World Vision

preventing and responding to distress

in all child participation activities

INTRODUCTION

The Convention on the Rights of the Child (1989) provides the guiding principles for child participation:

> *In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities, or legislative bodies, the best interests of the child shall be a primary consideration (Article 3).*
>
> *Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child (Article 12).*

As part of our mandate to advocate and protect the best interests of children, we must promote their participation in the decisions that affect their lives, and give them a platform to express their own views concerning these matters. They are often the best source of information about their own lives and experiences and can therefore provide the best feedback for programme design, implementation, monitoring and evaluation. A lack of reliable and accurate information from children and youth can lead to potential gaps in policy making and less effective programme design and implementation.

However, sometimes children can become distressed during child participation activities, especially if they begin to think about things that make them afraid or they remember painful or frightening events. The purpose of this document is to equip World Vision (WV) field staff to prevent and respond appropriately to distress when children are participating in WV activities.

This document is to be read by WV programme staff, or studied and discussed together by programme teams before planning child participation activities. In this document:

- *Facilitator* refers to staff, local partners or volunteers who are working directly with children in a child participation activity.
- *Child participation activity* refers to any activity organised by WV or a WV partner in which children's voices and opinions are intentionally taken into consideration on issues affecting their lives. This includes but is not limited to consultation with children, research with and by children, involving children in DME activities, children's groups, forums, and parliaments, advocacy initiatives, and other structured forms of child participation.

WV programme teams can use this document as a tool to ensure that all necessary measures are taken before organising child participation activities. This document should be read alongside the WVI Child Protection and WVI Child Participation Standards, which provide further guidance on other important considerations for meaningful and safe child participation. A highly recommended document for more detailed guidance on how to provide support to people in distress is *Psychological First Aid: A Guide for Field Workers*, World Health Organisation, 2011.

Contents of this guide

www.wvdevelopment.org

All illustrations by Ron Wheeler at CartoonWorks.com

TOP TEN ETHICS

Child participation activities can raise ethical questions and concerns. It is critical that ethical principles are applied throughout the process. Ensuring the best interest of every child is paramount and is an overarching principle for all engagement with children. The best interests of children must be respected and protected as the top priority throughout the entire process, from beginning to end. The following *ten ethical principles* have been adapted from Knowing Children, and must be followed in order to protect everyone involved.[1]

1 protect participants from harm

This includes emotional, physical, and other forms of harm or distress. This principle requires the following:

- Conduct local background checks to ensure that facilitators are not a threat to children.
- Discuss and take steps, prior to any child participation activity, to address any potential physical, social, emotional or other risks to facilitators and participants. A *Child Risk Assessment* tool can be used to assess and identify potential risks so that they can be effectively managed.[2]
- Make arrangements for psychosocial supports to be in place as a possible option for participants who become distressed during an activity. This should involve mapping all psychosocial resources within the community including faith-based leaders, counselors, psychologists or appropriate traditional healers.
- As soon as participants show any form of distress, the activity should be paused and the individual(s) asked if they feel comfortable continuing. If not, the activity can either be stopped immediately or the individual(s) allowed to stop participating.

2 ensure safety of the facilitators

Particular care must be taken when discussing illegal or sensitive issues, such as crimes against children; for example, there is sometimes a risk of potential threats from perpetrators. There should also be emotional support available within or available to the team for stress that facilitators may feel, especially as a result of discussing difficult issues for children that the team may not be able to resolve.

3 all participation must be voluntary

Voluntary participation means that every participant must give 'informed consent'. Informed consent means that children have explicitly agreed to participate in an activity after being informed in ways that they can understand, about each of the following:

- the purpose and expected benefits or outcomes of the child participation activity
- the potential risks and consequences of being involved
- the time commitment and other expectations of participants
- the possibility of refusing to participate or to withdraw from the activity at any time. (This also means that a participant may refuse to answer any specific question.)

When participatory activities are used for consultation or research, informed consent includes being informed about all of the above, plus:

- the methods or ways in which the data is being collected
- the topics of information that are being collected and discussed
- the use of the information, and if any information will be held in confidentiality.

[1] *The Right to be Properly Researched: How to do Rights based, Scientific Research with Children*, Knowing Children, 2011.
[2] *Child Risk Assessment* tool, World Vision International, 2011.

voluntary participation

For child participants (people under 18 years old), it is necessary to get both the caregiver's and the child's consent for the child to participate. If a caregiver cannot give consent, agreement from other adults such as a teacher or social worker can sometimes be used. The WV team should be familiar with and follow national laws and requirements.

If a caregiver does not consent, the child should not be coerced to participate. If a caregiver agress to the child participating, and the child does not want to, they should not be coerced to take part. Facilitators should ensure that children suffer no negative consequences from not taking part.

If both the caregiver and the child say yes, keep a record of their consent. Informed consent should normally include a signed agreement to participate unless that is culturally inappropriate, not safe or not possible. In that case, a verbal consent is required. See Appendix 1 for an example of an informed consent form.

During the process of seeking informed consent, the facilitator should make sure that both the caregiver and the child clearly understand that if any form of abuse is discovered, confidentiality will be breached and appropriate actions will be taken to protect the child.

Make sure that children are given information that is appropriate to their age and education. The facilitator can ask children to repeat back the information to ensure understanding. It is important that children can make an informed decision on whether or not to participate.

Throughout the activity and especially when there is a change of methods, the facilitator can remind children of their right to stop participating.

4 respect cultural traditions, knowledge and customs

The facilitators should always respect and follow local codes of dress and behaviour, use the local language and age appropriate techniques, and be sensitive to differences among participants. Approval and support from local authorities including government, schools, health centres, or religious leaders in addition to formal legal requirement of consent from caregivers may be required.

5 establish as much equality as possible

Facilitators should always strive to sit, speak and act in ways that are child-friendly and that minimise power inequalities with participants as much as possible. See page 5 for more information.

6 avoid raising unreleastic expectations

The facilitators should not make any promises to children that they cannot keep, and should follow through on all commitments made to participants. This includes a broad range of possible commitments, such as promising to return and see a child to saying that we will implement a project in their community.

7 reciprocity

Any compensation to participants (such as refreshments) should be agreed upon in advance. Avoid giving money because it can result in raised expectations, lead to tension and jealousy in the community, and bias participants' contributions (especially in research).

8 respect privacy

Facilitators should not probe for information if it is clear that a participant would not want to answer. Also, facilitators should always ask for permission to use stories, pictures, or other information.

9 ensure confidentiality

Data must be stored in a safe place where it cannot be accessed by unauthorised people. The facilitators should protect the identity of all participants by changing their names or not collecting names at all. Participants should not be named in reports or be traceable by anyone without explicit permission.

As far as possible, share research results with participants before making them public and seek their consent to plans for distributing publications or communicating information. Confidentiality can be breached to provide immediate protection to a child.

10 develop and agree on behaviour protocols

Facilitators should agree on behaviour protocols which cover appropriate and inappropriate behaviour. The WV International or national office child protection behaviour protocols should be considered and adapted as appropriate.

EFFECTIVE ENGAGEMENT *trust and respect*

For facilitators to develop relationships with children, they need to gain children's acceptance and win their confidence. It is important to build a trusting relationship between facilitator and participants because children are unlikely to tell much about their lives, especially about sensitive issues, to a stranger. The main requirements are for facilitators to be honest and clear, to share something about their own lives, and to never make promises they cannot keep. Great facilitators are patient, humble and creative. See the Integrated Competency Development (ICD) Resources for more information about the competencies needed to effectively engage with children.

Activity plans must allow sufficient time for facilitators to build relationships with children. Include icebreakers or energisers that are short and simple as well as relevant to children's age, level of maturity and culture.

practical guidelines for engaging with children[3]

DO:

- introduce yourself
- use simple language
- be patient
- make sure you have adequate privacy
- be sensitive to a child's emotions
- ask the child for permission
- keep children's views and answers confidential
- be flexible and creative, make the consultation fun for children
- listen to and respect children's views
- treat children as equal partners
- speak at the level of children
- be self-critical, reflect on your behaviour towards children
- show interest and respect for children's opinions, knowledge and skills
- let them do things for themselves, in their own way
- be humble
- use methods that allow children to express their views knowledge and skills
- create an environment where children are challenged intellectually in a constructive and sensitive way
- record exactly what children say (when conducting research)

DO NOT:

- lecture
- rush
- criticise or make negative comments
- interrupt
- dominate
- overwhelm a child with several adult facilitators
- embarrass children, or laugh at them
- reinterpret what children say
- talk down to children
- stand or sit higher while children stand or sit lower
- doubt their input or make them feel like they are judged
- compare some children unfavourably with others
- treat boys or girls, children with more schooling, or children from different ethnic groups differently
- use traditional boring school setting and techniques
- hold sessions that are too long where children become tired and uninterested

[3] From *Handbook for Action-oriented Research on the Worst Forms of Child Labour, Including Trafficking in Children*, Regional Working Group on Child Labour in Asia, 2002.

AVOIDING STRESSFUL SITUATIONS

Giving children the maximum opportunity to express their views must be balanced with protecting their best interests and safeguarding them from potential harm. Facilitators are responsible for creating a safe and open environment for children to share their experiences. It may be helpful to work with children to lay out some ground rules prior to the activities to help them discuss codes of behavior that they are comfortable with. See page 5 for more information on how to engage with children.

1 Whenever possible, ask indirect questions of children about sensitive issues. Use activities that do not ask direct questions to allow children the option of withholding information, and also provide them with ways of responding that do not uncover painful memories and cause further harm. Some helpful approaches include:

- **encourage children to speak as 'experts'** on issues affecting children more generally in their communities
- **use drawings, role plays or puppets** as ways in which children can share experiences without reliving them. The pain 'happens' to the drawings, the puppet or the character in the drama; it is not happening to the child.

2 Direct information-gathering methods should be kept to the strict minimum required to protect children from harm, in accordance with the top ten ethical considerations discussed on the previous pages. Information gathering on sensitive topics can be upsetting and should be regarded as intrusive.

3 Work with what are called 'proxy (substitute) informants', even if children are involved in the activity or research. Proxy informants' experiences are valuable sources of information and will provide insight into the children's lives; this will avoid causing further emotional harm to vulnerable children by questioning them about painful experiences. Proxy informants might include:

- young adults, as well as other adults who are knowledgable about the children's experiences
- parents, school inspectors, teachers, health staff or local psychologists.

4 Only use direct questioning methods with children if the required information is not available any other way. Determining whether it is necessary or appropriate to gather information directly from children will depend on:

- the safety and best interests of the children
- their ages and developmental stages
- their ability to express opinions and feelings about their experiences
- whether the required information is potentially upsetting in nature.

5 Facilitators should lead an appropriate clossure actiivity at the end of consultations with children on difficult issues. This can help de-stress the children, release some of the negative thoughts that might have been created in the course of the consultation and help children leave with a balanced emotional state. See 'Appendix 2: Protection tool' for an example of an end of consultation activity.

6 Carefully consider the relative advantages and disadvantages of different methods for gathering information from children and adolescents. For example, discussing issues with a focus group, including other children in similar circumstances, might provide opportunities for children to support each other and share coping strategies. An individual in-depth interview, on the other hand, provides each child with a greater assurance of confidentiality.

Facilitators must genuinely listen to and respect the views of the children and adolescents in activities. They must be sensitive to children's reactions and should be careful to monitor how the activity is affecting each and every child, as there is always a chance that children may become distressed.

During any child participation activity, be vigilant about children's mood changes, taking note of the following:[4]

- physical symptoms such as shaking, headaches, feeling very tired, loss of appetite, aches and pains
- crying, sadness, depressed mood, grief, anxiety and fear
- being 'on guard' or 'jumpy'
- worried that something really bad is going to happen
- insomnia or nightmares
- irritability or anger
- guilt or shame
- confused or emotionally numb; disorientation
- appearing withdrawn or very still
- not responding to others or not speaking at all.

After an emergency or personal or family crisis, it is important to understand that these are all normal reactions to distressing events and not all children showing these signs will develop mental illness or need professional psychological interventions. While some might need some immediate care,[5] most will regain normal levels of functioning once their basic needs and security have been met, in addition to regaining or establishing their social supports.

indirect communication about abuse

While facilitating child participation activities, it is important for facilitators to recognise possible signs of abuse. Children often try to communicate to adults when they are being abused. However, they are often not listened to, believed or understood. While some children will directly tell an adult they trust when they have been abused, more often, children will try to indirectly communicate their situation through their actions and attitudes. Sometimes these actions and attitudes can be difficult to handle, and these children are thus sometimes mistakenly called "poorly behaved".

There are some behaviours which can be a clue to facilitators that a child may be suffering from abuse, but none of these indicators are sure signs of abuse. It is important to develop a locally-contextualised list because the behaviours will vary somewhat from place to place. However, **here is a simple list of *signs of possible abuse*:**[6]

- unexplained burns, cuts, bruises, or marks on the skin in the shape of an object
- bite marks
- anti-social behaviour
- problems in school
- fear of adults
- apathy
- depression
- hostility or stress
- lack of concentration
- eating disorders
- apparent lack of supervision
- inappropriate interest or knowledge of sexual acts
- nightmares and bed wetting
- drastic changes in appetite
- over-compliance or excessive aggression
- fear of a particular person or family member
- unsuitable clothing for weather
- dirty or unbathed
- extreme hunger

It is important to remember that any child can be abused. WV staff and facilitatoars must be looking and listening for signs of abuse in all work with children. This includes children with disabilities, who may be at a greater risk of abuse; as well as boys, who are usually less likely to report or admit sexual abuse. Whenever a child shows signs of possible abuse, WV staff must take them seriously and respond with support and the first steps in investigating or exploring the suspected abuse. The next section of this document outlines the steps for responding to distress, including disclosure of abuse.

[4] This list is adapted from *Psychological First Aid: A Guide for Field Workers*, World Health Organisation, 2011.
[5] For detailed guidance on immediate psychological support, see *Psychological First Aid: A Guide for Field Workers*, World Health Organisation, 2011.
[6] Adapted in part from *Ethical Approaches to Gathering Information from Children and Adolescents in International Settings*, Horizons, The Population Council, 2005.

support services in place

Before proceeding with any child participation activity that might be sensitive or stressful to children, support services must be in place to respond in case a child becomes distressed.

Here are some suggested steps to take:

- The WV team and local partners **map out a referral system** before any child participation activities begin. This will involve mapping all psychosocial resources within the community including faith-based leaders, counselors, psychologists or appropriate traditional healers. In partnership with local partners and stakeholders, determine what kind of follow-up is culturally appropriate and available to respond to children's needs, age, gender, ethnicity and disability. Another alternative is to bring together groups of consenting young people who can provide each other with peer support.
- In addition, the WV team and local partners **prepare a clear step-by-step plan** specifying how to respond if a child discloses a dangerous situation, such as ongoing or potential abuse, and ensure that all staff and facilitators coming into direct contact with children are familiar with this plan.
- Child protection staff should **review local laws on reporting abuse** and other dangerous situations and advise staff and facilitators participating in the child participation activity on how to act in accordance with those laws.

Do not proceed with a child participation activity that deals with sensitive issues unless appropriate responses to potentially harmful consequences can be provided.

triggers for referral

Keep in mind that not all children will need to be referred to specialised services. However, if an issue is causing a child distress of a serious nature, then referral is necessary. The diagram below provides examples of when and where children can be referred for further support. This information can be used as the WV team and local partners map out existing services in the area and develop a step-by-step plan for follow up.

Emotional distress:
If a child is showing signs of *ongoing severe* emotional distress or locally-relevant manifestations of mental illness.

→

Examples of where to refer the child:
- faith-based leader
- community psychosocial resource
- counselor
- traditional healer
- primary healthcare clinic (preferably with basic knowledge on care for those with mental illness)

Harm:
If there is evidence of the threat of ongoing or future harm to the child.

→

Examples of where to refer the child:
- child protection network (such as a government-mandated structure)
- community psychosocial resource
- counselor
- primary healthcare clinic (if physcial harm is evident)

Follow the *Child Protection Incident Preparedness Plan* and the guidance of the national office child protection lead. See page 9 for more information.

A WV staff member should be involved at all stages of the referral process to ensure that children access the required care. Always ask the child which caregiver they would like to accompany them and be aware of possible social barriers, such as gender, ethnicity or stigma that prevents the child from seeking support. No child should be forced to access further care against their will.

responding to distress

Here are some suggested steps to take if a child becomes distressed during a child participation activity:

- If a child shows signs of distress, the facilitator should **gently ask the child if they want to leave the activity** without making a public scene.
- If they choose to do so, the facilitator should then **ensure that the child feels safe and secure** (which may or may not involve removing them from the setting), helping the child to calm down using calming techniques, listening carefully to the child's concerns, and then addressing their concern in an appropriate manner. For example, if a child is distressed because another child in the group is harassing them, the facilitator should take culturally and contextually appropriate measures to ensure the child stops the harassment.
- However, if the matter is more serious and the child is distressed due to abuse within the home for example, the facilitator should **reassure the child that supportive adults are here to assist them**, and take appropriate action to report the case and ensure the child's safety. The facilitator would follow the step-by-step plan developed by the team prior to the activity.

A skilled facilitator may be able to make the discussion a beneficial opportunity for the child to express his or her feelings and be heard by a responsible adult, or even just express natural human emotion. Children also might find comfort in knowing that their experiences and perspectives are considered valuable and that they have important information that the facilitator respects and values highly. However, this should not be attempted by facilitators without extensive skill and experience working with children and knowledge of child protection issues.

A highly recommended resource for detailed guidance on how to provide support to people in distress in the *Psychological First Aid: A Guide for Field Workers,* World Health Organization, 2011. For guidance on programmatic responses to symptoms of distress, please refer to the WVI Mental Health and Psychosocial Support Do, Assure, Don't Do (DADD) as well as the WVI Child Protection DADD.

responding to abuse or other risk of harm

Here are some suggested steps to take if a facilitator suspects that a child is being abused:

- React calmly.
- Reassure the child that they were right to tell, but do not promise confidentiality, as the facilitator will need to tell others.
- Take what they say seriously, even if it involves someone that the facilitator is sure would not harm a child.
- Avoid asking leading questions (for example, say "Do you feel comfortable telling me what happened next?" Do not say, "Did he touch your leg?") and try to get a clear understanding of what the child is saying.
- Report the incident to the appropriate person on the WV team, as agreed upon in the step-by-step plan.

Each case should be dealt with carefully on its own merits, taking the whole context into consideration and with expert legal advice and social support. If a facilitator or the WV team suspects a child is being abused, the child's safety and best interests are the top priority, and the team must be careful not to put the child at further risk.

For the WV team, the *National Office Child Protection Incident Preparedness Plan* should be the starting point for responding to disclosure of child protection situations. Plans are developed by each national office under the direction of the national child protection technical specialist. All projects and programmes will use this plan to respond to children that share about current or past personal experiences of abuse, violence and exploitation during a child participation activity.

Professional counsellors or WV staff trained in counselling should be available to assist in these situations. Facilitators should not take individual or impulsive action. If consultation with children reveals a case of abuse or other risk of harm, WV staff may have to breach confidentiality to help the child be removed from the risky situation. It is usually unethical (and may even be dangerous) to make a solo attempt to rescue a child from exploitative or abusive environments.

key contacts

This tool provides only basic and introductory guidance for preventing and responding to distress in children. For further guidance, the following **key contacts** are recommended:

Child protection:

- Child Protection Interest Group, https://www.wvcentral.org.
- Christine Ash-Buechner, *Child Safe Organisation Advisor, World Vision International:* <christine_ash_buechner@wvi.org>
- Kristine Mikhailidi, *Child Protection Programming Specialist, World Vision International:* <kristine_mikhailidi@wvi.org>
- Bill Forbes, Director, *Child Protection, World Vision International,* <bill_forbes@wvi.org>

Psychosocial and mental health:

- Mental Health and Psychosocial Support Working Group, https://www.wvcentral.org.
- Megan McGrath: <megan.mcgrath@worldvision.com.au>; Erin Joyce: <erin.joyce@worldvision.com.au>

key resources

This tool provides only basic and introductory guidance for preventing and responding to distress in children. or further guidance, the following **key resources** are recommended:

- *Child Protection Strategy*, World Vision International, 2011. https://www.wvcentral.org
- *Ethical Approaches to Gathering Information from Children and Adolescents in International Settings: Guidelines and Resources*, Horizons, 2005. http://www.popcouncil.org/pdfs/horizons/childrenethics.pdf
- *Guidelines on Mental Health and Psychosocial Support in Emergency Settings*, Inter-Agency Standing Committee, 2007. http://www.who.int/hac/network/interagency/news/mental_health_guidelines/en/
- *How to research the Physical and Emotional Punishment of Children*, Save the Children, 2004. http://www.dhr.go.cr/nopeguemos/pdf/how_to_research_the_physical_and_emotional_punishment.pdf
- *Psychological First Aid: Guide for Field Workers*, World Health Organization, 2011. http://whqlibdoc.who.int/publications/2011/9789241548205_eng.pdf
- *Psychosocial and Mental Health Do, Assure and Don't Do,* World Vision Internationa, 2011.
- *The Right to be Properly Researched: How to Do Rights-based Scientific Research with Children* (especially module 2: *How Do We Protect Children*), Knowing Children, 2010. Available for purchase at: http://www.knowingchildren.org/tools.php

For resources and tools that can be used to implement **WV's Development Programme Approach** go to: **www.wvdevelopment.org**.

For guidance, tools and resources available to support competency development of local level teams, see the **Integrated Competency Development** section at **www.wvdevelopment.org**.

Informed Consent

For child participants (people under 18 years old), it is necessary to get both the caregiver's and the child's consent for the child to participate. Informed consent normally includes a signed agreement to participate unless that is culturally inappropriate, not safe or not possible.

If it is not possible to obtain a signed consent, a verbal consent is required. In this case, the project coordinator or DME staff person signs this form to verify that they have informed participating children and their caregivers and that both the children and their caregivers understand:

- the purpose and expected benefits or outcomes of the child participation activity
- the potential risks and consequences of being involved
- the time commitment and other expectations of participants
- the possibility of refusing to participate or to withdraw from the activity at any time.

Name of project coordinator (print): _____

Project coordinator signature: _____

Office and phone number: _____

Date: _____ Place: _____

Activity related to this consent form:

_____

_____

When written consent is feasible, the subject(s) should complete this section:

I, _____at _____ voluntarily choose to give time to participate in a World Vision International, Inc. assessment, focus group, or project activity. I am aware of and agree to the purpose and intended use of data for the assessment, focus group, or project activity, but also the potential risks and consequences of being involved in the process.

By signing below, I acknowledge that I have read and/or understand the terms of this consent, and it shall be binding upon me as well as me heirs.

Child's signature: _____ Date: _____

Print name: _____

Address, phone number (if applicable):

_____

Parent or guardian of children age 17 or younger must sign below:

Parent/guardian signature: _____Date: _____

Print name: _____

Protection tool

This tool can be used when closing a session in which children have discussed or thought about potentially difficult or distressing topics such as those related to child protection. Efforts should be made to use methods that will not cause children to think about painful memories. However, some children will inevitably be distressed when asked to think about these topics. This tool helps children to leave the session with a final activity which encourages positive thoughts.

OBJECTIVE

- To help children leave a session which has included potentially distressing child protection topics with a balanced emotional state

time span

15 to 30 minutes

product

Pictures that describe positive aspects of children's lives. Children take their own pictures away with them when they have finished, but they may give permission to the facilitators to copy or photograph the picture.

who facilitates

Two development facilitators (DFs)
Youth DFs if applicable

who participates

Children who participate in workshops, consultations, focus group discussions or interviews

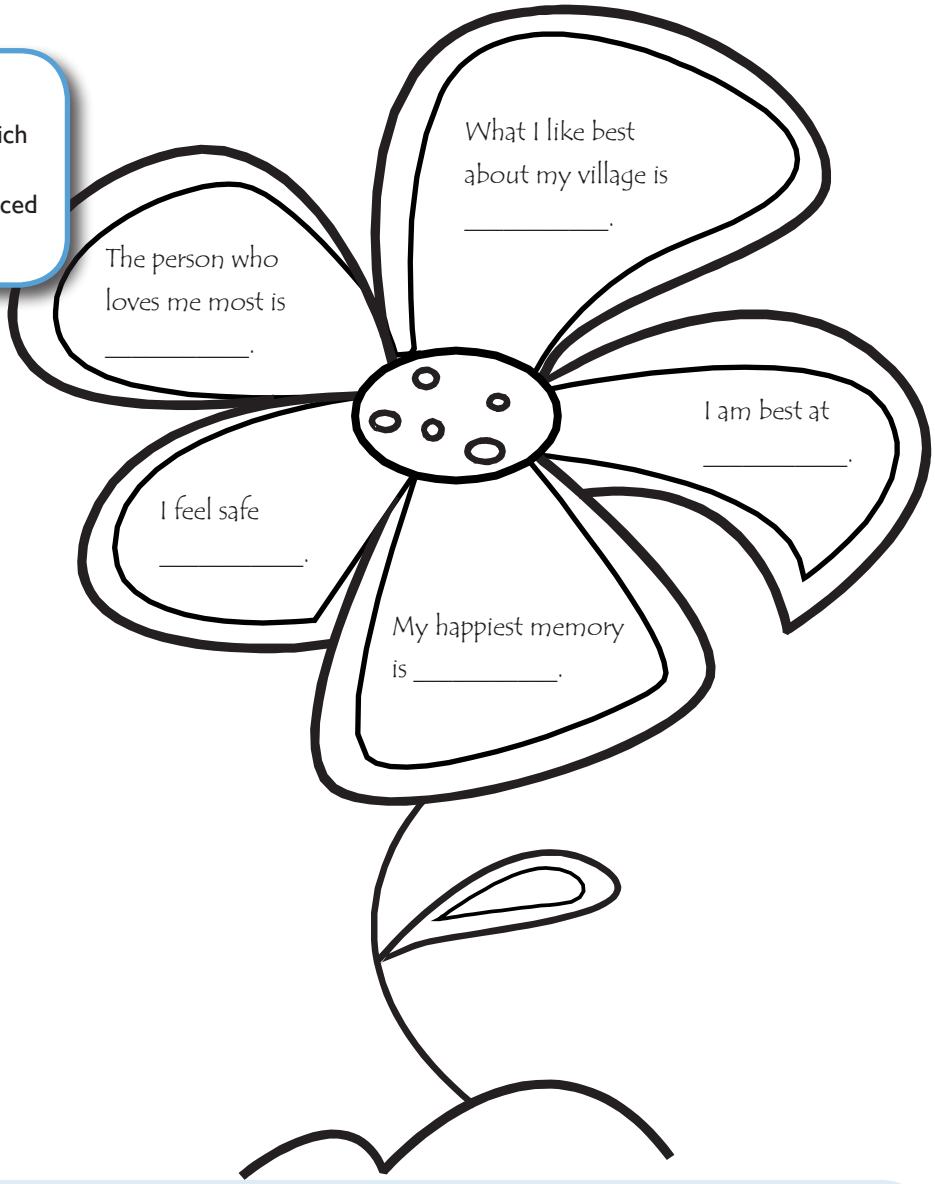
This activity is suitable for children 10 years old and above.

materials

- ☐ a copy of the handout for each child
- ☐ coloured crayons or markers
- ☐ stickers, glitter or other ways to decorate the picture (optional)

TIP

The sentences can change and the picture can take any form, such as a hand or an umbrella.



Recommended Process

Each child is given a picture of something with positive cultural associations to colour or decorate. The picture also has five or six sentences to complete that indicate positive aspects of children's lives. Often the picture is a flower, with a sentence on each petal. Example sentences are:

- I am best at _____.
- The person who loves me most is _____.
  I feel safe _____.
- My happiest memory is _____.
- My biggest fan is _____.
- What I like best about my village is _____.