

THE PROCEDURE FOR HELPING A CHILD AT RISK

ACUTE AND IMMINENT THREAT

Situations that pose an immediate threat to the health or life of the child (intervention is urgent and it is necessary to comply with the reporting duty – i.e. to immediately inform authorities responsible for legal and social protection of children as well as the Police and/or the prosecutor's office).

The reporting person witnesses/learns about behaviour indicating that a close person is posing an immediate threat to the child. The reporting person:

- > is present when the child is assaulted (e.g., when the child arrives/leaves school);
- > is in contact with the child immediately after the assault;
- > has heard the child speak about a situation that indicates maltreatment by a caregiver immediately threatening the health or life of the child;
- > has observed visible signs of maltreatment immediately threatening the child's health or life.

CHRONIC DANGER

Situations that can have a long-term impact on the child's health and development. The child shows signs of chronic maltreatment (risky behaviour) and/or shares information indicating maltreatment; such a child may not be in immediate danger (family violence or violence in close relationships, the family frequently moving house and/or housing issues, maltreatment caused by insufficient parental competences of caregivers, substance abuse, etc.).

RECOMMENDED PRACTICE

- > Make sure that the child is safe (physically as well as emotionally).
- > If necessary, provide first aid and call the emergency medical service.
- > Contact the authority responsible for social and legal protection of children (OSPOD) and the Police (of the Czech Republic)(preferably the Service of the Criminal Police and Investigation in charge of crimes against children) and/or the prosecutor's office and follow their instructions.
- > If there were other children present and witnessed the maltreatment (e.g. a child assaulted while coming to/leaving the school), contact their parents or legal guardians and, together with them and/or the authority responsible for social and legal protection of children (OSPOD) and the Police, make sure that they are safe and don't suffer mentally (e.g. by offering to see a psychologist or providing other types of professional assistance).
- > Draw up a written report of the incident (Attachment No. 3 of the KID Card User Guidelines).
- > Consult the child's immediate situation with professionals using the contacts listed below. If the child is considered at risk, proceed accordingly:
- > Make sure that the child is safe and evaluate the degree of immediate danger. **If the child is currently cared for by the person posing danger to them or the person who enabled the child to be endangered, proceed as if the child was at immediate risk (see information in the left column of the table).**
- > Contact the authority responsible for the social and legal protection of children (OSPOD) and **proceed following** their decision/ recommendations.
- > Draw up a written report of the incident (Attachment No. 3 of the KID Card User Guidelines).

IMPORTANT CONTACTS in the CR

Police (of the CR):
158

Emergency Medical Services:
155

Municipal police:
156 (available only in selected areas)

Authority responsible for social and legal protection of children (OSPOD)
contact the local branch:
<https://www.mpsv.cz/web/cz/kontakty-na-mpsv-krajske-urady-a-obce>

CONTACTS FOR SERVICES PROVIDING EXPERT ADVICE

LINKA BEZPEČÍ/SAFETY HOTLINE:
Helpline for children and adolescents under 26
Nonstop/free: 116 111
www.linkabezpeci.cz

WHITE CIRCLE OF SAFETY
Helpline for victims of crime and domestic violence
Nonstop/free: 116 006
www.bkb.cz, www.domacinasili.cz

LINKA PRO RODINU A ŠKOLU/LINE FOR FAMILY AND SCHOOLS
Nonstop/free: 116 000
www.linkaztracenedite.cz

Interactive map of the Czech Republic featuring contacts providing help for children and families in challenging situations
Ohrožené dítě | Mapotic
www.ohrozenedit.cz

Portal featuring information concerning primary prevention of high-risk behaviour
prevence-info.cz

Portal featuring mental health-related information and contacts
www.opatruj.se

Portal listing counseling and other addiction-related services' contacts
www.drogy-info.cz/mapa-pomoci

Portal listing contacts to intervention centres assisting individuals who may be at risk of violence perpetrated by persons temporarily evicted from the shared household
www.mpsv.cz/intervencni-centra

Interactive catalogue of services for families and children
www.pravonadetstvi.cz

CONTACTS TO LOCAL SERVICES

(Add contacts to local services – local OSPOD, regional school primary prevention methodologist, Regional Police Directorate of the Czech Republic, local counselling, and other services to help children at risk and their families).

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COOPERATION, IDENTIFICATION, TRUST

Child Maltreatment
Identification Card

FOR SCHOOLS AND EDUCATIONAL FACILITIES



PURPOSE

The CMI Card:

- > Helps identify immediate threats to the life, safety, and health of children.
- > Describe steps and procedures necessary to ensure, in the event of immediate and/or chronic danger, protection of the child in line with his/her best interests and respective legislation.

WHAT IS CHILD MALTREATMENT

Any child can fall victim to maltreatment.

Child maltreatment is perpetrated by a person who knows the child, who is close to them, and who should be protecting them and providing care. The trauma caused by maltreatment not only affects the child's present physical and mental condition, but it may also have a devastating impact on their development and negatively affect them for the rest of their life. The risk of maltreatment is even higher when it comes to very young, isolated, and disabled children or those with limited communication skills (e.g. different mother tongue) or otherwise vulnerable. They may find it more difficult to realize and describe what is happening to or around them and to ask for help. We need to pay increased attention to their needs.

It is therefore essential that all of us who come in close contact with children react to suspicions of potential maltreatment without any undue delay.

I HAVE REASON TO SUSPECT MALTREATMENT

Should you witness child maltreatment and/or have a reason to suspect that a child may be at risk of maltreatment, you must act immediately following the procedure below.

Your failure to act may put the child at risk and, under certain conditions, may even be qualified as a criminal offense.

OUR EVERYDAY ROUTINE

- Let us pay attention to children's living conditions and needs.
- Let us provide children with a safe environment in which good relationships can flourish.
- Let us allow no delay in finding help for a child at risk.

Depending on the role in which we meet with the child as professionals, information regarding the child's condition may vary. Nevertheless, it is important to pay close attention to any of the below maltreatment indicators or manifestations.



PHYSICAL INDICATORS OF MALTREATMENT

- > Skin injuries (bruises, cuts, scratches, burns, swelling, hair loss), especially if showing repeatedly.
- > Injuries not corresponding to the explanation you received when asking for the cause.
- > Clothing inadequate for the weather conditions – may be worn to hide signs of maltreatment.
- > Injuries to the private parts manifested, for example, by unease when sitting on a chair or when engaged in physical activities (gym, etc.).
- > Frequent abdominal pain and nausea.
- > Sudden loss/gain of weight.
- > Frequent headaches.
- > Pregnancy in girls under 15 years of age.
- > Untreated health issues and neglected health in general.
- > Poor physical condition:
 - Chronically hungry, tired, or apathetic child.
 - Neglected personal hygiene and clothing.



SIGNS OF MALTREATMENT MANIFESTED IN THE CHILD'S BEHAVIOUR

We should perceive children's unusual or challenging behaviour primarily as a potential sign of life difficulties and a call for attention and help.

- > The child discloses information about maltreatment.
- > The child repeatedly draws, writes, or plays out violence, abuse, or other manifestations of maltreatment.
- > Frequent unexcused or unreasonable absences from school.
- > Significant and unexplained delays in a child's physical, emotional or mental development.



COMMON CHARACTERISTICS OF RISKY BEHAVIOUR OF THE CARERS

- > Unusual changes in behaviour (e.g. sudden drop in academic results, anxiety, depression, withdrawal, hyperactivity, reduced attention, apathy, frequent fatigue, aggression, bedwetting).
- > Substance abuse, excessive time spent on PC/cell phone and other communication means, gambling, and other manifestations of addictive behaviour.
- > Self-harm or suicidal behaviour or tendencies, harming others or animals.
- > Inconsistent or unlikely explanations for injury or inability to remember the cause.
- > Unusual fear of normal physical contact with adults and/or peers.
- > Age-inappropriate sexual activity (e.g., touching adult private parts, rubbing genitals against adults, excessive masturbation, promiscuity).
- > Poor self-care or neglected personal hygiene.
- > Possession of expensive gifts or money and failure to explain them credibly (e.g. „I got it from a friend“).
- > Fussy eating habits (refusing food or overeating).
- > Adopting a caregiving role prematurely, trying to protect other family members.

- > Failure to secure the child's basic needs (food, clothing, personal hygiene, sleep, making sure that the child is safe) to the extent that it puts the child in danger.
- > Improper treatment of the child (use of physical punishment, threats, intimidation, swearing, shouting, humiliation, etc.).
- > Hard to believe explanations of the child's injuries or physical condition; the nature of the injuries suggests that the child may be in immediate danger.
- > The caretaker is under the influence of alcohol and/or drugs or their physical and/or mental condition is negatively affecting their ability to watch, protect and care for the child.
- > Violence between parents or other persons in the household.
- > Noticeably protective and restrictive behaviour of the parents/caregivers and an increased need to control the child's activity or who they are with.
- > Cruel or humiliating parenting/care (e.g. confining the child to the basement, denying access to the home, forcing the child to eat off the floor, etc.).