

AUSTRALIAN DOCTORS FOR AFRICA

Code of Conduct: CHILD SAFETY

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Authorised by: BOARD OF MANAGEMENT

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1. INTRODUCTION

It is an ACFID requirement for ADFA to have a child safety policy in place and ADFA endorses the requirement. This is in keeping with the United Nations Convention on the Rights of the Child (1989) is the universal foundation for child protection.

The ADFA Child Safety Policy is available on the ADFA website (www.ausdocafrica.org). This Code of Conduct supports the policy and reflects the minimum professional standard expected by ADFA staff, volunteers, partners, observers and associates when dealing with children in the communities within which we work and provides a framework for managing and reducing risks of child abuse or harm in the context of ADFA's international medical trips.

When working in a foreign country, all ADFA staff, volunteers and immediate associates are required to abide by local legislation, including labour laws with regard to child labour.

ADFA is committed to the safety and well being of all children. We support the rights of children and will act without hesitation to ensure a child safe environment is maintained. All decisions regarding the welfare and protection of children are made based on the 'Best Interests of the Child' Principle. This principle refers to decisions considering that the child receives maximum benefit possible from services provided, and that the positive impacts of any course of action outweigh any negative impacts.

2. CONTEXT

Child abuse is a global problem that affects both boys and girls. It has existed through out history and is deeply rooted in cultural, economic and social practices. Children are abused physically, sexually, emotionally and through neglect. Children living in poverty are more at risk of child abuse and exploitation.

This Code of Conduct is provides a practical guide to prevent child abuse in ADFA's programs. It outlines a range of risk management strategies that will be implemented which will reduce the risk of children being harmed.

3. CODE OF CONDUCT

3.1 ADFA's staff, volunteers or associates will:

- treat every child with dignity and respect regardless of differences of ethnicity, religion, age, ability, gender, sexual orientation and economic circumstances;
- conduct themselves in a manner consistent with their position as a positive role model to children and as a representative of ADFA;
- be aware of cultural differences and sensitivities;
- immediately raise any concerns for the safety or wellbeing of a child in accordance with ADFA's reporting process;
- listen to children, take their concerns seriously and allow them to have a say in the decisions that affect them, as appropriate;
- be visible when working with a child;
- avoid being alone with a child where practicable; and
- try to ensure that other adults are present when working with a child.

3.2 ADFA staff, volunteers and associates will not:

- engage in any behaviour that is intended to shame, humiliate, belittle or degrade a child;
- use language, make suggestions or offer advice that is inappropriate, offensive or abusive;
- take a child to one's hotel or lodgings, nor sleep alone in the same room or share a bed with a child who is not one's own;
- smack, hit or physically assault a child;
- take a child unaccompanied to the toilet or bathe them unsupervised;
- develop sexual relationships with a child or relationships that can in any way be deemed exploitative;
- act in ways that may be abusive or place a child at risk of abuse;
- behave physically in a manner that is inappropriate or sexually provocative;
- condone, or participate in, behaviour which is illegal, unsafe or abusive;
- photograph or video a child without the consent of the child and his or her parent/s or guardian/s; or
- hold, kiss, cuddle or touch a child in an inappropriate, unnecessary or culturally insensitive way.

3.3 Visual Images

When photographing or filming a child for work related purposes, ADFA representatives must:

- before photographing or filming a child, access and endeavour to comply with local traditions or restrictions for reproducing personal images;
- ensure films, videos, and DVDs are respectful of a child's dignity and maintain standards of taste and decency;
- ensure images do not portray a child in a submissive manner and never in poses that could be seen as sexually suggestive;
- ensure images are honest representations of the context and facts; and
- protect the personal identity of a child when sending images electronically.

Guidance notes for visual images are provided at **Annexure 1** below.

3.4 Sexual Exploitation

1. Sexual exploitation and abuse by ADFA staff, volunteers or associates constitute acts of gross misconduct. This would be deemed grounds for termination of employment of staff. Volunteers or associates would not be invited to participate in further trips where evidence was substantiated. Reports to Australian authorities upon return from medical trip would be made;

2. Sexual activity with children under 18 is prohibited regardless of the age of majority locally. Mistaken belief in the age of a child is not a defence;

3. Exchange of money, employment, goods or services for sex including sexual favours or other forms of humiliating, degrading or exploitative behaviour is prohibited. This includes exchange of assistance that is due beneficiaries;

4. Sexual relationships between ADFA staff, volunteers or associates and beneficiaries are strongly discouraged, since they are based on inherently unequal power dynamics. Such relationships undermine the credibility and integrity of humanitarian aid work;
5. Where an ADFA staff member, volunteer or associate develops concerns or suspicions regarding sexual abuse by a fellow worker, whether in the same agency or not, s/he must report such concerns via established agency reporting mechanisms;
6. ADFA staff, volunteers or associates are obliged to create and maintain an environment which prevents sexual exploitation and abuse, and which promotes the implementation of their code of conduct;
7. Team leaders have a particular responsibility support and develop systems which maintain a child safe environment.

4. REPORTING PROCEDURES

ADFA takes all concerns and reports of child abuse seriously and acts on these reports immediately. These concerns may relate to a child or an ADFA representative, or a concern about a child or person/s outside of ADFA's programs.

All concerns should **immediately** be reported and all relevant information and details regarding the complaint recorded on a child incident report form (**Annexure 2**).

4.1 Who should report?

All ADFA staff, volunteers and representatives should report. People in the community and representatives of in-country partner organisations may also report their concerns.

4.2 What should be reported?

- Any disclosure or allegation from a child / community member or ADFA representative regarding the safety, abuse or exploitation of a child;
- Any behaviour exhibited by an ADFA staff, volunteer or other relevant stakeholder that breaches the ADFA code of conduct for working with children;
- Inappropriate use of visual images, including evidence of child pornography; and
- Suspicious behaviour that could be associated with sexual exploitation or trafficking.

4.3 How should it be reported?

Reports should be given verbally and by completing ADFA's child safety incident form (**Annexure 2**).

4.4 Who to report to?

Overseas: Child abuse reports should be made to the nominated team leader. If this is not possible reports can be made directly to the CEO of ADFA or the Chair of the Board of Management.

In Australia: Child abuse reports should be made to the CEO of ADFA or the Chair of the Board of Management.

4.5 Reporting of child abuse in Australia

Reporting child abuse in Australia is a clearer process compared to responding to incidents that occur overseas. In all Australian States and Territories, sexual and physical abuse of a child is a crime. The age of consent in most Australian States and Territories is 16, including in Western Australia. Additionally, in some jurisdictions it is a criminal offence for persons who are in positions of power and trust (e.g. teacher, parent, carer) to engage in sexual activity with a child under the age of 18.

Reporting child abuse can either be made to the local State Police or the State child safety authorities. If there is an allegation or suspicion of child abuse by an ADFA representative this will be reported to the State Police.

If there are concerns that someone external to the organisation is sexually abusing a child, ADFA will contact the State Police and / or child safety authorities. Concerns about the welfare of the child in relation to neglect and / or emotional abuse will be reported to the *Department of Child Safety, 189 Royal Street, East Perth (1800 622 258) or Western Australina Police (131 444)*.

Concerns about people engaging in child sex tourism, child sex trafficking and child pornography will be reported to: *Australian Federal Police (Transnational Sexual Exploitation and Trafficking), 619 Murray Street, West Perth, WA, ph 9320 3444*.

4.6 Reporting of child abuse allegations overseas

The first step is to gather all the relevant information. An initial assessment will be made based on the quality and reliability of the information and a decision will be made on what further steps to take.

A report will be dealt with as an internal disciplinary matter if it is a breach of ADFA's code of conduct. If the allegation constitutes a criminal offence in the country the matter may be directly referred to the local police or authorities.

If the incident has occurred outside of ADFA's program the matter will be referred to an external body or agency dealing with child safety matters in the country.

4.7 What will happen next?

The nominated team leader, in consultation with the CEO and/ or Chair of the Board of Management, will discuss the allegations and decide upon the next step. This will involve either:

- interviewing the person/s who made the allegations or other witnesses to gather more information with which to make a decision;
- reporting to local police and or child safety authority;
- reporting to the Australian Federal Police;
- handling internally if it is not a criminal matter; and / or
- taking no further action.

ADFA will treat all concerns seriously, ***ensure that all parties are treated fairly and the principles of natural justice prevail.*** All reports will be handled professionally, confidentially and expediently.

All reports made in good faith will be viewed as being made in the best interests of the child regardless of the outcomes of any investigation. ADFA will ensure that the interests of anyone reporting child abuse are protected. Any person who intentionally makes false and malicious allegations will face disciplinary action.

The rights and welfare of the child is of prime importance; every effort must be made to protect the rights and safety of the child throughout the investigation.

4.8 Responding to disclosure by a child.

When a child reports that he / she has been abused, they may be feeling scared, guilty, ashamed, angry and powerless. If a child alleges abuse, whatever the outcome, the child must be taken seriously.

It is important to remain calm and in control and to reassure the child that something will be done to keep him / her safe.

When a child or young person discloses they are being harmed you can show your care and concern for the child/young person by:

- listening carefully;
- telling the child you believe him or her;
- telling the child it is not their fault and he / she is not responsible for the abuse; and
- telling the child you are pleased he / she told you.

You will not be helping the child if you:

- make promises you cannot keep, such as promising that you will not tell anyone;
- push the child into giving details of the abuse (your role is to listen to what the child wants to tell you and not to conduct an investigation);
- ask any leading questions, as this may prejudice any subsequent investigation; or
- indiscriminately discuss the circumstances of the child with others not directly involved.

Try and obtain some details such as where the abuse is taking place (i.e. school, home, work etc), whether it is currently occurring or did occur in the past and the name of the perpetrator if possible.

It is possible that some children will make a disclosure and then ask you not to tell anyone. It is important you seek guidance from the country team leader to discuss how the child can be supported and the disclosure managed.

4.9 OTHER ACTIONS TO TAKE

4.9.1 Protect the child

Once an allegation is made there should be an immediate response that protects the child from further potential abuse or victimisation. The child may require medical assistance or counselling

support. Where possible the child should remain in the place of residence or relevant program. Exceptions may be made where the child is deemed to be at risk of victimisation by peers as a result of the allegation or because the alleged abuse has occurred in home-based care. If the child is in immediate danger you should make arrangements for the child to go to a safe place.

4.9.2 Distance the alleged perpetrator

The best interest of the child may warrant the standing down of a volunteer of ADFA representative. The person who has identified the abuse should recommend the appropriate action in writing to the CEO and/ or Chair of the Board of Management.

4.10 Confidentiality

All reports, names of people involved and other details will remain confidential. Only the team leader in the country, CEO and/ or Chair of the Board of Management will be informed of the report. Details will be released on a need-to-know basis or when required by relevant local or Australian law or a notification to Police or child safety authorities is made.

5. EDUCATION

All volunteer medical team specialists who are members of the Royal Australasian College of Surgeons should already be aware of the Royal Australasian College of Surgeons Child Safety Policy.

Any member of a medical team who is not a member of the Royal Australasian College of Surgeons will be made aware of ADFA's policy through verbal communication and / or the issuing of a hard copy of the policy and via a referral to the ADFA website which houses copies of the Policy and Code of Conduct. Pamphlets and other information will be provided where available.

Community members and in-country partners with whom ADFA works will be provided with information about how to report any child safety or other concerns about ADFA volunteers and representatives.

6. SCREENING AND RECRUITMENT

However, to ensure that no member of ADFA will pose a risk, ADFA will:

- Insist on a "Working with Children" certificate from appropriate team members; and
- Ensure that ADFA's stance on child safety is well promoted in materials sent to volunteer medical team members.

7.0 REFERENCES

7.1 Associated Documents

This policy should be read in conjunction with these documents:

- ADFA Child Safety Incident Form – refer to Annexure 2 below.
- ADFA Code of Conduct
- Policy - Complaints Handling

- Policy – Screening and Recruitment

7.2 Reference Documents

- ACFID Code of Conduct (www.acfid.org.au)
- United Nations Convention on the Rights of the Child (1989) www.unicef.org/crc;
- Geneva Declaration of the Rights of the Child www.unhcr.ch/html/menu3/b/25.htm

7.3 Acknowledgements

Parts of this policy have been adapted from the Royal Australasian College of Surgeons Child Safety Policy and the Western Australian Department of Education Child Safety Incident Report Form.

This Code of Conduct reviewed and updated: October 2016

ANNEXURE 1: GUIDANCE NOTES ON VISUAL IMAGES

In our use of visual images, both photographic stills and video, our overriding principle is to maintain respect and dignity in our portrayal of children, families and communities. Whilst images are an essential means of documenting our work, we strive to maintain the dignity of everyone with whom we work and will not use images that are disrespectful or demeaning.

The following **principles** serve as guidelines for personnel taking visual images on ADFA's international medical operations:

- Respect the dignity of the subject.
- Always seek to ask permission when taking photographs or video footage of individuals. Consent for taking and using photographs of children will be sought from parents / caregivers or from children directly when they are of sufficient age and understanding.
- Wherever appropriate, explain to the subject the likely use of the images (ie Annual Report publication or ADFA Newsletter).
- Never take pictures of people who say they don't want to be photographed.
- Do not publish images in scientific journals, the internet, newspapers or other sources that identify an individual or place them in a potentially compromising situation without the permission of that individual. Requirements for verification of permission granted varies from country to country but for images likely to be published we suggest that individuals are either not identified (if the face is included place a bar across the eyes and mid-face) or for images that include surgical pathology of the genitals that permission is confirmed and that the risk of misinterpretation of intent is considered.
- Use images truthfully and do not exploit the subject.
- Do not manipulate the subject in a way which distorts the reality of the situation.
- Be confident that, to the best of your knowledge, the subject would regard the image and its use as truthful if s/he saw it.
- Maintain standards of taste and decency.
- Do not use images which are erotic, pornographic or obscene.
- Images depicting naked bodies may sometimes present in a surgical context, however, avoid portraying children in this manner unless it is necessary for reporting or documentation purposes.
- When publishing images of a surgical nature where patients appear naked, censor / protect the subject's identity.
- Maintain high technical standards – do not crop or digitally enhance an image in a way which misleadingly distorts the reality of the situation and, in video editing, do not misleadingly distort the reality of the situation.
- Be mindful of storing and sharing visual images, particularly when children are depicted in a surgical context.
- Store your images in a secure file with restricted access.
- Where possible, avoid distributing (ie via email) visual images of children that might identify them or expose them.
- The whole world is on the web including ADFA; all data is kept on the web and is in fact accessible. Ensure the security of all images and avoid public access to compromising or identifying images.
- Be wary when viewing images on your laptop or digital camera in public that images cannot be misinterpreted.

ADFA would like to have a CD copy of images taken on a team visit. This acts as a backup but also would help to provide evidence should a complaint be subsequently made.

ANNEXURE 2: CHILD SAFETY INCIDENT FORM

1. REPORTER'S DETAILS

Reporter's name		
Home address		
Other address		
Contact phone no.		Email:
Date of report		Time of report:

2. PERSON BELIEVED RESPONSIBLE FOR ALLEGED ABUSE OR HARM

Name	
Address	
Phone	
Relationship to child	

3. DETAILS ABOUT THE CHILD

Child's first name: <i>(or description of child if the name is unknown)</i>		Child's last name:
Date of birth		Or estimated age of child:
Sex	Female <input type="checkbox"/> Male <input type="checkbox"/>	Cultural Identity:
Disability (if applicable)		Region:
Interpreter required	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Address		
Current residence of child		

4. CONCERN FOR SAFETY OF CHILD

Do you have a concern for the immediate safety of the child concerned? Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>
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5. DETAILED REPORT

Please provide details of the grounds for your belief that a child has been the subject of physical, emotional or psychology abuse.

ADFA insists that you provide details of the grounds for your belief that the above named child has been the subject of sexual abuse.

You must provide information that you think is of concern and has informed your belief that child abuse is alleged to have occurred. Attach further information if required.

6. SIGNATURE

Reporter's signature	Date

Reports are to be lodged with the TEAM LEADER or the ADFA OFFICE