



# DEFINING CHILD PROTECTION AND UNDERSTANDING CHILD ABUSE

Learning About Child  
Protection In Bhutan



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# CHILD PROTECTION AND TYPES OF ABUSE

**Child Protection** is the prevention of and response to abuse, neglect, exploitation and violence against children.

**Abuse** is illegal, improper, or harmful practice or maltreatment.

**Child abuse** is a deliberate act of ill treatment or an omission that can harm or is likely to cause harm to a child's safety, well-being dignity and development. *For child abuse, the intent of the action does not matter; it is the actual harm that comes to the child that is important.*

There are five different kinds of abuse:

<b>1</b> Physical Abuse	<i>Involves the use of violent physical force to cause actual or likely physical injury or suffering to a child</i> <b>Examples include:</b> hitting, shaking or torture of a child.
<b>2</b> Emotional Abuse	<i>Any humiliating or degrading treatment against a child</i> <b>Examples include:</b> bad name calling, constant criticism, persistent shaming or isolation.
<b>3</b> Sexual Abuse	<i>Any involvement of a child in sexual activity by an adult or person of power, including all forms of sexual violence</i> <b>Examples include:</b> rape, early and forced marriage, sexual exploitation, indecent touching and exposure, using sexually explicit language towards a child or showing children pornographic material.
<b>4</b> Neglect	<i>Deliberately or through carelessness failing to provide for a child, their rights to safety and development</i> <b>Examples include:</b> not providing sufficient food or water or failing to properly supervise a child.
<b>5</b> Exploitation	<i>The use of children for someone else's advantage, gratification or profit</i> <b>Examples include:</b> child labor and sexual exploitation.

# THE CHILD CARE AND PROTECTION ACT OF BHUTAN 2011

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The Child Care and Protection Act of Bhutan 2011 (CCPA) includes:

- Guiding Principles for child protection
- Prevention of child offences; the Act addressed the role of Central and local government, education institutions, mass media, community and family with regards to child protection.
- Description of children in difficult circumstances
- Description of children in conflict with the law

The Child Care and Protection Rules and Regulations of Bhutan 2015 includes:

- Guiding Principles for child protection
- Roles and responsibilities of all governmental authorities and institutions with regards to child protection
- Roles and responsibilities of civil society organizations with regards to child protection
- Procedural matter that relates to children in difficult circumstances
- Procedural matter that relates to children in conflict with the law

**A child in conflict with the law** according to section 71 of the CCPA is a child who:

- Is above 12 years of age and found to have committed an offence.

**A child in difficult circumstances** according to the section 59 of the CCPA is a child who:

- Is found without having any home or settled place of abode and without any ostensible means of subsistence and is a destitute;
- Has a parent or guardian who is unfit or incapacitated to take care of or exercise control over the child;
- Is found to associate with any person who leads an immoral, drunken or depraved life;
- Is a frequent victim at the hands of individuals, families, or the community;
- Is being or likely to be abused or exploited for immoral or illegal purposes;

### According to the sections: 61, 62, and 63 of the CCPA:

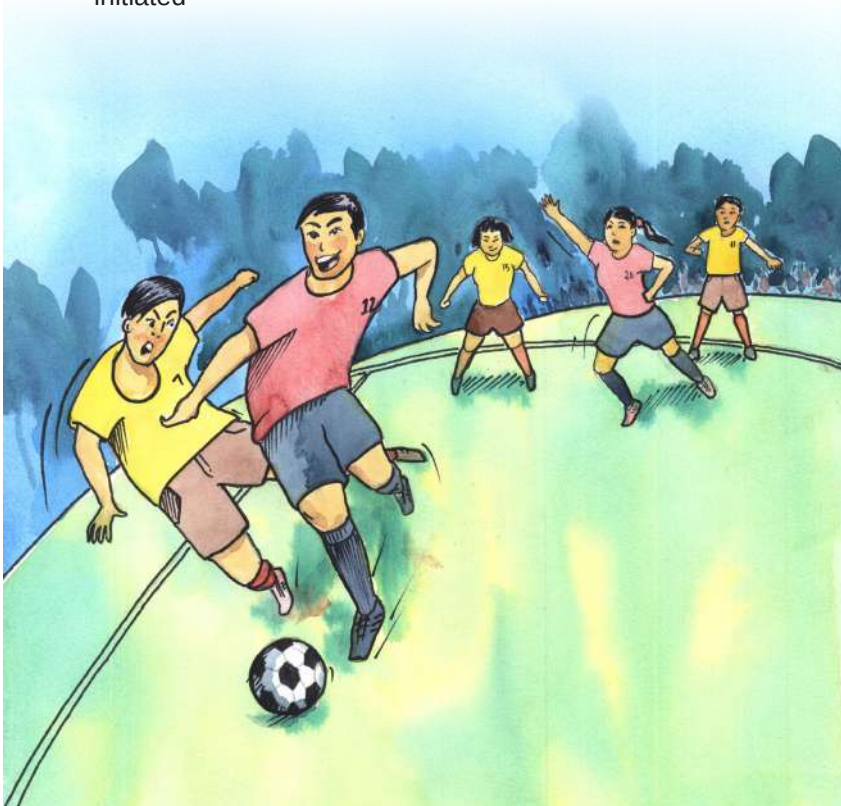
If any person is of the opinion that a child is apparently a child in difficult circumstances as mentioned in Section 59, such person shall:

- inform the police or child welfare officer
- Whenever the information has been given to the police, the police shall inform the child welfare officer
- When information is given to an officer in charge of a police station or to a child welfare officer about any child in difficult circumstances such police officer or child welfare officer shall record the information and take such action thereon as deem fit.
- A child in difficult circumstances taken into the care of the police under this Act shall be transferred to the child welfare officer within 24 hours after being taken into the care of the police excluding the time necessary for the journey from the place

### Guiding principles in CCPA are as follows:

- **Best interest of the child:** in actions concerning children under this Act whether undertaken by government, non-government or private social welfare institutions, courts of law, administrative authorities, family members or individuals, the best interest of the child shall be the primary consideration.
- A child shall be treated fairly and equally with respect and dignity and shall not be discriminated against on the grounds of race, sex, language, religion, political or other status.
- A child shall not be subjected to arbitrary arrest, detention, imprisonment or deprivation of liberty. Any arrest, detention or imprisonment of a child shall be used only as a measure of last resort and for the shortest appropriate period of time.
- The child justice system is essential to uphold the rights of children keeping them safe and promoting their physical and mental well-being.
- The prevention of child offences is an essential part of crime prevention in the society and requires efforts on the part of the entire society to ensure the harmonious development of the child with respect for and promotion of their personality from early childhood.

- A child in conflict with the law shall be provided with the opportunity to be heard in any judicial and administrative proceeding either directly or through a representative or an appropriate body in accordance with the Civil and Criminal Procedure Code.
- A child under confinement shall be provided with conducive physical environment and accommodation which are in keeping with rehabilitative aims of residential placement and due regard must be given to the needs of the child for privacy, opportunities for association with family, relatives and friends, participation in cultural, sports, physical exercise, and other leisure activities.
- If a child commits an offence, the child shall be treated in a manner that would divert the child from the criminal justice system unless the nature of the offence and the child's criminal history indicates that a proceeding for the offence should be initiated



# **UNDERSTANDING CHILD ABUSE TYPES, INDICATORS/ SIGNS**



# DIFFERENT TYPES OF ABUSES AND POTENTIAL SIGNS

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## 1. Physical Abuse

*Involves the use of violent physical force to cause actual or likely physical injury or suffering to a child*

Examples: hitting, shaking or torture of a child.

### **Possible Signs of Physical Abuse**

- Bite marks
- Cigarette burns
- Evidence of old but untreated injuries
- Signs of severe, long term bruising
- Unexplained injuries, burns, bruises
- Explanation of injury does not match with what is observed

## 2. Emotional Abuse

*any humiliating or degrading treatment against a child*

Examples: bad name calling, constant criticism, persistent shaming or isolation.

### **Possible Signs of Emotional Abuse**

- *Very difficult to detect as it rarely has obvious signs*
- Slow physical, intellectual or emotional development
- Difficulties in forming relationships, withdrawal
- Learning problems or sudden speech disorders
- Disruptive/ attention-seeking behavior
- Poor self-esteem
- Fear of new situations

## 3. Sexual Abuse

*any involvement of a child in sexual activity by an adult or person of power, including all forms of sexual violence*

Examples: rape, early and forced marriage, sexual exploitation, indecent touching and exposure, using sexually explicit language towards a child or showing children pornographic material.

## **Possible Signs of Sexual Abuse**

- Sudden/ unexpected behavior changes
- Isolation from friends
- Overly affectionate/ knowledgeable in a sexual way
- Medical problems like stomach pain when walking or sitting
- Chronic itching, pain, discharge, bleeding from the genitals
- Sexually transmitted diseases, pregnancy
- Lack of trust or fear of someone they know well

## **4. Neglect**

*deliberately or through carelessness failing to provide for a child, their rights to safety and development*

Examples: not providing sufficient food or water or failing to properly supervise a child.

### **Signs of Neglect**

- Stealing or hiding food
- Losing weight
- Poor personal hygiene
- Constant tiredness
- Behavioral difficulties
- Frequently missing school
- Untreated medical problems
- Few friends

## **5. Exploitation**

*the use of children for someone else's advantage, gratification or profit*

Examples: child labor; child pornography and sexual exploitation.

### **Possible Signs of Exploitation**

- Has money, gifts or expensive items not given by parents
- Over confidence, sense of importance
- Very tired, sleeping in school
- Frequently absences from school or previous activities
- Physical impacts: bent back, weakness, damage to hands

## 6. Multiple Signs of Abuse

- Chronic running away, fears going home, refuse to have parents contacted
- Aggression or being isolated or withdrawn
- Distrust of adults
- Fear of physical contact-flinching if touched
- Regressing to younger behavior or inability to concentrate
- Self-destructive tendencies
- Depression, self-mutilation, suicide attempts

**NOTE:** The possibility of abuse should be assessed if a child show:

A number of signs;  
OR  
One serious sign



**PSYCHOSOCIAL DISTRESS-  
CONSEQUENCE OF  
VIOLENCE AGAINST  
CHILDREN**

## **Psychosocial distress is a result of ongoing abuse and violence against children**

Signs of Psychosocial distress can appear on the short and long term and it can inform us about an abuse and violence the child has been or is still being exposed to.

As a consequence of exposure to violence, many children will experience symptoms associated with Post-Traumatic Stress Disorder (PTSD)

### **Signs of Psychosocial Distress-Emotion/Behavioral**

- Sadness/ Anxiety
- Feelings of fear
- Depression and other mental health disorders
- Difficulty Concentrating
- Isolation
- Aggression/ Self-destructive behavior
- Suicidal attempts or self-harm
- Regression in development mentally
- Difficulty trusting others
- Lack of interest in school/ previous activities
- In some cases, sexual violence
- Lack of sense of safety
- Increased risk of alcoholism and substance abuse

### **Signs of Psychosocial Distress-Physical**

- Problem in sleeping
- Headaches
- Extreme reactions to loud noises
- Bedwetting
- Nightmares
- Regression in development physically
- Delay in brain development as a lack of positive stimulation

- Physical illnesses in childhood such as asthma, gastro-intestinal problems.
- Physical illnesses on the long term such as heart and lung diseases, cancer, high blood pressure.
- Serious impact on the immune and nervous system on the short and long terms.

# UNDERSTANDING POTENTIAL CAUSES OF CHILD ABUSE

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**Theory of Ecology:** The importance of this theory is to illuminate the multidimensional causes of abuse and to show its dynamic face. Each causative agent is of real importance and is assessed for other factors in protection situations. According to the World Health Organization; the theory of Ecology has 4 levels and each level can cause abuse and violence against children either solely or unanimously

## Individual level:

- biological and personal aspects such as sex and age
- lower levels of education
- low income
- having a disability or mental health problems
- harmful use of alcohol and drugs
- A history of exposure to violence.

## Close-relationship level:

- lack of emotional bonding between children and parents or caregivers
- poor parenting practices
- family dysfunction and separation
- witnessing violence between parents or caregivers
- Early or forced marriage.

## Community level:

- poverty
- high population density
- low social cohesion and transient populations
- easy access to alcohol and firearms
- High concentrations of gangs and illicit drug dealing.

### Society level:

- social and gender norms that create a climate in which violence is normalized (cultural beliefs)
- health, economic, educational and social policies that maintain economic, gender and social inequalities
- absent or inadequate social protection
- post-conflict situations or natural disaster
- Settings with weak governance and poor law enforcement.





# HOW TO RESPOND TO CHILD PROTECTION CONCERNS

## Guiding Principles in Early Identification and Referral Stage

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In Early Identification and Referral stage, all stakeholders, service providers and or any person involved in the identification and referral process must agree to follow these guiding principles, which reflect international standards of care and best practice as outlined in the Child Protection Minimum Standards and the UN Convention on the Rights of the Child.

### Do No Harm

This means ensuring that actions and interventions designed to support the child (and their family) do not expose them to further harm. At each step of the referral process, care must be taken to ensure that no harm comes to children or their families as a result of staff conduct, decisions made, or actions taken on behalf of the child or family. Caution should also be taken to ensure that no harm comes to children or families as a result of collecting, storing or sharing their information. For example, collecting unnecessary information that is then found out about a child, or intervening to help a child that then causes conflict between individuals, families and communities, and unless care is taken, this may expose a child and his/her family to further harm such as revenge acts or violence.

### Best Interest of the child

The “best interests of the child” encompass a child’s physical and emotional safety (their well-being) as well as their right to positive development. In line with Article 3 of the United Nations Convention on the Rights of the Child (UNCRC), the best interests of the child should provide the basis for all decisions and actions taken, and for the way in which service providers interact with children and their families. Front-liners and Service providers should prioritise the child’s health and safety above all other concerns and consider what is in the best interest of the child before taking action.

Factors that determine the best interest of the child:

- The mental/emotional and physical health needs of the child is the top priority that determines the best interest
- The presence of domestic violence in the home including violence against the child
- The capacity of the parents to provide the basic needs as safe home and adequate food, clothing, and medical care
- The mental and physical health of the parents
- The emotional ties and relationships between the child and his or her parents, siblings, family and household members, or other caregivers

### Confidentiality

Confidentiality requires to protect information gathered about any individual of concern (child at risk or family) and to ensure it is accessible only with a beneficiary's explicit permission. For agencies, service providers and staff involved in identifying and referring cases, it means collecting, storing and sharing information on individual cases in a safe way as sharing information improperly could lead to endangering the life, health or safety of the child and family members involved.

Specifically, the person making the referral should never reveal children's names or any identifying information (i.e. location, phone number, physical address, family member's names, etc.) to anyone not directly involved in the provision of case management services. More specifically, this means that identifying information should never be shared beyond the **person making the referral, their direct supervisor and focal point** receiving the referral. When information is shared among stakeholders, it should be communicated verbally in a private place or attached to an email in password protected file with no identifying information in the email itself. The referral form should never be printed and should be saved on a single computer with password protection.

### **Key guidelines in maintaining confidentiality include:**

- Always discuss referrals/ child protection concerns in private.
- Don't reveal personal information to anyone not involved in the case
- Collect and keep files regarding referrals safely (password protected, locked cabinets, etc.)
- Limit the number of people who have access to information about children
- Never include a child's name, location, date of birth or other identifying details in the body of an email.
- Always send sensitive information in a password protected document or communicate details verbally.
- Do not copy multiple people on emails. Send written information only to the Focal Point designated to receive it
- Avoid informal conversations with colleagues or friends about child protection cases.
- Only share information with the informed consent/ assent of the child and parents/ caregivers.

### **Informed Consent/assent**

Prior to providing a referral, person involved in the referral process must request the beneficiary's permission to provide services and provide them with enough information to make an informed decision. This process is called informed consent.

Informed Consent is the voluntary agreement of an individual who has the capacity to understand, and who exercises free choice, to be referred to a third party and/or to a specific service based on full and transparent information. Before proceeding with a referral, the person/ Front-liner must obtain **verbal consent** by sharing information on: service options available, providers, the process and requirements to access services and potential risks as well as confidentiality and how information collected will be used and stored. This information should be communicated clearly and using non-technical language that the beneficiary can understand.

In the case of a child (under 18), a parent or caregiver's consent should be sought in addition to the child's consent, unless doing so might put

the child at risk of further harm (e.g. where parents are implicated in abuse or could take “punitive” measures against a child). Where parents/ caregivers are unavailable or implicated in the abuse, the person/Front-liner should follow an **informed assent** process requesting permission from the child themselves. Informed assent is the expressed willingness to participate in services by children over 12 years. Informed assent requires the same process as informed consent, including sharing of information in a child-friendly format on services and potential risks and asking the child for his or her permission to help. Informed assent is not a legally binding process but is an accepted procedure when children’s caregivers cannot be involved due to their absence (e.g. death, located in a different area, or role in the abuse).

Age range	Caregiver implicated in abuse?	Type of consent/assent
0-5	No	Informed consent of caregiver
0-5	Yes	No consent/assent required – proceed with referral
6-11	No	Informed consent of the child and caregiver
6-11	Yes	Informed assent of child and trusted adult
12-18	No	Informed consent of the child and caregiver
12-18	Yes	Informed assent of the child

### **Maintain Professional Boundaries**

Case management staff must act with integrity adhering to the ethical and professional standards by not abusing the power or the trust of the child or their family. This includes asking for favours or payments in exchange for unfair advantage or services. Where caseworkers have a conflict of interest (e.g. are related to or from the same network as the child/ family), a new caseworker should be assigned.

## RISK LEVEL GUIDE

### **Definitions:**

**High Risk (level 1):** Child significantly harmed or at immediate, serious risk of harm; Urgent response and frequent follow up required within 24 hours.

**Medium Risk (level 2):** Child harmed or at risk of serious future harm; Response and follow up required within 2-3 days

**Low Risk (Level 3):** Child at risk of harm; monitoring required or child no longer a level 2 but monitoring required ensuring harm removed follow up within 5-7 days



Type of Risk	High Risk	Medium Risk	Low Risk	No Risk
<b>Violence (physical abuse)</b>	Serious injury Infant or toddler injured in Domestic Violence (DV) incident Child attempted to suicide	Excessive corporal punishment Threats to injure Dangerous and reckless behavior Child is self-harming	Threats to injure Non injurious, occasional corporal punishment	No violence present (factors causing the harm have been addressed or removed) Person causing harm no longer has contact with the child
<b>Abuse (sexual and emotional abuse)</b>	Any sexual contact between a child and an adult (where person causing harm has access to the child) Child is being persistently belittled, isolated, or humiliated by a significant caregiver  Child is promised to be married in the following days or child promised to marry and will move out of the area (e.g. back to Syria) in the following days	Child is promised to be married in the future The child has been sexually violated in the past and not received any support Significant caregivers approach to the child is harmful (occasional belittling, isolation or humiliation)	Child is treated differently than other siblings and parent/caregiver or other relevant person is negative towards the child	The child and family have received support and there are no sexual harm factors present Factors causing the emotional harm have been addressed (parent received support) Person causing harm no longer has contact with the child

<b>Neglect</b>	Serious injury or illness due to neglect (malnutrition with no apparent causal factors)	Lack of supervision Inadequate basic care Failure to protect The child is often left to look after themselves, or is undertaking tasks beyond his/her developmental capacity	Caregivers are emotionally distant	The child's basic needs are being met and the caregiver
<b>Exploitation</b>	Child involved in worst forms of child labor, including sexual exploitation or child associated with armed groups and forces	Child under 14 forced to work Child over 14 forced to work in dangerous or harmful circumstances	Parents are threatening to send the child to work  Child over 14 is working in a safe environment with little exposure to harm	The child is no longer working, supports have been put in place to ensure the child does not return to work
<b>Psycho-social distress</b> (parent not coping, or not protective and/or no services involved)	The child has attempted suicide The child is engaging in very risky behaviors Child has stopped communicating/speaking The child's sense of reality is affected The child has intense violent behaviors	The child's social skills, ability to self-care and retain school attendance is significantly impaired The child is using drugs and/or alcohol The child becomes frequently absent minded	There has been sporadic disputes and violence, but the child is over 15 and has support networks	No violence present (factors causing the harm have been addressed or removed) Person causing harm no longer has contact with the child



		<p>The child has distressing flash-backs</p> <p>The child is bed-wetting</p> <p>The child is often crying and/or sad</p> <p>The child has unexpected and intense fears, phobias and anxiety</p> <p>The child has sleeping and concentration problems</p> <p>The child is suddenly behaving much younger than his/her age</p> <p>The child is self-harming</p>	<p>The child is sad and withdrawn</p> <p>The child is displaying anger</p>	<p>The child's psychosocial wellbeing is restored; the child is engaged in a range of activities and is not displaying behaviors of concern</p>
<p><b>Do- mestic violence present in the home</b></p>	<p>Child under 5</p> <p>Child is witnessing domestic violence and there are level 2 harm factors</p> <p>Significant injuries to the parent suffering the violence</p>	<p>Child is displaying emotional distress and difficulties learning and socializing</p>		

# HOW TO GET INFORMED CONSENT

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## For children under 10:

Part of my job is to make sure the children I work with are safe. I care about you and what happened to you, and I want to keep you safe. What you tell me is between you and me only, unless there is something that you tell me that worries me or if you need help that I cannot give you. If I am worried about your safety, I may need to talk to someone who can help you.

From what you have told me today, it sounds like you need help to stay safe and healthy. There are people at another organization who work to help keep children safe, and I would like to contact them to ask if they can help. They will keep information about you secret and won't tell other people without your permission. Is it okay if I contact these other people?

## For children 11 and above:

Part of my job is to make sure that children I work with are safe and get help when they need it. Although most of what we talk about is between you and me, there may be some problems you might tell me about that we would have to talk about with other people.

There is another organization {insert name of appropriate agency} that has people who work with individual children to help keep them safe and healthy. Based on what you told me today, I think this organization may be able to help you.

I would like to share with them your name, location and how to contact you or someone you trust. The people at [name of organization] will not contact your family, neighbors or friends without your permission. Would it be okay if I contacted {insert name of appropriate agency} to ask them to help?

### For adults:

Based on the information you have given me today, I think your child might benefit from individual assistance from [name of CP agency]. This organization works with individual children and their families to help ensure children are safe and healthy. They will assign one person to work with you and that person might refer you or your child to other services. If you wish, I can refer your child today to my colleagues at [Name of CP Agency] and ask them to get in touch with you to better explain the kind of support they offer. You will then be able to decide whether you are interested in accessing additional services or not.

The only information I will share with my colleagues are your name, location and best way to contact you (e.g. phone number, time to call, etc.). They will only use this information to contact you and will not share it with anyone else without your consent. We will not contact your family, neighbours or friends. Your name and personal details will always be kept private. Participation in services they offer is always voluntary – it's up to you. You can ask questions at any time today or in the future. You can also decide at any time to stop receiving services, and there will be no negative consequences for you or your family

Do you have any questions about the referral process?

Do you agree to allow me to make a referral to [Name of CP Agency] for further assistance? [Yes or No]



## ROLES AND RESPONSIBILITIES OF FRONT-LINERS VERSUS CHILD PROTECTION SPECIALIZED STAFF

<b>Requirements of Front-liners</b>	<b>Requirements of Child Protection Specialized Staff</b>
Identify individual child protection cases through regular presence in the community and direct contact with children and families.	Accept referrals from Front-liners and other non CP agencies and community partners.
Positive communication with the child through Listening and trying to memorize all the details the child would like to tell you about the abuse.	Once referral is received, Conduct initial (rapid) assessments for CP cases and prioritize them according to risk level. Directly assist the child and family if there is any urgent need.
After completing the interview, write down all the important details. Do not force the child to answer questions. It is not permissible to investigate	Develop case plans that respond to needs addressed in initial and comprehensive assessments and seek support of supervisor when necessary.
Ensure that abuse is documented in a safe and confidential manner	Regularly follow up to ensure all services and action points listed in the case plan are carried out within agreed time frames. Ensure that progress is regularly reviewed.
Complete the referral form and send in a confidential manner.	Regularly monitor and support to children and families through home visits, providing guidance, advice and emotional support, community mediation and referrals.
Refer the Child protection case to the CP Specialized staff and inform them about the initial risk level and the urgent needs of the child and family.	Work with supervisors and managers to arrange case conferences for complex cases and ensure children receive multi-disciplinary support.

### Important note:

1. Only, in urgent cases, Front-liner can take the child for emergency services but after informing the CP agency.
2. According to the CCPA sections: 61, 62, and 63

If any person is of the opinion that a child is apparently a child in difficult circumstances as mentioned in Section 59, such person shall:

- inform the police or child welfare officer
- Whenever the information has been given to the police, the police shall inform the child welfare officer
- To do the mentioned above steps you need to conduct a **confidential referral**



# COMMUNICATING WITH CHILDREN

# PRINCIPLES OF COMMUNICATING WITH CHILDREN

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## 1. Nurturing, Comforting and Supportive

Children who are at risk/have experienced abuse **rarely seek help independently**, especially younger children, and will usually be identified by someone else. Children **may not understand** what is happening to them or may experience fear, embarrassment or shame about the abuse. This can **affect their willingness and ability to talk** to you or other service providers.

**Your initial reaction** will impact their sense of safety, willingness to talk, and psychological well-being. A positive, supportive response will help abused children feel better; A negative response (such as not believing the child or getting angry) could cause further harm.

## 2. Reassure the Child

Children need to be reassured that **they are not at fault** for what has happened to them and that they are **believed**. Children **rarely lie** about being abused. Caseworkers should **encourage** children to share their experiences.

**Healing statements** are essential to communicate at the outset of disclosure and throughout case management. Find opportunities to tell children that they are brave for talking about the abuse and that they are not to blame for what they have experienced. Tell children that they are not responsible for the abuse and emphasize that you are there to help them begin a process of change.

- *“I believe you”* which builds trust
- *“I am glad that you told me”*, which builds a relationship with the child
- *“I am sorry this happened to you”*, which expresses empathy
- *“This is not your fault”*, which is non-blaming
- *“You are very brave to talk with me and we will try to help you”*, reassuring and not making promises

Say that you accept that their feelings (anger, fear, anxiety...) are natural in the situation.<sup>1</sup>

- “These are difficult things you are telling me”, or
- “Many children feel upset after a thing like that happens”

### **3. Do NO Harm: Be Careful Not to Distress the Child Further**

**Try to limit any interactions that might distress the child. Do not:**

- Become angry with a child
- Force a child to answer a question that he or she is not ready to answer
- Force a child to speak about the situation before he/she is ready
- Have the child repeat the story of abuse multiple times to different people (follow-up conversations with children who become distressed are not considered “multiple interviews”)

### **4. Speak So Children Understand**

Information must be presented to children in ways and language that they understand, based on their age and developmental stage.

### **5. Help Children Feel Safe**

During Registration and/or Assessment, children often like to have trusted adult present, especially young children and those who are scared. **Always offer** children the choice to have a trusted adult present, or not. **Do not force** a child to speak to/in front of someone they appear not to trust. **Do not include** the person suspected of the abuse in the interview.

There may be times when it is appropriate to talk to children and parents separately as children may hesitate to speak in front of caregivers. Tell the **truth** —even when it is difficult. If you don’t know the answer, tell the child, “I don’t know.” **Honesty and openness** develop trust and help children feel safe.

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<sup>1</sup> Source: *Communicating with Children: Helping Children in Distress* (2000) Save the Children



6. **Tell Children Why You Are Talking with Them:** Every time you communicate with a child take the time to **explain** to the child **the purpose** of the meeting. It is important to explain **why** you want to speak with them, and **what they will be asked** and what will be asked to his/her caregiver. At every step of the process, **explain** to children **what is happening**.
7. **Use Appropriate People:** In principle, only female service providers and interpreters should speak with girls about sexual abuse. Boys should be offered the choice. If this is not possible use a more open space or have someone the child chooses to be present. The best practice is to ask the child if he or she would prefer.
8. **Pay Attention to Non-Verbal Communication:** It is important to pay attention to both the child's and your own **non-verbal communication** during any interaction.
9. **Respect Children's Opinions, Beliefs and Thoughts – Right to Participate**

Children have a right to express their opinions, beliefs and thoughts about what has happened to them as well as any decisions made on their behalf. Service providers are responsible for communicating to children that they have the right to share (or not to share) their thoughts and opinions. The child should be free to answer "I don't know" or to stop speaking with a service provider if he/she is in distress. The child's right to participation includes the right to choose not to participate.

### **Respect is the key to proper communication**

All persons involved in the referral process/ Front-liners should treat children and their families with respect and consider their wishes regarding the referral or reporting of a case. They should treat all children and their caregivers with dignity and accept them without judgments. It is important that you respect the wishes, the rights and the dignity of a child, consider his/her best interests, when making any decision on the most appropriate course of action to prevent or respond to violence, abuse, exploitation or neglect. Respecting beneficiaries in terms of referrals includes:

## Using Respectful Communication Techniques

- Discussing potential referrals in private settings (including outside of a home when others are present, asking beneficiaries if they would prefer to speak alone, etc.)
- Using language that the beneficiary can understand (i.e. speaking in the same dialect as the beneficiary; not using technical terms; in the case of a child, using simple language suitable to their age and developmental stage)
- Use appropriate communication techniques and body language, e.g. to demonstrate that we are interested in what they are saying and appreciate the trust they put in us, use the right tone of voice, do not interrupt, sit at the same level, etc.
- Asking the beneficiary only relevant questions required to facilitate a referral (do not investigate yourself)
- Using non-blaming language – never express judgment of the beneficiary, their families, parents or partners/ husbands, even when the latter may be implicated in abuse
- Use reassuring and validating language and demonstrate empathy towards the beneficiary
- Never forcing a child to answer a question
- Avoid requiring a child to repeat the story in multiple interviews

## Involve the Child in Decision-Making

Children have the right to participate in decisions that have implications in their lives. This can be achieved during the referral process by taking the following actions:

- Communicating in simple, clear language appropriate to the child's age
- Asking children if they would like their family members (like caregivers or siblings) to be present during discussions
- Asking the child what they would like to happen next
- In cases where a child's wishes cannot be prioritized, the reasons should be explained to the child

## Not Raising Expectations

- Never promising an outcome or that a service will meet all of a beneficiary's needs

## DO'S AND DON'TS OF COMMUNICATING WITH CHILDREN

<u>Do's</u>	<u>Don'ts</u>
<ul style="list-style-type: none"><li>• Find a quiet place to talk to the child</li><li>• Believe the child and take his/her fears seriously</li><li>• Use familiar expressions for children. Speak in a language the child understands</li><li>• Reassure the child that he/she has done the right thing by coming to you</li><li>• Listen carefully and try to understand what is happening</li><li>• Assure the child of privacy and you want to ask someone for help</li><li>• Be patient, and let the child tell you his/her story in a way that is comfortable for him</li><li>• Use non blame expressions such as:<ul style="list-style-type: none"><li>○ This is not your fault</li><li>○ Sorry that it happened to you</li><li>○ I believe you</li><li>○ That must be difficult/hard</li></ul></li><li>• Tell the child about the next steps.</li></ul>	<ul style="list-style-type: none"><li>• Do not discuss sensitive matters with the group or in a place where others hear</li><li>• Don't ask embarrassing questions</li><li>• Do not behave too officially or use complex expressions</li><li>• Do not judge the child or family member</li><li>• Don't ask too many questions. Don't make the child repeat what happened</li><li>• Do not force the child to share the abuse with his or her parents or caregivers</li><li>• Do not force the child to answer questions that he/she does not want to answer</li><li>• Don't ask the child why. Don't judge this talk as a child's fault</li><li>• Don't promise children that their problems will be solved</li></ul>

## **Best Practice for Responding and Referrals**

## Best Practices

- Reassure the child
- Do not attempt to investigate reports yourself
- Ask only the number of questions necessary to gain a clear understanding of what is being said (i.e. what, who, where, when)
- Explain that you would know an organization that provides services to children and you would like to call them to ask for help
- Explain confidentiality – what the child tells you will not be shared with other staff members, friends, etc.
- Use inter-agency form to document and email in a password protected document to CP focal point in the area

### If a Front-liner receives a report of a child at risk

1. Speak to person reporting to understand nature of the risk or harm taking place. **Ask who, what, where, when?**
2. Tell reporter you would like to ask someone for help and that information about the case will be kept confidential from friends, family, other staff, etc.
3. Contact your line manager to alert them of the situation.
4. Complete the Referral Form and Contact appropriate Child Protection Focal Point by phone immediately.
5. Save and password protect the referral form. Send by email to the Child Protection Focal Point **only**.

### If a Front-liner suspect a child is experiencing a form of abuse

1. Speak to your line manager or supervisor to explain your concerns.
2. Call the Child Protection Focal Point for your area and explain your concerns.
3. Complete the Referral Form, save and password protect the form. Send by email to the Child Protection Focal Point **only**.

### If a child reports his/her experience of abuse

1. Find a quiet, private place to speak to the child.
2. Stay calm and reassure the child they have done the right thing in coming to you.

3. Listen and try to understand the basic details about the incident of abuse.
4. Do not ask too many questions or force the child to answer. Being forced to describe abuse repeatedly can lead to trauma and further harm.
5. Say you will do your best to help the child. Explain that you know an organization that provides services to children, and you would like to call them for help.
6. Explain confidentiality, provide information on the services available, and ask the child if it would be ok for you to contact the appropriate Child Protection Focal Point in your area.
7. Ask the child if he or she would like you to contact their parents/ caregiver (if not implicated in the abuse). With the permission of the child, contact the non-offending parents or caregivers and obtain their consent to do a referral.
8. If the child is in immediate danger to their health and safety, contact your line manager/ supervisor and call the appropriate Child Protection Focal Point in your area while you are still with the child. Do not leave the child without coming up with a plan.
9. Explain to child what will happen next
10. Complete the Referral Form, save and password protect the form. Send by email to the Child Protection Focal Point **only**.

### Early Identification Referral form

<p>Referral By:</p> <p>Name of Agency/organization:</p> <p>Name of staff/ Individual:</p> <p>Address:</p> <p>Phone number:</p> <p>Email:</p>	<p>Referred To:</p> <p>Name of Agency/ organization:</p> <p>Name of focal person:</p> <p>Address:</p> <p>Phone number:</p> <p>Email:</p>	<p>Date of Referral:</p> <p>Level of Risk:</p> <p>High (follow up within 24 hours)</p> <p>Medium (follow up within 2-3 days)</p> <p>Low (follow up within 5-7 days)</p>
<p>Child Information:</p> <p>Name:</p> <p>Date of Birth:</p> <p>Address:</p> <p>Nationality:</p> <p>Gender:</p> <p>Female      Male</p> <p>Child gave consent to referral?</p> <p>Yes      No      if No explain why?</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Caregiver information in case of a child:</p> <p>Name of caregiver:</p> <p>Relation to child:</p> <p>Address:</p> <p>Phone number:</p> <p>Caregiver gave consent to referral?</p> <p>yes      No      if No explain why?</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

<p><b>Type of case:</b></p>	
<p><b>Child in difficult circumstances:</b></p> <p><b>Specify:</b></p> <ul style="list-style-type: none"> <li>Is found without having any home or settled place</li> <li>Incapacitated parent or guardian to take care and control</li> <li>Associate a person who leads to immoral life</li> <li>Being exploited for immoral, illegal purpose</li> <li>Victim at the hands of individuals, families or the community.</li> <li>Exposure to physical abuse</li> <li>Exposure to emotional and verbal abuse</li> <li>Exposure to sexual abuse, harassment</li> <li>Exposure to neglect</li> <li>Child labor</li> <li>Worst forms of child labour</li> <li>Witness of domestic violence</li> <li>Others - please specify:</li> </ul>	<p><b>Child in conflict with the Law:</b></p> <p><b>Specify:</b></p> <p>Child committed an offence; please specify:</p>



<p><b>Health Condition:</b></p>	<p><b>Disability</b></p> <p>Deafness/Hard of Hearing (Mild/Moderate/Severe)</p> <p>Blindness/Low Vision (Mild/Moderate/Severe)</p> <p>Physical Disability (Mild/Moderate/Severe)</p> <p>Intellectual Disability (Mild/Moderate/Severe)</p> <p>Others - please specify:</p>	<p><b>Medical condition</b></p> <p>Addiction</p> <p>Chronic Illness</p> <p>Mental Illness</p> <p>Pregnant</p> <p>Child in need for forensic medical examination (evidence should be collected by forensic services in 72 hours).</p> <p>Life threatening medical condition requiring immediate intervention and treatment</p> <p>Injuries</p> <p>Other please specify:</p>
<p><b>Services required</b></p> <p>Case management services (protection)</p> <p>Physical Health</p> <p>Mental Health</p> <p>Shelter</p> <p>Others please specify</p> <p>Explanation:</p>		

<b>Previous Services provided if any:</b>		
Agency:	Type of service:	Date:
Agency:	Type of service:	Date:
Agency:	Type of service:	Date:
<b>Description of the case (Problem)</b>		

**Consent for referral: (Optional)**

I \_\_\_\_\_ [person of concern name], understand that the purpose of the referral and of disclosing this information to \_\_\_\_\_ [referral agency] is to ensure the safety and continuity of care among service providers seeking to serve this family. The service provider, \_\_\_\_\_ [referring agency], has clearly explained the procedure of the referral to me and has listed the exact information that is to be disclosed. By signing this form, I authorize this exchange of information.

Signature of Responsible Party: \_\_\_\_\_

Caregiver \_\_\_\_\_ Date: \_\_\_\_\_

**Receiving agency**

**Referral received by:**

**Date:**

**Response provided to referred agency by:**

**Date:**

### Guiding notes:

- This referral form is to be used by any front-liner who contacts children, women, and elderly on regular basis and suspects abuse, or received a report regarding abuse.
- This referral form should be used to refer cases.
- The consent of care giver and child is required, however, if for any reason consent was not able to be taken from a care giver the best interest of the child should be sought and a referral should be done.
- A front-liner should not carry any investigation or assessment as this might cause more harm; therefore, it is recommended to carry the referral on just need to know basis (only main information about abuse or basic need)
- Only, in urgent cases, Front-liner can take the child for emergency services but after informing the CP agency.
- If any person is of the opinion that a child is apparently a child in difficult circumstances as mentioned in Section 59, such person shall in accordance to the CCPA of Bhutan:
  - Inform the police or child welfare officer (Protection Officer or NCWC)
  - Whenever the information has been given to the police, the police shall inform the child welfare officer (Protection Officer or NCWC)



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