# Child Protection & Safeguarding Policy

## 2026 - 2027

## THE AMERICAN SCHOOL OF MARRAKESH

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# History of Child Protection & Safeguarding Policies

***from the United Nations webpage on children***

In 1989, world leaders adopted the United Nations Convention on the Rights of the Child. Morocco ratified this convention on 21 June 1993.

The Convention explains who children are, what their rights are, and what the responsibilities of governments are.

The Convention changed the way children are viewed and treated: as human beings with a distinct set of rights instead of as passive objects of care and charity.

# Myths

***from the Handbook on Child Protection by the Association of International Schools in Africa***

**Myth:** Child abuse is carried out by strangers.

> **Fact:** Research indicates that 90% of abuse is committed by individuals known to the child.

**Myth:** Learning about child protection is harmful to children.

> **Fact:** Research indicates that developmentally appropriate education makes children more confident and able to react to dangerous situations. If you talk about it, then they know they can tell you about it.

**Myth:** Child abuse is a result of poverty and happens in low socioeconomic circumstances.

> **Fact:** Research indicates that child abuse occurs in all socio-economic, ethnic, racial, and cultural sectors of society.

# Child Protection & Safeguarding Policy of ASTO

*(the American School of Tangier Organization)*

**Member Schools:**

**American Schools of Tangier, Marrakesh & Ben Guerir**

*Adopted January 2023*

Child abuse and neglect are concerns throughout the world. Child abuse and neglect are violations of a child's human rights and are obstacles to the child's education as well as to their physical, emotional, and spiritual development. The American School of Tangier Organization (ASTO) and its member schools[1] endorse the UN Convention on the *Rights of the Child*, of which our host country, Morocco, is a signatory. ASTO hereby adopts this Policy.

Schools fill a special institutional role in society as protectors of children. Schools need to ensure that all children in their care are afforded a safe and secure environment in which to grow and develop, both at school and away. Educators, having the opportunity to observe and interact with children over time, are in a unique position to identify children who are in need of help and protection. As such, educators have a professional and ethical obligation to identify children who are in need of help and protection and to take steps to insure that the child and family avail themselves of the services needed to remedy any situation that constitutes child abuse or neglect.

All staff employed by ASTO member schools must report suspected incidents of child abuse or neglect whenever a staff member has reasonable cause to believe that a child has suffered or is at significant risk of suffering abuse or neglect. Reporting and follow up of all suspected incidents of child abuse or neglect will proceed in accordance with administrative regulations respective to this Policy.

ASTO member schools seek to be a safe haven for students who may be experiencing abuse or neglect in any aspect of their lives. As such, ASTO member schools will distribute this Policy annually to all parents and applicants, will communicate this Policy annually to students, will provide training for all staff, will make every effort to implement hiring practices to ensure the safety of children, and will review the Policy annually for compliance and effectiveness.

If a staff member is reported as an alleged offender, ASTO will conduct a full investigation following a carefully designed course of due process, keeping the safety of the child at the highest priority.

[1] American School of Tangier, American School of Marrakesh and American School of Benguerir

# Child Protection & Safeguarding Protocol

1. **Incident or situation is disclosed by the student to a trusted adult (teacher, school counselor, etc.)**
2. **Teacher tells school counselor or principal (or head of school if the others are away)**
3. **School counselor and principal discuss:**

    - **If there is no reasonable suspicion:** no further investigation is needed; a description is written and filed with the school counselor
    - **If there is reasonable suspicion:** The Child Protection Team is convened.

      **Child Protection Team:** school counselor, principal, head of school, others according to nature of incident and individuals involved
    - Parents notified unless one, or both, of them is the perpetrator
    - Support provided to victim(s), and others if necessary
    - Further information gathered and assessed
    - Referrals made if necessary
    - Authorities involved if necessary
    - Description filed with guidance counselor and other necessary parties
    - Support and education provided to teachers and others interacting with the student regarding ways to manage behavioral needs resulting from abuse/neglect/trauma
    - Periodic assessment by school counselor around ongoing safety and evolving therapeutic needs

# Definitions and Signs of Abuse

*from the Handbook on Child Protection by the Association of International Schools in Africa*

**PHYSICAL ABUSE:** Physical abuse may involve hitting, punching, shaking, throwing, poisoning, biting, burning or scalding, drowning, suffocating or otherwise causing intentional physical harm to a child. (These symptoms could also indicate harm to self, such as, cutting and suicide ideation).

**Signs of physical abuse:** Bruises, burns, sprains, dislocations, bites, cuts; improbable excuses given to explain injuries; injuries which have not received medical attention; injuries that occur to the body in places that are not normally exposed to falls, rough games, etc.; repeated urinary infections or unexplained stomach pains; refusal to discuss injuries; withdrawal from physical contact; arms and legs kept covered in hot weather; fear of returning home or of parents being contacted; showing wariness or distrust of adults; self-destructive tendencies; being aggressive towards others; being very passive and compliant; chronic running away

**EMOTIONAL ABUSE:** Emotional abuse is the persistent emotional ill treatment of a child so as to cause severe and adverse effects on a child's emotional development. It may involve: conveying to children that they are worthless or unloved; that they are inadequate or valued only insofar as they meet the needs of another person; age or developmentally inappropriate expectations being imposed on children; causing children frequently to feel frightened; or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of ill-treatment of a child, though it may also occur alone.

**Signs of emotional abuse:** Physical, mental and emotional development is delayed; highly anxious; showing delayed speech or sudden speech disorder; fear of new situations; low self-esteem; inappropriate emotional responses to painful situations; extremes of passivity or aggression; drug or alcohol abuse; chronic running away; compulsive stealing; obsessions or phobias; sudden under-achievement or lack of concentration; attention-seeking behavior; persistent tiredness; lying

**SEXUAL ABUSE:** Sexual abuse involves forcing or enticing a child to take part in sexual activities, whether or not the child is aware of what is happening. 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. Children involved in commercial sex work are victims of sexual abuse, whether they perceive themselves as victims or not.

**Signs of sexual abuse:** Pain or irritation to the genital area; vaginal or penile discharge; difficulty with urination; infection, bleeding; STDs; fear of people or places; aggression;

regressive behaviours, bed wetting or stranger anxiety; excessive masturbation/sexually provocative; stomach pains or discomfort walking or sitting; being unusually quiet and withdrawn or unusually aggressive; suffering from what seem physical ailments that can't be explained medically; showing fear or distrust of a particular adult; mentioning receiving special attention from an adult or a new "secret" friendship with an adult or young person; refusal to continue with school or usual social activities; age inappropriate sexualized behaviour or language

**NEGLECT:** Neglect is the persistent failure to meet a child's basic physical or physiological needs, likely to result in serious impairment of the child's health or development.

**Signs of neglect:** Medical needs unattended; lack of supervision; consistent hunger; inappropriate dress; poor hygiene; inadequate nutrition; fatigue or listlessness; self-destructive; extreme loneliness; extreme need for affection; failure to grow; poor personal hygiene; frequent lateness or non-attendance at school; low self-esteem; poor social relationships; compulsive stealing; drug or alcohol abuse

**LONG TERM IMPACT OF UNMITIGATED CHILD ABUSE:** The impact of child abuse can persist for a lifetime after the abuse has been committed. Some victims of abuse are resilient and thus manage to function and survive. Much research has established the relationship between long-term child abuse and life-time health and well-being, especially if the children do not get appropriate support to help them cope with the trauma. The most important point to consider is that children often are exposed to multiple forms of abuse and suffer a myriad of symptoms. Furthermore, all forms of abuse have the potential for long-term impact on the victims and can affect the victim's ability to function as a human being. Abuse challenges the self-value, self-esteem and sense of worth of its victims, rendering them hopeless, helpless and unable to live a complete life.

**Signs of long term impact of child abuse:** Poor educational achievement; inability to complete responsibilities; inability to live according to plan/ability; inability to care for self; inability to coexist, cooperate or work with others; lack of self-confidence, prone to addiction; inability to express love / or accept love; inability to lead family, constant health problem; prone to mental health problems; low self-esteem, depression and anxiety; post-traumatic stress disorder (PTSD); attachment difficulties; eating disorders; poor peer relations, self-injurious behaviour (e.g., suicide attempts)

**In addition to knowing the signs of victimization above, knowing the early warning signs of perpetration is important. You will find below a list of possible early warning signs to look out for in a student who may become an offender and below that you will find a list of possible indicators that an adult is an offender:**

**Signs of offenders (students):** Unusual interest in sex, sexualizing inanimate objects and activities; does not stop sexual misbehavior when told to stop; uses force and coercion in social

situations; unusual intensity when discussing sex and sexuality; socializes with children much younger; gives gifts, requires secrecy in relationships

**Signs of offenders (adults):** Has “favorite” student or child; attempts to find ways to be alone with children; inappropriate language, jokes and discussions about students/children; sexualized talk in the presence of students/children; gives private gifts or has private chats on Facebook/internet

# Suicide Prevention Protocol

**Dispelling Myths:**
Suicide can occur with young children, teenagers and adults. Sometimes no one knew that the person was thinking about suicide. If you encounter a student whom you fear may be thinking about suicide, ask them.

Asking a student if they are thinking about suicide is very important. Asking about it does NOT encourage someone to engage in suicide; rather, asking gives them permission to talk about their thoughts rather than covering them up. If they cover them up, they are more likely to engage in suicide.

**Suicide Prevention Protocol:**
If a student mentions anything related to ending their life, not wanting to live, or discusses harming themselves in any way, take them aside immediately, or if you are in the middle of class, take them aside as soon as class ends–don't let them leave the classroom, and say to them, "Say more about that–what do you mean?"

1. If after their response, you are concerned, and/or if they mention how they would end their life, or if they talk about: great guilt or shame; depression; being a burden to others; feeling hopeless, trapped, extremely sad or full of rage or having unbearable emotional or physical pain or something similar or if you are unsure of their seriousness in any way at all:

    a. Do not leave them alone.

    b. Bring them to the counselor, or call the counselor and ask the counselor to come to you immediately, and tell them what the student said, with the student present. If you cannot reach or find the counselor, reach out to, or go to, the principal or the head of school (in that order). Do not leave the student alone. Do not let them go home before the counselor or principal or head of school has spoken to them AND HAS TOLD THEIR PARENTS about the suicidal ideation.

2. If, on the other hand, you are not very concerned about the student after talking to them, in other words, if they did NOT mention how they would end their life, and they did NOT talk about great guilt or shame; depression; being a burden to others; feeling hopeless, trapped, extremely sad or full of rage or having unbearable emotional or physical pain or anything similar:

    a. Tell the student you are glad they are not considering ending their life but that you want them to speak to the counselor just so that they can establish a connection in case something comes up in the future because their safety is your highest priority.

b. Ask them to go to the counselor during a break or after school.

c. Then tell the counselor about it as soon as possible the same day.

3. Always tell the counselor, or if you cannot find them, tell the principal or head of school, as soon as possible the same day.

**If you don't feel comfortable talking to the student regarding any of the above, that's okay. Just get the counselor, principal or head of school (in that order).**

## Other Self-Harm Prevention Protocol

If you notice evidence of self-harm on a student (cuts on arms, deep scratches, burns, scabs, etc.):

1. You can say to the student, "Tell me about those" if you feel comfortable doing so.
    a. After talking, whether you are very concerned or not so concerned, ask the student to walk with you to the counselors' office.
    b. If they don't want to, let them know that they can talk to you any time, and afterwards, talk to the counselor as soon as possible the same day and give them the details.

2. If you do not feel comfortable talking to the student about the evidence of self-harm, that's okay, but talk to the counselor about it as soon as possible the same day and give them the name of the student.

3. Whether or not you talk to the student, make sure you tell the counselor as soon as possible the same day

**If you don't feel comfortable talking to the student regarding any of the above (suicide or other self-harm), that's okay. Just get the counselor, principal or head of school (in that order).**