



CHILD SAFEGUARDING

Policy and Protection Manual

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Doctors of the World – Greek Delegation
Board of Directors

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1.0. DEFINITIONS

A. CHILD PROTECTION: The set of activities that we undertake in order to protect specific children who are suffering or likely to suffer significant harm, violence, exploitation, abuse and neglect. In terms of prevention, Doctors of the World-Greece aim includes supporting and strengthening families to reduce social exclusion, and to lower the risk of separation, violence and exploitation of children.

B. CHILD SAFEGUARDING: The set of policies, procedures and practices that we employ to ensure that Doctors of the World is a child safe organization and its activities are based always in the Best Interest of the Child.

C. CHILD OR CHILDREN: Anyone under 18 years of age.

D. REPRESENTATIVES OF DOCTORS OF THE WORLD-GREEK DELEGATION: Employees, volunteers, interns, consultants, members of Mdm Board, Partners and other individuals who work with children on Doctors of the World behalf, visit Doctors of the World structures and projects, or who have access to sensitive information about children in on Doctors of the World programs.

E. CHILD ABUSE: Anything which individuals, institutions or processes do or fail to do which directly or indirectly harms children or damages their prospect of safe and healthy development into adulthood. The main categories of Child Abuse are Physical Abuse, Emotional Abuse, Neglect/Negligent Treatment and Sexual Abuse/Sexual Exploitation.

a) Physical Abuse: The use of physical force that causes actual or likely physical injury or suffering (e.g., *hitting, shaking, burning, female genital mutilation, torture*).

b) Emotional abuse: Any humiliating or degrading treatment such as bad name calling, constant criticism, belittling, persistent shaming, solitary confinement and isolation.

c) Neglect/Negligent Treatment: Persistent failure to meet a child's basic physical and/or psychological needs, for example by failing to provide adequate food, clothing and/or shelter; failing to prevent harm; failing to ensure adequate supervision; or failing to ensure access to appropriate medical care or treatment.

d) Sexual Abuse/Sexual Exploitation: All forms of sexual violence, including incest, early and forced marriage, rape, involvement in pornography, and sexual slavery. Child sexual abuse also may include indecent touching or exposure, using sexually explicit language towards a child and showing children pornographic material. Sexual Exploitation is any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another. This includes exchange of assistance due to children benefiting from Doctors of the World-Greek Delegation activities. The sexual exploitation of a child who is under the age of consent is child sexual abuse and a criminal offense.

2.0. COMMITMENT TO CHILD SAFEGUARDING AND CHILD PROTECTION POLICY

Doctors of the World is committed to conducting its programs and operations in a manner that is safe for the children it serves and helping protect the children with whom Doctors of the World staff and representatives is in contact.

All Doctors of the World Representatives are explicitly prohibited from engaging in any activity that may result in any kind of Child Harm and Abuse.

In addition, it is Doctors of the World policy to create and proactively maintain an environment that aims to prevent and deter any actions and omissions, whether deliberate or inadvertent, which place children at the risk of any kind of Child Harm and Abuse.

All Doctors of the World Representatives are expected to conduct themselves in a manner consistent with this commitment and obligation. Any violations of this policy will be treated as a serious issue and will result in disciplinary action being taken, including termination and any other available legal remedy.

In furtherance of this Policy, Doctors of the World has adopted Procedures, described below, to promote:

2.1. POLICY TO MITIGATE THE RISK OF ABUSE

a. Prevention of Child Abuse: Striving, through awareness, good practice and training, to minimize the risks to children and take positive steps to help protect children who are the subject of any concerns.

b. Reporting of Child Abuse: Ensuring that all Representatives know the steps to take and whom to contact where concerns arise regarding the safeguarding of children.

c. Responding to Child Abuse: Engaging in action that supports and protects children when concerns arise regarding their well-being; supporting those who raise such concerns; investigating, or cooperating with any subsequent investigation; and taking appropriate corrective action to prevent the recurrence of such activity.

d. Training to Promote Awareness of Child Safeguarding Obligations: Ensuring that all Representatives are notified of and made aware that they are expected to comply with the policy.

2.2. POLICY TO COMPLY WITH APPLICABLE LAWS AND REGULATIONS

It is Doctors of the World Policy to ensure compliance with host country and local child welfare and protection legislation, or European and International standards, whichever affords greater protection, and with Greek National law. The requirements of this Child Safeguarding Policy are in addition to any other applicable legal requirements.

2.3. POLICY REGARDING SEXUAL ACTIVITY WITH CHILDREN

It is Doctors of the World Policy that any individual under the age of 18 is a child and is "underage", regardless of the legal age of consent of the country in which s/he lives and/or in which the offense occurs. An underage child cannot legally give informed consent to sexual activity. Sexual activity with a Child with or without their consent will be treated as a serious issue and will result in disciplinary action being taken, including termination, and the pursuit of any other available legal remedy. Consensual sexual activity with a child over the legal age of consent of the country in which s/he lives and/or in which the offense occurs, but below 18 years will be treated as a serious issue and may result in disciplinary action being taken, including termination, and the pursuit of any other available legal remedy.

3.0. CHILD SAFEGUARDING AND CHILD PROTECTION – IDENTIFICATION SIGNS

3.1. RECOGNIZING SIGNS OF ABUSE

Recognizing signs of abuse is complex. There are potential warning signs that you should be aware of, but they should be observed and assessed with care. It should not be automatically assumed that abuse is occurring, and talking to the child will often reveal important information. It is necessary not to dismiss significant changes in behavior, fears, worries, and physical indicators a child is exhibiting.

3.2. POSSIBLE SIGNS OF PHYSICAL ABUSE

- Bruises, burns, sprains, dislocations, bites, cuts
- Improbable excuses given to explain injuries
- Injuries that have not received medical attention
- Injuries that occur to the body in places that are not normally exposed to falls, rough games, or play (*for example, on the stomach, neck, back, and genitals*)
- Repeated urinary tract infections or unexplained stomach pains
- Refusal to discuss injuries
- Withdrawal from physical contact
- Arms and legs kept covered in hot weather
- Fear of returning home or of parents being contacted
- Showing wariness or distrust of adults
- Self-destructive tendencies
- Being aggressive toward others
- Being very passive and compliant
- Chronic running away

3.3. POSSIBLE SIGNS OF EMOTIONAL ABUSE

- Delayed physical, mental, or emotional development
- High anxiety
- Delayed speech or sudden speech disorder

- Fear of new situations
- Low self-esteem
- Inappropriate emotional responses to painful situations
- Extremes of passivity or aggression
- Drug or alcohol abuse
- Chronic running away
- Compulsive stealing
- Obsessions or phobias
- Sudden under-achievement or lack of concentration
- Attention-seeking behavior
- Persistent tiredness
- Lying

3.4. POSSIBLE SIGNS OF NEGLECT

- Frequent hunger
- Failure to grow
- Stealing or gorging on food
- Poor personal hygiene
- Constant tiredness
- Inappropriate clothing (*for example, wearing summer clothes in winter*)
- Frequent lateness or non-attendance at school
- Untreated medical issues
- Low self-esteem
- Poor social relationships
- Compulsive stealing
- Drug or alcohol abuse

3.5. POSSIBLE SIGNS OF SEXUAL ABUSE

- Age-inappropriate sexualized behavior
- Physical trauma (*general and in genital and anal areas*)
- Behavioral indicators (*general and sexual*), which

must be interpreted with regard to the individual child's level of functioning and developmental stage

- Signs that are similar to physical abuse signs

3.6. APPROPRIATE ADULT BEHAVIOR

- The appropriate behavior of adults (*staff, volunteers, and parents*) at MDM Greece should be clearly defined and consistently monitored to ensure the safety of the children.

3.7. POSSIBLE SIGNS OF CONCERN REGARDING ADULT BEHAVIOR

- A person in whose presence a child becomes unusually distressed or agitated is a cause for concern.
- A staff member, volunteer, or parent asking a child to lie about anything (*especially if it is about meeting that child*) is a cause for concern.
- A staff member, volunteer, or parent who asks other adults at the organization to lie about a situation involving a child is a cause for concern.
- Private (*outside of work*) meetings between a child and a staff member or volunteer are a cause for concern.

3.8. UNACCEPTABLE ADULT BEHAVIOR

Staff members, volunteers, and consultants should never:

- Spend excessive time alone with children away from others
- Take children to their home, especially where they will be alone with them
- Hit or otherwise physically abuse children
- Develop physical or sexual relationships with children or any client
- Use language, make suggestions, or offer advice that is inappropriate, offensive, or abusive
- Behave in a manner that is inappropriate or sexually provocative
- Have a child with whom they are working stay the night at their home unsupervised
- Sleep in the same bed as a child with whom they are working
- Condone or participate in behavior with children that is illegal, unsafe, or abusive
- Act in ways intended to shame, humiliate, belittle, or degrade children, or otherwise perpetrate any form of emotional abuse
- Discriminate against, show different treatment toward, or favor particular children to the exclusion of others
- Perpetrate psychological and emotional abuse
- Expose children to hazardous work
- Stigmatize children (*for example, based on gender, race, ability, class, or another factor.*)
- Exploit children through child labor, sex work, or domestic work
- Discriminate between children of different genders (*for example, punishing pregnant school-girls, favoring boy children or girl children*)
- Neglect children (*for example, not meeting children's needs or not offering adequate care to children*)
- Infringe on children's rights (*for example, their rights to privacy and confidentiality*)
- Involve children in harmful practices (*for example, female genital mutilation*)
- Involve children in sexual relationships
- Beat or otherwise assault children

4.0. CHILD SAFEGUARDING AND CHILD PROTECTION PROCEDURES

1. Each staff, volunteer and representative of Doctors of the World including visitors who seek to be in the company of children must meet the following child safeguarding checks:
 - Have a criminal record and background check before joining the organization. Retrospective checks will be conducted on all current members of the organization.
 - Receive a copy of Doctors of the World child protection and safeguarding policy and sign it in agreement prior to being in the company of children.
 - Staff and volunteers will receive Child Safeguarding Training within 4 months of being with the organization and all Doctors of the World representatives must take a refresher training every two years.
2. Doctors of the World Executive Director, Operations Director, Coordinators and deputy Coordinators at all levels are responsible to ensuring that 1 a, b and c are completed by the people reporting to them.
3. Instances of suspected child abuse must be reported to Doctors of the World Child Safeguarding Focal Point.
4. A link to the HR department and to the Doctors of the World Child Safeguarding Focal Point is available to the beneficiaries in order to notify potential cases of violation of this policy
5. You must prior permission from a child's legal guardian before travelling alone with a child in a vehicle(s).
6. An incident report needs to be filled in by anyone who notices and/or suspects an occurrence of child abuse or any breach to the policies and procedures outlined in this document. This doc-

ument needs to be sent to Doctors of the World Child Safeguarding Focal Point.

7. All agreements with Partners must include these Policies and Procedures as an addendum and must include a provision in which the Partner agrees to comply with these Policies and Procedures.
8. Communication Materials (*including interviews, photography, filming etc*) should not disclose any personal information about a child i.e child's full name, address and location
9. Communication materials must be sensitive to the rights of the children and must be guided by upholding their best interests. Communication materials about children should consider the risks to the children when recording data (*i.e. humiliation, reprisal, legal prosecution etc.*) and ensure that you do not place them in harms way through your actions.
10. Additionally, obtain informed, non-coerced consent from the child and the guardian for interviews and videos, and where possible, photographs.
11. All representatives of Doctors of the World on project visits involving children are subject to the policies and procedures outlined in this document.
12. Exceptions to any part of this policy and procedures require written approval from the Child Safeguarding Focal Point or Executive Director.

NB: All of Doctors of the World-Greek Delegation representatives are expected to conduct themselves in a manner consistent with this commitment and obligation. Any violations of these policies and procedures will be treated as a serious issue and will result in disciplinary action, including contract termination and any other available legal remedy. Furthermore, any individual who is aware of a violation of these policies and procedures and does not report them will also incur disciplinary action discussed above.

5.0. REVIEW AND MONITORING OF SAFEGUARDING MEASURES

MdM actively monitors its safeguarding policy procedures and performance by regularly checking to ensure that Standards are being implemented and safeguards are working. This is done in a number of ways, i.e., interviewing staff, children and associates (including surveys with staff and associates) on how the Standards are being met, how effective they are and if there is a need for improvement.

Our Review and Monitoring entails:

- Regular monitoring of child safeguarding policies and procedures' implementation.
- Reporting to the child safeguarding focal point Progress, performance and lessons learnt and share periodically results to key stakeholders.
- Policy review and adjustment to child safeguarding measures on the basis of Learning from practical case experience.
- Policies and practices are reviewed at regular intervals by an ad hoc committee initiated by the child safeguarding focal point and can be formally evaluated by an external evaluator/auditor, as well as the Board of Directors of MdM.



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