



Child Abuse & Neglect Reporting Protocol

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Child Abuse and Neglect Reporting Protocol

This protocol supports faculty and staff in identifying, responding to, and reporting concerns related to child abuse, neglect, or safeguarding risks. It is important to note that the presence of one or more indicators does not necessarily confirm abuse or neglect. Any concern related to child safety should be reported immediately, even when uncertainty exists. Concerns should be considered in context and reported appropriately. Information related to safeguarding concerns is shared only with relevant personnel on a need-to-know basis.

The Child Protection Officers are the School Psychologists of each division.

For extended information, please refer to the Child Protection and Safeguarding Protocol.

Types of Abuse and Possible Indicators

It is important to note that the presence of one or more indicators does not necessarily confirm abuse or neglect. However, persistent, significant, or multiple concerns occurring over time may suggest that a student requires additional support, monitoring, or safeguarding intervention.

Physical Abuse

Physical abuse refers to the intentional use of physical force that may result in injury or harm to a child.

Possible physical indicators may include:

- unexplained bruises, burns, cuts, or fractures;
- swollen or injured areas;
- frequent injuries with unclear or inconsistent explanations;
- evidence of delayed or inappropriate medical care.

Possible behavioral or emotional indicators may include:

- fearfulness around adults or fear of going home;



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- withdrawal or heightened anxiety;
- aggressive or risk-taking behavior;
- flinching or discomfort with physical contact;
- wearing inappropriate clothing to conceal injuries.

Neglect

Neglect refers to the failure to provide for a child's basic physical, emotional, medical, educational, or supervisory needs.

Possible physical indicators may include:

- frequent hunger or poor hygiene;
- inappropriate clothing for weather conditions;
- untreated medical or dental needs;
- persistent fatigue or falling asleep in class;
- signs of inadequate supervision or care.

Possible behavioral or emotional indicators may include:

- frequent absences or lateness;
- difficulty concentrating;
- stealing or hoarding food;
- reports of being left alone without supervision;
- excessive need for attention, reassurance, or affection.

Sexual Abuse

Sexual abuse includes any sexual activity imposed on a child, including both contact and non-contact behaviors.

Possible physical indicators may include:

- pain, swelling, itching, or injury in the genital area;
- difficulty walking or sitting;
- frequent urinary infections or unexplained physical complaints;
- sudden changes in appetite, sleep, or self-care.



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Possible behavioral or emotional indicators may include:

- sexualized behavior or knowledge that is developmentally inappropriate;
- fear of certain individuals or places;
- withdrawal, anxiety, or emotional distress;
- sudden changes in mood or behavior;
- self-harm, suicidal thoughts, or significant emotional dysregulation.

Emotional Abuse

Emotional abuse refers to ongoing behaviors that negatively affect a child's emotional wellbeing, self-worth, or psychological development.

Possible physical indicators may include:

- delayed physical or emotional development;
- psychosomatic complaints (e.g. headaches, stomachaches);
- sleep difficulties or chronic stress-related symptoms.

Possible behavioral or emotional indicators may include:

- persistent low self-esteem or self-worth;
- excessive withdrawal, fearfulness, or emotional distress;
- anxiety-related behaviors;
- significant behavioral changes or emotional dysregulation;
- difficulty forming healthy peer or adult relationships.

Stage 1: When you suspect Abuse or neglect

- Report to the School Psychologist via the [Child Protection and Safeguarding Report form](#) child abuse or neglect as soon as it is suspected.
- Expect an investigation of your report and notification that the case was or was not substantiated. Reports will be handled sensitively and confidentially in accordance with safeguarding procedures.
- Follow administration notification policies.
- Staff should not contact the child's family, relatives, friends, or other individuals independently in order to determine the cause of an injury or concern.



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- Staff should not attempt to investigate, prove, or confirm whether abuse or neglect has occurred.
- Staff should not ask leading or repetitive questions.
- Staff should not remove or adjust a child's clothing to inspect an injury, especially around private areas.
- Staff should not promise confidentiality or secrecy to the child.
- Staff should not delay reporting while trying to gather more information.

Staff should report concerns promptly through the appropriate safeguarding procedures and allow the Child Protection Team and relevant authorities to determine next steps.

Stage 2: Ways to find out about abuse or neglect

- Observation: Children who are being abused or neglected may demonstrate behavior which gives us clues about what is happening to them. Concerns through observations should be documented factually and submitted according to school safeguarding procedures, avoiding any interpretation.
- Report from another child: Sometimes friends or classmates of maltreated children learn or suspect that their peer is being abused or neglected. Out of concern for that child, the classmate may tell a teacher, often swearing her/him to secrecy. This is a secret the teacher cannot keep. Prompt the classmate to support the student to disclose this information to the teacher. If this does not happen, keep records of the information and observe the student's behavior in the future.
- Disclosure by the child: When a child discloses that he or she has been abused or neglected, a teacher or counselor may feel at a loss initially about how to respond. First and foremost, it is necessary to communicate two things to the child: that you are glad the child told you, and that he or she is not to blame. It often helps for children to know that it has happened to other children and that they are not alone.

Stage 3: Child Protection Team

- Principals
- Child Protection Officers (School Psychologists)



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- School nurse
- One or more teachers, directly involved with the student

The Principal along with the Child Protection Team will determine appropriate next steps in accordance with safeguarding procedures and legal obligations, including whether and when parents/guardians should be contacted.

The role of the Psychologist is to support the emotional wellbeing and safety of the students and contribute to school-based intervention. Understanding of the nature of the family environment, the personality of the child and the parents/ caregivers, the existing problems, the social, emotional and developmental level of each child, the parental support and the incentive of child and parents to contact support services.

- Websites that offer more information are:

ISPCAN — ispcan.org

NSPCC — nspcc.org.uk

CDC — cdc.gov

UNICEF — unicef.org

ICMEC — icmec.org

Safe Child (SafeChild / SAFEchild NC) — <https://safechildnc.org/>

Child Welfare Information Gateway (U.S. program under childwelfare.gov) — <https://www.childwelfare.gov/>

Stage 4: Greek Legislation

Greek legislation provides legal protection for children in cases of domestic violence, abuse, neglect, or harm within the family or caregiving environment. Under Greek Law 3500/2006 on domestic violence, offenses committed within the family or caregiving context that affect a child's physical, emotional, or sexual integrity may require legal intervention, particularly when the victim is a minor.

When there is a concern regarding child abuse or neglect, Pinewood will follow its Child Protection and Safeguarding procedures and may seek guidance from the appropriate authorities or legal professionals when necessary.

Depending on the nature and seriousness of the concern, next steps may include:



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1. collaboration with parents/guardians when it is safe and appropriate to do so;
2. referral to external mental health, medical, or social services;
3. consultation with the Child Protection Team;
4. notification of the competent public prosecutor or relevant authorities when required;
5. in all cases, the safety and wellbeing of the child remains the school's primary concern.