stand at the nexus of early detection of abusive incidents and their reporting, as required by law. The duty of reporting, with all its implications, places heavy responsibility on those who must report. Oftentimes this causes fear, doubt and uncertainty: what will be the results of the report? Will the report result in the arrest of the perpetrator? How can the safety of the victim and the reporter be assured in case he is released? Will the reporter be called to testify or confront the perpetrator at the police or in court? These concerns are reflected by the dearth of reports of abuse by parents, professionals and disabled individuals, as well as the dearth of lawsuits that reach the courts and result in guilty verdicts.

The phenomenon of abuse of disabled children, teens and adults is chronic and disturbing. The questions that are asked are why are the disabled exposed to abuse and what makes it so complex and cruel. The answer is not simple. It lies in models that explain abuse and delineate how to identify risk factors that increase exposure to abuse. The answer also lies in familiarity with the characteristics of the perpetrators and presenting the damages caused by abuse. Early detection of abuse and reporting according to the law are central tenets of this policy. The professional, as a representative of society, is responsible to protect the disabled from abuse, and do everything in his power to prevent all types of abuse.

Vulnerabilities of the disabled

Disabled individuals are at risk of being victimized 2 - 5 times more than those who are not disabled for, among others, the following reasons:

1. Acquired helplessness and education for obedience – acquired helplessness reflects the belief that one has no power to influence what happens to him. It may occur at times even after a single case of abuse. The sense of helplessness of the victim attracts the perpetrator to continue his abuse, and the more he abuses the victim, the victim becomes even more passive and humiliated. When the primary caregiver becomes a perpetrator, the victim who is dependent upon him is left with few choices.
2. Dependence on others – disabled individuals often find themselves in places and situations that are conducive to abuse due to their dependence upon a large number of therapists, since they are in need of frequent medical treatment and assistance in everyday life. Dependence on their surroundings creates a need for increased interaction of the disabled with family and therapists.
3. Physical contact - the relationship of therapists, family, professionals and strangers with the disabled involves much physical contact. Some contact is intentional, even in intimate places, due to the therapeutic role (assistance in the bathroom, getting dressed or getting washed), and some is unintentional, which often results from considering a disabled person as a child who needs warmth, love, and close contact from those around him. This may harm the sense of privacy and intimacy of the disabled individual and confuse him. Disabled teens and adults are exposed to them and this may serve as fertile ground for a sense of a breakdown of barriers to one's personal space that is so important for positive development and acquisition of social skills that play a role in protection from abuse.
4. Communication hardships – communication is essential to life in modern society. It enables man to connect in order to express himself and fulfill his potential, to understand others and relate to them. Failure to communicate may cause difficulties for people to express their distress, to shout, to tell, to express themselves clearly and describe episodes of abuse in a manner that will be understood by those around them. Oftentimes, the disabled do not have the technical ability to reveal events they experienced due to limited speech, lack of vocabulary to describe the event, or lack of basic ability to communicate and report experiences. Such hardships in communication are common among many disabled individuals.
5. Familial-social isolation – according to the widespread perception in research literature, familial-social isolation is identified as a risk factor for abuse in families who have a disabled child. The probability of abuse or neglect is high when, in addition to the traits of the disabled child, there are family and environmental characteristics, such as dire financial situations or the heightened sense of burden on the parents. A lack of support, meaning social isolation, amplifies the feeling of distress and the sense of the burden of treatment by parents who care for their disabled child who lives with them or elsewhere.
6. Integration – the Law of Special Education, legislated in Israel in 1988 in the spirit of the American law, relates to "maximal integration" and the prioritization given to the regular educational system. The amendment mandating integration of disabled children in regular frameworks was passed in the Knesset in November 2002. However, there are still obstacles to its implementation due to its high costs. Researchers examined the ramifications of integration of the disabled in the regular school system from several aspects. Integration enables these children social interaction with their peers in regular schools, and allows them to learn how to function independently in "regular" society. According to researchers, claims that the exceptional child needs a special learning environment that will protect him actually reflects discrimination rather than consideration. Isolation of the child in the frameworks of special education leaves a negative stamp that hampers his adaptation and confrontation with the regular population. Disabled children who learn in regular frameworks confront social challenges that become an integral part of their daily life in school. They experience social rejection, harassment and physical harm, and often become victims of bullying and abuse.

Possible types of abuse

Physical abuse

Physical abuse of the disabled are similar to those that occur in the regular population. This delineation was taken from instruction manuals for the disabled, which primarily refers to programs for the prevention of abuse that were publicized at a special conference and was brought to Israel in March 2005 (Myers, 2003):

* Beating – hitting all parts of the body, such as damaging teeth, ears, eyes, abdomen and more.
* Shoving – pushing that causes falls and injury, and as a result the victim suffers abrasions, burns, cuts, sprains, breaks and more.
* Pulling hair – pulling and uprooting hair that leaves marks of physical abuse.
* Kicks – kicking all parts of the body that may cause bruises, sprains and breaks.
* Choking – choking that leaves serious bruises and wounds.
* Inappropriate holds – holds that leave bruises or breaks in different parts of the body.
* Binding – excessive use of binding in opposition to instructions or professional criteria that leave marks.
* Forced eating, drinking or ingestion of medications – forcing individuals to eat, drink, take medicine or overdose of drugs that may result in physical injury which is tantamount to physical abuse and neglect.
* Inappropriate behavior modification – use of inappropriate methods of behavior modification that cause physical, emotional and psychological abuse, physical injury during behavioral restraints, denying food as negative reinforcement, imprisonment, isolation and more.
* Denying sleep intentionally for long periods.

Emotional and psychological abuse of the disabled

Emotional and psychological abuse of the disabled may occur in several ways:

* Rejection – hostile attitude by parent or caretaker by distancing themselves from the victim, unacceptance of his actions or suppression of his attempts for closeness.
* Avoidance – ignoring the needs or signals by a disabled child or adult to a parent or caretaker. Blocking stimuli that are critical to the child's development, such as play, contact, conversation, and not meeting his needs for connecting.
* Fright – using verbal violence and creating an atmosphere of pressure and threat, causing the victim to see his world as a hostile environment.
* Isolation – disconnection from a normal life, obstructing formation of social relationships outside the family or the framework in which the individual normally lives, spends time, is cared for or works, such as a prohibition of social contacts by transmitting messages stating his environment has negative intentions.
* Incitement or instigation – encouraging behaviors that are unacceptable in society, such as delinquent or anti-social behaviors that may interfere in the child's normal social development, like encouragement of drug or medication abuse.
* Punishment – refusal to converse, ignoring requests, using a behavioral program and negative enforcements against the victim's will, humiliation, refusing vital needs for maintaining his independence, like mobility or communications.
* Use of verbal and non-verbal teasing, curses, mockery and disdain – mocking the individual's disability, his culture, religion, looks or personal tastes. Destructive, disdainful criticism towards the patient, his family and the environment he lives in.
* Manipulation or emotional blackmail – causing feelings of guilt for personal satisfaction that impede the victim's ability to confront his age-relevant tasks and development.
* Demeaning, justification, accusation and denial of abuse – denial of the fact that the disabled can experience physical and emotional pain. Justification of regulations that curtail autonomy, dignity and reciprocal relationships.

Sexual abuse of the disabled

Sexual abuse of the disabled may be manifested in different ways:

* Verbal harassment – harassment by words, expressions and sexual innuendo.
* Unwanted sexual contact in intimate organs
* Exposure of sexual organs
* Forced sexual relations

Policies from disclosure to reporting

There are four steps leading from the stage of disclosure to execution of a report. This section refers to the following professionals:

* Mrs. Maayan Aharoni. Social Worker. Tel: 052-238-7451. Responsible for kindergartens and daycare centers from ages 6 months to age 6.
* Mrs, Hadar Eldar. Social Worker. Tel: 054-210-3588. Responsible for the school from ages 7 to 21.

Step One

Do not reject information, listen when a worker shares a feeling or initial information about possible harm, when a neighbor comes to tell he saw or heard something, when you get an anonymous phone tip, when the disabled child, teen or adult hints or clearly states he was harmed. Do not reject the information whether it is direct or indirect. Be alert, attuned and give the feeling to those who turn to you that your door is open to them. Let them feel they can speak to you and that you can help. Record the information accurately, with no interpretations. Relay the information to a professional within your organization. Step One is mandatory for all employees: the assistant in the class, the caregiver in daycare, the social worker, the educational staff, the parent and the paramedical workers.

Step Two

Initial examination and collection of information – If you receive initial information from someone within the system, or from the outside about the possibility of physical, emotional, psychological or sexual abuse of a disabled child, teen or adult, or his neglect, remember that initial information is still vague. Relay the information to the relevant professional in the system.

Step Three

Making a decision – the decision to determine that there is suspicion of abuse of a disabled individual is difficult, but unavoidable. As soon as the professional has an initial suspicion, he must act immediately according to the law and make a report to the welfare authorities or the police.

Step Four

Report – reporting to the welfare authorities or the police does not yet mean that abuse has occurred, but rather it marks the beginning of the investigative process. If it is decided, following consultations by a multi-disciplinary team and the welfare authorities, that there is no need to file a report since there was no abuse, the matter reverts to the professional chosen by the multi-disciplinary team for further consideration.

Physical signs that may indicate abuse or neglect

Physical abuse Sexual abuse Neglect

abrasion wounds sexually transmitted disease constant hunger

bites missing or stained clothes inappropriate clothing

contusions irregular walking poor hygiene

burns pain while sitting dehydration

teeth wounds

breaks

cuts

whip marks

Behavioral signs that may indicate abuse or neglect

Emotional abuse Physical abuse Sexual abuse Neglect

Behavior change behavior change behavior change behavior change

Exposure exposure exposure exposure

Fear fear fear fear

Learning difficulties learning difficulties learning difficulties learning difficulties

Low self-esteem low self-esteem low self-esteem low self-esteem

Depression depression depression depression

Self-inflicted injuries self-inflicted injuries self-inflicted injury self-inflicted injury

Behavior disturbances behavior disturbances behavior disturbances behavior disturbances

Emitting sounds mitting sounds emitting sounds emitting sounds

Suppression of emotions crying food theft

Exaggerated behaviors role reversal constant dozing

Developmental delay abnormal emotional expression wandering

 obsessive cleansing

 sexual aggression

 compulsive lying

Auxiliary pages for documentation of signs

Auxiliary page for documentation of physical signs of possible abuse

 *The following questionnaire serves as an auxiliary page for documentation and examination of bodily signs that may indicate physical, emotional, psychological and sexual abuse, as well as neglect of disabled individuals. Read carefully and fill in the required details.*

**Personal information of the alleged victim:**

First and last name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ID number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Residence\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal information of who fills in the questionnaire**

First and last name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Framework\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

General information/background describing in a few words the event that aroused a suspicion of abuse:

**How did the information reach you?**

Personal impression – explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

From a staff member – explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

From a conversation with the victim – explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical signs - choose relevant signs from this list:

**Physical abuse Sexual abuse** **Neglect**

Abrasion wounds sexually transmitted disease constant hunger

Bites missing or stained clothes inappropriate clothing

Contusions irregular walking poor hygiene

Burns pain while sitting dehydration

Teeth wounds other – describe in detail other – describe in detail

Sprains

Breaks

Cuts

Whip marks

Comments:

Summary:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First and last name\_\_\_\_\_\_\_\_\_\_\_\_Signature\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To whom to turn

For advice and help on any subject and at any stage detailed above, there are several bodies to turn to, including:

**The framework** **Contact numbers** **Services rendered**

First Israel Center – therapeutic counseling center for handicapped children, teens and adults, victims of violence.

Tel: 02-6711710, Fax: 02-6711714

Private, group and family therapy. Parental counseling and staff training. An array of therapies by psychologists, social workers and art therapists.

AL"Y – The Association for Child Protection. 14 Ibn Gevirol, Tel Aviv.

Tel: 03-6091930

Hot Line. Clinical Center. Series of therapeutic meetings.

The National Council for Child's Welfare. 38 Pierre Koenig, Jerusalem.

Tel: 02-6780606

Public ombudsman. Contact by phone or fax. Mobile information unit. Activities in schools. Services by social workers, lawyers etc.

The Child Abuse Prevention Unit. Ministry of Education. Lev Ram Building, 2 Devora Hanevia, Jerusalem.

Tel: 02-5603874

Hot Line for students to report violence.

Sources

* O'Hannan, K. (1993) Emotional and psychological abuse in children. Kiryat Bialik
* Achdut, A. & Morber, M. (2004) Sex offenders among men with mental retardation; initial survey. Tel Aviv, Diagnostic Advancement Division
* Lavi-Kochek, N. (2000) Instruction Manual for Locating Children At-risk. Jerusalem. Ministry of Welfare, Ashalim, Ministry of Education
* Ministry of Welfare (1998) National Master Plan for Children and Youth At-Risk, and Violence in the Family. Jerusalem
* Nissim, D. (1995) Program for Social-Sexual Education for Individuals with Mental Retardation. Tel Aviv. Sham"a.

# Regulations and Policies

Mandatory reporting obligates the responsible party for a child or helpless person; section 368D(C) of the penal law states – "Should the responsible party for a child or helpless person have a reasonable doubt to think that another responsible party for a child or helpless person has broken the law in relation to said person, he is obligated to report this as soon as possible to welfare authorities or the police; one who breaks this regulation will be punished with six months of incarceration. This mandatory reporting applies to anyone defined as "responsible for a minor or helpless person". It includes a wide range of responsible parties, from parents and adult relatives to an adult that the minor or helpless person lives with, or is regularly found with, even if they are not defined as family.

Special mandatory reporting obligates a director or staff member in a daycare center, institution or other educational or therapeutic framework, section 368D(D) states – "If a sexual violation is done to a minor or helpless person found in a daycare center, institution or other educational or therapeutic framework, according to sections 543 to 843, or a violation by causing severe harm according to section 863B(B), or a violation of abuse according to section 863C, a director or staff member in said framework is obligated to report as soon as possible to the welfare authorities or police; one who violates this regulation is punishable with six months of incarceration. This section places responsibility on directors or staff members in the institution or other educational or therapeutic frameworks for another obligation in addition to the obligation placed on them according to section 368D(B). If the obligation of a regular director or worker includes reporting suspicion of violations executed by someone responsible for a minor or helpless person, the obligation according to section 368D(D) is more comprehensive, and adds an obligation to report violations that were not transgressed by the party responsible for the minor, and this refers to the same violations cited in this section: sexual transgressions according to sections 345 to 348, or a violation of inflicting severe harm accordin to section 368B(B) (or a violation of abuse according to section 368C).

The obligation of reporting abuse of minors in educational frameworks, in the framework of this special obligation of reporting, there is a further obligation of reporting abuse of minors in educational frameworks. In the policy paper of the Director-General of the Ministry of Education, "Standing Order", 2000/2 (A) section 2 – 2.1, in the topic, "The educational system confronts sexual abuse of students by students", is cited the obligation to report abuse of minors in educational frameworks according to the penal law (Amendment Number 26) 1989 section 368D(D). The penal law mandates obligation to report to welfare authorities or police regarding sexual violations, violations of severe harm and violations of abuse.