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Guidelines

to provide unaccompanied children with aftercare services once they are found.

- THE ATTENDANCE OF CHILDREN AND YOUNG VICTIMS

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1. Introduction

It must be clear that any health action involving the care of victims is subject to several limitations (the service network is not always adequate or sufficient). In many localities the possibilities of action are still very limited. But it is important to remember that a growing demand for this type of service ends up showing a priority that should be considered by society and the competent authorities. It is always a process in which the action of each becomes essential contribution. On the other hand, the very problem of maltreatment often has a complex dynamic that deeply compromises family relationships and practices. The change in this horizon is sometimes slower than our longings would wish. Having patience and controlling your own expectations for quick resolution, as well as alerting the family about possible delays in resolving cases help ease anxieties and prevent discouragement in continuing to seek solutions.

The impact that the situations of risk and danger which correspond to abuse / neglect have on children and young people, one of the primordial causes of multiple serious difficulties in the operation of the psychological and child well-being / youth, family and community.

2. First decisions

When there is a need for intervention, the entities that are competent to act in the promotion and protection areas can select between support measures in the natural environment and placement measures. Among the first are the support of the child with the parents, another relative, parental education, support for the family, trust the right person and, in the case of some young people, support for the autonomy of life. The second set of measures entails a withdrawal of the child from a natural environment of life, be it family or autonomy, and placement in a host family or institution. Therefore, when the accompaniment in a natural environment is manifestly insufficient or impossible, it is considered the reception in an extra familiar environment. In other words, the decision is made whether or not to separate the children from their families; the range of options is divided between **keeping** the child with the family, supporting them in a natural way of life or **separating** the child from the family by triggering mechanisms of transient separation (support measure with another relative or institution, among others already mentioned), separation for life autonomy, tendentially definitive separations (civil patronage, guardianship and regulation of parental responsibilities in favour of third parties) and the definitive separation.

Health professionals (nurses, doctors), education professionals (teachers, childhood educators) and other professionals (psychologists, social workers) who, in the performance of their duties, (together with the physical context in which they work, ie health centres, hospitals, educational establishments, centres of occupation or use of leisure time, etc.) as privileged entities in the detection and signalling of victimization situations committed against the child and juvenile population. These professionals and their working contexts are defined as entities of the first line in which the protection of children and youth is concerned.

Thus they have (legal) legitimacy to intervene in the promotion of the rights of the child or young person and in their protection from the danger and victimization that otherwise could go unharmed and thereby contribute (albeit inadvertently) to the perpetuation of the experience of a violent situation, aggravating the consequences for the physical and mental well-being of the child or young person, as well as for their optimum development in the most diverse levels of functioning.

Because spontaneous disclosure by the victim of a victimization experience proves unlikely, the crucial role of professionals interacting with the child or young person is emphasized:

- In the **reading** and gathering of indicators or signs of victimization that allow the correct recognition and detection of a situation of violence:
 - **Detection** of intentional injuries and physical injuries (which cannot be explained by accidental events) compatible with a victimization experience;
 - **Observation** and apprehension of physical, behavioural, academic and relational changes unrelated to the normal functioning and which may be provoked by the personal experience of a victimization situation;
 - **Observation** of the posture (collaborative or defensive / avoidant) of the child or young (especially in the face of sensitive issues);
- To act in a timely manner in view of the installed danger situation;
- In monitoring the situation:

- **Detection** of possible evolutionary or aggravating processes that signal the need for urgent action;
- The **articulation** and referral of the child or young person to other resources available in the community in the field of protection of children and youth;
- In **promoting** and protecting the best interests of children and young people, their safety, well-being and full development.

It is also important to emphasize two aspects:

- **firstly**, that each child and young person has unique characteristics and that the **promotion of their rights and protection** should be guided by criteria of deep respect for their individuality, not to mention their emotional bonds, family and social life; **secondly**, that each professional should be able to recognize their limits, providing technical resources (acquisition and recycling of knowledge, partnerships, multidisciplinary work) and personal resources (emotional balance, frustration tolerance, good sense) to feel competent and secure in their performance.

There are three ways in which children, young people and their families can go to an institution or service, asking for their support: **in person, by telephone or in writing.**

Among these three routes we should always focus on face-to-face, since it allows a better knowledge of the child or young person and their problems, leading, therefore, to a more effective support. Thus, one of the aspects of the other two types of care - telephone or written - is to sensitize the victim to, when possible, to go personally to us, or to facilitate care in a place more convenient for the child or young person, at your school or at home (in settings where there is no increased risk for the child or young person). However, each form of service has specific characteristics, which we will now address.

3. The presential attendance

When people look for our services, it is important to show them that they are welcome, considering some aspects that, although not related to the service itself, are elementary rules of good treatment and courtesy. Like this:

- **Reception:** the child or his / her companions should be gently received and immediately forwarded to the waiting room or, if possible, to the reception room;

- **Delays:** the child or his / her companions should not wait more than fifteen minutes to be attended. However, where this is not possible, the reason for the delay should be explained and asked to be understood;

- **Waiting:** in the waiting area, there should be sofas or chairs for the adequate accommodation of the child or youth and their companions. Adults should be provided with newspapers or magazines and children with some toys suitable for their age group;

- **Priorities:** children and young people must be served on a first-come, first-served basis, except those scheduled for a certain time. We can, however, prioritize younger children who show signs of greater anxiety, impatience or pain, or those with physical sequelae that may be considered embarrassing to others;

- **Comfort:** in the place reserved for the care, we should invite the child, young person or their companions to sit in the most comfortable place;

- **Comfort:** If, at some point in the service, the child, young man or his or her companions show signs of "crisis", such as crying and / or shaking, we should offer you tissues and a glass of water with sugar;

Correction: certain attitudes should be avoided because they reveal a lack of clarity and do not adapt to the role of professional in the context of service (eg, answering the phone, sending written messages, chewing tablets, eating). Our attitude during the service must be correct, guided by the most elementary good manners and common sense. It must also be relaxed, but not careless, while it is guided by seriousness, without being rigid;

- **Accompany** until the exit: after the attendance we must accompany the child or young person and his companions to the door of exit, saying goodbye to us.

4. Service room: characteristics

The place where the care is given and the various interviews of the support process should be a favourable physical space in which the child or youth, their parents and family and / or friends feel good. The environment of the place of attendance must also respect the specific requirements of the nature of the meeting and the support process itself.

The professional must therefore ensure, among others, the following aspects:

- **Privacy:** the interview room must ensure that interviews take place without people being seen or heard by others;

- **Adequacy** to the child: the room must be prepared to please the younger children. Ideally this would imply the existence of an autonomous room or space to provide care to children separately from the parents and other persons involved in the support process (eg, family members, professionals from other services or institutions).

The place reserved for children, especially the younger ones, must have low furniture, specific for the children's ages, with tables and chairs that can be easily used without being hurt. It should also contain a small cabinet, an ark, a box or basket with toys and educational games. In the case of young people, the use of a care room for adults may be adequate;

- **Safety:** the service room must guarantee safety, especially if it is a child, preventing its exposure to possible hazards. Therefore, the electricity outlets must have a special device to prevent the introduction of fingers or other objects in their holes. The furniture should have rounded edges and a good state of preservation (ex: no splinters, no broken pieces). Sharp, sharp and sharp decorative objects (eg swords, paper clips, glass jars) should be excluded from the service room. Finally, the door lock should allow easy opening by the exterior; the windows (high case) must be protected with grids or nets and the floor must be covered with carpets or soft material.

5. Communication and empathy

In face-to-face service we must establish with the process participants a relationship of empathy, betting on the quality of communication. In this process, the child or young person and their relatives shall communicate as emitters and the technicians shall, as receivers, ensure a good reception and understanding of the information sent to them. However, and in view of the necessary interaction, there is an exchange of roles between sender and receiver.

There are some strategies for establishing effective communication:

- **Presentation:** The first step in the beginning of any service is our presentation as technicians, to whom we must always associate a friendly greeting;

- **Listening:** When the victim speaks, we should listen carefully, trying to apprehend their contents, both rational and emotional. We should also demonstrate to the victim our alert posture through non-verbal responses, such as maintaining eye contact, nodding or using interjections (eg, "Fine."). The attentive listening of the child or young person still goes through not interrupting his speech;

- **Reformulate:** To ensure that we properly understand the discourse of the child or young person, we must expose or return the contents that it issues, using simple examples that explain them in concrete. In this way, the child or young person is assured that they are being listened to carefully, which will encourage them to continue.

- **Questioning:** We should question the child or young person whenever the child has not provided all the necessary information to the support process and / or the referral, or when the information has been contradictory or unclear. To do this, we can use open questions, which usually imply content that is more or less vast and / or complex or that involve abstraction and whose answers will not be simple and / or short (eg, "How do you feel now?"; are you worried? "). On the other hand, closed questions can also be used, usually after open questioning, which involve simple content or that seek to respond to specific aspects and whose answers are simple and short (eg "What time is the trial?", " Where were you when that happened? "" What's your name? ").

The questioning should be oriented in a way that balances open questions with closed questions, which will facilitate the communication process and the active participation of the child or young person. Likewise, the technician must take precautions to prevent the child or young person from being questioned throughout the questioning process, avoiding blaming issues of the victim, usually associated with questions of the type (eg "Why did you do this?") , which contribute to a posture of greater defensiveness on the part of the child or young person.

Encouraging Expression of Emotions and / or Feelings: We must show willingness for the child or his / her relatives to express themselves spontaneously, helping them in the release of emotions and / or feelings, using expressions such as "It is natural that feel like crying. Crying is no cause for shame. " Encouragement of the expression of emotions and / or feelings is especially important when the child, young person or another is in crisis. However, the encouragement of emotional release should be counterbalanced by the expressed willingness of the child or youth to do so: therefore, it should not be an imposition of the coach.

- **Inform:** We must explain to the child or young person what is happening, what his role as a technician and what he can do to help her, refraining from making judgments and personal opinions, which wrongly favour submission and non-existence of autonomy of decision on the part of the child or young person. The technician must therefore provide the child or young person with clear, comprehensible, adequate and adapted information to their socio-cultural characteristics, avoiding the use of restricted technical terms of employment. On the other hand, the technician should avoid the emission of unnecessary, unrealistic or incorrect information.

- **Summarize:** We must summarize all aspects of the discourse of the child or young person or their relative / companion, as well as of our own discourse, in order to confirm that they understood properly. To summarize is also an effective strategy to fill any gaps in information (eg incomplete information on a given topic), to avoid misunderstandings about what was actually communicated and to revive memory on certain aspects;

- **Non-verbal communication:** We must pay attention to the body language of the victim, establishing parallels with the discourse that is emitting: certain behavioural indicators, such as stammering or hesitant voice, may denounce the will to issue information that is, however, afraid to reveal.

Body language may still be revealing of psychiatric problems (eg, compulsively swaying, laceration or scratching with some object, seeming to visualize and play supernatural entities, not forgetting that some children have "imaginary friends") or of a certain emotional state (eg shaking with hands, staying with tearful eyes).

Body language may also reveal some inconsistency with what is verbalized (eg, describe a serious and violent event that occurred a few days ago and show no visible physical / visible physical damage).

As for the victim, also the posture and body language of the technician reveals itself informative. Thus, as technicians, we should not show signs of impatience or anxiety (eg, crossing arms, sighing insistently, often looking at the clock). On the contrary, we should adopt a posture that is serene and coherent with the discourse we utter, not assuming excessively relaxed postures, even in contact with smaller children.

6. The telephone call

Some children and young people, especially the more mature ones, can take the initiative to call specialist services (eg victim support associations, Green Line phones) for help. In the absence of face-to-face contact between the technician and the victim, telephone technicians must take special care in the use of their only communication tools: voice and speech. Many of the communication strategies indicated above for the face-to-face service keep in the telephone service its applicability. There are, however, specific aspects to be mentioned:

1. Answer telephone calls immediately;
2. Gently and assertively answer: "Good morning" or "Good afternoon";
3. If it is necessary to internally transmit a call, we must do so as widely as possible. If it is not possible to carry out the transfer immediately, explain this impossibility to the child or young person and ask him if he prefers to call later or alternatively if he prefers us to make the contact;
4. Avoid interrupting the conversation with the child or young person to talk to another person;
5. Avoid interferences caused by harmful noise such as conversations in the same room, background music and / or calls from other telephones;
6. Use a language that is simple and appropriate to the age the child or youth informs (or appears to have by voice and speech);
7. Maintain a discourse with simple and short phrasal constructions;
8. Maintain an available and present tone of voice: silence on the part of the professional can mean to the child or young person that it is not being listened to, that the professional is absent or distracted in relation to the conversation;
9. To transmit security and confidence to the child or young person through a calm and calm voice, in an attitude of constant serenity and acceptance of his speech;
10. Listening carefully and recording the essential information;
11. Reinforce communication with expressions such as "Do not be afraid, we can help" if signs of fear and anxiety in the child or young person are perceived (through voice or crying);
12. Avoid interrupting the child or youth or show impatience, anxiety, shock, indignation at their reports;

13. Advise the child or youth to tell their problem to a trusted adult (eg family member, teacher, next adult). It will be important for someone else to become aware of the situation beyond the professional, especially if the child or young person does not want to be identified;
14. Raise awareness and refer to face-to-face care, in which the situation can be adequately and thoroughly evaluated and the support more adjusted to the needs of the child or young person;
15. End the call by asking the child or young person if they want to leave their name and contact and introduce themselves (if they did not do so at the beginning of the conversation);
16. Thank you and make available for future contacts, with expressions like "It was very important to have phoned. We will always be available to talk to you. "

If the call is made by an adult (eg father, mother, other relative, known to the child or young person), the professional should observe the same aspects, even though he may resort to a somewhat more formal style of conversation.

It is important to alert the adult who contacts us about the need to report the situation to the court or the police, especially if the adult does not communicate the identity of the child or young person, even if he or she has this information.

7. The written service

The child or young person can choose to request support in writing, either by sending a letter, a fax, an electronic message or even a chat, conversation channel, or through social networks (facebook, hi5). At the outset, the answer will be made by the same route, unless we have been suggested that the answer be made by telephone contact.

We must respond briefly if we are sure that we are not putting the child or young person at risk. The response to a child or young victim of violence must comply with the principle of early intervention (explained above): action must be considered very urgent.

When we respond in writing, in addition to the universally agreed formalities for correspondence, we must:

1. To acknowledge receipt of the correspondence sent, indicating the date of its sending and / or its arrival;
2. Refer to other competent services, in cases where the problem referred to is not crime or violence;
3. Thank the contact;
4. Use a very simple written language, with common words and very short sentences, even if the child or youngster who wrote to you is a teenager with a more elaborate writing style;
5. Tell the child or young person who has done well to contact us: reinforcement avoids regret by revealing the situation and encourages new contacts;
6. The professional should have in his / her response all information that is important to clarify that the child or young person is a victim of crime and / or violence, that this is unacceptable, that there is a means to protect it and to help solve it your problem;
7. The professional should be very brief and should not dwell on recommendations or analyses of the problem, since he does not have much data;
8. Advise the child or young person to tell the situation to a trusted adult (eg, family member), so that someone else, besides the professional himself, becomes aware of the situation;
9. Make the child or young person aware of the possibility of face-to-face service;
10. If it is justified, it may be suggested in the written response that a face-to-face service be performed outside the workplace (eg in the child's or young person's educational establishment);
11. The professional should, if appropriate and possible, refer the child or young person to other institutions, in particular those that are closest to him, clearly indicating the contacts and information about such institutions;

12. The professional must sign his name clearly written the print, so that the child or young person will know who responds to him, also indicating his function (eg: [signature] Beatriz N., Psychologist).

If the care is directed by an adult (eg, father, mother, other family, friend of the child or young person) the professional should observe these same aspects, being able to write a style of response a little more formal, although clear. It should also alert the adult to the need to report the situation to the court or the police, especially if the adult does not communicate the identity of the child or young person and does indeed have such information.

It should always be borne in mind that if the person who contacted us does not accede to the suggestion of going to a face-to-face service, the written answer may be the only contact maintained with the professional, so it seems extremely important to provide some information about the most useful procedures in the particular situation. We must therefore take into account the problems presented, the contacts of the institutions or services that can be used to meet the security, health or other needs it presents, the legal processes that can be helped and the social supports it can benefit.

The process of supporting the child or young victim of violence is developed when there is an articulated set of diligences: several visits, contacts with other institutions, sessions of psychological support, help in the elaboration of procedural pieces during a certain period of time. They develop with the child or young person, but also with their relatives and / or legal representatives.

The support process mainly comprises, as we will see below, the following types of support:

Emotional Support, Legal Support, Psychological Support and Social Support.