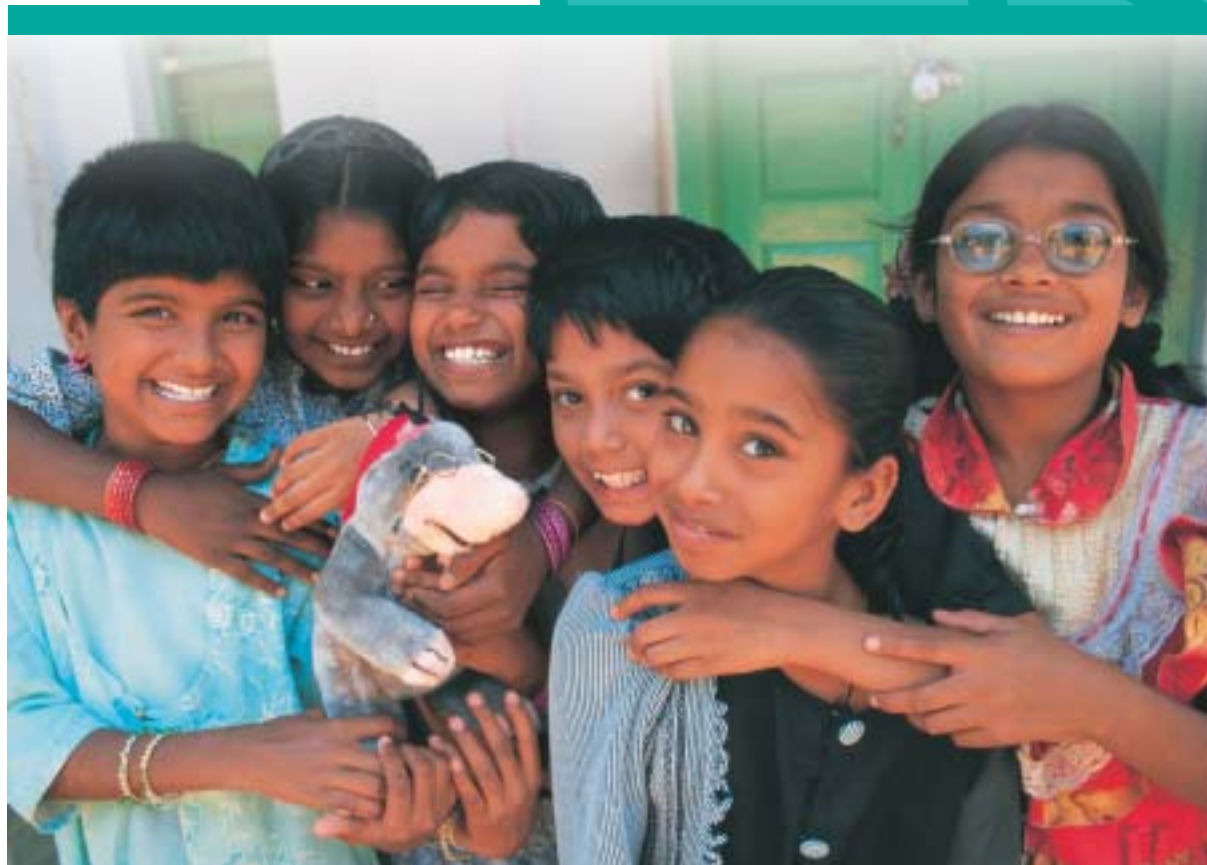


Guidelines on Child Protection





Guidelines on Child Protection

– Approved Version –



CBM is an international Christian development organisation whose primary purpose is to improve the quality of life of the world's poorest persons with disabilities and those at risk of disability, who live in the most disadvantaged societies. CBM assists persons with disabilities regardless of their nationality, sex, or religion in more than 1000 supported projects in 113 developing countries.



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Table of contents	Page
1. Introduction	1-1
1.1 Abbreviations & Acronyms	1-3
1.2 Glossary	1-3
2. Child abuse – a Severe Violation of Human Rights	2-1
2.1 Institutional Abuse	2-6
2.2 Factors	2-8
2.3 Sex Offenders	2-9
2.4 Survivors	2-11
2.5 What to Do?	2-13
2.6 CBM's and CBM's Project Partners' Response	2-15
2.7 Annex on Corporal Punishment	2-16
3. Legal Framework	3-1
3.1 The UN-Convention on the Rights of the Child	3-1
3.2 National Impact of the CRC	3-2
4. Why Is It Important to Have a Policy?	4-1
4.1 CBM International Child Protection Policy	4-1
4.2 Responsibilities of Different Stakeholders	4-2
4.2.1 Governing Board	4-3
4.2.2 Management Board Committee	4-3
4.2.3 Child Protection Unit	4-3
4.2.4 Human Resources Department	4-3
4.2.5 Regional Offices	4-4
4.2.6 Co-workers	4-4
4.2.7 Member Association's Management	4-5
4.2.8 Project Partners	4-5
4.2.9 Shared Responsibility to Review, Monitor and Evaluate CP- Activities ...	4-6
4.3 Policy on Child Protection	4-7
4.4 Code of Conduct	4-9



5. Human Resources

5.1	Recruitment, Screening & Induction of Personnel	5-1
5.1.1	Recruitment and Selection	5-1
5.1.2	Job Advertisements and Publicity	5-1
5.1.3	Police Record Checks	5-1
5.1.4	Application Forms	5-1
5.1.5	Interview	5-2
5.1.6	Reference Checks	5-2
5.1.7	Pre-employment Checks	5-2
5.1.8	Child Protection Policy Induction	5-3
5.1.9	Child Protection Code of Conduct	5-3
5.2	Project Visits and Travel Regulations	5-3
5.2.1	General Regulations	5-4
5.2.2	Regarding the Field Visit	5-4

6. Child Protection Incident Management 6-1

6.1	CBM Personnel or Persons Travelling under the Direction of CBM	6-1
6.2	Non-CBM Personnel	6-6
6.3	Helping the Abused Child	6-7
6.3.1	Systematic Steps to Address Cases of Occurred Child Abuse	6-8
6.4	Guidelines for Responding to Child Victims	6-10

7. Investigations and Reporting 7-1

7.1	Child Protection Preliminary Assessment & Internal Investigation Guidelines	7-1
7.1.1	Guiding Principles	7-1
7.1.2	Preliminary Assessment	7-2
7.1.3	Internal Investigation	7-2
7.1.4	Investigation Process	7-3
7.2	Guidelines on Interviewing Children	7-6



7.3	Child Protection Reporting Protocol	7-11
7.3.1	Guiding Principles	7-11
7.3.2	When Does Reporting Become Mandatory?	7-11
7.3.3	When & Whom to Report to?	7-12
7.3.4	Child Protection Reporting Contact & Referral List Form	7-12
7.3.5	Child Protection Incident Report Form	7-12
7.3.6	Child Protection Reporting Protocol Flowcharts	7-13
7.4	Child Protection Reporting Contact & Referral List	7-15
7.5	Child Protection Incident Report Form	7-17
8.	Risk Assessment	8-1
9.	Child Protection and Communication Procedures	9-1
9.1	Communications about Children and Vulnerable Persons	9-1
9.2	Principles for Ethical Reporting on Children	9-2
9.3	Media Crisis Management	9-4
9.3.1	Different Settings of Media Crisis Management	9-4
9.4	Crisis Communication Planning	9-6
9.5	Crisis Management	9-7
9.6	Media Crisis Management	9-7
9.7	Documentation and Information	9-8
9.8	Collateral Materials	9-9
9.9	Press-conference	9-9
9.10	Post Crisis Management	9-9
9.11	How to Write a Press Release	9-10
9.12	Speakers Presentation	9-11
9.13	Handling Media Interviews	9-13
9.14	Checklists	9-15
10.	References & Bibliography	10-1
10.1	Useful Websites, Contacts & Resources	10-3
11.	Annex	11-1





Introduction



1. Preface

The figures are alarming - according to the World Health Organization (WHO), worldwide 10% of all boys and 20% of girls are the victims of sexual abuse. Children with disabilities are particularly at risk and are twice as frequently affected as children without disability, with children living in institutions being especially vulnerable. Therefore protecting children against abuse is a major challenge for organisations which provide services for children.

It therefore follows that children and adults with disabilities whom CBM aim to assist are some of the most vulnerable people in the world. CBM has always been committed to the safety and well being of all children and adults with disability and with this in mind a clear strategy to protect children from abuse has become essential. CBM has therefore significantly expanded its activities to protect children and vulnerable adults, and to set an example of good practice.

In December 2003 CBM adopted its Child Protection Policy, in which CBM endorses the 'UN Convention on the Rights of the Child'. Furthermore, the organisation states its commitment to *'protect children, both with and without disabilities (and vulnerable adults), from sexual exploitation and sexual, emotional or physical abuse, including neglect'*.

CBM's policy defines its primary objective **to protect children and other vulnerable persons from abuse**. Secondary objectives are:

- to raise awareness and sensitize major stakeholders within CBM and its partner structure,
- to protect CBM and its Project Partners from infiltration by child sex abusers,
- to protect CBM staff and partners from false allegations.

CBM staff, project partners and others associated with CBM are encouraged actively to participate in building and maintaining an environment which is safe for children and vulnerable adults.

In 2005 CBM established a Child Protection Unit (CPU) to prepare and implement its policy. The CPU, with the support of different stakeholders, has prepared a Code of Conduct, which clearly defines professional standards, rights and responsibilities of all stakeholders, and has now also finalised these Guidelines on Good Practice.

These Guidelines include an overview of child abuse issues and good practice procedures and recommendations. They explain that child protection is both a corporate and individual responsibility. Readers receive an in-depth explanation of child abuse and information on the practical steps to develop child protecting procedures and practices. Furthermore, these Guidelines give guidance on what to do in the event of a suspected case of abuse.

¹ Hence where reference to a child is made in these guidelines, the same should be applied to vulnerable adults.



The CPU, supported by CBM Regional Directors, have conducted regional workshops and started to recruit from amongst the staff of CBM and local Partners, focal people for Child Protection. These focal persons provide information, promote national networks and carry out local training sessions. Thus, step by step they promote CBM's approach to Child Protection within partner organisations and help adapt the content of the Guidelines to local requirements.

The clearly stated intention of CBM is to ensure that the highest standards of safety for children and vulnerable persons are achieved and maintained. The purpose of these Guidelines is to make a substantial contribution to this objective and to make CBM's policy a reality.

Bensheim, February 2007

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President CBM

Dr. Boris Scharlowski
Head of the Child Protection Unit

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This publication is the result of many peoples' effort and experience. The text was compiled by Cynthia Wong and Dr. Boris Scharlowski. Mike Davies, Martin Rothmund and David Lewis acted as counsellors and gave invaluable advice. The same is true for many colleagues who shared their experiences within the 'Ad hoc Working Group on Child Protection and Communication Policy'. Different parts of the text have been discussed with CBM's Continental and Regional Directors, and the National Directors of Member Associations. Finally we wish to mention the excellent support of all those colleagues who assisted with layout, printing and distribution. On behalf of CBM we gratefully acknowledge all these efforts.

**Note:**

CBM's Guidelines on Child Protection are targeting very different readers: Board and staff members of CBM e.V., CBM Member Associations and Project Partners as well as other interested parties. As these target groups are very heterogeneous the present publication needs to respond to very diverse requirements and expectations. As a result these Guidelines have been conceived as a sort of 'catalogue' where each reader should find rapidly the information required without studying the entire compendium. Each section has been supplemented by boxes, flowcharts and annexes which deliver more specific information for those who have a more specific and detailed interest. The Guidelines on Child Protection present Christian Blind Mission's approach to prevent the abuse of children and vulnerable persons. As a consequence any non-CBM reader should make use of this document to be inspired and to develop adequate child protecting procedures for his or her own organisation.

1.1 Abbreviations & Acronyms

ChP	Child Protection
CPP	Child Protection Policy
CPO	Child Protection Officer
CPU	Child Protection Unit
CRC	United Nations Convention of the Rights of the Child
CBM	Christian Blind Mission (an inclusive term for CBM e.V. and CBM Member Associations)
CPC	Child Protection Committee
CSA	Child Sex Abusers
HRD	Human Resources Department
MA	CBM Member Associations
PP	Project Partner
NGO	Non Government Organisation
WHO	World Health Organization

1.2 Glossary

Alleged child abuse incident	An incident where child abuse has been observed/ is suspected, alleged or disclosed. A child abuse incident should be called 'alleged' until proven.
Age of consent	Age at which an individual may give consent to sexual activity with another person.
CBM	Christian Blind Mission (also known as Christoffel-Blindenmission) organisations, including CBM e.V.,



	CBM Regional Offices, CBM International, and CBM Member Associations.
CBM personnel	Any person who either works for or represents CBMe.V., CBM Regional Offices, CBM International, and CBM Member Associations, regardless of whether or not they are paid or voluntary personnel. It also includes board members, advisors, consultants, contractors or any other representatives.
CBM supporter	A person who supports CBM by giving financial donations or gifts-in-kind.
Child	According to the 'UN-Convention on the Rights of the Child' child <i>"means every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier"</i> .
Child protection concern	A breach of the Code of Conduct by CBM personnel or a child protection risk related to the project environment (e.g. rooms with no windows for visual monitoring by another adult).
Child-safe organisation	An organisation where children are protected from physical, sexual or emotional abuse, including neglect.
Consent	Affirmative agreement of an individual who has reached the legal age of majority.
Do no harm	Basic ethical principle stating that the primary concern must always be to protect the participant from harm.
Field	Location where CBM supported projects work.
Foster parents	Adults who care for a child who is not biologically their own, acting in place of the child's parents through a formal or informal agreement.
Institutional abuse	Includes individual acts or omissions and managerial failings in which the regime of the institution itself may be abusive. Institutional abuse is indicated by repeated instances of unsatisfactory professional practice, pervasive ill treatment or gross misconduct indicating an abusive climate.



Paedophile	People who have a fixed and sole interest in sexual activity with a child/children (McMenamin & Fitzgerald, 2001).
Survivor/Victim	Since it is more positive and draws attention to resistance, coping and survival most academics and professionals prefer the term 'survivor' to 'victim'. But as in the public debate 'victim' is still more widely used in these guidelines both terms are used alternatively.
Vulnerable person	An adult living with a disability who is in need of assistance to meet his or her basic needs with regard to personal care or management of his or her property. A vulnerable person is or may be unable to protect him or herself against significant harm or exploitation.

Note:

Where reference to a child is made in these guidelines, the same should be applied to vulnerable adults.





Child abuse – a Severe Violation of Human Rights



2. Child abuse – a Severe Violation of Human Rights

WHAT IS CHILD ABUSE ?

Verbally abusing a child

Teasing a child unnecessarily

Exposing a child to pornographic acts or literature.

Touching a child where he/ she doesn't want to be touched.

Forcing a child to touch you.

Breaking down the self-confidence of a child.

Hitting or hurting a child - often to relieve your own frustration.

Manipulating a child

Not taking care of a child, for example: unclean, unclothed, unfed child

Using a child as a servant

Not listening to a child

Neglecting emotional needs of a child

Making your own child a 'servant' depriving of time for education/leisure

Hitting and ridiculing a child at school

Neglecting a child's medical needs

Neglecting a child's educational needs

Leaving a child without supervision

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Abuse of children and vulnerable persons is a worldwide issue, existing in both developed and developing countries. It is deeply rooted in cultural, economic and social practices. Persons with disabilities are amongst the most vulnerable to fall victim of abuse and hence are in need of special protection. As a consequence, the development of a system to protect children and vulnerable persons is a priority for CBM. The following article intends giving an introduction into one of the most severe violations of human rights.



Lloyd deMause, director of the New York City headquartered Institute for Psychohistory believes *“that the history of humanity is founded upon the abuse of children”* (deMause, 1997). Even if this statement seems to be disproportionate, it is certainly true, that child abuse represents a severe violation of human rights and can be found in any society through the ages, until present day.

The history of humanity has experienced all forms of murder, abuse or ill-treatment of children. Many historical societies practiced infanticide; children were killed as newborn babies or sacrificed for religious motives. But even if infanticide is omnipresent in most historical and/or preliterate cultures, it still exists in modern societies. According to the World Health Organization, in 2000 A.D., among children under 15 years of age there were an estimated 57,000 deaths worldwide attributed to homicide. However, fatalities from child abuse are far more frequent than official records suggest (WHO, 2002).

Abuse of children and vulnerable persons involves very different forms of ill-treatment. Contrary to widespread reporting in the media, and the beliefs of the general public, the term “abuse” does not exclusively comprise sexual abuse, but any form of physical or emotional abuse, including neglect. In this context

- sexual abuse signifies forcing or enticing a child to take part in sexual activities, whether or not the child is aware of what is happening.
- physical abuse means a deliberate physical injury or the wilful or neglectful failure to prevent physical injury or suffering.
- emotional abuse can be defined as the persistent emotional ill-treatment of a child, thus causing severe and persistent adverse effects on the child’s emotional development.
- neglect refers to the persistent failure to meet a child’s physical and/or psychological needs, likely to result in significant harm to a child’s health and development.

As a consequence, any form of abuse or neglect causes severe harm to the child’s physical and mental health, survival, development or dignity. Even if injury may not be observed, acts of abuse or neglect are cruel and inhumane.

Sexual abuse has a very long history and is a complex issue. Castration of boys, female genital mutilation, rape, boy and girl sex slavery (for ritual or ‘secular’ reasons) and all forms of trafficking, have been identified in most historical cultures. The same is true for adoption of children for sexual purposes, child concubines, child marriages and any form of incest. Some of these forms of sexual child abuse date from the antiques (e.g. the Greek and Roman culture). However, the problem still remains acute and of highest priority. According to estimates of the WHO, presently about 10% of male children and about 20% of all female children worldwide, suffer some form of sexual abuse (WHO, 2002). The situation differs from country to country. In the Philippines in 2003, the national Child Protection Unit Annual



Report, reported 10,044 cases of child abuse. In the same year, according to the Federal Statistical Office in Germany, there were 2,401 persons convicted for sexual abuse of children. In both cases it needs to be emphasized that only a small proportion of cases of child abuse are reported to authorities. Consequently, these numbers reflect only the tip of the iceberg and as such do not represent an accurate statistic, nor can they be compared.

When referring to physical abuse, harsh parental punishment is not limited to certain countries. E.g., in a cross-sectional survey of children in Egypt, 37 % reported being beaten or tied up by their parents and 26 % reported physical injuries such as fractures, loss of consciousness or permanent disability as a result of being beaten or tied up (Youssef RM et aliter., 1998). Another illustrative example is the situation in Ethiopia where 21 % of urban schoolchildren and 64 % of rural schoolchildren reported bruises or swellings on their bodies resulting from parental punishment (Ketsela, T. et aliter., 1997).

Regarding abandonment and neglect, which is another form of child abuse, a study conducted in Kenya revealed that 21.9 % of children had been neglected by their parents (ANPPCAN., 2000). Once again, child abuse and neglect is not a violation of child rights occurring only in poor countries. According to the U.S. Department of Health and Human Services, an estimated 906,000 children were victims of child abuse or neglect in 2003. In Canada, a national study found that, among the substantiated cases of neglect, 19 % involved physical neglect, 12 % abandonment, and 48 % physical harm resulting from a parent's failure to ensure adequate supervision (Troemé, NH et aliter., 2001).

Bearing in mind such actual data, an attentive observer could deduce that there has been an increase in abuse as such. However, experts assume that a sudden public recognition of the phenomenon is the more likely explanation, rather than an increase in the number of cases. Coming back to Lloyd deMause's conviction that a *"childhood more or less free from adult sexual use is in fact a very late historical achievement, limited to a few fortunate children in a few modern nations"* (deMause, 1997), it must be stated that this view still seems to be much too optimistic.



Child Abuse Definitions & Indicators

Definitions of the different types of child abuse are tabled below, followed by indicators of possible abuse. The presence of abuse indicators does not necessarily mean that abuse occurred. Indicators are useful in deciding whether there is a cause for concern and it is important to trust your instincts.

Child abuse includes physical, sexual or emotional abuse of children, including neglect. As an outstanding example the WHO Consultation on Child Abuse Prevention drafted the following definition:

“Child abuse or maltreatment constitutes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child’s health, survival, development or dignity in the context of a relationship of responsibility, trust or power.” (WHO, 1999)

Physical Abuse: Deliberate physical injury or the wilful or neglectful failure to prevent physical injury or suffering. This may include hitting, twisting limbs, shaking, throwing, poisoning, burning, scalding, drowning, suffocating, restraint, or inappropriately giving drugs to control behaviour.

Physical indicators:

- abdominal, head injuries; untreated injuries
- untreated injuries, any serious injury with no, inconsistent or conflicting explanation
- bruises and welts consistent with gripping
- cuts and abrasions
- fractures (especially spiral bone fractures)
- burns or scalds, especially cigarette burns
- human bite marks
- swelling and lack of normal use of limbs

Behavioural indicators:

- unusually fearful of adults (e.g. afraid to go home)
- unnaturally compliant to parents
- refusal to discuss injury
- fear of medical help
- wearing cover-up clothing.

Sexual Abuse: 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 include physical contact, including penetrative or non-penetrative acts. Activities may also include non-contact activities, such as involving children in looking at pornographic material or



watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

Physical indicators:

- unexplained damage to or soreness in genitalia, anus or mouth
- vaginal or penile discharge
- unexpected recurrent urinary tract infections and discharges
- bedwetting or faecal soiling beyond the usual age
- presence of a sexually transmitted disease
- unexpected pregnancy in young girls
- abdominal pain

Note:

Sexual abuse is not usually identified through physical indicators. Frequently, the first indication of sexual abuse is present when a child discloses it to someone.

Behavioural indicators:

- inappropriate sexual knowledge/behaviour for age
- sudden changes in personality
- inexplicable falling off in other physical activities
- lack of concentration (e.g. poorer school grades)
- socially withdrawn, depression, poor self-esteem (e.g. do not play)
- regressive behaviour (such as bedwetting)
- eating disorders
- sleep disturbances
- self-destructive behaviours
- arriving early/leaving late from school
- not wanting to go home

Neglect: Persistent failure to meet a child's physical and/or psychological needs, likely to result in significant harm to a child's health and development. This may include failing to provide adequate food or drink, shelter or clothing, failure to protect a child from harm or danger, failure to ensure access to available and appropriate medical or dental care or treatment, lack of stimulation or supervision. This may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Indicators:

- constant hunger, tiredness
- frequent lateness or non-attendance
- destructive tendencies
- low self-esteem
- poor or absent social relationships



- running away
- compulsive stealing or scavenging
- poor personal hygiene
- poor state of clothing
- emaciation/pot belly/short stature
- poor skin and hair tone
- untreated medical conditions

Emotional Abuse: The persistent emotional ill-treatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. This may involve conveying to the children that they are worthless or unloved, unwanted, inadequate, or valued only insofar as they meet the needs of another person. It may involve causing children frequently to become frightened or to make them feel that they are in danger (e.g. threats to injure the child). Some degree of emotional abuse is present in all types of ill-treatment of a child, though it may occur alone. Domestic violence, adult mental health problems and parental substance abuse, may expose children to emotional abuse.

Indicators:

- acceptance of excessive punishment
- fear of parents being contacted
- continual self-deprecation
- self-mutilation
- behaviour such as rocking, hair-twisting and thumb-sucking
- sudden speech disorders
- fear of new situations
- extremes of passivity or aggression
- running away
- drug – or substance abuse.
- over-reaction to mistakes

2.1

Institutional Abuse

Abuse can take place in any situation and environment. It may occur there where the person lives, or in a public environment. It may however as well occur in a context where support services are being provided, be it in a hospital, in a residential, day care or even a humanitarian setting.

In a broader sense, institutional abuse covers such aspects as poor care standards, lack of positive responses to needs, rigid routines, inadequate staffing and an insufficient knowledge – base within the service provision. It also entails any form of neglect and unacceptable treatment, including sanctions such as withholding food, denying privacy or refusing medication, healthcare or other medical treatment.



In a more restricted sense, institutional abuse focuses on any form of emotional, physical and sexual abuse. In this context, in recent years the media has frequently reported on different forms of institutional abuse and abuse by representatives of worldwide operating institutions. Some of the most prominent cases were related to the United Nations, the NATO and the Catholic Church.

Since the late nineties, allegations of sexual exploitation and abuse of children and adults have become widespread within United Nations peacekeeping and NATO missions. Cases were reported out of the UN and NATO missions in Cambodia, Bosnia, Kosovo and Congo. In the case of Kosovo, Amnesty International stated that the presence of peacekeepers was *'fuelling the sexual exploitation and encouraging trafficking'*. In response to the allegations, the UN and its' Department of Peacekeeping Operations (DPKO) took a strong and visible stance against the sexual misconduct of peacekeepers through an increase in transparency, inter-agency coordination, investigations, and gender training. Nevertheless, the question of accountability and peacekeeper impunity, still defeats nearly all attempts to improve the crisis of the way international peacekeeping missions are perceived.

Starting in the late nineties as well, the Catholic Church in several countries was confronted with a series of allegations concerning sexual abuse of children by Catholic clergy and religious dignitaries. Like most religions, Catholicism has a direct involvement in other areas beyond parish work. Its many religious orders are involved in social work and institutions such as residential care centres, schools, hospitals and orphanages. Some of these institutions have been publicly linked to allegations of sexual abuse of children. As Canon Law was often given priority over secular criminal law, some Catholic Church leaders have been openly criticized. Public indignation increased when former Cardinal Joseph Ratzinger instructed all Catholic Bishops to treat the Church's investigations on alleged child sex abuse as subject to the pontifical secret, and as such not to report them to law enforcement agencies.

Coming back to non residential institutional settings, an US-based estimation may demonstrate the extent of the problem. According to Finkelhor in the US more than 5 children per 1,000 enrolled in day care have been sexually abused in the late eighties (Finkelhor, 1990). There is no reason to believe that today the statistic has been improved. Further, regarding physical abuse, in a large number of countries, there is still no explicit and total ban on corporal punishment in institutions. Consequently, a substantial amount of harsh punishment still occurs in schools and other institutions at the hands of teachers and other caretakers.

Such alarming forms of institutional abuse, have become a major challenge to any institution dealing with children and vulnerable persons. As a consequence, the UN-Committee on the Rights of the Child recently complained that in many States there is *"insufficient*



awareness of the ill-treatment and abuse of children in ... schools and in other institutions.” (UN Study on Violence Against Children, 2005).

2.2

Factors

Which are the predominant factors that contribute to abuse? Regarding the causes of child abuse and neglect, a simple cause-and-effect explanation is not sufficient. There is general acceptance that no single factor places any child at risk for abuse and neglect. Instead there is a complex process where societal, environmental, family-related and child related factors interact constantly.

Regarding societal and environmental factors, the value a society attributes to its' children is elementary. If a society does not sufficiently value its children, any form of abuse and neglect is more likely. Poverty is the most frequently noted risk factor. Rates of abuse and exploitation are higher in regions or communities with high levels of unemployment and concentrated poverty. The presence of high levels of violence (including social conflicts, wars, high crime rates, domestic violence and violence in media) is another factor which contributes toward making an environment unsafe for children. In this respect, corporal punishment needs to be considered as both a contributing factor and a form of abuse in itself. Other societal factors are inaccessible social and health care services.

In terms of personal factors, persons who were abused as children are more likely than others to abuse children. Further, there is a strong correlation between substance abuse and child abuse. Finally there are some specific family related factors. Hence, unwanted pregnancy, the lack of parenting skills, emotional immaturity of the parents, poor coping skills, low self-esteem and other psychological problems (such as depression or other mental health problems) may contribute to the abuse of children. Single parenthood, social isolation and the resulting lack of support from extended families, friends and communities, represent further contributing factors.

In the specific context of institutional abuse, it is of high interest to look at the structural and institutional factors which contribute to make an environment unsafe for children. Special attention needs to be given to facilities, the situation of the clients, staff and procedural-organizational stipulations.

Frequently, facilities do not grant sufficient privacy for the clients. Restrooms and bathrooms are accessible to each gender without any restriction and dormitories are not separated. In other cases, facilities do not grant sufficient security as is the case with medical examination rooms or rooms for individual consultations being windowless.

Not in each case children experience a safe, non-discriminatory, positive and encouraging environment. Many children are placed in residential environments that are inappropriate. Sometimes child victims of abuse may be housed with offenders. Children accused or



convicted of minor, non-violent offences may be placed in units or cells with older, violent detainees. Furthermore, it frequently occurs that disciplinary measures neither respond sufficiently to the principle of non-violence nor adhere to the principle not to humiliate children.

Regarding human resources, major concerns refer to inappropriate remuneration, lack of staff, insufficient training and a subsequent lack of motivation. Due to this situation, time and again, staff members are not adequately qualified to comply with specific protective procedures and seem to be insufficiently receptive to potential child rights violations. In many cases there are not even sufficient members of staff of both sexes to deal with clients of a different sex.

Concerning the procedural-organizational stipulations, it frequently occurs that a mandatory policy to protect children and vulnerable persons is not in place, and responsibilities and procedures are not clear if a case of abuse occurs. Furthermore, recruitment regulations do not respond adequately to international standards, such as requiring a certificate of good conduct (police record check).

Hence, due to specific structural factors, and contrary to the general belief, the intrinsic setting of institutions may increase the risk of children to fall victim of abuse.

2.3 Sex Offenders

Sex offenders come from all countries, all cultures, all religions and all social classes. They are not confined to any section of society, and may be people who hold a position of trust, power or authority in relation to a child or a vulnerable adult. A large majority is male (80 to 90 %) and has been abused as children themselves. While there is a small subset of child sexual abusers who are exclusively attracted to children, the majority of the individuals who sexually abuse children are (or have previously been) attracted to adults, are married or live in consenting relationships.

Even if some perpetrators are predatory sex offenders, most of them generally are considered as 'normal' people. They may be staff members (including senior executive management personnel), professionals, caretakers, volunteers, relatives or neighbours. However, since increasing attention is also being paid to child-to-child abuse in residential facilities, another alarming phenomenon has been noticed: about 1/3 of institutional abusers are minors themselves.

Sex offenders operate in different ways and fit into different categories. Generally, they operate strategically to obtain substantial access to children. They target weak institutions and infiltrate organisations with low standards of child protection, in order to orchestrate opportunities to work with children. Once admitted, they try to become well rooted within the organisation. Simultaneously they



groom their victims, for months, even years and seek their confidence. Most child sexual abusers offend against children whom they know and with whom they have established a relationship. In the majority of cases, abusers gain access to their victims through deception and enticement, seldom using force. Hence abuse typically occurs within a long-term, ongoing relationship between the offender and victim and escalates over time. While some offenders do seek sexual gratification from the act, it is often not a primary motivation for a rape offender. Power, control, and frustration are more likely to be the primary motivators. Once abuse has been committed offenders try to silence the victim, utilising fear, threats or oppression. Furthermore perpetrators try to make the victim docile and feel guilty. This is one reason why approximately less than 10 % of abuse is ever reported.

Myth

Information

Child sex abusers (CSAs) are 'funny looking old men'

CSAs can be anyone! Single, married, in a relationship with/without children; hetero sexual, homosexual, bisexual; young, old; male, female; professional, unemployed.

- 5-10% child sex offenders (CSOs) are women.
- Most CSOs commit 1st offence in teen years (~13-18 years of age) and continue until caught.

CSAs are strangers to the victims

Most CSAs are known to their victim. The abuse is normally planned to create opportunities to be alone with the child.

CSAs may have victims both within and outside of their family. Intrafamilial child sex abuse represents about 1/3 of all cases.

CSAs rarely abuse randomly. Instead they are more likely to 'groom' their victims to:

- build a trusting relationship with the victim and their caretakers, and to allow them to maintain contact,
- isolate the child to abuse them, and then ensure the child's silence and their caretakers/family's trust to allow repeated offence.

CSAs were sexually abused as children

Different studies show various statistics. Prevalence ranges from 30% to over 50%. *However experiences of physical & emotional abuse in childhood (e.g. bullying, war, violence, rejection by family) are more likely to be factors in sexually abusive behaviours.*

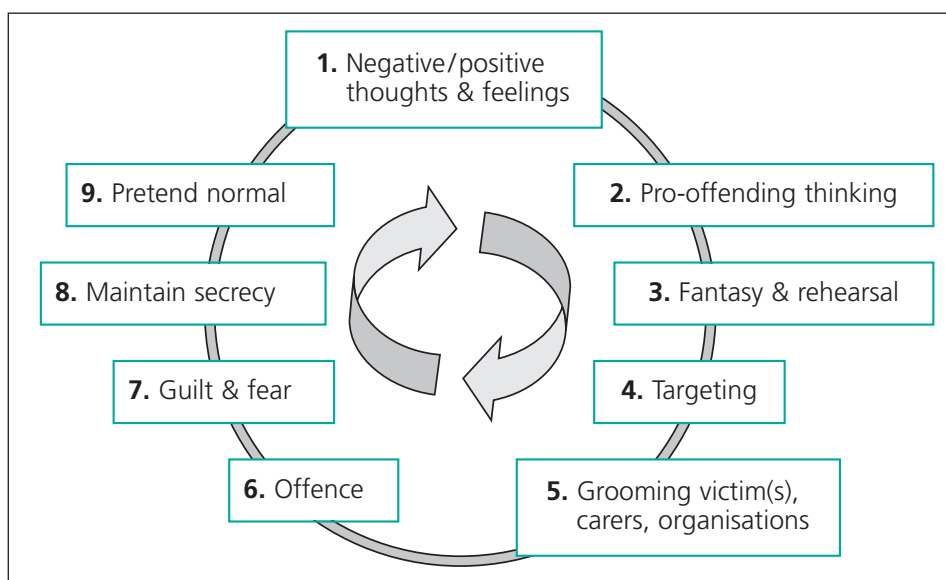
The experience of physical, emotional or sexual abuse is **not** an acceptable reason for sexually abusing others.



Characteristics of a Child Sex Offender May Include...

- a desire to work with vulnerable children
- practices close contact therapies
- an interest in being alone with children, takes children home
- inappropriate attitude to children
- uses questionable phrases and words (eg. sexualized language, innocence)
- insensitivity to children's issues and the effect of child abuse
- interest in child photography
- limited adult social network and adult social life
- heavily involved in work but have poor relationships with colleagues
- believes they are indispensable

Many people may display one or more of these characteristics, this **does not** mean they are a sex offender. If a person displays most of these characteristics, then it is a cause for concern.



The Child Sex-Offending Cycle (adapted from the Core Sex Offender Management and Intervention Program, 2001)

2.4 Survivors

Regarding the survivors of abuse, CBM's policy intends to protect children **and** vulnerable adults. In this respect CBM sticks to the definition of the 'UN-Convention on the Rights of the Child' where **child** "means every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier". From CBM's perspective, **vulnerable person** means an adult living with a disability and who is in need of assistance to meet his or her basic needs with regard to personal care, or management of his or her property.



Concerning the vulnerability of the different target groups even if girls clearly are much more likely to become abused than boys, boys may become victims of child abuse too. According to Finkelhor (1994), findings from several international studies show rates of sexual abuse to be 1.5-3 times higher among girls than boys. Unaccompanied children, children in foster care, adopted children, stepchildren, physically or mentally handicapped children are at particular at risk as well. Even if data varies considerably, young children (between 5 to 8 years of age) seem to be especially vulnerable; according to some reports in about 40 % of reported cases, children of this age group have been sexually abused.

With respect to the effects of abuse, not all survivors will experience long-term consequences. Individual cases vary widely and are affected by a combination of factors. Amongst others, the survivor's age and developmental status at the moment when the abuse occurred, is to be considered, as well as the type of abuse, the frequency, the duration, the severity and the relationship between the survivor and the abuser.

The immediate physical effects of abuse or neglect can be relatively minor (bruises or cuts) or severe (broken bones, haemorrhage, or even death). Meanwhile, the long-term impact of child abuse and neglect on physical health is just beginning to be explored. In the case of shaking a baby (a common form of child abuse in infants) maltreatment can include vomiting, respiratory distress, seizures, and death. Long-term consequences can include blindness, learning disabilities, mental retardation or paralysis.

Regarding the psychological effects, abuse may cause hyperactivity, anxiety, hyperactivity disorder or conduct disorder. Furthermore, survivors may experience problems like depression, post-traumatic stress disorder and suicide attempts. With respect to the emotional consequences short term effects such as isolation, fear and an inability to trust, can translate into lifelong disorders. These include amongst others low self-esteem and reactive attachment disorder.

Regarding behavioural consequences, early attachment difficulties caused by abuse can lead to later difficulties in relationships with other adults, as well as with peers. Studies have found abused and neglected children to be more likely to experience problems such as delinquency, teen pregnancy, low academic achievement, drug use, and mental health problems. Victims are more likely than others to become victims of abuse again. Further, once adults themselves, a considerable number of abused children will possibly victimize their own children.

Regarding children with disabilities, the issues surrounding protection from abuse are essentially the same as for other children but with a significantly increased risk. According to the International Disability Foundation, adults with disabilities face more abuse than the general population (IDF, 1999). Consequently, in its report 'Disability, Poverty



and Development' the United Kingdoms Department for International Development states that females with disabilities are 2-3 times more likely to be victims of physical and sexual abuse than females with no disabilities (DFID, 2000). In the US, the only national study conducted to date (Crosse, Kaye & Ratnofsky, n.d.), was completed in 1993. The study found that children with disabilities were 1.7 times more likely to be maltreated than children without disabilities. According to Miles, children with disabilities are at least twice as likely to be abused as children without disabilities (Miles et al., 1999). A considerable number of children with disabilities acquired the disability as a result of abuse.

Children with disabilities are especially vulnerable because they are children **and** have a disability. Due to their age or their disability, most of them have difficulties to report. Consequently, authorities may view them as being less 'credible' or 'reliable'. Two different US-based studies found that of all types of disabilities, emotional and behavioural disorders showed the highest prevalence rate of abuse and neglect. Sullivan and Knutson found that children with behavioural disorders were at highest risk, followed by children with speech/language disorders, mental retardation, and health impairments. Crosse et al., found that serious emotional disturbance puts children at the highest risk, followed by learning disabilities, speech/language impairments, and physical health problems. As children with disabilities are less likely to be identified, long term abuse is more frequent.

It frequently occurs that especially disabled children face inappropriate placements, poor conditions or inadequate staffing. All these factors contribute to generate an unsafe environment. And as caretakers may withhold assistive devices or medications they have complete physical control over the child. Most of these children are highly dependent on their caretaker and thus especially vulnerable. In an abusive context, caretakers may threaten the life of their clients.

2.5 What to Do?

Prevention may be aimed at the general public (primary prevention) or targeted specifically at vulnerable persons and their families (secondary prevention). Because abuse of children and vulnerable adults does not respond to a simple cause-and-effect explanation and since there is never only one factor placing a person at risk to fall victim, it is important to ensure that prevention efforts are multifaceted and of a comprehensive nature. Consequently, effective prevention includes, besides others, the implementation of binding legal instruments, public awareness raising, training for all stakeholders as well as support and service delivery to vulnerable persons and their families. In the same sense, prevention efforts must additionally strive to merge activities of very different stakeholders. Subsequently, to be effective, it is a requirement that governmental institutions, local communities, NGOs and service providers collaborate very closely and regularly



exchange their respective experiences to assist the development of common strategies.

Governments must give careful consideration to the issue of abuse. To fight child abuse and neglect effectively, they need clear and binding legal instruments. In this regard the UN-Convention on the Rights of the Child (CRC) represents the most complete statement of children's rights and is the first to enforce these rights through international law. The Convention provides general principles relevant to the protection of minors, including children with disabilities and children in any form of residential care. Since its' coming into effect in 1990 the, CRC has stimulated national legal reforms and has contributed to set-up statutory bodies to oversee issues affecting children. However there still remains a need for more countries to incorporate the rights of children in their social policies and to mandate local government institutions to implement these rights. Public funding and medical insurance coverage are key factors in the availability, accessibility, and longevity of services delivered to families of children with disabilities. An adequate response by law enforcement and other statutory agencies to adopt national actions plans, aim at establishing effective child protection mechanisms on the national level. It is of high priority and self evident that all these legislations, regulations and instruments must be given priority, in the best interests of the child.

However, preventing abuse of children and vulnerable persons is not exclusively a governmental concern. It also requires societal, community based and personal engagement. At the societal level, one of the first steps in child-abuse prevention is raising awareness. Effective prevention efforts often focus not only on crimes against children and people with disabilities, but also attempt to promote their respective specific needs. In this context, the intention is to change societal attitudes about people with disabilities. One approach recommends valuing children with disabilities, viewing them as individuals, to share responsibility for their wellbeing and promoting their inclusion into everyday life. It is self evident that media also plays a central role in changing attitudes. Here particularly, the importance for both journalists and NGOs to respect clear principles (as there are for instance *UNICEF's Principles for ethical reporting on children*) needs to be emphasised.

As the abuse of children with disabilities frequently occurs within families, numerous prevention efforts focus on services to families. Goals of family-focused prevention efforts include promoting knowledge and understanding on the child's development. Additionally, strengthening parenting skills, improving awareness of, and access to resources, as well as the development of positive coping skills are to be supported. Services can include educational, medical, and recreational programs for the children, financial assistance for the families, care, counselling and parenting programs. They may also include providing home-visits by trained professionals or volunteers. Moreover, there are child-focused prevention programs for children with disabilities. These programs intend teaching children and vulnerable



persons assertiveness. However, taking into consideration that children and vulnerable persons face extreme power inequities, it is evident that simply telling children with disabilities to say “no” to an adult is often not useful. As a result hereof, many abuse prevention programs teach safety and self-defence skills.

Regarding the responses to non-familiar, institutional abuse and neglect, approaches especially focus on the policies and procedures of organisations providing services to the beneficiaries. These include careful screening of job applicants, training for staff, effective staff/client ratios, realistic staff expectations, strong supervision and support and an explicit commitment to child protection. Institutions should regularly monitor their policy and activities. To get to know the effects of efforts to protect children from abuse, it is important to involve beneficiaries in both the planning and the execution of prevention activities.

2.6 CBM’s and CBM’s Project Partners’ Response

As shown, abuse and neglect of children and vulnerable persons is one of the severest violations of human rights. It is a complex process, where different factors constantly interact. Effects on survivors are most serious. As most offenders operate strategically, any organisation dealing with children is at risk to be targeted.

As a result of this CBM adopted a policy to protect children and vulnerable persons, in 2003. This policy forms an integral part of CBM’s commitment to serving persons with disabilities and caring for personnel. In this regard CBM is committed to protect all persons, both with and without disabilities against falling victim to institutional abuse and neglect. This policy further aims to uphold and promote the highest standards of ethical and professional conduct. By abiding by the Code of Conduct and Reporting Procedures, CBM staff, volunteers and representatives can protect themselves against false accusations of inappropriate behaviour towards, or abuse of children. As part of the partner enablement process, CBM project partners and all other associates are requested to adopt an equivalent policy.

As part of its’ policy in 2005, CBM has set-up a Child Protection Unit. The Unit has started to develop a bundle of instruments, all of which aim at granting a safe haven for all people at risk. All these tools are presented and discussed in this manual. The fervent wish is that these instruments may be beneficial and of highest utility to all users.



2.7 Annex on Corporal Punishment

Negative effects of corporal punishment on children

Physical injuries: As the effectiveness of corporal punishment decreases with use; so its severity must be systematically increased.

Psychological injuries: Children who are physically punished suffer harmful psychological consequences both in the long and short term, such as physical violence and depression.

Negative effects on children's education: Physical punishment can affect the child's overall development progress and therefore can result in educational as well as social, inter-personal and psychological adjustment problems.

Anxiety, insecurity and anger: Deliberately inflicted pain can lead to fear, anxiety, insecurity and anger in a child, eroding the parent-child relationship and he or she learns to avoid the parent.

Impaired parent-child relationship: Impaired parent-child relationship, even at two years of age, children who are physically punished are more likely to distance themselves from their mothers than those who are not physically punished.

Weakened ability to internalise morals: Children who receive physical punishment are less likely to internalise moral values than children who are not physically punished.

Reinforces stereotypical patterns: It condones violence as an acceptable method of dealing with problems and reinforces stereotypical patterns of the strong versus the weak.

Erodes trust: Corporal punishment erodes a child's basic trust, stimulates mistrust, anger and resentment.

Stifles initiative and critical thinking: Corporal punishment slows the development of a child's feeling of autonomy and produces some degree of shame and doubt.

Hardening/inability to connect with feelings and emotions: Children who are regularly treated with excessive punishments learn to become immune to pain.

Source: From Physical Punishment to Positive Discipline: Alternatives to Physical/Corporal Punishment in Kenya. See: <http://kenya.ms.dk/articles/advocacy%20document%20ANPPCAN.htm?udskriv+on>



Strategies in Preventing Indiscipline and Responding to Misbehaviour

For many children in the world, corporal punishment is a daily occurrence in their homes. For many more, it is still used as a routine punishment in schools, care institutions and in the penal system. True, there are cultural and legal defences in support of physical punishment of children. Nevertheless, corporal punishment has to be considered as a breach of children's fundamental human rights of respecting their physical integrity and human dignity. Frequently, corporal punishment as a form of physical abuse is directly linked to other forms of abuse. As a consequence hereof, the United Nations Convention on the Rights of the Child requires steps to be taken to protect children from "all forms of physical or mental violence" while they are in the care of parents and others. And the United Nations Committee on the Rights of the Child has underlined that corporal punishment is incompatible with the Convention.

Below are a number of strategies that can be used by parents and caregivers to either prevent or respond to misbehaviour.

- *"Set clear, consistent rules. Children should be made to know what kind of behaviour is acceptable or unacceptable to their parents. Involving them in coming up with the rules also ensures that they know what is right or wrong and they are also aware of the consequences of misconduct beforehand.*
- *Show interest. Show interest in the child's activities. This way, the child feels appreciated and may not have to misbehave in order to get your attention.*
- *Safety. Ensure you have a child-friendly environment and make certain it is safe. This will not only enable the child to have fun and explore without fear, but will also give you peace of mind and is more reasonable than having to hit your child when he or she comes too close to hazardous or dangerous objects.*
- *Provide appropriate and engaging activities. A child who is happily engaged in an activity will be less likely to misbehave as opposed to one who is constantly bored and has nothing interesting to do.*
- *Focus on the desired behaviour, rather than the one to be avoided. Focusing on certain behaviour, and rewarding that behaviour just to have some peace of mind does more harm than good. If a child for example believes that he can have what he wants by throwing a tantrum, he will persist in that kind of behaviour.*
- *Set a good example. Parents or guardians should not expect that children will grow up any different from what they see around them.*
- *Encourage children generously. Contrary to what some parents may think, encouragement and praise make children blossom, become more confident and more willing to do what is right. Building chil-*



dren's images of themselves as trustworthy, responsible and cooperative people, makes them just that.

- *Take action. It is necessary to take action before a situation gets out of control. Be consistent and deal with misbehaviour as soon as possible. The bigger the problem gets, the more difficult it shall be to deal with it.*
- *Give clear directions, one at a time. One should not blame and punish a child for not following instructions if he or she did not take the time to explain them and ensure that they were properly understood.*
- *Allow children to experience the natural consequences. This is also called learning the hard way. For example, if a child is careless with an item important to them, they could lose it and have to suffer the consequence of doing without it.*
- *Allow children to experience the logical consequences. These are structured consequences that follow specific misbehaviours. The child should be able to see how the behaviour and consequence are directly related. For example, if a child insists on playing instead of doing their homework, he or she will not be allowed to visit friends over the weekend.*
- *Fix-up or making amends. If children damage something, they need to participate in fixing it up. If they cause someone distress, they should help in relieving that. For example, if they hurt their younger sibling, they should apologise; if they tear something, they can mend; if they dirty something, they can help clean it."*

Source: From *Physical Punishment to Positive Discipline: Alternatives to Physical/Corporal Punishment in Kenya*. See: <http://kenya.ms.dk/articles/advocacy%20document%20ANPPCAN.htm?udskriv+on>



Legal Framework



3. Legal framework

Children have a right to be protected from abuse, and there are laws in most countries to protect children and bring child abusers to justice. In some countries where CBM and its partners work, the judicial system may be considered relatively under-resourced in bringing child abusers to justice in a timely manner. The perception of a relatively weak local judicial system should not deter CBM personnel from adhering to the CPP. Furthermore, some countries have extraterritorial proceedings by the expatriate's country of origin where there may be a stronger judicial system. A main focus of the CPP, is to prevent child abuse from occurring and to prevent child abusers from accessing children.

3.1 The UN-Convention on the Rights of the Child

The Convention on the Rights of the Child (CRC) is the most complete statement of children's rights and is the first to give these rights the force of international law. The importance of the Convention is derived from the legal and ethical precedent that it establishes for children. It recognizes the human rights of children and advocates compliance thereof. According to the Convention child *"means every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier"*. With its optional protocols² it provides a legal framework upon which states can create national legislation for protection of the rights of the child. By accepting the Conventions provisions, states commit themselves to implement the obligations contained in the CRC. A special monitoring body, the *Committee on the Rights of the Child* has been established and monitors the implementation of the Convention at the national level by state parties and makes recommendations for its' further implementation.

The Convention provides general principles relevant to child protection, such as the best interest of the child, a child's right to life, survival and development, and respect for the views of the child. Three articles deal with the abuse of children. In particular, article 19 calls for legislative, administrative, social and educational actions to protect children from all forms of violence, including abuse and neglect. The CRC also makes provisions for special measures in favour of children in specific situations, including children with disabilities (Article 23).

The UN Convention of the Rights of the Child

CBM Child Protection policy endorses the CRC as an important set of standards. The UN Convention of the Rights of the Child was incor-

² These are the Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict and the Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography.



porated in international law on the 2nd of September 1990 and provides the moral and legal basis for governments and civil society including CBM and its' partners to work for the protection and well-being of children³. Three articles are about the abuse of children, one is on children with disabilities.

Article 19

1. 'States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.
2. Such protective measures should, as appropriate, include effective procedures for the establishment of social programmes to provide necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment described heretofore, and, as appropriate, for judicial involvement.'

Article 34

... ,to protect the child from all forms of sexual exploitation and sexual abuse' ...

Article 39

... ,to promote physical and psychological recovery and social reintegration of a child victim' ...

Article 23, 1

'States Parties recognize that a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community.'

3.2

National Impact of the CRC

On the national level, the CRC has stimulated legal reform and the setting up of statutory bodies to oversee issues affecting children. In different countries of Latin America, national parliaments have passed laws, stipulating that children must be protected from situa-

³ As of September 2005, all countries except for Somalia and the USA have ratified the CRC.



tions of risk, including neglect, violence and exploitation. In the case of child abuse, it is difficult, however, to assess the precise impact of the Convention on levels of child abuse but incorporating the Convention into national law has led to a shift away from the institutionalization of abused children toward policies of increased support for the family and the removal of abusive perpetrators from the family environment. In Africa, Ghana has also amended its criminal code, raised the penalties for rape and molestation, and abolished the option of fines for offences involving sexual violence. The government has also conducted educational campaigns on issues relating to the rights of children, including child abuse. However, legal reforms have had only a limited effect, as funds to disseminate information and provide the necessary training are lacking. There is a need for more countries to incorporate the rights of children in their social policies and to mandate local government institutions to implement these rights. Specific data on violence against children is required, as well as interventions addressing the issue, enabling the existing programmes to be monitored and new ones to be implemented effectively. As a consequence of aforementioned, the UN General Assembly has requested that the Secretary General conduct an in-depth study on violence against children. The study, which is currently being carried out (status: December 2005) by Professor Paulo Sergio Pinheiro of Brazil, is viewed by knowledgeable NGOs as an unique opportunity to expose the extent of the problem and identify safeguards to better ensure protection of children against violence.

Examples of National Child Protection Laws

Australia:

- **Extra-territorial law:** Crimes (Child Sex Tourism) Amendment Act 1994 makes it punishable in Australia for Australian citizens or residents to engage in, promote, or encourage sexual activity with children under the age of 16 years whilst overseas.

Thailand:

- **Local law:** Under Thailand Child Protection Act, which came into effect on the 30th of March 2004, all those who come in contact with children have a duty to inform child protection authorities if they suspect a child is being abused or neglected.

Philippines:

- **Republic Act No. 7610:** providing for stronger deterrence and special protection against child abuse, exploitation and discrimination, providing penalties for its violation, and for other purposes
- **Republic Act No. 9262:** Anti-Violence Act Against Women and Children



- **Republic Act No. 6972:** establishing a day care centre in every barangay (community), instituting therein a total development and protection of children program, appropriating funds therefore, and for other purposes.
- **Republic Act. No 7277:** providing for the rehabilitation, self development and selfreliance of disabled persons and their integration into the mainstream of society and for other purposes
- **Executive Order No. 275:** creating a committee for the special protection of children from all forms of neglect, abuse, cruelty, exploitation, discrimination and other conditions, prejudicial to their development.



**Why Is It
Important
to Have
a Policy?**



4. Why Is It Important to Have a Policy?

Child abuse can have severe impact on a child's development, and even lead to disability and death. The abuse of children is unacceptable in all cultures. Yet, in spite of this, there are many barriers which prevent child abuse cases being reported, stopped and ultimately leading to child abusers being brought to justice. The main barrier is that people who are aware of, or suspect child abuse occurring, are often unsure of what they can or should do about it. Child abuse thrives on secrecy and fear. Children themselves have many barriers against telling people they have been abused, including feelings of guilt, embarrassment, or fear. Others feel that they are to blame, that they won't be believed or that they don't want the abuser to get in trouble (McMenamin & Fitzgerald, 2001). However, due to raised awareness, there is increasing scrutiny of NGO operations by donors, regulators, the media and the general public, regarding child protection issues.

As a consequence Christian Blind Mission has decided to conceive and set-up a proper policy to protect children and vulnerable persons. This policy aims to:

- **protect children and other vulnerable persons:** Recognising that children and adults with disabilities are amongst the most vulnerable to abuse and that all children have a right to protection as stated in the CRC.
- **protect CBM staff, volunteers and representatives:** By abiding by the Code of Conduct and Reporting Procedures, CBM personnel can be protected from suspicions or false allegations and be aware of what they are obliged to do in the event of alleged child abuse.
- **protect CBM:** Organisations working with children are targeted by child abusers. The Child Protection Policy forms an integral part of CBM's commitment to serving persons with disabilities and caring for personnel.

4.1 CBM International Child Protection Policy

The CBM CPP (see Annex Chapter 4) was approved by the CBM e.V. presiding board on 5 December 2003. The purpose of this policy is: *"...to protect children, both with and without disabilities (and vulnerable adults), from sexual exploitation and sexual, emotional or physical abuse, including neglect, which are totally unacceptable to CBM International."*

Within this policy some key principles have been stated. These are:

- Child protection is a corporate and individual responsibility.
- CBM has a responsibility, when working in partnership, to protect children who are the beneficiaries/clients of supported project partners.



- Mandatory reporting of all child abuse allegations, disclosures or concerns by CBM personnel, according to the Child Protection Reporting Protocol.
- Adherence to the ChP Code of Conduct (see Annex Chapter 4) by all CBM personnel and people travelling under the direction of CBM.
- Accessible reporting process for CBM and Project Partner personnel, and children in projects and their caretakers or families.
- Actions/decisions are guided by whether they are 'in the best interests of the alleged child victim or other children at risk', also considering their safety.
- Fair and rigorous investigation process for all parties concerned.
- Confidentiality granted to persons subject to a ChP incident investigation or report, regarding the legal obligations. Information regarding any ChP incident communicated on a 'need to know' basis only.
- Build and maintain a child-safe organisation.

CBM e.V. reserves the right to refuse or terminate the employment of any prospective employee or currently serving employee who refuses to abide by the Child Protection Policy, Guidelines and Code of Conduct.

4.2 Responsibilities of Different Stakeholders

The conception, setting-up and implementation of a system to protect children and vulnerable persons, is a complex issue. Due to the multifaceted nature of child abuse, where different factors and persons constantly interact, a consistent strategy needs to utilize distinct instruments and involve very different groups of people. As a consequence, it is of high priority that all stakeholders feel committed and are clear about their respective responsibilities.

Hence, the Governing Board is charged to ensure that CBM and its' member associations meet their responsibilities for the protection of children. The Management Boards of CBM and its member associations are responsible to allocate sufficient resources and must ensure that an efficient system with appropriate instruments is set-up and periodically revised. The Child Protection Unit is responsible to conceive, set-up, promote and implement the Child Protection System. Specific departments (like the Human Resources Department or the Media Department) are accountable that adequate procedures of recruiting or communicating are put in place. On the regional level, Regional Offices implement the CPP within CBM's structures and, seconded by specialized focal persons and the co-workers, generate awareness within the partner enablement process. Additionally, they promote the adoption, as well as the implementation of child protection procedures.

As a mutually shared responsibility, all CBM staff members are responsible for encouraging, advocating and promoting the dissemination of CBM's Child Protection Policy. Staff members are urged to encourage partners to adhere to these standards and to uphold them. This includes actively participating in building and maintaining



an environment which is safe for children and vulnerable persons. If a case of child abuse has been observed or disclosed, an allegation has been made or someone has pronounced a ChP concern, reporting becomes mandatory for any CBM staff member.

4.2.1 Governing Board

- Nominate a board member representative for ChP issues.
- Ensure that ChP issues are being sufficiently reflected in CBM's newly developed Charter.

4.2.2 Management Board Committee

- Ensure adequate support/resources are committed to implement the CPP and devise performance management targets for this area of work.
- Ensure that the CPP is efficiently implemented, including its' integration into existing processes.
- Ensure staff understand the CPP, have access to child protection material and understand their responsibilities to protect children and report suspected abuse.
- Ensure that adequate information on alleged cases of abuse or on protection concerns, is being channelled to the director/s of the supporting MA/s.
- Ensure the CPP is reviewed, monitored and evaluated periodically.

4.2.3 Child Protection Unit

- Conceive, set-up and implement CBM's policy to protect children and vulnerable persons.
- Ensure a consultative process amongst different stakeholders of CBM.
- Raise awareness amongst CBM stakeholders and CBM Project Partners.
- Contribute toward building and maintaining a child safe environment within CBM and CBM's Project Partners' environment.
- Counsel CBM stakeholders and Project Partners on child protection issues, if appropriate.
- Facilitate the management of cases of alleged abuse or suspected protection concerns.
- Ensure sufficient in-house expertise.
- Establish contacts, and network with other relevant national and international stakeholders.
- Report continuously on the ongoing work.

4.2.4 Human Resources Department

- Implement the CPP into processes such as the recruitment, induction, supervision, performance management etc.



- Integrate CPP into formal employment contracts (including contracts of all co-workers, advisors, consultants, short-term contractors and RO employees).
- Include CPP in CBM e.V.'s staff/volunteer/board manual, where appropriate.
- Ensure regional CBM staff members are aware of child protection issues and risks referring to their own children.
- Handle abuse reports amongst CBM personnel (including short-term contractors).
- If CBM personnel are dismissed due to child abuse or because of behaviour that contravenes the ChP Code of Conduct, then the organisation may disclose child protection concern as the reason for dismissal, if references are requested by a prospective employer or for legal reasons as per the local laws. If mandated by local laws, CBM is responsible for reporting suspected child abuse to the police.

4.2.5

Regional Offices

- Facilitate the regional implementation of the CPP, including the identification of regional focal people and the carrying-out of regional training workshops.
- Assist PPs in understanding CBM's CPP procedures and Code of Conduct.
- Include CPP in partners meetings.
- Ensure project partners sign partnership agreement, with clause on child protection.
- Encourage and, where appropriate, support PPs to undergo a risk assessment procedure.
- Encourage PPs to develop their own CPP and procedures.
- Encourage PPs to inform all their staff and clients (including children) of the CPP Code of Conduct and reporting procedures (ChP reports made good faith from the PP will not prejudice the partnership relationship). The reporting procedures should be accessible for PP personnel, and children at projects and their caretakers/families, irrespective of an individual's gender, age, language, race, literacy level and disability.
- Ensure project proposals (PPF) and planning show adequate child protection risk assessment and action.
- Include ChP in the Terms of Reference of project visits, as appropriate.
- Ask for appropriate confirmation in annual reports that CPP measures are in place at the project/partner.

4.2.6

Co-workers

- Encourage the project partners, to which they are seconded to develop their own CPP and procedures.
- Be aware of any existing CPP of the PP, and local child protection laws of the countries where they work.



- Not to hire children (under 18 years) as 'house help'. Even though providing employment for a child as house help may be culturally acceptable and provide benefits otherwise unavailable to the child, it is inconsistent with CBMI's position against child exploitation and labour. It is also inconsistent with the International Labour Convention on Child Labour. The definition of child domestic work (house help) does not include occasional babysitting, gardening, help during school holidays or out of school time.

4.2.7 Member Association's Management

- Ensure that a representative for ChP issues is nominated.
- Implement the CPP and procedures locally, including the integration into other processes such as the recruitment, induction, supervision, performance management etc.
- Ensure staff understand the CCP, have access to child protection material and understand their responsibilities to protect children and report suspected abuse.
- Include CPP in the MA's staff/volunteer/board manual as appropriate.
- If CBM personnel are dismissed for child abuse or behaviour that contravenes the ChP Code of Conduct, then the organisation may disclose child protection concern as the reason for dismissal, if references are requested by a prospective employer or for legal reasons as per the local laws. If mandated by local laws, CBM is responsible for reporting suspected child abuse to the police.
- As appropriate, screen and facilitate bona fide people travelling under the direction of CBM with regards to child protection.
- Ensure people travelling under the direction of CBM, sign the ChP Code of Conduct and receive an explanation of the legal liability regarding ChP. The subject of ChP should be included in field trip debriefings.
- Consider ChP issues and respect the privacy of children in communications about children in public relations and marketing.
- Set-up consistent media and crisis management procedures related to child protection allegations or incidents.

4.2.8 Project Partners

- Undergo a risk assessment procedure.
- Adopt and implement a realistic and consistent CPP with local norms and laws including a clause on how the policy is to be reviewed.
- Abide by the ChP clause, as stipulated in project agreements.
- Assess the existence and effectiveness of local child welfare, relevant laws and judicial systems, to determine the PPs legal obligations and whether to work with the local systems.
- Raise awareness in the project of its CPP, reporting procedures and Code of Conduct.
- Ensure that the ChP reporting procedures are accessible to all involved with their project, regardless an individual's gender, age, religion, language, race, literacy level and disability.



- Include CP-issues in project proposals and planning.
- Include CP in annual reports.
- Review the policy and its' implementation regularly.

4.2.9

Shared Responsibility to review, monitor and evaluate CP-Activities

- Conduct an evaluation of the CPP, its' implementation and overall effectiveness at least every 3 years.
- Review CPP, procedures, guidelines and Code of Conduct at least every 3 years.
- Invite CBM personnel, project partners and project clients/beneficiaries to participate in the review and evaluation of the CPP.
- Consider international standards and best practice in child protection for the continuous improvement of CBM's CPP and procedures.



4.3 Policy on Child Protection

Background and Justification

In all countries, children can face obstacles to the realisation of their God-given potential through poverty, disease, injustice and abuse at the hands of both adults and other children.

We note with concern that children with disabilities are at least twice as likely to be abused as children without disabilities⁴.

The children our projects target to assist, are therefore some of the most vulnerable in the world. Adults with disabilities also face abuse at levels far higher than in the general population⁵.

The purpose of this policy is to protect children, both with and without disabilities (and vulnerable adults), from sexual exploitation and sexual, emotional or physical abuse, including neglect, which are totally unacceptable to CBM International.

We endorse the “Convention on the Rights of the Child” as an important set of standards for the rights of children and will strive to ensure a child-safe environment is maintained within the sphere of our activities.

We encourage our personnel, project partners and all others associated with CBM International, to participate actively in building and maintaining a child-safe environment.

“Child Protection” is a corporate and individual responsibility. Working with personnel, project partners and other associated individuals, CBM International will take all practical steps to develop child protecting procedures and practices, as a continuous process.

Procedures concerning all who in any way represent CBM International

Guidelines and training packages will outline the responsibilities of the Human Resources Department of CBM e.V. and the Member Associations, in seeking to assure that children and vulnerable adults are protected from abuse.

These guidelines will cover:

- The recruitment of co-workers
- The “in field” conduct of co-workers
- The conduct of all who in any way represent CBM International, who travel to projects,

⁴ British Overseas NGOs for Development (BOND), 1999.

⁵ World Disability Report, 1999.



- CBM International's responsibilities to children in Public Relations activities.

Procedures concerning Project Partners

It is the role of Regional Offices to work with Project Partners to promote "Child Protection" procedures.

Project Partners will be asked to sign a commitment to "Child Protection" as part of their agreement with CBM e.V.

Project Partners will be asked to routinely report on the status of "Child Protection" activities within their CBM supported projects.

Guidelines and training packages will outline the responsibilities of Project Partners, in striving to assure that children (and vulnerable adults) are protected from abuse in all CBM supported projects.

These guidelines will cover:

- The recruitment of project personnel.
- Detecting signs of abuse.
- Suggested procedures for reporting and handling of allegations of abuse and inappropriate behaviour.
- Procedures for counselling children, who have been the victims of abuse, and their families.
- Procedures for counselling and assisting vulnerable families to ensure their children are not sold into prostitution or forced labour.
- Techniques for building awareness in families, communities, institutions and in the children who are clients and patients of projects.

(This document was prepared by David Lewis, on behalf of the "Child Protection" Task Force and approved on 5 December 2003 by the CBM e.V. Presiding Board. Members of the Task Force were Mike Davies, Martin Rothmund and David Lewis.)



4.4 Code of Conduct

A Code of Conduct represents one of the core elements of an organisation's policy to protect children and vulnerable persons. It has to be developed according to the specific needs and requirements of an organisation. Consequently, each organisation needs to develop its own Code and policy.

A Code of Conduct clearly defines standards, rights and responsibilities of all stakeholders. In correlation with CBM's overall child protection activities, CBM's Code of Conduct follows a three folded approach of protecting (1) children and other vulnerable persons from abuse, (2) CBM staff, volunteers and representatives against false allegations and (3) CBM and its' PP's against falling victim to infiltration. Subsequently, a Code of Conduct states which behaviour is acceptable and which not, when working with children.

A Code of Conduct is not intended to create an environment of suspicion and denunciation. On the contrary, any effective child protection policy needs to be based on a climate of security, mutual trust and confidentiality. This is a prerequisite for successful implementation and active participation of all stakeholders and includes reporting in the case of alleged abuse. Therefore it is of high priority that all stakeholders are adequately informed about:

- the risks children and vulnerable adults are confronted with (especially in institutional settings),
- the intention and the objectives of the child protection policy,
- the role and the significance of a Code of Conduct and its' implications for each adherent.

Once the relevance of setting-up a child protection system is shared by all staff and stakeholders, it will become self-evident that all CBM personnel are required to sign the ChP Code of Conduct and adhere to it.



Code of Conduct to Protect Children and Vulnerable Persons

Introduction

Christian Blind Mission International (CBM) is an international Christian organisation whose primary purpose is to improve the quality of life of the world's poorest people who suffer from disabilities and live in the most disadvantaged societies.

As a large number of these people are children¹, and as children with disabilities are most vulnerable to become victims of abuse², CBM endorses the 'Convention on the Rights of the Child' as an important set of standards, supporting the rights of children.

As a consequence, CBM has adopted a policy to protect children and vulnerable persons³. In this regard, CBM is committed to protect such persons, both with and without disabilities, from sexual exploitation and sexual, emotional or physical abuse, which also includes neglect. CBM strives to maintain within the sphere of its' activities an environment which is safe for children and vulnerable persons. Moreover, CBM project partners and all other associates are requested to adopt an equivalent policy.

As part of its policy, and to uphold and promote the highest standards of ethical and professional conduct, CBM has developed this Code of Conduct. Moreover, this document is intended to protect the signatories from false accusations of inappropriate behaviour towards, or abuse of children.

All CBM staff, people travelling under the direction of CBM, and persons holding a CBM consultant contract, must sign up to this Code and abide by it. Partner organisations and companies which through their employees, work with CBM, will be requested to make the principles contained in this document, known to those persons, in an appropriate manner. Signing the Code of Conduct commits the signatory actively to participate in building and maintaining an environment which is safe for children and vulnerable persons.

All CBM members of staff are responsible for encouraging, advocating and promoting the dissemination of this Code of Conduct. Members of staff are also urged to encourage partners to adhere to these standards and to join CBM staff in upholding them.

¹ According to the 'UN-Convention on the Rights of the Child' **child** "means every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier".

² According to the WHO "Child **abuse** or maltreatment constitutes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power."

³ **Vulnerable person** means an adult living with a disability who is in need of assistance to meet his or her basic needs with regard to personal care or management of his or her property.



Commitments

I will

- contribute to create and/or uphold an environment where children are listened to and respected as individuals and which is safe, positive and encouraging to them.
- never abuse the power and influence that I have by virtue of my position over the lives and well-being of any child, or any other vulnerable person.
- never engage in any abusive or exploitative relationship⁴ – sexual, physical, emotional – with children or other vulnerable persons. Especially I will never engage in sexual activities with any child or other vulnerable person.
- never request any service or favour that could be considered abusive or exploitative from children or other vulnerable persons.
- refrain from any form of harassment, discrimination, physical or verbal abuse, intimidation or favouritism.
- If a child or any vulnerable person is a guest in my home I will abide by the Code of Conduct.

I do

- follow the CBM policy to protect children and vulnerable persons, the Code of Conduct and Reporting Protocol, regarding the safety and well being of these persons.
- respond to all concerns, allegations or disclosures according to the Reporting Protocol within 48 hours.
- conduct myself in a manner consistent with my position as a positive role model to children and other vulnerable persons, and as a representative of CBM.
- treat all children and other vulnerable persons with respect and take notice of their reactions to my tone of voice and manner.
- use the 'Two Adult Rule'. When possible I take care that another adult is present or within reach when conducting one-to-one coaching, instruction, medical/rehabilitation procedures or in the case of when a child or vulnerable person is staying as a guest in the home of a CBM staff member etc. If an adult is having an individual conversation with a child or a vulnerable person, I take care that another adult is within visual contact. Where individual counselling or treatment is appropriate, I will inform another adult/supervisor in advance where and when this will happen.
- ensure – if I am aware – that all people visiting the field under CBM direction are accompanied by an appropriate CBM staff member, or responsible official of the local Project Partner.
- report – if I am aware – to the Regional Office any project visits by CBM personnel or supporters that have not been arranged with the Regional Office.

⁴ "... work which, by its nature or the circumstances in which it is carried out, is likely to harm the health, safety, or morals of children." International Labour Organization. Worst Forms of Child Labour Convention, 1999 (No. 182, Art. 3)



I do not

- hold, fondle, kiss, cuddle or touch children or other vulnerable persons in an inappropriate and/or culturally insensitive way.
- engage in activities involving close body contact with children or other vulnerable persons beyond the professional requirements.
- use language, make suggestions or offer advice that is inappropriate, offensive or abusive.
- make sexually suggestive comments or actions to a child or any vulnerable person, even as a joke.
- spend excessive time alone with a child or any vulnerable person (see 'Two Adult Rule' above).
- assist a child or any vulnerable person in tasks that he or she can do unaided or unless requested (such as taking them to the toilet, bathing or changing clothes).
- hit or otherwise physically assault or physically abuse children or other vulnerable persons. All disciplinary measures are non-violent and do not humiliate.
- act in ways intended to shame, humiliate or belittle children or other persons, or otherwise perpetrate any form of emotional abuse.
- discriminate against, show differential treatment, or favour particular children or other vulnerable persons to the exclusion of others.
- hire children as 'house help' (applies to CBM regional staff and co-workers)⁵.
- develop relationships with children or other vulnerable persons that could in any way be deemed exploitative or abusive.
- condone, or participate in behaviour of children or other vulnerable persons that is illegal, unsafe or abusive.

Name: _____

Signature: _____

Date: _____

I have carefully read and clearly understood the CBM Code of Conduct. I am aware that CBM expects me to uphold at all times the standards of behaviour described in the Code of Conduct above.

⁵ The definition of child domestic work (house help) does not include occasional babysitting, gardening, help during school holidays or out of school time.



Concerns and Clarifications

With Regard to CBM's Code of Conduct

Question	Clarification
Why to have a Code of Conduct?	<ul style="list-style-type: none"> ➤ A Code defines the overall aims of a profession and the ideals to which professional caretakers aspire. ➤ A Code provides guidance and describes the standards professional caretakers should be able to achieve. ➤ People who work directly with children and young people have privileged access to them and may be in positions of power over them. A Code therefore defines ethical and practical responsibilities for their welfare.
Do offenders follow specific strategies?	<p>Most offenders are 'normal' people and known to their victim. Many of them operate strategically. Instead of abusing randomly they are more likely to 'groom' their victims. Transgressing professional and individual/private borders is part of their strategy. They have a strong desire to work with vulnerable children, try to build a trusting relationship with the victims, their caretakers, and/or colleagues, show an inappropriate attitude to children, try to practice close contact therapies, have an interest in being alone with children and try to take children home.</p>
Is there any reason why CBM's Code of Conduct is so explicit?	<p>There is no internationally accepted norm of what a Code of Conduct should look like. Some Codes are very generic, others very detailed. CBM's Code strikes a balance between both.</p> <p>As many offenders try to get access to the victims by transgressing individual/private and professional boarders (see above), on the one hand it is of highest priority that accepted standards are as clearly defined as possible.</p> <p>On the other hand CBM's Code shall be applicable in very divergent cultural and social settings.</p> <p>Therefore a stringent Code on the one hand needs to be explicit enough to describe commonly accepted standards and on the other hand must be able to respect cultural divergences.</p> <p>By keeping this in mind, the CBM Code intends to grant both highest security to our clients as well as to our staff, and adequate response to very different socio-cultural contexts and requirements.</p>



<p>Is the subscriber of the Code of Conduct liable and responsible for non-compliance?</p>	<p>A Code of Conduct clearly defines standards, rights and responsibilities of all stakeholders. According to the severeness of a breach of Code of Conduct or a case of alleged abuse, disciplinary measures and legal steps may be taken in case of non-compliance. Nevertheless, if a case of alleged abuse or any concern has been reported, the person/s in charge will start by investigating and reporting following strictly transparent procedures. The alleged abuser as well as the alleged victim will be invited to pronounce their views. A crisis management team, composed out of qualified staff members and – if appropriate – external professionals will then decide on adequate further action according to clearly defined procedures. Confidentiality will be granted throughout the whole process.</p>
<p>Why are many cases of alleged abuse not reported?</p>	<p>As sexual abuse normally is a peer-to-peer-situation in most cases, there is no proof but only evidences or ‘bad feelings’. As furthermore in an institutional setting, denouncing a case of alleged abuse a person may have severe consequences on the professional and private situation of the alleged offender, it frequently occurs that the rapporteur feels uncomfortable and has divided loyalties. If in such a situation there are no transparent procedures in place and if there is no climate of mutual trust, it will probably occur that the case of alleged abuse will not be reported to any superior or person in charge.</p>
<p>Is there a danger that a Code of Conduct could be misused?</p>	<p>A CoC is not only intended to grant a safe environment for CBM’s and the PPs’ clients. It shall protect CBM’s and PPs’ staff as well. Hence, it clearly defines standards, rights and responsibilities of all stakeholders. Consequently, a CoC lowers the risk of false allegations.</p>
<p>Question</p>	<p>Clarification</p>
<p>Which are the major objectives of CBM’s and PPs’ Policy to protect children and vulnerable persons?</p>	<p>CP responds to three major objectives:</p> <ul style="list-style-type: none"> ➤ to protect children and other vulnerable persons from abuse, ➤ to protect CBM staff, volunteers and representatives from false allegations and ➤ to protect CBM and its PP’s to fall victim to infiltration.



<p>In many countries of the world aren't there more acute problems than the protection of children and vulnerable persons (HIV/AIDS, poverty etc.)?</p>	<p>In many cases abuse is directly linked to other social concerns (especially in the case of sexual abuse, poverty and HIV/AIDS).</p> <p>Furthermore, granting CBM's and the Project Partners' (PPs) clients a safe environment, may not be considered a luxury. In many countries, abuse is a problem of high priority. To grant children and clients a safe environment and respect their human rights, are core standards and a prerequisite for delivering any humanitarian service.</p>
<p>Has child protection to be considered an Euro-centrist, Western concept?</p>	<p>Human rights are universal.</p> <p>Every country of the world (besides two), has ratified the UN Convention on the Rights of the Child. The CRC clearly states that no form of child abuse is acceptable. Hence, there is no reason to accept any form of culturally legitimated ill-treatment of children (female genital mutilation, any form of sexual abuse, corporal punishment, negligent treatment etc.) within the CBM's or PPs environment.</p>
<p>Does the introduction of the CP policy follow a top-down approach?</p>	<p>CBM's CP policy responds to the very high risk children and adults with disabilities suffer, and is a common concern of all stakeholders. The process is considered a consultative and participatory one. Representatives of all stakeholders are regularly informed about and consulted on the conception and setting-up of CBM's Child Protection (CP) Policy. They are invited to articulate their expectations and concerns.</p>
<p>How do CBM stakeholders and PPs interact?</p>	<p>Part of CBM's CP policy is to raise awareness, to sensitize stakeholders and partners and to give support. CBM stakeholders and PPs are not 'taught' how to establish a CP system but are supported. As child protection issues are a common concern of all CBM stakeholders and CBM's PPs, an approach has been developed where experiences and expertise of different stakeholders are valued and mutually shared.</p>
<p>Are RRs and PPs sufficiently prepared to be experts in CP?</p>	<p>RRs and PPs are not intended to be experts. The specific role of RRs consists in identifying focal persons, facilitating the process of enabling CBM's PPs, inciting local networks or channelling information. RRs, designated focal persons and</p>



	<p>PPs will get all the support needed by CBM's Child Protection Unit.</p>
<p>In what manner will CBM's and PPs' CP activities be sustained in future times?</p>	<p>The mandate of the CPU has a clear time frame of two years. A debate on how activities should be sustained in future, needs to be engaged. To ensure sustainability, local focal points need to be identified and networks need to be established at different levels, making use of the expertise of other regional or local organisations and experts.</p>



Human Resources



5. Human Resources

5.1 Recruitment, Screening & Induction of Personnel

5.1.1 Recruitment and Selection

While careful recruitment and selection of personnel can filter out and deter possible child abusers, a certain risk will still remain that child abusers enter CBM. Below, are suggested recruitment and selection procedures. Experience in the implementation of these suggested procedures could lead to the formation of CBM administrative regulations, which govern screening and recruitment.

5.1.2 Job Advertisements and Publicity

CBM's commitment to child protection should be clearly stated in recruitment advertisements and other publications including websites.

5.1.3 Police Record Checks

In countries where police record checks are permitted by law for recruitment and screening purposes, the following should be considered:

- Police record checks should be required from those preferred candidates being considered for positions where they are required to travel to/work in the field as part of their job, to be in direct contact with children or other vulnerable persons and/or handle child-sensitive material (this includes contact details and photos of children).
If appropriate, the police record check should show that the preferred candidate does not provide cause for concern regarding the safety and well being of children and/or child-sensitive material, prior to a formal job offer being made.
- Travel to CBM projects: Police record checks should be required from all CBM staff and persons holding a CBM consultant contract. They should show that there is no cause for concern regarding children or child-sensitive material. Such checks should be made every three years.
- Information from police record checks must be treated strictly confidential.

5.1.4 Application Forms

Applications forms should be used which include:

- Reference to the CBM e.V.'s Child Protection Policy (CPP) and procedures.



- Questions about any criminal convictions, criminal proceedings pending against them, and any other information that CBM should be made aware of, pertaining to child protection.
- Declaration from the applicant that the information contained in the application form is complete and correct to his or her knowledge (application form signed and dated).
- Note stating that employment can be refused if the applicant refuses to sign to the declaration and refuses to have a police record check (where police record checks are permissible).
- If appropriate, requirement to show a form of identity.
- Request for one reference by a former employer with specific emphasis on child protection issues.
- Requirement to sign CBM's Code of Conduct.

5.1.5 Interview

During the interview:

- CBM e.V.'s CPP should be discussed openly and comments invited from the applicant.
- Behavioural based interviewing should be used to determine the applicant's past behaviour and how an applicant could behave in specific situations.

5.1.6 Reference Checks

- Concerning the preferred candidate, one work-based reference check should be carried out.
- The preferred candidate should give his or her formal consent that the Human Resources Department may contact the former employer telephonically. The interviewer(s) should discuss CBM e.V.'s CPP and ask the referee whether CBM should have any reason to be concerned about the applicant working with children or child-sensitive material. The reference check should exclusively focus on child protection issues and be declared as a standard CBM's recruitment regulation requirement.

Note:

There have been cases where people suspected of child abuse have been dismissed from their former workplace, but the reasons for dismissal were not revealed in their references. Hence questions relating to child protection should be specifically brought up.

5.1.7 Pre-employment Checks

Where applications forms are not used, applicants should be required to:

- Show a form of identity.



- Sign a declaration form disclosing full details of any criminal convictions, criminal proceedings pending against them, and other information which CBM ought to be made aware of, regarding child protection (this is in addition to police record checks in countries where police record checks are permitted).

Once a candidate has been appointed he or she is required to sign CBM's Code of Conduct.

5.1.8 Child Protection Policy Induction

All CBM personnel should be:

- Given a CCP induction by their manager and/or Human Resources Department. The induction should include a discussion regarding the responsibility of CBM and the individual, to build and maintain a child-safe organisation, and appropriate behaviour when interacting with children or child-sensitive material.
- Given access to copies of CBM e.V.'s CPP, Reporting Protocol and Guidelines.

5.1.9 Child Protection Code of Conduct

- All CBM personnel are required to sign the Child Protection Code of Conduct and adhere to it. Reporting breaches of the Code of Conduct is mandatory and could result in disciplinary action for any person found to have breached the code.
- All CBM staff, people travelling under the direction of CBM and persons holding a CBM consultant contract, must sign this Code and abide by it.

5.2 Project Visits and Travel Regulations

A large number of persons regularly travel under the direction of CBM and its project partners. These people periodically visit CBM regional offices and project partner structures for professional or even private reasons: CBM staff travels with the purpose of exchanging experiences with the project partners, monitoring their work or establishing contacts with new potential partners. Technical advisors and consultants are invited to give professional support. Journalists travel, conduct interviews, make photographs and report on CBM's approach to help people with disabilities. Donors are invited to come along and learn in which way their donations are being utilized. Politicians and celebrities travel abroad to get to know CBM's work and contribute to giving it publicity once back home. In fact, such visits have a major added value for CBM's and CBM's partners' work.

On the other hand, during their travels, visitors are introduced to children and vulnerable clients. Under normal conditions this does not



imply an additional risk. However, since offenders target organisations working with children and vulnerable persons, and due to the fact that most of them operate strategically, settings for potential abuse can never be excluded. Since cases have already been reported where child abusers, introducing themselves as supporters/donors at the project, managed to access children through projects supported by NGOs, it is essential that specific preventive and protective measures be in place.

As a consequence CBM, its member associations and all project partners should follow clear procedures and regulations for any person travelling to the field:

5.2.1 General Regulations

- CBM's travel regulations apply to any person travelling under the direction of CBM (comprising staff members of CBM and its member organisations (including executive management personnel and members of the Management Board), advisors, consultants, volunteers, donors, journalists and other visitors).
- Each person travelling under the direction of CBM is a representative of CBM and should behave accordingly. When travelling abroad, travellers are obliged to respect the customs and traditions of the host country.
- All visitors are subject to local laws and public regulations. These can be very different from those in the country of origin. A violation of local laws may result in severe sentences. Moreover, some criminal laws (including child sex abuse) of specific countries (like Germany or Australia), have extraterritorial effect. Nationals, who commit such offences outside their country, may be prosecuted for those offences at home.
- All people travelling under the direction of CBM and persons holding a CBM consultant contract must sign the Code of Conduct to Protect Children and Vulnerable Persons and abide by it. Partner organisations and companies which, through their employees, work for CBM and its' member associations, will be requested to make the principles contained in this document known to those persons in an appropriate manner. Signing the Code of Conduct commits the signatory actively to participate in building and maintaining an environment which is safe for children and vulnerable persons.

5.2.2 Regarding the Field Visit

- All visits by any person travelling under the direction of CBM to projects must be arranged prior to arrival with the relevant RO.
- All visitors to projects should be accompanied by CBM personnel or local project staff at all times.
- Any project visit, or attempt to visit projects, without prior approval by the relevant Regional Office (RO) should be reported



immediately to the RO. This includes CBM supporters attempting to arrange project visits by contacting co-workers directly.

- Actual or suspected cases of abuse are to be reported immediately.
- Appropriate action will be taken in regards to any visitor that may include criminal investigation and potential severance of the relationship with CBM.
- CBM e.V. and member associations have the responsibility to screen and take bona fide precautions regarding any person travelling under the direction of CBM with regards to child protection.
- Project partners are advised of CBM's procedures regarding visits of third parties. They are required to report immediately any visit that has not been arranged by CBM. They are encouraged to report any concern or inappropriate behaviour by a visitor.





Child Protection Incident Management



6. Child Protection Incident Management

Having an efficient policy to protect children and vulnerable persons, will contribute towards granting highest humanitarian and security standards to the clients an organisation delivers services to. However, such a policy cannot guarantee that the system will not fall victim to some form of institutional abuse. Consequently, any organisation delivering services to children and other vulnerable beneficiaries should dispose over a system managing cases of alleged abuse. Such a **child protection incident management system** should enable relevant decision makers to analyze the situation appropriately, resolve crises before they escalate, ensure the safety and the privacy of everyone involved and inform all stakeholders (including the media, please see chapter '*Child Protection and Communication Procedures* ') in time, as well as responding to the specific needs of the victims. Part of this incident management system is to set-up ex ante a crisis management team, composed out of qualified staff members and – if appropriate – to call professionals for support. Investigations and reporting are considered part of the incident management. As both issues are sufficiently complex, they are treated separately at a later stage in this chapter.

There are at least two different settings under which conditions abuse may occur, each setting involving different groups of persons. On the one hand CBM personnel or persons travelling under the direction of CBM may become involved in a case of alleged child abuse. On the other hand, non-CBM personnel may be accused of abuse. Both scenarios are described below and are visualised in the corresponding flowchart diagrams.

6.1 CBM Personnel or Persons Travelling under the Direction of CBM

The following numbers and explanations refer directly to the flow-chart diagrams presented below. Each number corresponds to a particular step the person or team in charge has to take, once a case of alleged abuse has been reported.

1. Alleged child abuse reported, involving CBM personnel or person travelling under the direction of CBM

If an allegation of child abuse by people under CBM responsibility (i.e. CBM personnel or person travelling under the direction of CBM) is made, the persons authorised to receive Child Protection Incident Reports (see separate chapter '*Investigations and Reporting*') are CBM e.V.'s Regional Representatives (RRs), the Head of the Child Protection Unit (CPU), the Human Resource (HR) manager and National Directors (Nat'l Directors) of the Member Associations (MAs). These authorised people are then responsible for further action. If other people receive reports of alleged child abuse, then these reports must be referred immediately and confidentially to:

- the relevant RR or CBM e.V. CPU, HR manager for incidents involving CBM e.V. responsible persons, or



- the relevant MA National Director for incidents involving MA responsible persons.

1a. External Trusted Partner

If preferred, allegations or concerns may be reported to an External Trusted Partner. Contact details of the appointed External Trusted Partner must be passed onto all staff for discrete or confidential contact. Following this the External Trusted Partner will inform the under 6.1.1. mentioned bodies, if appropriate.

2. Is the alleged abuser under CBM e.V. or MA responsibility?

If the alleged abuser is under CBM e.V. responsibility, then go to step **3a**; otherwise go to step **3b** for MA responsibility.

3a. RR form Rapid Response Emergency Team: RR, CPU, HRD, Conti Director, Media and Communication Responsibles, others

The RR convenes an urgent meeting (probably a telephone conference) with the CBM e.V. CPU, the HR manager and the relevant Continental Director (Conti Director) to determine further action and form the ChP Rapid Response Emergency Team. Other people may be included into the Rapid Response Emergency Team as required (see section on 'Preliminary Assessment' below for more details). A responsible of the Media and Communication Department should become involved at this stage.

3b. MA Nat'l Director form Rapid Response Emergency Team: MA Nat'l Director, RR, Conti Director, Media and Communication Responsibles, others

The MA National Director convenes an urgent meeting (see above) with the RR, CBM e.V. CPU, the HR manager and the relevant Continental Director to determine further action and form the ChP Rapid Response Emergency Team. Other people may be included into the Rapid Response Emergency Team as required. A responsible of the Media and Communication Department should become involved at this stage.

4. Ensure the alleged victim's safety continuously. Consider removing alleged CBM person from project, but not from the country

Any person in charge shall intervene instantly to end the alleged abuse. The alleged victim's safety must be continuously ensured. This might include providing safe shelters, psychological and medical assistance and involve authorities (social authorities and police). If the child is in immediate danger, the police must be contacted directly. At any stage of the following procedure, it must be ensured that the child's safety is not at risk by being forced to return to an unsafe situation. (see chapter 'Helping the abused child')



During the urgent meetings (**3a,b**), consideration would be given as to whether the alleged CBM person should be suspended from working with children and other vulnerable persons or removed from the project, until the allegation is refuted, or until another point of time. The decision is to be made by the Rapid Response Emergency Team or subsequent ChP investigation team. The alleged CBM person should not be removed from the country, if it interferes with local legal proceedings or if there is a risk that the alleged abuser may flee. In case of the involvement of expatriates the concerned Embassy must be contacted immediately.

5. Preliminary Assessment

The main purpose of a preliminary assessment is to:

- enable the enquirer to assess if a child protection concern or an alleged case of abuse is substantiated and to determine whether there is:
 - insufficient detail to proceed (**6a**), or
 - a breach of the ChP Code of Conduct or poor practice (**7a**); or
 - possible abuse (**8a**), and
- determine further action, including a further investigation.
- ensure that the immediate needs of all concerned are met, including local legal obligations.

The preliminary assessment should be completed within 24 hours after the person in charge has been informed about a case of alleged child abuse. (Please see chapter '*Preliminary Assessment & Internal Investigation*' for more details on how to conduct an internal investigation.)

6a,b. Insufficient detail to proceed

If insufficient details are available for proceeding with an internal investigation, the ChP incident notifier, and others involved, should be informed of the decision. All documentation and communication involving the ChP incident should be screened, and selected information is to be stored securely for future reference. The remainder is destroyed. It is essential, however, that those involved in preliminary assessment, guard against closing down the investigation process too quickly.

7a,b,c. Breach of Code of Conduct, or poor practice (no abuse suspected)

The preliminary assessment may determine that no abuse is suspected, although the person concerned breached the ChP Code of Conduct, or some other poor practice has been identified. The CBM officials, the CPU and the National Director of the supporting MA are to be notified (**7b**). These persons shall decide the appropriate time to notify their respective board(s). Management response to the incident may include disciplinary action, and possibly dismissal (**7c**).



8a,b. Possible abuse

If possible abuse is suspected, the CBM e.V. officials (see above), CBM e.V.'s CPU and/or the national director of the supporting MA of the project and co-worker, the national MA of the co-worker are to be notified (**8b**). These persons shall decide the appropriate time to notify their (respective) board(s).

8c. Internal investigation

Before starting with (external) reporting, and before informing other internal stakeholders as well as the general public, an internal investigation of alleged child abuse should be undertaken to attempt determining whether the alleged child abuse occurred (Please see separate chapter '*ChP Preliminary Assessment & Internal Investigation*' for more details on how to conduct an internal investigation.) Reasons for or against external reporting should be documented in the internal investigation report. Part of the investigation procedure should be to look for external expertise and advice, including legal and psychological advice.

8d,e. External reporting and information of stakeholders and the general public

CBM may decide, or be obliged by local laws to report any suspicions of child abuse immediately to the police/statutory authorities. CBM shall endeavour to cooperate with external agencies conducting investigations. External reporting may also be conducted by appropriate ChP agencies or individuals, identified as appropriate for referral (e.g. as per the '*Child Protection Reporting Contact & Referral List*'). At this stage it may become appropriate to inform other stakeholders (i.e. staff members, sponsors and donors) as well as the general public via specific PR and media work.

8f. No action or insufficient action by external agencies

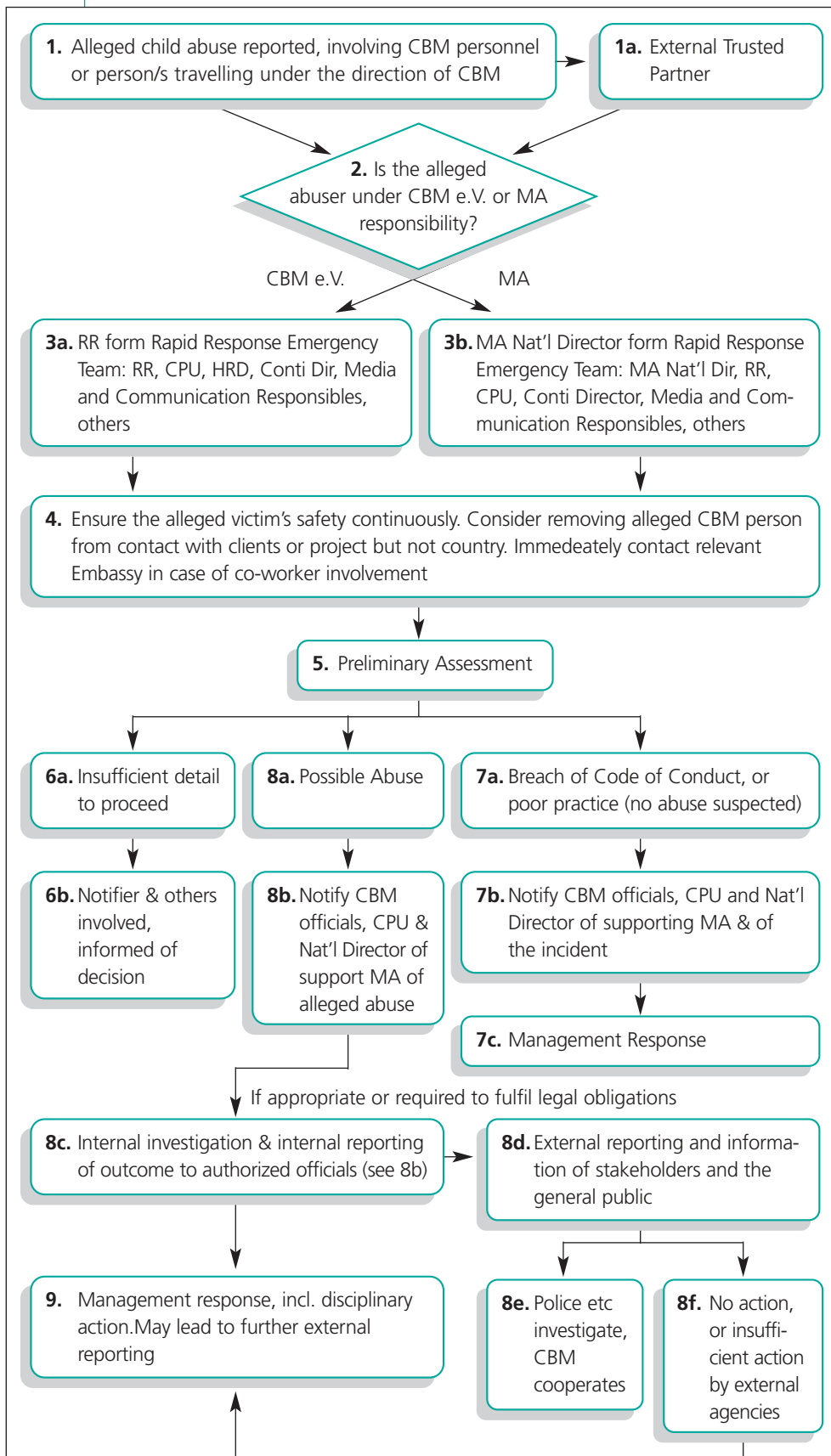
According to CBM, it could occasionally occur that external reporting does not lead to satisfactory action being taken by local law enforcement agencies. In such cases, CBM may consider informing higher authorities (**9**).

9. Management response, incl. disciplinary action may lead to further external reporting

Once internal investigations have been finalized, and if appropriate, or required by law – authorities have been informed, CBM officials shall react with an adequate management response. This includes appropriate disciplinary action, and possibly dismissal. If informed authorities did not react adequately, CBM may deem additional external reporting to superior authorities, if appropriate.



Alleged child abuse by CBM personnel or person/s travelling under the direction of CBM





6.2

Non-CBM Personnel

As in the case of CBM personnel or person/s travelling under the direction of CBM, once again, the following numbers and explanations refer directly to the flowchart diagram presented below.

1. Alleged child abuse reported involving non-CBM personnel

In most instances, alleged child abuse involving non-CBM personnel would be reported directly to the Regional Office (RO) staff. If other CBM personnel or people travelling under the direction of CBM receive alleged child abuse reports, they should refer these reports immediately and confidentially to the RR or accompanying RO staff during project visits. The following are guidelines for RO staff to manage alleged child abuse incidents by non-CBM personnel.

2,3,4. Is the alleged abuser under PP responsibility?

- If the alleged abuser is under PP responsibility (e.g. PP staff), then inform the PP Child Protection Officer (CPO) and/or the Project Director⁶ (3). The PP's own ChP policies and procedures shall be applied.
- If the alleged abuser is not under PP responsibility, and hence a member of the general public, then the PP CPO and/or the Project Director shall be requested to report the incident externally to police or other statutory services, as deemed appropriate (4).

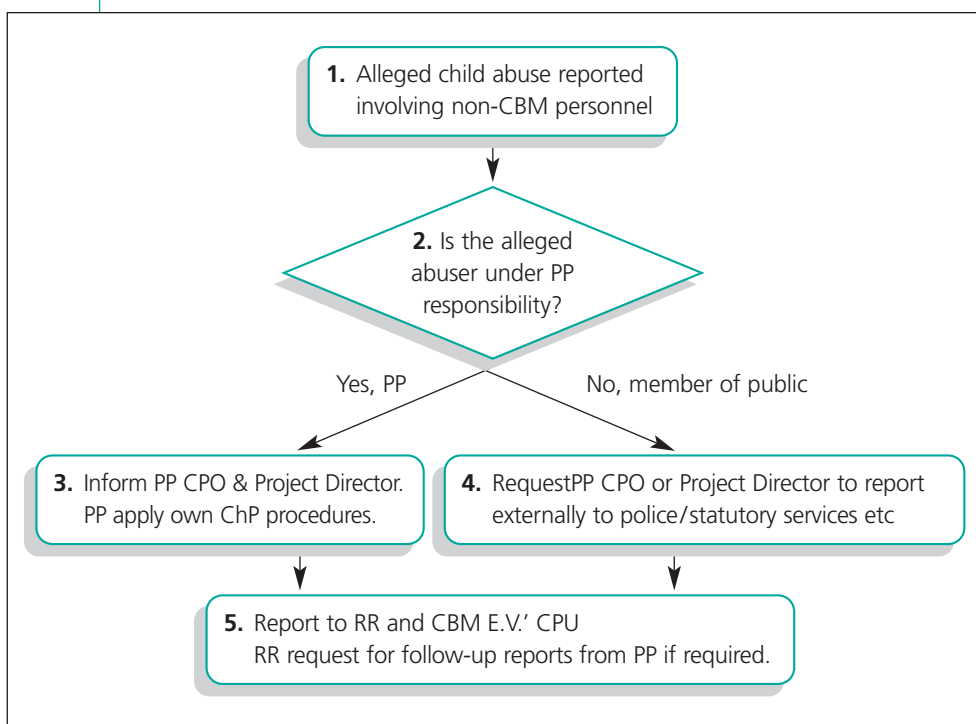
5. Report to RR. RR request for follow-up reports from PP if required.

The RR and CBM e.V.'s CPU should be kept informed of developments and a formal report of the incident is to be submitted by RO staff to the RR. The RR may request for follow-up reports on the incident.

⁶ CBM has recommended that the PP appoint a staff member as a CPO, responding to the ChP clause of the CBM Partnership Agreement



Alleged child abuse by non-CBM personnel



6.3 Helping the Abused Child

To approach, interview or support victims of abuse and to decide on appropriate measures of treatment, it is strongly recommended to call in specialized experts (doctors, psychologists, psychotherapists, etc.). If this is not possible, the person responsible for the abused child has to provide an appropriate emergency assistance. The following recommendations shall give guidance to handle such a highly sensitive, complex and difficult mission. A five step approach, presented below, shows a cycle of procedures to be carried-out, in order to provide a holistic support for the survivor.

The specific psychological, emotional and/or physical effects of child abuse are devastating for the victim. Direct consequences may include shame, feelings of guilt, of defilement and amnesia. Victims of abuse may suffer physical shocks, frequent nightmares, flashbacks, depression, grief and the inability to maintain close relationships. Severe cases can lead to complex post-traumatic stress disorder (CPTSD). CPTSD describes a psychological alteration of self-perception, consciousness and the ability to build up relationships with others. Although the extent of the trauma depends on the resilience of each individual, the experience of abuse has dramatic influence on a persons' life, regardless of whether it is a child or an adult. (see chapter '*Child abuse – a severe violation of human rights*').

Since a large number of sex offenders, were abused as children themselves, and since many children, who were exposed to corporal punishment, tend to violent behaviour towards playmates or their



own children at a later stage in their life, due effort and attention have to be given to child victims. This not only helps the respective child to recover and overcome the trauma, but also contributes to the prevention of future abuses by the abused child itself.

Consequently, professional efforts to support the psychological and emotional recovery of the traumatic events have to be carried through systematically.

6.3.1 Systematic Steps to Address Cases of Occurred Child Abuse

1. Immediate help:

Intervene instantly to end the abuse. This might include providing safe shelters, psychological and medical assistance and involving authorities (social authorities and the police).

2. Factor analysis:

Thoroughly analyse the factors and circumstances which caused the child to suffer abuse. Factors contributing to abusive behaviour, are based on a complex process where societal, environmental, family-related and child-related factors interact constantly. Therefore, *factors are always as individual as the needs of a victim are.*

3. Support to recover from abuse:

Professionally address the specific needs of the child victim to treat its particular physical, psychological or mental injuries (involving doctors, psychotherapists, etc.). To redress the trauma of a child having suffered forms of abuse, the environment in which the child lives and moves has to be considered, as well as the family-relationships and child related factors such as age, sex, disposition, development stage and severity of the abuse.

4. Draw consequences:

According to individual requirements, decide on the future accommodation and care, and provide child-support measures, based on medical diagnosis and factor analysis.

5. Reflection and follow-up:

Give a follow-up on the activities planned/taken and reflect appropriately on the impact of the specific measures. Adjust them, if required. This enables the provision of the best-suited remedy for the victim. Lessons learned, should be documented and filed.



Consequently, addressing the specific needs professionally, and setting-up appropriate support activities, requires the elaboration of a tailored plan for the child victim. This plan should be based on a medical diagnosis, a comprehensive factor analysis and the specific individual requirements.

Remember:

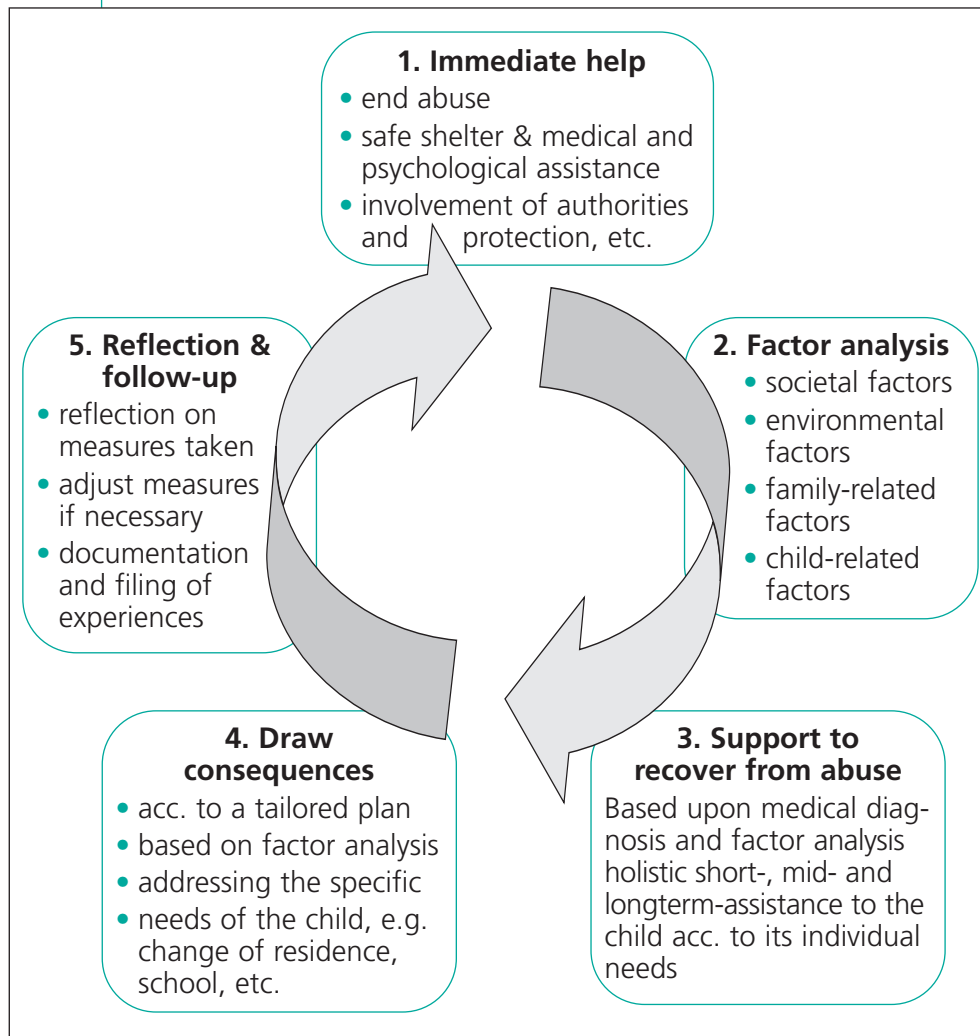
The ultimate goal is to support the child to recover as far as possible from its' traumatic experience and to lead a dignified, self-valued and self-determined life in its' future.

With regards to what has been said, it needs to be stressed that the process of recovery and healing, is frequently a long and complex journey. The normal psychological, emotional and physiological adjustment of an abused child is disrupted. Survivors have to cope with the trauma of abuse again and again in each succeeding development stage of their life. Therefore, depending on the specific personal circumstances of the victim, he or she may require long-lasting economic, psychological and emotional assistance, practical life skills training and further education.

Survivors of child abuse can also often act – depending on their age and disposition – as ideal advocates for other children being abused and can provide effective front-line support. To get involved with the issue and stand up against abuse, might also contribute to personal recovery and rebuild self-esteem. Therefore – and respecting ultimately the child's best interest – inviting a former victim of abuse to participate actively in awareness raising campaigns may serve both the child recovery as well as promote preventing other children falling victim to abuse.



Action chain to address occurred cases of abuse



6.4

Guidelines for Responding to Child Victims

- Keep in mind: In stressful phases, children often regress emotionally and behave younger than they actually are.
- When interviewing, consider the enclosed 'Guidelines on Interviewing Children'.
- Offer the child a sense of normality and an encouraging and supportive environment.
- Take the time to establish trust and rapport; show compassion for the child; take it seriously and listen closely.
- Since children are affected by praise in particular, do thank them frequently for their help and support and compliment them on their behaviour.
- Answer all questions of children patiently; thereby, children's insecurity and/or anxiety can be reduced; inform children about the purpose of any activity related to them, and always tell them what will happen next.
- Keep a non-judgmental attitude when speaking to the child, but be clear in stating that what happened was NOT the child's fault.



- Let child victims participate as far as possible in decision-making and planning with regards to their person.
- Inform and include people close to the victim, e.g. his/hers family, as far as possible.

Helping the Abused Child

Help the child feel positive about himself

- Reassure the child that he/she is not responsible for the abuse
- Give positive messages to the child about his/her behaviour
- Suggest activities that the child enjoys, such as playing with friends

Help the child to trust

- Be someone whom the child can talk to in confidence
- Show love and affection, but remember to be careful about physical touching

Help the child to identify and express emotions

- Play games that involve naming feelings and emotions
- Talk about what emotions the child is experiencing and why
- Show the child ways of dealing with anger, such as playing with toys until he or she calms down

Help the child make a safety plan

- If there is a local police number, write it down somewhere where the child will find it easily
- Choose a friend or neighbour where the child can go for help
- Help the child learn to say 'no' to the adult

Healing messages for abused children

- I do care about you
- I do respect you
- You are loved and loveable
- You have a lot of strength
- Your help is important
- It is a very important that you have told me; now we can ensure that you will not be hurt again
- Most adults would never hurt children
- You can say 'no' if you don't like the way someone touches you

Adapted from: Patel, Vikram. 2003. Where there is no psychiatrist. A mental health care manual. The Royal College of Psychiatrists. London.





Investigations and Reporting



7. Investigations and Reporting

7.1 Child Protection Preliminary Assessment & Internal Investigation Guidelines

An integral part of the child abuse incident management, is the preliminary assessment (if appropriate) and the internal investigation procedures. The overall objective of these procedures is to assess the situation and/or to investigate if an alleged case of child abuse or a protection concern is substantiated or not. Consequently, such fact-finding should enable the inquirer to analyse the situation appropriately and to form his or her opinion about the incident. Before reporting on the alleged case (see chapter '*Child Protection Reporting Protocol*') or managing the alleged case, or the suspected concern (see chapter '*Child Protection Incident Management*'), it is highly recommended to appraise the situation. Besides the mentioned overall objective, an internal investigation should be undertaken to try to determine:

- whether the alleged child abuse occurred;
- whether measures to protect the alleged child victim (and other children at risk) need to be taken;
- whether disciplinary action towards CBM personnel or others should be taken;
- whether further action to prevent child abuse in the future should be undertaken;
- when the role of CBM in the investigation ends and when reporting to external authorities is appropriate or mandatory.

7.1.1 Guiding Principles

Once it has been decided to start with internal investigation procedures, these should be guided by the following principles:

- Act upon all concerns of suspected child abuse immediately and treat them seriously.
- Continuously ensure the alleged victim's safety. If the child is in immediate danger, contact the police. Ensure the child's safety is not at risk by returning him/her to an unsafe situation.
- Always act in the best interests of the child.
- Investigative interviewing of children should be undertaken by trained, skilled and experienced professionals. If not available make the interview child-sensitive and ensure the enclosed '*Guidelines on interviewing children*' are being followed.
- Ensure the highest level of confidentiality. All reporting and related information to alleged child abuse incidents must be handled with the strictest confidence, and reported to authorised people only.
- Treat both the alleged victim and the alleged abuser, with respect and dignity during the investigation.
- Inform all participants on standard procedures and regulations. CBM personnel who are found to have made malicious unsub-



stantiated allegations of child abuse against another person will face disciplinary action.

- Offer the alleged victim a support person, as well as any staff member involved in allegation or investigation.
- Inform the alleged abuser about the allegations and provide him/her with a copy of the report. He/she must be given the opportunity to answer the allegations and provide evidence to the contrary.
- Include a legal advisor in the investigation team.
- Ensure that local laws are being adhered to, as required and extraterritorial issues are considered, if a foreigner is involved.

7.1.2 Preliminary Assessment

Once a complaint has been received, the person in charge needs to decide whether the most appropriate strategy is to begin with a preliminary assessment or to start right away by carrying-out a complete investigation. If the decision is made to begin with a preliminary assessment, the principle objective should be to gather relevant data. This fact-finding procedure should enable the enquirer to decide if a child protection concern or an alleged case of abuse is substantiated or not and to establish whether reasons exist to proceed with an in-depth investigation.

As cumulative concerns could provide a compelling case for proceeding with an investigation, the person in charge should investigate first whether the alleged abuser has had prior complaints made against him. As this step requires the maintenance of good personnel records and documentation of concerns, it may be difficult to obtain appropriate information. Then the person in charge may also entail a brief interview with the complainant, the alleged victim, the alleged abuser or others.

In any case, it is essential that those involved in preliminary assessment, guard against closing the investigation process too quickly. For this purpose, the presumption should be that an in-depth investigation should take place, unless the preliminary assessment finds that there are no grounds to proceed.

7.1.3 Internal Investigation

Once the preliminary assessment has been closed, the investigation process should be started. While the investigation is being conducted, measures should be implemented to protect the alleged child victim (and other children at risk) and disciplinary action should be taken towards the alleged abuser, if appropriate.



7.1.4

Investigation Process

Investigation should enable you to form your opinion on the incident and to report to the authorised people. Enclosed you will find two further documents which will support you in preparing your report. The '*Child Protection Reporting Contact & Referral List*' helps you to identify who you may contact to get further advice and whom to report to. The '*Child Protection Incident Report Form*' will enable you to write your report appropriately.

Which are the key elements and concrete procedures to conducting such an investigation process? The following steps should enable you to carry-out an appropriate investigation.

1. Form the investigation team

- Investigation team members should be kept as small as possible to conduct a thorough investigation. The team could include:
 - the Regional Representative or relevant CBM programme officer
 - the MA National Director (or CBM e.V. HR Manager, if the alleged abuser is a CBM co-worker) or a designated representative
 - the Head of the Child Protection Unit
 - the Continental Director
 - others as required (e.g. PR/Communications person, Legal consultant)
- Specify the investigation team leader.
- For reasons of objectivity and impartiality, staff not involved with the day-to-day operations of the project should be considered for the investigation team.
- Consider an experienced, external investigator as he or she may have more relevant skills and would give the internal investigation more independence.
- If interviewing of minors is required, an expert, skilled in interviewing children, should carry-out this part of the investigation. If there is no (external) expert available, the annexed '*Guidelines on interviewing children*' should be followed imperatively.
- Gender, class, age, ethnicity, preferred language and cultural considerations may be important in deciding how the investigation should be conducted and who the best person to obtain information from, is.
- Identify any support staff (e.g. translators, administrative staff, counsellors etc).
- Clarify roles and responsibilities.

2. Establish clear aims and objectives

The aims and objectives should include:

- to establish the facts
- to protect the needs to the child and other children that may be at risk
- to inform on future action



Also consider the support needs of the children that may be involved, their families/caretakers and the support needs of suspected child abusers.

3. Determine the scope of the investigation

In determining the scope of the investigation, factors to consider, include:

- Other incidents of abuse that may have involved the same or other children.
- Other abusers that may have been involved (either directly or indirectly).
- Other factors that may have contributed to abuse occurring (e.g. inadequate risk management, weak implementation of CPP).

4. Interviews

4.1 Identify interviewees

List all people identified for interviews. Suggested sequence for interviews is:

- Persons making the allegations
- The child or children who are the suspected victims
- The alleged child abuser(s)

4.2 Plan the structure, contents, location and timing of interviews

- Use the available information to structure the interview and develop questions in advance.
- Inform interviewees of the planned investigation process and keep the interviewees informed of what is happening throughout the investigation. The child's family should also be informed.
- Inform the child, the child's family and other interviewees at the start of the reporting and investigation process that in some circumstances, sensitive information will need to be shared with police, child protection agencies or other institutions. Do not promise to keep secrets.
- Respect the '*Guidelines on Interviewing Children*', following this chapter.
- Re-interview where necessary to clarify/confirm/corroborate new information.

4.3 Location

- The location should be neutral, private and comfortable. This may mean conducting the interview in a different location to the project site of alleged abuse. A child-friendly environment for interviewing the child should be considered.



4.4 Confidentiality

- Any allegation of child abuse is a serious issue and hence a breach in confidentiality can be devastating for the child and the alleged abuser as well as their families. A breach of confidentiality will lead to disciplinary action, as determined by the leader of the investigation team and relevant manager/supervisor of the person.
- Information having been disclosed, will not be repeated outside of the investigation team, unless there is an overwhelming 'need to know' reason, including legal reason, to do so.
- The decision to pass on information to people outside of the investigation team should be discussed with the child and their family. Their views should be sought on the proposed sharing of information and any safeguards required.
- Unless abuse has been proven, reference should be made to 'alleged abuse'.

4.5 Recording the interview

Full and accurate recording of the interview is essential. Consider:

- A tape recorder if the interviewee consents and is comfortable with the tape player recording.
- A note-taker being assigned or the taking of notes during the interview.

If the above is not possible, then notes should be made immediately afterwards. The interviewee (or their nominated representative) should read and sign the notes or recording transcripts, preferably at the bottom of each page, to confirm their accuracy.

4.6 Representation

- If CBM personnel are interviewed, they should be given the option of being accompanied by a representative of their choice during the interview.

5. Investigation report

The investigation report should have restricted circulation and include the following sections:

- a) Executive summary
 - Summary of alleged abuse case, investigations, findings and recommendations.
- b) Background
 - Chronological sequence of events surrounding the alleged abuse and the people involved (eg. what, when, how, who, why).
 - How the alleged abuse was reported and by whom.



- c) Investigation Methodology
 - Who was involved in the investigation, roles and responsibilities (investigation team, interviewees etc)
 - How the investigation was conducted (e.g. Selection of interviewees etc)
- d) Findings
 - Findings from the investigation should be supported by evidence from the interviews or other sources.
 - Findings or group of findings could be followed by recommendations, to prevent possible abuse and improve the investigation process in the future.
 - Lessons learned: Strengths and challenges in areas such as the CPP and its implementation, management, recruitment, supervision etc should be considered.
- e) Recommendations and action plan
 - A collation of the recommendations from the 'Findings' section should be included in an action plan with timeframes.
- f) Appendix
 - Supporting documentation including the initial ChP Incident Report, interview reports, key documents and correspondence should be included.

To prepare your report make use of the enclosed '*Child Protection Incident Report Form*'.

7.2 Guidelines on Interviewing Children

Extract from: '*Interviewing Children*' from Save the Children

[...] Investigative interviewing of children should normally be undertaken by trained, skilled and experienced professionals [...]. However, where such resources are not available or functioning, careful consideration needs to be given to possible alternatives.

Where external reporting and investigation of alleged child abuse is not possible or appropriate, internal investigations may still be undertaken and interviews with children carried out as part of this. Talking to children may provide crucial information in relation to allegations/suspicions under investigation, and important in allowing [...] to meet the protection and support needs of the children concerned and possibly of other children. [...]

However, a balance needs to be struck at all times between obtaining information through the internal investigation process, and taking action that might further damage children involved or place them at (further) risk. Interviewing children in respect of alleged/suspected abuse can compound any abuse they may already have experienced. [...]



Pre-Interview Planning and Preparation

Interview those responsible for prompting the investigation/making the allegations:

- Did they speak directly to the child/ren?
- Did the child/ren report or disclose abuse?
- If so, what were the exact words of the child/ren
- If not, what made them suspicious?
- What can they tell you about the children?
- What can they tell you about the alleged abuser/s? – gather information on activities/behaviour etc.

Collect background information but stay open-minded and do not bias the interview.

Consider at this stage whether it is necessary or helpful to meet the child/ren prior to the interview in order to explain what is going to happen.

Interview tools:

Children, depending on their age and other factors, may find it difficult to talk about their experiences, and may find it helpful to draw or act out their stories using available materials (drawing materials, play equipment, toys, etc.). Describing what is going on in a drawing, or in a scene enacted with dolls or toys, is a useful way of helping children, particularly younger children, to verbalise their experiences.

Children with disabilities are particularly vulnerable to abuse. Where a child has a disability that impairs communication, consideration must be given to how, and by whom, they are to be interviewed.

Location:

Try to ensure a neutral and child-friendly venue, as far as possible. An official site is to be avoided. If an office or some such location is to be used, consider who else will be there and manage this carefully. Consider where will be most comfortable for child – this may be at home. Ensure that there are no interruptions or distractions.

Timing:

Allow enough time for the interviews as these can be long sessions. It may be necessary to conduct more than one session.

Developmental stage:

Consider the child's developmental stage and ensure that the interview is appropriate to the child's level of understanding and maturity.



Parental consent

This should be obtained prior to the interview, although it may not always be appropriate or necessary to do so. Some interviews may be conducted with parents/carers present, although it may be more helpful to insist on privacy for the child with them being somewhere close by. It is quite acceptable to interview children alone, although consideration should be given to any requests for the child to be accompanied by an appropriate person.

Make the interview child-sensitive:

Meet the child's needs

- Create the right atmosphere – provide reassurance and give them permission to tell you what they like, how they like.
- Focus on listening to the child
- Respond appropriately to the child
- Don't interrupt
- Don't interrogate

Interview Stages

It may be helpful to structure the interview with the following stages in mind. The stages are intended to provide a logical flow to the interview and assist the child in disclosing information. The tasks they are designed to meet are as follows:

1. Establishing rapport
2. Enabling the child to tell their story
3. Questioning for further information
4. Closing the interview

1. Rapport building:

This refers to the initial stage of the interview process where it is important to deal with introductions and establish a relationship of trust with the child:

- Identify role and where you work – give your name and what you do
- Communicate that the child is not in trouble
- Engage the child – share information/chat
- Think about where/how to sit, e.g. at the child's level, maybe not directly opposite
- Use words that match with the child's level of understanding
- Listen actively to what is said
- Practice good basic communication skills



In rapport building, emphasise:

- your role
- that you often talk to children to help them with their problems
- that you understand their fears and concerns
- that you are a 'trusted' person
- that other children have been in similar situations
- discuss and assure the child on the limits of confidentiality – share information with only those who need to know.

2. Enabling the child to give their account

Where it is unclear or it is not acknowledged that abuse has taken place, it may be necessary to move the child towards the purpose of the interview. (Where the child is older, or where abuse is already acknowledged by the child, this approach is unlikely to be relevant). Transition questions may help, such as:

- Do you know why I am here?
- Or perhaps suggest that your role is about problem-solving. Ask if there is anything you can help with (give examples of some everyday problems).
- Or perhaps, discuss privacy or safety – discuss safety rules in general and then move on to issues of personal safety, how this might be breached, and so on.

The child's reactions may vary throughout, but particularly at this stage, and may in part be designed to test your trustworthiness and reliability. It is crucial to respond in a calm and reassuring manner. Respond appropriately to the child's emotions and be honest in your response to questions. Be genuine, and demonstrate concern and empathy.

Once the child has given some indication that abuse has occurred, you have formally entered the interviewing stage and the child should be encouraged to give their own account of what has happened.

3. Questioning:

Question the child but avoid leading questions (i.e. those that imply the answer), closed questions (i.e. those which elicit yes/no answers), multiple choice answer questions, or double questions (a question that requires two answers).

If the incident is being described, ask peripheral questions to establish detail, accuracy etc. (NB it is best to under-react to disclosures – treat these as matter-of-factly as possible). It may be necessary to move to specific but non-leading questions, such as:

- what happened/next?
- how often?



- where?
- when?
- were other adults involved/did this happen with other children?
- did anyone else see/hear/know what was happening?

Be sensitive to the child's reaction to questions – do they understand it, are they embarrassed by it? If so, re-word and/or offer alternatives to verbalising such as writing down or drawing the answer.

4. Closing the interview:

Close the interview at an appropriate stage:

- Do this sensitively
- Praise and thank child
- Review your notes with child
- Explain the next steps in process
- Don't make promises or offer false hope to the child regarding future actions/outcomes
- Be supportive but also be realistic
- Discuss further contact if necessary/appropriate

It may be necessary to stop if child seems unable to go on and possibly to re-interview. Further follow up interviews may be necessary but should be avoided if at all possible.

Other considerations

Recording:

- take good notes
- explain initially why taking notes and promise to show and review these at the end of the interview
- document evidence that can be corroborated by other people
- record statements the child recalls the abuser making
- if two people are interviewing, one person should interview, while one records (though the recorder may ask supplementary questions)
- if child refuses recording, make notes straight after the interview

Parental consent:

- this should be obtained and the interview take place as soon as possible after this
- it may be advisable to interview with parent/s present – reassure the parent and child of this prior to interview
- if parent/s present, they should be encouraged to sit to one side and not intervene

[Extract from: Interviewing children from Save the Children 2001, Child Protection Reporting & Investigations: Procedure and Guidance for Managers, Version 3: August 2001.



7.3 Child Protection Reporting Protocol

Report any alleged child abuse incidents as soon as possible & within 24 hours if possible. You are NOT responsible for deciding if child abuse has occurred.

If a case of child abuse was observed or disclosed, an allegation was made or someone has pronounced a ChP concern, reporting becomes mandatory for any CBM staff member. Furthermore in many countries where CBM and its project partners are being active reporting to the authorities is imperative.

Integral part of the reporting is the preliminary assessment and/or internal investigation procedures as presented above. Especially if children become involved, reporting turns out to be a sensitive issue and needs the strict adherence to some specific requirements and regulations. Hence, it is self evident that any report (as well as the investigation procedures themselves) must ensure highest safety standards for the alleged victim, including ensuring confidentiality of any information handed out to the person. However, sensitive information will need to be shared on a 'need to know' basis with the persons in charge (National Directors of the Member Associations, RRs, CBM's Head of the CPU, HRD, Conti Director and others) and possibly with the relevant Authorities.

7.3.1 Guiding Principles

The following guiding principles should be imperative for any reporting procedure:

- Confidentiality is critical for procedural fairness to both the alleged victims and abusers. All reporting and related information to alleged child abuse incidents should be handled with the strictest confidence, and reported to the authorised people only (as listed in the reporting protocol flowchart).
- The CBM person whom you report an alleged child abuse incident or ChP concern to, is responsible for further action, as appropriate.
- All reports made in good faith will be viewed as being made in the best interests of the child, regardless of the outcome of any investigations.
- CBM, co-workers and the PP are required to comply with local laws. In some countries, CBM and co-workers may be obligated to report any allegations immediately to local authorities.

7.3.2 When Does Reporting Become Mandatory?

There are three different settings where reporting becomes mandatory for all CBM personnel:



1. If a case of child abuse has been observed or suspected, an allegation has been made or a case has been disclosed by a child or another vulnerable person.
2. If a CBM staff member has a ChP concern. A ChP concern is **not** an alleged child abuse incident. A ChP concern could be a breach of the Code of Conduct by CBM personnel or a ChP risk related to the project environment (e.g. rooms with no windows for visual monitoring by another adult, see glossary).
3. Countries where reporting to the authorities is imperative

7.3.3 When & Whom to Report to?

- Child protection concerns or alleged child abuse incidents should be reported according to the '*Child Protection Reporting Contact & Referral List Protocol*'. **Alleged child abuse incidents** should be reported immediately, or within 24 hours if possible. **Child protection concerns** should be reported as soon as possible. Both reports should be in writing, making use of the enclosed '*Child Protection Incident Report Form*'.
- If the recipient of the '*Child Protection Incident Report Form*' does not acknowledge the receipt of the report within 24 hours, then the reporter should also contact another person authorised to receive Child Protection reports.
- People authorised to receive ChP Incident Reports are CBM Regional Representatives, the Head of the Child Protection Unit, the HR manager of CBM e.V. and National Directors of MA(s). These people will then inform other people on a 'needs to know' basis only.

7.3.4 Child Protection Reporting Contact & Referral List Form

Annexed, you will find the '*ChP Reporting Contact & Referral List Form*'. Please complete this form with the relevant contact details and use the contact details as per your local ChP Reporting Protocol. This form should be reviewed annually for any updates.

7.3.5 Child Protection Incident Report Form

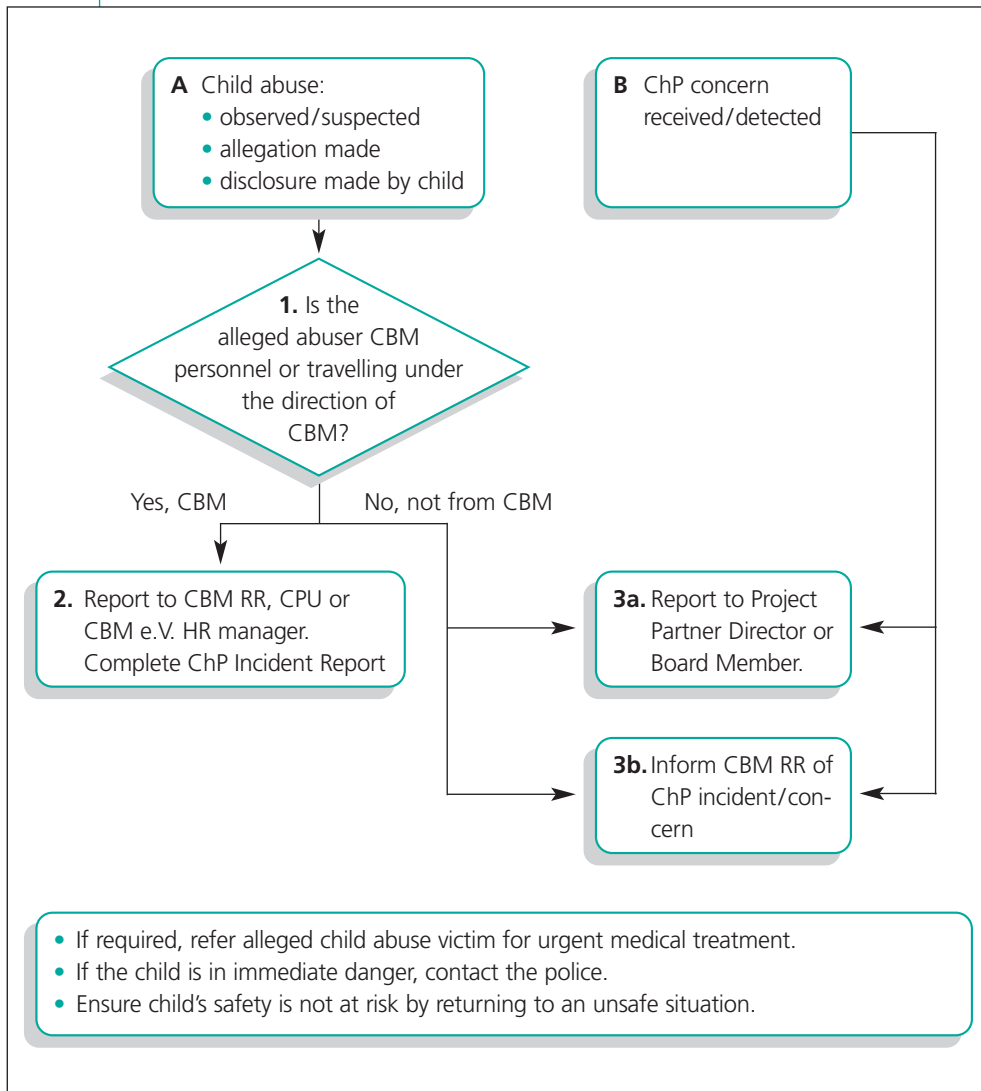
Enclosed you will also find the '*Child Protection Incident Report Form*'. Please complete this form imperatively, when the alleged abuser is a CBM personnel member or a person/s travelling under the direction of CBM, as per your local ChP Reporting Protocol. The contents of a ChP incident report may be used for disciplinary or legal action. Please complete it as detailed and accurately as possible.



7.3.6

Child Protection Reporting Protocol Flowcharts

ChP Reporting Protocol for CBM co-workers & field based CBM e.V. staff (including Regional Office staff, short-term consultants etc based in the field)



Additional notes to the flowchart above:

Case of alleged child abuse

- If the alleged abuser is a CBM member of personnel or travelling under the direction of CBM, report the alleged abuse to CBM RR, the CBM e.V. Head of the CPU and HR manager as soon as possible and if possible, within 24 hours. Please use the 'Child Protection Incident Report Form'. The CBM RR, CBM e.V. Head of the CPU and HR manager will then determine how to proceed with the ChP report.

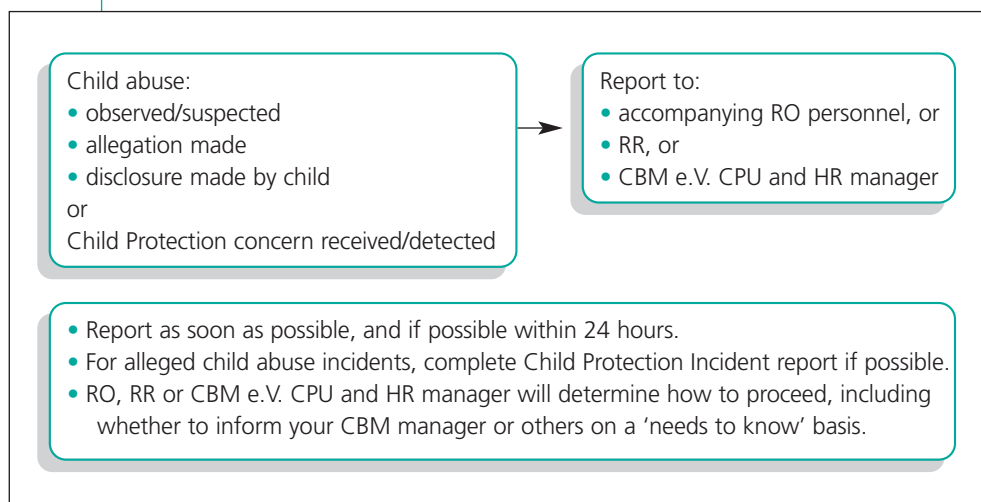


- If the alleged abuser is not from CBM and the ChP incident occurred at a project site, then report the ChP incident to the Director or Board Member of the Project as soon as possible and if possible, within 24 hours. Further action should proceed according to the project partner's procedures. Inform your CBM RR of the ChP incident or concern.

Concerns

- If a ChP concern involves CBM personnel, then report it to the relevant CBM RR.
- If the ChP concern involves PP personnel or other concerns at the project site, then report it to the Director or Board Member of the Project.

ChP Reporting Protocol for people travelling under the direction of CBM (except co-workers & field based staff but including CBM e.V. staff based in Bensheim, MA staff, contractors, CBM supporters)





7.4

Child Protection Reporting Contact & Referral List

Please complete this form with the relevant contact details, as per your local Child Protection Reporting Protocol.

- Include name, phone, mobile, email, fax and address where possible.
- Review this form annually for any updates.
- Avoid fax and leaving phone messages with another person apart from the authorised person, unless the fax/phone message is to request a call back concerning e.g. 'An urgent matter' etc.
- Respect **confidentiality** and do not include the identity of alleged child abusers or victims. Where possible, emails should be flagged as confidential and/or high priority/urgent.

CBM Contacts authorised to receive Child Protection Incident Reports

CBM Regional Representative:

For CBM e.V. personnel – CBM e.V. Head of the CPU and HR Manager or for MA personnel – MA Manager or National Director:

External Emergency Contacts

(as determined, if appropriate with Regional Office)

Medical hospital/clinic
(for urgent medical treatment):

Police or other appropriate child protection
agencies (if the child is in immediate danger):


Other External Referral Contacts, if known

 (contact **after consultation** with the Regional Office only)

Child Protection hotline/phone number (if any):

Social Services/Child Welfare:

Legal advice:

For Co-Workers: Relevant embassy or consulate:

 Local & international agencies involved with
 Child Protection or Human Rights (eg. UNICEF,
 World Vision):

Child Shelters/Safe houses:

Counselling support for child abuse victims
 (including experts in interviewing child victims)
and their families:

Counselling support for alleged child abusers:

Date Completed:

By:

Other Contacts: Please use other side of sheet.



7.5 Child Protection Incident Report Form

Please use more paper, as required.

Child Protection Incident Type (please click in relevant box)

- Child abuse: Observed/suspected by yourself
 Allegation made by (name) _____

 Disclosure by child (name) _____

Child protection (ChP) concern:

- Detected by yourself
 Received from (name) _____

Executive Summary

Part 1:

About You

Name: _____

Position in CBM or relationship with CBM:

Address: _____

Telephone: _____

Mobile: _____

Fax: _____

e-mail: _____



Your relationship to child/young person:

Part 2:

About the child (alleged victim(s)/child concerned)

Name: _____

Gender: Male Female

Age: _____ Date of birth (DD/MM/YYYY): _____

Address & contact details: _____

Who does the child live with?

Part 3:

Investigation Methodology

Who was involved in the investigation, roles and responsibilities (investigation team, interviewees etc)?:

How was the investigation conducted (Selection of interviewees etc.)?:



Part 4:

Findings: About the Alleged Child Abuse Incident/ChP Concern

Name and any other details of the alleged child abuser/subject of ChP concern if available (eg. address, job, relationship with alleged victim):

Details of any other organisations involved:

How were you made aware of the alleged child abuse incident/ChP concern?:

Date, time and location of any incident/ChP concern(s):

Details of incident/ChP concern (what happened):



Write down exactly what the child or other person expressing the allegation/ChP concern said, and what you said (do not lead the child/person – record actual details):

Observations made by you (eg. observed injuries, persons perceived emotional state etc. Mark which is fact or opinion):

Any other relevant information (eg. does the alleged victim have a disability?):

Were other children involved or aware of the alleged incident/ChP concern?:

Details of any other witnesses:

External agencies or people contacted (if any) – date, time, name of person & agency, any advice received:



Part 5:

Lessons learned, recommendations, action taken and appendices

Lessons learned (strengths and weaknesses in areas such as the CPP and its implementation, management, recruitment, supervision etc):

Recommendations (recommendations to prevent possible abuse and improve the investigation process in the future):

Actions taken:

List of appendices (ChP Incident Report, interview reports, key documents and correspondence):

Signature: _____ Date: _____





Risk Assessment



8. Risk Assessment

Having a clear perception of risks and security concerns in a specific organisation is crucial to improve the safety of personal clients. The following form is intended to support CBM and its' project partners to self-assess the risk of their clients to fall victim of institutional abuse. Using this tool users should be enabled to structure and to objectify their personal impressions. Once completed, this form will enable the user to get a clearer perception on which level the personal security of vulnerable clients (especially children) is being granted within the respective institution, to identify possible gaps and to address those areas that are not yet sufficiently in place.

To obtain the most comprehensive result, to generate awareness and to initiate or sustain a common debate on the protection of children and vulnerable persons we suggest that this self assessment should be carried out with the active support and the participation of all relevant staff members.

Note:

You are not requested to respond to each question. Respond only to those you feel comfortable with! At the end of this document you will find one page of footnotes and further explanations!



Criteria / Indicator	Legend / Specification	Standard fulfilled? ¹					Number/ Percentage ²	Observations / Remarks
		A	B	C	D	F		
Facilities								
State of facilities	Are facilities well-maintained?							
Privacy	Is the privacy of the clients being granted (in restrooms, bathrooms etc.)							
	Are there separate dormitories for each gender?							
	Are medical examination rooms or rooms where individual counselling takes place equipped with windows?							
Hygiene	Does the institution comply with min. hygiene standards?							
Staff								
	Is there sufficient staff to deal with the number of children?							
	Is there sufficient staff of both sex to deal with clients of different sex?							
	Does a climate of confidentiality exist?							
Interaction	Is there a trustful, respectful and professional relationship between members of staff?							



Criteria / Indicator	Legend / Specification	Standard fulfilled?					Number/ Percentage	Observations / Remarks
		A	B	C	D	F		
Receptiveness	Are staff members open and receptive for discussing abuse related topics?							
	Are staff members willing to participate actively in the implementation of a policy to protect children and vulnerable persons?							
Qualification	Is the staff aware of child rights?							
	Is the staff sufficiently qualified to comply with specific child related tasks and is it adequately guided?							
	Have staff members been trained on the risk of abuse? ³							
	Are staff members trained on how to recognize indicators of abuse? ⁴							
Methodology	Is the two-adult-rule being respected? ⁵							
Procedural-organizational stipulations								
Protection of children and vulnerable persons	Is there a mandatory policy in place to protect children and vulnerable persons?							



Criteria / Indicator	Legend / Specification	Standard fulfilled?					Number/ Percentage	Observations / Remarks
		A	B	C	D	F		
	Is this policy consistent with international standards and good practice as e.g. stated by the UN Convention of the Rights of the Child or the CBM eV policy?							
Responsibilities	Do managers and senior staff promote a culture which respects the rights and the safety of their clients?							
	Are responsibilities and procedures clear if a case of abuse occurs?							
	Are arrangements in place (with local authorities, psychologists etc) to provide support if a child has been abused?							
Reporting	In case of abuse is there a transparent system of reporting in place?							
Recruitment	Are abuse related recruitment regulations in place?							
Media	In case of abuse is there a media emergency plan in place?							
Monitoring	Is the policy being regularly monitored?							



Criteria / Indicator	Legend / Specification	Standard fulfilled?					Number/ Percentage	Observations / Remarks
		A	B	C	D	F		
Specific Situation of Children								
Number of children	How many children are being served?							
Age of clients ⁶	➤ 0 to 4 years							
	➤ 5 to 8 years							
	➤ 9 to 14 years							
	➤ 15 to 18 years							
	➤ > 18 years							
Prevalence of different types of disabilities ⁷	➤ blindness							
	➤ deafness							
	➤ deaf blindness							
	➤ physical impairments							
	➤ mental impairments							
	➤ multiple impairments							
Distribution by gender ⁸	➤ Male children							
	➤ Female children							
Treatment of Children/Respect of Child's Rights	Is the treatment of children coherent with the standards as defined by the Code of Conduct?							
	Do children experience a safe, non-discriminatory, positive and encouraging environment?							



Criteria / Indicator	Legend / Specification	Standard fulfilled?					Number/ Percentage	Observations / Remarks
		A	B	C	D	F		
	Is there an open contact with children?							
	Are children listened and respected?							
	Are children informed on their rights?							
	Are children aware of their right to be safe from abuse? Do they know whom to contact if abuse has occurred?							
	Are privacy and intimacy of the children being granted?							
	How do children interact? ⁹							
	Are all disciplinary measures non-violent and do not humiliate the children?							
Ill-treatment/ Neglect/ Child abuse	Is there evidence or proof of emotional abuse? ¹⁰							
	Is there evidence or proof of physical abuse (incl. corporal punishments)? ¹¹							



Footnotes / Explanations

- ¹ Please grade the standard you found according to the US system (A = excellent, F = failed). If you can not respond please indicate under column 'observations'.
- ² Please only respond if applicable or rather if data are available. If you don't have exact figures you may give estimates.
- ³ *"Child abuse or maltreatment constitutes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power."* (World Report on violence and health, WHO 2002, S. 59)
- ⁴ see endnotes 12 to 15
- ⁵ The *two-adult-rule* ensures that another adult is present or within reach when conducting one-to-one coaching, instruction, medical/rehabilitation procedures, home visits etc. Even if an adult is having an individual conversation with a child or a vulnerable person it should be ensured that another adult must be within visual contact. Where individual counselling is appropriate, another adult/supervisor is being informed in advance where and when this will happen.
- ⁶ Young children (5 to 8 years) are especially vulnerable (about 40% of reported cases!). Please indicate number or (estimated) average percentage.
- ⁷ Children with disabilities are at least 2 times more vulnerable to sex abuse. According to the respective impairment vulnerability increases.
- ⁸ Girls are more likely to become victims than boys. 10% (male) to 20% (female) of children suffer forms of child abuse worldwide.
- ⁹ As in average 1/3 of offenders are minors, it is important to observe how children interact with each other. Hence do children interact with each other in a respectful, non-violent and non-discriminatory way?
- ¹⁰ Where abuse is occurring there may be signs as the following: Indicators of **emotional abuse** are acceptance of excessive punishment, over-reaction to mistakes, continual self-deprecation, sudden speech disorders, fear of new situations, behaviour such as rocking, hair-twisting and thumb-sucking, selfmutilation, fear of parents being contacted, extremes of passivity or aggression, running away.
- ¹¹ Indicators of possible **physical abuse** are bruises and welts consistent with gripping, cuts and abrasions, fractures (especially spiral bone fractures), abdominal injuries, head injuries, burns or scalds, especially cigarette burns, human bite marks, swelling and lack of normal use of limbs, untreated injuries, any serious injury with no, inconsistent or conflicting explanation. Behavioural observations are unusually fearful of adults, unnaturally compliant to parents, refusal to discuss injury, fear of medical help, wearing cover-up clothing.
- ¹² Indicators of **neglect** are constant hunger, constant tiredness, frequent lateness or non-attendance, destructive tendencies, low self-esteem, poor or absent social relationships, running away, compulsive stealing or scavenging, poor personal hygiene, poor state of clothing, emaciation/pot belly/short stature, poor skin and hair tone, untreated medical conditions.
- ¹³ Indicators of **sexual abuse** are damage to genitalia, anus or mouth, presence of a sexually transmitted disease, unexpected pregnancy in young girls, soreness in genital area, anus or mouth, unexpected recurrent urinary tract infections and discharges or abdominal pain. Behavioural observations – sexual knowledge inappropriate for age, sexualized behaviour in young children, sexually provocative behaviour/promiscuity, inexplicable falling off in other physical activities, sudden apparent changes in personality, lack of concentration, socially withdrawn, regressive behaviour (such as bedwetting), eating disorders.
- ¹⁴ If yes, please indicate number.



Child Protection and Communication Procedures



9. Child Protection and Communication Procedures

9.1 Communications About Children and Vulnerable Persons

Reporting on children and vulnerable persons implies specific risks and poses particular challenges to journalists and media departments. For different reasons, both groups are highly vulnerable and therefore need specific attention. In some instances, the act of reporting on children places them at risk of retribution or stigmatization. In other cases, suggestive pictures of children play a key role in encouraging paedophilia. Hence, one needs to be aware that any information on children and other vulnerable persons may be misused deliberately by persons acting in bad faith. This has been made clear by media reporting, and the experiences gained by different organisations. In the past, there have been people who pretended to support their work, but in reality had the sole aim of gaining client contact, with the intention of abuse.

Thus, for each NGO delivering services to children and promoting its' services publicly, it must be imperative that guiding principles on communication are in place. Such procedures should contribute toward protecting children and vulnerable persons, and at least respond to the values stated in *'UNICEF's Principles for ethical reporting on children'* (see box).

It seems self-evident that researchers and interviewers collecting information must do no harm. As a matter of fact any media related activity should respond to the guiding principle of putting the best interests of the child first. Therefore, it is essential that, regarding data collection and interviewing, the privacy and protection of the wellbeing of the clients is to be kept at a minimum. Amongst others, this may include that the consent of the child and his/her parents or guardians should always be obtained prior to a photograph or image being taken and used.

However, one also needs to understand that children and vulnerable persons are often the best sources of accurate information about their own lives. As their perspectives on decisions about their care and their future are important, it is important to seek their close cooperation and participation. Additionally, one also has to keep in mind that all people have a right to express their views about decisions affecting their own lives and those of their families or communities.

Furthermore, adequate communication procedures should pay special attention that only appropriate images of children are used in promotional media. Hence, images of children should be decent and respectful and not present them as victims. This includes children being clothed and not in poses which could be considered seductive. Names and locations of children may not be accessible to the public. It is also good continually to state in the media that CBM is committed to protecting and safeguarding children and other vulnerable clients. Finally, respecting the specific principles for ethical reporting has to



be considered as an integral part of CBM's protection policy, and constitutes an important contribution to provide a safe environment for all children and vulnerable persons assisted by CBM and its' partner organisations.

9.2 Principles for Ethical Reporting on Children

These principles are based on UNICEF'S Principles for ethical reporting (see: http://www.unicef.org/media/media_tools_guidelines.html). They have been debated with different experts in communication of CBM and adapted to the organisation's specific requirements. All CBM staff including cinematographers, photographers and journalists travelling under the direction of or in accordance with CBM should be informed appropriately on CBM's principles for ethical reporting.

I. Principles

1. The dignity and rights of every child are to be respected in every circumstance.
2. In interviewing and reporting on children, special attention is to be paid to each child's right to privacy and confidentiality, to have their opinions heard, to participate in decisions affecting them and to be protected from harm and retribution, including the potential of harm and retribution.
3. The best interests of each child are to be protected over any other consideration, including over advocacy for children's issues and the promotion of child rights.
4. When trying to determine the best interests of a child, the child's right to have their views taken into account are to be given due weight in accordance with their age and maturity.
5. Those closest to the child's situation and best able to assess it are to be consulted about the political, social and cultural ramifications of any reportage.
6. Do not publish a story or an image which might put the child, siblings or peers at risk even when identities are changed, obscured or not used.

II. Guidelines for interviewing children

1. Do no harm to any child; avoid questions, attitudes or comments that are judgmental, insensitive to cultural values, that place a child in danger or expose a child to humiliation, or that reactivate a child's pain and grief from traumatic events.
2. Do not ask children to tell a story or take an action that is not part of their own history.
3. Ensure that the child or guardian knows they are talking with a reporter. Explain the purpose of the interview and its intended use.
4. Obtain permission from the child and his or her guardian for all interviews, videotaping and for documentary photographs.
5. Pay attention to where and how the child is interviewed. Limit the number of interviewers and photographers. Try to make certain that



children are comfortable and able to tell their story without outside pressure, including pressure from the interviewer. In film, video and radio interviews, consider what the choice of visual or audio background might imply about the child and her or his life and story. Ensure that the child would not be endangered or adversely affected by showing their home, community or general whereabouts.

III. Guidelines for reporting on children

1. Do not further stigmatize any child; avoid categorisations or descriptions that expose a child to negative reprisals – including additional physical or psychological harm, or to lifelong abuse, discrimination or rejection by their local communities.
2. Always provide an accurate context for the child's story or image.
3. Always change the name⁷ and obscure the visual identity⁸ of any child who is identified as:
 - a. A victim of sexual abuse or exploitation,
 - b. A perpetrator of physical or sexual abuse,
 - c. HIV positive, or living with AIDS, unless the child, a parent or a guardian gives fully informed consent,
 - d. Charged or convicted of a crime.
4. In certain circumstances of risk or potential risk of harm or retribution, change the name and obscure the visual identity of any child who is identified as:
 - a. A current or former child combatant,
 - b. An asylum seeker, a refugee or an internal displaced person.
5. In certain cases, using a child's identity – their name and/or recognizable image – is in the child's best interests. However, when the child's identity is used, they must still be protected against harm and supported through any stigmatization or reprisals.

Some examples of these special cases are:

 - a. When a child initiates contact with the reporter, wanting to exercise their right to freedom of expression and their right to have their opinion heard.
 - b. When a child is part of a sustained programme of activism or social mobilization and wants to be so identified.
 - c. When a child is engaged in a psychosocial programme and claiming their name and identity is part of their healthy development.
6. Confirm the accuracy of what the child has to say, either with other children or an adult, preferably with both.
7. When in doubt about whether a child is at risk, report on the general situation for children rather than on an individual child, no matter how newsworthy the story.

⁷ If it is necessary or seems appropriate to change the name of a child identified under III.3.a-d professional journalistic conventions and standards need to be respected.

⁸ To obtain adequate and useful visual material cinematographers and photographers must be adequately briefed ex ante.



9.3

Media Crisis Management

An organisation being hit by a situation of alleged abuse is confronted with a severe crisis. This incident will not only have a strong impact on the directly concerned persons but on all other clients, as far as they learn about. Of course it will have an impact on the professional self-conception of the staff and have repercussions on the organization's self-image. Above all, a potential resulting public scrutiny will gravely affect the organization's normal operations and may have a strong moral, political, legal and financial impact on its business.

Since the media may become involved – even at a very early stage - it is of high priority to know at this time

- how to respond best to the journalists,
- who should be involved in the process of communication,
- who should speak on behalf of the organisation (and who should not),
- how to manage the flow of information and
- which materials need to be produced.

However, prior to discussing concrete measures on dealing with the media, it seems worthwhile to discuss in which ways journalists may become aware of a case of alleged institutional abuse.

9.3.1

Different Settings of Media Crisis Management

There are different settings in which the management of an organisation may become aware of a case of alleged institutional abuse (see annexed chart '*Media Crisis Management*'). In each of these scenarios, the relevant staff members need to decide if and – if yes - in which way, they want to inform the public about the incidence. At least three different settings may be discerned.

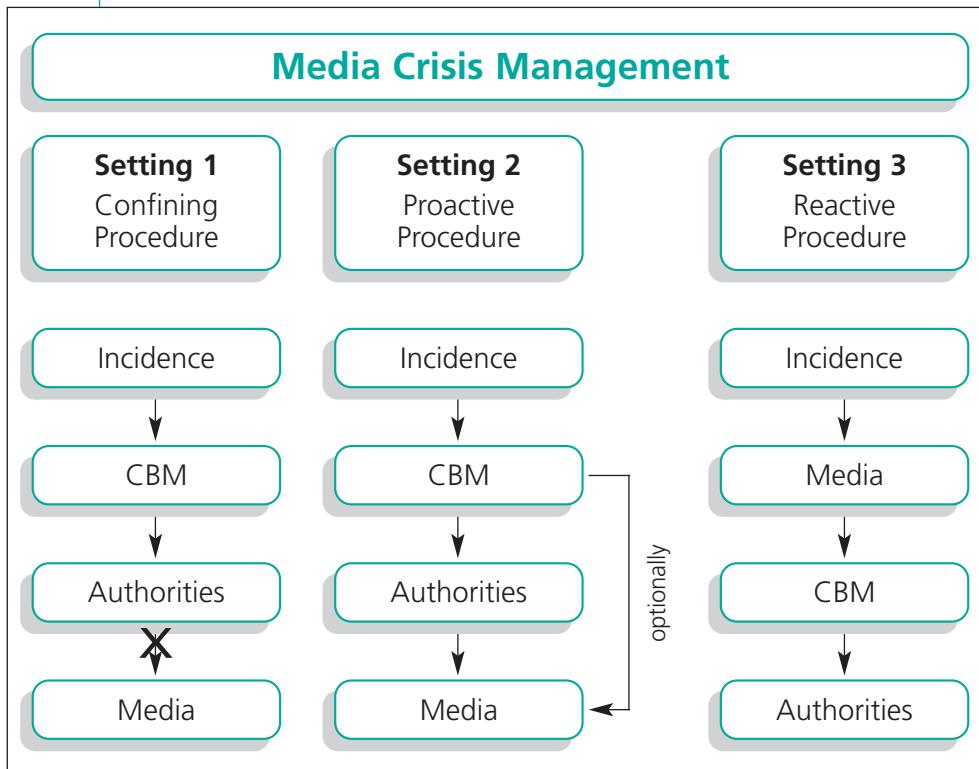
In Setting 1 (*confining procedure*) a responsible senior staff member has learned about a case of alleged abuse. This may be due to a personal assumption, or because the person in charge has been duly informed according to the reporting procedures. The case of alleged abuse is being tackled following the instructions of the incident management flowchart: the situation is analysed, the safety of the alleged victim and other clients is ensured, the case is investigated, relevant staff is informed, a crisis management team is formed, authorities are involved in a timely manner. If during the whole process absolute confidentiality had been ensured, media attention will have been successfully excluded. Regardless, even if in setting 1 the involvement of media has been ruled out, senior staff always needs to be prepared that the case may become public. Hence, even in this most optimistic scenario a crisis communication planning needs to be borne in mind.



In Setting 2 (*proactive procedure*), once again the responsible manager gets informed of a case of institutional abuse. All required procedures are duly respected, authorities are informed at time. Due to several reasons though, (menaces of concerned persons, involvement of persons one may have difficulty to trust etc.) absolute confidentiality may not be granted. In such a situation, a proactive involvement of media should be considered at an early stage. Two scenarios should be debated:

- a) The institution comes up with its own media work (preparing collateral materials, publishing of a press release, organizing a press conference etc.).
- b) Collaborating with the authorities includes setting-up a common media strategy. In this regard, authorities are being requested to inform the media. Subsequently, the institution must be prepared to be contacted by the media.

In Setting 3 (*reactive procedure*) media are informed prior to any public related activity of the targeted organisation. The information may have been furnished accidentally or intentionally by the alleged victim, some client, staff member or even any other person to a journalist. In the worst case the management of the affected organisation only learns through representatives of media about the case. As journalists may conduct their own inquiries prior to getting into contact with the respective organisation, and as they might suspect intentional misinformation, in this case media crisis management may become a quite difficult task.



9.4 Crisis Communication Planning

Returning to the question on how to respond adequately to journalist’s allegations, it seems appropriate to start with the presentation of a crisis communications plan. In the context of media crisis management, such a plan aids quick response, clear thinking and inclusiveness. It works hand-in-hand with a general plan to mitigate (or reduce) the damages, focusing on presenting the situation to the public in an appropriate way. Creating the plan prior to a crisis allows having time to think through what’s needed, and frees up time to handle the crisis when it occurs. Preparedness can include developing a detailed crisis strategy, creating media materials in advance, arranging media training for key executives and pre-establishing a crisis team. The goal is to gather all critical information in one place, so that responsible staff will not have to search for it during the actual event.

Before the crisis, successful communication will depend, in large part, on the preparations made long before the alleged abuse occurs. Having a system in place will allow you to deal with the situation at hand, and not waste precious time trying to decide how to communicate.

- Develop/adopt a policy on the protection of children and vulnerable persons.
- Network with other (partner) organizations in order to exchange views on how to prevent institutional abuse and to get support once a situation of alleged abuse has occurred.
- Establish reliable contacts to local media and authorities.



- Develop a crisis management team with clearly defined tasks for each member. Assign at least one individual to be a crisis communications team leader and have a back-up. Determine a spokesperson to communicate with the media in crisis situations. Give this spokesperson media interview training, if possible.
- Have a media emergency plan in place. This plan should spell out:
 - how crisis management team members will be brought together,
 - how members of this team will communicate with each other, gather information, process it and approve it,
 - how the communications team will disseminate it and
 - who should speak on behalf of the organisation (and who should not).From there, the schedule should be set according to the priority level of the situation.
- Assemble all relevant information which may be of use for you (see below *Documentation and information and Collateral materials*).
- Set up a communication system that can be activated even in different scenarios.

9.5 Crisis Management

Follow the instructions of the *Child Protection Incident Management*.

- Quickly address and resolve crisis issues before they escalate.
- Analyze the situation and gather information (e.g. carry out an internal investigation)
- Ensure the safety and well being of everyone involved (e.g. suspend the alleged abuser from contacts with children or vulnerable clients). Ensure as well that the principle of 'best interests of the child' is paramount. The privacy of the victim and his/her family must be a priority.
- Bring the situation under control.
- Activate your crisis management team. This team is essential to identify what actions should be taken. The team should be comprised of key persons. Continually talk through the situation with its' members.
- Call professionals (e.g. psychologists, lawyers, law enforcement agencies, national child protection units) for support.
- Keep internal public informed at all times.
- Notify the families of those involved.
- Consider legal, ethical and organizational ramifications.

9.6 Media Crisis Management

- Once safety has been restored, face the public and face the facts. If appropriate, release information about the situation as quickly as possible. Give factual, reliable information, don't speculate. If something you say is false, your credibility will be irreparably damaged.
- Assemble all the facts responding to the questions: Who? What? Where? When? Why? How? What next?
- Talk with your legal counsel and your communications counsel to



see what information can be released and what should remain confidential.

- Only a previously designated staff member will liaise with the media, make statements or answer questions. This person will be responsible for maintaining up-to-date reports to the various persons mentioned in the Child Protection Incident Management Flowchart and monitoring the response to any concerns or allegations raised.
- Give the media as much information as possible to avoid that they'll get the information from other sources.
- Communicate openly and honestly.
- Control the flow of information
- Protect the integrity and reputation of the organization.

Please keep in mind: If the information you have is potentially damaging to your organisation, you do not need to divulge it. If, however, the information is in the public domain, you must immediately react with a truthful response. If you do not know the answer, say that you do not know and that you will try to get the information being requested.

9.7

Documentation and Information

Besides the documentation of the concrete case of alleged abuse, you should provide additional background information and copies or summaries of the following documents to the media:

- your organisations policy to protect children and vulnerable persons
- your organisations Code of Conduct
- the incident management chart
- your reporting and documentation form
- your recruitment regulations

Furthermore it would be appropriate to give some general information on further aspects.

- What is child abuse?
- Facts and Figures
- Profiles and strategies of sex offenders
- Profiles of the victims and impact on the survivors
- Which is the specific situation of children with disabilities?
- Which legal responses are being given to child abuse (on the international level and/or on the national level; you should provide some information by using the internet)?
- Which are appropriate instruments to prevent children to become victims of abuse?
- What to do if child abuse has occurred?

To prepare these documents and to compile appropriate information you will find sufficient background material within the enclosed CBM guidelines. Providing such information to the journalists will under-



line your sincerity to protect children and show that you are aware of the problem of child abuse and well prepared to tackle with.

9.8 Collateral Materials

- Prepare a press release of maximum one page.
- Prepare a fact sheet of maximum 2 to 3 pages summarizing all relevant information.
- Prepare a handout on the problem of child abuse and the protection of children and vulnerable persons. The CBM guidelines will provide you sufficient background material.
- Prepare an accurate documentation of the case without mentioning names of persons involved. Underline the professional secret and the presumption of innocence.
- Prepare a list of experts dealing with the problem (including psychologists, lawyers, representatives of law enforcement agencies, judges, national child protection units etc.)

9.9 Press-conference

Preparation

- Send the press release to **all** relevant media and invite them to your press-conference
- Compile all information required
- Prepare all material which should be handed out to the journalists
- Prepare a written statement (see separate *checklist*)

Realization

- Present the situation in a concise way
- Enumerate all prevention and protection measures you have already provided and ask for more ideas
- Patiently answer questions, taking advantage of all legal dispositions (which will most of the time protect you)
- provide legal reasons for questions you do not want to answer if asked
- Prepare for being interviewed (see separate *tips and guidelines*)
- Prepare for modest refreshments (water, tea, coffee).

9.10 Post Crisis Management

- Once finished, declare an end to the crisis.
- Keep the media informed about the outcomes and the lessons learned.
- Even after the end of the crisis, remain in touch with the authorities.
- If necessary, adopt your policy to protect children and vulnerable persons to the lessons learned.
- Revise your crisis communication plan based on your experience.
- Try to restore your organizations reputation.



9.11 How to Write a Press Release

Press releases respond to some specific requirements. Certain rules need to be followed, to ensure that all the necessary information is included. Hence, following you will find some recommendations which should enable you or your team to write a press release:

- Print the words "FOR IMMEDIATE RELEASE" in the top left-hand margin in all caps. Follow this line with relevant contact information: name, title, address, phone number, e-mail address.
- Create a dateline – the first line of the body of your press release – that includes the city where the release is generated and the date.
- Determine the subject of your story.
- Create a headline in bold type just above the first line of the body of the press release to grab the reader's attention. Headlines typically highlight the most important or significant fact in the release.
- Cover the basics. Make certain the first paragraph includes all the vital information: the where, when, why, what and who.
- Stick to the facts.
- Respect the intimacy of all concerned persons. Don't give names of the alleged victim, his or hers family or the alleged abuser.
- Be sure to illustrate the story to your reader.
- Select an appropriate angle for your press release.
- Be concise. Press releases are supposed to attract the journalists' attention, they are not meant to tell the whole story. Usually, press releases are no more than one page.
- Don't include jargon that may not be understood by the general reader.
- Be sure to check your release for punctuation and grammatical errors.
- Wrap up the last paragraph with a "for additional information" line, a place to find more details.
- Take a look at some other press releases to make sure that you have followed the proper format.

General Recommendations

- Don't write the press release with your target audience in mind. A press release is written to appeal to a journalist.
- Journalists are looking to fill a news need. Try to meet this need of a journalist by filling the reporter's requirements.
- Press releases must be placed in strategic areas. Be sure to find the correct name and email address for the reporter who handles stories related to your work.
- Have an objective person read your press release and tell you his or her opinion. Eventually consider going back to the drawing board for a rewrite.



9.12 Speaker Presentations

Checklist of Do's

When preparing to give a speech,

- Use a full script with LARGE TYPE for easy reading.
- Leave wide margin for notes to yourself.
- Leave pages unstapled for easier handling at podium.
- Highlight and mark your script to guide your delivery.
- Time your presentation to fit the program schedule of the group you will address.
- Practice: Read it aloud using a mirror and tape recorder until it sounds like you are talking, not reading.
- Be sure you have the facts about your audience-size, contact person's name, facility, etc.
- Based on your audience and your presentation, determine what, if any, equipment you will use. If you are not familiar with the equipment, contact the Communications Department to arrange a briefing on how to use slide projectors, video players, or overhead equipment.

When you arrive at your engagement,

- Be at least 15 minutes early.
- Check equipment in advance if possible.
- Slides:
 - Be sure slides are in correct order and clearly focused.
 - Be sure slide advance mechanism is convenient to you where you are speaking, or arrange for someone else to advance the slides.
- Check the lighting in the room to be sure the slides will be visible to the audience.
- Check microphone (whether it is free standing or lavalier) before beginning "Can you hear me?"
- Check lighting to podium to be sure you can read.
- Overhead Transparencies:
 - Be sure the type of room and size of crowd are appropriate for the use of overhead equipment.
 - Be sure the words/graphics are large enough for people to read.
- Check to be sure you are situated correctly in the room with the overhead projector, screen, microphone and audience.

When you are speaking,

- Stand erect and direct voice toward audience.
- Speak loudly, slowly and distinctly.
- Establish eye contact (or appear to do so) with audience from time to time.
- Stay within the allotted presentation time.

When you are answering questions,

- Remain friendly, cool-headed and confident.
- Answer only the questions asked and do so as succinctly and clearly as possible.



- Remember that you do not always have to know everything. You can say "I will have to check that out for you – please see me after the meeting."
- Avoid allowing one person to dominate the questions by moving on: "Thank you for your interest. I'll be glad to talk to you about your concerns after the meeting. Right now let's see if anyone else has questions for the group."

When you are finished with your presentation,

- Remain long enough to give individuals an opportunity to talk with you.
- See to it that arrangements are made for distributing information materials to the group, if requested/appropriate.

Checklist of Dont's**When preparing to give a speech,**

- Assume that you can "wing it"-almost no one can.
- Decide you are better "off the cuff"-almost no one is.
- Use type that is too small to read with a dim light and margins too narrow for notes.
- Leave too little time to practice adequately.

When you arrive at your engagement,

- Be late.
- Forget the group's contact person's name.
- Fail to check your equipment.

When you are speaking

- Mumble your remarks to the podium.
- Speak too loudly into the microphone.
- Allow yourself to wander away from your prepared text.
- Tell an unprepared anecdote or joke, or make "top of mind" remarks.
- Speak longer than time allotted.

When you are answering questions,

- Become defensive or emotional.
- Assume that tough questions are personal.
- Answer more than the question itself.
- Allow one person to dominate the question period.

Source: NewsPlace.org/crisis.html



9.13 Handling Media Interviews

Tips and Guidelines

How To prepare for Broadcast Interviews

- Prepare “talking paper” on primary points you want to make.
- Anticipate questions-prepare responses.
- Practice answering questions.
- Cover controversial areas ahead of time.
- Know who will be interviewing you, if possible.
- Determine how much time is available.
- Audiences often remember impressions, not facts.
- Do's and Don'ts During the Interview process
- Do build bridges.
- Do use specifics.
- Do use analogies.
- Do use contrasts, comparisons.
- Do be enthusiastic/animated.
- Do be your casual likable self.
- Do be a listener.
- Do be cool.
- Do be correct.
- Do be anecdotal.
- If you don't have the answer or can't answer, do admit it and move on to another topic.
- Don't fall for that “A or B” dilemma.
- Don't accept “what if” questions.
- Don't accept “laundry list” questions.
- Don't go off the record.
- Don't think you have to answer every question.
- Don't speak for someone else – beware of the absent-party trap.

How To Handle Yourself During A TV Talk Show Interview

- Talk “over” lavalier microphone.
- Audio check-use regular voice.
- If makeup is offered, use it.
- Sit far back in the chair, back erect ... but lean forward to appear enthusiastic and force yourself to use hands.
- Remember ... TV will frame your face – be calm, use high hand gestures, if possible.
- Keep eyes on interviewer-not on camera.
- Smile, be friendly.

Tips On Appearance

- Avoid wearing pronounced stripes, checks or small patterns.
- Grey, brown, blue or mixed coloured suits/dresses are best.
- Grey, light-blue, off-white or pastel shirts or blouses are best.
- Avoid having hair cut right before interview.



How To Respond During A Newspaper Interview ?

- Obtain advanced knowledge of interview topics.
- Make sure you are prepared in detail; print reporters are often more knowledgeable than broadcast reporters and may ask more detailed questions.
- Begin the interview by making your point major points in statement form.
- Try to maintain control of the interview.
- Don't let reporters wear you down.
- Set a time limit in advance.
- Don't be so relaxed that you say something you wish you hadn't.
- Avoid jargon or professional expressions.
- Reporter may repeat self in different ways to gain information you may not want to give.
- Don't answer inappropriate questions; simply say it is "not an appropriate topic for you to address at this time," or "it's proprietary" for example.
- Be prepared for interruptions with questions ... it is legitimate for reporters to do that.
- Do not speak "off the record."
- Remember, the interview lasts as long as a reporter is there.

After The Interview

- You can ask to check technical points, but do not ask to see advance copy of the story.
- Never try to go over reporter's head to stop a story.
- Do not send gifts to reporters – it is considered unethical for them to accept them.

Source: NewsPlace.org/crisis.html



9.14

Checklists**Checklist 1**

The following recommendations and checklists are supposed to make 'CBM's Principles for Ethical Reporting on Children' manageable. They have been prepared and largely discussed by different in-house experts. They shall give hints how these Principles could be adapted to the daily work of CBM's Fundraising and PR departments. As recommendations they are not binding and intend to respond to the commonly shared concern to protect children and vulnerable persons to victim of any form of abuse.

Recommendations for Interviewing children

Which are the key elements and concrete procedures to conducting PR interviews with children? How one can grant the dignity and rights of the child? How one can guarantee the best interest of the child to be paramount and how may one avoid to do harm to the interviewee? In order to respect CBM's 'Principles for Ethical Reporting' (see Chapter 9.2.) the following recommendations should enable PR specialists and journalists to carry-out appropriate, child sensitive interviews.



Checklist 1

Recommendation	Done
➤ Limit the number of interviewers, photographers and cameramen.	
➤ Do cherish all children present.	
➤ Try to make certain that children are comfortable and able to tell their story without outside pressure, including pressure from the interviewer.	
➤ Obtain permission from the child and his or her guardian for all interviews, videotaping and for documentary photographs prior to the interview.	
➤ At the beginning inform all participants on the purpose of the interview.	
➤ Establish a relationship of trust with the child. Identify role and where you work – give your name and what you do. Ensure that the child or guardian knows they are talking with a reporter.	
➤ Make the interview child-sensitive and culturally appropriate.	
➤ Consider the child's developmental stage and ensure that the interview is appropriate to the child's level of understanding and maturity.	
➤ Question the child, but avoid leading questions, closed questions, multiple choice answer questions, or double questions.	
➤ Avoid questions, attitudes or comments that are judgemental, insensitive to cultural values, that place a child in danger or expose a child to humiliation, or that reactivate a child's pain and grief from traumatic events.	
➤ Be sensitive to the child's reaction to your questions.	
➤ Always act in the best interests of the child.	
➤ If necessary make sure the highest level of confidentiality is ensured.	
➤ Allow enough time for the interview.	
➤ Close the interview at an appropriate stage. Praise and thank child.	
➤ Recompenses shall only cover expenses and allowances of the child and/or its family.	



Checklist 2

Recommendations for Portraying children in photos / films

What kind of photographic portrayal of children is dignified? In which way are children portrayed appropriately and according to their rights? Which are the key elements and concrete procedures to portraying children in photo and film? The following recommendations should enable photo-journalists and cameramen to take photos and make films of children in an appropriate way. The checklist contains CONCORD standards (www.concordeurope.org), and is based on the work of CBM's Liaison Office in Brussels as well as on CBM's Guidelines on Child Protection.



Checklist 2

Recommendation	Done
➤ Allow enough time for the photo-shooting.	
➤ Pay attention to where and how the child is portrayed. In film, video and still photography, consider what the choice of visual background might imply about the child and her or his life and story.	
➤ Try to create a positive and supporting atmosphere for the child by talking to him/her first, introducing yourself and your reason for taking pictures, asking the child's name.	
➤ Obtain permission from the child and his or her guardian/ (psychological) parent for all videotaping and documentary photographs prior to taking pictures/making films.	
➤ Take the pictures/Produce film child-sensitively and culturally appropriate.	
➤ Be sensitive to the child's reaction to you taking pictures – if possible, talk with the child during you take pictures.	
➤ Ensure that the child would not be endangered or adversely affected by showing their home, community or general whereabouts.	
➤ Ensure that your picture taking is not misleading or appealing to child abusers, e.g. don't take pictures of naked children.	
➤ In certain cases the visual identity of children must be obscured (sexually abused, perpetrators of abuse, HIV positive, charged/convicted of crime, child combatant, asylum seeker), in addition, please notify those who will make use of your photo/film materials on sensitive issues (e.g. CBM picture archive – e-mail: picture@cbm-i.org).	
➤ Show children with disabilities as individuals with certain abilities, with families, hobbies, likes and dislikes, problems and joys, and as active members of society. Don't make them into disability heroes or victims.	
➤ Avoid shocking photos/film shots, instead show children in their social context.	
➤ Disabled people want equal rights, not charity. Even if good pictures/films speak to the heart of people and provoke emotions, the emotion provoked should be in line with the goals CBM promotes.	
➤ Close the photo shooting at an appropriate stage. Thank the child.	
➤ Post photo/film shooting manipulation is not allowed if the substance of the visual material is being changed.	

An interesting site is <http://www3.who.int/icf/photocontest2003/index.htm>



Checklist 3

Recommendations for Writing about Children

How can children be portrayed without exposing them to the risk of abuse and endangering their wellbeing? Which language can prevent stigmatization and ensure the child's dignity? How can privacy be respected? How can credibility be demonstrated without compromising the child's best interests? These recommendations will help to write a text that respects the child's rights and minimises the risks of abuse and harm. It gives guidance to journalists and PR professionals to find an appropriate wording when creating written information about children, especially about children with disabilities.



Checklist 3

Recommendation	Done
➤ Take a holistic approach and portray the child as a human being with a range of characteristics and traits.	
➤ Describe the child as an individual human being with strengths and weaknesses, certain abilities, hobbies, likes and dislikes, problems and joys, and as an active member of society.	
➤ Use appropriate language that doesn't discriminate or sexualise.	
➤ Avoid emotionalisation of language and sensationalisation of subjects.	
➤ Avoid to describe the child as a victim or to pity it.	
➤ Avoid to describe the child as a super hero and to glorify it.	
➤ Avoid to use condescending euphemisms to describe a disability, e.g. handicapable, mentally different, physically inconvenienced, and physically challenged. They reinforce the idea that disabilities cannot be dealt with up front.	
➤ Respect the child's right to privacy and make sure that the personal information that is given does not allow to identify and trace the child, e.g.	
➤ Avoid to mention the child's full name.	
➤ Mention the name of the bigger region where the child comes from, but not the exact place.	
➤ Omit the description of situations that could embarrass the child.	
➤ Don't portray children in a way that would make them appear as an attractive target for abuse, violence, or discrimination. Avoid ambiguous phrases that catch the attention of potential perpetrators.	



References & Bibliography



10 References & Bibliography

- African Network for the Prevention and Protection against Child Abuse and Neglect. (ANPPCAN). From Physical Punishment to Positive Discipline: Alternatives to Physical/Corporal Punishment in Kenya. See: <http://kenya.ms.dk/articles/advocacy%20document%20ANPPCAN.htm?udskriv+on>
- African Network for the Prevention and Protection against Child Abuse and Neglect. 2000. Awareness and views regarding child abuse and child rights in selected communities in Kenya. Nairobi.
- Australian Institute of Health and Welfare (AIHW) 2004. Child protection Australia 2002-03 (Child Welfare Series no. 34), AIHW, Canberra.
- Cashmore, J., Dolby, R., Brennan, D. 1994. Systems Abuse – Problems and Solutions: a report of the NSW Child Protection Council, NSW Child Protection Council, Sydney, Australia.
- Center for the Protection of Children’s Rights Foundation (Thailand). Statistics – Number of children rescued. Available: www.thaichildrights.org/english/statistics.html Accessed 28 Apr 04.
- Core Sex Offender Program Victoria (Australia). 2001. “The Offence Cycle”, Management and Intervention Program, Adelaide SA, Australia.
- Crosse, S.B., Kaye, E. & Ratnofsky, A.C. (n.d.). A report on the maltreatment of children with disabilities. Washington, D.C.: National Center on Child Abuse and Neglect, DHHS.
- Davies, Mike. 2003, What is Child Abuse?, CBM.
- deMause, Lloyd. 1982. “The Evolution of Childhood” in his Foundations of Psychohistory. New York: Creative Roots.
- deMause, Lloyd. 1998. The History of Child Abuse. The Journal of Psychohistory 25 (3) Winter 1998.
- Department for International Development (DFID) 2000. Disability, Poverty and Development, DFID, United Kingdom.
- Finkelhor, D., Hotaling, G., Lewis, I. A. & Smith, C. 1990. Sexual abuse in a national survey of adult men and women: Prevalence, characteristics, and risk factors. Child Abuse & Neglect
- Finkelhor D. 1994. The international epidemiology of child sexual abuse. Child Abuse & Neglect, 18: 409–417.
- Goulet, Liza E./CIDA (Canadian International Development Agency). 2001. Out from the shadows. Good practices in working with sexually exploited youth in the Americas. University of Victoria, Canada.
- Inter-Agency Standing Committee Task Force on Protection from Sexual Exploitation and Abuse (IASC TF PSEA), *Model Complaints and Investigation Procedures and Guidance Related to Sexual Abuse and Sexual Exploitation, Draft*. 15 January 2004.
- International Disability Foundation (IDF) 1999. World Disability Report, Disability ‘99, IDF.Ketsela T, Kedebe D. 1997.



- Physical punishment of elementary school children in urban and rural communities in Ethiopia. *Ethiopian Medical Journal*, 35:23–33.
- MacLeod, H. 2003. 'Child Protection' in *Celebrating Children: Equipping People Working with Children and Young People Living in Difficult Circumstances Around the World* (ed. Miles, G. & Wright, J.), Paternoster Press, UK.
- McMenamin, B. & Fitzgerald, P. 2001. *Choose with Care: A Handbook to Build Safer Organisations for Children*, ECPAT Australia.
- McMenamin, B. & Flanagan, K. 2004. *Choose with Care: Understanding & Implementing Child Protection in International Development Programs*, PLAN training conference manual, Bangkok, Thailand 27-28 January 2004.
- Miles, S. et al. 1999. *Strengthening Disability and Development Work – Discussion Paper*, British Overseas NGOs for Development (BOND).
- Morgan, Marcia. 1995. *How to Interview Sexual Abuse Victims*, Sage.
- Patel, Vikram. 2003. *Where there is no psychiatrist. A mental health care manual*. The Royal College of Psychiatrists. London.
- Petratis, V. & O'Conner, C. 1999. *Rockspider: the danger of paedophiles – untold stories*, Hybrid Publishers, Ormond Victoria.
- Save the Children 2001, *Child Protection Reporting & Investigations: Procedure and Guidance for Managers, Version 3: August 2001*.
- Schenk, Katie and Jan Williamson. 2005. *Ethical Approaches to Gathering Information from Children and Adolescents in International Settings: Guidelines and Resources*. Washington, DC: Population Council.
- Sullivan, P.M. & Knutson, J.F. 2000. Maltreatment and disabilities: A population-based epidemiological study. *Child Abuse & Neglect*, 24, 1257-1274.
- Tearfund. (n.d.). *Tearfund's Child Protection Training - Everybody's business*, Training Presentation.
- Tearfund & NSPCC 2003. 'Setting the standard' A common approach to Child Protection for international NGOs. www.peopleinaid.org
- Troemé, NH, Wolfe D. 2001. Child maltreatment in Canada: selected results from the Canadian Incidence Study of Reported Child Abuse and Neglect. 82.
- World Report on Violence and Health. (n.d.) Minister of Public Works and Government Services Canada. Ottawa.
- United Nations Economic and Social Commission for Asia and the Pacific ESCAP HRD Course on Psychosocial and Medical Services for Sexually Abused and Sexually Exploited Children and Youth [ST/ESCAP/2208].
- United Nations Study on Violence Against Children. 2005. *Regional Consultation for Europe and Central Asia, Background Paper prepared by Nigel Cantwell*.



- UNICEF, Child Protection – The big picture.
www.unicef.org/protection/index_bigpicture.html
Accessed 29 Apr 04.
- Wernham, Marie, Geerinckx, Savina, Jackson, Elanor. 2005. Consortium for Street Children Police Training on Child Rights & Child Protection: Lessons Learned & Manual. London.
- World Health Organization 1999. Report of the Consultation on Child Abuse Prevention, 29–31 March 1999, WHO, Geneva. (document WHO/HSC/PVI/99.1).
- World Health Organization. 2002. World report on violence and health/edited by Etienne G. Krug [et al.]. Geneva. WHO 2002a. Facts – Child abuse and Neglect. Geneva.
- World Health Organization 2002b. World health report 2002: reducing risks, promoting healthy life, WHO, Geneva.
- World Health Organization 2003. Guidelines for medico-legal care of victims of sexual violence, WHO, Geneva.
- World Health Organization 2004. Child Abuse & neglect.
www.who.int/violence_injury_prevention/violence/neglect/en
- World Vision 2000, World Vision Partnership Policy on Child Protection.
- Youssef RM, Attia MS, Kamel MI. 1998. Children experiencing violence: parental use of corporal punishment. *Child Abuse & Neglect* , 22:959–973.

10.1

Useful Websites, Contacts & Resources

- African Network for the Prevention and Protection Against Child Abuse and Neglect. (ANPPCAN). National Chapters.
www.anppcan.org/new/chapters.htm
- Child Abuse- Definitions, History, Signs and Trends
www.andrews.edu/IPA/education/adolescent_health/Abused_girl/index.htm
- Child Sexual Abuse: What it is and How to Prevent It
<http://ericeece.org/pubs/digests/1990/sexabu90.html>
- Child Rights Information Network.
www.crin.org
- Child Wise Australia.
www.ecpat.org/choose-with-care.php
- Defence for Children International.
www.dci-is.org
- Disability, Abuse & Personal Rights Project, Online Training Conference on Abuse and Disabilities!
www.disability-abuse.com
- Human Rights Watch. Children's Rights Division.
www.hrw.org/children
- International Federation terre des homes.
www.terredeshommes.org
- International Save the Children Alliance.
www.savethechildren.net/alliance/index.html



International Society for Prevention of Child Abuse and Neglect. (ISPCAN) www.ispcan.org
 National Partner Organizations see:
www.ispcan.org/nationalpartners.htm

Interpol. National Legislations on Sexual Abuse.
www.interpol.int/Public/Children/SexualAbuse/NationalLaws/Default.asp

Office of the High Commissioner of Human Rights. International Human Rights Instruments.
www.unhchr.ch/html/intlinst.htm

Office of the High Commissioner of Human Rights. UN-Convention on the Rights of the Child.
www.unhchr.ch/html/menu3/b/k2crc.htm

Office of the High Commissioner of Human Rights. Declaration on the Rights of Disabled Persons.
www.unhchr.ch/html/menu3/b/72.htm

Office of the High Commissioner of Human Rights. Declaration on the Rights of Mentally Retarded Persons.
www.unhchr.ch/html/menu3/b/m_mental.htm

Office of Juvenile Justice and Delinquency Prevention. Diagnostic Imaging of Child Abuse Portable Guides to Investigating Child Abuse.
www.ncjrs.org/html/ojjdp/portable_guides/diagnostic/contents.html

Ontario Association of Children's Aid Societies. Risk Assessment Model for Child Protection in Ontario.
www.oacas.org/resources/riskassessment

Plan USA. Child Protection Standards.
www.planusa.org/site/protection.php

Understanding Abuse: Child Abuse and Neglect
www.extension.iastate.edu/Publications/PM1478X2.pdf

Understanding Abuse: Sexual Abuse of Children
www.extension.iastate.edu/Publications/PM1478X3.pdf

Understanding Abuse: Sibling Abuse
www.extension.iastate.edu/Publications/PM1478X10.pdf

Understanding Abuse: Abuse of Peoples with Disabilities
www.extension.iastate.edu/Publications/PM1478X10.pdf

Understanding Abuse: Prevent Substance Abuse: A Parent's Guide
www.extension.iastate.edu/Publications/PM1478X11.pdf

Understanding Abuse: Suicidal Behavior
www.extension.iastate.edu/Publications/PM1478X15.pdf

Understanding Abuse: Eating Disorders
www.extension.iastate.edu/Publications/PM1478X16.pdf

UNESCO. The Salamanca Statement.
www.portal.unesco.org/education/en/ev.php-URL_ID=8412&URL_DO=DO_TOPIC&URL_SECTION=201.html#fulltext

UNICEF. www.unicef.org/crc/crc.htm

United Nations enable. International Norms and Standards relating to Disability.
www.un.org/esa/socdev/enable/comp501.htm



U.S. Department of Justice. Office of Justice Programs. Office for Victims of Crime. First Re-sponse to Victims of Crime. A Handbook for Law Enforcement Officers on How To Approach and Help.

www.ojp.usdoj.gov/ovc/publications/infores/firstrep/welcome.html

The World Bank Group. Global Partnership for Disability and Development (GPDD).

<http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTSOCIALPROTECTION/EXTDISABILITY/0,,content-MDK:20226537~pagePK:148956~piPK:216618~theSitePK:282699,00.html>

World Health Organization. World report on violence and health.

www.who.int/violence_injury_prevention/violence/world_report/en

World Vision International.

www.wvi.org/wvi/home.htm





Annex



Please feel free to add your personal amendments

(national legislation, case studies, notes etc.).





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