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**References:**

**Appendices:**
- Indicators of Abuse
- CDMD Behavior Protocols Guidelines
Policy on Child Protection

I. Policy Statement

CDMD recognizes that children’s welfare is utmost important and that all children have the right to be protected from any harm or abuse. This policy including procedure and reference is made for children aged below eighteen years who are involved in CDMD program either at workplace or at home. CDMD builds a child-safe environment and trust culture by fully respecting the child’s right, setting up a clear, transparent policy, and reporting procedure that encourage staff members to be accountable.

CDMD recognizes that some adults are also vulnerable to abuse; accordingly, the procedure may apply to the allegations of abuse and the protection of vulnerable adults with appropriate adaptations. A vulnerable adult is a person aged eighteen years up, who is involved in CDMD program due to disability or illness and who is unable to take care or protect him/herself against significant harm or abuse.

This policy applies to all boards, staff, advisors or consultants, contracted ministries staff, and visitors including donors, corporate sponsors, journalists, and supporters to the CDMD project.

II. Definition of Child Abuse

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 (World Report on violence and health, WHO 2002, S. 59).

CDMD recognizes the main four types of abuse: sexual abuse, physical abuse, neglect, and emotional abuse. Please see appendix 1 for further detailed explanation and indicators of child abuse.

III. Purpose

The purpose of this policy is to maintain a child-safe environment within the arena of the CDMD activities in order to protect children both disabled and non disabled and/or vulnerable adults, from sexual exploitation and abuse, emotional and physical abuse, including neglect.

We also aim at protecting our staff or representatives from false allegations or victims to infiltration, and to raise awareness and to sensitize all major stakeholders with CDMD and its partners.
IV. Procedures and Report

A. Managing Disclosures

- If a child informs a staff member about abusive situation that s/he experienced, private discussion with the child must be held at an appropriate place and time in order to avoid interruption. Records must be accurately written.

- Inform the child that it is appropriate to report to someone...Let the child know that we understand the difficulty to talk about such experiences.

- Tell the child that we will report to someone who can help, so that the abuse can be stopped. It is imperative to reassure the child’s safety and needs.

- Investigation must not be conducted by the staff, but must be reported immediately to their line manager. After discussion if a referral should be made, the assigned staff may make the referral to the Department of Child Welfare (Telephone: 023 986 258).

B. Allegations of Abuse Against the Staff Member

The word “staff member” here includes every staff, contracted ministries staff, advisor/consultant, and the board.

- In rare instances, a staff member may have allegation of abuse made against them. Allegation made against a staff member may be made for a variety of reasons and that allegation may or may not be true. It is imperative that those dealing with an allegation maintain an open mind and the report must be made immediately.

- CDMD recognizes that hasty or ill-informed decisions in connection with a staff member can damage an individual’s reputation, confidence and career. Therefore, those dealing with allegation will do with sensitivity and act in a careful way.

- The staff must report the allegation directly to their line managers for discussion and initial assessment based on the information received. The detailed record includes time, date, location, and name(s) of potential witness of the allegation and should be signed and dated. If a staff member is found undertaking abuse, the coordinator then must report to the executive director.

- A staff member who is found guilty of misconduct must be terminated from duties. For an appointed ministry staff member who is found guilty of misconduct will be reported to their respective ministries requesting for termination.
C. Confidentiality

All written reports are kept confidential and are circulated only to the board, unless the permission is obtained, or if the legal documents are required by external agencies or departments. All records, documents and correspondence involving materials of a confidential matter should be kept securely from public access. Any breaches of confidentiality will be taken seriously and dealt with accordingly by CDMD.

V. Recruitment and Appointment

It is made clear to every board, advisor/consultant, staff and applicant that CDMD considers the matter of child protection seriously, from the initial stages of recruitment onwards.

The recruitment process will follow the guidelines under the Internal Regulation/Recruitment in order to minimize any possible risk toward children caused by potential candidates. At least two applicant’s referees will be contacted for further inquiries regarding history, integrity, trustworthiness, responsibilities and conduct with children.

A success candidate for the position will be appointed to work on the probation period of six months. Failure to comply with the job requirement may result in the employment contract termination at any time or not being confirmed.

Every board, advisor/consultant, staff of CDMD is required to acknowledge receipt and understanding of CDMD Behavior Protocols (Appendix 2) regarding the appropriateness of behavior to protect the staff from false accusation of inappropriate behavior or abuse.

VI. Responsibility

A. Responsibilities of all acting on behalf of CDMD

- Work towards promoting child protection in all work activities and contacts where all children are treated with dignity and respect.
- Be entirely professional in relationship with children, while at the same time demonstrating compassion and care in both actions and speech.
- Be conscious of all actions and situations where abuse might be alleged either in or outside working hour.
- Be able to avoid from situations where abuse may be alleged without interfering work (e.g., not being alone with a child, minimizing or avoiding physical contact, etc.)
- Uphold sanctions are not to be practiced, including sexual, emotional, and physical abuse, exploitation or misconduct in any form, as documented and signed by all staff members and others acting on behalf of CDMD in the CDMD Behavior Protocols.
B. Responsibilities of Executive Director

- Leading staff recruitment and ensuring that every staff member received appropriate training on child protection issues and understood their responsibilities.
- Ensuring that all visitors to CDMD program are accompanied by CDMD staff. Providing cash directly to children or families is not permitted. It has to go through CDMD finance unit.
- Ensuring that all people with disabilities and their family, community, and local authorities who are involved in CDMD program have an understanding of child protection issues.
- Reporting to the board of any concern regarding child protection issues. Reviewing the policy with MC members when it is necessary.

C. Responsibilities of the Board

The board is responsible for legal representation and supervising the executive director who is responsible over the matters of child protection within CDMD. At least every three years, the board reviews and approves the policy on child protection by complying with relevant Cambodian and International laws.

VII. Monitoring Effectiveness

The staff’s performances will be monitored and evaluated regularly by their line manager according to the child protection policy to maintain ongoing protection of children at the highest level as possible.

The staff conducts regular biweekly CRC, monthly CBR administration, and bimonthly MC meeting. Any concerns or misconducts involved with child protection will be reported and discussed including the training needs of staff.

Where an allegation has been made against a staff member, executive director and MC members should consider whether there are any matters arising from it that could lead to the improvement of the CDMD child protection policy and procedures.

The policy on child protection was reviewed and adopted in full meeting of CDMD board, dated April 5, 2008. This policy will be implemented begin from the date signed.

Signature: ____________________________
Mr. Nuth Sam Ol
Board Chairperson

Date: April 28, 2008

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References:


INDICATORS OF ABUSE

It is important to remember that lists such as the one below are neither completely definitive nor exhaustive. The information in such lists has to be used in the context of the child’s whole situation and in combination with a range of other information related to the child and his/her circumstances.

There can be an overlap between all the different forms of child abuse and all or several can co-exist. Not all children are able to tell a staff member that they have been assaulted. The changes in behavior of children may be sign of something has happened. Try to notice all changes in usual behavior.

I. SEXUAL ABUSE

Sexual abuse signifies forcing or enticing a child into participating in or watching sexual activities, whether or not the child is aware of what is happening. The acts may involve physical contact including penetrative or non penetrative acts. They may involve non-contact activities such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

The following are general indicators that child may be troubled though not necessarily about a sexual assault. It is the combination, frequency and duration of signs that will alert to a problem. The child may have some of these problems or none at all. Remember that sexual assault may be no physical or behavioral signs.

Signs of possible sexual abuse

A. Behavioral indicators
   - Lack of trust in adults or over-familiarity with adults
   - Fear of any particular individual
   - Poor social relationships or poor peer relationships
   - Sleep disturbance (nightmares, irrational fears)
   - Running away from home
   - Girls taking over the mothering role
   - Withdrawal from physical contact
   - Low self-esteem, depression or anxiety
   - Drug or alcohol cause sexual offences to occur
   - Display of sexual knowledge beyond the child’s years
   - Unusual interest in the genitals of adults or children or animals
   - Compulsive masturbation
   - Inappropriate sexual knowledge/behavior for age
   - Fear of bathrooms, showers, closed doors
   - Abnormal sexualized drawing
   - Fear of medical examinations
   - Psychosomatic factors, example, recurrent abdominal pain or headache
   - Eating disorder, example anorexia nervosa or bulimia
**Appendix 1**

**B. Physical indicators**
- Bruises, scratches, bite marks on top of the thighs or genital areas
- Unexplained sore, discharge, bleeding from rectum/vagina/penis, pain on passing urine, recurrent urinary infection
- Unusual genital odor
- Discomfort/difficulty in walking or sitting
- Unexpected pregnancy in young girl – particularly when reluctant to name father.
- Venereal disease, sexually transmitted diseases
- bedwetting or faecal soiling beyond the usual age
- Self-mutilation/suicide attempts

**II. PHYSICAL ABUSE**

Physical abuse means a deliberate physical injury or the willful or neglectful failure to prevent physical injury or suffering. It may involve hitting, shaking, throwing, poisoning, burning, scalding, drowning, etc.

**Signs of possible physical abuse**

**A. Behavioral indicators**
- Fear of any particular individuals
- Refuse to discuss injuries or excuse given to explain injuries
- Fear of medical help
- Wearing covered up cloth in hot weather
- Withdrawal from physical contact
- Aggression towards others
- Showing wariness or distrust of adult
- Running away
- Fear of returning home

**B. Physical indicators**
- Remain bruises, welts, or burns especially cigarette burns
- Remain cuts, abrasions, or human bites marks
- Remain sprains or bone fractures
- Untreated injuries, or delay in reporting them
- Excessive physical punishment
- Swelling and abnormal use of limbs

When considering the possibility of non-accidental injury it is important to remember that the injuries may have occurred for other reasons, example, genuine accidents or medical disorders.

**III. NEGLECT**

Neglect refers to the persistent failure to meet a child’s physical and/or psychological needs, likely to result in significant harm to a child’s health and development. It may involve a failure to provide adequate food, clothing or...
shelter, failing to protect a child from physical harm or danger, or failure to ensure access to appropriate medical care or treatment. It may also involve neglect of, or inadequate response to, a child’s basic emotional needs.

**Signs of possible physical neglect**

- Constant hunger
- Constant tiredness
- Poor social relationships or poor peer relationships
- Poor personal hygiene
- Inappropriate clothing
- Frequent lateness or non-attendance at school.
- Untreated health problems
- Emaciation, pot belly, or short stature
- Low self-esteem
- Compulsive stealing
- Drug or alcohol abuse
- Running away

**IV. EMOTIONAL ABUSE**

Emotional abuse can be defined as the persistent emotional ill-treatment of a child, thus causing severe and persistent adverse effects on the child’s emotional development, resulting in low self worth. It may involve conveying to children that they are worthless or unloved, or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. It may involve causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is present in all forms of abuse.

**Signs of possible emotional abuse**

- Physical, mental and emotional development is delayed
- Low self-esteem or continue self-deprecation
- Neurotic behavior (example, rocking or head banging)
- High anxious
- Sudden speech disorder or showing delayed speech
- Inappropriate emotional responses to painful situations
- Significant decline in concentration
- Extremes of passivity or aggression
- Drug or alcohol abuse
- Indiscriminate friendliness
- Fear of new situations
- Compulsive stealing
- Running away

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CDMD Behavior Protocols Guidelines
Policy on Child Protection

Introduction

Cambodian Development Mission for Disability - CDMD is a Cambodian non government organization that works to ensure a society where people with disabilities live in peace with justice, dignity, and equal opportunities with prosperity and sustainable development.

Many non disabled and disabled children involved in CDMD program who are the most vulnerable persons confront to the abuses. Behavior Protocols are CDMD’s rules related to the policy on child protection that will protect children from abuse, while also ensuring staff members are not at risk of false accusations of inappropriate behavior. Therefore, every staff and other acting on behalf of CDMD are required to acknowledge receipt and understanding of CDMD Behavior Protocols, which are rules of appropriate and proper behavior.

Commitments

a. I will follow the CDMD policy to protect children and vulnerable adults, Behavior Protocol, regarding the safety and well being of these persons.

b. I will conduct myself in a manner consistent with my position as a positive role model towards promoting and ensuring child protection in all work activities and contacts.

c. I will respond to all concerns, allegations or disclosures according to Procedure and Report written in CDMD policy on child protection.

d. I will treat all children and vulnerable adults with dignity and respect in every circumstance.

e. I will be entirely professional in my relationship with children and vulnerable adults, while at the same time demonstrating compassion and care in both actions and speech.

f. I will avoid any actions which will put a child or vulnerable adult at risk of any form of harm, abuse or exploitation.

g. I will avoid staying alone with any child or vulnerable adult, unless another adult is presented when is working with him/her.

h. I will minimize contact with children and vulnerable adults outside working hour and avoid traveling with children except for reasons of health and safety.

i. I will only photograph children when they are appropriately dressed and I will respect their dignity and right to privacy at all times.
Appendix 2

j. I will inform to all visitors who visit CDMD project about policy on child protection and behavior protocols guideline of CDMD.

k. I will not photograph, video or collect stories of children without the prior authority of CDMD and approval from the children involved.

l. I will not use language or visual conduct such as inappropriate comments, pornography, sexual advances, unwanted invitations, or use of power and authority to persuade a child or vulnerable adult.

m. I will not touch, hug, fondle, kiss, and cuddle the child or vulnerable adult in an inappropriate or culturally sensitive way.

n. I will not engage in activities close physical contact with children or vulnerable adults beyond the professional requirement.

o. I will not make any sexually suggestive comments or actions to the child or vulnerable adult, even as a joke.

p. I will not assist a child or vulnerable adult in task that he/she can do unaided include take them to toilet, bathroom, or change clothes.

q. I will not hit or otherwise physical assault the child or vulnerable adult in every circumstance.

r. I will not act in ways intended to humiliate or belittle the child or vulnerable adult, or perpetrate any form of emotional abuse.

s. I will not discriminate, show differential treatment, or favor particular child or vulnerable adult to the exclusion of others.

I have carefully read and understood and I agree to adhere to the Behavior Protocols of Cambodian Development Mission of Disability-CDMD.

Name: -----------------------------------------

Signature: --------------------------------------

Date: -----------------------------------------