



## ARMENIAN CARITAS CHILD PROTECTION AND SAFEGUARDING POLICY



YEREVAN 2016

## CONTENTS

Introduction .....	<b>Error! Bookmark not defined.</b>
Used abbreviations .....	<b>Error! Bookmark not defined.</b>
<b>SECTION 1. CHILD PROTECTION AND SAFEGUARDING POLICY DEVELOPMENT BACKGROUND</b> .....	<b>Error! Bookmark not defined.</b>
Analysis of Self-assessment Results on Child Protection and Safeguarding in the Organization	<b>Error! Bookmark not defined.</b>
Child Protection System of the RA in the Context of Child Protection From Abuse	<b>Error! Bookmark not defined.</b>
<b>SECTION 2. ARMENIAN CARITAS CHILD PROTECTION AND SAFEGUARDING POLICY AND INTERNAL PROCEDURES</b> .....	<b>Error! Bookmark not defined.</b>
Justification of the Need to Develop Child Protection and Safeguarding Policy and Internal Procedures .....	<b>Error! Bookmark not defined.</b>
General Provisions .....	30
Key Terms & Concepts .....	<b>Error! Bookmark not defined.</b>
1. Recruitment, Employment and Volunteering Procedures .....	35
2. Capacity Building: Education and Training.....	37
3. Reporting Mechanism and Regulations on Cases of Abuse .....	39
4. Internal and External Communication .....	<b>Error! Bookmark not defined.</b>
5. Professional Code of Conduct / Code of Ethics .....	<b>Error! Bookmark not defined.</b>
<b>APPENDIX 1. ARMENIAN CARITAS CHILD PROTECTION AND SAFEGUARDING POLICY, INTERNAL PROCEDURES AND PROFESSIONAL CODE OF CONDUCT (FOR EMPLOYEES AND VOLUNTEERS).....</b> .....	<b>Error! Bookmark not defined.</b>
<b>APPENDIX 2. LIST OF LEGAL ACTS AND REFERENCES RELATED TO CHILD PROTECTION AND SAFEGUARDING</b> .....	94
<b>APPENDIX 3. FORMS RELATED TO CHILD PROTECTION AND SAFEGUARDING</b> <b>Error! Bookmark not defined.</b>	
Commitment (Form) on Maintaining the Provisions of Armenian Caritas Child Protection and Safeguarding Internal Procedure .....	<b>Error! Bookmark not defined.</b>
Declaration (Form) on Maintaining Child Protection Rules (for AC Staff, Donors, Visitors, Volunteers and All Those Who Deal With the Organization).....	<b>Error! Bookmark not defined.</b>
AC Roster of Cases of Violence, Form № 1.....	<b>Error! Bookmark not defined.</b>
Armenian Caritas: Child's Individual Case File on Child Protection and Safeguarding, Form № 2...78	
Form of Minutes of Discussion on Child Protection and Safeguarding. ....	81

APPENDIX 4. CHILD ABUSE: DEFINITION, SPECIFICATIONS, INDICATORS AND SIGNS .. Error!  
Bookmark not defined.

APPENDIX 5. LEVELS OF CHILD PARTICIPATION .....88

APPENDIX 6. THE RESPONSE SCHEME OF THE ORGANIZATION TO THE CASES OF VIOLENCE  
.....Error! Bookmark  
not defined.

APPENDIX 7. “CHILD PROTECTION MINIMUM STANDARDS” SELF-ASSESSMENT  
QUESTIONNAIRE.....Error!  
Bookmark not defined.

---

## INTRODUCTION

---

This document was developed within the framework of Armenian Caritas “Child Safeguarding Policy Development” project:

The development of this document aims to increase the level of child safety in AC social services, child supporting centers and other projects.

Seeking to build social services based on the principles of the best interests of the child and the protection of the rights, Armenian Caritas, hereby, expresses its commitment to the protection of not only the beneficiary-children but also of the staff members and AC reputation.

The development of the document was participatory which means that AC “Child Protection and Safeguarding Policy” and the other documents related to it were suggested, discussed and agreed with staff members working with the children and the officers coordinating their work.

The document consists of two sections:

- ✓ *Section 1. Child Protection and Safeguarding Policy development background. In this section the results of the self-assessment carried out by AC staff on child protection and safeguarding, as well as child protection system of the RA are presented.*
- ✓ *Section 2. Armenian Caritas Child Protection and Safeguarding Policy. In this section the Policy and its subsections are presented. It is an internal document of the organization, which is aimed at ensuring a protected and safe environment for children within the organization.*

## USED ABBREVIATIONS

---

<b>MLSA</b>	Ministry of Labor and Social Affairs
<b>CWPC</b>	Child Without Parental Care
<b>PSPI</b>	Public Social Protection Institution
<b>CP</b>	Child Protection
<b>FWCRD</b>	Family, Women and Children's Rights Division
<b>GTB</b>	Guardianship and Trusteeship Body
<b>GTC</b>	Guardianship and Trusteeship Committee
<b>UN</b>	United Nations
<b>RA/DSS</b>	Regional Agency / Department of Social Support

## SECTION 1. CHILD PROTECTION AND SAFEGUARDING POLICY DEVELOPMENT BACKGROUND

---

### ANALYSIS OF SELF-ASSESSMENT RESULTS ON CHILD PROTECTION AND SAFEGUARDING IN THE ORGANIZATION

The activity of all the bodies, institutions and services dealing with children should be based on the principle of the best interests of the child. It means that the organization should operate in accordance with three main sub principles, which are child protection from any kind of danger or risks, protection of children's rights and the promotion of child development.

Child protection as a component of the principle of the best interests of the child is stipulated in the UN Convention on the Rights of the Child. It states that every child has a right to such protection and care as is necessary for his or her well-being. Speaking about child protection in the context of child's welfare we should take into consideration the protection from all kinds of intentional and unintentional harms.

In order to ensure child's right to protection in the services/day care centers, it is preferable to develop and enforce relevant internal procedures and regulations ensuring child protection.

It is important to note that one of the guarantees of their effectiveness is compliance with the environment, cultural specifications and legal context in which the organization operates. That is why the current referrals on development of child safeguarding policy, stated by UN Children's Fund and other child protection international organizations, foresee the adaptation of generally recognized principles, the first stage of which is self-assessment within the organization.

Following the above mentioned principle, a social research was carried out among Armenian Caritas staff in order to find out the current practice of working with beneficiary-children and their parents/caregivers in the context of child protection.

During the research desk review and distance survey questionnaire methods were used for data collection. The deductive approach was used for the analysis of survey data which first was grouped according the questions, and then the overall conclusions were made.

The research involved 38 employees of Armenian Caritas who directly provide services to the beneficiary-children and their families, as well as those employees who coordinate their work.

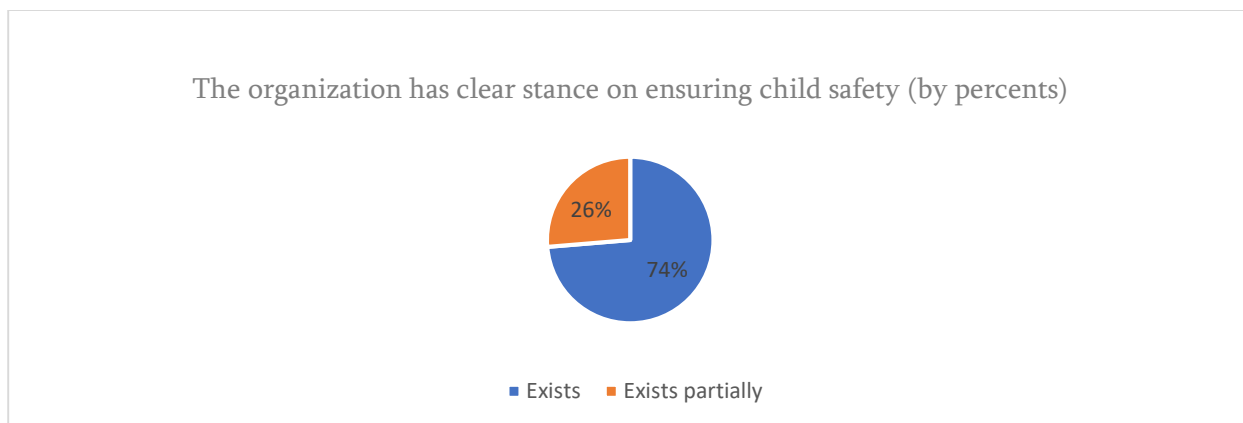
### Research tool

Self-assessment questionnaire” was used as a research tool. The latter consists of 6 sections: child protection in the organization, child abuse/harm prevention, trainings and education, information and communication, monitoring and review, child safeguarding policy and procedures. Those are grouped in three main spheres, which are the following

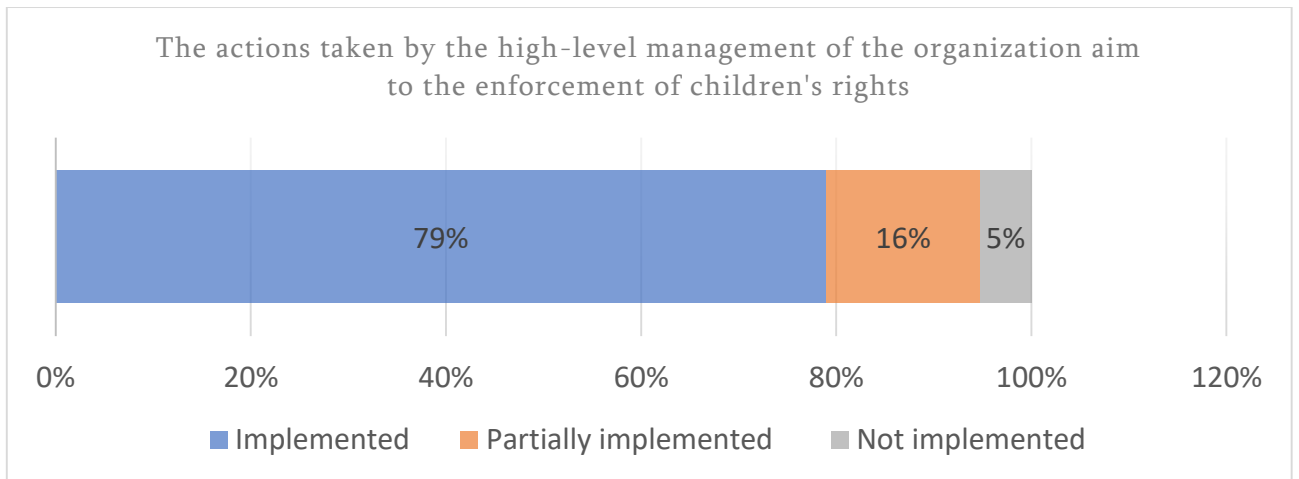
1. The position of the organization concerning to the issues of child safeguarding
2. The internal policy and the procedures of the organization ensuring child safety
3. Child abuse prevention and early intervention in the organization.

Let us now turn to the survey results and present them keeping the logical structure of the questions.

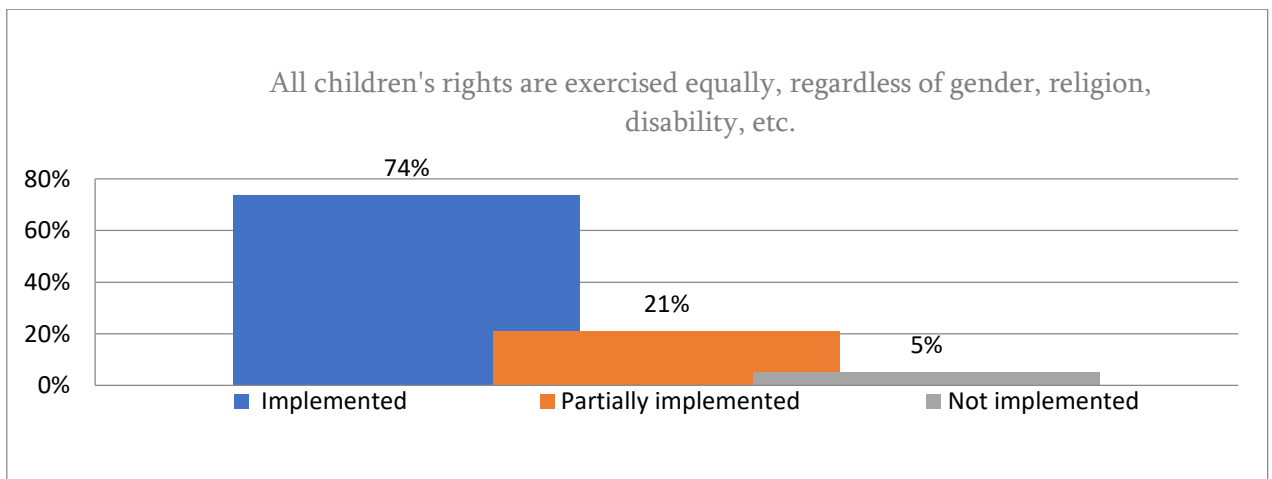
Survey results show that the organization has a clear stance on ensuring child safety, moreover it has a willingness to share its position with the partners if necessary.



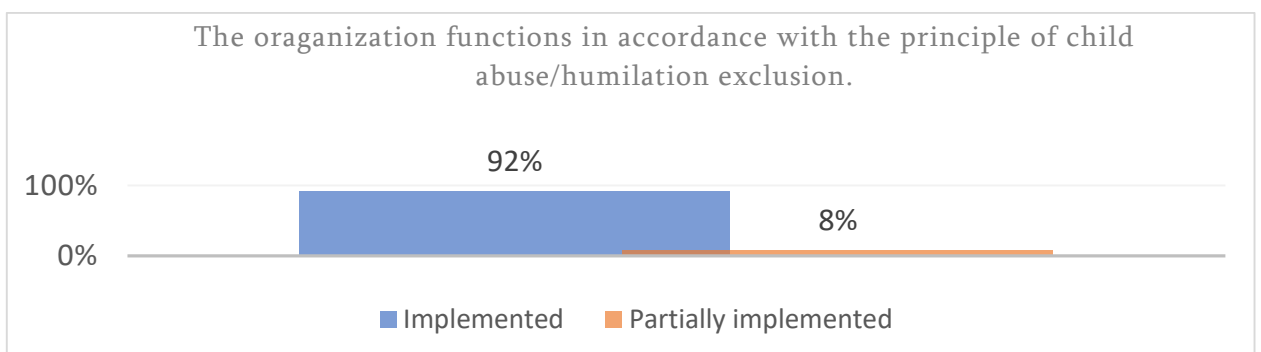
The other additional information obtained from the survey come to substantiate the fact that the organization’s activity is based on the principle of ensuring child safety, particularly according to 80% of the respondents the senior management of the organization acts in accordance with the principle of children’s rights enforcement.



In this context, we can turn to the principle of non-discrimination in the work with children. In this case also, as you can see in the graph below, according to the professional staff the organization has a non-discriminatory attitude towards its beneficiaries.



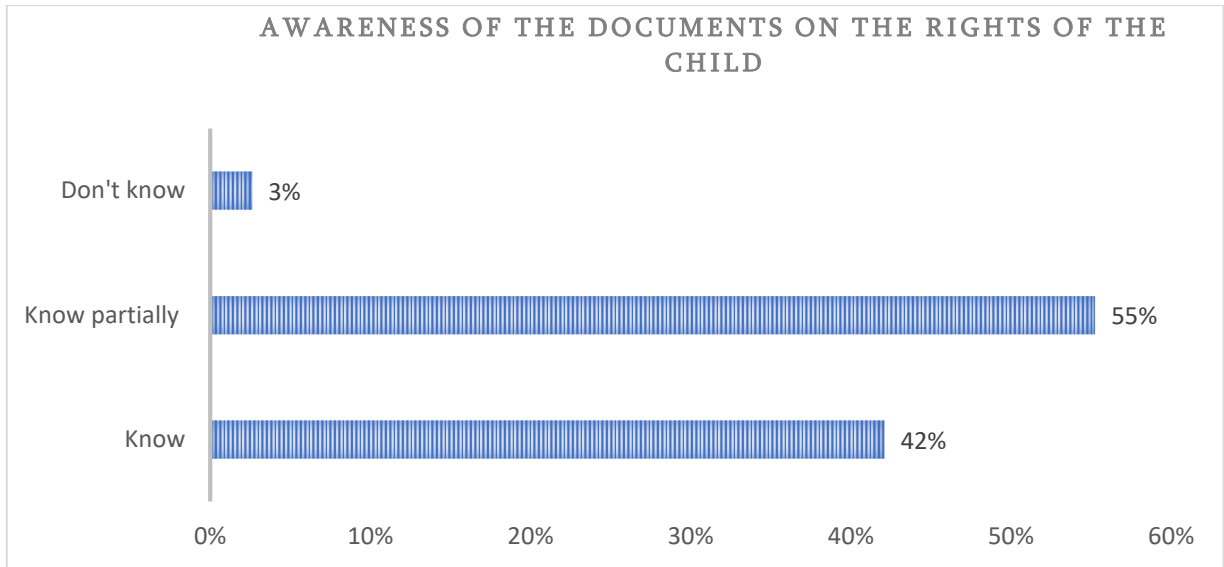
The same picture can be seen in the next graph, where the exclusion of possible cases of humiliation or abuse is discussed.



The organization seems to have no problem related to the ensuring of child safety. Moreover, it's worth mentioning that the willingness of applying such approaches is reflected in the mission of the organization as well, through the definition of "human dignity", which is mentioned as a fundamental principle.



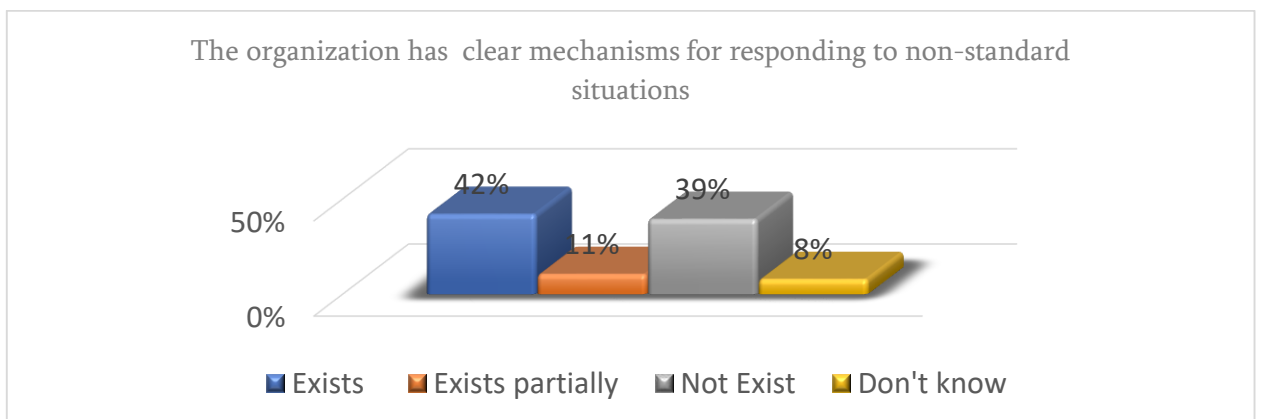
However, it is worth mentioning that the awareness of the documents on children’s rights is of high importance. About 55% of the respondents claim to be partially aware of those documents. Probably, there is no need to emphasize the great importance of staff awareness of the documents on children’s rights (e.g. UN Convention on the Rights of the Child, The law of the RA on the Rights of the Child, etc.) and their application. We should take into consideration that many cases, such as children's rights violation or deprivation of parental care, requires appropriate solution (including legal) to child problems.



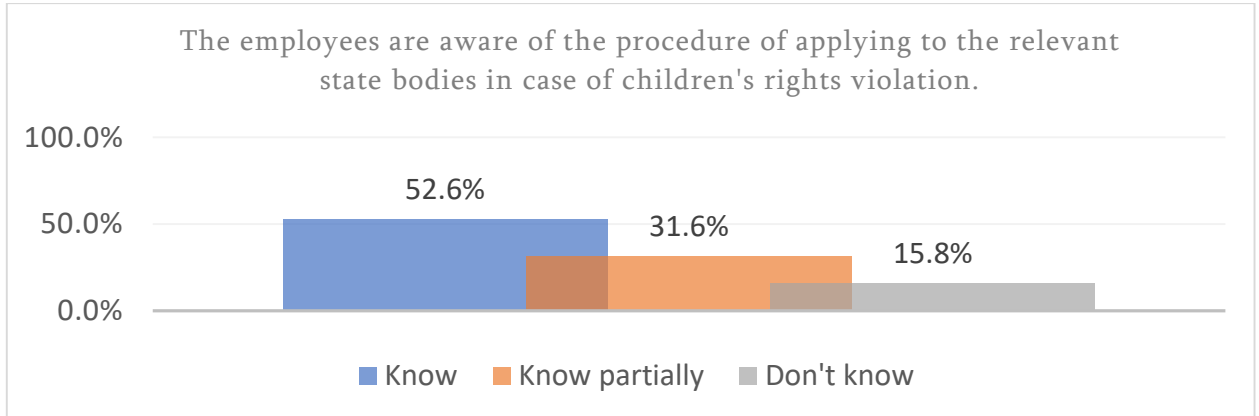
In the next section we address to the current approaches on child abuse/harm prevention.

Considering the above mentioned data we can see, that all staff members of the organization do not have the same understanding on the existence of regulation mechanisms of working with children. The proportion of such responses, eventually, can lead to a situation when employees may use quite different approaches in the work with children, thus violating the principle of equal treatment of the beneficiaries.

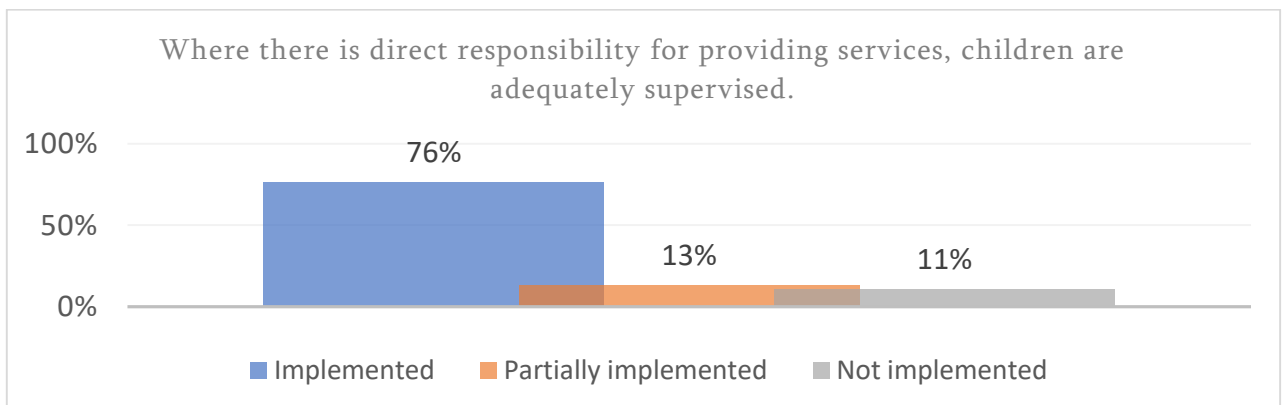
The above mentioned situation partially corresponds to the data presented in the graph below, where the regulations for responding to non-standard situations are described. In this case, it is especially important for the professional staff to have a clear understanding of the regulation procedures, as non-standard situations require urgent solutions.



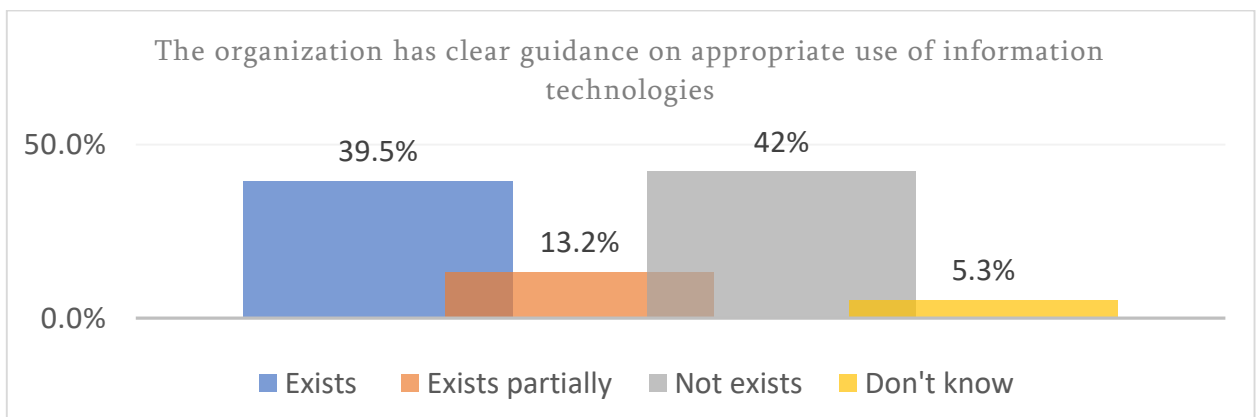
Staff awareness on the relevant state bodies dealing with child protection and applying mechanisms is of high importance in terms of child abuse/harm prevention. According to the results, only half of the surveyed possess such information, it means that some steps should be taken to raise awareness among all the specialists working with children.



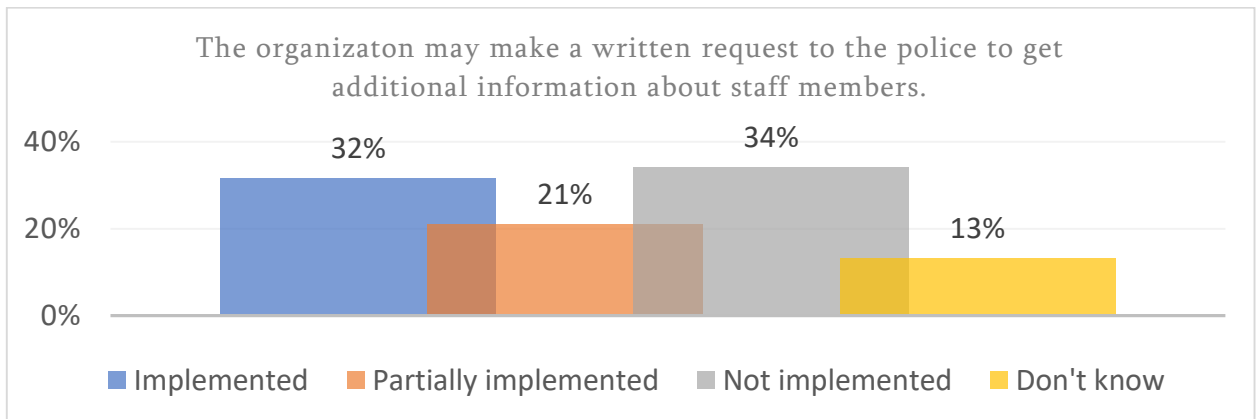
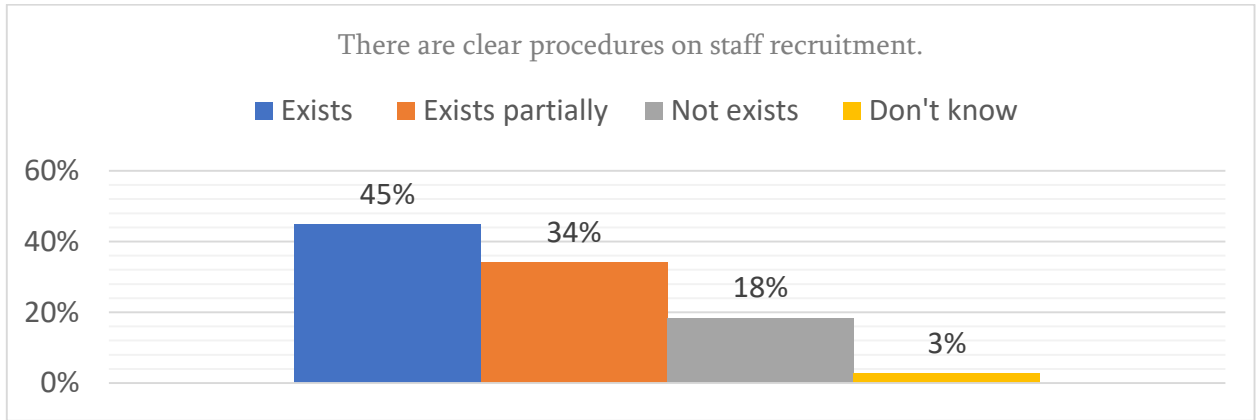
The survey data show that the children are adequately supervised throughout service provision. This fact is especially important in terms of ensuring the stability and continuity of child safety.



The existence of IT guidance is of high importance for all child protection organizations in terms of security. As you can see in the graph below the employees of the organization do not have unequivocal answer to the question. Consequently, we can state that the problem is not the existence or absence of such guidelines, but the affordability and accessibility of existing resources within the organization for all the staff.

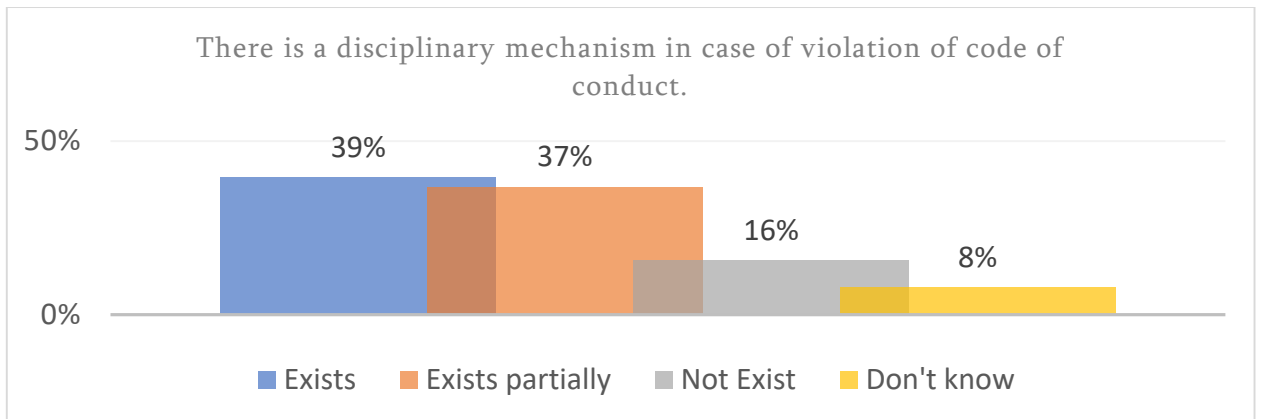


One of the important conditions for ensuring child safety is the competency and high personal qualities of the specialists working with children, as well as getting additional information on them from various official bodies, including the police.

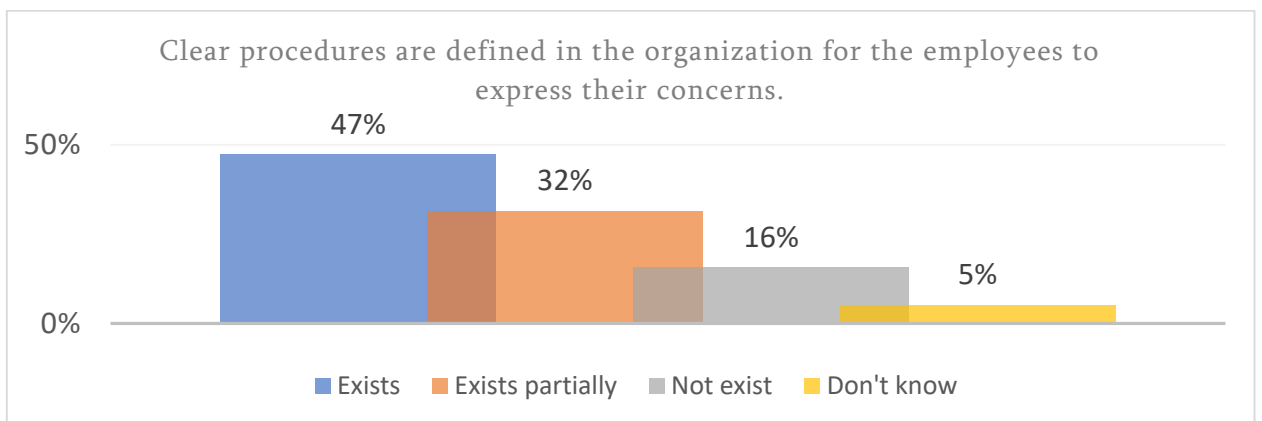


The above mentioned factors are especially important for prevention of possible child abuse by the employees, as well as for ensuring child safety. We should not underestimate the role of a competent specialist in child protection from his or her own environment. Therefore, it is preferable for the organization to have clear regulations on those issues.

Another important aspect regarding the staff is the behavior regulations, but not in terms of guidance or code of conduct, but existence and applying of clear disciplinary mechanisms in case of violation. The data shown in the graph below confirm the existence of such a mechanism. However, the high level of the claims on partly functioning of the system speaks about some dysfunctions and failure in the system.

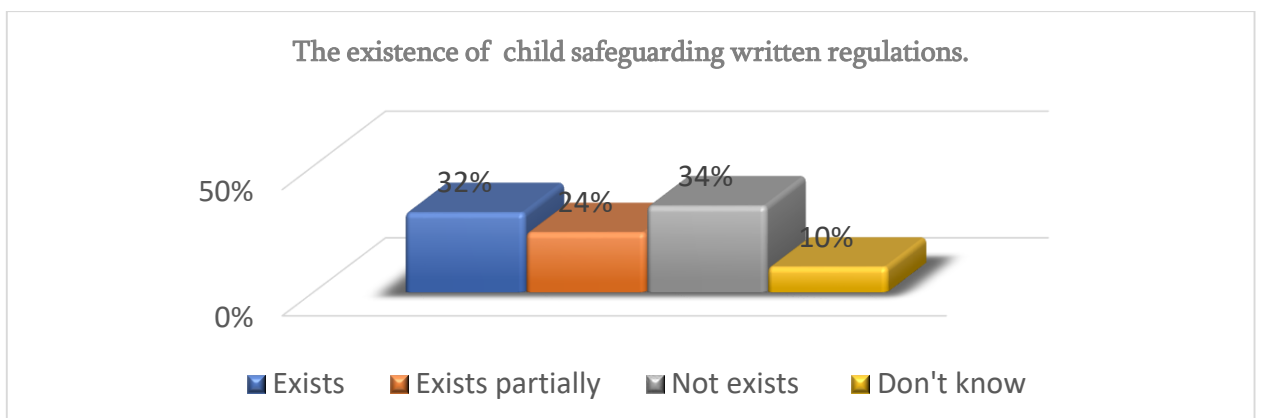


It is very important to note that the organization has some feedback mechanism between the staff and high-level management (as claimed by 47% of the respondents). At the same time, we should take into consideration that about half of the respondents claim that there is not such mechanism in the organization. The existence of such a mechanism is an important precondition which ensures the application of "evidence-based" practices in the everyday work.



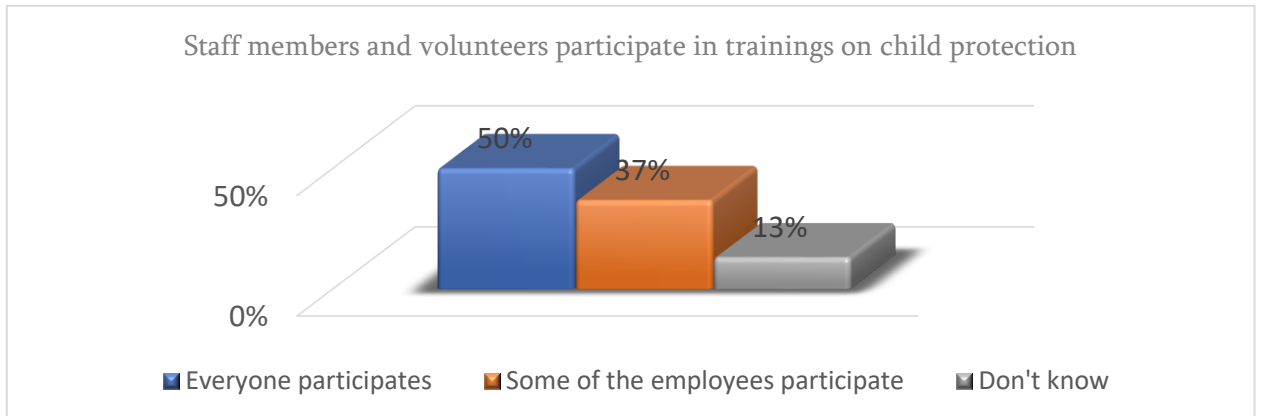
Let us turn to the existence of child safeguarding regulations and the trainings for the staff.

According to the survey results 32% of the respondents believe and are aware of child safeguarding written regulations, 24% of the surveyed are sure that such regulations exist, but they function partially, and according to 34% such regulations do not exist and the other 10% chose the options "don't know" or "not sure".

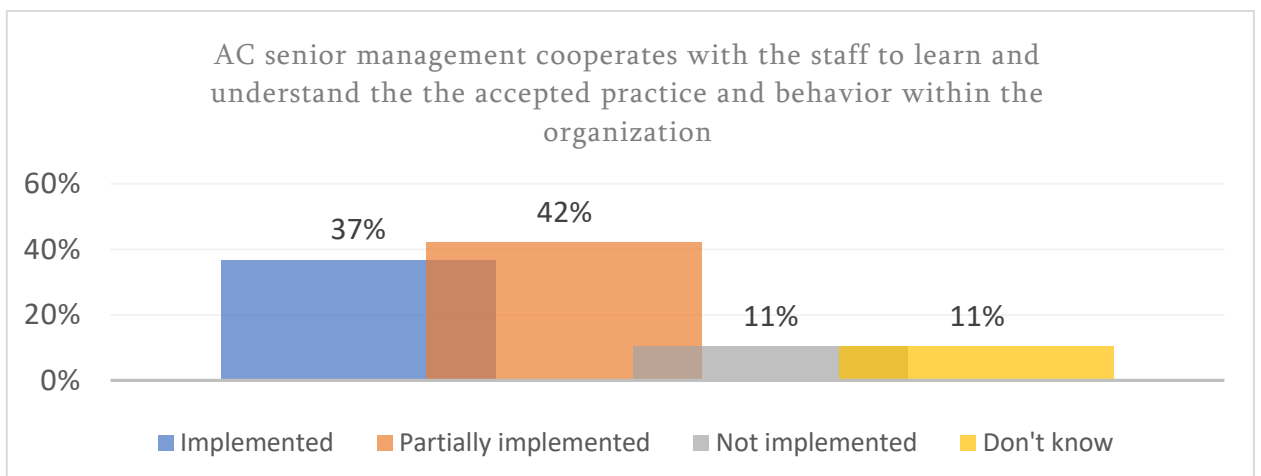


The data obtained from the survey show that according to the most of the respondents there is a non-critical and non-discriminatory approach to the children regardless of their cultural and other particularities. Only 5% of the respondents think there is a critical or condemnatory attitude towards children conditioned by their cultural specifications.

Let us turn to the issue of capacity building. The survey data show that in general staff members are provided with the opportunity to take part in trainings on child protection, as well as on the mechanisms and measures of responding to the cases of child abuse.

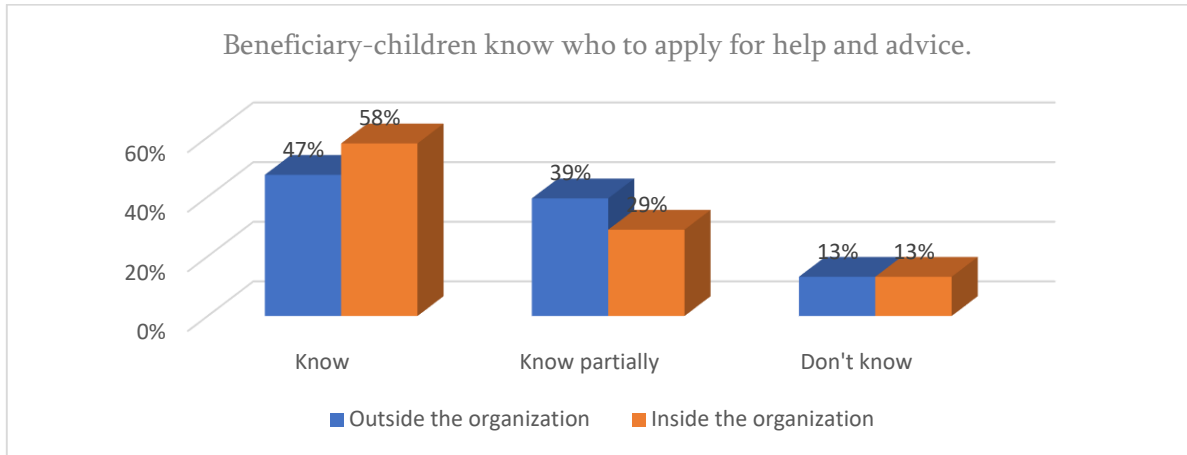


In this section we touch upon the issue of cooperation and communication between the units of different structural levels within the organization. Although the data in graph below confirm the existence of such cooperation, still in more than 70% of the cases this cooperation is implemented only partially. Therefore, there is a need to pay additional attention on the issues of cooperation and communication within the organization, because it is very important for any organization to be functional in terms of ensuring child safety.

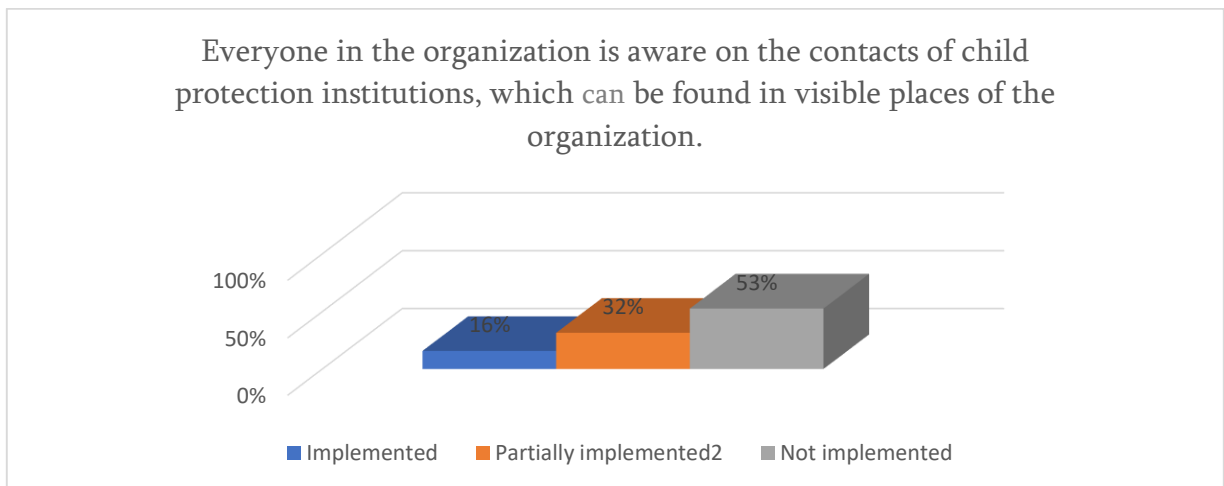


Let us turn to the next section of the questionnaire, which is called information and communication (with beneficiaries and other organizations).

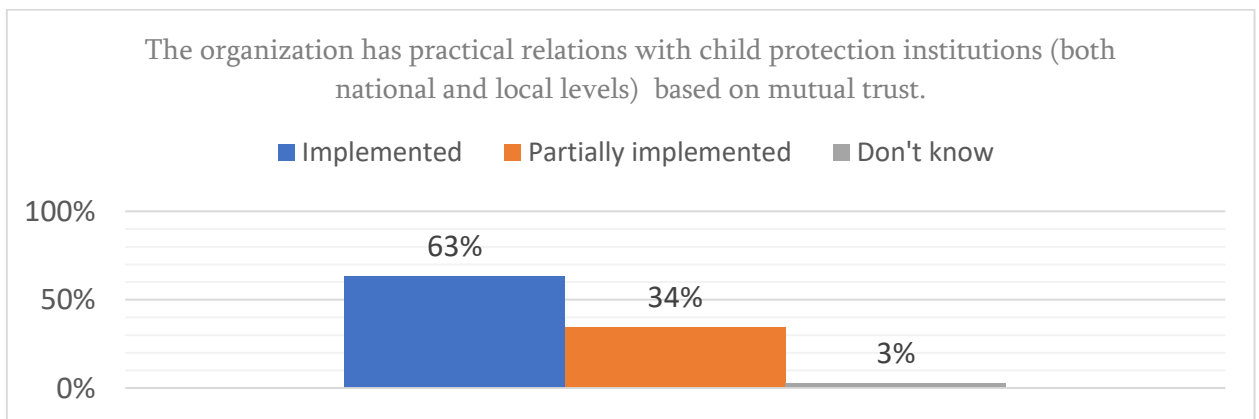
It is worth mentioning that permanent steps are taken to keep beneficiary-children informed on their right to be protected from abuse. According to the data in graph 6, there is a need to raise awareness among beneficiary-children on the other child protection institutions as well.



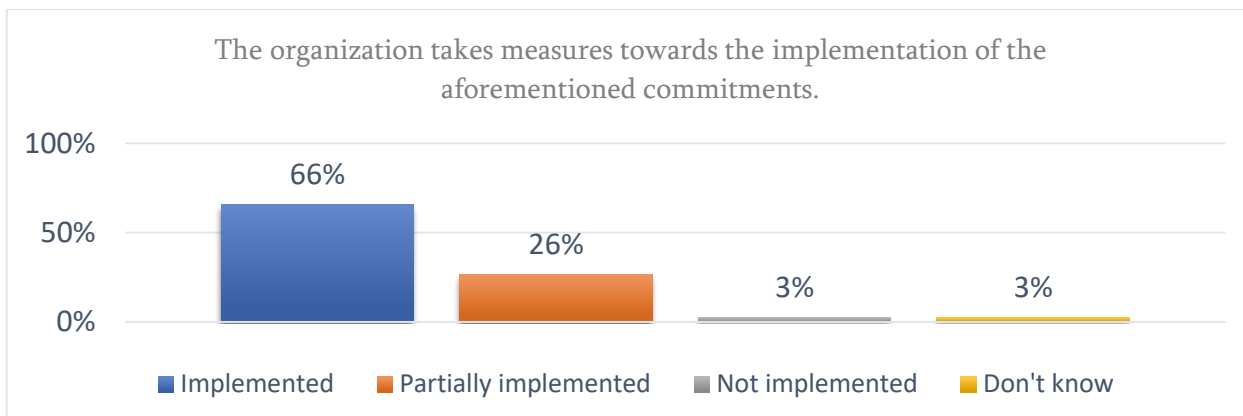
In the next section we discuss whether contact details of child protection institutions, national authorities, “hotline” and emergency service are available for the children or not within the organization. Such measures provide an opportunity to enhance the child safety.



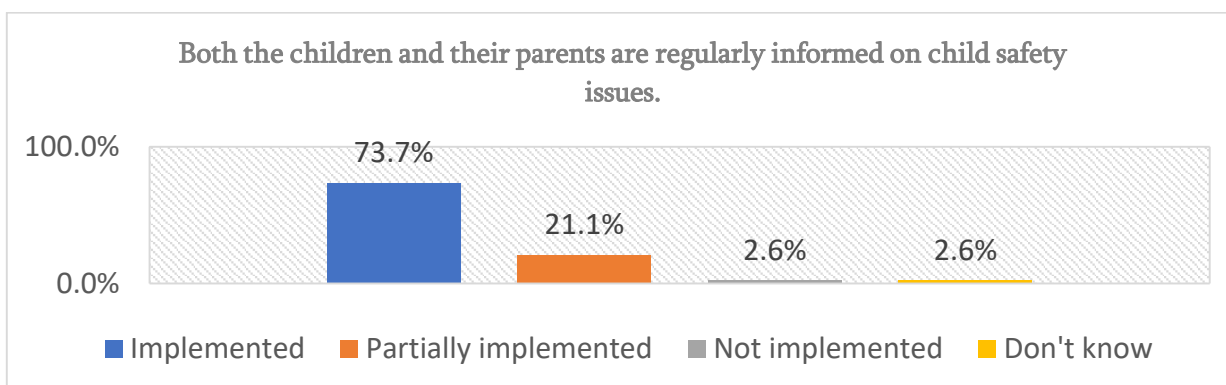
In terms of external communication, we should turn to the relations with the partners on local and national levels. According to the survey results the organization has practical relationship with its partners based on mutual trust. This is also proved by the lack of any contrary assertion.



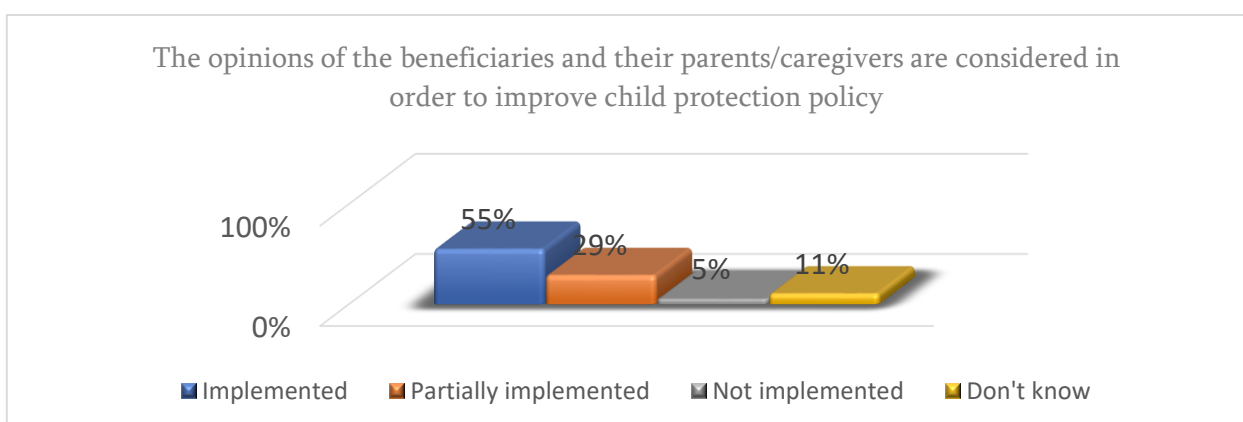
The next section is monitoring and review. The following graph reaffirms the organization's commitment to ensure child safety.



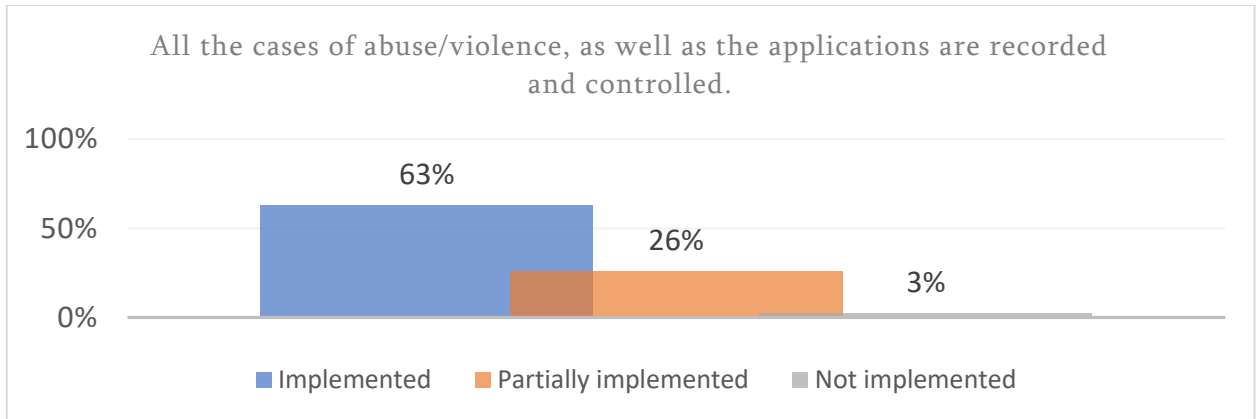
According to 73.7% of the respondents, both the children and their parents are regularly informed about the procedures and approaches on child safety in the organization.



As the data in graph below show the beneficiaries does not have only passive role in the organization. In 55% of cases the beneficiaries and their parents/caregivers are involved in the discussions on child protection issues. This speaks not only about the existence of participatory decision-making process in the organization, but also having a wide application of it.



The next important aspect in the context of child safety is that all incidents of abuse are recorded and continuously monitored. According to the survey results in 63% of cases such practice is applied in the organization.

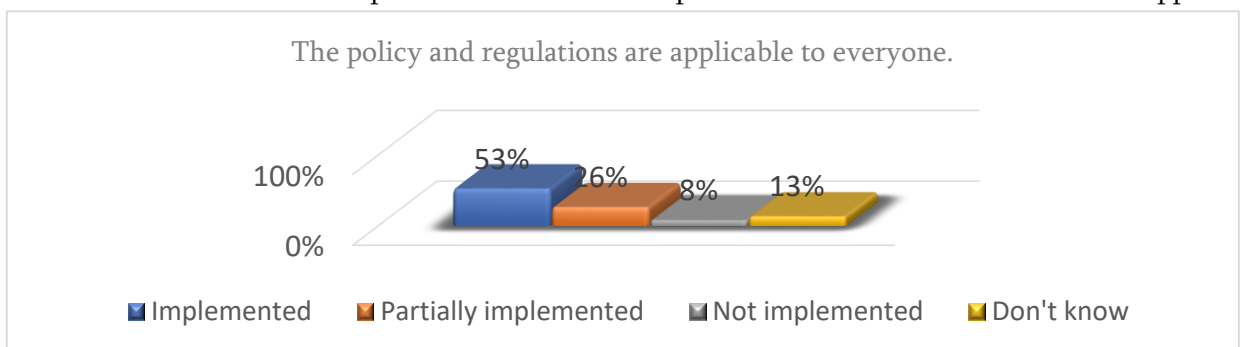


The above mentioned aspect is particularly important for preventing child abuse and double trauma

In the next graph we see that the employees are partially aware of the organization's internal regulations on child protection, as half of the respondents believe that the organization has such regulations and the other 50% do not share this point of view. Of course, there is a possibility of confusing the name of the document with other similar internal documents, but still such proportion of the answers speak about certain "failures" in communication mechanisms of the organizations.

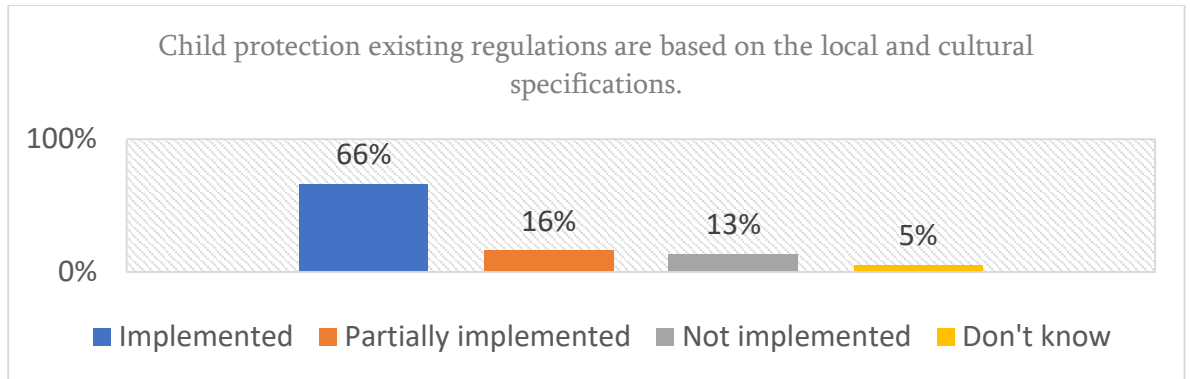


In the graph below we discuss the issues of equal and fair treatment towards employees. Of course, half of the surveyed believe that the principles of equality and justice are followed in the organization, but about 47% of the respondents are still "suspicious" of the fairness of those approaches.



The data in graph below, first of all, show that the organization tries to find local solutions, thus proving its willingness to have competent practice.





Thus, according to the analysis of survey results, there are some obstacles in the organization in terms of ensuring child safety:

- Existence and accessibility/affordability of internal regulations on child safety, including relevant policy, internal procedures, code of ethics etc.
- There are some failures in the internal communication system of the organization. Although some mechanisms are already developed, still there is a lack of information among the employees.
- The organization should clarify and regulate its own mechanisms so that to ensure child safety.
- The employees are not sure about the legal boundaries of their activity, practice and methodology of intervention, which reduces the use of common principles and professional approaches, as well as the provision of acceptable behavior under any circumstances.

Besides, the self-assessment results show that the organization has considerable resources to ensure child protection and safety.

- The organization strongly believes that child safety is one of its priorities.
- Some mechanisms on preventing child abuse are implemented by the organization (participatory decision making, awareness raising, case reporting etc.).
- The organization runs a competent practice in terms of cultural specifications.

Taking into consideration the above mentioned factors Armenian Caritas Child Safeguarding Policy will try to give answers to the questions which may have beneficial effect for improving the internal capacity of the organization in the context of child protection.

## CHILD PROTECTION SYSTEM OF THE RA IN THE CONTEXT OF CHILD PROTECTION FROM ABUSE

---

Child protection system can be interpreted in two approaches: wide and narrow. In a narrow sense, child protection or welfare system, as it is called in many countries, is a set of services, different kinds of professional activities, laws and legal normative acts aimed to protect children from social risks, to meet their basic needs, as well as to ensure the implementation of children's rights. In a broad sense, child protection system not only prevents difficult circumstances of children's life, but to ensures favorable conditions for social welfare, growth, care and development for the children<sup>1</sup>.

There is a three-tier child protection system in the Republic of Armenia (RA), which provides a coordinated protection of children's rights on local, regional and national levels. Talking about child protection in the RA we mean not only the children who are citizens of the RA, but also the children having residence permit, stateless, as well as the children having a status of refugee.

Child protection is implemented by national and local authorities. Particularly the main bodies involved in child protection system of the RA are the follows:

- Guardianship and Trusteeship Bodies (GTB)
- Regional Agency/Department of Social Support (RA/DSS),
- Family, Women and Children's Rights Devisions (FWCRD) of the Provincial Administration of the RA (Yerevan Municipality),
- Juvenile Department of the Police,
- Child Protection National Committee,
- Other relevant bodies and organizations.

Guardianship and trusteeship bodies with their relevant commissions are key institutions within child protection system. Guardianship and trusteeship bodies are local authorities. In case of Yerevan, powers of guardianship and trusteeship bodies are exercised by the heads of the administrative districts.

*The functions of GTB in the context of child protection from abuse are as follows<sup>2</sup>*

- To implement the responsibilities of the guardian (trustee) until a guardian (trustee) is appointed,
- To reveal information about CWPC, cases of absence of parents, parental care, depriving from parental care and ensures the implementation of the child's right to grow up in the family, as well as advocates on behalf of the child until the final settlement of the issue,
- To inform police about child abuse or trafficking according to the procedure prescribed by the law of the RA on "Identification and support to the persons subjected to trafficking and exploitation",
- To control the activity of the guardian (trustee) as well as monitor and examine applications and complaints about their actions or inactions,
- To conduct a monitoring on the situation of child protection in the communities, reveal the families where there is a risk of violation of child's rights and interests, as well as conduct a special

---

<sup>1</sup> See Child Protection Systems. International Trends and Orientations/ N. Gilbert, N. Parton, M. Skivenes. New York, Oxford Press, 2011, page 15:

<sup>2</sup> See RA Government decision 631-N, Appendix 1 on the approval of the regulations of guardianship and trusteeship bodies. <http://www.arlis.am/DocumentView.aspx?docid=106809>

monitoring on the conditions in such families in cooperation with agencies, public schools, child care and protection institutions, provincial administration and FWCRD. Terms and frequency of the monitoring are determined according to the situation. A separate decision is made on every child and if necessary the results are presented and discussed in national committee on children's rights,

- To carry out some activities to prevent violation of children's rights and interests through awareness raising meetings, events, taking into consideration the local needs, specifications and public awareness on children's rights in cooperation with MLSA, provincial administration, FWCRD and if necessary the representatives of social organizations and private experts,
- To regulate disputes between the minor parents and the child's guardian,
- It may oblige the parents (a parent) not to forbid contacts between the children and close relatives,
- In case of taking a child to Public Social Protection Institution (PSPI) it continues to take measures to return the child to his/her biological family, to set up guardianship, to adopt the child or to give to a foster family in cooperation with provincial administration, FWCRD, agency, other members of supporting network, social care center and other organizations,
- To lead the child to a pedagogical/psychological center in collaboration with a parent or other legal representative,
- To implement the function prescribed by the RA law "On Social support" (article 30), which states that without the permission of the person (his/her legal representative) it makes a decision based on the agency's conclusion to take the child to PSPI, as well as fulfills the functions provided by the N 1112-N decision of the RA Government concerning to the referral of a child (Appendix N 1, provisions 14 and 16) to general and special (specialized) PSP centers and providing care to them (Appendix N 1, provision 60),
- To take into consideration the professional conclusion of the interdepartmental social cooperation on the issue prescribed by N 1044-N decision of the RA Government or in case of not taking into consideration, to mention the circumstances for taking the professional conclusion into account partially or not fully, as well as it may suggest to review conclusion or make an additional conclusion by another specialist,
- To make a decision on recognising a minor as fully capable (emancipation) by the agreement of parents, adoptive parents or guardians,
- To carry out a research on living conditions of those who pretend to adopt a child, as well as submit the act and the conclusion to the court in accordance with the law,
- To submits the act of the research on living conditions of those who pretend to adopt a child and the conclusion based on it to the court in accordance with the law.
- To take the child from the parents (a parent) or guardians and ensure a temporary placement in case of imminent danger to the child's life or health and in 7 days apply to the court by the claim to deprive the parents (a parent) of parental rights or to limit those rights.
- It participates in the lawsuits related to the following issues:
  - Deprivation of parental rights.
  - Restriction of parental rights
  - Restoration of parental rights.
  - Disputes over the parental rights of the parents living separate from the child

- Recognition of a 16 years old child as fully capable (emancipation).
  - Division of the inheritance or making an agreement on it.
- To participate in criminal proceedings as the legal representative of the minor, civil plaintiff or suspect.

It is obvious that the GTB can not fulfil all these functions. That is why guardianship and trusteeship committee is established, which is an advisory body and operates on a voluntary basis. The decision to establish committee submitted by the Head of the local community is approved by the local council. The Head of the committee who is one of the committee members is also appointed by this decision. Committee may involve 3-9 members, two of which are appointed as Secretary and Deputy Chairman. The Committee may have working regulations which are approved by the GTB.

*The main functions of the committee in the context of child protection from abuse are as follows:*

1. Appoint trusteeship (for children under 14 years of age) and guardianship (for children 14-18 years old).
2. Fulfill the responsibilities of the guardian (trustee) until a guardian (trustee) is appointed.
3. Represents and protect the rights and interests of the child in case of child's rights violations, threats to his/her life and health, as well as when parental obligations are not fulfilled or fulfilled not properly.
4. Identification and registration of the children without parental care.
5. Carry out a research on living conditions of those who pretend to adopt a child and submits it to the court in accordance with the law.
6. Monitor the activity of guardians and trustees.
7. Monitor the fulfillment of the duties of foster parents etc.

It is obvious that guardianship and trusteeship bodies and commissions have important role and power that aim to ensure the right of a child to live in the family through child protection, including child abuse/harm early prevention, as well as protection of the rights and interests of the children in difficult circumstances of life, care provision and supervision.

The next level of child protection system of the RA is family, women's and children's rights protection department (FWCRPD) that functions in every provincial administration and in Yerevan municipality. The main functions of the department are related to the issues of family, women and children on local level.

*The departments have the following functions in the context of child protection from abuse:*

1. Carry out situation analysis and need-assessments on the social conditions of the children in difficult circumstances of life and their families,

2. Develop an individual psycho-social rehabilitation program based on the results of the research and need-assessments for the children in difficult circumstances of life and ensure their implementation,
3. Take all the necessary measures to protect children's rights and interests in case of danger to their life and health, violations of children's rights etc.,
4. Solve the differences in families without violating child's interests.
5. Participate in the lawsuits related to the children's rights and interests.
6. In case of imminent danger to the life or health of the child they are entitled to take the child from parents or guardians and ensure their placement in seven days applying to the court by claim of depriving or restriction of parental rights.

In child protection system the powers of FWCRPD are aimed at ensuring child protection on local level. At the current level of development of child protection services these institutions have a double role, sometimes in addition to organizational functions they have to provide services as well. However, they are key actors who organize the work of related institutions in case of mistreatment and make decisions on child care provision.

Any institution/service dealing with children should inform child protection department in case of child abuse, and cooperate with it in accordance with the individual plan for child/family support. Child protection department (CPD) is responsible for reviewing cases of abuse, when some work has already been carried out with the child/family, evaluate the changes and modify working plan or involve new actors in accordance with it.

The next level of the three-tier system of child protection is national committee, which is responsible for developing appropriate policy in the field, implementing strategic plans, submitting bills or legislative amendments for ensuring child protection.

On the national level child protection committee is headed by the Minister of labor and social affairs of the RA. The committee consists of relevant deputy ministers. The committee coordinates all the activity carried out in the field of child protection, develops strategic plan in accordance with the adopted policy, as well as discusses main issues concerning to child protection.

We should also note that within the framework of integrated social service reforms, the employees of social support services will perform as case managers from January 1, 2017. They are expected to perform as "key" specialists in case of violence who will directly work with such cases, but it will take considerable amount of time until they become as competent as needed. For some period, those three institutions will work and cooperate with each other until all the functions are distributed.

Now let us turn to the legal bases of the RA (relevant laws, legal acts, etc.) regulating child protection from abuse.

In 1989 The UN General Assembly adopted the Declaration "On the Rights of the Child" which is based on the fact that child rights require special safeguards. The Declaration proclaimed child rights and freedoms in different fields of activity and stipulates a certain range of responsibilities for the states joined or ratified it in order to ensure the implementation of the rights.

By the Declaration a child means every human being below the age of eighteen years. The declaration has 54 articles, which can be divided into three groups:

- ✓ *Protection*: Those articles ensure child safety and address to such issues, as child abuse, neglect, exploitation and all the forms of protection.
- ✓ *Ensuring*: Such articles refer to the special needs of children's growth and development, such as education, healthcare, culture, sport etc.
- ✓ *Participation*: These articles recognise child's capacity to make decisions and the right of participation in social life in accordance with his/her development particularities.

The Declaration is based on four main principles, which are reflected in the rights stipulated by the Declaration.

1. *Non-discrimination*

The rights apply to all children without exception. The state has an obligation to protect children from all types of discrimination and cruelty.

2. *Priority of the best interests of the child*

Any action related to the child should be based on the best interests of the child that have priority over the interests of adults (parents, teachers, guardians etc.).

3. *Children's rights to life, survival and development*

Child's right to life is one of the most important rights, and the ensuring of the rights to survival and development is the obligation of each state. First of all, it means that children cannot be executed or deprived of life.

4. *Respect towards child's views*

Child has a right to express his/her opinion and demand to take it into consideration in all cases related to the child.

The UN Declaration "On the Rights of the Child" proclaims child's freedoms and rights to have enough educational, healthcare, cultural, economic conditions of life, to maintain national identity, to live in the family, to be protected from abuse etc., as well as it sets forth the responsibility of the states ratified the Declaration to ensure the implementation of those rights and freedoms. The states which joined the Declaration must be guided by the best interests of the child and promote child's rights to be the subject of ongoing care for family, community and state (for more details see UN Declaration "On the Rights of the Child").

In the RA children's rights are stipulated in the Constitution, international agreements, relevant laws and regulatory legal acts (government decisions, orders, etc.). Let us turn to child protection in the context of the right to be protected from violence.

According to the article 9 of the RA law "On the Rights of the Child" every child has the right to be protected from any kind of abuse (physical, psychological, etc.) Anyone including parents or other legal representatives is prohibited to use violence, degrading punishment or other such treatment. The state and its relevant bodies shall take all appropriate measures to protect children from any kind of abuse, exploitation, involvement in criminal acts, including illicit use of narcotic drugs or trade, begging, gambling and the violation of his/her rights and legal interests. The crimes against child health are not

specified separately in the Criminal Code of the RA and are viewed in overall context of the crimes against health or it is considered as an aggravating circumstance, as for sexual abuse and child trafficking, they are fixed in separate articles. The legislation on sexual crimes towards the children was amended as a result of the decisions adopted on December 23, 2013. Particularly, according to the article 132.2 of the Criminal Code of the RA child trafficking or exploitation is a serious crime. Child trafficking methods are not mentioned here, therefore it is considered to be completed regardless of whether abuse or threat to the child's life or health was used or not.

As for child protection from humiliation, lack of care, neglect, mistreatment, etc., the legislation in this field is not clear. Particularly, above mentioned cases are described and regulated in the RA draft law "On Prevention of Domestic Violence, which is still at the stage of elaboration. Other special legal acts in this field do not exist in the RA.

**Current situation:** We should mention that not all kinds of abuse are punishable by the Criminal Code of the RA, so the official statistics show only a part of child abuses, while those not punishable by the law (neglect, psychological abuse, etc.) exist much more in the RA. Different kinds of child abuse are conditioned by the fact that the child is not accepted or is accepted partially as an individual by the family or community. Moreover, if a parent is trying to fulfil his/her dream through the child, the personality of the child "disappears" into the demands of the family or family members, which can lead to deformation of the identity of the child or inability to make decisions on his/her own. Unfortunately, some types of physical and psychological abuse are still used as a disciplinary method in the RA.

As for the cases of child abuse which are punishable by the law, we can mention the article 112 of the Criminal Code of the RA (intentionally causing serious harm to health), article 119 (torture), article 131(kidnapping), sexual crimes (most spread forms of crime) etc. During 2004-2014 there were about 140 cases of child sexual abuse in the RA, in 7 cases of which the perpetrator was also a minor. Year by year cases of begging and prostitution are increased in Armenia. There have been 11 recorded cases of child trafficking or exploitation since 2011. All cases of begging were carried out against boys, only in one criminal case the victim was a minor girl, who was exploited by the husband of her mother. Although the state takes clear measures to struggle against criminally punishable forms of child abuse, still they are not enough mechanisms to protect children from abuse, because not punishable cases (beating, intentionally causing not serious harm to health, etc.) are not investigated properly. According to the 53rd provision of the RA Government Decision N-303-N on the approval of action plan of National Strategy on the Protection of Human Rights, the concept against child abuse and certain plan of activities should be developed. This action must be implemented by submitting a joint document by the MLSA and the Police of the RA. There are not special regulations on the relations between the staff and the children in child protection institutions. The lack of relevant "National Regulation" on child protection from abuse also contributes to the current undesirable situation. The specialists in child protection institutions mainly apply to restraint or other authoritarian methods. Sometimes staff members use such words and expressions that can be considered as a violation of ethical and professional codes. There are different types of punishment in these institutions, including "shouting", "beating", "cursing", "keeping in the dark place" etc., as well as other non-standard forms, such as neglect, deprivation of visiting psychologist, food deprivation, etc. It is notable that most children consider the above mentioned types of punishment as fully justified and acceptable.

Let us turn to the process of child protection from abuse, which equally refers to both domestic violence and cases of abuse in child protection institutions. In both cases we should pay special attention to the physical punishment of children.

The RA government has approved child care minimum standards applicable in all child protection institutions, which provide protection from:

- ✓ psychological and physical violence, including sexual abuse and exploitation,
- ✓ mistreatment,
- ✓ crimes,
- ✓ carelessness and injustice,
- ✓ factors threatening to the life and health

It is worth mentioning that all forms of physical punishment are prohibited in the aforementioned child care institutions by their internal regulations as well.

Within the framework of the measures taken for ensuring child protection from abuse we should also mention the “Concept of the Fight Against Child Abuse” adopted by the RA government, which aims to define the main directions of the state policy on the elimination and prevention of child abuse, rehabilitation of the victims of violence, as well as the abusers. Currently the law “On protection from abuse” is under discussion.

Generally, the state has taken some legislative steps to protect children and all population as well, from cruel treatment and exploitation. Particularly, the state has developed an anti-trafficking policy, as well as it supports the NGOs to implement anti-trafficking activities. But child issues are not reflected in those projects yet.

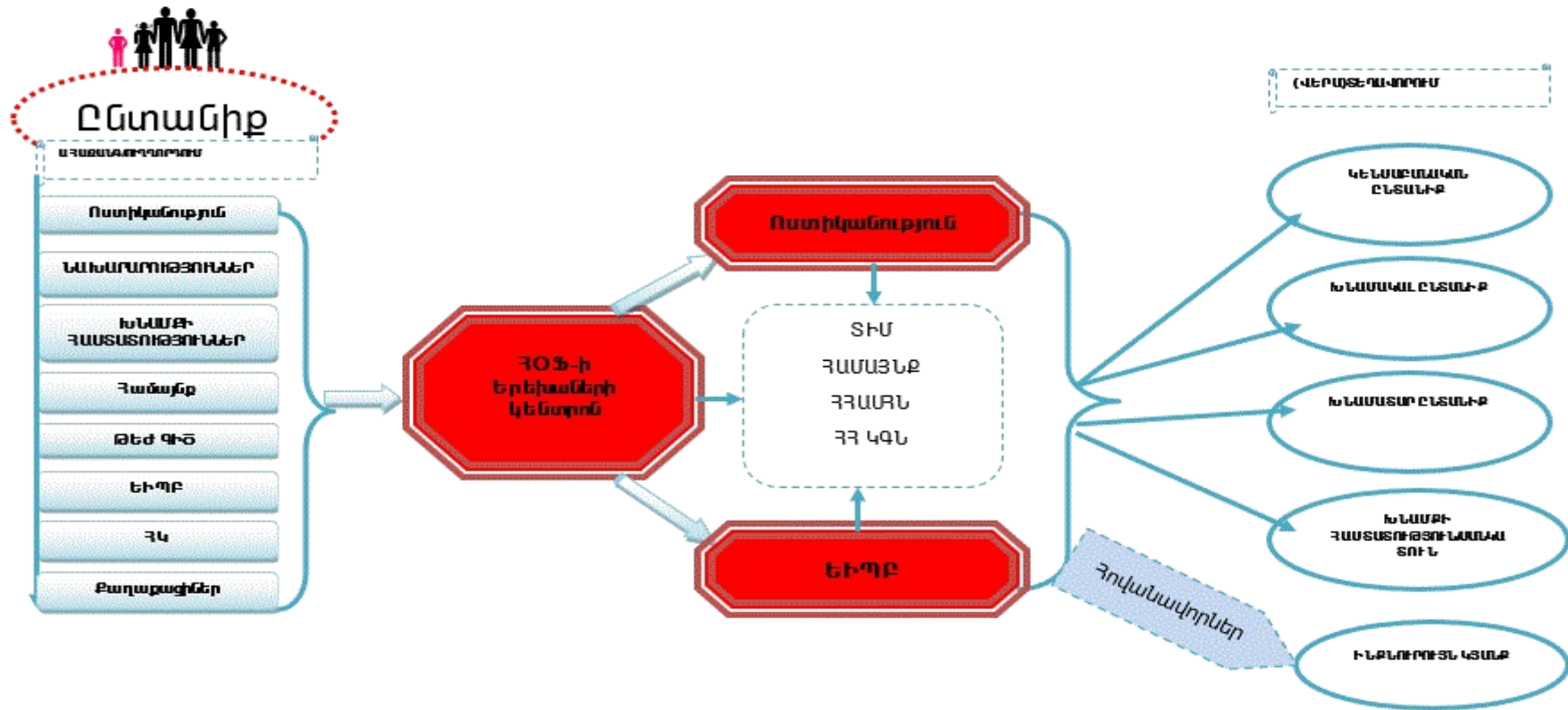
The process of providing assistance in certain situations is shown in Figure 1. We should also note that the scheme refers to the cases of high risk. In case of medium and low risks (sometimes high risks) the main actors are Child Protection Departments (CPD) and the Police, if there is an urgent need to take the child from the family.

Bearing in mind that the state has not defined clear procedures yet, the organization should develop its own internal procedures to protect children from possible abuse.

As a non-governmental organization Armenian Caritas currently can take the role to neutralize and minimize child abuse in its centers and child oriented projects. Applying to child protection (CP) institutions, finding collaborative solutions in case of child abuse outside the organization can be considered as a practical step towards responding to these cases.



Figure1. "Trajectory" of children at high risk<sup>3</sup>



<sup>3</sup>The practice of removing the perpetrator/abuser from the environment is not applicable in the RA yet, therefore we should bear in mind that in cases when the child with a parent (particularly with mother) should be removed from the violence environment, we may apply the following centers for support:

- Women's Support Center "NGO"  
Hotline service: **099 88 78 08**
- «Women's Rights Center" NGO  
Trust service hotline: **010 54 28 28, 0 800 80 850**

The difficulties of detecting abused children do not allow us to provide appropriate support to them. About all the children in the institutions have experienced different types of abuse in the families and as an intervention they have been taken to a child care institution. As a rule, abused children do not get relevant services.

Because of the difficulties to recognize some types of abuse as a criminal act, as well as considering the high level of risk in the families, children are taken, while the abuser continues to live in the family, particularly in case of sexual abuse.

As we have already mentioned, CP divisions are the main agents of child protection in the RA. They are committed to response to all the cases related to child protection and coordinate the activity. They have a responsibility to work with each case and provide necessary information. Child protection cases may reveal additional problems concerning with children, which in its turn, may require huge efforts of multidisciplinary team, including all the related institutions, such as schools, clinics, Police, Guardianship committee, NGO's etc.

Effective interchange of information helps to ensure coordinated work on the issues of vulnerable children. Researches and experience show that only in case of gaining information from different sources it becomes possible to fully assess whether the child is under risk/abuse.

Each of us may come across with a case of child abuse. It may happen everywhere and any time. Nevertheless, we should have in mind that child protection is our commitment. The specialists, at least, have the responsibilities as follows:

- ✓ Be alert to the potential factors of abuse or neglect,
- ✓ Be alert to the risks coming from the caregivers, who use violence or neglect towards children,
- ✓ Exchange and analyze the information so as to assess the situation, as well as the needs of children,
- ✓ Promote the actions needed for child protection,
- ✓ Periodically review the results of the measures taken for solving child problems,
- ✓ Cooperate with parents otherwise the efforts will be unfruitful.

In case of an urgent need of protection and medical intervention, the following steps should be taken:

- ✓ Immediately contact child protection department, police and relevant medical service,
- ✓ Discuss the situation with the parent/guardian and the child, if it is not dangerous or inconvenient (in some cases it may put the child at greater risk),
- ✓ Documenting the case and the actions,
- ✓ Exchange information with the specialists, who are familiar with the child / family (school, kindergarten, etc.),

If the situation is not dangerous, then:

- ✓ Discuss the situation with the parent/guardian and the child, if it is not dangerous or inconvenient (in case of sexual abuse it can be an obstacle and harm the child).
- ✓ Listen to the child and understand his feelings.
- ✓ Check other available information about the child/family.
- ✓ Ask decision makers/service providers or other experienced person for advice, if necessary,

- ✓ Discuss the case with the partners including family doctors or teachers, who are aware of child/family situation,
- ✓ Documenting the case and the actions
- ✓ Assess the need for taking a child to protection institutions or other relevant services.

Professional context of intervention: According to the concept of child protection, all suspicious cases should be discussed with child protection divisions, sometimes with police. Child protection, as well as abuse prevention is possible if parents/guardians properly cooperate with relevant services and institutions. Child's future is guaranteed, if the parent is involved in all stages of child protection as a key player and is not criticized.

Appropriate methods and approaches, according to the age of the child, should be used to explain the child why he/she will be taken from the family. A child has a need and a right to understand all the details of his/her protection. His/her views and feelings should be taken into account in all decisions and actions related to the child, and he/she should have enough time to explain and inform about it. Everyone should be sensitive and attentive to the child's family, traditions, culture and religion while assessing and satisfying the needs. The cooperation is aimed at ensuring child protection and welfare. Sometimes it is impossible to collaborate with parents/guardians in terms of professionalism, as the parent is not available or for another reason. Regardless of the the reason, children should be treated properly. Any delay may endanger child's safety and put him/her at greater risk. Of course, it is not so easy to "teach" the parent about the care and development needs of his/her child. However, one should never agree with the parent to continue to take care of the child in conditions harmful to the child's life and health.

Most parents lie in order to hide the violence, the others are looking for "understanding" and wait for attention and assistance of the specialists to meet their own needs. Regardless of the reasons, we should consider whether the collaboration with parent is fruitful for the child or not.

Each case must be considered individually based on the whole information about the child and the family. Such cooperation with other organizations is also very important.

**Collaboration between relevant institutions and specialists:** It is important for all the specialists and representatives of the institutions to cooperate with each other in order to ensure child safety. The effectiveness of child protection is possible only when the specialists of healthcare, educati

Everyone must clearly understand his/her role and the role of other partners as well. Exchange of information between the partners obviously promotes the effectiveness of the work. Sometimes serious problems may arise because of misunderstandings and unclear definition of the roles and responsibilities.

**Discussion on child case** is a formal meeting between the representatives of child care institutions and organizations. It is a discussion between the specialists and the family, which is focused on exchange of information about the children at risk. The purpose of the discussion is to analyze and assess the level of risk for the child in the family. Case discussion also involves parents/guardians or their representatives. Ussualy children also are involved in the discussions depending on their age and level of consciousness.

Case discussion gathers the representatives of all the organizations responsible for the child and the family (social services, healthcare services, police, schools, NGOs), as well as those who may give professional advice.

There are two types of discussion:

- a. Preliminary
- b. Reviewing

Preliminary discussions take place in order to define who and what action will take, in which terms, etc. Reviewing discussion is held once in 6 months (about 4 months after the preliminary discussion) until the risk to the child has disappeared.

The participants of the discussion must follow the principle of confidentiality, i.e. everything discussed is confidential.

**Case recording:** If there is a risk, child case will be registered in FWCRD as a case needing protection. Recording process must be permanent and clear, information should be reviewed on regular basis and be available, so that other specialists also can read it. If the child has been replaced, the recordings also will “follow” him. The parents/guardians and the children should be aware of the recordings (they have a right to read it). So the specialists must be very attentive on the formulations and the reviews. For example, as long as we are talking only about a suspicion, instead of using “violence by the parent” we should use the following formulation: "child's relations with the parents make concerns for him”, etc.

*So, in this section we addressed the legal basis and common approaches existing in the RA and in the framework of which Armenian Caritas Child Protection and Safeguarding Policy will be developed.*

---

## SECTION 2. ARMENIAN CARITAS CHILD PROTECTION AND SAFEGUARDING POLICY AND INTERNAL PROCEDURES

---

## JUSTIFICATION OF THE NEED TO DEVELOP CHILD PROTECTION AND SAFEGUARDING POLICY AND INTERNAL PROCEDURES

---

The mission of the “Armenian Caritas” is “To serve different vulnerable groups with love and compassion, respecting the dignity of each individual”.

The mission of Armenian Caritas is considered within the context of overall mission and social teaching of Catholic Church. Accordingly, child care and protection should be implemented so that each of them has the necessary freedom, serve God and achieve his or her God-given potential. At the same time, according to biblical principles of the organization, the relationship between children and adults must be based on mutual love, respect and justice.

The implementation of the aforementioned objectives requires child protection internal regulations, referrals and such a policy. The importance of having such documents is conditioned with a number of factors, which are the following:

1. The existence and practical application of written documents on the issues of child protection and safety may reduce the risk of abuse or exploitation towards beneficiary-children.
2. The second factor is the protection of the staff and volunteers of the organization/service. What does it mean? We should have in mind that the employees of child protection organizations directly or indirectly working with children possess such information about children that should be published and used according to the ethical norms. One of the ways to follow the above mentioned rules is the existence of child protection policy and relevant regulations.
3. The last factor is the safety of the organization. The existence of child protection policy and relevant regulations strengthen and protect the organization preventing the access of incompetent individuals to the organization, as well as increasing the level of protection of the rights, interests and positions of the staff, thus ensuring the implementation of effective practice.

The existence of child protection policy, internal regulations and referrals ensures the protection of the beneficiaries, the organization, as well as its employees.

The above-mentioned position complies with the strategic approach of Armenian Caritas to maintain consistency in child protection, the effective application of which requires using of contextual approaches in terms of cultural and socio-economic conditions while organizing child protection in the RA. That is why, although Armenian Caritas “Child Protection and Safeguarding Policy” is based on the general principles and requirements of Caritas Internationalis, the local cultural and situational specifications are considered in the provisions of the present document as well.

So the development of internal policy is important, as

- Effective policy requires localized approaches,
- The existence of internal procedures will allow to prevent potential risks in addition to responding to the existing cases,
- Common approaches will be applied by all the employees,

- It will be possible to immediately respond to non-standard situations,
- It will clearly define the boundaries of the work with stakeholders and beneficiaries,
- Safe environment for the children will be ensured,
- It will help the employees to use such methods in their work that do not harm the children,
- The organization will be protected from any kind of possible harm to its reputation (caused by the intentional or unintentional deeds of the employees).

## GENERAL PROVISIONS

---

By the adoption of “Child Protection and Safeguarding Policy” Armenian Caritas ensures that its position on child protection and safety will be set forth in its internal regulations. Armenian Caritas (hereinafter organization) undertakes that the provisions of the present document on child protection and safety will be implemented, as well as monitored and reviewed on regular basis.

1. Armenian Caritas aims to operate in accordance with the best interests of the child within its projects/services, as well as use all the opportunities to promote child safety in the families and communities through the steps as follows:
  - A. Development of complaint and response mechanisms,
  - B. Discussions on the issues and risks of child protection with partners (governmental and non-governmental institutions),
  - C. Support the partners to create a safer organizational environment for children,
  - D. Develop a detailed plan for the review of child protection projects (annual review is preferable).
2. By the adoption of this policy the organization aims to become one of the best examples in the country that ensures child protection and responds to the cases of child abuse. The organization is committed to take immediate and appropriate measures in case of violence, e.g. necessary support shall be provided to the victims of violence and the abusers shall be subjected to appropriate sanctions.
3. The organization ensures the application of the present policy and its provisions in all child-oriented projects and services.
4. All the procedures and guidance that must be followed by the employees and volunteers in case of violence are defined in the present policy.
5. Armenian Caritas staff has the same ethical and legal responsibilities towards children, as all the citizens of the RA, that is to ensure child protection from all types of risks at home, at schools, care institutions, communities, etc. The present policy addresses the additional responsibilities of the staff and volunteers to ensure the safety of those dealing with Armenian Caritas, as well as its partners and projects in terms of child welfare.
6. Armenian Caritas ensures the collaboration with such local and international organizations which are guided by the principles of child protection and operate in competent environment in terms of child safety. Armenian Caritas combines its efforts with the partners to promote child protection from domestic, environmental and other risks and prioritizes the cooperation with those organizations that have experience of long lasting and sustainable collaboration, excluding those, who have been assessed as risky in work with children. Armenian Caritas will work in cooperation with partners to respond to the cases of child abuse and to intervene appropriately.
7. Armenian Caritas undertakes all the necessary measures to ensure cooperation with partners based on mutual learning and development of the best practice related to child protection issues (joint trainings, experience exchange, joint discussions). In the relations with its partners Armenian Caritas uses common tools and standards for information exchange agreed beforehand.
8. Before the establishment of contractual relations with the partners providing services for children Armenian Caritas will get acquainted with their internal child protection procedures and professional codes of conduct in order to avoid possible risks to the beneficiary-children and the reputation of Armenian Caritas. In the absence of the above mentioned documents, Armenian Caritas may set the development and enforcement of those documents as a condition for establishing relations.
9. By the present policy the organization undertakes the responsibility to ensure the maintenance and application of the procedures on child protection and safeguarding, as well as the regular monitoring over their implementation.

10. The monitoring will be conducted through the following basic steps:
  - 13.1 Record the complaints and conduct monitoring of the reports concerning to child protection issues (preferably once in 6 months).
  - 13.2 Conduct internal and external audits of AC activities related to child protection (once in three years). The results will be submitted to the AC Board members.
  - 13.3 The organization ensures that the policy will be reviewed with participation of employees and volunteers (at least once in two years). Child Protection (hereinafter CP) officer of the organization is obliged to make reports on the changes and amendments of the policy and submit to the Board.
11. This document applies to all staff members as well as volunteers. It shall be a part of the contract between Armenian Caritas and its employees/volunteers.
12. The senior management of the organization takes responsibility to inform the employees about the policy and the changes in it, to provide consultation on its application, as well as to monitor the implementation of the provisions set out in the policy.
13. This document shall be applied together with other internal strategic documents.
14. 14. AC Child Protection and Safeguarding Policy is available for the partners, donors and other child protection organizations as well as stakeholders who would like to learn about the activity of AC related to child issues. Armenian Caritas supports and cooperates with partners to take appropriate responsibilities on child protection and implement the present policy and practice.
15. In the context of the present policy, child protection is a set of actions and activities aimed at protecting the children from all types of intentional and unintentional risks/harms and ensuring the welfare of the child.

## KEY TERMS & CONCEPTS

---

***A child*** is every human being below the age of 18 years unless, under the law applicable to the child, majority is attained earlier. (RA law “on child’s rights”)

***The principle of the best interests of the child*** is the main criteria for assessing the quality of child care, including all the necessary conditions to meet the basic needs of the child, such as physical conditions, upbringing, child protection, as well as creation of value system in the context of the enforcement of



the rights and local culture. In other words, the principle of the best interests of the child is a set of conditions, opportunities and activities, which can provide an adequate satisfaction of child's needs, protection of the rights, personal growth and natural development. Children shall be included in decision making process according to the specifications of their age and maturity<sup>4</sup>.

***Difficult circumstances of life:*** An objective situation caused by disability, illness, deprivation of parental care, poverty, family conflicts, ill treatment, abuse, helplessness, social isolation, accident or emergency situations disrupting human activity (RA law "on social supports").

***Children with special needs*** are those who have continuous needs of care, treatment, rehabilitation, psychological support, education, social development that cannot be fully satisfied in the system of common services and require special approach including health, educational and social services.

***Deprivation*** is the restriction or lack of satisfaction of vital needs<sup>5</sup>.

Abuse includes all types of physical, psychological, sexual violence, injuries, exploitation, neglect, ill treatment, etc. (UN "Convention on the Rights of the Child", article 9)

According to the definition by the WHO Consultation on Child Abuse Prevention, 1999, ***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.

***Physical abuse:*** In professional literature physical abuse is defined as those physical acts that cause actual or potential physical harm to the health, survival, development and dignity of the child including beating, hitting, biting, strangulation, burning, deliberate poisoning, choking, or any other attempt to cause physical harm.

***Sexual abuse:*** In professional literature child sexual abuse is defined in different ways. Generally it is defined as the involvement of the child in sexual acts, which s/he does not fully understand<sup>6</sup>. According to a broader definition, child sexual abuse is the implementation of sexual acts causing harm to the physical, emotional and cognitive development of the child<sup>7</sup>. It implies that the child is forcibly involved in sexual acts without considering whether s/he is aware of what is happening. The relationship may suggest physical contacts as well as non-contact relations. In this context the term of "sexual" means any act which leads the abuser to sexual arousal.

---

<sup>4</sup>Cantwell N.; Davidson, J.; Elsley, S.; Milligan, I.; Quinn, N. (2012). Moving Forward: Implementing the 'Guidelines for the Alternative Care of Children'. UK: Centre for Excellence for Looked After Children in Scotland.

<sup>5</sup>Child Protection. Educational manual for child protection specialists for (Antonian M., Gmyur-Karapetyan A., Duryan N., Khachatryan A. Hovhannisyan A. Sargsyan S.), Yerevan, United Nations Children's Fund and "Children of Armenia" Charitable Foundation, 2009.- 316 page.

<sup>6</sup>Berliner, Lucy, and Diana M. Elliott. "Sexual Abuse of Children." In *The AP SAC Handbook on Child Maltreatment*, edited by John Briere, Lucy Berliner, Josephine A. Bulkley, Carole Jenny, and Theresa Reid. Thousand Oaks, CA: Sage Publications, 1996, pp. 51-71.

<sup>7</sup>Conceptual Framework for Child Sexual Abuse, S M Sgroi; L C Blick; F S Porter, New York, USA, 1982.

**Emotional abuse** is the intentional or unintentional failure of creating an appropriate supportive environment for children, including such actions that have negative impact on the emotional health and development of the child.

The actions of the parents/guardians considered to be emotional abuse are as follows<sup>8</sup>.

- ✓ Refusal, when a parent or guardian does not accept the child as a great value who at the same time has some special needs.
- ✓ Isolation, when a parent or guardian partially or fully restricts child's social contacts and makes the child feel that s/he is alone in the world.
- ✓ Bullying, when a parent or guardian offends or threatens the child, creating an atmosphere of fear and horror
- ✓ Neglect, when child needs, which are necessary for emotional and intellectual development, are not met (we should distinguish emotional neglect from the physical, in case of which the vital needs of the child are not met).
- ✓ Intentional "spoilage", when a parent encourages destructive, antisocial behavior of the child.

**Neglect** is the continuous and long-term negligence over satisfaction of the physical and mental needs of the child, which is accompanied by serious damages to the child's health and development. The definition, proposed by Zuravin S. A., refers to the failure of parents/guardians to ensure child's development in eight spheres that may harm the physical, emotional, social and cognitive development of the child. The spheres are as follows<sup>9</sup>

- Physical health care, i.e. failure to provide appropriate medical support or treatment.
- Mental health care, i.e. paying no attention to the mental health or developmental problems of the child.
- Consistency, which implies a failure of having control over the child's behavior at home or outside, e.g. a parent is not aware where the child is and what s/he is doing.
- Irresponsible delegation of child care, e.g. abandoning the child, leaving alone to take care by himself, handing the child to an inadequate guardian, etc.
- "Household Dangers", e.g. hot water/gas leak, not keeping the cutters or medicines out of the children's reach, etc.
- The lack of appropriate hygienic conditions, e.g. when the floor is always dirty, there are rats in the house, the toilet is not clean and so on.
- Personal hygiene, e.g. child's clothes are always dirty, torn, hair is dirty, nails are not cut, etc.
- Malnutrition, which implies that the child is not provided with appropriate food.

**Child participation** means that the child has the right to participate in decision-making process and express his/her point of view on the issues related to the child, community, as well as the broader society, where s/he lives.

---

<sup>8</sup>The psychologically battered child, by James Garbarino, Edna Guttman, and Janis Wilson Seeley. San Francisco: Jossey-Bass, 1986, 286 pp

<sup>9</sup>DePanfilis, D. (2009) 'Using prevention science to reduce the risk of child neglect', *Children Australia*, 34(1), pp. 40–44. doi: 10.1017/S1035077200000523.

*Child protection* is a set of the policies, standards, guidance, procedures, actions and activities aimed at protecting the children from intentional and unintentional harm. In this context, ***child protection is the commitment of the organization (Armenian Caritas) and its staff towards beneficiary- children.***

*Child Protection Committee* is a collegial body involving CP officers of the organization that makes decisions on child protection issues.

*Child Protection Officer* is a person appointed by the organization who regulates the issues on child protection in the organization.

*Direct communication with the child* is a regular or non-regular, short-term or long-term communication with the child within the professional work of the organization.

*Indirect communication with the child:*

- **Documentary communication**, i.e. the documents related to the child within the work of the organization (child's name and surname, photos, individual social plan, etc.)
- **The funding/financing of the organization** also has an indirect impact on the situation of children, therefore one must be convinced that the donor organization has an adequate attitude towards child abuse and is ready to cooperate on the issues of child protection.

---

## 1. RECRUITMENT, EMPLOYMENT AND VOLUNTEERING PROCEDURES

- 1.1 All the employees and volunteers involved in the projects and services of the organization must have socially acceptable strong moral values and principles based on the best interests of the child and treat accordingly.

- 1.2 In the vacancy announcements a reference to the AC "Child Protection and Safeguarding Policy" must be given, and the employee should be required to follow the policy.
- 1.3 The organization ensures that questions on child protection issues are included in job application forms and interview questionnaires. Questions about having experience of direct or indirect work with children and the compliance of his/her approaches on safe functioning should be asked during interviews with potential candidates.
- 1.4 Organization highlights the importance of the employees' competence therefore the selection of candidates is based on their professional qualifications, experience and knowledge for working with children.
- 1.5 In addition to the current requirements for recruitment, the specialists who will directly or indirectly work with children should be interviewed personally and must submit the following documents:
  - Curriculum Vitae (CV)
  - Written references and verification of the information contained in it
  - Medical certificate to prove that s/he does not carry any disease listed in the Decision N-347 of the RA Government, 2003
  - Police certificate of no criminal record (if necessary).

This procedure is applicable to all candidates, including professional and administrative staff, as well as volunteers and interns. Candidates must submit at least 2 reference letters from previous job.

- 1.6 Armenian Caritas does not hire or deal with those who have previously been convicted of a crime against children or currently are under investigation for such suspicion. All the candidates are informed in advance that they will not be selected for employment or considered eligible for the projects in case of having been convicted of child abuse, child exploitation or any other similar crime.
- 1.7 When the above-mentioned problems with an employee/volunteer arose within the period of labor relations (volunteer activity) with the Armenian Caritas, but they are not related to the job responsibilities, the following measures shall be taken:
  - 1.7.1 If the person is a staff member AC Child Protection Committee conducts a meeting to make a decision on further steps according to the specifications of the case.
  - 1.7.2 If the person is AC volunteer s/he is recommended to temporarily suspend the activities until the full investigation is completed and a final decision is made.
- 1.8 The decision about hiring an employee is made by a relevant Selection Committee of the organization. Selection Committee members are approved by the internal regulations of the organization.
- 1.9 The selected candidates must get through probationary period (1-3 month), during of which they will receive appropriate support, including supervision by more experienced specialists for integration into the team (including the introduction of the working environment, internal documents, development of working plans, specifications of the problems of beneficiaries, etc.).
- 1.10 While selecting volunteers (if they are going to work directly with beneficiary-children) the same procedure must be applied as for employees.

- 1.11 All staff members (including those in probationary period) and volunteers must be aware on the present Policy, its provisions, professional and ethical codes of conduct and sign a relevant document confirming their awareness and commitment to follow the policy. Each staff member and volunteer may have his/her own copy of the present document.
- 1.12 All staff members (including those in probationary period) and volunteers will periodically take part in discussions on the present Policy to be aware about its provisions and have deep understanding on them.
- 1.13 The rules and restrictions of working with children must be included in job descriptions of all staff members (including those in probationary period) and volunteers of the organization. The organization must ensure that all the general and particular provisions specified herein are reflected in the assignments for the staff and volunteers.
- 1.14 The procedure is equally applicable in case of both external and internal (when an employee passes from a position to another) selections of the specialists.
- 1.15 The involvement of the employees and volunteers in AC activity is not completed only by signing a job contract with the employee or an agreement with the volunteer. In addition to the supervision of senior staff (mentorship, coaching, etc), the employees and volunteers (including those in probationary period) regularly participate in trainings to ensure the uniform application of the present Policy by all the workers on different organizational levels.

---

## 2. CAPACITY BUILDING: EDUCATION AND TRAINING

---

- 2.1 With a view to ensuring and reaffirming the mission of Armenian Caritas over child protection, everyone related to the organization should have clear understanding on his/her responsibilities

and expectations the organization has. The organization undertakes to create an "informed environment", where each staff member, volunteer or other representative will promote child protection and prevention of any type of child abuse or exploitation. The latter will be ensured by the staff with an appropriate competency and high professionalism, which can be achieved through regular trainings for the professional, as well as the administrative and auxiliary staff and volunteers.

- 2.2 The organization (as a step to reduce or prevent the risk of violence) undertakes to conduct regular meetings, trainings and discussions for the staff and volunteers on child protection issues including child abuse/exploitation and the ways of protection.
- 2.3 All staff members and volunteers are committed to have full understanding on the present policy and its provisions. The director of the organization and the relevant body responsible for child protection undertake the commitment to inform staff members and volunteers about changes in the present policy in the shortest possible time.
- 2.4 Staff members and volunteers directly working with children should be aware on the risky situations and the response mechanisms.
- 2.5 Senior management of the organization (project manager, project coordinator, director of the center, etc.) is obliged to conduct violence/exploitation risk assessment in the current services and take appropriate measures to reduce the risk.
- 2.6 Based on the principle of ensuring safe environment for children the organization undertakes the responsibility to conduct an appraisal of staff at least once in two years to find out the compliance of their qualification with the work. Appropriate measures should be taken to increase the qualification of professionals according to the appraisal results.
- 2.7 Senior management of the organization (project manager, project coordinator, director of the center, etc.) is responsible for conducting assessment on training needs of the staff to ensure violence-free environment for professional work. According to the assessment results, managers organize different trainings and supervisions (educational, supportive, mentorship, coaching, etc.) within the framework of the project.
- 2.8 The organization ensures continuous learning for its staff through study visits to the other organizations (different services of the organization, partner organizations, etc.), experience exchange, trainings and workshops, etc.
- 2.9 The organization provides an internal working environment where the points of view of the staff members are respected, as well as innovative ideas and initiatives are supported. The organization supports staff participation in its current activities and ensures their involvement in the process of development and review of working/project documentation, project packages, etc. At the same time the staff is supported to present suggestions and initiatives to higher ranking officials.
- 2.10 The management of the organization conducts regular meetings with the staff to discuss the concerns, objections and proposals.
- 2.11 The management of the organization conducts regular internal and external supervision for its staff, so that to
  - Promote their labor productivity through capacity building, as well as development of the skills and knowledge;
  - Ensure high responsibility of the employees in carrying out their functions;

- Develop and "socialize" the employee in the context of ethical and cultural norms.
- 2.12 The evaluation of the staff skills and knowledge gained during discussions, trainings, round-tables and the review of appraisal requirements are also part of capacity building.

### 3. REPORTING MECHANISM AND REGULATIONS ON CASES OF ABUSE

- 3.1 The main person responsible for ensuring child protection and safeguarding in the organization is  
Child Protection (CP) officer
- 3.2 Child Protection officer:

- 3.2.1 The main CP officer of the organization is AC Projects' manager. The CP officer of the center/service is project manager or the director of the center.
- 3.2.2 The contacts of the CP officer (name, phone number, email) shall be available to all the employees who work directly with children (it is mentioned in the form attached to the contract signed by the staff).
- 3.2.3 The contacts of CP officer (name, phone number, email) shall be available to the beneficiary-children and their parents/guardians (it is mentioned in the contract signed between the organization and the parents/guardians). Besides, the specialists of the organization shall have regular meetings and discussions with children to present them the functions and contacts of CP officer, that must be fixed in a visible and accessible place of the center.
- 3.2.4 According to the provisions of the present policy, in case of getting reports or being informed on suspicion of child abuse CP officer should take appropriate measures, including internal investigation on the case, as well as submitting verbal or written reports to the relevant official bodies.
- 3.2.5 Child Protection officer has a responsibility to promote using of safe methods in the work with children/youth and other vulnerable groups.
- 3.2.6 CP officer regularly visits AC centers providing social services for children and monitors their work. As a result, CP officer makes a report to be discussed with the management and staff of the center.
- 3.2.7 Child Protection officer is involved and actively participates in the process of selecting the employees and volunteers who will work with children.
- 3.3 Child Protection Committee (CPC):
- 3.3.1 Child Protection Committee includes all CP officers of Armenian Caritas. The Head of the Committee is the main CP officer of the organization. The Secretary is elected by the Committee from its members.
- 3.3.2 Child Protection Committee is the main body in the organization eligible to conduct investigation and make decisions on the cases of abuse/exploitation. The process of decision-making within the Committee is based on the principle of collegiality.
- 3.3.3 Child Protection Committee conducts a meeting at least once in three years, where the CP officers of AC centers/projects present their reports on the situation in the center/project. A special session may be conducted by the initiative of AC CP officer, as well as it shall be convoked in case of abuse. The sessions shall be recorded.
- 3.3.4 Every year Child Protection Committee makes a report on its activities and child protection situation in the organization and submits it to the Board.
- 3.3.5 The specialists dealing with (involved in) the case of child abuse/exploitation may be invited to the Committee sessions if necessary.
- 3.4 The organization has a special register, where all the cases of child abuse are recorded.
- 3.5 The parents/guardians of the beneficiary-children also should be informed on the case of child abuse, except for the cases when the parent/guardian is the abuser or somehow is involved in the violence.



- 3.6 Each employee informs the CP officer of the center/project in case of suspicion of child abuse or threats and makes a relevant report on it (the provision 3.8.8 of this section must be followed while preparing the report).
- 3.7 **If the information on child abuse is received from the child** the employee must comply with the following rules:
- 3.7.1 To take the information received from the child seriously and not ignore it.
  - 3.7.2 To listen and accept what the child says.
  - 3.7.3 Not to question or interrogate, as well as avoid opposing the abused child and allow him/her to express personal fears, feelings of uselessness.
  - 3.7.4 The child is allowed to freely express his/her thoughts.
  - 3.7.5 To convince the child that s/he was completely right telling you about it.
  - 3.7.6 To inform the child that other concerned persons also will be aware about the case and not promise that you will keep confidentiality of the information, as the further steps depend on the severity of the case.
  - 3.7.7 To keep the child aware on the further steps, as well as that s/he will be informed about the process.
  - 3.7.8 The information received from the child should be recorded right after the conversation in order to ensure its completeness. The place/time and other relative information must be mentioned in the record.
- 3.8 **If the information on child abuse is received from another person (not the child)** the employee must comply with the following rules:
- 3.8.1 The employee transfers the information on the suspicion of child abuse to the CP officer of the organization/project/service who assign one of the members of the professional team (social worker, psychologist, pedagogue) for talking to a child in order to clarify the initial information<sup>10</sup>.
  - 3.8.2 To make a written record on the case after talking to the child and submit it to the CP officer of the organization/project service.
- 3.9 **In case of suspicion of child abuse<sup>11</sup>:**
- 3.9.1 The professional staff takes immediate steps to ensure child safety, as well as provides professional support, including psychosocial, medical, legal, etc.
  - 3.9.2 The project manager/coordinator conducts a preliminary assessment on the case of child abuse (including interview with the child, his/her parents/guardians and others related to the child, home visits, etc.).
  - 3.9.3 The report on the preliminary assessment on the case of child abuse, signed by the project manager/coordinator and the specialist who prepared it, is submitted to the CP officer of the organization.
  - 3.9.4 In the case of child abuse outside the organization and its services the CP officer of the organization is obliged to prepare a report and inform the relevant official bodies (GTC, police, FWCRD, RA/DSS ) about the case both orally and in written form.

<sup>10</sup> During the conversation with the child the specialist shall follow the provisions set out in this subsection.

<sup>11</sup> see Appendix 6, Schemes of response mechanisms to the cases abuse

- 3.9.5 If a staff member/volunteer or a beneficiary is suspected in child abuse occurred within the organization or its services the AC management, particularly the CP officer is responsible for undertaking the following actions:
- 3.9.5.1 The activity of the employee/volunteer suspected in child abuse is temporarily suspended. As for a beneficiary suspected in child abuse, the provision of services is temporarily suspended. In all cases, the presumption of innocence must be respected.
  - 3.9.5.2 The CP officer of the organization carries out an internal investigation on the case.
  - 3.9.5.3 The organization ensures child protection throughout the investigation period, as well as within the framework of the implemented project supports both the victims of violence and the person suspected in abuse.
  - 3.9.5.4 If the suspicion on child abuse committed by the employee/volunteer/beneficiary within the organization or its services is confirmed the CP officer is obliged to immediately inform the relevant state bodies (GTC, police, FWCRD, RA/DSS) about the case on behalf of the organization.
  - 3.9.5.5 The organization reports the relevant state bodies (GTC, police, FWCRD, RA/DSS) about the case of child abuse both in oral and written forms. If the project (service, centre) is implemented in the centre of the province, it is preferable to contact the FWCRD bodies, which are more specialized on the issues of child abuse compared with other institutions. In other cases the organization should contact the state bodies having more collaborative relations with AC.
  - 3.9.5.6 Further work is organized in accordance with the general procedure of the RA.
  - 3.9.5.7 If the employee's involvement in the abuse is confirmed, s/he will be subject to disciplinary penalties, including demotion, dismissal, etc. If a beneficiary of the organization is charged with child abuse, service provision will be either terminated or changed depending on the severity of the action (e.g. providing psychological services outside the center).
  - 3.9.5.8 If the accusation of violence committed by the employee/volunteer/beneficiary is refuted or not confirmed, the employee/volunteer/beneficiary must be reinstated to his/her position, and in addition, further steps will be undertaken to reintegrate the employee in the team.
- 3.9.6 If the suspicion of child abuse is confirmed, the CP officer carries out a case risk assessment on child abuse.
- 3.9.7 The investigation results, as well as other documents related to the case are recorded in the roster of the cases of violence and stored in separate files. The organization ensures the confidentiality of these data and restricts their accessibility.
- 3.10 The CP officer and other specialists directly working with the abused child may be involved and take part in the activities and discussions on the case organized by state institutions.
- 3.11 If the question of transferring the case is put forward during the discussion, the organization ensures the proper implementation of the procedure and fix them into documents in compliance with child safety.

- 3.12 At the end of the actions related to the cases of violence the expert assigned for the case investigation is obliged to prepare a relevant report on the closure of the case justifying the factors and circumstances.
- 3.13 If a decision is made to leave the child in his/her environment, the organization shall take the following steps:
- 3.13.1 Make/review the individual program of the work with the child in compliance with the principles of working with abused children.
  - 3.13.2 Continue to cooperate with the parent/guardian (if he is not the abuser) for strengthening his/her skills and abilities to ensure child safety.
  - 3.13.3 The employee of the organization keeps control over the child within the center/service having in mind the signs of violence specified in the Annex 4.
- 3.14 Child Protection Committee specialists shall conduct a meeting in all the cases of suspicion or risk of child abuse, as well as if new facts causing a need of additional investigation or changes in working plan have arisen.
- 3.15 The organization undertakes to cooperate with the relative state institutions (GTC, police, FWCRD, RA/DSS) as well as provide information on the cases of violence, conduct monitoring, participate in discussions, etc.
- 3.16 The organization provides supervision over the child as long as s/he is a beneficiary.
- 3.17 The organization is committed to respond to all the cases of violence demonstrating non-selective approach.
- 3.18 All the specialists involved in the investigation on the case of violence are obliged to maintain confidentiality of the information obtained during the investigation. It is prohibited to publish any information/detail about the abused child or other aspects of violence without having the child's or parent's permission (the rules of sharing information on children through the media must be followed in case of publishing)<sup>12</sup>.
- 3.19 Maintaining the confidentiality of the information concerning to the cases of violence and the people involved, Armenian Caritas may publish general information on the incidents aiming to support to learn lessons and prevent future incidents according to the requirements laid down by the local legislation. At the same time, such information should be provided so that to exclude the possibility of identifying with a particular person.
- 3.20 In case of suspicion of violence all the employees and volunteers of the organization must act in accordance with the provisions specified herein. All the employees and volunteers shall follow the principle of the best interests of the child regardless of their own prejudices and beliefs.

#### 4. INTERNAL AND EXTERNAL COMMUNICATION

---

- 4.1 Access to the organization and communication (for donors, media, other NGOs, etc.).

---

<sup>12</sup> For more details, please see "External and internal communication".

- 4.1.1 The stories, photos, case files of the beneficiary-children are stored in closed and safe places to which only a limited number of people have access.
- 4.1.2 The connection between donors and children is monitored to exclude unacceptable offers or comments. In such cases the organization has a right to refuse the sponsorship and break off relations.
- 4.1.3 The donors should be informed that the present policy prohibits to make home visits without informing the beneficiaries in advance.
- 4.1.4 The beneficiaries of the organization are informed on AC procedures of making home visits. They are encouraged to immediately inform the organization about any visit by the staff member, volunteer or donor, during of which the family got any kind of suggestion.
- 4.1.5 The visits to beneficiary-children must be accompanied by the organization's social worker. It is preferable to arrange the meeting inside the organization.
- 4.1.6 Each donor has to sign an agreement confirming that s/he knows and fully understands the provisions of AC Child Protection and Safeguarding Policy.
- 4.1.7 The visits over the centers should be accompanied by the workers of the organization so that to exclude the possibility of leaving the visitor alone with the beneficiary.
- 4.1.8 The staff should provide information on the beneficiaries very carefully in order to avoid giving such information that may identify beneficiary-children/families making them available to the public. Moreover, information on the beneficiaries cannot be provided to others without the consent (written or oral) of the family or the child (if necessary).
- 4.2 Sharing information on the child.
  - 4.2.1 The information on the child should not contain provisions that undermine child's dignity or violate his/her the rights.
  - 4.2.2 In case of writing an article or conducting an interview with the child the principle of confidentiality of private information must be followed. Therefore the child must be listened and the published information should be so that to protect the child from any kind actual or potential harm and punishment.
  - 4.2.3 The story and photo of the child shall be presented in an appropriate context. The published information on the child should not contain any kind of labeling.
  - 4.2.4 Those who are well aware of the child's situation and can assess it, should ensure that all ethical standards are met in the reports or articles about the child.
  - 4.2.5 It is prohibited to publish such stories or photos which may damage the child, his/her siblings and peers, even if the identification data is changed.
  - 4.2.6 Make sure that the child and the guardian are informed about the purpose and the ways of using the interviews, reports or other media materials related to them.
- 4.3 When sharing information on children such photos should be used in which the dignity of the child is protected and they are not presented as victims.
  - Information about the child should not be exaggerated, emotional, and not constructive,
  - Children's individuality with their own attitudes and stories should be presented.
  - The photos in which children are naked or half-naked must not be used.
  - The additional needs of some children (e.g. children infected with HIV/AIDS) should be considered.

- 4.3.1 The scanned photos of children cannot be used in the websites of the organization without formal permission of the project/service in which the children or parents/guardians are included. The permission should be in written form and included in the case file of the child, as well as it should be attached to the agreement on service provision signed with the parent/guardian.
- 4.3.2 Personal information on the child in the websites of the organization or in any other sources/means of transmission of information must be so that not to identify the child's location, identity.
- 4.4 Communication on children via social networks and digital technologies should be based on the following principles:
- 4.4.1 **Dignity:** In any form of communication children should be treated and presented with dignity, but not as helpless victims or in inappropriate/indecent positions.
- 4.4.2 **Consent:** Children must be informed and give permission for being used (as direct subject) in photo/video or text materials prepared by the employees of Armenian Caritas. Informed consent means that the child has common understanding on the purpose of photo/video or text materials about him/her and gives permission either orally or in written form (written form is preferable). The parent, guardian, child (depending on the age) or other responsible person should give written permission in below mentioned cases:
- It is possible to identify the child in the prepared materials,
  - The identification of the child or the situation may harm the personal life, dignity, safety or reputation of the child.
- 4.4.3 **Education:** Armenian Caritas actively educates the children, their parents/guardians and sponsors/donors on the topics such as how to safely and properly use the social networks and digital technologies, as well as to avoid the risks and confront the threats.
- 4.5 **Prevention of harm in communication:** Armenian Caritas shall undertake the following steps to prevent the harms caused by communication, social networks and digital technologies (photos, video clips, stories, articles or other materials).
- It is prohibited to publish personal data of the child (full name/surname, address, location, etc.) via social networks and digital technologies.
  - GPS should be switched off in all video recording devices. This provision is a part of the procedure of donors' visits also.
  - The subject of the e-mail message should be harmless and the message should be marked as confidential (private) in case of sharing information on the child via e-mail.
  - Direct, unsupported, unsubstantiated communication in social networks between the following sides is forbidden without the knowledge of the organization:
    - ✓ Sponsor/donor/visitor and registered or unregistered children
    - ✓ Staff member/volunteer/ other representative of Armenian Caritas and registered or unregistered children

In the cases when both the child and the donor want to communicate with each other by social networks the child's knowledge of using Internet must be assessed by a questionnaire, as well as, if possible, they should be provided with alternative ways of communication which can be controlled by the appropriate specialist.

**4.6 Reporting on violations of the standards of communication, social media and digital technology:** All violations of these standards should be reported to the project coordinator/manager and, accordingly, the CP officer, depending on the impact of the violation.

#### **4.7 Child participation**

4.7.1 The organization undertakes to measure child's participation in its activities taking into consideration children's rights to freedom of expression (article 13), freedom of thought, conscience and religion (article 14), freedom of association and peaceful assembly (article 15), access to information (article 17), which are stipulated in the UN "Convention on the Rights of the Child"<sup>13</sup>

4.7.2 Armenian Caritas promotes and ensures children's participation in its projects and services. Enhancing child participation in its activities Armenian Caritas seeks to:

4.7.2.1 Increase accountability towards the children as the main beneficiaries,

4.7.2.2 Promote children's voices to be heard in their communities and decisions related to them,

4.7.2.3 Promote children's voices to have impact on the development, implementation and monitoring of the projects of the organization,

4.7.2.4 Ensure that the children are able to comment and influence the organization's strategy, present policy and decisions concerning to them.

## **5. PROFESSIONAL CODE OF CONDUCT / CODE OF ETHICS**

---

---

<sup>13</sup> For more details on children's participation and its measurement, please see Appendix 5.

*The purpose of this professional/ethical code of conduct is to provide safe work environment and reduce any risk of violence. Armenian Caritas expects its staff and volunteers to act in accordance with the provisions set out in this professional/ethical code.*

- 5.1 The employee/volunteer of Armenian Caritas or any other visitor treats the children with respect regardless of their age, language, religion, national/ethnic identity, social origin, disabilities, etc.
- 5.2 The employees/volunteers of Armenian Caritas carry out their duties and take care about the reputation of the organization. The organization's activity is perceived as a mission and the staff is actively involved in charity and voluntary activities.
- 5.3 AC employee/volunteer, visitor or any other person involved in the process should respect and maintain the domestic law. They will act in accordance with the principles of honesty, transparency, unselfishness, justice and love.
- 5.4 AC employee/volunteer is not involved in any type of sexual exploitation, physical or psychological abuse, as well as restricts and prevents the access to the organization of those people who have experience of committing violence (currently or in past).
- 5.5 AC staff and volunteers shall take all necessary measures to avoid such situations that may harm the organization, its staff, volunteers, beneficiaries and partners.
- 5.6 Parents, teachers or the specialists working with children are involved in any event or activity participated by children.
- 5.7 AC staff is aware of all situations and response mechanisms, which may cause violence.
- 5.8 Organization's work with children is planned and organized in accordance with the principle of minimizing the possible risks.
- 5.9 AC staff member/volunteer or any other person involved in the process shall treat the children with respect in the relationship or joint activities with them, as well as avoid such behaviour that may be misconstrued or attract attention.
- 5.10 AC staff members shall apply an integrated approach in work with children and avoid any kind of favouritism towards them.
- 5.11 AC staff members shall use such expressions which do not label the origin of the child and his/her parents.
- 5.12 AC staff members provide an environment for children where they can freely express their opinions, attitudes and concerns. At the same time they prevent any kind of scornful attitude/disparagement or abuse towards each other.
- 5.13 AC staff members should be careful about their appearance and wear proper clothes, makeup and jewelry (see the internal regulations of the organization).
- 5.14 AC staff member, volunteer, as well as any other person involved in the process will put all efforts to cooperate with other staff members/volunteers.
- 5.15 All the employees of the organization are committed to inform the CP officer about any manifestation of child abuse avoiding the exaggeration and misunderstanding of the facts.
- 5.16 AC staff member/volunteer or a visitor takes all the necessary measures to prevent any form of child abuse, humiliation, as well as child involvement in some actions for personal needs.
- 5.17 AC employee shall not take any payment for provided services unless there are officially prescribed procedures for it.
- 5.18 Solution of possible conflicts

- 5.18.1 In order to solve the conflict of interests the employee shall be guided by the following provisions.
  - 5.18.2 The employee shall not use the resources of the organization, as well as work relations for personal interests.
  - 5.18.3 Project staff member/volunteer shall solve the conflict in accordance with the principles of Christianity, collective integrity and common good of the organization, as well as respond to the cases of injustice and neglect informing the management about it in advance.
- 5.19. Protection of AC property and resources.
- 5.19.1 Ensure that AC property is not underused and protect it from stealing or any kind of losses. The organization ensures that all staff members are aware of its practical application.
  - 5.19.2 Ensure that AC intellectual property is protected and not underused, as well as staff members are aware of the requirements for their application. For example, the results and analysis of the researches and studies carried out within the organization cannot be used without the consent of the organization.
  - 5.19.3 Adopt and follow the principle of professional integrity within the work including the accountability based on financial responsibilities.
- 5.20. Restrictions for the organization's security:
- 5.20.1 It is forbidden to transfer weapons to the territories of the organization (own or hired), including offices, apartments, vehicles, etc., as well as the territories where the organization conducts events.
  - 5.20.2 It is forbidden to use drugs or alcohol during the working hours<sup>14</sup>.
  - 5.20.3 It is forbidden to show photo/video or text materials on violence during service provision or any kind of events/activities conducted by the organization except the cases when such materials are used for staff trainings.

***AC Management is responsible for ensuring that staff members are aware of Code of Ethics and are committed to its implementation.***

***The attached Annexes constitute an integral part of this Policy with the exception of Appendix 1 which is the brief of the present policy/internal regulations developed for the employees and volunteers.***

---

## ANNEXES

---

---

<sup>14</sup> During celebrations (birthday, holiday, anniversary, etc.) alcohol should be symbolic and the children must be informed about the appropriateness of its use in advance.



APPENDIX 1. ARMENIAN CARITAS CHILD PROTECTION AND  
SAFEGUARDING POLICY, INTERNAL PROCEDURES AND PROFESSIONAL  
CODE OF CONDUCT (FOR EMPLOYEES AND VOLUNTEERS)

---

Armenian Caritas: Organization overview (history, mission)

KEY TERMS & CONCEPTS

---

***A child*** is every human being below the age of 18 years unless, under the law applicable to the child, majority is attained earlier. (RA law “on child’s rights”)

***The principle of the best interests of the child*** is the main criteria for assessing the quality of child care, including all the necessary conditions to meet the basic needs of the child, such as physical conditions, upbringing, child protection, as well as creation of value system in the context of the enforcement of the rights and local culture. In other words, the principle of the best interests of the child is a set of conditions, opportunities and activities, which can provide an adequate satisfaction of child’s needs, protection of the rights, personal growth and natural development. Children shall be included in decision making process according to the specifications of their age and maturity<sup>15</sup>.

***Difficult circumstances of life:*** An objective situation caused by disability, illness, deprivation of parental care, poverty, family conflicts, ill treatment, abuse, helplessness, social isolation, accident or emergency situations disrupting human activity (RA law “on social supports”).

***Children with special needs*** are those who have continuous needs of care, treatment, rehabilitation, psychological support, education, social development that cannot be fully satisfied in the system of common services and require special approach including health, educational and social services.

***Deprivation*** is the restriction or lack of satisfaction of vital needs<sup>16</sup>.

Abuse includes all types of physical, psychological, sexual violence, injuries, exploitation, neglect, ill treatment, etc. (UN "Convention on the Rights of the Child", article 9)

According to the definition by the WHO Consultation on Child Abuse Prevention, 1999, ***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.

---

<sup>15</sup>Cantwell N.; Davidson, J.; Elsley, S.; Milligan, I.; Quinn, N. (2012). Moving Forward: Implementing the ‘Guidelines for the Alternative Care of Children’. UK: Centre for Excellence for Looked After Children in Scotland.

<sup>16</sup>Child Protection. Educational manual for child protection specialists for (Antonian M., Gmyur-Karapetyan A., Duryan N., Khachatryan A. Hovhannisyan A. Sargsyan S.), Yerevan, United Nations Children's Fund and "Children of Armenia" Charitable Foundation, 2009.- 316 page.

**Physical abuse:** In professional literature physical abuse is defined as those physical acts that cause actual or potential physical harm to the health, survival, development and dignity of the child including beating, hitting, biting, strangulation, burning, deliberate poisoning, choking, or any other attempt to cause physical harm.

**Sexual abuse:** In professional literature child sexual abuse is defined in different ways. Generally it is defined as the involvement of the child in sexual acts, which s/he does not fully understand<sup>17</sup>. According to a broader definition, child sexual abuse is the implementation of sexual acts causing harm to the physical, emotional and cognitive development of the child<sup>18</sup>. It implies that the child is forcibly involved in sexual acts without considering whether s/he is aware of what is happening. The relationship may suggest physical contacts as well as non-contact relations. In this context the term of “sexual” means any act which leads the abuser to sexual arousal.

**Emotional abuse** is the intentional or unintentional failure of creating an appropriate supportive environment for children, including such actions that have negative impact on the emotional health and development of the child.

The actions of the parents/guardians considered to be emotional abuse are as follows<sup>19</sup>.

- ✓ Refusal, when a parent or guardian does not accept the child as a great value who at the same time has some special needs.
- ✓ Isolation, when a parent or guardian partially or fully restricts child's social contacts and makes the child feel that s/he is alone in the world.
- ✓ Bullying, when a parent or guardian offends or threatens the child, creating an atmosphere of fear and horror
- ✓ Neglect, when child needs, which are necessary for emotional and intellectual development, are not met (we should distinguish emotional neglect from the physical, in case of which the vital needs of the child are not met).
- ✓ Intentional "spoilage", when a parent encourages destructive, antisocial behavior of the child.

**Neglect** is the continuous and long-term negligence over satisfaction of the physical and mental needs of the child, which is accompanied by serious damages to the child's health and development. The definition, proposed by Zuravin S. A., refers to the failure of parents/guardians to ensure child's development in eight spheres that may harm the physical, emotional, social and cognitive development of the child. The spheres are as follows<sup>20</sup>

- Physical health care, i.e. failure to provide appropriate medical support or treatment.

---

<sup>17</sup>Berliner, Lucy, and Diana M. Elliott. “Sexual Abuse of Children.” In *The APSAC Handbook on Child Maltreatment*, edited by John Briere, Lucy Berliner, Josephine A. Bulkley, Carole Jenny, and Theresa Reid. Thousand Oaks, CA: Sage Publications, 1996, pp. 51–71.

<sup>18</sup>Conceptual Framework for Child Sexual Abuse, S M Sgroi; L C Blick; F S Porter, New York, USA, 1982.

<sup>19</sup>The psychologically battered child, by James Garbarino, Edna Guttman, and Janis Wilson Seeley. San Francisco: Jossey-Bass, 1986, 286 pp

<sup>20</sup>DePanfilis, D. (2009) ‘Using prevention science to reduce the risk of child neglect’, *Children Australia*, 34(1), pp. 40–44. doi: 10.1017/S1035077200000523.

- Mental health care, i.e. paying no attention to the mental health or developmental problems of the child.
- Consistency, which implies a failure of having control over the child's behavior at home or outside, e.g. a parent is not aware where the child is and what s/he is doing.
- Irresponsible delegation of child care, e.g. abandoning the child, leaving alone to take care by himself, handing the child to an inadequate guardian, etc.
- "Household Dangers", e.g. hot water/gas leak, not keeping the cutters or medicines out of the children's reach, etc.
- The lack of appropriate hygienic conditions, e.g. when the floor is always dirty, there are rats in the house, the toilet is not clean and so on.
- Personal hygiene, e.g. child's clothes are always dirty, torn, hair is dirty, nails are not cut, etc.
- Malnutrition, which implies that the child is not provided with appropriate food.

***Child participation*** means that the child has the right to participate in decision-making process and express his/her point of view on the issues related to the child, community, as well as the broader society, where s/he lives.

***Child protection*** is a set of the policies, standards, guidance, procedures, actions and activities aimed at protecting the children from intentional and unintentional harm. In this context, ***child protection is the commitment of the organization (Armenian Caritas) and its staff towards beneficiary- children.***

***Child Protection Committee*** is a collegial body involving CP officers of the organization that makes decisions on child protection issues.

***Child Protection Officer*** is a person appointed by the organization who regulates the issues on child protection in the organization.

***Direct communication with the child*** is a regular or non-regular, short-term or long-term communication with the child within the professional work of the organization.

***Indirect communication with the child:***

- **Documentary communication**, i.e. the documents related to the child within the work of the organization (child's name and surname, photos, individual social plan, etc.)
- **Funding/financing of the organization** also has an indirect impact on the situation of children, therefore one must be convinced that the donor organization has an adequate attitude towards child abuse and is ready to cooperate on the issues of child protection.

## 1. REPORTING MECHANISM AND REGULATIONS OF CASES OF ABUSE

---

5.21 The main person responsible for ensuring child protection and safeguarding in the organization is Child Protection (CP) officer

5.22 Child Protection officer:

5.22.1 The main CP officer of the organization is AC Projects' manager. The CP officer of the center/service is project manager or the director of the center.

5.22.2 The contacts of the CP officer (name, phone number, email) shall be available to all the employees who work directly with children (it is mentioned in the form attached to the contract signed by the staff).

5.22.3 The contacts of CP officer (name, phone number, email) shall be available to the beneficiary-children and their parents/guardians (it is mentioned in the contract signed between the organization and the parents/guardians). Besides, the specialists of the organization shall have regular meetings and discussions with children to present them the functions and contacts of CP officer, that must be fixed in a visible and accessible place of the center.

5.22.4 According to the provisions of the present policy, in case of getting reports or being informed on suspicion of child abuse CP officer should take appropriate measures, including internal investigation on the case, as well as submitting verbal or written reports to the relevant official bodies.

5.22.5 Child Protection officer has a responsibility to promote using of safe methods in the work with children/youth and other vulnerable groups.

5.22.6 CP officer regularly visits AC centers providing social services for children and monitors their work. As a result, CP officer makes a report to be discussed with the management and staff of the center.

5.22.7 Child Protection officer is involved and actively participates in the process of selecting the employees and volunteers who will work with children.

5.23 Child Protection Committee (GPC):

5.23.1 Child Protection Committee includes all CP officers of Armenian Caritas. The Head of the Committee is the main CP officer of the organization. The Secretary is elected by the Committee from its members.

5.23.2 Child Protection Committee is the main body in the organization eligible to conduct investigation and make decisions on the cases of abuse/exploitation. The process of decision-making within the Committee is based on the principle of collegiality.

5.23.3 Child Protection Committee conducts a meeting at least once in three years, where the CP officers of AC centers/projects present their reports on the situation in the center/project. A special session may be conducted by the initiative of AC CP officer, as well as it shall be convoked in case of abuse. The sessions shall be recorded.

5.23.4 Every year Child Protection Committee makes a report on its activities and child protection situation in the organization and submits it to the Board.

5.23.5 The specialists dealing with (involved in) the case of child abuse/exploitation may be invited to the Committee sessions if necessary.

- 5.24 The organization has a special register, where all the cases of child abuse are recorded.
- 5.25 The parents/guardians of the beneficiary-children also should be informed on the case of child abuse, except for the cases when the parent/guardian is the abuser or somehow is involved in the violence.
- 5.26 Each employee informs the CP officer of the center/project in case of suspicion of child abuse or threats and makes a relevant report on it (the provision 3.8.8 of this section must be followed while preparing the report).
- 5.27 **Where the information on child abuse is received from the child** the employee must comply with the following rules:
- 5.27.1 To take the information received from the child seriously and not ignore it.
  - 5.27.2 To listen and accept what the child says.
  - 5.27.3 Not to question or interrogate, as well as avoid opposing the abused child and allow him/her to express personal fears, feelings of uselessness.
  - 5.27.4 The child is allowed to freely express his/her thoughts.
  - 5.27.5 To convince the child that s/he was completely right telling you about it.
  - 5.27.6 To inform the child that other concerned persons also will be aware about the case and not promise that you will keep confidentiality of the information, as the further steps depend on the severity of the case.
  - 5.27.7 To keep the child aware on the further steps, as well as that s/he will be informed about the process.
  - 5.27.8 The information received from the child should be recorded right after the conversation in order to ensure its completeness. The place/time and other relative information must be mentioned in the record.
- 5.28 **Where the information on child abuse is received from another person (not the child)** the employee must comply with the following rules:
- 5.28.1 The employee transfers the information on the suspicion of child abuse to the CP officer of the organization/project/service who assign one of the members of the professional team (social worker, psychologist, pedagogue) for talking to a child in order to clarify the initial information<sup>21</sup>.
  - 5.28.2 To make a written record on the case after talking to the child and submit it to the CP officer of the organization/project service.
- 5.29 **In case of suspicion of child abuse<sup>22</sup>:**
- 5.29.1 The professional staff takes immediate steps to ensure child safety, as well as provides professional support, including psychosocial, medical, legal, etc.
  - 5.29.2 The project manager/coordinator conducts a preliminary assessment on the case of child abuse (including interview with the child, his/her parents/guardians and others related to the child, home visits, etc.).
  - 5.29.3 The report on the preliminary assessment on the case of child abuse, signed by the project manager/coordinator and the specialist who prepared it, is submitted to the CP officer of the organization.

<sup>21</sup> During the conversation with the child the specialist shall follow the provisions set out in this subsection.

<sup>22</sup> see Appendix 6, Schemes of response mechanisms to the cases abuse

- 5.29.4 In the case of child abuse outside the organization and its services the CP officer of the organization is obliged to prepare a report and inform the relevant official bodies (GTC, police, FWCRD, RA/DSS ) about the case both orally and in written form.
- 5.29.5 If a staff member/volunteer or a beneficiary is suspected in child abuse occurred within the organization or its services the AC management, particularly the CP officer is responsible for undertaking the following actions:
- 5.29.5.1 The activity of the employee/volunteer suspected in child abuse is temporarily suspended. As for a beneficiary suspected in child abuse, the provision of services is temporarily suspended. In all cases, the presumption of innocence must be respected.
  - 5.29.5.2 The CP officer of the organization carries out an internal investigation on the case.
  - 5.29.5.3 The organization ensures child protection throughout the investigation period, as well as within the framework of the implemented project supports both the victims of violence and the person suspected in abuse.
  - 5.29.5.4 If the suspicion on child abuse committed by the employee/volunteer/beneficiary within the organization or its services is confirmed the CP officer is obliged to immediately inform the relevant state bodies (GTC, police, FWCRD, RA/DSS) about the case on behalf of the organization.
  - 5.29.5.5 The organization reports the relevant state bodies (GTC, police, FWCRD, RA/DSS) about the case of child abuse both in oral and written forms. If the project (service, centre) is implemented in the centre of the province, it is preferable to contact the FWCRD bodies, which are more specialized on the issues of child abuse compared with other institutions. In other cases the organization should contact the state bodies having more collaborative relations with AC.
  - 5.29.5.6 Further work is organized in accordance with the general procedure of the RA.
  - 5.29.5.7 If the employee's involvement in the abuse is confirmed, s/he will be subject to disciplinary penalties, including demotion, dismissal, etc. If a beneficiary of the organization is charged with child abuse, service provision will be either terminated or changed depending on the severity of the action (e.g. providing psychological services outside the center).
  - 5.29.5.8 If the accusation of violence committed by the employee/volunteer/beneficiary is refuted or not confirmed, the employee/volunteer/beneficiary must be reinstated to his/her position, and in addition, further steps will be undertaken to reintegrate the employee in the team.
- 5.29.6 If the suspicion of child abuse is confirmed, the CP officer carries out a case risk assessment on child abuse.
- 5.29.7 The investigation results, as well as other documents related to the case are recorded in the roster of the cases of violence and stored in separate files. The organization ensures the confidentiality of these data and restricts their accessibility.
- 5.30 The CP officer and other specialists directly working with the abused child may be involved and take part in the activities and discussions on the case organized by state institutions.

- 5.31 If the question of transferring the case is put forward during the discussion, the organization ensures the proper implementation of the procedure and fix them into documents in compliance with child safety.
- 5.32 At the end of the actions related to the cases of violence the expert assigned for the case investigation is obliged to prepare a relevant report on the closure of the case justifying the factors and circumstances.
- 5.33 If a decision is made to leave the child in his/her environment, the organization shall take the following steps:
- 5.33.1 Make/review the individual program of the work with the child in compliance with the principles of working with abused children.
  - 5.33.2 Continue to cooperate with the parent/guardian (if he is not the abuser) for strengthening his/her skills and abilities to ensure child safety.
  - 5.33.3 The employee of the organization keeps control over the child within the center/service having in mind the signs of violence specified in the Annex 4.
- 5.34 Child Protection Committee specialists shall conduct a meeting in all the cases of suspicion or risk of child abuse, as well as if new facts causing a need of additional investigation or changes in working plan have arisen.
- 5.35 The organization undertakes to cooperate with the relative state institutions (GTC, police, FWCRD, RA/DSS) as well as provide information on the cases of violence, conduct monitoring, participate in discussions, etc.
- 5.36 The organization provides supervision over the child as long as s/he is a beneficiary.
- 5.37 The organization is committed to respond to all the cases of violence demonstrating non-selective approach.
- 5.38 All the specialists involved in the investigation on the case of violence are obliged to maintain confidentiality of the information obtained during the investigation. It is prohibited to publish any information/detail about the abused child or other aspects of violence without having the child's or parent's permission (the rules of sharing information on children through the media must be followed in case of publishing)<sup>23</sup>.
- 5.39 Maintaining the confidentiality of the information concerning to the cases of violence and the people involved, Armenian Caritas may publish general information on the cases of violence aiming to prevent future incidents according to the requirements laid down by the local legislation. At the same time, such information should be provided so that to exclude the possibility of identifying with a particular person.
- 5.40 In case of suspicion of violence all the employees and volunteers of the organization must act in accordance with the provisions specified herein. All the employees and volunteers shall follow the principle of the best interests of the child regardless of their own prejudices and beliefs.

---

<sup>23</sup> For more details, please see "External and internal communication".

## 2. INTERNAL AND EXTERNAL COMMUNICATION

---

- 4.8 Access to the organization and communication (for donors, media, other NGOs, etc.).
- 4.8.1 The stories, photos, case files of the beneficiary-children are stored in closed and safe places to which only a limited number of people have access.
- 4.8.2 The connection between donors and children is monitored to exclude unacceptable offers or comments. In such cases the organization has a right to refuse the sponsorship and break off relations.
- 4.8.3 The donors should be informed that the present policy prohibits to make home visits without informing the beneficiaries in advance.
- 4.8.4 The beneficiaries of the organization are informed on AC procedures of making home visits. They are encouraged to immediately inform the organization about any visit by the staff member, volunteer or donor, during of which the family got any kind of suggestion.
- 4.8.5 The visits to beneficiary-children must be accompanied by the organization's social worker. It is preferable to arrange the meeting inside the organization.
- 4.8.6 Each donor has to sign an agreement confirming that s/he knows and fully understands the provisions of AC Child Protection and Safeguarding Policy.
- 4.8.7 The visits over the centers should be accompanied by the workers of the organization so that to exclude the possibility of leaving the visitor alone with the beneficiary.
- 4.8.8 The staff should provide information on the beneficiaries very carefully in order to avoid giving such information that may identify beneficiary-children/families making them available to the public. Moreover, information on the beneficiaries cannot be provided to others without the consent (written or oral) of the family or the child (if necessary).
- 4.9 Sharing information on the child.
- 4.9.1 The information on the child should not contain provisions that undermine child's dignity or violate his/her the rights.
- 4.9.2 In case of writing an article or conducting an interview with the child the principle of confidentiality of private information must be followed. Therefore the child must be listened and the published information should be so that to protect the child from any kind actual or potential harm and punishment.
- 4.9.3 The story and photo of the child shall be presented in an appropriate context. The published information on the child should not contain any kind of labeling.
- 4.9.4 Those who are well aware of the child's situation and can assess it, should ensure that all ethical standards are met in the reports or articles about the child.
- 4.9.5 It is prohibited to publish such stories or photos which may damage the child, his/her siblings and peers, even if the identification data is changed.
- 4.9.6 Make sure that the child and the guardian are informed about the purpose and the ways of using the interviews, reports or other media materials related to them.
- 4.10 When sharing information on children such photos should be used in which the dignity of the child is protected and they are not presented as victims.
- Information about the child should not be exaggerated, emotional, and not constructive,
  - Children's individuality with their own attitudes and stories should be presented.



- The photos in which children are naked or half-naked must not be used.
  - The additional needs of some children (e.g. children infected with HIV/AIDS) should be considered.
- 4.10.1 The scanned photos of children cannot be used in the websites of the organization without formal permission of the project/service in which the children or parents/guardians are included. The permission should be in written form and included in the case file of the child, as well as it should be attached to the agreement on service provision signed with the parent/guardian.
- 4.10.2 Personal information on the child in the websites of the organization or in any other sources/means of transmission of information must be so that not to identify the child's location, identity.
- 4.11 Communication on children via social networks and digital technologies should be based on the following principles:
- 4.11.1 **Dignity:** In any form of communication children should be treated and presented with dignity, but not as helpless victims or in inappropriate/indecent positions.
- 4.11.2 **Consent:** Children must be informed and give permission for being used (as direct subject) in photo/video or text materials prepared by the employees of Armenian Caritas. Informed consent means that the child has common understanding on the purpose of photo/video or text materials about him/her and gives permission either orally or in written form (written form is preferable). The parent, guardian, child (depending on the age) or other responsible person should give written permission in below mentioned cases:
- It is possible to identify the child in the prepared materials,
  - The identification of the child or the situation may harm the personal life, dignity, safety or reputation of the child.
- 4.11.3 **Education:** Armenian Caritas actively educates the children, their parents/guardians and sponsors/donors on the topics such as how to safely and properly use the social networks and digital technologies, as well as to avoid the risks and confront the threats.
- 4.12 **Prevention of harm in communication:** Armenian Caritas shall undertake the following steps to prevent the harms caused by communication, social networks and digital technologies (photos, video clips, stories, articles or other materials).
- It is prohibited to publish personal data of the child (full name/surname, address, location, etc.) via social networks and digital technologies.
  - GPS should be switched off in all video recording devices. This provision is a part of the procedure of donors' visits also.
  - The subject of the e-mail message should be harmless and the message should be marked as confidential (private) in case of sharing information on the child via e-mail.
  - Direct, unsupported, unsubstantiated communication in social networks between the following sides is forbidden without the knowledge of the organization:
    - ✓ Sponsor/donor/visitor and registered or unregistered children
    - ✓ Staff member/volunteer/ other representative of Armenian Caritas and registered or unregistered children

In the cases when both the child and the donor want to communicate with each other by social networks the child's knowledge of using Internet must be assessed by a questionnaire, as well as, if possible, they should be provided with alternative ways of communication which can be controlled by the appropriate specialist.

4.13 **Reporting on violations of the standards of communication, social media and digital technology:** All violations of these standards should be reported to the project coordinator/manager and, accordingly, the CP officer, depending on the impact of the violation.

4.14 **Child participation**

4.14.1 The organization undertakes to measure child's participation in its activities taking into consideration children's rights to freedom of expression (article 13), freedom of thought, conscience and religion (article 14), freedom of association and peaceful assembly (article 15), access to information (article 17), which are stipulated in the UN "Convention on the Rights of the Child"<sup>24</sup>

4.14.2 Armenian Caritas promotes and ensures children's participation in its projects and services. Enhancing child participation in its activities Armenian Caritas seeks to:

4.14.2.1 Increase accountability towards the children as the main beneficiaries,

4.14.2.2 Promote children's voices to be heard in their communities and decisions related to them,

4.14.2.3 Promote children's voices to have impact on the development, implementation and monitoring of the projects of the organization,

4.14.2.4 Ensure that the children are able to comment and influence the organization's strategy, present policy and decisions concerning to them.

---

<sup>24</sup> For more details on children's participation and its measurement, please see Appendix 5.

### 3. PROFESSIONAL CODE OF CONDUCT / CODE OF ETHICS

---

*The purpose of this professional/ethical code of conduct is to provide safe work environment and reduce any risk of violence. Armenian Caritas expects its staff and volunteers to act in accordance with the provisions set out in this professional/ethical code.*

- 3.1 The employee/volunteer of Armenian Caritas or any other visitor treats the children with respect regardless of their age, language, religion, national/ethnic identity, social origin, disabilities, etc.
- 3.2 The employees/volunteers of Armenian Caritas carry out their duties and take care about the reputation of the organization. The organization's activity is perceived as a mission and the staff is actively involved in charity and voluntary activities.
- 3.3 AC employee/volunteer, visitor or any other person involved in the process should respect and maintain the domestic law. They will act in accordance with the principles of honesty, transparency, unselfishness, justice and love.
- 3.4 AC employee/volunteer is not involved in any type of sexual exploitation, physical or psychological abuse, as well as restricts and prevents the access to the organization of those people who have experience of committing violence (currently or in past).
- 3.5 AC staff and volunteers shall take all necessary measures to avoid such situations that may harm the organization, its staff, volunteers, beneficiaries and partners.
- 3.6 Parents, teachers or the specialists working with children are involved in any event or activity participated by children.
- 3.7 AC staff is aware of all situations and response mechanisms, which may cause violence.
- 3.8 Organization's work with children is planned and organized in accordance with the principle of minimizing the possible risks.
- 3.9 AC staff member/volunteer or any other person involved in the process shall treat the children with respect in the relationship or joint activities with them, as well as avoid such behaviour that may be misconstrued or attract attention.
- 3.10 AC staff members shall apply an integrated approach in work with children and avoid any kind of favouritism towards them.
- 3.11 AC staff members shall use such expressions which do not label the origin of the child and his/her parents.
- 3.12 AC staff members provide an environment for children where they can freely express their opinions, attitudes and concerns. At the same time they prevent any kind of scornful attitude/disparagement or abuse towards each other.
- 3.13 AC staff members should be careful about their appearance and wear proper clothes, makeup and jewelry (see the internal regulations of the organization).
- 3.14 AC staff member, volunteer, as well as any other person involved in the process will put all efforts to cooperate with other staff members/volunteers.
- 3.15 All the employees of the organization are committed to inform the CP officer about any manifestation of child abuse avoiding the exaggeration and misunderstanding of the facts.

- 3.16 AC staff member/volunteer or a visitor takes all the necessary measures to prevent any form of child abuse, humiliation, as well as child involvement in some actions for personal needs.
- 3.17 AC employee shall not take any payment for provided services unless there are officially prescribed procedures for it.
- 3.18 Solution of possible conflicts
- 3.18.1 In order to solve the conflict of interests the employee shall be guided by the following provisions.
- 3.18.2 The employee shall not use the resources of the organization, as well as work relations for personal interests.
- 3.18.3 Project staff member/volunteer shall solve the conflict in accordance with the principles of Christianity, collective integrity and common good of the organization, as well as respond to the cases of injustice and neglect informing the management about it in advance.
- 3.19. Protection of AC property and resources.
- 3.19.1 Ensure that AC property is not underused and protect it from stealing or any kind of losses. The organization ensures that all staff members are aware of its practical application.
- 3.19.2 Ensure that AC intellectual property is protected and not underused, as well as staff members are aware of the requirements for their application. For example, the results and analysis of the researches and studies carried out within the organization cannot be used without the consent of the organization.
- 3.19.3 Adopt and follow the principle of professional integrity within the work including the accountability based on financial responsibilities.
- 3.20. Restrictions for the organization's security:
- 3.20.1 It is forbidden to transfer weapons to the territories of the organization (own or hired), including offices, apartments, vehicles, etc., as well as the territories where the organization conducts events.
- 3.20.2 It is forbidden to use drugs or alcohol during the working hours<sup>25</sup>.
- 3.20.3 It is forbidden to show photo/video or text materials on violence during service provision or any kind of events/activities conducted by the organization except the cases when such materials are used for staff trainings.

***AC Management is responsible for ensuring that staff members are aware of Code of Ethics and are committed to its implementation.***

***The attached Annexes constitute an integral part of this Policy with the exception of Appendix 1 which is the brief of the present policy/internal regulations developed for the employees and volunteers.***

---

<sup>25</sup> During celebrations (birthday, holiday, anniversary, etc.) alcohol should be symbolic and the children must be informed about the appropriateness of its use in advance.

#### 4.CHILD ABUSE: DEFINITION, SPECIFICATIONS, INDICATORS AND SIGNS

---

Every child has a right to live healthy and without being subjected to violence. This is a universal norm. Nevertheless, every year millions of children around the world experience physical, sexual and emotional violence and suffer from its irreparable consequences.

What is child abuse? According to the definition of “Child Abuse Prevention Council” of the World Health Organization (WHO) in 1990 “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”.

According to the WHO definition only intentional acts of violence are considered as child abuse, others such as traffic accidents, burns, etc., are not considered as violence. However, some experts still believe that the actions or inaction of the parents which accidentally cause damage to the child is also a kind of violence.

Violence is not only a set of intentional or unintentional acts, but it has a cultural context, therefore talking about violence it is necessary to note the following:

- Although violence differs from unintentional acts which cause physical damage, however intentional use of force doesn't necessarily imply a wish to damage.
- A perpetrator may intentionally commit an act which is harmful for health in terms of objective standards, but at the same time it is considered “normal” in terms of culture.

There are different forms of violence such as physical, psychological (including verbal assault), neglect, sexual abuse and exploitation. No form of child abuse including a slap by parents/teachers, shouting or a conflict with other children is acceptable.

**Physical violence** is one of the most common forms of abuse which may have various consequences for the child from bruises to life-threatening injuries. Moreover, the degree of danger is directly related to the child's age.

There are some societies, where the use of physical punishment is still encouraged as a discipline method. However, we should mention that physical punishment is not identical to abuse. But at the same time abuse starts from punishment.

***Thus, physical violence includes hitting, shocking, dropping down, intoxication, burning, strangulation or other form of physical damage to the child.***

Children who have experienced physical abuse may have *signs and symptoms* as follows:

- Signs and scars revealed during the treatment of former traumas.
- Some kinds of injuries, such as bruises, burning by cigarette or fracture.
- Small injuries, such as scratches, which are repeated very often (for which there is no logical explanation),
- Other signs of violence, such as neglect, insufficient development of sexual violence.
- Signs of injuries which are probably not accidental, such as head injury.

- Evidences and messages on child abuse.
- We should also pay attention on those injuries which do not comply with child's explanations and the situations where the child is not accompanied by the parent/caregiver, and the child seems to be afraid or avoid the adults.

Usually parents/caregivers also may have some signs as follows:

- Injuries that do not comply with the explanations given by the parents (they are too much, too serious etc.)
- Unusual behavior by the parent/caregiver, such as concealment, delay of getting medical assistance, passive participation in the process of child support, hostile or unfriendly attitude towards the specialists.
- The parent/caregiver considers the injury minor and refuses to discuss the reasons.
- Unexplained injuries revealed by the others, such as nurse or teachers. Any records, facts on domestic violence or neglect.

### ***Injury specifications***

***Multiple bruises*** can be signs of violence. The place of the bruise is very important especially those on head, ears, eyes or mouth are very suspicious. Neck bruises can be a sign of strangulation. Generally bruises below knee or elbow are less important than the ones on the thighs or on the upper part of the arm. The bruises on the abdomen and chest generally may be a sign of physical violence, such as a bruise on the lower part of the abdomen are signs of sexual abuse. The bruises on the back or in the outer part of the thighs mostly are signs of punishment, but the bruises in the inner part of the thighs and genital injuries are sign of sexual abuse.

***Fractures*** are serious injuries. They can be caused by falls and extreme violence, and usually they are combined with other, such as soft tissue injuries. When the trauma was caused by violence, as a rule, the explanation given by the parent/caregiver is not clear or real.

***Burns*** are very common in children. Most of them are caused because of the carelessness of parents however some of them, such as deep burns are caused by violence.

Treatment delay or avoidance, as well as the denial of the injury are signs of violence.

***Intoxication:*** An accidental intoxication is one of the main threats for child's health, especially at the age of 2-4. The probability of intentional intoxication is higher when the clinical picture is strange or not clear.

***Special efforts to have diagnosis:*** A situation when the parent/caregiver, especially the mother exaggerates or falsifies the symptoms as well as deliberately insists on the child's disease. For instance, sometimes a parent can give the child some medicines or other toxins without having a relevant prescription of the doctor or even can make a hard pressure on the child's throat causing suffocation, attack or even death.

***Sexual abuse:*** Child sexual abuse is any kind of sexual disturbance to the child caused by the adults or other children (in this context the term of "sexual" means any act that is accompanied / leads the abuser to sexual arousal).

Sexual abuse may vary from showing genitals up to sexual act by forcing or tempting a child (adolescent) to participate in sexual activity. Sometimes sexual abuse can be carried out by one or more abusers as well as can be combined with other forms of violence.

*Main specifications:*

- The abuser does not feel any responsibility,
- The purpose of the violence is to get sexual satisfaction,
- Force/age differences between the victim and the abuser (it means that the child cannot reject or resist)
- Usually there is an “agreement” between the abuser and the child to keep it secret,
- Children usually do not like it and want to stop it, but at the same time the need for physical affection and attention may sometimes bring to their obvious involvement or commitment,
- Seduction, force or enforcement is used.

Usually the children subjected to sexual abuse are victims of more careful steps, such as fear, emotional or bribe manipulation, seduction depending on the child’s age and social maturity.

*The forms of the implementation and manifestations of violence:* In most cases the abuser is familiar with the child and even may be a family member (often male). Moreover, boys are less likely to inform about the violence than girls.

When the violence happens inside a large family, it is called «domestic/internal» violence. When the abuser is an adult who is familiar with the child but s/he is not a family member, it is called «external» violence.

Sexual abuse happens when the abuser has an opportunity to approach the vulnerable child. It is usually a secret action. For example, the child may be controlled and being manipulated in the family for keeping silence, thus making it impossible to reveal the abuse. Domestic violence can be a form of relations, where there are no normal boundaries between generations.

Sometimes domestic/internal and external violences are combined. The abuser intentionally targets the families, where s/he thinks that the violence will not be revealed. In case of external violence, the adult (usually s/he is familiar with the child) creates some relationship with the child in order to tempt him/her. Sometimes, as a compensation, the child may get money, gifts, etc., as well as different opportunities to have adventures such as not going home, having fun in clubs, new acquaintances, fashionable clothing, etc.

*Physical signs* are very important in case of child sexual abuse, as they may be the only signs of abuse. Such signs may help to reveal the whole story. However, many children subjected to sexual abuse may have no physical signs.

Injuries and infection may be the result of physical intervention with child's genitals or mouth. The main symptoms of the injury are pain, wound, swelling, bleeding. Symptoms of infection include vaginal irritation and injury. Pregnancy, sexually transmitted diseases and the presence of sperm in the vagina or in the rectum are also signs of sexual abuse.

*Behavioral signs:* Children subjected to sexual violence are often "trained" in a way that seems to encourage or bring sexual response in the abuser. However, this sign is not a reason, but a result of the abuse.

The following signs can be seen in the children after being subjected to violence:

- Reticence, which actually ensures the cooperation between the child and the abuser.
- Helplessness, i.e. almost in all cases children are not able to stop the violence by themselves.
- Self-accusation, i.e. children consider themselves responsible for what happened.
- Delaying the disclosure, i.e. most children do not speak about the abuse or they may tell only when the violence has stopped for some reason.
- Refusal, i.e. this often happens when the child is afraid of destroying or labeling the family.

Sometimes children experienced a serious sexual violence do not have any outward signs. Some children may have disorderly behavior, such as alcohol using, untidiness, escape, as well as emotional problems, such as anxiety, depression, isolation etc. They may have some problems in the school also. The relations with other adults and peers are likely to be distorted, which may be expressed by sexed behavior both with adults and other children.

**Neglect** is one of the common forms of mistreatment towards children. It may be characterized as a confidential form of abuse which affects the child in different ways, including growth and development disorder, health deterioration, etc. Neglect includes emotional deprivation too, as well as it may include a risk of physical and sexual abuse. In most cases this is a contributing factor in terms of child mortality and in some cases it is the direct cause.

**Neglect is the continuous and long-term negligence over satisfaction of the physical and mental needs of the child, which is accompanied by serious damages to the child's health and development.**

Neglect is when the parent/caregiver does not fulfill the following responsibilities:

- Provide appropriate food, shelter and clothing,
- Protect the child from physical harm and damage,
- Provide medical care and treatment,
- Satisfy the emotional needs of the child.

Neglect is directly linked to the social situation of the child/family. However, it does not mean that all the children in poor families are neglected. Neglect is also characterized by the lack of parental care and actions. Sometimes it is known as "passive violence", inability to respond to the changing needs of the growing child.

Moreover, its manifestations should be considered in terms of intergenerational connections. Many parents, who neglect their children, may have lack of skills, resources or motivation for being a good parent. Neglected children are growing up by the adults with limited skills and abilities and as a rule they also become indifferent parents in the future.

Neglect impacts vary according to the child's age.



	<i>Physical</i>	<i>Developmental</i>	<i>Behavioral</i>
Age 0-2	<ul style="list-style-type: none"> <li>✓ Disorder in development</li> <li>✓ Ongoing small infections</li> <li>✓ Frequent accidents</li> <li>✓ Frequent visits to the doctor</li> <li>✓ Frequent need for emergency care (hospitalization/hospital)</li> </ul>	<ul style="list-style-type: none"> <li>✓ Delay of a new developmental stage, such as speaking skills</li> <li>no or very little progress in terms or healthcare (sudden cessation of immune system development)</li> </ul>	<ul style="list-style-type: none"> <li>✓ Personal attachment disorders</li> <li>✓ Alarming behavior</li> <li>✓ Avoidance</li> <li>✓ Lack of social reaction</li> <li>✓ Self-encouraging behavior</li> </ul>
Age 2-5	<ul style="list-style-type: none"> <li>✓ Disorder in development</li> <li>✓ Lack of hygiene</li> <li>✓ Frequent accidents</li> <li>✓ Short height</li> <li>✓ Instability in weight</li> <li>✓ Lack of hygiene</li> <li>✓ Instability in health</li> <li>✓ Untidy appearance</li> <li>✓ Excessive exhaustion or obesity</li> </ul>	<ul style="list-style-type: none"> <li>✓ Delayed speech</li> <li>✓ Social-emotional immaturity</li> <li>✓ Learning difficulties</li> <li>✓ Low self-esteem</li> <li>✓ Poor immune system</li> <li>✓ Social-emotional immaturity</li> <li>✓ Bad concentration</li> </ul>	<ul style="list-style-type: none"> <li>✓ Hyperactivity</li> <li>✓ Aggressiveness and impulsiveness</li> <li>✓ Irregular physical connections with strangers</li> <li>✓ Conflictive or less relations</li> <li>✓ Self-encouraging or self-damaging behavior</li> <li>✓ Use of alcohol</li> <li>✓ Aggressive, corrosive and isolating behavior</li> <li>✓ Poor attendance</li> <li>✓ Illegal acts</li> </ul>
Age 5-16			

**Emotional abuse** can be considered as the most difficult form of violence in terms of definition and identification. It can be met together with physical violence, or separately.

**The most serious consequence of emotional abuse is long-lasting emotional pain that makes it impossible for the child to become a full grown-up. It may be conditioned with the fact that the parents also have experienced violence in their childhood.**

It is often much easier for children to overcome cases of predictable violence. Some children even understand the causes of violence but avoid contacting with parents. If the parent/guardian is the only person close to the child and at the same time he hurts the child it may cause an emotional disorder.

Parents' support and praise is very important in terms of emotional development of the child. Children, who are always humiliated and offended, may not have emotional development. Parents' indifference may harm the child more than the permanent humiliation. Children may feel them unwanted. Emotional violence prevents children to become full grown-up and causes many behavioral

disorders. We should note that it is often difficult to define the problem clearly, which is caused by emotional abuse.

Signs of emotional abuse are not identified easily. Repeated negative feelings, such as criticism, intimidation or ridicule "convince" the children that they are useless, unloved and unwanted. Specifications of emotionally abusive behavior are as follows:

- ✓ *Refusal*, i.e. not giving importance to the child and his/her needs.
- ✓ *Isolating* the child from normal social experiences and from contacts with peers or adults
- ✓ *Bullying*, i.e. intimidating the child verbally, creating an atmosphere of fear and horror
- ✓ *Neglect*, i.e. deprivation of necessary stimulus/motivations and emotional "freezing"
- ✓ *"Spoiling"*, i.e. "antisocialization" of children, encouragement of destructive and antisocial behavior

Emotional violence affects child's development in different ways, depending on the age:

0-1	Sleep/eating disorders, nervousness, apathetic, anxious or evasive relationship with caregiver.
1-3	Apathy, fear and anxiety, aggressiveness, lack of desire to play, delayed speech.
3-6	Difficulties in relationships with peers, inattention, poor performance in school, lack of social skills.
6-12	Developing delinquent behavior, escapes, theft, terrorism.
12 to adulthood	Depression, aggressiveness, anxiety, self-destructive behavior, psychosomatic illness, drug abuse, illegal acts, unstable sexual relationships.

### ***Indicators on violence against children and their meanings:***

Emotional and behavioral signs of child abuse are as follows:

- Children, whose needs are not met, are developing slowly.
- Abandoned children are silent and indifferent.
- They do not want to establish a relationship with other people.
- Abandoned children may look tired and hungry, they are trying to get food through thieving or begging.
- Such children are not able to control their behavior.

### ***Bruises (subcutaneous hematoma):***

These are the most obvious consequences of violence. Although no medical intervention is required for healing bruises, however, they can be very dangerous, especially in some parts of the body. When

the bruises are on the chest, it means that the internal organs also may be damaged. Fractures also may cause bruises. The bruises on the head, neck, abdomen or genitals usually may be signs of very serious problem. Some certain kinds of bruises speak about child abuse.

- Bruises on the buttocks are mainly signs of punishment.
- Bruises on the soft parts of the body, such as cheeks, the tip of the ear, upper lip, soft parts of elbows, neck and on the more protected parts of the body such as buttocks, abdomen or genital are caused mainly by violence.
- Genital injuries do not arise accidentally. Bruises on the genitals may occur when children have problems with toilet and parents punish them for it. Besides, these bruises may be caused by sexual abuse as well, in case of which the child must be taken to the doctor immediately.
- Bruises on the cheeks or ears may arise from a slap, but fingerprints on the face are signs of very heavy injuries, as a stroke to the face or head, which can cause serious brain injuries.
- Lip injuries may occur as a result of force-feeding or silencing the child, moreover these injuries cannot occur due to the child as long as s/he can not walk.
- Bruises on the neck do not arise accidentally, so they are signs of abuse too.
- Teeth marks also may be signs of violence, but only dentists can decide whether they are adults' or children's teeth marks.

There are different types of bruises in different parts of the body, but the main task of the case manager is to find out whether these bruises are caused accidentally or by violence. That's why first of all we should distinguish accidental bruises, which are the following:

- Accidental bruises mainly occur on skeletal parts of the body e.g. knees, elbows, chin, forehead, etc. But most often accidental bruises arise on knees and elbows, as for bruises on forehead, they usually occur in early childhood, when children are not able to walk yet, so they fall down very often (these type of bruises are round)
- In early childhood children often are scratching their nose, cheeks, eyes and ears, which is mainly because of long nails. If parents regularly cut children's nails, such problems do not arise.
- Sometimes bruises are caused by blood diseases, which can be diagnosed through blood tests.

**Burns:** Approximately 10 % of physical violences are burns that may have various ways and reasons as follows:

- Cigarette burns are one of the most common forms of burns which have round shape and a fixed size. They may be superficial or deep, depending on how long the cigarette was left on the skin.
- Burns which are caused by forcibly keeping a child close to hot objects, such as iron, hot oven, etc., which leave very typical and identifiable signs (for example when a child accidentally touches a hot object, s/he quickly moves away from the object, but intentional burns are serious and deep)
- Burns caused by striking the child with hot objects, such as knife, key, iron etc., the marks of which have the same shape as the objects.
- Burns from hot water, e.g. child may be forced to enter into the hot water, (bringing knees to the stomach) and stay in it for a long time.
- Burns on the child's feet are called "stocking burn", as they look like a stocking, and burns on hands are called "glove burn".

The main task of the social worker is to distinguish between accidental burns and the burns caused by violence and, if necessary, to apply to the doctor.

Usually there are three types of burns:

*First degree*, i.e. skin is usually red and swollen. If the burn is on the solid part of the body, a medical intervention is not necessary. Some types of tan/sunburn are also considered as first degree burns.

*Second degree*, i.e. epidermis peeling and the appearance of acnes are characteristic. If the burned part is not very large, and it is not on the hands, feet, face, buttocks or back, then an urgent medical intervention is not required.

*Third degree*, i.e. dermis is damaged. These types of burns can be shallow or deep. In case of deep burns, skin becomes black or, in some cases, dry and white. One can feel an unbearable pain, but if the nerve is not damaged, no pain can be felt.

**Head injuries:** Head injuries, especially in case of little children, can cause brain damages. As a result of some forms of violence serious head injuries may occur.

- One of the results of child violence is hematoma in the brain, which usually has very serious consequences for children. It can be caused by a strong blow to the head and may lead to a serious injury. 1/4 of the children having such kind of injury usually dies. Those who stay alive suffer intellectual disability, blindness, etc.
- Not all subdural hematomas are caused by a strong blow. Half of the children having such bruises do not have head injuries or visible wounds. According to some studies, many unexplainable hematomas are caused by shaking a baby in brutal manner. Such cases are common in one year old children, who are shaken to bed. Subdural hematomas almost never occur automatically and may be sign of abuse.
- A child may have skull fractures or brain trauma in case of being pushed strongly.
- A child may go bald as well as bleeding may occur under the scalp as a result of pulling hair strongly.
- Bruises around the eyes are usually caused by a strong blow to the head or eyes. An accidental blow to the nose also can cause a black eye. We should also note that eye bruises disappear in two days.

We should mention that subdural hematomas, skull fractures, as well as other life threatening injuries can not be caused by accidentally falling down from the bed, therefore such kind of injuries must be considered as a sign of violence. 80% of the examined children, who have accidentally fallen down from the bed, do not have any kind of injuries, the others have only bruises, scratches, etc. Only 1% of these children have skull injuries. It is worth mentioning that none of them has subdural hematomas or other serious injuries. In case of detecting any kind of head injuries, the specialist working with the case must immediately see the doctor.

**Injuries to internal organs:** These types of injuries also may be life threatening for the children because their internal organs are not protected on early ages.

- During a strong blow to the abdomen, first of all, stomach, intestines and spleen may be damaged. Children may suffer serious injuries because of a strong blow to the back as well.
- Injuries to internal organs can be expressed by bruises or without any visible marks. It is very difficult to distinguish whether the injury is a result of violence or an accident, if there are no bruises on the abdomen of the child. Injuries to internal organs can be noticed only a few days after the incident, when one should immediately see the doctor.

***Intra-abdominal injuries:*** are the second common cause of death of the abused children. Abdominal organs are not so well protected in children. Usually the above mentioned injuries occur as a result of a strong blow with the leg or fist.

- Liver, spleen, thin or thick intestinal injuries are the most common within the intra-abdominal injuries. Kidneys can be damaged because of the blows to the back.
- In most cases of intra-abdominal injuries, no bruises or other visible marks are seen on the external abdominal wall. The accidental injuries to the internal organs are not so common therefore any case of intra-abdominal injuries must be considered as a sign of violence.

Vomiting, abdominal pain, hypovolemic shock and other symptoms may be signs of abdominal injuries. Hypovolemic shock is the impaired blood circulation caused by internal bleeding. Low blood pressure, tachycardia, shallow breathing, cold, sticky and pale skin, glassy look may suggest hypovolemic shock. Intra-abdominal injuries can remain unnoticed for several days. They are very serious injuries and require immediate medical intervention.

***Fractures:*** Approximately 20% of the abused children have bone fractures. A fracture is diagnosed by the doctor through x-ray examination. However, below mentioned fracture descriptions may help the specialists to distinguish between the fractures caused accidentally or by violence. Natural fractures considerably differ from those caused by violence.

- During the violence fractures may occur because of strong blows, abrupt pulling, etc. Such fractures, of course, differ from the accidental ones.
- Repeated fractures in the same place, if there is no hidden disease or complicated fractures, also may be signs of violence.
- Twists may occur when a part of the bone is fixed, while the other turns, so it should be mentioned that such injuries may arise accidentally, for example when the child has just started to walk or runs and falls.

There are a number of signs which allow the social worker to distinguish between accidental and intentional fractures. They are the following:

- Comminuted fracture occur because of twisting or pulling the limbs and can not be accidental.
- Child's bones can be broken as a result of bone diseases, in case of which bone is broken from the middle and it is usually hereditary.
- The lawyer of the parents may often claim that the child suffered a fracture during birth. Such fractures are healing in 7-14 days. However, that fact must be approved by the doctor.

### ***Bone damages:***

Bone fractures which may occur in case of child abuse are described below.

- Spiral fracture, which can occur when child's limbs are twisted.
- Comminuted fractures, when the bone is actually broken into several pieces.
- Accidental rib fractures, which are very rare in children. Rib fractures may arise from huge pressure. Shoulder, collarbone and rib fractures may be signs of child violence.
- Multiple fracture, which also may be a sign of violence.

***Fatigue/exhaustion:*** In more than 50% of cases fatigue is a result of malnutrition. In 20% of cases it may be caused by feeding disorders and in the other cases it may have an organic origin.

Symptoms of child fatigue are as follows.

- Usually the main sign of extreme fatigue in children is low weight. Extreme exhaustion can lead to infant death, mental disability, etc.
- The children who have been exhausted because of the parents' neglect and carelessness can immediately increase their weight due to healthy and full food.
- Extremely exhausted children differ from their peers by forms. As a rule, these children recover very rapidly if being cared properly.
- The ribs of exhausted children are clearly underlined. There are many folds in the skin of buttocks and thighs. Hands and legs of these children are thin, the abdomen may be big and bloated.

There are some symptoms of fatigue caused by malnutrition, which are the following

- There is a clear age/weight disproportion.
- There are some difficulties to increase child's weight.
- When the child is moved to other institutions, for example a hospital, s/he immediately gains weight.
- Usually child eats with increased appetite.

### ***Emotional and behavioral characteristics of violence***

Physical signs of violence are not always obvious, so the social worker should pay attention on the other signs also.

Usually the following types of behaviour are typical to abused children:

- The child may be incurious, isolated, as well as unable to establish relationships with other people.
- The child may complain, sob, cry without any expectation.
- Most of abused children are following what happens around them with "glassy attention" and they are emotionally isolated, but actually they see and feel everything.
- The child may be over-alert or avoid physical contact.
- Usually developmental delays are noticed in abused children and they may communicate with others in an oddly way.

- The child may be depressed, not express even a little emotion, not cry in case of pain and injuries. Some abused children are unable to play, do not smile, etc.

Preschool-age children who have experienced violence can be characterized by the following features:

- They may be too shy and frightened and sometimes they may show signs of fear even when approaching their parent.
- Early signs of role-reversal may be noticed in those children.
- Physical signs of stress, including physical diseases and regressive behaviour.
- The child may be aggressive in relations with other children, as well as s/he may have emotional outbursts and frequent changes of mood in case of the slightest provocation.

In addition to the aforementioned, school-age children may have the following characteristics as well:

- The child may express aggression, emotional outbursts and can hardly interact with other children or adults.
- The child may demonstrate hyperactivity, inability to concentrate on a certain action for a long time. Simultaneously, the child may display lack of attention. And finally all of these will lead to decreasing of child's progress in school.

A number of behavioural and emotional problems in teenagers may talk about child abuse.

They are the following:

- Lying or stealing,
- Aggressiveness, anger outbursts towards other people, Alcohol or drug abuse,
- Escape from home and refusal to return,
- Difficulties in establishing interpersonal relationships, emotional and social isolation and depression.

**Attention:** *The list is not comprehensive. In case of signs similar to the aforementioned or other signs (non-listed) it is advisable to consult with the experienced specialist of the organization.*

***Annexes 2, 3 (except for Form 2), 3,4,5,6 are attached to the present document.***

## APPENDIX 2. LIST OF LEGAL ACTS AND REFERENCES RELATED TO CHILD PROTECTION AND SAFEGUARDING

---

### International legislation

- “UN Convention on the Rights of the Child” and Protocols, 20 November, 1989.  
<http://www.parliament.am/library/MAKkonvencianer/10.pdf>
- “Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse”, Lanzarote, 25 October, 2007  
<https://rm.coe.int/CoERMPublicCommonSearchServices/DisplayDCTMContent?documentId=090000168046e1e4>
- “International Labour Organization Convention concerning Minimum Age for Admission to Employment”, Geneva, 26 June, 1973  
<http://www.hamk.am/docs/138.pdf>
- “International Labour Organization Convention on Worst Forms of Child Labour”, 1999 (No. 182)  
<http://www.irtek.am/views/act.aspx?aid=50912>

#### National legislation

- RA Constitution, 6 December, 2016  
<http://www.parliament.am/parliament.php?id=constitution>

#### Codes and laws

- “Civil Code of the RA”, 5 May, 1998  
<http://www.arlis.am/documentview.aspx?docid=74658>
- “Criminal Code of the RA”, 18, March, 2003  
<http://www.parliament.am/legislation.php?sel=show&ID=1349>
- “Family Code of the RA”, 9 November, 2004  
<http://www.arlis.am/documentview.aspx?docid=66138>
- “Labour Code of the RA”, 9 November, 2004  
<http://www.parliament.am/legislation.php?sel=show&ID=2131>
- “Code of Administrative Offences of RA”, 6 December, 1985  
<http://parliament.am/legislation.php?sel=show&ID=1392&lang=arm>
- RA Law “on Children’s Rights”, 29 May, 1996  
<http://www.parliament.am/legislation.php?sel=show&ID=1700>
- RA Law “on Social Protection of the Children without Parental Care”, 24 September, 2002
- RA Law “on Education”, 8 February, 2011  
<http://www.arlis.am/documentview.aspx?docid=66192>
- RA Law “on Social Assistance”, 17 December, 2014  
<http://www.arlis.am/documentview.aspx?docid=94972>

#### RA Government Decisions



- RA Government Decision “on approving 2013-2016 strategic plan of the RA on the protection of children’s rights and the schedule of the activities”, № 1694-N, 27 December, 2012  
<https://www.e-gov.am/gov-decrees/item/22494/>
- RA Government Decision “on approving the charter of the trusteeship and guardianship and recognizing RA Government decision №-164, 24 February, 2011 invalid”, №-631-N, 2 June, 2016  
<http://www.arlis.am/DocumentView.aspx?docid=106809>

**Other laws, legal acts and resources related to the issues.**

- “Concept of the fight against child abuse”, RA Government protocol decision of N 51 session, 4 December, 2014, , Appendix 1.  
[https://www.e-gov.am/u\\_files/file/decrees/arc\\_voroshum/2104/12/51-2\\_1ardz.pdf](https://www.e-gov.am/u_files/file/decrees/arc_voroshum/2104/12/51-2_1ardz.pdf)  
Draft Law on Domestic Violence  
[http://www.mlsa.am/forum/forum.php?sec=conference&forum\\_id=-2&topic\\_id=574](http://www.mlsa.am/forum/forum.php?sec=conference&forum_id=-2&topic_id=574)

APPENDIX 3. FORMS RELATED TO CHILD PROTECTION AND  
SAFEGUARDING

COMMITMENT ON MAINTAINING THE PROVISIONS OF ARMENIAN  
CARITAS CHILD PROTECTION AND SAFEGUARDING INTERNAL  
PROCEDURE (FORM)

---

I confirm that I have read and understand “Armenian Caritas internal procedures on ensuring child safeguarding and safety” and the provisions in it.

I am aware that I shall be subjected to disciplinary actions and legal liability in case of violation the provisions of the present policy.

I \_\_\_\_\_ agree to the provisions of the present internal procedures and

(name, surname)

I am committed to implement them maintaining the values and ideology of the organization.

Place \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
(name, surname, signature)

DECLARATION (FORM) ON MAINTAINING CHILD PROTECTION RULES  
(FOR AC STAFF, DONORS, VISITORS, VOLUNTEERS AND ALL THOSE WHO  
DEAL WITH THE ORGANIZATION)

Hereby I confirm that I have read and understand Armenian Caritas “Child Protection and Safeguarding Policy”. Thus I am committed to obey and adhere to the provisions set out in the present policy.

- Maintain culturally acceptable behavior during physical communication with children, to exclude sexual relations with them.
- Do not touch, kiss or hug the child in a way which does not comply with existing norms and values.
- Do not use such language, make suggestions or give advices which are not proper or may have humiliating, degrading or shameful effect.
- Do not involve children in such actions which are illegal, not safe, including harmful traditions, religious or ritual abuse.
- Do not hire the children in any kind of work, particularly the employees of AC shall not hire the children to work at their home, if it is not within the context of the best interests of the child and comply with local laws and international standards.
- Do not use material or physical punishment against the child unless s/he is under the care of AC.
- Do not take the child by your own car, if there is no urgent need or agreement of child's parent/guardian and the management.
- The employees/volunteers shall be attentive to their appearance, use of words, actions and behavior showing respect to the children and their rights.
- Ensure that physical contact with children meet the local environment.
- Use positive, non-violent methods for managing children's behavior.
- Be careful to the child's behavior as well as response it, even if the child manifests sexed behavior.

(Signature)	(Day/Month/Year)	Status (AC donor, visitor, volunteer, employee)
(Name, Surname)	(Passport data)	
(Address)		

---

### AC ROSTER OF CASES OF VIOLENCE, FORM № 1

---

(This is an internal document of Armenian Caritas for recording cases of violence within the organization)

The document is filled in by the specialist who have noticed signs of violence (preferably a social worker)

Place \_\_\_\_\_

Date \_\_\_\_\_

**The employee:**

Name/surname	
Position	
Contacts	
Address	
Telephone	
Email address	
From which source have you informed about the case?	<input type="checkbox"/> Child <input type="checkbox"/> Parent/guardian (specify _____) <input type="checkbox"/> Employee (specify _____)

**Information about the child (if it comes to more than one child (including siblings) separate sheets shall be filled in):**

Name, surname	
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Age	
Address	
Date of birth (if known)	
Child abuse continues.	<input type="checkbox"/> Yes <input type="checkbox"/> No (specify)
Project/centre name (where the child is included as a beneficiary)	
Child's connection with the project:	
Child's connection with the potential abuser:	
Information about the person with whom the child lives (mention if s/he lives with the abuser):	
Child's current location:	
How violence took place (describe):	
Whether the child has special vulnerability (any form of disability, mention the type):	
Whether child abuse was continuous:	
What kind of signs of trauma are seen in the child?	

Special cultural/familial factors which are worthy of further consideration (describe):
What steps have been taken to ensure the child's safety?
What steps have been taken to stop child abuse?
What measures are necessary to ensure child protection?
Additional information (other):

**Information about your suspicions:**

Type of concern/suspicion (describe the signs of abuse, type of violence, the person who informed about the case, as well as completed actions)	
Place of abuse/violence	
Terms of abuse/violence	
Date	
Witnesses	
Report of the conversation/interview with the child:	
Describe exactly what you told and what the child told, if possible, in his/her own words (please tell only what the child has told).	
Information gained from the observation (for example child's injuries, look, fears, etc.)	
Describe the reaction of the suspect to the accusation:	

**Information on the potential abuser:**

Name/Surname	
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Age	
Date of birth	
Description of the potential abuser (psychological, social, etc.)	
Connection between the child and potential abuser:	
Connection of the potential abuser with Armenian Caritas:	

Connection between the potential abuser and the projects of Armenian Caritas.

**Other information:**

Information on the person who informed you about the case.			
Name/Surname	Organization	Position	Other (provided information, date, etc.)

Person who fills in the present form (name, position, signature, date of filling):

---

Project manager (name, project name, signature, date of filling):

---

2 ARMENIAN CARITAS

CHILD'S INDIVIDUAL CASE FILE ON CHILD PROTECTION AND SAFEGUARDING, FORM № 2

---

The form is filled in by the CP officer, so that to inform the relative authorities on the case of child abuse.

Place \_\_\_\_\_

Date \_\_\_\_\_

Name and surname /CP officer/		
Phone number /CP officer/		
Date of receiving the information		
Source of information	<input type="checkbox"/> Employee <input type="checkbox"/> Child <input type="checkbox"/> Other _____	
Brief description of the information		
Child	Name and surname	
	Address	
	Date of birth	
	Age	
	Brief description on the information received from the child	
Child's parents/caregivers	Child's parent/caregiver was contacted	<input type="checkbox"/> Yes <input type="checkbox"/> No (explain)
	Name and surname of the parents, who were contacted	
	Types of communication	<input type="checkbox"/> Conversation in the center <input type="checkbox"/> Home visit <input type="checkbox"/> Phone call <input type="checkbox"/> Other _____
	Brief on the conversation with the parents/guardians	
	Child's parents/guardians were not contacted	<input type="checkbox"/> It was impossible to contact with child's parents/guardians

		<input type="checkbox"/> Child's parents/guardians refused to be contacted <input type="checkbox"/> Other _____
Medical research	A medical research was conducted	<input type="checkbox"/> Yes <input type="checkbox"/> No (explain)
	Name, surname and position/ doctor/	
	Phone number/ doctor/	
	Implementation date	
	The report on the research results is attached	<input type="checkbox"/> Yes <input type="checkbox"/> No (explain)
Psychological assessment	Psychological assessment was conducted	<input type="checkbox"/> Yes <input type="checkbox"/> No (explain)
	Name, surname and position /psychologist/	
	Phone number /psychologist/	
	Implementation date	
Brief description of the psychologist's assessment		
Brief description of the steps taken to ensure child protection in the organization/center		
Define the level of risk to the child (the minutes of the discussion on the case of child abuse is attached)	It is possible to cooperate with the parents/caregiver	<input type="checkbox"/> Yes <input type="checkbox"/> No (explain)
	Child safety is threatened	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Brief description of the risk	



*Options of formulating the purpose of the referral.*

*Option 1.*

(Specify if necessary) As the CP officer of Armenian Caritas I would like to formally ask FWCRD team to take further steps related to the case as prescribed by the law.

CP officer name/surname \_\_\_\_\_

CP officer signature \_\_\_\_\_

Date \_\_\_\_\_

*Option 2.*

- As the CP officer of Armenian Caritas I came to the conclusion that the child cannot return home because s/he does not receive adequate care and protection of his or her guardians. That is why I have handed the child to the police/FWCRD/GTC representative \_\_\_\_\_ who will take the child from AC \_\_\_\_\_ (project/center name) to another appropriate alternative care institution.

CP officer name/surname \_\_\_\_\_

CP officer signature \_\_\_\_\_

Date \_\_\_\_\_

FWCRD representative name/surname \_\_\_\_\_

FWCRD representative signature \_\_\_\_\_

Date \_\_\_\_\_

ԵՐԵՒԱՅԻ ՊԱՇՏՊԱՆՈՒԹՅԱՆ և ԱՆՎՏԱՆԳՈՒԹՅԱՆ ԱՊԱՀՈՎՄԱՆ  
ՎԵՐԱԲԵՐՅԱԼ ՔՆՆԱՐԿՄԱՆ ԱՐՁԱՆԱԳՐՈՒԹՅՈՒՆ  
ՁԵՎԱՆՄՈՒՇ 3.

Place of discussion \_\_\_\_\_

Date of discussion \_\_\_\_\_

The serial number of the discussion on the case	
The number of child's case file	
Information about the implementation of the decisions on previous discussions (decision, responsible party, done or not)	

Decision	Name/surname of the responsible	Done (if not, please explain)
		<input type="checkbox"/>
		<input type="checkbox"/>
Brief description of the discussion		
Decisions on the discussions		

### Attendees`

(name/surname, signature, date)

Name/surname	Day/Month/Year	Signature

## APPENDIX 4. CHILD ABUSE: DEFINITION, SPECIFICATIONS, INDICATORS AND SIGNS

Every child has a right to live healthy and without being subjected to violence. This is a universal norm. Nevertheless, every year millions of children around the world experience physical, sexual and emotional violence and suffer from its irreparable consequences.

What is child abuse? According to the definition of “Child Abuse Prevention Council” of the World Health Organization (WHO) in 1990 “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”.

According to the WHO definition only intentional acts of violence are considered as child abuse, others such as traffic accidents, burns, etc., are not considered as violence. However, some

experts still believe that the actions or inaction of the parents which accidentally cause damage to the child is also a kind of violence.

Violence is not only a set of intentional or unintentional acts, but it has a cultural context, therefore talking about violence it is necessary to note the following:

- Although violence differs from unintentional acts which cause physical damage, however intentional use of force doesn't necessarily imply a wish to damage.
- A perpetrator may intentionally commit an act which is harmful for health in terms of objective standards, but at the same time it is considered “normal” in terms of culture.

There are different forms of violence such as physical, psychological (including verbal assault), neglect, sexual abuse and exploitation. No form of child abuse including a slap by parents/teachers, shouting or a conflict with other children is acceptable.

**Physical violence** is one of the most common forms of abuse which may have various consequences for the child from bruises to life-threatening injuries. Moreover, the degree of danger is directly related to the child's age.

There are some societies, where the use of physical punishment is still encouraged as a discipline method. However, we should mention that physical punishment is not identical to abuse. But at the same time abuse starts from punishment.

*Thus, physical violence includes hitting, shocking, dropping down, intoxication, burning, strangulation or other form of physical damage to the child.*

Children who have experienced physical abuse may have *signs and symptoms* as follows:

- Signs and scars revealed during the treatment of former traumas.
- Some kinds of injuries, such as bruises, burning by cigarette or fracture.
- Small injuries, such as scratches, which are repeated very often (for which there is no logical explanation),
- Other signs of violence, such as neglect, insufficient development of sexual violence.
- Signs of injuries which are probably not accidental, such as head injury.
- Evidences and messages on child abuse.
- We should also pay attention on those injuries which do not comply with child's explanations and the situations where the child is not accompanied by the parent/caregiver, and the child seems to be afraid or avoid the adults.

Usually parents/caregivers also may have some signs as follows:

- Injuries that do not comply with the explanations given by the parents (they are too much, too serious etc.)
- Unusual behavior by the parent/caregiver, such as concealment, delay of getting medical assistance, passive participation in the process of child support, hostile or unfriendly attitude towards the specialists.
- The parent/caregiver considers the injury minor and refuses to discuss the reasons.
- Unexplained injuries revealed by the others, such as nurse or teachers. Any records, facts on domestic violence or neglect.

### *Injury specifications*

**Multiple bruises** can be signs of violence. The place of the bruise is very important especially those on head, ears, eyes or mouth are very suspicious. Neck bruises can be a sign of strangulation. Generally bruises below knee or elbow are less important than the ones on the thighs or on the upper part of the arm. The bruises on the abdomen and chest generally may be a sign of physical violence, such as a bruise on the lower part of the abdomen are signs of sexual abuse. The bruises on the back or in the outer part of the thighs mostly are signs of punishment, but the bruises in the inner part of the thighs and genital injuries are sign of sexual abuse.

**Fractures** are serious injuries. They can be caused by falls and extreme violence, and usually they are combined with other, such as soft tissue injuries. When the trauma was caused by violence, as a rule, the explanation given by the parent/caregiver is not clear or real.

**Burns** are very common in children. Most of them are caused because of the carelessness of parents however some of them, such as deep burns are caused by violence.

Treatment delay or avoidance, as well as the denial of the injury are signs of violence.

**Intoxication:** An accidental intoxication is one of the main threats for child's health, especially at the age of 2-4. The probability of intentional intoxication is higher when the clinical picture is strange or not clear.

**Special efforts to have diagnosis:** A situation when the parent/caregiver, especially the mother exaggerates or falsifies the symptoms as well as deliberately insists on the child's disease. For instance, sometimes a parent can give the child some medicines or other toxins without having a relevant prescription of the doctor or even can make a hard pressure on the child's throat causing suffocation, attack or even death.

**Sexual abuse:** Child sexual abuse is any kind of sexual disturbance to the child caused by the adults or other children (in this context the term of "sexual" means any act that is accompanied / leads the abuser to sexual arousal).

Sexual abuse may vary from showing genitals up to sexual act by forcing or tempting a child (adolescent) to participate in sexual activity. Sometimes sexual abuse can be carried out by one or more abusers as well as can be combined with other forms of violence.

#### *Main specifications:*

- The abuser does not feel any responsibility,
- The purpose of the violence is to get sexual satisfaction,
- Force/age differences between the victim and the abuser (it means that the child cannot reject or resist)
- Usually there is an "agreement" between the abuser and the child to keep it secret,
- Children usually do not like it and want to stop it, but at the same time the need for physical affection and attention may sometimes bring to their obvious involvement or commitment,
- Seduction, force or enforcement is used.

Usually the children subjected to sexual abuse are victims of more careful steps, such as fear, emotional or bribe manipulation, seduction depending on the child's age and social maturity.

*The forms of the implementation and manifestations of violence:* In most cases the abuser is familiar with the child and even may be a family member (often male). Moreover, boys are less likely to inform about the violence than girls.

When the violence happens inside a large family, it is called «domestic/internal» violence. When the abuser is an adult who is familiar with the child but s/he is not a family member, it is called «external» violence.

Sexual abuse happens when the abuser has an opportunity to approach the vulnerable child. It is usually a secret action. For example, the child may be controlled and being manipulated in the family for keeping silence, thus making it impossible to reveal the abuse. Domestic violence can be a form of relations, where there are no normal boundaries between generations.

Sometimes domestic/internal and external violences are combined. The abuser intentionally targets the families, where s/he thinks that the violence will not be revealed. In case of external violence, the adult (usually s/he is familiar with the child) creates some relationship with the child in order to tempt him/her. Sometimes, as a compensation, the child may get money, gifts, etc., as well as different opportunities to have adventures such as not going home, having fun in clubs, new acquaintances, fashionable clothing, etc.

*Physical signs* are very important in case of child sexual abuse, as they may be the only signs of abuse. Such signs may help to reveal the whole story. However, many children subjected to sexual abuse may have no physical signs.

Injuries and infection may be the result of physical intervention with child's genitals or mouth. The main symptoms of the injury are pain, wound, swelling, bleeding. Symptoms of infection include vaginal irritation and injury. Pregnancy, sexually transmitted diseases and the presence of sperm in the vagina or in the rectum are also signs of sexual abuse.

*Behavioral signs:* Children subjected to sexual violence are often "trained" in a way that seems to encourage or bring sexual response in the abuser. However, this sign is not a reason, but a result of the abuse.

The following signs can be seen in the children after being subjected to violence:

- Reticence, which actually ensures the cooperation between the child and the abuser.
- Helplessness, i.e. almost in all cases children are not able to stop the violence by themselves.
- Self-accusation, i.e. children consider themselves responsible for what happened.
- Delaying the disclosure, i.e. most children do not speak about the abuse or they may tell only when the violence has stopped for some reason.
- Refusal, i.e. this often happens when the child is afraid of destroying or labeling the family.

Sometimes children experienced a serious sexual violence do not have any outward signs. Some children may have disorderly behavior, such as alcohol using, untidiness, escape, as well as emotional problems, such as anxiety, depression, isolation etc. They may have some problems in the school also. The relations with other adults and peers are likely to be distorted, which may be expressed by sexed behavior both with adults and other children.

**Neglect** is one of the common forms of mistreatment towards children. It may be characterized as a confidential form of abuse which affects the child in different ways, including growth and development disorder, health deterioration, etc. Neglect includes emotional deprivation too, as well as it may include a risk of physical and sexual abuse. In most cases this is a contributing factor in terms of child mortality and in some cases it is the direct cause.

**Neglect is the continuous and long-term negligence over satisfaction of the physical and mental needs of the child, which is accompanied by serious damages to the child’s health and development.**

Neglect is when the parent/caregiver does not fulfill the following responsibilities:

- Provide appropriate food, shelter and clothing,
- Protect the child from physical harm and damage,
- Provide medical care and treatment,
- Satisfy the emotional needs of the child.

Neglect is directly linked to the social situation of the child/family. However, it does not mean that all the children in poor families are neglected. Neglect is also characterized by the lack of parental care and actions. Sometimes it is known as “passive violence”, inability to respond to the changing needs of the growing child.

Moreover, its manifestations should be considered in terms of intergenerational connections. Many parents, who neglect their children, may have lack of skills, resources or motivation for being a good parent. Neglected children are growing up by the adults with limited skills and abilities and as a rule they also become indifferent parents in the future.

Neglect impacts vary according to the child’s age.

	<i>Physical</i>	<i>Developmental</i>	<i>Behavioral</i>
Age 0-2	<ul style="list-style-type: none"> <li>✓ Disorder in development</li> <li>✓ Ongoing small infections</li> <li>✓ Frequent accidents</li> <li>✓ Frequent visits to the doctor</li> <li>✓ Frequent need for emergency care (hospitalization/hospital)</li> </ul>	<ul style="list-style-type: none"> <li>✓ Delay of a new developmental stage, such as speaking skills</li> <li>no or very little progress in terms or healthcare (sudden cessation of immune system development)</li> </ul>	<ul style="list-style-type: none"> <li>✓ Personal attachment disorders</li> <li>✓ Alarming behavior</li> <li>✓ Avoidance</li> <li>✓ Lack of social reaction</li> <li>✓ Self-encouraging behavior</li> </ul>
Age 2-5	<ul style="list-style-type: none"> <li>✓ Disorder in development</li> <li>✓ Lack of hygiene</li> <li>✓ Frequent accidents</li> </ul>	<ul style="list-style-type: none"> <li>✓ Delayed speech</li> <li>✓ Social-emotional immaturity</li> </ul>	<ul style="list-style-type: none"> <li>✓ Hyperactivity</li> <li>✓ Aggressiveness and impulsiveness</li> </ul>

Age  
5-16

- ✓ Short height
- ✓ Instability in weight
- ✓ Lack of hygiene
- ✓ Instability in health
- ✓ Untidy appearance
- ✓ Excessive exhaustion or obesity
- ✓ Learning difficulties
- ✓ Low self-esteem
- ✓ Poor immune system
- ✓ Social-emotional immaturity
- ✓ Bad concentration
- ✓ Irregular physical connections with strangers
- ✓ Conflictive or less relations
- ✓ Self-encouraging or self-damaging behavior
- ✓ Use of alcohol
- ✓ Aggressive, corrosive and isolating behavior
- ✓ Poor attendance
- ✓ Illegal acts

**Emotional abuse** can be considered as the most difficult form of violence in terms of definition and identification. It can be met together with physical violence, or separately.

**The most serious consequence of emotional abuse is long-lasting emotional pain that makes it impossible for the child to become a full grown-up. It may be conditioned with the fact that the parents also have experienced violence in their childhood.**

It is often much easier for children to overcome cases of predictable violence. Some children even understand the causes of violence but avoid contacting with parents. If the parent/guardian is the only person close to the child and at the same time he hurts the child it may cause an emotional disorder.

Parents' support and praise is very important in terms of emotional development of the child. Children, who are always humiliated and offended, may not have emotional development. Parents' indifference may harm the child more than the permanent humiliation. Children may feel them unwanted. Emotional violence prevents children to become full grown-up and causes many behavioral disorders. We should note that it is often difficult to define the problem clearly, which is caused by emotional abuse.

Signs of emotional abuse are not identified easily. Repeated negative feelings, such as criticism, intimidation or ridicule "convince" the children that they are useless, unloved and unwanted. Specifications of emotionally abusive behavior are as follows:

- ✓ *Refusal*, i.e. not giving importance to the child and his/her needs.
- ✓ *Isolating* the child from normal social experiences and from contacts with peers or adults
- ✓ *Bullying*, i.e. intimidating the child verbally, creating an atmosphere of fear and horror
- ✓ *Neglect*, i.e. deprivation of necessary stimulus/motivations and emotional "freezing"
- ✓ *"Spoiling"*, i.e. "antisocialization" of children, encouragement of destructive and antisocial behavior

Emotional violence affects child's development in different ways, depending on the age:

0-1	Sleep/eating disorders, nervousness, apathetic, anxious or evasive relationship with caregiver.
1-3	Apathy, fear and anxiety, aggressiveness, lack of desire to play, delayed speech.
3-6	Difficulties in relationships with peers, inattention, poor performance in school, lack of social skills.
6-12	Developing delinquent behavior, escapes, theft, terrorism.
12 և ավելի	Depression, aggressiveness, anxiety, self-destructive behavior, psychosomatic illness, drug abuse, illegal acts, unstable sexual relationships.

***Indicators on violence against children and their meanings:***

Emotional and behavioral signs of child abuse are as follows:

- Children, whose needs are not met, are developing slowly.
- Abandoned children are silent and indifferent.
- They do not want to establish a relationship with other people.
- Abandoned children may look tired and hungry, they are trying to get food through thieving or begging.
- Such children are not able to control their behavior.

***Bruises (subcutaneous hematoma):***

These are the most obvious consequences of violence. Although no medical intervention is required for healing bruises, however, they can be very dangerous, especially in some parts of the body. When the bruises are on the chest, it means that the internal organs also may be damaged. Fractures also may cause bruises. The bruises on the head, neck, abdomen or genitals usually may be signs of very serious problem. Some certain kinds of bruises speak about child abuse.

- Bruises on the buttocks are mainly signs of punishment.
- Bruises on the soft parts of the body, such as cheeks, the tip of the ear, upper lip, soft parts of elbows, neck and on the more protected parts of the body such as buttocks, abdomen or genital are caused mainly by violence.



- Genital injuries do not arise accidentally. Bruises on the genitals may occur when children have problems with toilet and parents punish them for it. Besides, these bruises may be caused by sexual abuse as well, in case of which the child must be taken to the doctor immediately.
- Bruises on the cheeks or ears may arise from a slap, but fingerprints on the face are signs of very heavy injuries, as a stroke to the face or head, which can cause serious brain injuries.
- Lip injuries may occur as a result of force-feeding or silencing the child, moreover these injuries cannot occur due to the child as long as s/he can not walk.
- Bruises on the neck do not arise accidentally, so they are signs of abuse too.
- Teeth marks also may be signs of violence, but only dentists can decide whether they are adults' or children's teeth marks.

There are different types of bruises in different parts of the body, but the main task of the case manager is to find out whether these bruises are caused accidentally or by violence. That's why first of all we should distinguish accidental bruises, which are the following:

- Accidental bruises mainly occur on skeletal parts of the body e.g. knees, elbows, chin, forehead, etc. But most often accidental bruises arise on knees and elbows, as for bruises on forehead, they usually occur in early childhood, when children are not able to walk yet, so they fall down very often (these type of bruises are round)
- In early childhood children often are scratching their nose, cheeks, eyes and ears, which is mainly because of long nails. If parents regularly cut children's nails, such problems do not arise.
- Sometimes bruises are caused by blood diseases, which can be diagnosed through blood tests.

**Burns:** Approximately 10 % of physical violences are burns that may have various ways and reasons as follows:

- Cigarette burns are one of the most common forms of burns which have round shape and a fixed size. They may be superficial or deep, depending on how long the cigarette was left on the skin.
- Burns which are caused by forcibly keeping a child close to hot objects, such as iron, hot oven, etc., which leave very typical and identifiable signs (for example when a child accidentally touches a hot object, s/he quickly moves away from the object, but intentional burns are serious and deep)
- Burns caused by striking the child with hot objects, such as knife, key, iron etc., the marks of which have the same shape as the objects.
- Burns from hot water, e.g. child may be forced to enter into the hot water, (bringing knees to the stomach) and stay in it for a long time.
- Burns on the child's feet are called "stocking burn", as they look like a stocking, and burns on hands are called "glove burn".

The main task of the social worker is to distinguish between accidental burns and the burns caused by violence and, if necessary, to apply to the doctor.

Usually there are three types of burns:

*First degree*, i.e. skin is usually red and swollen. If the burn is on the solid part of the body, a medical intervention is not necessary. Some types of tan/sunburn are also considered as first degree burns.

*Second degree*, i.e. epidermis peeling and the appearance of acnes are characteristic. If the burned part is not very large, and it is not on the hands, feet, face, buttocks or back, then an urgent medical intervention is not required.

*Third degree*, i.e. dermis is damaged. These types of burns can be shallow or deep. In case of deep burns, skin becomes black or, in some cases, dry and white. One can feel an unbearable pain, but if the nerve is not damaged, no pain can be felt.

***Head injuries:*** Head injuries, especially in case of little children, can cause brain damages. As a result of some forms of violence serious head injuries may occur.

- One of the results of child violence is hematoma in the brain, which usually has very serious consequences for children. It can be caused by a strong blow to the head and may lead to a serious injury. 1/4 of the children having such kind of injury usually dies. Those who stay alive suffer intellectual disability, blindness, etc.
- Not all subdural hematomas are caused by a strong blow. Half of the children having such bruises do not have head injuries or visible wounds. According to some studies, many unexplainable hematomas are caused by shaking a baby in brutal manner. Such cases are common in one year old children, who are shaken to bed. Subdural hematomas almost never occur automatically and may be sign of abuse.
- A child may have skull fractures or brain trauma in case of being pushed strongly.
- A child may go bald as well as bleeding may occur under the scalp as a result of pulling hair strongly.
- Bruises around the eyes are usually caused by a strong blow to the head or eyes. An accidental blow to the nose also can cause a black eye. We should also note that eye bruises disappear in two days.

We should mention that subdural hematomas, skull fractures, as well as other life threatening injuries can not be caused by accidentally falling down from the bed, therefore such kind of injuries must be considered as a sign of violence. 80% of the examined children, who have accidentally fallen down from the bed, do not have any kind of injuries, the others have only bruises, scratches, etc. Only 1% of these children have skull injuries. It is worth mentioning that none of them has subdural hematomas or other serious injuries. In case of detecting any kind of head injuries, the specialist working with the case must immediately see the doctor.

***Injuries to internal organs:*** These types of injuries also may be life threatening for the children because their internal organs are not protected on early ages.

- During a strong blow to the abdomen, first of all, stomach, intestines and spleen may be damaged. Children may suffer serious injuries because of a strong blow to the back as well.
- Injuries to internal organs can be expressed by bruises or without any visible marks. It is very difficult to distinguish whether the injury is a result of violence or an accident, if there are no bruises on the abdomen of the child. Injuries to internal organs can be noticed only a few days after the incident, when one should immediately see the doctor.

***Intra-abdominal injuries:*** are the second common cause of death of the abused children. Abdominal organs are not so well protected in children. Usually the above mentioned injuries occur as a result of a strong blow with the leg or fist.

- Liver, spleen, thin or thick intestinal injuries are the most common within the intra-abdominal injuries. Kidneys can be damaged because of the blows to the back.
- In most cases of intra-abdominal injuries, no bruises or other visible marks are seen on the external abdominal wall. The accidental injuries to the internal organs are not so common therefore any case of intra-abdominal injuries must be considered as a sign of violence.

Vomiting, abdominal pain, hypovolemic shock and other symptoms may be signs of abdominal injuries. Hypovolemic shock is the impaired blood circulation caused by internal bleeding. Low blood pressure, tachycardia, shallow breathing, cold, sticky and pale skin, glassy look may suggest hypovolemic shock. Intra-abdominal injuries can remain unnoticed for several days. They are very serious injuries and require immediate medical intervention.

**Fractures:** Approximately 20% of the abused children have bone fractures. A fracture is diagnosed by the doctor through x-ray examination. However, below mentioned fracture descriptions may help the specialists to distinguish between the fractures caused accidentally or by violence. Natural fractures considerably differ from those caused by violence.

- During the violence fractures may occur because of strong blows, abrupt pulling, etc. Such fractures, of course, differ from the accidental ones.
- Repeated fractures in the same place, if there is no hidden disease or complicated fractures, also may be signs of violence.
- Twists may occur when a part of the bone is fixed, while the other turns, so it should be mentioned that such injuries may arise accidentally, for example when the child has just started to walk or runs and falls.

There are a number of signs which allow the social worker to distinguish between accidental and intentional fractures. They are the following:

- Comminuted fracture occur because of twisting or pulling the limbs and can not be accidental.
- Child's bones can be broken as a result of bone diseases, in case of which bone is broken from the middle and it is usually hereditary.
- The lawyer of the parents may often claim that the child suffered a fracture during birth. Such fractures are healing in 7-14 days. However, that fact must be approved by the doctor.

#### ***Bone damages:***

Bone fractures which may occur in case of child abuse are described below.

- Spiral fracture, which can occur when child's limbs are twisted.
- Comminuted fractures, when the bone is actually broken into several pieces.
- Accidental rib fractures, which are very rare in children. Rib fractures may arise from huge pressure. Shoulder, collarbone and rib fractures may be signs of child violence.
- Multiple fracture, which also may be a sign of violence.

**Fatigue/exhaustion:** In more than 50% of cases fatigue is a result of malnutrition. In 20% of cases it may be caused by feeding disorders and in the other cases it may have an organic origin.

Symptoms of child fatigue are as follows.

- Usually the main sign of extreme fatigue in children is low weight. Extreme exhaustion can lead to infant death, mental disability, etc.
- The children who have been exhausted because of the parents' neglect and carelessness can immediately increase their weight due to healthy and full food.
- Extremely exhausted children differ from their peers by forms. As a rule, these children recover very rapidly if being cared properly.
- The ribs of exhausted children are clearly underlined. There are many folds in the skin of buttocks and thighs. Hands and legs of these children are thin, the abdomen may be big and bloated.

There are some symptoms of fatigue caused by malnutrition, which are the following

- There is a clear age/weight disproportion.
- There are some difficulties to increase child's weight.
- When the child is moved to other institutions, for example a hospital, s/he immediately gains weight.
- Usually child eats with increased appetite.

### ***Emotional and behavioral characteristics of violence***

Physical signs of violence are not always obvious, so the social worker should pay attention on the other signs also.

Usually the following types of behaviour are typical to abused children:

- The child may be incurious, isolated, as well as unable to establish relationships with other people.
- The child may complain, sob, cry without any expectation.
- Most of abused children are following what happens around them with "glassy attention" and they are emotionally isolated, but actually they see and feel everything.
- The child may be over-alert or avoid physical contact.
- Usually developmental delays are noticed in abused children and they may communicate with others in an odd way.
- The child may be depressed, not express even a little emotion, not cry in case of pain and injuries. Some abused children are unable to play, do not smile, etc.

Preschool-age children who have experienced violence can be characterized by the following features:

- They may be too shy and frightened and sometimes they may show signs of fear even when approaching their parent.
- Early signs of role-reversal may be noticed in those children.
- Physical signs of stress, including physical diseases and regressive behaviour.

- The child may be aggressive in relations with other children, as well as s/he may have emotional outbursts and frequent changes of mood in case of the slightest provocation.

In addition to the aforementioned, school-age children may have the following characteristics as well:

- The child may express aggression, emotional outbursts and can hardly interact with other children or adults.
- The child may demonstrate hyperactivity, inability to concentrate on a certain action for a long time. Simultaneously, the child may display lack of attention. And finally all of these will lead to decreasing of child's progress in school.

A number of behavioural and emotional problems in teenagers may talk about child abuse.

They are the following:

- Lying or stealing,
- Aggressiveness, anger outbursts towards other people, Alcohol or drug abuse,
- Escape from home and refusal to return,
- Difficulties in establishing interpersonal relationships, emotional and social isolation and depression.

***Attention:*** *The list is not comprehensive. In case of signs similar to the aforementioned or other signs (non-listed) it is advisable to consult with the experienced specialist of the organization.*

---

## APPENDIX 5. LEVELS OF CHILD PARTICIPATION

---

There is a gradual approach of child participation, in the framework of which the following levels are described (from manipulation to shared decision making).

The first three levels imply that the taken approach is not participatory, therefore we should avoid them:

***Level 1 Manipulation:*** Adults have full control over the situation. The actions taken by the organization and its employees often do not comply with the principle of the best interests of the child. Children are not listened to and they have no decision-making power.

**Level 2 Decoration:** Children have neat appearance and contribute to the organizing or planning of the event/project.

**Level 3 Symbolic roles:** Children are involved in an event/project run by adults without fully understanding the issues. They appear to be given a voice, but they avoid communication.

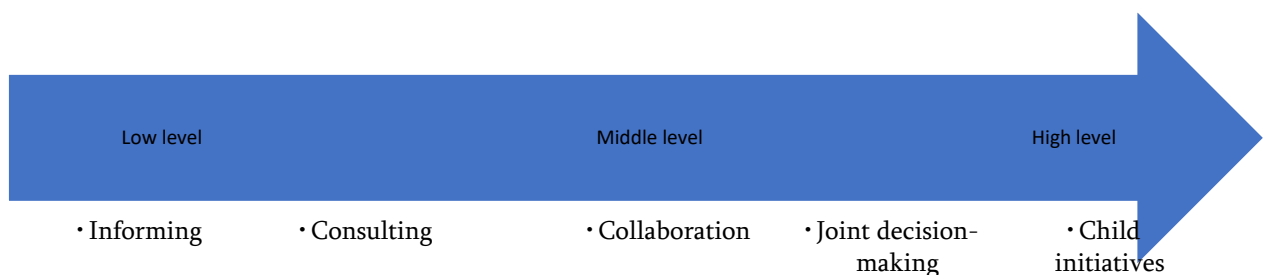
The next levels define the participation.

**Level 4 Children are informed and may give advice.** They are well aware of the activities and their objectives.

**Level 5 Children collaborate with adults and /or participate in decision making** that may be initiated by adults as well as by children. They respect each other and equally participate in the activities.

**Level 6 Children have initiatives:** They initiate and direct the project themselves. Adults may provide children support but this is optional.

There are several indicators to assess child participation.



The indicators of low participation are as follows:

- Children are passive,
- Adults have leading role,
- Children plan/design an activity/event, but the criteria is defined by adults,
- Children are invited to take part in the events designed by adults,
- Children are informed and have deliberative vote,
- Participatory processes are not implemented on regular basis.

The indicators of middle and high participation are as follows:

- Children are active initiators,
- Children collaborate with adults,
- Children and adults make decisions jointly,
- Children and adults respect each other as equal participants,

- Children are involved in the process of planning activities/events,
- Children plan and implement events,
- Child participation leads to changes,
- Children gain new skills,
- Sometimes (not always) long-term activities are implemented,
- Children have leading/initiating role, which is supported by adults.

Low level participation	Middle-high level participation
<ul style="list-style-type: none"> <li>• Consultations</li> <li>• Focus group discussions</li> <li>• Materials review</li> <li>• Testing of new resources</li> <li>• Participation in advocacy, lobbying activities</li> <li>• Participation in courses, trainings</li> <li>• Project presentation and comments</li> </ul>	<ul style="list-style-type: none"> <li>• Research, planning and implementation of public events</li> <li>• Media speakers</li> <li>• Jointly planned work with adults</li> <li>• Research for understanding children's needs</li> <li>• Developing materials for children</li> <li>• Planning and organizing events and conferences</li> <li>• Fundraising activities</li> <li>• Lobbying and advocacy</li> <li>• Joint learning</li> </ul>

The principles of participatory work with children are as follows:

- Children and their ideas are respected,
- Children are presented and explained about the objectives and outcomes of their participation.
- Child participation should be on voluntary basis,
- Entertaining, as well as other interesting and inclusive methods are used for children according to their abilities.
- Children are provided with opportunities according to their needs and choice.
- Participatory activities are conducted on regular basis.

The standards of child participation are as follows:

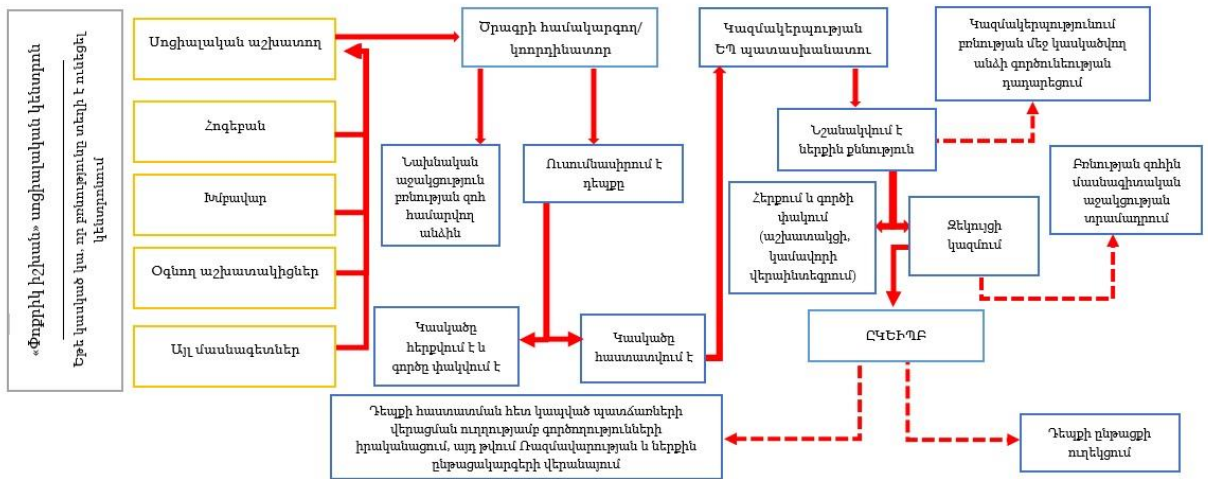
1. Ethical approach, i.e. transparency, honesty and accountability
2. Voluntary participation of children
3. Inclusive and adaptive environment for the children
4. Equal opportunities for the children
5. The staff is specialized and operates effectively.
6. Participation ensures child protection and safety.
7. The process is monitored and evaluated.

## 6. THE RESPONSE SCHEME OF THE ORGANIZATION TO THE CASES OF VIOLENCE

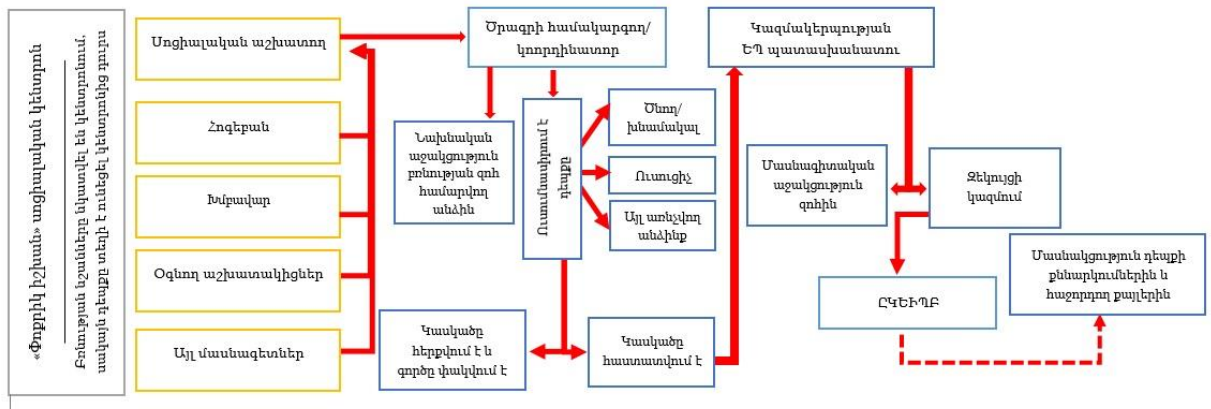
---

*In case of child abuse inside the center:*





*In case of abuse outside the center (the signs of abuse are noticed in the center):*



APPENDIX 7. “CHILD PROTECTION MINIMUM STANDARDS” SELF-ASSESSMENT QUESTIONNAIRE

Dear worker of Armenian Caritas,

*The organization intends to develop child protection minimum standards, which will allow the staff to be well informed and apply the minimum requirements for the work that will ensure child protection and safety within all the projects and services of the organization.*

*For developing these standards, we need your help. Answering the questions below, you will help us to adapt the standards to the specifications of the organization and its services, as well as to the context of the implemented projects and finally to the overall mission of the organization in this sphere.*

*The survey is anonymous.*

*Thank you for cooperation.*

## Guide for Respondent

*The questions are related to the following fields*

1. The overall attitude of the organization towards child safeguarding issues.
2. Internal policy and procedures of the organization in the field of child safeguarding.
3. Procedures on child abuse/violence prevention and early intervention:
  - Human resources management and trainings,
  - Communication and information exchange mechanisms,
  - Monitoring and supervision.

*There are some certain statements concerning to each field and in order to answer them you have four options*

- A. Agree / or implemented
- B. Agree partially/ or implemented partially
- C. Disagree / or not implemented
- D. Don't know/not sure

***It will take you about 10-15 minutes to fill in this questionnaire.***

***Good luck!***

<b>Child safeguarding in the organization</b>		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
1.	The organization is very clear about its responsibility to protect children and makes this known to all who come into contact with it.				

2.	The way staff and other representatives of the organisation behave towards children suggests that they are committed to protecting children from abuse.				
3.	Staff members are properly aware of the UN Convention of the Rights of the Child (UNCRC) or other children's rights instruments and this is seen as a basis for child protection in the organization.				
4.	Senior staff takes all the necessary measures to ensure children's rights in the organization (to be listened and consulted etc.)				
5.	The organization makes it clear that the rights of all children are protected equally, regardless of gender, religion, disability, etc.				
6.	The organization manages children's behavior or follows internal rules in ways which are non-violent and do not degrade/humiliate children.				
<b>Preventing harm to children</b>		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
1.	There are clear guidelines for acceptable and unacceptable behavior towards children, which are to be signed by all employees, as job contracts, etc.				
2.	Where there is direct responsibility for providing services, children are adequately supervised and protected at all times.				
3.	The organization has clear(written) guidelines on behavior of the staff in case of non-standard situations.				
4.	The case of breaking the code of conduct staff members are subject to disciplinary penalties.				
5.	Violation of guidelines on staff behavior has certain consequences.				
6.	There are clear policies and procedures of recruitment and for assessing their suitability to work with children.				
7.	The organization may make a written request to the police to get full information about potential candidates for staff.				
8.	Guidance exists on appropriate use of information technology such as the internet, websites, digital cameras etc. to ensure that children are protected from possible risks.				
9.	Clear procedures exist through which staff/ representatives can raise concerns, confidentially if necessary, about unacceptable behavior by other staff or representatives.				
10.	Employees are aware on the procedures of applying to the relevant official bodies in case of unacceptable behavior towards children during service provision by other staff members.				
<b>Implementation and training</b>		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>

1.	There is a clear guidance for staff, partners and other organization on how children will be kept safe.				
2.	Child protection must be applied in ways that are culturally sensitive but without condemning acts that are harmful to children.				
3.	There is a (written) plan showing what steps will be taken to keep children safe.				
4.	All members of staff and volunteers have training on child protection when they join the organization which includes an introduction to the organization's child protection policy and procedures.				
5.	All members of staff and other representatives are provided with opportunities to learn about the mechanisms through which they can recognize and respond to concerns about child abuse.				
6.	Work has been undertaken with all partners to agree good practice expectations based on these standards.				
<b>Information and communication</b>		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
1.	Children are made aware of their right to be safe from abuse/harassment.				
2.	Children are provided with information on where to go for help and advice in case of abuse, harassment and bullying.				
3.	Everyone in the organization knows which named staff member has special responsibilities for keeping children safe and how to contact them.				
4.	Contact details of child protection institutions, national authorities, "hotline" and Emergency service are available for everyone in the organization.				
5.	Staff members with special responsibilities for keeping children safe have access to specialist advice, support and information.				
6.	Contacts are established at a national and/or local level with the relevant child protection organizations as appropriate.				
<b>Monitoring and review</b>		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
1.	Certain measures are taken to monitor implementation of commitments related to child protection and intervention.				
2.	Regular steps are taken to keep children and parents informed on policies and procedures aimed at keeping children safe.				
3.	All incidents, allegations of abuse and complaints are recorded and monitored.				
4.	The organization uses the experience of operating child protection systems to influence policy and practice development.				
5.	Policies and practices aimed at ensuring children's safety are reviewed on regular basis (at least once every three years).				

6.	Children and parents/caregivers are consulted while developing above mentioned policies and practices.					
<b>Policies and procedures ensuring children's safety</b>						
		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	
1.	The organization has a written child protection policy and some clear procedures on child abuse prevention.					
2.	The policy and procedures are applicable for everyone.					
3.	There are clear child protection procedures in place that provide step-by-step guidance on what action to take if there are concerns about a child's safety or welfare.					
4.	Child protection current procedures take into account the local and cultural specifications.					
5.	The policy and procedures are approved and endorsed by the relevant management body (senior management board, executive committee, etc.).					