



Supporting Women Through Crisis

MOTHER'S HEART CLIENT PROTECTION POLICY

INTRODUCTION

Due to the nature of Mother's Heart's service, we are committed to support women to make the best decision for their futures and the futures of their unborn children. To ensure that we protect women and their children from all kinds of abuse, we make clear the expectations of our staff and mothers in our program regarding their role in ensuring the safety of minors and vulnerable women. Mother's Heart protection policy is for anyone who works with or is involved with Mother's Heart, either long term or short term. (NOTE: Throughout this document MH means the organization "Mother's Heart".)

1. APPLICATION OF THIS POLICY

- 1.1 Mothers' Heart Client Protection Policy is the official name of this document.
- 1.2 All policies, procedures, and guidelines not only apply to children who are in MH care but to every client (both children and women) who are part of MH program. MH clients are from vulnerable situations and they all have equal rights to protection.
- 1.3 The use of the term child will henceforth mean anyone under the age of 18. Infants should always be under the direct supervision of an adult and not under the care of youths under 18 years of age, unless they are supervised by a family member, who is also responsible for the care of the young mother and baby in a given situation.

2. STATEMENT OF COMMITMENT

Purpose of this policy: In developing and implementing this policy MH aims to protect the welfare of all clients (children and adults) engaged in our program, especially in reducing the risk from any form of abuse or neglect. The policy also aims to ensure the integrity of staff, volunteers, and contractors and to protect the reputation of the organization.

- 2.1 MH is committed to empowering women through choices, when faced with an unplanned or unwanted pregnancy. All decisions concerning a client's care will be made including the client and on the basis of 'the best interests of each individual'. MH believes that family is the best place to be for a child.
- 2.2 MH is committed to social, emotional, physical and spiritual well being of children, youth and vulnerable women in Cambodia. We believe that a consistent and loving family and community is the best place for healthy development in all such spheres to occur.



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- 2.3 Infants should always be under the direct supervision of an adult and not under the care of youths under 18 years of age, unless they are supervised by a family member, who is also responsible for the care of the young mother and baby in a given situation.

As a Christian organization we believe that all humans are created in the image of God and of equal worth in the sight of God.

- 2.4 MH is committed to complying with the law on child rights and welfare in order to provide what is in the 'best interest of the child'. This includes the UN Convention on the rights of the child, which was adopted by the Royal Cambodian Government in 1992 and the Convention on the Minimum Age of Working Children No 138 in 1999.
- 2.5 MH believes that all children and women have an equal right to protection from abuse regardless of race, social background, place of origin, age, gender, sexuality, skin color, religion or beliefs
- 2.6 MH is committed to the mothers in our program by giving them access to positive skills, parenting training and explaining the rights of children within their care.

3 DEFINITION OF ABUSE

Mother's Heart duty of care: MH's responsibility is to ensure all women and children within its care are not subject to any form of abuse. Broadly, abuse may be defined as a non-accidental injury or mistreatment caused by the acts or acts of omission of the client's parents, caretakers, other clients or others. An abuse is any form of neglect and/or physical, mental, emotional, verbal, sexual or spiritual abuse.

- 3.1 **Physical abuse:** Physical abuse may involve hitting, shaking, throwing, poisoning, burning, scalding, drowning, suffocating or otherwise causing physical harm to a client. The injury may take the form of bruises, cuts, burns or fractures. Physical abuse also includes instances where a parent or guardian fabricates symptoms or intentionally causes a child to become sick.
- 3.2 **Mental/Emotional abuse:** Actual or likely severe adverse impact on the emotional and behavioral development of a child caused by persistent or severe emotional ill treatment or rejection. This may involve telling a client that he/she is worthless, unloved or inadequate; or causing a client to feel frightened or in danger. It includes discrimination on the basis of race, social background, place of origin, age, gender, sexuality, disability, skin color, religion or beliefs. The term "emotional abuse" is used to describe sustained, repetitive, inappropriate responses to a child's expression of emotions and emotional needs.

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Several types of behavior have been identified as constituting emotional abuse. They are:

- Rejection of the client
- Punishing normal, social behavior
- Lacking or discouraging, caregiver-infant attachment
- Discouraging client's self-esteem
- Isolating a client
- Depriving a client of security
- Ignoring a client
- Corrupting a client
- Depriving a client of opportunities to develop as an individual – use of rigid rules and demands

- 3.3 **Verbal abuse:** Communication by words (i.e. offensive name calling or criticism), vocal tones, body language or attitudes that belittle a client's appearance and worth. Using derogatory terms or classifiers for clients which refer to their culture, social background, gender, skin color, disability, illness, sickness.
- 3.4 **Sexual abuse:** Actual or likely sexual exploitation of a client. Sexual abuse includes, involving or exposing developmentally immature children and adolescents in sexual activities they do not truly comprehend, to which they are unable to give informed consent or that violate social taboos or family rules. For instance, touching a child's genitals, forcing a client to watch or take part in pornography, coercing the client to have sex or engage in sexual acts.
- 3.5 **Spiritual Abuse:** The result of a spiritual leader or system that tries to control, manipulate or dominate a client.
- 3.6 **Neglect:** The persistent, severe neglect of a client, such as failure to protect a client from exposure to any kind of danger, including cold and starvation; or extreme failure to carry out important aspects of care, like withholding medical attention, affection and the basic necessities of life, resulting in significant harm to a client's health and development.
- 3.7 **Clients abusing other clients:** When a client is in a position of power and responsibility over another client and abuses that trust. This includes coercing clients to go back to their former jobs. Abuse also occurs when a child forces himself/herself sexually on another child. The adverse impact on the child victim may be great and the perpetrator could himself/herself be a victim. Bullying is also a form of child abuse whereby a child physically, verbally or emotionally abuses another child.



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4 BEHAVIOR PROTOCOLS

- 4.1 MH personnel must not engage in any acts that fall within the broad definition of child abuse. MH personnel will always be held responsible for their own behavior and cannot mitigate their behavior by blaming a child, even if the child allegedly 'provokes' or acts in a 'seductive' way.
- 4.2 All MH personnel must treat children, women, families and other staff members with respect and dignity. Similarly, the children and individuals in MH care are encouraged to give and receive respect and dignity.
- 4.3 MH personnel found to be breach of MH's Child Protection Policies or Guidelines may be subject to disciplinary action up to and including dismissal from employment.
- 4.4 MH personnel must report immediately any incident, suspicion or allegation relating to the actual or potential for abuse of any child or women within MH care.
- 4.5 When interacting with children and women MH personnel should adhere to the "two adult rule", wherein two or more adults supervise all activities where children are involved and are present at all times, should be followed.
- 4.6 MH personnel must not visit a child at the child's home if that child's parents or guardians are not present.
- 4.7 In counseling or key working sessions with a child or women, where privacy and confidentiality are important, and counselors should seek a location that is public enough for others to observe, yet still enables private conversation. If this is not possible, the counselor should ensure that another MH staff member is aware of the meeting and where it is taking place.
- 4.8 MH personnel must not invite a child to their home or on an outing without another adult present and permission from the relevant department head or Managing Director. Permission from the child's guardians or parents must be sought before an invitation is extended to the child and preferably a group of children should be invited.
- 4.9 MH has adopted a discipline policy that encourages non-violent discipline, primarily verbal discipline, withdrawing privileges and non-humiliating discipline. Discipline is therefore education of a person's character. It includes nurturing, training, instruction, chastisement, verbal rebuke, teaching and encouraging. It



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brings security, produces character, and prepares for life. (Hebrews 12 v 5-12 and Proverbs 22 v 6)

5 RECRUITING AND SCREENING

- 5.1 All MH personnel must be carefully screened during the recruitment process to assess their experience with children and disposition towards children. Screening of applicants also includes filling in an application form, personal interviews and reference checks. If their position requires direct contact with children they will be required to obtain a “Reference testifying to their safety working with children.”
- 5.2 Potential employees will be required to undertake a police background check.
- 5.3 HM will not employ any personnel under the age of 18 years.
- 5.4 Adults will always be responsible for their behavior and cannot blame the child if the child “provokes” or acts in “seductive” way.

6 PROCEDURES – RESPONDING TO ALLEGATIONS AND INCEDENTS

- 6.1 In order to help create an environment, which supports the reporting of suspicious behavior, MH personnel are encouraged to discuss child protection issues and the potential for child abuse with other senior staff within the organization.
- 6.2 MH personnel should not dismiss a child or woman's accusation of abuse, no matter who the perpetrator is alleged to be. (See guidelines ‘Dealing with children who have been abused’).
- 6.3 Any allegation or incident of child abuse or abuse of a client within MH should be reported by following the Allegations and Incidents Handling Procedure (Appendix 1).
- 6.4 MH personnel reporting the allegation or incident should complete a Critical Incident Report (Appendix Two). This report should be submitted to their manager within 24 hours of first reporting allegation of incident.
- 6.5 Both the alleged victim and perpetrator will be treated with respect from the time the allegation is reported to when a decision is made. The allegation or incident should be kept confidential between those directly involved. Information about the allegation or incident will only be divulged on a ‘need to know’ basis to those who can constructively aid the investigation.



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- 6.6 To protect the dignity of the alleged victim and perpetrator, the allegation or incident should be a confidential matter between those directly involved.
- 6.7 There may be grounds for disciplinary action if MH personnel fail to maintain appropriate confidentiality about an allegation or incident.
- 6.8 Management responsible for handling the allegations or incidents must determine the appropriate course of action within 48 hours of the allegation or incident first being reported by MH personnel.
- 6.9 Records will be maintained of all information relating to the investigation. These records will be carefully and confidentially filed by the Director of HM.
- 6.10 The needs of the child are paramount. Focus must be on safety, support, and security of the child.
- 6.11 Generally, an employee accused of sexual abuse of a child should be temporarily suspended during the course of the investigation. The employee should be informed that charges have been made against him or her and given an opportunity to respond. Furthermore, as a result of these charges MH has an obligation to conduct an internal investigation. The employee is encouraged to participate in the investigation by providing information and the names of witnesses to be interviewed. At the conclusion of the investigation, the employee should be informed of the results of the investigation and what corrective action, if any, will be taken.
- 6.12 In the event that an employee is discharged for suspected sexual abuse, MH may disclose such information if requested by a prospective employer, or police as deemed necessary.

7 CONFIDENTIALITY POLICY

- 7.1 All client's individual folders and counseling notes must be kept in a locked filing cabinet.
- 7.2 MH personnel must not disclose the location or details of clients to anyone outside the HM organization. Doing so could involve disciplinary measures.
- 7.3 All MH personnel must respect information that they gain from clients in a counseling session or through their work with a client and only share this information on a 'need to know' basis.



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- 7.4 All clients in our care will sign a confidentiality form and if any of their information needs to be shared with referral agencies then a client consent form must be signed.

8 GUIDELINES – SIGNS AND SYMPTOMS OF ABUSE

The following signs could indicate that child or client abuse has or is taking place:

Signs of possible physical abuse

- Any injuries not consistent with the explanation given for the injuries and which occur to the body in places that are not normally exposed to falls, rough games, etc
- Signs of neglect can include under nourishment, failure to grow, untreated illnesses and inadequate care.

Signs of possible emotional abuse

- Changes or regression in mood or behavior, particularly where a child becomes withdrawn, or
- Depression, aggression, extreme anxiety, nervousness, frozen watchfulness, obsession or phobias.

Signs of possible sexual abuse

- Any allegations made by a child or client concerning sexual abuse
- Excessive preoccupation with sexual matters; a detailed knowledge of sexual behavior, or initiating sexual play that is age-inappropriate
- Sexual activity through words, play or drawing. This can include being sexually provocative or seductive with adults.
- Severe sleep disturbances with fears, phobias, vivid dreams or nightmares that sometimes include obvious or indirect sexual connotations.
- Depression, suicidal attempts, self-harm or panic attacks

9 GUIDELINES – DEALING WITH CLIENTS WHO HAVE BEEN ABUSED

- 9.1 Above everything else, listen, listen, and listen. Show acceptance of what the child says, however unlikely it seems. Keep calm. Look at the child or client directly.
- 9.2 Ensure the child or client's safety.
- 9.3 Make notes as soon as possible, preferably within one hour of talking to the alleged victim. Write down exactly what the child or client said and when he/she said it. Record what you said in reply and what sort of abuse has been involved. Record dates and times of these events, and when you made the record.



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- 9.4 Helpful things you might say:
- I believe you
 - I am pleased that you have told me
 - It is not your fault
 - I will help you
 - Thank you for telling me

Avoid saying

- Why didn't you tell me before?
- I can't believe it
- Are you sure this is true
- What did you do to them first?

- 9.5 Let the child or client know what you are going to do next and that you will let them know what happens. Let the child know that you are going to have to inform the Director.

10 GUIDELINES ON TOUCH

- 10.1 MH personnel will not touch a child in an inappropriate way. A general guide is not to touch children in areas that would normally be covered by shorts and a t-shirt or in such a way that could make the child uncomfortable or could be construed as sexual touch.
- 10.2 Keep everything in public. A hug in the context of a group is very different from a hug behind closed doors.
- 10.3 Touch should be related to the child's needs not the needs of MH personnel. It is advised to ask permission before touching. Touching should be age-appropriate and generally initiated by the child rather than the worker.
- 10.4 MH personnel should understand and teach children "Keep Safe Rules" on touching
- NO touching the private parts (the genital and breast area) of another child.
 - NO ONE is allowed to touch your private parts (unless a doctor for medical reasons).
 - If you need to touch your own genitals it should be done in private.

11 GUIDELINES ON OUTINGS

- 11.1 Make sure there is sufficient supervision for the number of children.



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- 11.2 Ensure that buses/cars are not overloaded where seat belts on transport are available ensure that they are worn.
- 11.3 Make sure you know exactly who you have with you. MH personnel must maintain a roll of children attending the outing, which should be marked regularly.
- 11.4 When children from the community are attending an outing, the consent of the child's guardian or parents should be obtained. This should be in writing where possible.
- 11.5 Extra supervision should be organized when taking children swimming or to the beach.

12 COMMUNICATIONS WITH AND ABOUT CLIENTS

The dignity and rights of all MH clients are to be upheld and respected in every circumstance.

- 12.1 To help protect clients from potential abuse and MH personnel from false accusation, wherever practically possible, MH personnel should avoid entering situations where they will be alone in a private place that cannot be seen by other MH personnel, with a client who is not their biological offspring.
- 12.2 When interacting with clients who are not their biological offspring MH personnel should adhere to the “two-adult rule” by ensuring at least one other MH personnel member is within visual contact. This includes private conversations between a client and MH personnel or when MH personnel, including drivers, are transporting clients to a destination.
- 12.3 In counseling situations with a client, where privacy and confidentiality are important, counselors should seek a location that is public enough for others to observe, yet still enables private conversation. If this is not possible, the counselor should ensure that another MH personnel member, with some primary responsibility for the client, is aware of the meeting and where it is taking place.
- 12.4 Mediums we use to communicate about children/clients should use pictures that are decent and respectful. Children/clients should be adequately clothed and not be in poses that could be sexually provocative.
- 12.5 Clients personal and private information that could be used to identify the location of a client within Cambodia should not be used on MH web site or in any other form of communication about a client.



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- 12.6 Individuals or organizations requesting the use of MH resources such as audio visual, videos or photographs should be required to sign an agreement as to the proper use of such materials. The agreement should include a statement that any use of such materials for purposes other than what is agreed upon could subject the borrowing individual or organization to legal action. Furthermore, failure to adhere to the agreed upon use of material will result in the immediate termination of MH permission to use the subject materials and/or require immediate return of all materials provided by MH including copies of such materials
- 12.7 The best interest of the client is the primary consideration over and above any agenda to raise awareness, advocate about an issue, promote human rights or fundraise.
- 12.8 Without permission no one is allowed to take any pictures of clients.
- 12.9 Media access to any child within MH care for the purposes of interviewing, photographing or filming will only be granted after careful consideration of the client's best interests by MH personnel and if the client concerned agrees.
- 12.10 Never publish a story or use an image that may put a client or their family at risk – even when identities are changed or obscured.
- 12.11 Clients have the right to self-expression, to voice their own story and to participate in decisions affecting them. Where children are involved, their age and maturity need to be taken into consideration and those closest to the child must be consulted when determining what is in their best interest.

13 PARTNER ORGANIZATIONS

- 13.1 When offering services to, partnering with or working with other organisations, MH will require assurance that good practice child/client protection policies are in place; where these are not in place, other organisations will be advised that the absence of such policies places children and clients at risk.
- 13.2 In such cases that partner organisations do not have a child/client protection policy in place; MH will require the organisation to issue a disclaimer that they have been advised of the risks and that MH is not to be held responsible for the abuse or misuse of children/client by their staff or volunteers or the inappropriate use of any audiovisual materials created by their organisation.
- 13.3 A Childcare Partnership Agreement form will be obtained and signed by all organisations providing childcare for clients and their child. (APPENDIX THREE)



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Client Protection Policy

To be signed by all Mother's Heart personnel. A copy will be kept in each employee's personnel file within the MH office.

Name -----
(BLOCK LETTERS)

I declare that:

1. I have read and understand the Mother's Heart Statement of Commitment, Client Protection Policy, Behavior Protocols and Guidelines and agree to follow them.
2. I have not been accused or convicted of any offense involving physical or sexual abuse.
3. I understand that if a complaint is brought against me regarding the abuse of a child while working with MH, the allegation will be thoroughly investigated in cooperation with the appropriate authorities and I will suffer the appropriate consequences if the complaint is upheld.
4. I undertake to cooperate with any such investigation, and understand that I may be suspended without prejudice from my position while such an investigation is being conducted.

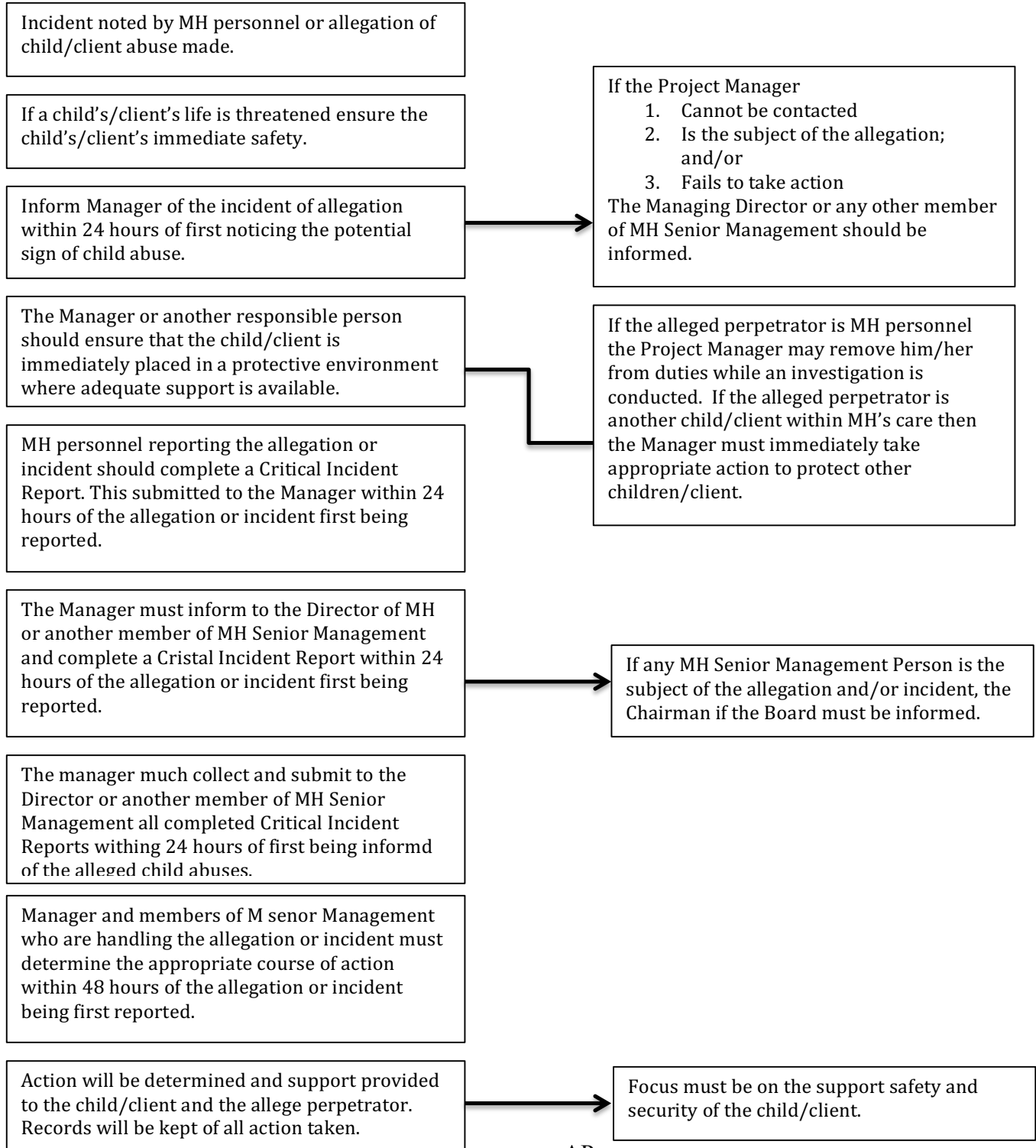
Signature: _____

Date: _____

APPENDIX ONE

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ALLEGATION AND INCIDENT HANDLING PROCEDURE



AP



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PENDIX TWO MOTHER'S HEART CHILDCARE PARTNERSHIP AGREEMENT

This is a childcare partnership agreement between Mother's Heart and _____.

This agreement commences on (dd/mm/yy) ___/___/___.

Mother's Heart and _____ will have mutual referral agreement based on each individual case.

_____ will accept the child _____ (name) for childcare services.

_____ will agree to follow Mother's Heart policies and procedures for: Minimum Standards for Alternative Care for Children, Client Protection Policy, and Media Policy.

Minimum Standards for Alternative Care for Children

_____ staff members agree to follow the Prakas on Kingdom of Cambodia Nation Religion King publication Minimum Standards on Alternative Care for Children, May 2008 approved by the Ministry of Social Affairs, Veterans, and Youth Rehabilitation.

Client Protection Policy

_____ staff members agree to abide by their client protection policy that has been approved by Mother's Heart. In such cases that the childcare organization does not have such a policy then _____ staff member agrees to follow Mother's Heart Client Protection Policy. By signing below, I am acknowledging that I have received a copy of Mother's Heart Client Protection Policy in English and Khmer.

Media Consent

_____ staff member will obtain a Mother's Heart Media Consent Form which will be complete and approved by a staff member of Mother's Heart prior to interviewing, photographing, voice recording, or videoing the child or the child's mother.

(Signature of each staff member providing direct care.)

(Signature of Mother's Heart staff)

(Date)

(Date)



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APPENDIX THREE PROTECTION INCIDENT – REPORTING FORM OF LEVELS OF INCIDENTS

Date of Report:	Project/Department:
REPORTED BY	
Your Name:	Your Position:
Your Phone Number:	Your E-Mail-Address:
Please note: When you can't answer a question because you don't know (e.g. who the person who caused the problem is or where the person being protected is) then please write "unknown".	

PERSON BEING PROTECTED (VICTIM)			
Family Name:	First Name:	Nationality:	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Date of Birth or Age:	Address:		
Name of care contact person within Mother's Heart (MH) (e.g. counselor, housemother):			
Type of care? <input type="checkbox"/> Counselor <input type="checkbox"/> Housemother <input type="checkbox"/> Foster parent <input type="checkbox"/> Teacher <input type="checkbox"/> Other:			
If victim is a child: Does mother live/work within MH? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, name:	Program:
If necessary: Secure Contact Person (outside of MH):			Phone Number:
Physically-, Mentally-Challenged:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please indicate:	<input type="checkbox"/> Disabled <input type="checkbox"/> Vision-Impaired <input type="checkbox"/> Hearing-Impaired <input type="checkbox"/> Speech-Impaired <input type="checkbox"/> Mentally-Retarded <input type="checkbox"/> Mentally-Ill <input type="checkbox"/> Other:		

PERSON WHO CAUSED PROBLEM			
Family Name:	First Name:	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Position/Identity:		Age:	
Address:		Phone Number:	
Does this person live/work within MH? <input type="checkbox"/> No <input type="checkbox"/> Yes		Program:	
Please note: If there are two persons who caused problem then please fill in the following part for the second person:			
Family Name:	First Name:	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Position/Identity:		Age:	
Address:		Phone Number:	
Does this person live/work within MH? <input type="checkbox"/> No <input type="checkbox"/> Yes		Program:	



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FACTS

Date: _____ Time: _____ Location: _____

State whether you consider your report to indicate:

	Physical Abuse	Sexual Abuse	Emotional Abuse	Verbal Abuse	Neglect	Other	Run Away
Suspecte	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Actual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If other, please specify:

How did you become aware of the incident?

I witnessed it other staff told me victim told me other client told me other, please specify:

Were there any (other) witnesses of the incident? No Yes

If yes, name, contact details and position of witnesses:

Describe the specific incident (clear distinction on what is fact/opinion/hearsay) and its impact on the client's protection:

What evidence of harm exists at present? (Please include photographs if available)

Current location of person:

PROTECTION

What was done immediately to protect the client?

Please list all counseling times/meetings that happened already with the clients and other persons involved and what is planned during the next days (day, time, names of staff present at meeting, who else was attending):



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How is the person doing right now?	
List all the persons (including MH staff) you contacted up to this point:	
Comments by Project Manager:	
Please keep a copy of this report for yourself/ the project.	<input type="checkbox"/> Done
Please send a copy of this report to the Senior Manager within 24 hours.	<input type="checkbox"/> Done
Please send a copy of this report to the Protection Office within 24 hours.	<input type="checkbox"/> Done
The above information will serve as a guide for a formal response by MH and may, in the case of a serious incident, be used as part of an external investigation. All information is to be kept confidential and will only be made available to those who can constructively assist the people concerned.	
Signed: _____ MH Personnel	Signed: _____ Project Manager